Q1.
COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission (HSCRC or Commission) is required to collect community benefit information from individual hospitals in Maryland and compile it into an annual statewide, publicly available report. The Maryland General Assembly updated §19-303 of the Health General Article in the 2020 Legislative Session (HB1169/SB0774), requiring the HSCRC to update the community benefit reporting guidelines to address the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals in relation to community health needs assessments. The reporting is split into two components, a Financial Report and a Narrative Report. This reporting tool serves as the narrative report. Detailed reporting instructions have been distributed to your hospital's community benefit contacts, and additional copies can be requested at the email below.

In this reporting tool, responses are mandatory unless specifically 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?		
	Yes	No	If no, please provide the correct information here:
The proper name of your hospital is: UM Baltimore Washington Medical Center	◉	○	
Your hospital's ID is: 210043	◉	○	
Your hospital is part of the hospital system called University of Maryland Medical System	◉	○	
The primary hospital community benefit (HCB) Narrative contact at your hospital is Rebecca Dooley	○	◉	Kelly Koorey
The primary HCB Narrative contact email address at your hospital is rebecca.dooley@umm.edu	○	◉	Kelly.Koorey@umm.edu
The primary HCB Financial report contact at your hospital is Al Pietsch	◉	○	
The primary HCB Financial report contact email at your hospital is al.pietsch@umm.edu	◉	○	

Q4. Please select the community health statistics that your hospital uses in its community benefit efforts.

- ☑ Median household income
- ☑ Percentage below federal poverty level (FPL)
- ☑ Percent uninsured
- ☐ Percent with public health insurance
- ☑ Percent with Medicaid
- ☐ Mean travel time to work
- ☐ Percent speaking language other than English at home
- ☑ Race: percent White
- ☑ Race: percent Black
- ☑ Ethnicity: percent Hispanic or Latino
- ☐ Life expectancy
- ☐ Crude death rate
- ☑ Other

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

UM BWMC remains committed to assessing ongoing community trends and uses additional data compiled and available from public sources including but not limited to, United States Census Bureau, Maryland State Health Improvement Plan, Maryland Vital Statistics data, CDC Wonder database, Anne Arundel County Department of Health Report Card, and Anne Arundel County Public School System data. UM BWMC uses our Community Health Needs Assessment (CHNA) and internal data to continually assess ongoing trends occurring locally, and address those needs on an ongoing basis. The Anne Arundel County Department of Health assisted with secondary data analysis, with the quantitative portion of the CHNA consisting of data from local, state and federal data sources. This data also includes information from hard to reach portions of the population, such as domestic violence victims and homeless individuals. While much of the data on these subpopulations primarily came from police reports, Emergency Department (ED) data, and the public school system, focus groups and key informant interviews were used to solicit the thoughts and opinions of diverse Anne Arundel County residents including homeless youth, victims of violence, health care providers, social service providers and community leaders.

Q6. 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. The next group of questions asks 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.

Q9. Please select the county or counties located in your hospital's CBSA.

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

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

This question was not displayed to the respondent.

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

- [ ] 20701
- [ ] 20711
- [ ] 20714
- [ ] 20724
- [ ] 20733
- [ ] 20736
- [ ] 20751
- [ ] 20754
- [ ] 20755
- [ ] 20758
- [ ] 20764
- [ ] 20765
- [ ] 20776
- [ ] 20778
- [ ] 20779
- [ ] 20794
- [ ] 21012
- [ ] 21032
- [ ] 21035
- [ ] 21037
- [x] 21054
- [ ] 21056
- [x] 21060
- [x] 21061
- [ ] 21062
- [x] 21076
- [ ] 21077
- [x] 21090
- [ ] 21106
- [x] 21108
- [x] 21113
- [x] 21114
- [x] 21122
- [ ] 21123
- [ ] 21140
- [x] 21144
- [x] 21146
- [x] 21225
- [ ] 21226
- [ ] 21240
- [ ] 21401
- [ ] 21402
- [ ] 21403
- [ ] 21404
- [ ] 21405
- [ ] 21409
- [ ] 21411
- [ ] 21412

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q26. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q34. How did your hospital identify its CBSA?

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

- [x] Based on ZIP codes in your global budget revenue agreement. Please describe.

UM BWMC considers our Community Benefit Service Area (CBSA) to be the Anne Arundel County portions of our primary and secondary service areas as defined by our Global Budget Revenue Agreement with the Maryland Health Services Cost Review Commission. The primary service area surrounding UM BWMC where most of our discharges originate from has some of the most vulnerable, high-risk residents in Anne Arundel County based on socioeconomic and health data. We make concerted efforts to reach vulnerable, at-risk populations, including the uninsured, racial/ethnic minorities, persons with risky health behaviors (e.g. smoking), and people with chronic health conditions (e.g. diabetes, cancer). Zip codes in our secondary service area have more localized pockets of community health needs.

- [ ] Based on patterns of utilization. Please describe.

- [ ] Other. Please describe.

Q35. Provide a link to your hospital's mission statement.

https://www.umms.org/bwmc/about/mission

Q36. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q37. Section II - CHNAs and Stakeholder Involvement Part 1 - Timing & Format

Q38.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- (●) Yes
- ( ) No

Q39. 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.

Q40. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

06/20/2022

Q41. Please provide a link to your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.

https://www.umms.org/bwmc/community/assessment-plan

Q42. Please upload your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.

Anne Arundel County CHNA-2022.pdf
9.8MB
application/pdf

Q43. Section II - CHNAs and Stakeholder Involvement Part 2 - Internal CHNA Partners

Q44. Please use the table below to tell us about the internal partners involved in the development of your most recent CHNA.

	CHNA Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☐	☑	VP Community Engagement, VP Strategy/Program Developm Manager Community Health
	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 expla below:
CB/ Community Health/ Population Health Director (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☐	☑	☑	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Board of Directors or Board Committee (facility level)	☐	☐	☐	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla below:
Board of Directors or Board Committee (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla 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)	Other - If you selected "Other (explain)," please type your expla below:
Clinical Leadership (facility level)	☐	☐	☑	☑	☐	☑	☑	☑	☐	☐	
Clinical Leadership (system level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Population Health Staff (facility level)	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	
Population Health Staff (system level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	
Community Benefit staff (system level)	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐	
Physician(s)	☐	☐	☑	☐	☐	☑	☑	☑	☐	☐	
Nurse(s)	☐	☐	☑	☐	☐	☑	☑	☑	☐	☐	
Social Workers	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	
Hospital Advisory Board	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	Hospital Patient Family Advisory Committee (PFAC) provides in community initiatives and activities.

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

Q45. Section II - CHNAs and Stakeholder Involvement Part 3 - Internal Hospital Community Benefit Partners

Q46. Please use the table below to tell us about the internal partners involved in your community benefit activities during the fiscal year.

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

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

Q47. Section II - CHNAs and Stakeholder Involvement Part 4 - Meaningful Engagement

Q48. Community participation and meaningful engagement is an essential component to changing health system behavior, activating partnerships that improve health outcomes and sustaining community ownership and investment in programs. Please use the table below to tell us about the external partners involved in your most recent CHNA. In the first column, select and describe the external participants. In the second column, select the level of community engagement for each participant. In the third column, select the recommended practices that each stakeholder was engaged in. The Maryland Hospital Association worked with the HSCRC to develop this list of eight recommended practices for engaging patients and communities in the CHNA process.

Refer to the FY 2023 Community Benefit Guidelines for more detail on MHA's recommended practices. Completion of this self-assessment is mandatory for FY 2023.

	Level of Community Engagement						Recommended Practices							
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other Hospitals -- Please list the hospitals here: Luminis Health Anne Arundel Medical Center	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Local Health Departments -- Please list the Local Health Departments here: Anne Arundel County Department of Health	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Anne Arundel	☑	☐	☐	☑	☐	☐	☑	☐	☐	☑	☐	☑	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Maryland Department of Health	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other State Agencies -- Please list the agencies here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress

Local Govt. Organizations -- Please list the organizations here: Partnership for Children, Youth and Families, Anne Arundel County Police Department, Anne Arundel County Department of Transportation, County Executive Office, Anne Arundel County Department of Aging	☑	☑	☑	☑	☐	☐	☑	☑	☑	☐	☐	☐	☑	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Faith-Based Organizations	☑	☑	☐	☐	☐	☑	☑	☑	☐	☑	☐	☐	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
School - K-12 -- Please list the schools here: Anne Arundel County Public School System	☑	☑	☑	☑	☐	☐	☑	☐	☑	☐	☐	☐	☑	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
School - Colleges, Universities, Professional Schools -- Please list the schools here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Behavioral Health Organizations -- Please list the organizations here: Anne Arundel County Mental Health Agency	☑	☑	☐	☐	☐	☑	☑	☑	☑	☑	☐	☐	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Social Service Organizations -- Please list the organizations here: Housing Commission of Anne Arundel County and Annapolis, Department of Social Services, Community Health Agency	☑	☑	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐	☑	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress

Post-Acute Care Facilities -- please list the facilities here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Community/Neighborhood Organizations -- Please list the organizations here: Community of Hope: Brooklyn Park	☑	☑	☑	☑	☐	☐	☑	☑	☐	☑	☐	☐	☑	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Consumer/Public Advocacy Organizations -- Please list the organizations here: YWCA, Community Foundation, Crisis Response, Head Start	☑	☑	☑	☑	☐	☑	☑	☑	☑	☑	☐	☐	☑	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other -- If any other people or organizations were involved, please list them here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress

Q49. Section II - CHNAs and Stakeholder Involvement Part 5 - Follow-up

Q50. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- (●) Yes
- ( ) No

Q51. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

06/20/2022

Q52. Please provide a link to your hospital's CHNA implementation strategy.

https://www.umms.org/bwmc/community/assessment-plan

Q53. Please upload your hospital's CHNA implementation strategy.

UM BWMC Implementation Plan_6.20.22.pdf
207.2KB
application/pdf

Q54. 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.

Q55. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q56. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q57. Section II - CHNAs and Stakeholder Involvement Part 6 - Initiatives

Q58. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- ○ Yes
- ◉ No

Q59.
Using the checkboxes below, select the Community Health Needs identified in your most recent CHNA that were NOT addressed by your community benefit initiatives.

- ☐ Health Conditions - Addiction
- ☐ Health Conditions - Arthritis
- ☐ Health Conditions - Blood Disorders
- ☐ Health Conditions - Cancer
- ☐ Health Conditions - Chronic Kidney Disease
- ☐ Health Conditions - Chronic Pain
- ☐ Health Conditions - Dementias
- ☐ Health Conditions - Diabetes
- ☐ Health Conditions - Foodborne Illness
- ☐ Health Conditions - Health Care-Associated Infections
- ☐ Health Conditions - Heart Disease and Stroke
- ☐ Health Conditions - Infectious Disease
- ☐ Health Conditions - Mental Health and Mental Disorders
- ☑ Health Conditions - Oral Conditions
- ☐ Health Conditions - Osteoporosis
- ☐ Health Conditions - Overweight and Obesity
- ☐ Health Conditions - Pregnancy and Childbirth
- ☐ Health Conditions - Respiratory Disease
- ☐ Health Conditions - Sensory or Communication Disorders
- ☐ Health Conditions - Sexually Transmitted Infections
- ☐ Health Behaviors - Child and Adolescent Development
- ☐ Health Behaviors - Drug and Alcohol Use
- ☐ Health Behaviors - Emergency Preparedness
- ☐ Health Behaviors - Family Planning
- ☐ Health Behaviors - Vaccination
- ☑ Health Behaviors - Violence Prevention
- ☐ Populations - Adolescents
- ☐ Populations - Children
- ☐ Populations - Infants
- ☐ Populations – LGBT
- ☐ Populations - Men
- ☐ Populations - Older Adults
- ☐ Populations - Parents or Caregivers
- ☐ Populations - People with Disabilities
- ☐ Populations - Women
- ☐ Populations - Workforce
- ☐ Settings and Systems - Community
- ☑ Settings and Systems - Environmental Health
- ☐ Settings and Systems - Global Health
- ☐ Settings and Systems - Health Care
- ☐ Settings and Systems - Health Insurance
- ☐ Settings and Systems - Health IT
- ☐ Settings and Systems - Health Policy
- ☐ Settings and Systems - Hospital and Emergency Services
- ☑ Settings and Systems - Housing and Homes
- ☐ Settings and Systems - Public Health Infrastructure
- ☐ Settings and Systems - Schools
- ☑ Settings and Systems - Transportation

- [ ] Health Behaviors - Health Communication
- [ ] Health Behaviors - Injury Prevention
- [ ] Health Behaviors - Nutrition and Healthy Eating
- [ ] Health Behaviors - Physical Activity
- [ ] Health Behaviors - Preventive Care
- [ ] Health Behaviors - Safe Food Handling
- [ ] Health Behaviors - Sleep
- [ ] Health Behaviors - Tobacco Use
- [ ] Settings and Systems - Workplace
- [ ] Social Determinants of Health - Economic Stability
- [ ] Social Determinants of Health - Education Access and Quality
- [ ] Social Determinants of Health - Health Care Access and Quality
- [ ] Social Determinants of Health - Neighborhood and Built Environment
- [ ] Social Determinants of Health - Social and Community Context
- [ ] Other Social Determinants of Health
- [ ] Other (specify)

Q60. Why were these needs unaddressed?

UM BWMC is committed to support the advancement of community health initiatives identified through the CHNA, and while many priorities are beyond the scope of what UM BWMC can provide, we will provide resources in the following areas as feasible. Affordable dental services: While UM BWMC does not have a dental clinic or routine dental care at this time, we do refer patients to low-cost clinics for care. We subsidized oral surgery on-call services and have oral surgeons on our medical staff. UM BWMC partners with the Anne Arundel County Health Department to divert dental patients presenting in the ED to providers in the community. Care coordination will be provided to prevent repeat ED visits. Environmental health concerns: Environmental health concerns are being addressed by the Anne Arundel County Health Department's Bureau of Environmental Health Services and other local environmental advocacy organizations. Public Transportation: While public transportation and bus line access is not in the scope of services that UM BWMC can provide, it is being addressed by County and State officials. UM BWMC does provide some transportation assistance to patients and participants of classes. Lyft, Uber, bus tokens, and taxi fees are covered for some patients in need through our Care Management Program. This program also helps to cover the cost of transportation assistance to rehabilitation and care facilities. We also provide transportation to participants in our Nest and Nurture pre-natal education program. Other needs identified in the CHNA include affordable housing, homelessness, and gun violence. UM BWMC will support these priorities through participation in economic development initiatives and community building activities, and health profession training designed to help improve the socioeconomic climate and overall wellbeing of individuals and the local community.

Q61. Please describe the hospital's efforts to track and reduce health disparities in the community it serves.

UM BWMC uses its Community Health Needs Assessment, hospital, and other available public data to target outreach programming in specific need areas and zip codes with the most vulnerable populations. Including health insurance status, transportation barriers, and by tracking all attendees at UM BWMC hosted classes and events by home zip code, race and ethnicity, in its efforts to reduce health disparities, increase access to resources, and increase health literacy within Anne Arundel County. Equity in programming such as food insecurity and healthy food distributions can be tracked and compared to ongoing data trends to see the reduction in diabetes and heart disease cases. Free cancer screenings for uninsured and underinsured community members can be tracked and compared to ongoing cancer diagnosis trends, increasing access to preventative care and early diagnosis. County poverty, workforce, and education data is being used to target vulnerable zip codes to open opportunities for internships, educational opportunities for high school and college students, and scheduling of community hiring events in an aim to decrease social determinants of health. Patient data is also tracked through care managers, nurse navigators, and through the Transitional Care Center for high-risk utilization patients in need of additional supportive services. Select patients are asked social related questions upon intake, such as alcohol and smoking status, housing stability, and intimate partner violence. These answers are then captured in EPIC to help provided additional supportive services and track long-term PAU/ readmission status. In addition, UMMS has developed a multi-year plan, backed by a $40 million investment, that outlines our commitment to equity in care delivery, diversity in our workforce, meaningful investments in local communities and expanded opportunities for minority-owned businesses.

Q62. If your hospital reported rate support for categories other than Charity Care, Graduate Medical Education, and the Nurse Support Programs in the financial report template, please select the rate supported programs here:

- [x] None
- [ ] Regional Partnership Catalyst Grant Program
- [ ] The Medicare Advantage Partnership Grant Program
- [ ] The COVID-19 Long-Term Care Partnership Grant
- [ ] The COVID-19 Community Vaccination Program
- [ ] The Population Health Workforce Support for Disadvantaged Areas Program
- [ ] Other (Describe)

Q63. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail.

Q64. Section III - CB Administration

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

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

Q66. Please describe the third party audit process used.

A third-party audit is completed by Ernst and Young.

Q67. Does your hospital conduct an internal audit of the community benefit narrative?

- (●) Yes
- ( ) No

Q68. Please describe the community benefit narrative audit process.

Community benefit reporting is coordinated by the Community Outreach Manager and Vice President of Community Engagement and Chief of Staff. Data is collected throughout the year, with annual reporting occurring at the close of the fiscal year for some activities. The data is collected, validated, and entered into Lyon Software's Community Benefit Inventory for Social Accountability (CBISA) program. Maryland HSCRC Community Benefit guidance is consulted to determine what category to report community benefit activities under, along with other resources such as the Catholic Health Association. Additionally, the University of Maryland Medical System convenes a bi-monthly Community Health Improvement Committee meeting that includes leaders from community benefit reporting across the system. There is a roundtable each meeting to discuss any questions or concerns related to community benefit reporting. The UMMS Finance Department reviews and approves the HSCRC spreadsheet inventory report documents. The HSCRC Community Benefit narrative report and data collection tool is reviewed and approved by the UM BWMC Chief Financial Officer and Chief Executive Officer. The report is then reviewed and approved by the UM BWMC Board of Directors Finance and/or Community Engagement Committee and the University of Maryland Medical System Senior Leadership.

Q69. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- (●) Yes
- ( ) No

Q70. Please explain:

This question was not displayed to the respondent.

Q71. Does the hospital's board review and approve the annual community benefit narrative report?

- (●) Yes
- ( ) No

Q72. Please explain:

This question was not displayed to the respondent.

Q73. Does your hospital include community benefit planning and investments in its internal strategic plan?

- (●) Yes
- ( ) No

Q74. Please describe how community benefit planning and investments were included in your hospital's internal strategic plan during the fiscal year.

UM BWMC's Strategic Plan includes several community benefit investments. Specifically, our strategic plan has a strategic goal of easing access to care for our community. This includes comprehensive and affordable health care services that result in the "right care in the right place at the right time" and investments in physician specialties to meet community needs. Physician investments counted in community benefit include Emergency Department on-call services, Diabetes and Endocrinology, Women's Health Services, Cardiology, Primary and Senior Care, Inpatient Psychiatric Care, Pulmonary, and Transitional Care Center services. The goal also calls for the robust population health initiatives to reduce preventable utilization. Population health initiatives include community benefit classes and activities designed to help people prevent and manage chronic conditions and screen for illnesses when they are most treatable. Our annual operating plan, which is derived from our strategic plan, includes community benefit and population health priorities. UM BWMC's Community Benefit Implementation Plan is a strategic framework that is reviewed each fiscal year and adjustments are made to implementation strategies as appropriate based on community needs, available resources, best practices and lessons learned.

Q75. If available, please provide a link to your hospital's strategic plan.

https://www.umms.org/bwmc/-/media/files/um-bwmc/about-us/mission/bwmcstrategicplan202324final.pdf?upd=20220627203709

Q76. Do any of the hospital's community benefit operations/activities align with the Statewide Integrated Health Improvement Strategy (SIHIS)? Please select all that apply and describe how your initiatives are targeting each SIHIS goal. More information about SIHIS may be found here.

- [x] Diabetes - Reduce the mean BMI for Maryland residents

UM BWMC provides free body composition screenings to community members age 18 years and older and includes nutrition information and education on BMI with results. Free exercise classes are offered to the community for youth, adults, and seniors. Free nutrition education presentations and resource tables are offered throughout the year, and upon request for community events.

- [ ] Opioid Use Disorder - Improve overdose mortality

- [x] Maternal and Child Health - Reduce severe maternal morbidity rate

UM BWMC offers free prenatal education classes to any woman in Anne Arundel County, with an emphasis on women of disparities. Topics include importance of prenatal care visits, post-delivery visits, blood pressure monitoring and other health related topics. UM BWMC partners and refers into the Women's, Infant and Children (WIC) program, Healthy Start, and other Anne Arundel County Health Department services to help increase resources to vulnerable populations.

- [ ] Maternal and Child Health - Decrease asthma-related emergency department visit rates for children aged 2-17

- [ ] None of the Above

Q77. (Optional) Did your hospital's initiatives during the fiscal year address other state health goals? If so, tell us about them below.

Q78. Section IV - Physician Gaps & Subsidies

Q79. (Optional) Please attach any files containing further information and data justifying physician subsidies at your hospital.

(This year, all information on physician gap subsidies is collected on the financials. However, if you have additional information on these subsidies to report, you may do so through attachments here.)

Q80. Section V - Financial Assistance Policy (FAP)

Q81. Upload a copy of your hospital's financial assistance policy.

UMMS FA Policy - Eff 7-1-2023.pdf
7.1MB
application/pdf

Q82. Provide the link to your hospital's financial assistance policy.

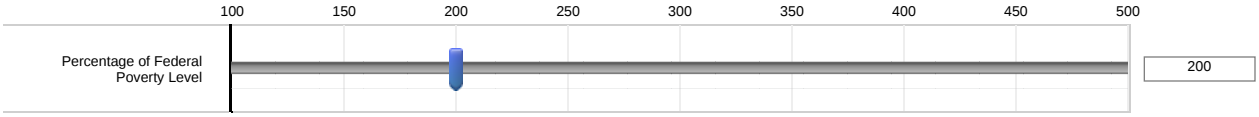
https://www.umms.org/bwmc/patients-visitors/for-patients/financial-assistance

Q83. 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: Sliding scale updated with 2023 FPL limits.

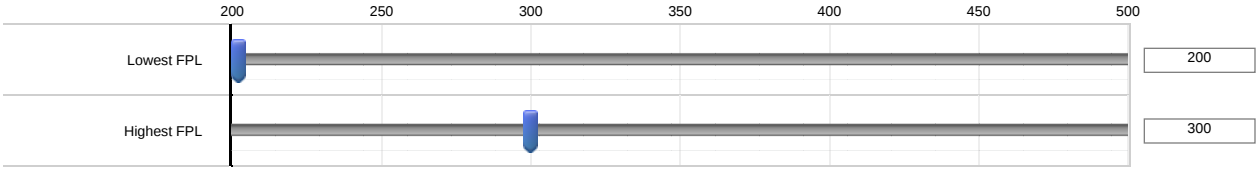
Q84. Maryland acute care and chronic care hospitals are required under Health General §19-214.1(b)(2)(i) COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL).

Please select the percentage of FPL below which your hospital's FAP offers free care.



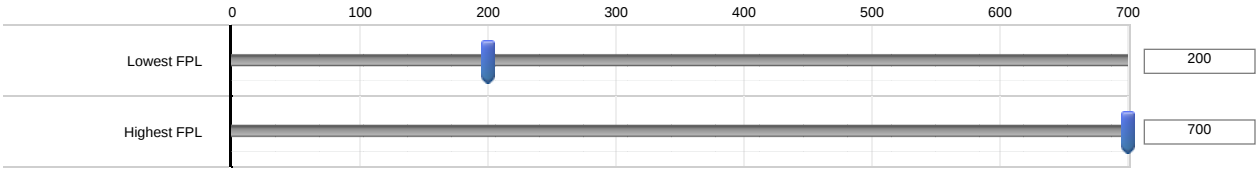
Q85. Maryland acute care and chronic care hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level.

Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

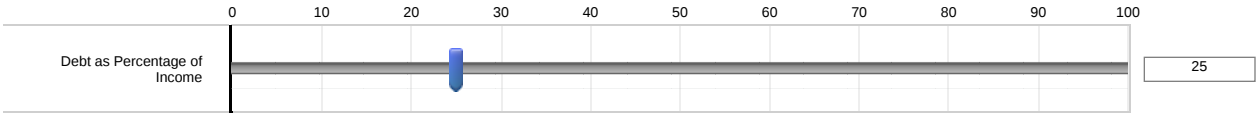


Q86. Maryland acute care and chronic care hospitals are required under Health General §19-214.1(b)(2)(iii) COMAR 10.37.10.26(A-2)(3)(a) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined in Health General §19-214.1(a)(2) and COMAR 10.37.10.26(A-2)(1)(b)(i) 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.



Q87. Please select the threshold for medical debt as a percentage of family income above which qualifies as a financial hardship.



Q88. Section VI - Tax Exemptions

Q89. Per Health General Article §19-303 (c)(4)(ix), list each tax exemption your hospital claimed in the preceding taxable year (select all that apply)

- ☑ Federal corporate income tax
- ☑ State corporate income tax
- ☑ State sales tax
- ☑ Local property tax (real and personal)
- ☐ Other (Describe)

Q90. Summary & Report Submission

Q91.

Attention Hospital Staff! IMPORTANT!

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

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

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

Location Data

Location: (39.1658, -76.6382)

Source: GeoIP Estimation

UNIVERSITY of MARYLAND
BALTIMORE WASHINGTON
MEDICAL CENTER

COMMUNITY HEALTH NEEDS

ASSESSMENT & IMPLEMENTATION PLAN

EXECUTIVE SUMMARY | FISCAL YEARS 2023-2025

APPROVED BY THE UM BWMC BOARD OF DIRECTORS

COMMUNITY ENGAGEMENT COMMITTEE

MAY 24, 2022

APPROVED BY THE UM BWMC BOARD OF DIRECTORS

EXECUTIVE COMMITTEE

JUNE 20, 2022

TABLE OF CONTENTS

Executive Summary

Overview

The University of Maryland Baltimore Washington Medical Center (UM BWMC) is a private, non-profit acute care hospital that serves Anne Arundel County, largely the northern and western part of the county, including Brooklyn Park and Curtis Bay that cross over into Baltimore City. UM BWMC expert physicians and experienced, compassionate staff are connected to medical practices in the local community as well as the University of Maryland Medical Center in downtown Baltimore. For patients, this means access to high-quality care and research discoveries aimed at improving Maryland's health.

In FY2021, UM BWMC provided 18,244 admissions, 9,907 total surgeries, 127,961 outpatient visits, and 63,724 emergency department visits. The University of Maryland Baltimore Washington Medical Center is licensed for 285 acute care beds. Recognizing that the role of the hospital isn't simply to treat illness, UM BWMC also strengthens the communities we serve through outreach programs. By promoting healthier families and creating opportunities for people to improve their lives today, UM BWMC aims to impact the health of the community for many generations to come.

By combining education, screenings and support groups, UM BWMC provides programs for every member of the family. Free prenatal education classes and safe sleep kits, flu shot clinics and blood pressure screenings are just a few of UM BWMC's ongoing programs that promote wellness and meet the needs of those we serve. As the Coronavirus (COVID-19) pandemic encapsulated our communities, UM BWMC pivoted and began supporting the community by expanding COVID-19 testing, COVID-19 PPE distribution and COVID-19 safety information, mobile COVID-19 vaccinations, food distributions, and ongoing COVID-19 health information. In addition, UM BWMC provides a community outreach page on the UM BWMC public website to announce upcoming community health events and activities in addition to annual Community Benefit reporting and triennial Community Health Needs Assessment (CHNA). https://www.umms.org/bwmc/community.

Our Mission

The mission of the University of Maryland Baltimore Washington Medical Center is to provide the highest quality health care services to the communities we serve.

Our Vision

To be the health care provider of choice by delivering nationally recognized quality and personalized service through outstanding team members.

SOURCE: https://www.umms.org/bwmc/about/mission

Our Values

Communication: We use proactive, timely and clear communication to support teamwork and exceptional patient care.

Accountability: We act with integrity and demonstrate ownership to provide great service, care and a healthy work environment.

Respect: We are respectful and show dignity to our patients, their families and each other.

Excellence: We provide compassionate and empathetic care, service and support.

Community Health Needs Assessment (CHNA)

The Anne Arundel County Community Health Needs Assessment (CHNA) was conducted with leadership from UM BWMC, Luminis Health Anne Arundel Medical Center, Anne Arundel County Department of Health, Anne Arundel County Mental Health Agency, Inc., Community Foundation of Anne Arundel County, and Anne Arundel County Partnership for Children, Youth and Families.

Using both quantitative and qualitative data collection methods, the CHNA was designed to be as comprehensive as feasible to help frame informed decisions about community health needs and trends in Anne Arundel County in order to plan, implement and evaluate actions to address those needs. The CHNA is intended to be used by hospitals, health care providers, social service organizations, government agencies, community organizations, businesses, county residents and other key stakeholders.

Community Benefit Service Area

The communities surrounding UM BWMC are some of the most vulnerable, high-risk residents in Anne Arundel County based on socioeconomic, health care utilization and health data. UM BWMC makes a concerted effort to reach vulnerable, at-risk populations, including the uninsured, racial/ethnic minorities, persons with risky health behaviors (e.g. smoking), and people with chronic health conditions (e.g. diabetes, cancer).

For the purposes of the FY22-24 CHNA, UM BWMC has identified the zip codes in figure 1 as the zip codes with the most vulnerable residents and where a majority of our health impact efforts will be focused.

Figure 1. Community Benefit Health Impact Zip Codes

21060 – Glen Burnie
21061 – Glen Burnie
21122 – Pasadena
21144 – Severn
21225 – Brooklyn Park

Summary of Key Findings

After analysis of all quantitative and qualitative data described in the CHNA summary in the following sections, the internal UM BWMC Community Benefit Implementation Planning Community convened in March 2022 to discuss the CHNA results and to identify and approve five strategic priorities to lead the UM BWMC Community Health Needs Implementation Plan. These priorities are also in alignment with the Maryland Statewide Integrated Health Improvement Strategy (SIHIS). The process resulted in the following priority areas being chosen, with a concerted effort being placed on implementing strategies throughout each priority area to reduce social determinates of health and increase health equity.

- ☐ Chronic Conditions
- ☐ Mental and Behavioral Wellness
- ☐ Maternal and Child Health
- ☐ Safe and Healthy Social Environments
- ☐ Health Care Access and Utilization

County-Wide CHNA Findings

Population Demographics

The most recent census estimates on the diversity of the county illustrates an increasing African American and Hispanic population at 25.3 percent and 72.6 percent respectively, and a diminishing White population with a -5.5 percent change since the last full U.S. Census in 2010.

Figure 2. U.S. Census Demographics: Anne Arundel County, MD

Population Demographics	
Population estimate, 2020	588,261
Population estimate, 2010	537,656
Population, percent change - 2010 to 2020	9.4%
Age and Sex	
Persons under 5, percent	6.1%
Persons under 18, percent	22.3%
Persons 65 years and over, percent	14.8%
Female persons, percent	49.4%

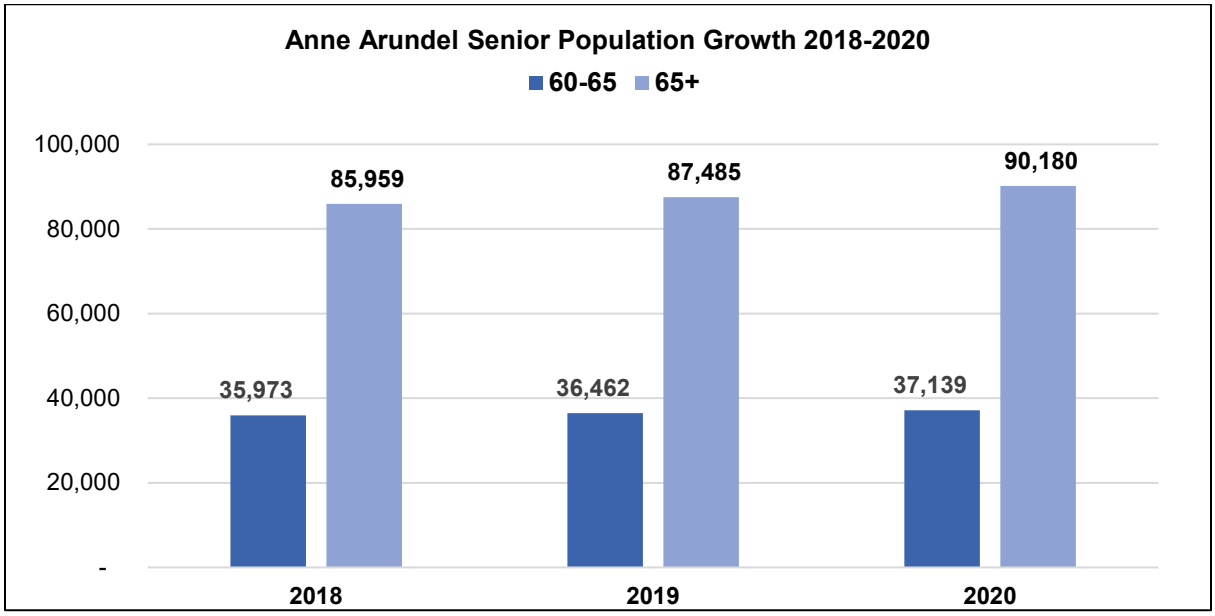
Race and Hispanic Origin	
White alone, percent	62.5%
Black or African American alone, percent	17.4%
Asian alone, percent	4.3%
American Indian and Alaska Native alone, percent	0.2%
Native Hawaiian and other Pacific Islander alone, percent	0.1%
Other race alone, percent	0.5%
Two or More Races, percent	5.3%
Hispanic or Latino, percent	9.7%

SOURCE: U.S. Census Bureau, 2020 Decennial Census, Table P2, Race and Ethnicity, https://data.census.gov/cedsci/table?g=0500000US24003&tid=DECENNIALPL2020.P2
SOURCE: U.S. Census Bureau, Anne Arundel County Profile, https://data.census.gov/cedsci/profile?g=0500000US24003

Senior Population

The population of Anne Arundel County continues to age, and as of 2020, nearly 15 percent of the population was age 65 and older. This is a 2 percent increase since the last needs assessment was completed. The Maryland Department of Aging is tracking the 60 and older population and expecting the percentage to continue to increase through 2045, with an expected rise over 27 percent. With the rise in the senior population, the impact on county services, support, resource allocation, and health care use will also continue to rise.

Figure 3. U.S. Anne Arundel County Senior Population Growth, 2018-220



SOURCE: Maryland Department of Aging, 2021

Poverty

Although the median household income stands at $101,147, there continues to be a gap between rich and poor communities in the county, and the rate at which households are earning income. The percentage of households earning between $50,000 and $99,999 remained relatively unchanged between 2016 and 2019, while the percentage of households with an income below $50,000 has lessened. It is noteworthy that there

has been a significant decrease in households earning below $25,000 and a sizeable increase in earning $200,000 or more since the previous CHNA.

Figure 4. Anne Arundel County Estimated Household Income

Estimated Annual Household Income, 2016 vs 2019		
	2016	**2019**
Total Households	204,829	216,200
Median Income	$91,918	$101,147
Less than $25,000	10.0%	7.4%
$25,000-$34,999	5.3%	4.8%
$35,000-$49,999	9.2%	6.6%
$50,000-$74,999	15.9%	15.9%
$75,000-$99,999	14.2%	14.3%
$100,000-$199,999	33.5%	34.6%
$200,000 or more	11.9%	16.5%

SOURCE: 2016: ACS 5-year estimate subject table vs 2019: ACS 1-year estimate subject table https://data.census.gov/cedsci/table?q=anne%20arundel%20county&tid=ACSST1Y2019.S1901

As established in the previous needs assessment, poverty rates are highest in the northern (near UM BWMC) and southern portions of the county. It is noteworthy to mention that there have been reductions in these percentages across a number of zip codes within this report. The zip codes in figure 5, centralized in the UM BWMC service area, have all seen reduced percentages since the last CHNA.

Figure 5. Selected Poverty Percentages by Anne Arundel County Zip Code, 2019

Selected Anne Arundel County Poverty Zip Codes			
Zip Code	**City**	**Poverty Percentage, 2019**	**Poverty Percentage, 2016**
21225	Brooklyn Park	24.8%	27.3%
21226	Curtis Bay	9.6%	16.6%
21060	Glen Burnie (East)	7.5%	7.9%
21061	Glen Burnie (West)	8.4%	9.2%

SOURCE: US Census American Community Survey 5 year estimates, 2015-2019; Maryland Health Services Cost Review Outpatient Files, 2019

Healthy and Safe Social Environments

The social environments that residents live, work, learn and play can directly affect a person's physical and mental health, and ability to feel secure and safe in day-to-day life. Repeated violence and exposure, economic stability, neighborhood environment, food security, and education can all reflect differences in the length and quality of a person's life, rate of disease and illness, and access to treatment.

Social Determinants of Health

Social determinants of health can impact individual and community health. Markers include race and ethnicity, employment status and income level, education, housing quality, neighborhood safety, family and social support, and a sense of community belonging. Many demographic and health indicators associated with poorer health

status and outcomes are found in the northern and southern portions of the county, and parts of Annapolis.

There have been positive strides made in the reduction of poverty numbers across Anne Arundel County and within zip codes inside the UM BWMC Service Area since the previous needs assessment was released. However, the northern part of the county that borders Baltimore City continues to have the largest number of residents living in poverty. The zip code of Brooklyn Park continues to have rising rates of poor health outcomes due to many social determinants of health, including lack of access to healthy foods.

Figure 6. All Demographic, Socioeconomic, and Health Indicators by Zip Code in Anne Arundel County, 2019

Zip Code	City	Poverty %	% without High School	% Households on SNAP	ED Visit Rate per 1,000	% Low Birth Weight Infants (2015-2019)	% Minority Population
20711	Lothian	9.4%	10.6%	9.8%	333.2	7.3%	32.4%
20724	Laurel	7.3%	8.9%	3.5%	250.0	8.6%	67.6%
20765	Galesville	23.6%	11.3%	25.5%	289.9	0.0%	45.7%
20776	Harwood	13.5%	13.0%	14.2%	311.8	5.8%	29.8%
21060	Glen Burnie (East)	7.5%	12.9%	9.2%	356.2	7.7%	33.4%
21061	Glen Burnie (East)	8.4%	11.8%	11.8%	404.4	8.9%	43.0%
21122	Pasadena	6.1%	7.8%	6.5%	255.2	8.2%	16.3%
21144	Severn	6.4%	6.0%	9.0%	279.9	8.7%	55.2%
21225	Brooklyn Park	24.8%	20.6%	29.3%	732.4	11.1%	60.9%
21226	Curtis Bay	9.6%	15.4%	12.3%	576.8	8.3%	27.6%
21401	Annapolis	8.1%	7.3%	7.5%	344.5	7.0%	30.1%
21403	Eastport	7.4%	9.2%	7.8%	308.1	7.9%	38.1%
	Anne Arundel County	**5.8%**	**7.9%**	**6.1%**	**310.3**	**7.7%**	**31.8%**

SOURCE: US Census American Community Survey 5 year estimates, 2015-2019; Maryland Health Services Cost Review Outpatient Files, 2019
***Red Shading = Higher than County Average**
***Blue Shading = UM BWMC Service Area**

When patterns of hospitalizations and Emergency Department visits are examined by zip code, they generally reflect the social determinants illustrated above in figure 6. Zip code 21225 has the highest rate of hospitalization and emergency department visits in the county. Violence, lack of access to healthy foods, poorly controlled diabetes, substandard housing, and transportation were all noted throughout focus groups and informant interviews and potential reasons why hospital utilization rates are so high.

Figure 7. Hospitalization Rate per 1,000 Population by Zip Code, Anne Arundel County, 2019

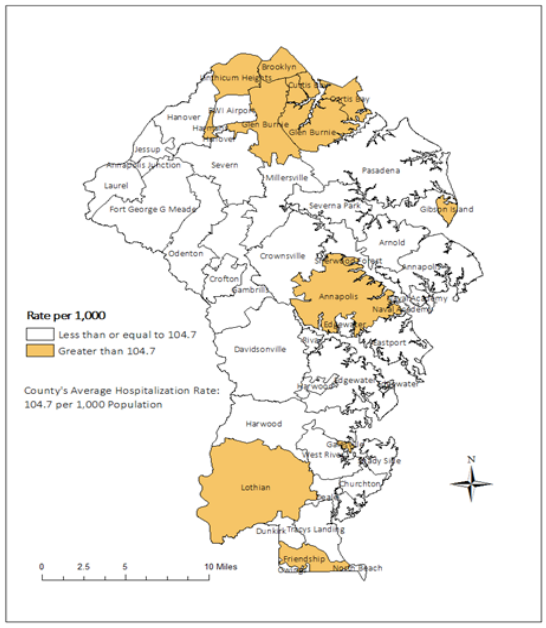
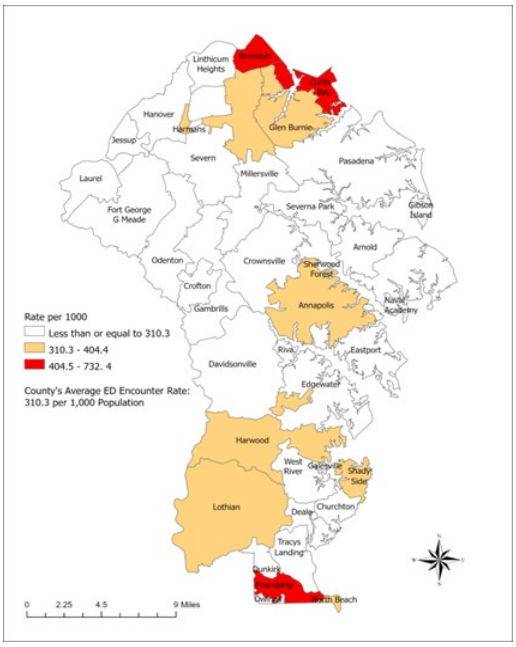


Figure 8. Emergency Department Encounters per 1,000



Source: Health Services Cost Review Commission Outpatient, 2019

Public Transportation

There are a variety of needs concerning social determinants of health. There is lack of public transportation throughout Anne Arundel County, and operating bus routes have limited hours. This can be troubling for the county's low-income and elderly residents. Limited transportation can affect a person's ability to access health care services, educational options, and employment opportunities.

Access to Healthy Food

Food insecurity, or the lack of access to healthy food, directly impacts a person's overall health. Those who are unable to afford healthy foods, or are struggling with the ability to get it due to geographic location or even lack of transportation, have a higher risk of chronic illnesses such as diabetes, heart disease, and obesity. Children who are hungry often have poorer educational outcomes and have more trouble focusing in the classroom.

One measure of food insecurity is the number of households receiving SNAP benefits. SNAP is the Supplemental Nutrition Assistance Program and is the largest federal nutrition assistance program. SNAP is available to low-income individuals and families, allowing them to purchase eligible food items in authorized retail stores. Figure 9 shows the inequities in food security when the number of household SNAP beneficiaries is broken down by race and ethnicity.

Figure 9. Households on SNAP Benefits by Race/Ethnicity in Anne Arundel County, 2016-2019

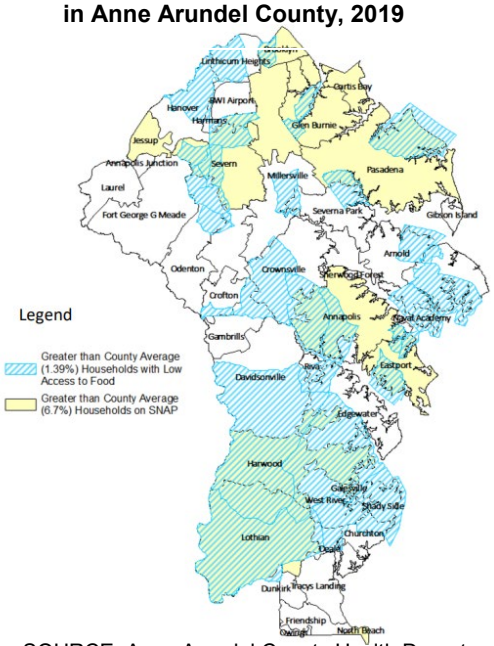
Households on SNAP Benefits by Race and Ethnicity, Anne Arundel County 2016-2019				
	2016	2017	2018	2019
White, NH	4.4%	4.6%	3.4%	3.3%
Black, NH	19.3%	12.0%	9.9%	19.3%
Asian, NH	8.9%	4.4%	4.8%	4.8%
Hispanic	18.8%	13.2%	10.6%	4.1%

SOURCE: US Census Bureau, American Community Survey, 1-year Estimate 2017-2019

Another measure of food insecurity is how closely someone lives to a grocery store, if they have transportation to get to the store, and how healthy and affordable the options are. Anne Arundel County has over 74,000 residents in a food desert, which is defined by the United States Department of Agriculture (USDA) as urban neighborhoods and rural towns without ready access to fresh, healthy and affordable foods.

Typically, these areas are low-income zip codes where there is a lack of economic resources to travel for food, and other social determinants of health are rising. Figure 10 shows that those with the least access to fresh, healthy and affordable foods and are more likely to be receiving SNAP benefits are spread unevenly in the county. Altogether, there are 17 census tracts in the county that are considered food deserts including: Glen Burnie, Brooklyn Park, Linthicum Heights, Fort Meade and Severn.

Figure 10. Access to Healthy Food in Anne Arundel County, 2019



SOURCE: Anne Arundel County Health Department

Lack of access to healthy food causes many issues for county residents. According to America's Health Rankings, 2021, food insecurity impacts the overall mental and physical health of an individual. Hungry children are also susceptible to poor health outcomes due to food insecurity. Children who are hungry are more likely to have cognitive and behavioral problems such as being anxious, and have overall lower test scores and academic performance.

Education

Those with more education, on average, live longer and healthier lives than those who have less education. Residents with a higher education are more likely to obtain higher paying jobs that have health insurance, and have better working conditions. They also tend to face less financial stress by being able to utilize health insurance benefits and be less burdened by rising housing costs. Residents with less education and lower incomes tend to live in lower income neighborhoods having less recreational opportunities, higher crime rates, fewer jobs, and lower air and water quality all which affects the physical and mental health of a person. Areas with less education are mostly clustered in the northern part of the county and Annapolis (Anne Arundel County Health Department Health Report Card 2020).

Employment

The Bureau of Labor Statistics (BLS) defines the labor force as individuals who are employed or unemployed, but actively looking for work in the past 4 weeks. Health insurance, paid sick leave, and paternal leave (e.g. maternity leave) are all shown to have positive health outcomes for employees and children. Inequities in education, gender, and racial and ethnic disparities can affect the type of work a person does. Nationally, African Americans are more likely to be unemployed or work in more blue collar service jobs compared to White counterparts, and work in jobs that put them at higher risk for injury and illness. These inequities can cause mental and physical health issues such as depression and anxiety, or workplace injuries.

Unemployment and underemployment, which an involuntary status of either part-time, poverty-wage, or insecure employment, are also on the rise. Underemployment could also be a social status where the income and job do not meet an employee's education or skill set (Healthy People 2020).

Housing Instability

Housing instability may negatively affect an individual's physical health, making it harder to access health care. Although there is not a standard definition for housing instability, Healthy People 2020 considers this to include having trouble paying rent, overcrowding in a household, moving frequently, staying with family or friends, and spending the bulk of a household income on housing. This could also include homelessness, which encompasses not having a regular place to sleep at night, or having a primary residence as a shelter.

According to the Anne Arundel County Consolidated Plan 2021-2025, a county household paying more than 50 percent of their income on housing costs is considered to be severely burdened and is at great risk of losing their home or becoming homeless. In Anne Arundel County, this is about 17,603 households that earn $50,000 or less per year. When compared to the affordable rental units available in the county, this leaves a large gap of almost 9,000 low and very low income households that are not able to be served by the current housing market.

While there are two housing authorities in the county, the Housing Authority of Anne Arundel County and City of Annapolis, there continues to be long waiting lists for vouchers with the average wait time of almost 20 months.

Figure 11. Anne Arundel County Housing Choice Voucher List-2021

Anne Arundel County Housing Choice Voucher List, 2021			
	# of Families	% of total families	Average Days Waiting
Waiting list total	18,453		602
Extremely low income (<=30% but <=50% AMI*)	14,274	77.35%	
Very low income (>50% but 80% AMI*)	3,116	16.89%	
Low income (>50% but 80% AMI*)	617	3.34%	
Over limit for low income (>80% AMI*)	446	2.42%	
Families with Children	9,983	54.10%	
Elderly Families	664	3.60%	
Families with disabilities	4,134	22.40%	
White	3,177	17.22%	
African American	13,384	72.53%	
American Indian/Alaskan Native	123	0.67%	
Asian	186	1.01%	
Native Hawaiian/ Other Pacific Islander	68	0.37%	
Other	739	4.00%	
Not Assigned	776	421.00%	

SOURCE: Anne Arundel County Housing Commission, 2021
***AMI is Area Median Income**

Homelessness increases that risk of an individual having a chronic condition, earlier death then someone in stable housing, low birth weight and premature birth for individuals who are homeless and pregnant, and an increased risk of behavioral health issues such as substance abuse and depression.

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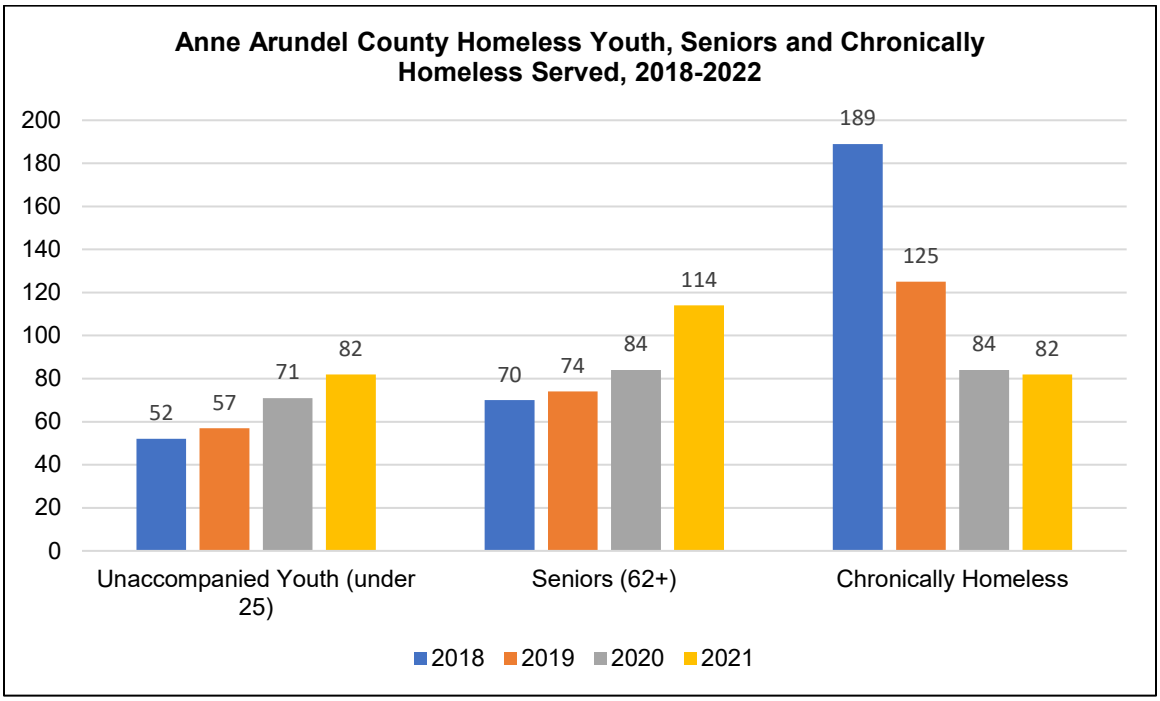
In Anne Arundel County, when the numbers from service providers, Anne Arundel County Public School System and Department of Social Services are merged, there are at least 850 homeless families in the county as of December 2021. As figure 12 depicts, we've seen the largest jump among seniors in the county since 2018 and the largest decline among chronically homeless individuals.

Figure 12. Anne Arundel County Homeless Youth, Seniors and Chronically Homeless Served, 2018-2021



Source: Anne Arundel County Department of Social Services, 2021

Violence

Gun violence continues to be a concern for the county. While crime numbers remained relatively unchanged from 2018 to 2019, there was an increase in gun crimes in 2020.

Overall in Maryland, there was a 4.4 percent decrease in rapes being reported in Maryland from 2019 to 2020; in 2020 there were 1,891 rapes reported. Anne Arundel County Police Department tracks domestic and sexual assault data. Victims of interpersonal violence and sexual assault are referred to the hospital emergency departments for medical care. These residents are highly traumatized and require trauma-informed care.

The 50-mile radius surrounding the BWI airport is becoming known as an area in the nation for trafficking people due to being a passway between major US cities, and easy access to I-95.

The number of child protection investigations decreased in 2020; however, local experts believe that is due to the COVID-19 school closures and school staff being unable to act as the eyes and ears for the child welfare system. Teachers are often the first to spot an

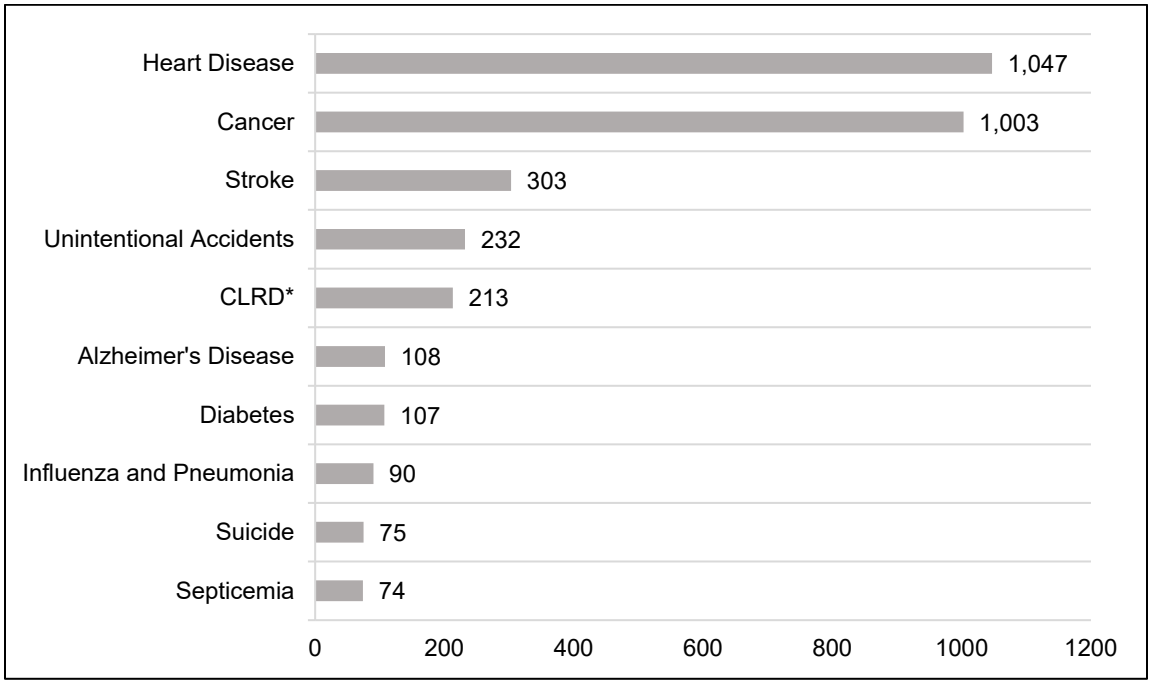
abused child. Overall in Maryland, the percentage of child sexual abuse is higher than the national average of 9 percent (mcasa.org).

Health Indicators

Leading Causes of Death

In 2019, there were 4,543 deaths in Anne Arundel County, and the life expectancy was 79.3 years. Heart disease is now the leading cause of death in the county, followed by cancer and stroke. Overweight and obesity continue to drive poor health outcomes for the county, including secondary issues such as diabetes, which remains in the top 10 leading causes of death.

Figure 13. Leading Causes of Death in Anne Arundel County, 2019



*Chronic Lower Respiratory Diseases (CLRD) include both chronic obstructive pulmonary disease and asthma.
SOURCE: Maryland Vital Statistics Annual Report, 2019, Maryland Department of Health

Chronic Health Conditions

Several chronic somatic health conditions were identified in the CHNA as community health needs including cardiovascular disease, cancer, diabetes and respiratory disease. Overweight and obesity are risk factors for many chronic conditions also identified as a community health problem.

UM BWMC has identified cardiovascular disease, cancer, diabetes, and respiratory disease as a particular concern to the UM BWMC service area. These diagnoses have a significant contribution to Emergency Department Utilization, hospital admissions, and hospital readmissions. Co-morbid chronic conditions are common in the hospital's patient population.

Heart Disease

Heart Disease accounts for 23 percent or 1,047 of all county deaths as of 2019. This is a 1 percent increase since the previous CHNA was completed. When mortality rates are broken out by race and ethnicity, Figure 14 shows that heart disease impacts non-Hispanic and Hispanic groups in Anne Arundel County at the highest rate.

Figure 14. Leading Causes of Death by Race/Ethnicity in Anne Arundel County, 2019

White, NH	Black, NH	Hispanic	Asian, NH
Heart Disease 862 (23.4%)	Cancer 151 (22.9%)	Heart Disease 21 (22.1%)	Cancer 26 (26.3%)
Cancer 805 (21.9%)	Heart Disease 143 (21.7%)	Cancer 18 (18.9%)	Heart Disease 21 (21.2%)
Cerebrovascular Disease 243 (6.6%)	Cerebrovascular Disease 47 (7.1%)	Accidents 9 (9.5%)	Cerebrovascular Disease 9 (9.1%)
CLRD* 198 (5.4%)	Accidents 31 (4.7%)	Cerebrovascular Disease 4 (4.2%)	Diabetes 7 (7.1%)
Accidents 189 (5.1%)	Diabetes 24 (3.6%)	Influenza and Pneumonia 4 (4.2%)	Accidents 3 (3.0%)

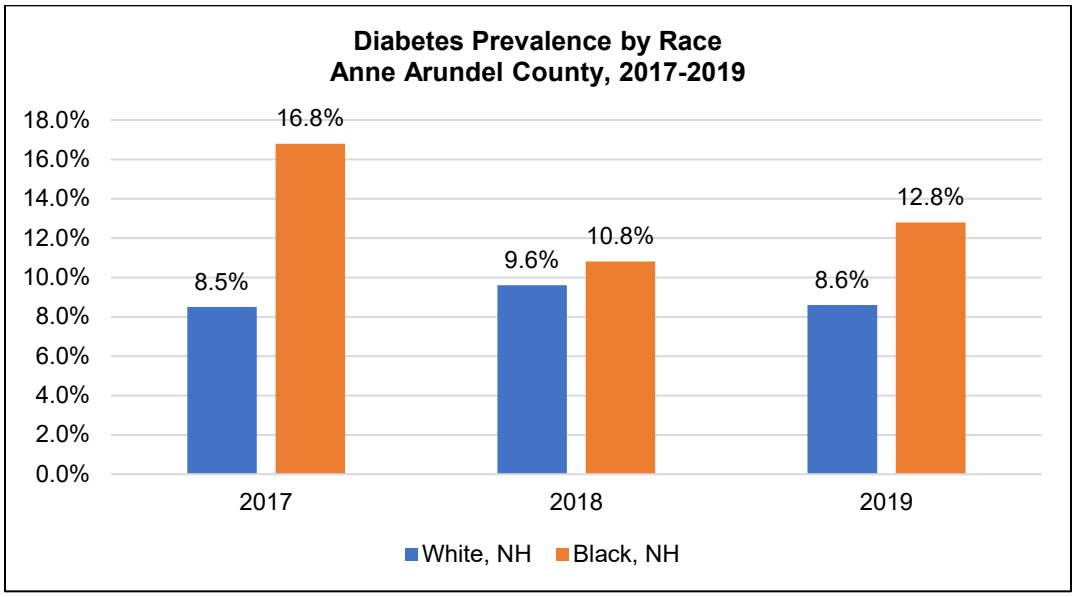
*Chronic Lower Respiratory Diseases (CLRD) include both chronic obstructive pulmonary disease and asthma.
SOURCE: 2020 Anne Arundel County Department of Health Report Card
https://www.aahealth.org/wp-content/uploads/2017/07/aahealthreportcard2021.pdf

Diabetes

In 2019, 10.4 percent of Anne Arundel County residents had Type 2 diabetes. Residents aged 65+ had the highest percentage of diabetes compared to those in younger age groups. Figure 15, shows the diabetes prevalence by race with non-Hispanic Black residents having a higher proportion of diabetes compared to non-Hispanic white residents, 12.8 percent and 8.6 percent respectively. The data in figure 15 is from the Maryland Behavioral Risk Factor Surveillance System, and the questions asked do not distinguish between Type 1 and Type 2 diabetes.

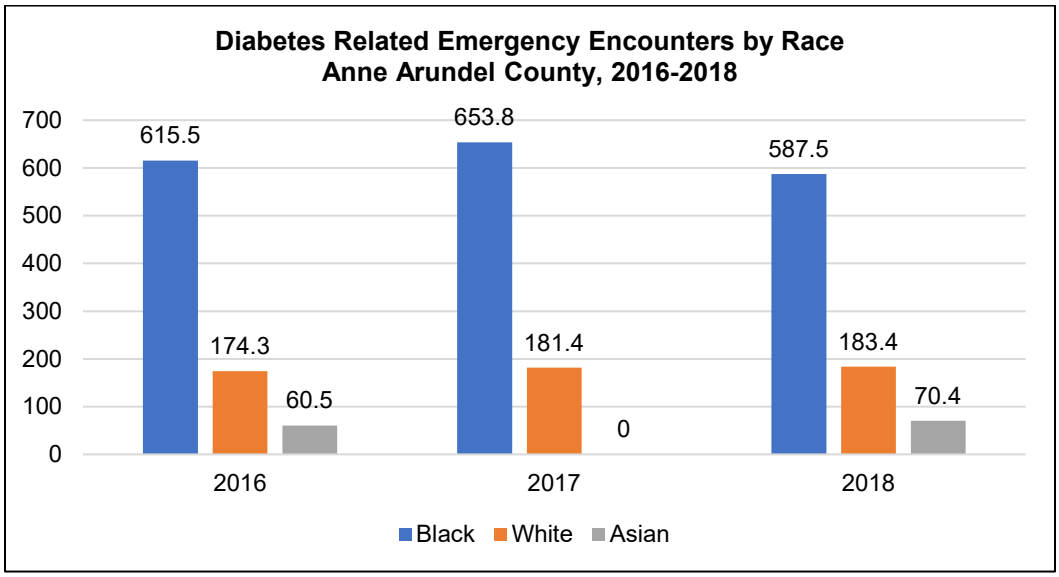
Emergency Department encounters are trending downwards from 2016 to 2019, but there continue to be disparities. African American residents are accessing emergency care for diabetes at almost four times the rate of White residents. This is depicted in figure 16. Individuals with diabetes are also hospitalized at a higher rate for additional health complications such as congestive heart failure. This could be for a variety of reasons such as not having a regular primary care doctor, lack of access to healthy foods, and cost of medications.

Figure 15. Diabetes Prevalence by Race, Anne Arundel County, 2017-2019



SOURCE: Maryland Behavioral Risk Factor Surveillance System, 2017-2019

Figure 16. Diabetes-Related Emergency Department Encounters by Race, Anne Arundel County, 2016-2018



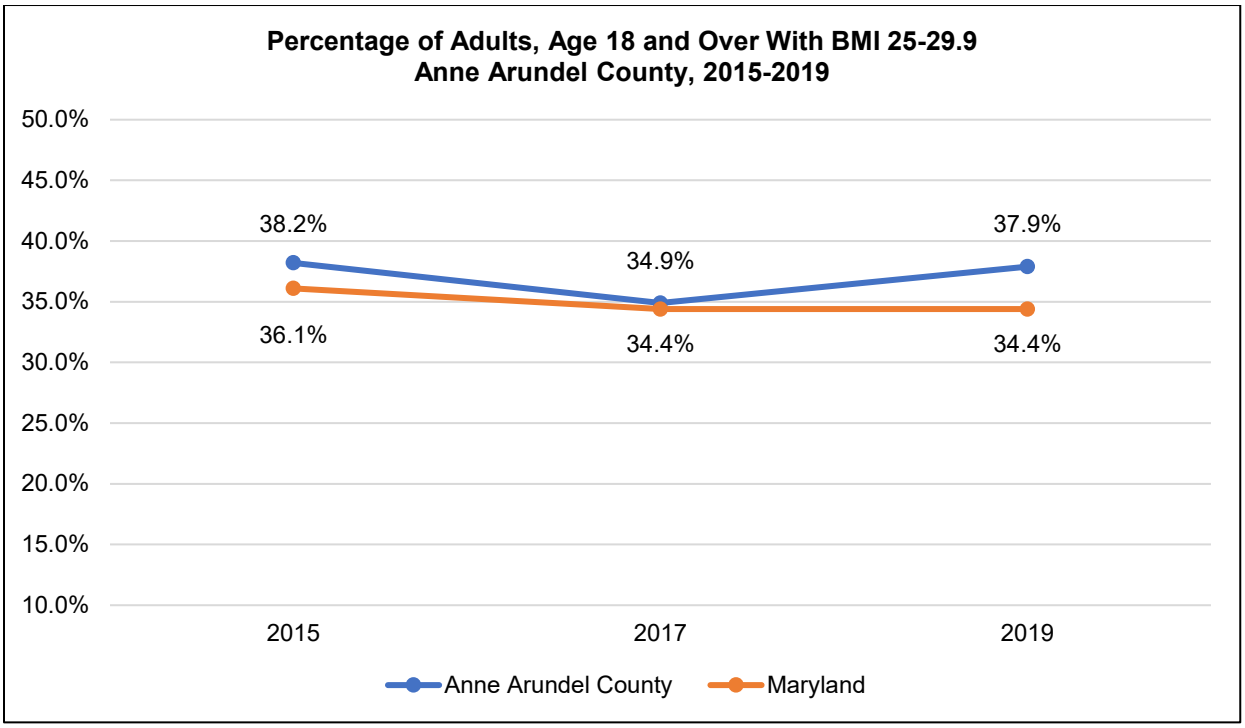
SOURCE: Maryland HSCRC Outpatient Files, 2015-2018

Overweight and Obesity

Overweight and obesity are determined using weight and height to determine a Body Mass Index (BMI). Between 2017 and 2019 in Anne Arundel County, the percent of overweight adults, which is a BMI of 25 to 29.9, rose slightly from 34.9 percent to 37.9 percent, while the state average fell. The percentage of county residents who are classified as obese, which is having a BMI at 30 or over, also rose from 25.5 percent in 2015 to 30.5 percent, which is better than the state average of 32.2 percent. Many factors can play a role in weight and weight management including income level, lifestyle, surrounding environment, access to healthy foods, genetics and certain

diseases. The prevalence of obesity is high in low-income families in the county for a variety of reasons: their neighborhoods often lack full-service grocery stores and famers' markets; healthy food can be more expensive; there is no transportation to get to a supermarket; there is greater availability of fast food restaurants selling cheap, filling food; and there are fewer recreational facilities for exercise. Streets may also be unsafe keeping people inside and more sedentary, or there are fewer physical activity options for children.

Figure 17. Percentage of Adults Age 18 and Over Who Are Overweight in Anne Arundel County, 2015-2019

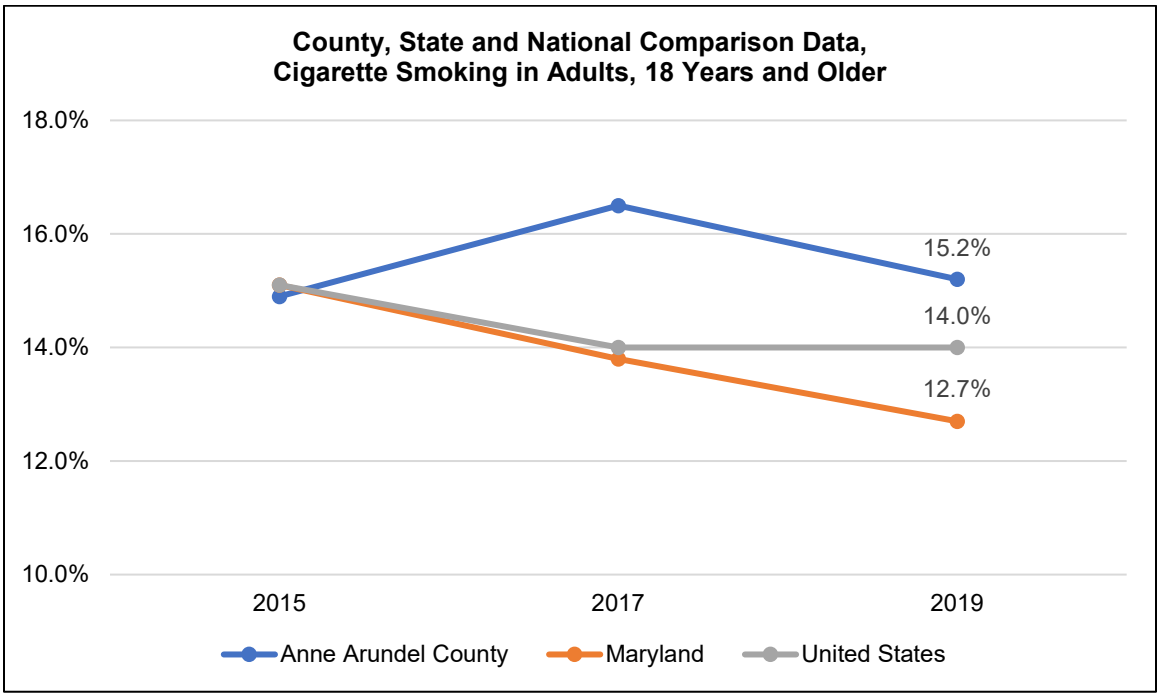


SOURCE: Behavioral Risk Factor Surveillance System (BRFSS), 2015-2019

Smoking

Smoking is associated with an increased risk of heart disease, stroke, diabetes, lung and other types of cancers, and chronic lung diseases such as chronic obstructive pulmonary disease (COPD) (Centers for Disease Control, 2022. Figure 18 shows that while county, state and national comparisons for cigarette use show a decrease or stability in numbers, Anne Arundel County continues to have a higher rate of smoking.

Figure 18. County, State and National Comparison of Cigarette Smoking in Adults Age 18 Years and Older



Source: Maryland Department of Health, 2020

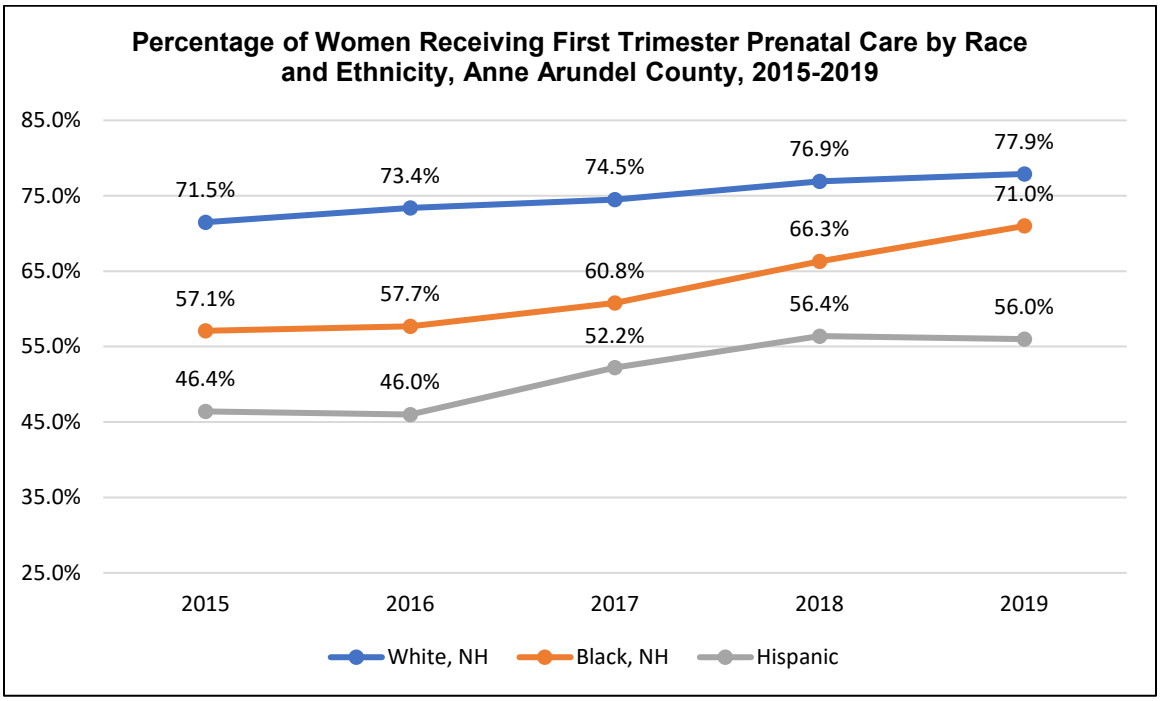
Maternal and Child Health

The health of infants, children, and mothers is the base of good health and critical in the intergenerational cycle. The social determinants of health impact residents even before they are born; the mother's pre-pregnancy health status, access to health care, and socioeconomic status are all factors that impact healthy babies. Severe maternal morbidity (SMM) is associated with high rates of preventability and disparities. In Maryland, African American mothers experience nearly twice the rate of SMM as compared to white mothers. In addition, the SMM rate for Asian Pacific Islander mothers and Hispanic mothers is nearly 1.4 times that of White mothers.

Early Prenatal Care

Prenatal care is essential for positive birth outcomes including the risk of pregnancy complications, such as hypertension and diabetes. Prenatal care also reduces the risk of complications for the child. Babies of mothers who do not get prenatal care are three times more likely to have low birth weight and five times more likely to die than those babies born to mothers who do get care. According to the Maryland Department of Health (2019) and as shown in figure 19 with the first trimester prenatal care, White women have the highest percentage of prenatal care (77%), followed by African American women (71%) and Hispanic women (56%). For both White and African American women, first trimester prenatal care has increased over time since 2015.

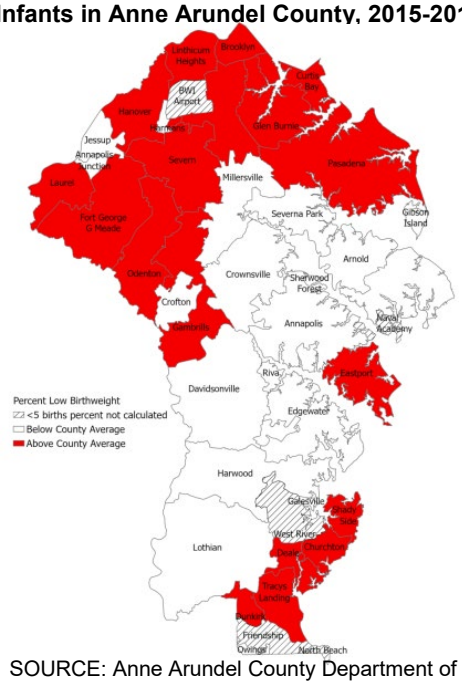
Figure 19. Percentage of Women Receiving First Trimester Prenatal Care in Anne Arundel County, 2015-2019



SOURCE: Maryland Department of Health, Vital Statistics Administration, 2015-2019 Annual Reports, US Department of Health and Human Services Healthy People 2020

Low Birth Weight

Figure 20. Percentage of Low Birth Weight Infants in Anne Arundel County, 2015-2019



SOURCE: Anne Arundel County Department of Health

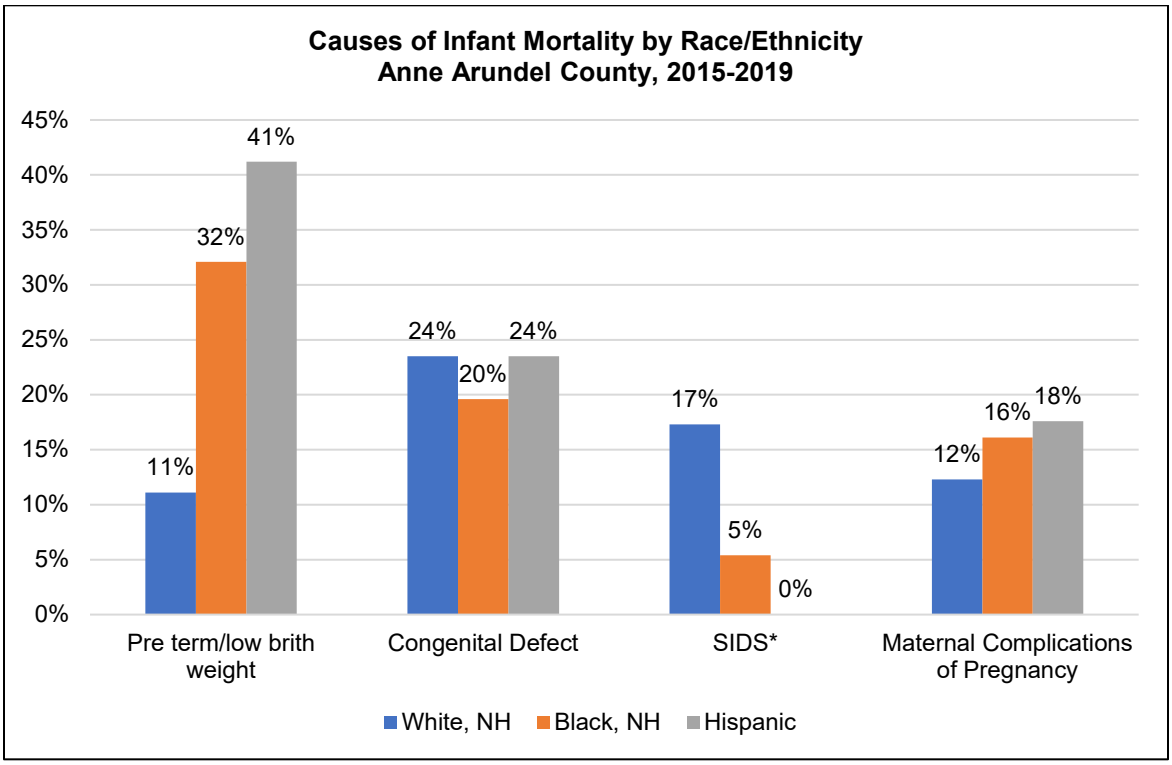
Low birth weight (less than 2,500 grams) is the single most important factor affecting neonatal mortality (newborn infants up to 28 days old) and a significant determinant of post neonatal mortality (newborn infant between 28 and 364 days old). Low birth weight infants run the risk of developing health issues ranging from respiratory disorders to neurodevelopment disabilities. In Anne Arundel County, the percentage of low birth weight births remain relatively unchanged since the last needs assessment, yet still significantly higher among Black infants (11.3%) compared to White and Hispanic infants (6.6% and 6.9%). Most notable, there are several zip codes concentrated in the northern part of the county where the percentage of low birth weight infants is higher than the overall county average, especially Brooklyn Park, Severn, Laurel, Glen Burnie (West), Hanover, Millersville, and Jessup. These zip codes also experience higher issues with social determinants of health.

Infant Deaths

Infant mortality measures deaths during the first year of life. Of all races and ethnicities, the infant mortality rate among non-Hispanic Black infants has been increasing since

2017. The current rate is almost four times the rate of non-Hispanic white infants. Overall in the county, the top cause of infant mortality includes preterm/low birth weight and congenital abnormalities. As stated above, the northern portion of the county is also at a higher risk of infant mortality due to the higher than county average of low birth weight births. It is important to note that the causes of infant deaths varied by race and ethnicity in the county.

Figure 21. Infant Mortality Percentages by Race and Ethnicity in Anne Arundel County, 2015-2019



SOURCE: https://www.aahealth.org/wp-content/uploads/2017/07/infant-health-report-june-2021.pdf

Childhood Asthma

Asthma is responsible for more emergency department visits than some other major chronic conditions, and in Maryland asthma causes children to miss on average 2.3 more days of school per year. Disparities also occur when rates are broken down by race, with higher proportions of Black pediatric patients visiting the emergency department for asthma management.

Behavioral Health and Substance Abuse

The rise in behavioral health issues for every age group, and the lack of appropriate service providers (e.g. psychiatrists, crisis beds, residential services), were the major concerns for participants in the needs assessment. These issues are exacerbated by providers who don't accept Medicaid and Medicare, and patients with inadequate health insurance, or no insurance at all.

The county has an overall shortage of mental health therapists, an issue exacerbated by the current labor shortages caused by COVID-19. The county has 1,180 mental health providers. The lack of providers is creating waiting lists throughout the county and increasing the number of referrals to emergency rooms.

Emergency Department Utilization

According to the most recent annual data for the Health Services Cost Review Commission, Anne Arundel County emergency rooms saw over 11,000 patients for behavioral health issues. This number is, however, a reduction from 12,446 visits in the previous CHNA. The top categories were mood disorders, alcohol-related disorders and substance abuse disorders (figure 22).

Figure 22. Emergency Department Encounters for Mental Health Conditions in Anne Arundel County, 2019

Emergency Department Encounters for Mental Health Conditions, Anne Arundel County, 2019		
Condition	**Frequency**	**Percent**
Mood Disorder	2,945	26.7%
Alcohol Related Disorders	2,501	22.7%
Substance Related Disorders	2,131	19.3%
Anxiety Disorders	1,402	12.7%
Schizophrenia and Other Psychotic Disorders	642	5.8%
Suicide and Intentional Self-Inflicted Injuries	619	5.6%
Adjustment Disorders	351	3.2%
Delirium Disorders and Amnestic and Other Cognitive Disorders	248	2.3%
Attention-Deficit Conduct and Disruptive Behavior Disorder	151	1.4%
Miscellaneous Health Disorders	23	.02%

SOURCE: Health Services Cost Review Commission, Outpatient Files, 2019

Opioid Overdoses

Since the early 2010s, illicit opioids such as heroin and, increasingly fentanyl and related synthetic opioids, have caused a growing share of drug overdose deaths, particularly among young adult males. Local (county) economic hardship is a significant factor in those deaths. As evidence in figure 23, zip codes with higher poverty rates tend to have higher overdose deaths.

Figure 23. Overdose Deaths in Anne Arundel County by Zip Code, 2020

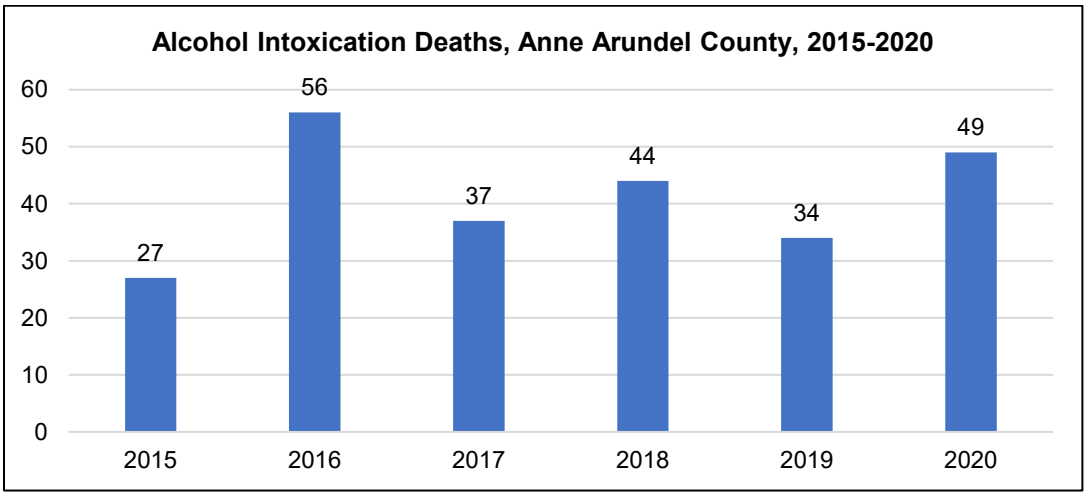
Overdose Deaths by Zip Code, 2020		
Zip Code	**# Deaths**	**Percent**
21061 - Glen Burnie	33	17.28%
21122 - Pasadena	27	14.14%
21403 - Eastport	25	13.09%
21225 - Brooklyn Park	25	13.09%
21060 - Glen Burnie	23	12.04%
21401 - Annapolis	21	10.99%
21090 - Linthicum	10	5.24%
21113 - Odenton	10	5.24%
21144 - Severn	9	4.71%
21146 - Severna Park	8	4.19%

SOURCE: Anne Arundel County Department of Health, 2020

Alcohol Use

Since 2012, county needs assessments have pointed to the "social norm" of alcohol use in the county, with participants in the needs assessment pointing out that drinking alcohol became even more acceptable during the COVID-19 pandemic. As depicted in figure 24, alcohol-related deaths have risen since 2017, and are almost to the same level that they were in 2016 according to the Maryland Department of Health data.

Figure 24. Alcohol Intoxication Deaths, Anne Arundel County, 2015-2020



SOURCE: Maryland Department of Health, Unintentional Drug and Alcohol-Related Intoxication Deaths Report, 2020

Early Childhood and School-Aged Youth

Every school in the Anne Arundel County Public School System now has Expanded School-Based Mental Health (ESBMH) services. Students enrolled in Medicaid can receive mental health services at their school during the school day. AACPS served 2,224 students during the 2020-21 school year. Overall, ADHD (27.56%) and anxiety

(27.02%) are the most frequent primary diagnosis for ESBMH students. However, there continues to be long waiting lists for school-based mental health services.

The percent change in the number of calls to the children's Anne Arundel County Crisis Response Warmline is another indicator of the rising mental health issues of children, having increased by 48 percent from 2019 (1,811) to 2020 (2,672).

There is not accessible data related to behavioral issues in the 0-5 population; however, community experts were concerned with behavioral issues in programs like Head Start, and commented on the increases in biting and hitting. The county does not currently have a home visiting program for this age group.

Health Care Access

Anne Arundel County is served by two major hospitals: University of Maryland Baltimore Washington Medical Center (UM BWMC) in Glen Burnie and Luminis Health Anne Arundel Medical Center (AAMC) in Annapolis. UM BWMC is a member hospital of the University of Maryland Medical System, one of two academic medical systems in the state, which offers advantages to patients requiring highly-specialized tertiary care. MedStar Harbor Hospital, which is located just north of the county line in Baltimore City, also serves county residents.

There are three Federally Qualified Health Centers (FQHCs) that serve county residents: Chase Brexton Health Care (Glen Burnie), Total Health Care (Odenton), and Owensville Primary Care (South County). All of which may be difficult to get to while accessing public transportation. Chase Brexton Health Care is located across the street from the main UM BWMC hospital campus and a formal partnership has been established to increase services to patients in need. UM BWMC also collaborates with Total Health Care.

There are six Anne Arundel County Department of Health clinic sites. All FQHCs and health department sites offer services for both physical and behavioral health. Medicaid recipients, and other low-income or uninsured residents, can obtain mental health services through the Anne Arundel County Mental Health Agency, Inc. (AACMHA). Other health care services available in the county include primary care practices, outpatient specialty care, community clinics, urgent care facilities and retail store-based health clinics.

Financial Assistance and Medicaid Enrollment

Many providers of health care offer financial assistance to persons of need. All hospitals have a financial assistance policy that provides medically necessary services to all people regardless of their ability to pay. Depending on their circumstances, patients can receive coverage for up to 100 percent of their medically necessary care. Payment plans are also available. FQHCs, community clinics and government providers offer services on a sliding scale or at no charge. Assistance with enrolling in publicly funded entitlement programs and health insurance plans through the state health benefit exchange are available from the hospitals, county health departments, social service

agencies and the Maryland Health Connection. However, it is important to note that not all health care providers, particularly behavioral health providers, accept all insurance plans or self-pay options.

The Affordable Care Act (ACA) continues to increase county residents' access to health care. In Maryland, persons whose income is below 138 percent of the poverty level are eligible for Medicaid. The number of residents enrolled in Medicaid continues to increase annually. Statistics from the Maryland Department of Health tracked an increase of over 14,000 residents from May 2019 to May 2021. The numbers rose from 83,167 to 97,543.

Uninsured

The percent of uninsured residents in Anne Arundel County has declined steadily over time and hit 3.6 percent in 2019. Anne Arundel County continues to have a lower uninsured rate than the Maryland state rate that is almost 6 percent.

Figure 25. Health Insurance Status in Anne Arundel County

Anne Arundel County Insurance Status, 2016 and 2019		
	2016	**2019**
With Insurance Coverage	94.0%	96.4%
With Private Insurance	81.5%	84.2%
With Public Coverage	26.0%	27.0%
No Insurance Coverage	6.0%	3.6%

SOURCE: US Census ACS 1-year Estimates Data Profile, 2016 and 2019
https://data.census.gov/cedsci/table?g=0500000US24003&tid=ACSDP1Y2019.DP03

Medicaid provides health care coverage to children under the age of 21. The Maryland Children's Health Program offers free or low-cost coverage to children under the age of 19 that are in households that do not meet the income requirement for Medicaid, but their household income is below certain income limits. The MCHIP does require a small monthly fee to enroll.

The Anne Arundel County Health Department and the Anne Arundel County Medical Society have partnered with local doctors and health care providers to offer low-cost health services through the REACH Program. The Residents Access to a Coalition of Health is available to adult, Anne Arundel County residents who are not eligible for programs like Medicaid, Medicare, and health care plans through the MD Health Connection. This is not a form of health insurance, but is a program where a patient will pay the provider at the time of service, utilizing a sliding fee scale based on household income.

Health Care Provider Access

Access to primary care physicians, dentists, and mental health services are demonstrated needs within the county. Having a primary care provider reduces nonfinancial barriers to obtaining care, facilitates access to services, and increases the

frequency of contacts with health care providers. Without a primary care provider, people have difficulty obtaining prescriptions and attending necessary appointments to control chronic health conditions, or delay preventative care and health screenings.

Figure 26. Primary Care Physicians and Dentists in Anne Arundel County, 2021

Primary Care Physicians and Dentists in Anne Arundel County			
	Anne Arundel County Ratio	**Maryland Ratio**	**Top US Counties Ratio**
Primary Care Physicians (2018)	1,470:1	1,130:1	1,030:1
Dentists (2019)	1,440:1	1,260:1	1,210:1

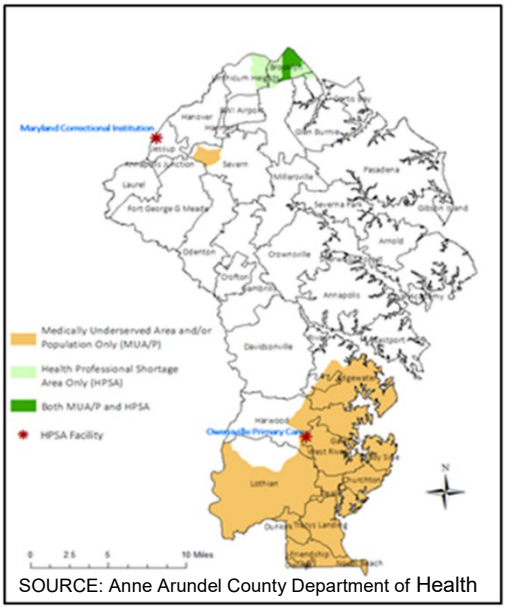
SOURCE: County Health Rankings, 2021 https://www.countyhealthrankings.org/app/maryland/2021/rankings/anne-arundel/county/outcomes/overall/snapshot

In 2019, 77.2 percent of county residents reported having a routine annual exam with their doctor, while almost 9 percent of residents reported that they were unable to see a doctor in the past year because they could not afford the cost. Additionally, 84.9 percent of residents reported having at least one personal doctor that they routinely see.

Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are designed by the Health Resources and Service Administration (HRSA) as having a shortage of primary medical care, dental, or mental health providers and may be geographically or facility-based.

Figure 27. Health Professional Shortage Areas in Anne Arundel County



SOURCE: Anne Arundel County Department of Health

Medically Underserved Areas

Medically Underserved Areas (MUAs) are designated based on four variables: ratio of primary care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level and percentage of the population age 65 or over. There are 11 census tracts in Anne Arundel County designated as a MUA. Approximately 10 percent of the county's population lives in these 11 census tracts. Zip code 21225, Brooklyn Park in North County is both a HPSA and an MUA.

<u>Emergency Department and Hospital Utilization</u>

In 2019, there were 55,671 hospital stays in Anne Arundel County, a rate of 96.1 per 1,000. The hospitalization rate increases with age, with persons age 65 and older accounting for 35 percent of inpatient hospitalizations. Figure 28 shows the demographic breakout for the county. It is notable that the rates have decreased in every category since the last needs assessment; however, the rate of inpatient hospitalizations by Black county residents continues to outpace other races. Note: This

data only includes Anne Arundel County residents who were admitted to hospitals in Maryland.

Figure 28. Inpatient Hospitalizations in Anne Arundel County, 2019

Inpatient Hospitalizations Anne Arundel County 2019		
	Number	**Rate per 1,000**
Total Hospitalizations	55,671	96.1
Age		
0 to 18 Years	9,332	68.5
19 to 39 Years	11,677	71.7
40 to 64 Years	14,922	77.2
65 Years and Over	19,740	227.3
Sex		
Male	23,957	83.6
Female	31,714	108.3
Race/Ethnicity		
White, NH	35,510	92.5
Black, NH	11,442	112.3
Asian, NH	1,274	58.9
Hispanic, any race	3,665	75.1

SOURCE: Health Services Cost Review Commission, 2019 Inpatient Files

The rate also changes depending on zip code. The zip code containing Brooklyn Park continues to see a high rate of hospitalizations at 143.6 per 1,000, although this is a reduction since the previous needs assessment was completed. All zip codes in figure 29 are also areas where both access to care and rising social determinants of health are notable.

Figure 29. Inpatient Hospitalizations by Zip Code in Anne Arundel County, 2019

Inpatient Hospitalizations by Zip Code in Anne Arundel County 2019			
Zip Code	**Location**	**Number**	**Rate per 1,000**
20758	Friendship	74	164.1
21077	Galesville	41	148.6
21225	Brooklyn Park	4,934	143.6
21226	Curtis Bay	896	143.4
21060	Glen Burnie (East)	4,052	116.1
21061	Glen Burnie (West)	6,244	115.9

SOURCE: Health Services Cost Review Commission, 2019 Inpatient Files

Selecting Priorities

Approach

UM BWMC took a multi-pronged approach to prioritizing our local community health needs. This approach helped to assure that our community benefit implementation plan addressed the most significant needs identified in the CHNA while also being aligned with national, state and local public health priorities. This method was also developed

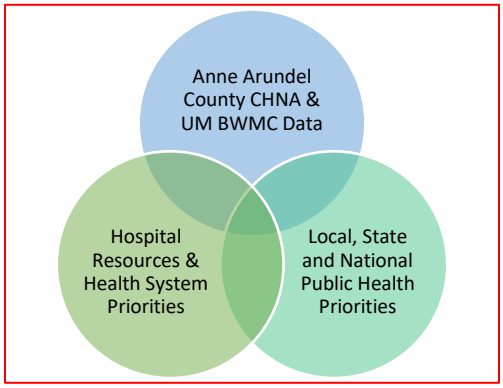


Figure 30: Approach to Selecting CHNA Priorities

to be responsive to Maryland's health system transformation, including the increased focus on population health and community partnerships. This approach additionally helps to assure that UM BWMC has the necessary infrastructure and resources to successfully implement our Community Benefit Implementation Plan.

- Reviewed National and State Community Health Priorities and Implementation guidance from the following:
  - National Prevention Strategy Priorities
  - Statewide Integrated Health Improvement Strategy (SIHIS) Goals
  - Healthy Anne Arundel (Anne Arundel County Health Department)

- CHNA author, Pam Brown, reviewed and transcribed findings from informant interviews and focus groups. After review, UM BWMC, AAMC, Anne Arundel County Health Department, and Anne Arundel County Mental Health Agency discussed priority areas that would be universally worked on by all organizations. Social determinants of health and access to care will be intertwined throughout.

- Assembled a Community Benefit Implementation Planning Committee comprised of clinical and administrative leadership to guide priorities and implementation plan development.

Results

After review of the National and State Public Health Priorities, we found the following to inform our CHNA.

- National Prevention Strategy Priorities
  - ☐ Tobacco-Free Living
  - ☐ Preventing Drug Abuse and Excessive Alcohol Use
  - ☐ Healthy Eating
  - ☐ Active Living
  - ☐ Injury and Violence-Free Living
  - ☐ Reproductive and Sexual Health
  - ☐ Mental and Emotional Well Being

- Statewide Integrated Health Improvement Strategy
  - ☐ Care Transformation Across the System: Improve care coordination for patients with chronic conditions
  - ☐ Diabetes: Reduce the mean Body Mass Index (BMI) for adult Maryland residents
  - ☐ Opioid Use Disorder: Improve overdose mortality
  - ☐ Maternal Child Health: Reduce severe maternal morbidity rate
  - ☐ Decrease asthma-related emergency department visit rates, ages 2-17

- Healthy Anne Arundel/Anne Arundel County Health Department
  - ☐ Healthy Eating and Active Living
  - ☐ Mental Wellness

- Informant and Focus Group Action Items
  - ☐ Mental Health: including substance abuse
  - ☐ Maternal and Child Health: including infant and maternal mortality
  - ☐ Heart Disease: including obesity
  - ☐ Diabetes: including food insecurity
  - ☐ Cancer

- Community Benefit Implementation Planning Committee (internal UM BWMC committee)
  - ☐ Chronic Conditions: including disease prevention and management
  - ☐ Mental and Behavioral Wellness: including adult and adolescent, and substance abuse
  - ☐ Maternal Health: including postpartum hypertension, early prenatal care and education
  - ☐ Child Health: including asthma, infant mortality (safe sleep)
  - ☐ Food Insecurity
  - ☐ Health Care Access
  - ☐ Workforce Development: including employment and career opportunities
  - ☐ Health Care Access: including care coordination, medication assistance
  - ☐ Safe and Healthy Social Environments: including violence, sexual assault

UM BWMC's Selected Community Benefit Priorities

After analysis of all data described in the CHNA summary in the above sections, the UM BWMC Community Benefit Implementation Planning Community convened in March 2022 to discuss the CHNA results and to identify and approve five strategic priorities to lead the UM BWMC Community Health Needs Implementation Plan.

The process resulted in the following priority areas.

- ☐ Chronic Conditions
- ☐ Mental and Behavioral Wellness

- ☐ Maternal and Child Health
- ☐ Safe and Healthy Social Environments
- ☐ Health Care Access and Utilization

An overarching theme is the reduction of health disparities among vulnerable populations with a strong focus on social determinants of health.

The figure below illustrates the synergies between UM BWMC, local, state and national priorities.

Figure 31. Alignment of UM BWMC Community Benefit Priorities with Public Health Priorities

UM BWMC Community Health Priorities	Anne Arundel County Health Department Priorities	Maryland SIHIS Goals	National Prevention Strategy Priorities
Chronic Health Conditions (Cancer, Cardiovascular Disease, Diabetes, Obesity/Overweight)	Healthy Eating and Active Living	Diabetes; Decrease Asthma-Related ED visits	Active Living; Healthy Eating; Tobacco-Free Living
Mental and Behavioral Health	Mental Wellness	Opioid Use Disorder	Preventing Drug Abuse and Excessive Alcohol Use; Mental and Emotional Well-Being
Maternal and Child Health		Maternal Child Health, Maternal Morbidity; Decrease Asthma-Related ED Visits	Reproductive and Sexual Health
Health Care Access and Utilization		Care Transformation Across the System	
Safe and Healthy Social Environments			Injury and Violence-Free Living

Within these priority areas, a number of potential health improvement strategies have been identified, which are described in more detail starting on page 30. where the full community health needs implementation plan is presented. Some of the strategies are the continuation or expansion of existing community benefit activities. Existing programs will be enhanced and expanded through new partnerships to amplify the reach in the community, with an emphasis on reaching vulnerable populations. Other strategies are new initiatives that will be planned and implemented to address community needs.

The role UM BWMC will take in each implementation strategy will depend on a number of factors. Depending on the specific activity, UM BWMC will either take a leadership, collaborative, or supportive role. Below is how UM BWMC envisions offering support.

Leadership: UM BWMC will provide the leadership and devote the necessary resources to assure the success of the activity or initiative. Resources may include staff time and expertise, financial commitments, and in-kind contribution.

Collaborate: When serving in a partner role, UM BWMC will collaborate with other organizations to provide the leadership and/or resources necessary for the activity or initiative being presented.

Support: UM BWMC recognizes the contribution to health and importance to the community, but does not have the organizational strengths or available resources to take on a key leadership role. In these instances, UM BWMC will provide assistance as resources are available.

Unmet Community Needs

Several additional topic areas were identified through talking with community members, public health experts, and through data analysis. UM BWMC will focus the majority of its efforts on the identified strategic priorities and will continue to review all of the needs identified in the CHNA for future work and partner collaboration. Although these unmet needs within the CHNA are not addressed by UM BWMC directly, they are still important to the health of the community and will continue to be addressed by government agencies and existing community-based organizations.

Lack of affordable dental services. UM BWMC does not provide routine dental care at this time, but we do refer patients to low-cost dental clinics for care. We subsidize oral surgery on-call services and have oral surgeons on our medical staff.

Environmental health concerns, such as Chesapeake Bay water quality and air quality. This is being directly addressed by the Anne Arundel County Department of Health's Bureau of Environmental Health Services and other local environmental advocacy organizations.

Public transportation. This is not in the scope of services that UM BWMC can provide as a hospital; however, we do provide some transportation assistance through our care management program and our Transitional Care Center. We also provide transportation for a select number of programs through our Community Health Department, such transportation assistance is provided for participants enrolled in our free prenatal education program and smoking cessation classes. Anne Arundel and county governments are collaborating to expand access to public transportation in the Central Maryland region.

Other needs identified in the CHNA include affordable housing and gun violence. UM BWMC will support these priorities through participation in local task forces, economic development initiatives, health profession trainings designed to improve socioeconomic well-being of individuals and the local community.

Documenting and Communicating Results

The University of Maryland Baltimore Washington Medical Center Community Health Needs Assessment and Implementation Plan will be posted on the UM BWMC website under the Community webpage at https://www.umms.org/bwmc/community.

Highlights of this report will also be documented in the Community Benefits Annual Report for FY2023. Reports and data will be shared with our community partners and community leaders as we worked together to make a positive difference in our community by empowering and building healthier communities.

Implementation Plans for FY 2022-2024

Priority Area: Chronic Health Conditions **(Cancer, Cardiovascular Disease, Diabetes, Overweight/Obesity)** **Goal:** ***Help community members prevent and manage chronic health conditions.***			
Annual Objective	Strategy	Target Population	Metrics
Increase the proportion of adults who are a healthy weight Reduce the proportion of youth who are obese	Provide physical activity opportunities for youth and adults, encompassing all fitness levels Provide body composition screenings and education on BMI and healthy weight to adults, age 18 years and older Promote awareness and education on healthy foods and easy ways to prepare them to encourage healthy eating	Anne Arundel County, with an emphasis on those categorized with a BMI over 30	Number of participants who attend exercise class Number or people screened for BMI Decrease in overweight and obesity percentages (AACO measures) Number of education resources provided Number of attendees at nutrition classes and/or lectures
Increase diabetes awareness and healthy lifestyles to prevent and manage diabetes or other chronic conditions	Provide education classes and support groups for pre-diabetes and diabetes Provide education, information and resources to help adults better manage their health conditions	Anne Arundel County residents who currently have one or more chronic conditions, or are at risk for developing a chronic health condition	Number of attendees at classes and support groups Number of education resources provided Number of people screened with a pre-diabetes risk assessment
Reduce the mortality rate from heart disease and stroke	Provide blood pressure screening clinics and education on the importance of heart health, knowing your numbers, and decreasing sodium intake Provide free vascular screenings and related education	Anne Arundel County, with emphasis on residents who currently have heart disease or have had a stroke, or are at high risk	Number of people screened for hypertension and results Number of education resources provided Number of people who attended support groups

	Provide education and information on managing blood pressure and hypertension medications Provide support groups to help community members better manage their health conditions		Decline in hypertension related ED visits Decrease in heart disease mortality rates (AACO measures)
Increase the diagnostic rate of early stage cancer Increase cancer prevention education and awareness for early detection	Provide education to adults on updated/ current health screening guidelines Provide smoking cessation classes and related medical support Provide free and/or low-cost screenings for cancer awareness and prevention; referring to Anne Arundel County Cancer Screening Programs, where necessary Provide cancer support groups and survivorship programs	Anne Arundel County, adults 18 years and older	Number of persons screened and results Number of attendees at support groups and classes Number of referrals provided Number of education resources provided Decrease in percentage of adults who smoke (AACO measures) Decrease in cancer mortality rates (AACO measures)

Priority Area: Behavioral Health **Goal:** ***Help community members prevent and manage behavioral health conditions.***			
Annual Objective	Strategy	Target Population	Metrics
Reduce the number of patients presenting in the Emergency Department for behavioral health conditions	Provide education and information to community members on identifying signs, symptoms and resources in the community for mental and behavioral health conditions Provide a mental health support group	Anne Arundel County	Number of attendees at classes and events Number of education resources provided Number of attendees at support groups Decrease in ED visits for behavioral health conditions Number of patients enrolled in Partial Hospitalization Program (PHP)
Reduce the drug-induced death rate Increase early intervention for the treatment and management of substance use disorders	Provide education and information to community members on pain management alternatives Expand outreach and educational services for the prevention and management of opioid misuse, for youth and adults Provide education and information on identifying substance abuse in the community, and resources to respond	Anne Arundel County	Number of attendees at classes and events Number of education resources provided Number of patients screened through Screening, Brief Intervention, and Referral to Treatment (SBIRT) Number of patient referrals to services Decrease in drug-related overdoses and deaths (AACO measures)
Increase partnerships and opportunities to expand mental	Promote education, information, and resources on adolescent	Anne Arundel County, emphasis on youth and young adults	Number of attendees at classes and events

health resources and support to youth and their families Reduce the suicide rate in Anne Arundel County	mental health and adverse childhood experiences (ACEs) Provide education and resources on youth mental health, and information to parents/guardians on how to identify youth mental health needs	under the age of 25 years and those who work with this population. Emphasis on North and West Counties, and individuals of health disparities	Number of new partnerships Number of education resources provided Number of referrals provided Decrease in suicide deaths (AACO measures)

Priority Area: Maternal and Child Health **Goal:** ***Improve pregnancy, birth and early childhood outcomes.***			
Annual Objective	Strategy	Target Population	Metrics
Increase the proportion of pregnant women starting prenatal care in the first trimester	Provide education and information on the importance of early prenatal care to women of childbearing age	Anne Arundel County, focus on women of childbearing age in North and West Counties, and individuals of health disparities	Number of OB patients within UM BWMC OB/GYN practices Number of attendees at childbirth education classes Number of education resources provided
Increase the proportion of women who are identified as being pre-hypertensive or hypertensive during pregnancy to reduce maternal morbidity and mortality rates	Screen women for hypertension during prenatal care visits, labor, after delivery, and at postpartum visits Provide education, information, and screening opportunities on hypertension and identifying concerns prior to the first postpartum visit	Women in Anne Arundel County, emphasis on individuals of health disparities	Number of women screened for hypertension Number of education resources provided
Reduce the number of sleep related infant deaths in the county	Provide safe sleep awareness education to women during prenatal care visits and after delivery Provide safe sleep education, sleep safety kits and pack and plays to women Provide education and information on the importance of early prenatal care to women of childbearing age	Anne Arundel County families who have children under the age of two, and women of childbearing age in North and West Counties, and individuals of health disparities	Number of attendees at classes and events Number of pack and plays distributed Number of education resources provided Decrease in infant mortality (AACO measures) Decrease in low birth rate infants (AACO measures)

Increase support to parents and/or guardians of young children	Provide new parent and breastfeeding support Provide education opportunities for parents and guardians to positively manage stress, discipline, basic healthcare information for themselves and child(ren), obtaining additional federal, state, and county resources such as WIC and MCHP and additional social care resources needed	Anne Arundel County families who have children ages 0-5	Number of attendees at classes and support groups Number of education sessions offered Number of education resources provided Number of referrals to county, state, federal programs
Increase asthma awareness and education Reduce the number of asthma-related hospitalizations and Emergency Department visits	Provide awareness, education, and resources to AACPS nurses and AACPS families Identify high-risk children through pediatric practice(s) and provide additional education and resources, including medication assistance	Anne Arundel County families with children, with an emphasis on individuals with health disparities	Number of education resources provided Decrease in asthma related ED visits

Priority Area: Health Care Access **Goal:** ***Help community members obtain health care resources and support to prevent and manage health conditions, including helping eligible patients obtain financial assistance for health care services.***			
Annual Objective	Strategy	Target Population	Metrics
Increase the number of community members being screened for preventative health conditions Increase the number of community members accessing preventative health care services	Provide access to free/low cost preventative health screenings (e.g. blood pressure, vascular, cancer) Provide access to free influenza and COVID-19 vaccines Provide referrals to community resources for follow-up care as needed Provide information on the Anne Arundel County free/reduced fee dental, and cervical and breast cancer screening program	Anne Arundel County, emphasis on North and West Counties, and individuals of health disparities	Number of people screened at screening events Number of people vaccinated for influenza Number of people vaccinated for COVID-19 Number of referrals provided Number of education resources provided
Increase community awareness on accessing and understanding health care benefits	Maintain and provide resources for applying for Medicaid and Medicare, and the Maryland Health Connection Make the UM BWMC financial assistance policy available to all patients	Anne Arundel County, emphasis on North and West Counties, and individuals of health disparities	Number of referrals provided Number of education resources provided Number of patients assisted by UM BWMC financial assistance policy Decrease in uninsured ED visits
Reduce the number of Emergency Department visits for conditions that can be managed through primary care provider offices, or urgent care	Provide education and information to increase community knowledge on where to access the appropriate level of care	Anne Arundel County, emphasis on North and West Counties, and individuals of health disparities	Number of education resources provided Number of referrals provided

	Remain a resource for patients who do not have a usual primary care provider Maintain and provide resources to community organizations, such as FQHCs, to refer as necessary Linkage to care coordination through the Transitional Care Center and Nurse Navigators for high utilization patients presenting in the ED		Increase in the number of new primary care appointments made

Priority Area: Healthy and Safe Social Environments **Goal:** ***Increase social support to address social determinates of health to youth and adults.***			
Annual Objective	Strategy	Target Population	Metrics
Reduce the proportion of interpersonal violence and sexual assault incidences Increase support to reduce gun violence in Anne Arundel County	Provide education and information on the importance of healthy social and physical relationships Provide awareness, education and resources on identifying interpersonal violence Provide awareness, education and resources on identifying bullying (including cyber bullying) to county youth Provide support through participation on the Anne Arundel County Gun Violence Task Force, and preparedness drills Provide support through participation with the YWCA	Anne Arundel County	Number of attendees at classes and events Number of education resources provided Number community awareness events attended by UM BWMC team members Number of ED visits requiring the SAFE program Decrease interpersonal violence (AACO measures) Participant feedback
Increase support to vulnerable youth and adults through community organization and school programs	Improve access to a variety of fruits and vegetables Provide information to SNAP program and WIC to vulnerable communities as necessary Maintain resource list of local food pantries and organizations, and refer as necessary	Anne Arundel County, with an emphasis on vulnerable zip codes identified as a food desert	Decrease in adults/youth self-identifying as food insecure Decrease in poverty levels (AACO measures) Increase in number of food access points in zip codes identified as food deserts (AACO measures) Number of referrals provided

	Partner with other organizations to increase access to healthy foods Provide support to Anne Arundel County through workgroups, events, and other initiatives to address housing instability and homelessness		Number of education resources provided Number of partner events to increase food access Number of community awareness events attended by UM BWMC team members Investments in local food security efforts
Increase the number of opportunities for youth and adults to develop skills to join the health care workforce	Provide opportunities for UM BWMC Human Resources to conduct resource events, informational sessions, and interview future employees Develop a pipeline for youth and adults to build skills that would lead to employment and career advancement Provide opportunities for technology students learning a health care trade to attend informational sessions and/or apply to open positions within UM BWMC Provide skill training opportunities for youth and college students, through education sessions and internships Provide volunteer and internship opportunities for youth and adults	Anne Arundel County, emphasis on residents age 16 years and older	Number of talent acquisition events Number of new hires to UM BWMC Number of employees who advanced in their career Number of education resources and events provided to local high schools Number of education resources and events provided to local colleges Number of new volunteers at UM BWMC Number of students hosted as interns at UM BWMC Number of skills training opportunities provided

Appendix 1: Collecting and Analyzing Data

The author of the Community Health Needs Assessment was Dr. Pamela Brown. Dr. Brown is the Executive Director of the Anne Arun del County Partnership for Children, Youth and Families. She completed her Ph.D. in Educational Leadership at Florida Atlantic University, with a dissertation focused on the importance of community partnerships in diverse neighborhoods. She is certified to conduct ethical research through the Collaborative Institutional Training Initiative at the University of Miami. She has been conducting community needs assessments for over 20 years. Transcription of informant interviews and focus groups was provided by Lisa Kovacs, Administrative Coordinator at the Anne Arundel County Partnership for Children, Youth and Families.

No written comments on the previous CHNA were received to be incorporated into this CHNA.

The quantitative portion of the CHNA consisted of a secondary data analysis of local, state and federal data sources. The Anne Arundel County Department of Health assisted with secondary data analysis. Population and socio-economic statistics were compiled using data from the United States (U.S.) Census Bureau's Population Estimates Program and the American Community Survey 1-Year and 5-Year Estimates. All data is based on census estimates except for 2020 census population data, which has been updated. Birth and death data files were obtained from the Maryland Department of Health and Mental Hygiene, Vital Statistics Administration. The emergency department (ED) and inpatient hospital discharge data files were obtained from the Maryland HSCRC for topics such as birth, mortality, and hospital utilization. Other data sources used for this report were: Maryland Vital Statistics Annual Reports, Maryland Department of Health and Mental Hygiene's Annual Cancer Reports, Behavioral Risk Factor Surveillance System (BRFSS), Center for Disease Control and Prevention's CDC WONDER Online Database, Centers for Medicare and Medicaid Services, National Vital Statistics Reports and County Health Rankings, and a variety of local databases. Specific data sources are listed throughout this report.

Additionally, there are hard-to-reach populations such as domestic violence victims and homeless individuals for which data is not readily available. Data is only being captured when individuals come into contact with services. Therefore, the CHNA may underestimate the true burden of some health issues within Anne Arundel County. Another limitation of the data in the report is that there is a delay between when secondary data is collected and made available.

Focus groups and key informant interviews were used to solicit the thoughts and opinions of diverse Anne Arundel County residents, health care providers, social service providers and community leaders. A shortcoming of the qualitative data is that not all community perspectives will be obtained, although we did our best to engage a diverse and representative sample.

A total of 11 key information interviews took place and included representation from:

CEO, University of Maryland Baltimore Washington Medical Center (UM BWMC)

CEO, Luminis Health Anne Arundel Medical Center (AAMC)

Anne Arundel County Health Officer

Executive Director, Anne Arundel County Mental Health Agency

Director, Anne Arundel County Crisis Response

Clinical Director, Anne Arundel County Mental Health Agency

Superintendent, Anne Arundel County Public Schools

County Executive, Anne Arundel County

Faith leader

Public housing resident

Primary Care Physician

Sixteen focus groups/community meetings contributed to this report including:

AAMC and UM BWMC Emergency Department and Emergency Response personnel

Behavioral health providers

Behavioral health co-occurring committee

Disabled residents, providers and clients

Seniors, providers and clients

Childcare providers and early childhood educators

Human services providers and advocates

Pupil Personnel workers

Anne Arundel County Health Department senior staff

Public housing providers

Not-for-profit leaders

South County stakeholders

North County stakeholders

West County stakeholders

Annapolis stakeholders

Hispanic community

With the permission of participants, interviews and conversations were recorded and transcribed, and authorization to use their words in the final report was given with individual names redacted.

After all data was collected and analyzed, UM BWMC used the data from the respective community benefit service area, listed in figure 1, to identify the unique priorities for the communities.

The joint county-wide CHNA is available at www.aahealth.org/statistics-reports. This report contains detailed narratives, tables, graphs and maps. Where possible, comparisons were made to state and national data, and data was extracted by age, gender, race, ethnicity and zip code; however, not all data was published in the county-wide CHNA.

* Due to delays in reporting at the local, state, and federal levels, some data may be outdated and/or has changed prior to this report being published. It is also important to note that some reported data may have been impacted by the COVID-19 pandemic and not be a true representation of pre-pandemic health care statistics and outcomes.

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UNIVERSITY of MARYLAND
BALTIMORE WASHINGTON
MEDICAL CENTER

COMMUNITY HEALTH NEEDS

IMPLEMENTATION PLAN

FISCAL YEARS 2023-2025

APPROVED BY THE UM BWMC BOARD OF DIRECTORS

COMMUNITY ENGAGEMENT COMMITTEE

MAY 24, 2022

APPROVED BY THE UM BWMC BOARD OF DIRECTORS

EXECUTIVE COMMITTEE

JUNE 20, 2022

Priority Area: Chronic Health Conditions **(Cancer, Cardiovascular Disease, Diabetes, Overweight/Obesity)** **Goal:** ***Help community members prevent and manage chronic health conditions.***			
Annual Objective	Strategy	Target Population	Metrics
Increase the proportion of adults who are a healthy weight Reduce the proportion of youth who are obese	Provide physical activity opportunities for youth and adults, encompassing all fitness levels Provide body composition screenings and education on BMI and healthy weight to adults, age 18 years and older Promote awareness and education on healthy foods and easy ways to prepare them to encourage healthy eating	Anne Arundel County, with an emphasis on those categorized with a BMI over 30	Number of participants who attend exercise class Number or people screened for BMI Decrease in overweight and obesity percentages (AACO measures) Number of education resources provided Number of attendees at nutrition classes and/or lectures
Increase diabetes awareness and healthy lifestyles to prevent and manage diabetes or other chronic conditions	Provide education classes and support groups for pre-diabetes and diabetes Provide education, information and resources to help adults better manage their health conditions	Anne Arundel County residents who currently have one or more chronic conditions, or are at risk for developing a chronic health condition	Number of attendees at classes and support groups Number of education resources provided Number of people screened with a pre-diabetes risk assessment
Reduce the mortality rate from heart disease and stroke	Provide blood pressure screening clinics and education on the importance of heart health, knowing your numbers, and decreasing sodium intake Provide free vascular screenings and related education	Anne Arundel County, with emphasis on residents who currently have heart disease or have had a stroke, or are at high risk	Number of people screened for hypertension and results Number of education resources provided Number of people who attended support groups

	Provide education and information on managing blood pressure and hypertension medications Provide support groups to help community members better manage their health conditions		Decline in hypertension related ED visits Decrease in heart disease mortality rates (AACO measures)
Increase the diagnostic rate of early stage cancer Increase cancer prevention education and awareness for early detection	Provide education to adults on updated/ current health screening guidelines Provide smoking cessation classes and related medical support Provide free and/or low-cost screenings for cancer awareness and prevention; referring to Anne Arundel County Cancer Screening Programs, where necessary Provide cancer support groups and survivorship programs	Anne Arundel County, adults 18 years and older	Number of persons screened and results Number of attendees at support groups and classes Number of referrals provided Number of education resources provided Decrease in percentage of adults who smoke (AACO measures) Decrease in cancer mortality rates (AACO measures)

Priority Area: Behavioral Health **Goal:** ***Help community members prevent and manage behavioral health conditions.***			
Annual Objective	Strategy	Target Population	Metrics
Reduce the number of patients presenting in the Emergency Department for behavioral health conditions	Provide education and information to community members on identifying signs, symptoms and resources in the community for mental and behavioral health conditions Provide a mental health support group	Anne Arundel County	Number of attendees at classes and events Number of education resources provided Number of attendees at support groups Decrease in ED visits for behavioral health conditions Number of patients enrolled in Partial Hospitalization Program (PHP)
Reduce the drug-induced death rate Increase early intervention for the treatment and management of substance use disorders	Provide education and information to community members on pain management alternatives Expand outreach and educational services for the prevention and management of opioid misuse, for youth and adults Provide education and information on identifying substance abuse in the community, and resources to respond	Anne Arundel County	Number of attendees at classes and events Number of education resources provided Number of patients screened through Screening, Brief Intervention, and Referral to Treatment (SBIRT) Number of patient referrals to services Decrease in drug-related overdoses and deaths (AACO measures)
Increase partnerships and opportunities to expand mental	Promote education, information, and resources on adolescent mental health and	Anne Arundel County, emphasis on youth and young adults under the age of 25	Number of attendees at classes and events

health resources and support to youth and their families Reduce the suicide rate in Anne Arundel County	adverse childhood experiences (ACEs) Provide education and resources on youth mental health, and information to parents/guardians on how to identify youth mental health needs	years and those who work with this population. Emphasis on North and West Counties, and individuals of health disparities	Number of new partnerships Number of education resources provided Number of referrals provided Decrease in suicide deaths (AACO measures)

Priority Area: Maternal and Child Health **Goal:** ***Improve pregnancy, birth and early childhood outcomes.***			
Annual Objective	Strategy	Target Population	Metrics
Increase the proportion of pregnant women starting prenatal care in the first trimester	Provide education and information on the importance of early prenatal care to women of childbearing age	Anne Arundel County, focus on women of childbearing age in North and West Counties, and individuals of health disparities	Number of OB patients within UM BWMC OB/GYN practices Number of attendees at childbirth education classes Number of education resources provided
Increase the proportion of women who are identified as being pre-hypertensive or hypertensive during pregnancy to reduce maternal morbidity and mortality rates	Screen women for hypertension during prenatal care visits, labor, after delivery, and at postpartum visits Provide education, information, and screening opportunities on hypertension and identifying concerns prior to the first postpartum visit	Women in Anne Arundel County, emphasis on individuals of health disparities	Number of women screened for hypertension Number of education resources provided
Reduce the number of sleep related infant deaths in the county	Provide safe sleep awareness education to women during prenatal care visits and after delivery Provide safe sleep education, sleep safety kits and pack and plays to women Provide education and information on the importance of early prenatal care to women of childbearing age	Anne Arundel County families who have children under the age of two, and women of childbearing age in North and West Counties, and individuals of health disparities	Number of attendees at classes and events Number of pack and plays distributed Number of education resources provided Decrease in infant mortality (AACO measures) Decrease in low birth rate infants (AACO measures)
Increase support to parents and/or guardians of young children	Provide new parent and breastfeeding support	Anne Arundel County families who have children ages 0-5	Number of attendees at classes and support groups

	Provide education opportunities for parents and guardians to positively manage stress, discipline, basic healthcare information for themselves and child(ren), obtaining additional federal, state, and county resources such as WIC and MCHP and additional social care resources needed		Number of education sessions offered Number of education resources provided Number of referrals to county, state, federal programs
Increase asthma awareness and education Reduce the number of asthma-related hospitalizations and Emergency Department visits	Provide awareness, education, and resources to AACPS nurses and AACPS families Identify high-risk children through pediatric practice(s) and provide additional education and resources, including medication assistance	Anne Arundel County families with children, with an emphasis on individuals with health disparities	Number of education resources provided Decrease in asthma related ED visits

Priority Area: Health Care Access **Goal:** ***Help community members obtain health care resources and support to prevent and manage health conditions, including helping eligible patients obtain financial assistance for health care services.***			
Annual Objective	Strategy	Target Population	Metrics
Increase the number of community members being screened for preventative health conditions Increase the number of community members accessing preventative health care services	Provide access to free/low cost preventative health screenings (e.g. blood pressure, vascular, cancer) Provide access to free influenza and COVID-19 vaccines Provide referrals to community resources for follow-up care as needed Provide information on the Anne Arundel County free/reduced fee dental, and cervical and breast cancer screening program	Anne Arundel County, emphasis on North and West Counties, and individuals of health disparities	Number of people screened at screening events Number of people vaccinated for influenza Number of people vaccinated for COVID-19 Number of referrals provided Number of education resources provided
Increase community awareness on accessing and understanding health care benefits	Maintain and provide resources for applying for Medicaid and Medicare, and the Maryland Health Connection Make the UM BWMC financial assistance policy available to all patients	Anne Arundel County, emphasis on North and West Counties, and individuals of health disparities	Number of referrals provided Number of education resources provided Number of patients assisted by UM BWMC financial assistance policy Decrease in uninsured ED visits
Reduce the number of Emergency Department visits for conditions that can be managed through primary care provider offices, or urgent care	Provide education and information to increase community knowledge on where to access the appropriate level of care	Anne Arundel County, emphasis on North and West Counties, and individuals of health disparities	Number of education resources provided Number of referrals provided

	Remain a resource for patients who do not have a usual primary care provider Maintain and provide resources to community organizations, such as FQHCs, to refer as necessary Linkage to care coordination through the Transitional Care Center and Nurse Navigators for high utilization patients presenting in the ED		Increase in the number of new primary care appointments made

Priority Area: Healthy and Safe Social Environments **Goal:** ***Increase social support to address social determinates of health to youth and adults.***			
Annual Objective	Strategy	Target Population	Metrics
Reduce the proportion of interpersonal violence and sexual assault incidences Increase support to reduce gun violence in Anne Arundel County	Provide education and information on the importance of healthy social and physical relationships Provide awareness, education and resources on identifying interpersonal violence Provide awareness, education and resources on identifying bullying (including cyber bullying) to county youth Provide support through participation on the Anne Arundel County Gun Violence Task Force, and preparedness drills Provide support through participation with the YWCA	Anne Arundel County	Number of attendees at classes and events Number of education resources provided Number community awareness events attended by UM BWMC team members Number of ED visits requiring the SAFE program Decrease interpersonal violence (AACO measures) Participant feedback
Increase support to vulnerable youth and adults through community organization and school programs	Improve access to a variety of fruits and vegetables Provide information to SNAP program and WIC to vulnerable communities as necessary Maintain resource list of local food pantries and organizations, and refer as necessary	Anne Arundel County, with an emphasis on vulnerable zip codes identified as a food desert	Decrease in adults/youth self-identifying as food insecure Decrease in poverty levels (AACO measures) Increase in number of food access points in zip codes identified as food deserts (AACO measures) Number of referrals provided

	Partner with other organizations to increase access to healthy foods Provide support to Anne Arundel County through workgroups, events, and other initiatives to address housing instability and homelessness		Number of education resources provided Number of partner events to increase food access Number of community awareness events attended by UM BWMC team members Investments in local food security efforts
Increase the number of opportunities for youth and adults to develop skills to join the health care workforce	Provide opportunities for UM BWMC Human Resources to conduct resource events, informational sessions, and interview future employees Develop a pipeline for youth and adults to build skills that would lead to employment and career advancement Provide opportunities for technology students learning a health care trade to attend informational sessions and/or apply to open positions within UM BWMC Provide skill training opportunities for youth and college students, through education sessions and internships Provide volunteer and internship opportunities for youth and adults	Anne Arundel County, emphasis on residents age 16 years and older	Number of talent acquisition events Number of new hires to UM BWMC Number of employees who advanced in their career Number of education resources and events provided to local high schools Number of education resources and events provided to local colleges Number of new volunteers at UM BWMC Number of students hosted as interns at UM BWMC Number of skills training opportunities provided

UNIVERSITY of MARYLAND MEDICAL SYSTEM Revenue Cycle Services	PAGE: 1 OF 14	POLICY NO: RCS - 01
	EFFECTIVE DATE: 09/18/19	REVISION DATE(S): 07/01/23
SUBJECT: UMMS Financial Assistance Policy		

KEY WORDS:
Financial Assistance, Financial Hardship, Financial Clearance, Medical Assistance

OBJECTIVE/BACKGROUND:
The purpose of the following policy statement is to describe the financial assistance application process, how applications are reviewed and determinations of eligibility are made, eligibility criteria for financial assistance programs (including presumptive eligibility and financial hardship assistance), financial clearance of patients with medically unique or humanitarian needs, how UMMS notifies patients of the availability financial assistance availability, the appeal process, and extraordinary collection actions.

APPLICABILITY:
This policy applies to all team members, vendors, and agents [volunteers, medical team members] of any of the following University of Maryland Medical System member organizations:

University of Maryland Medical Center (UMMC)
UM Midtown Campus (MTC)
UM Rehabilitation & Orthopaedic Institute (UMROI)
UM St. Joseph Medical Center (UMSJMC)
UM Baltimore Washington Medical Center (UMBWMC)
UM Shore Regional Health (UMSRH)
UM Shore Medical Center at Dorchester (UMSMCD)
UM Shore Medical Center at Easton (UMSME)
UM Charles Regional Medical Center (UMCRMC)
UM Upper Chesapeake Health (UCHS)
UM Capital Region Health (UMCRH)
UM Physician Networks (UMPN)
UMMS Outpatient Rx Weinberg
UMMC Pharmacy at Redwood
UMMS Pharmacy Services
UMMC Mid-Town Campus Pharmacy
UMMC Pharmacy at Capital Region
UMMC Pharmacy at Baltimore Washington

DEFINITIONS:

Federal Poverty Level	A measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine eligibility for certain programs and benefits.
Financial Hardship	Instances in which member organization charges incurred at UMMS member organizations for medically necessary treatment by a family household over a twelve (12) month period that exceeds 25% of that family's annual income.
MDH Limits	Refers to the income eligibility limits for reduced cost care, set by Maryland Department of Health (MDH) office of Medical Assistance Planning. The State of Maryland accepted the Federal Medicaid expansion on January 1, 2014 vs the Federal Poverty Levels, under the Affordable Care Act, which expanded the eligible income limits for Maryland Medicaid. UMMS adopted these new limits for the reduced cost care sliding scale, as set forth in Attachment A.
Medical Debt	Out-of-pocket expenses, including co-payments, coinsurance, and deductibles, incurred at UMMS member organizations for medically necessary treatment.
Presumptive Eligibility	Instances in which information provided by the patient or through other sources provides sufficient evidence that the patient is eligible for financial assistance, but there is no financial assistance form on file.

POLICY:

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

It is the policy of the University of Maryland Medical System ("UMMS") member organizations to provide financial assistance which meets or exceeds the requirements set forth by the State of Maryland for patients who meet specified financial criteria and request such assistance.

I. **Free Care -** Those with income up to 200% of the income eligibility limits established by the Maryland Department of Health are eligible for free care.

II. **Reduced Cost Care -** Those between 200% and 300% of the income eligibility limits established by the Maryland Department of Health are eligible for discounts on a sliding scale, as set forth in Attachment A.

III. **Financial Hardship -** Those who otherwise do not qualify for financial assistance under the primary guidelines of this policy, but for whom their medical debt incurred at all UMMS member organizations exceeds 25% of the Family Annual Household Income, are eligible for financial hardship assistance.

Payment plans are also available to all patients. Plan terms may be modified at the request of the patient. Additional information on payment plans is available in the UMMS Payment Plan Policy. UMMS retains the right in its sole discretion to determine a patient's ability to pay. All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent/urgent services, financial assistance applications will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

PROCEDURE:

I. How To Apply for Financial Assistance

For any episode of care, the financial assistance application process will be open up to at least 240 days after the first post-discharge patient bill for the care is sent. Patients may voluntarily apply for financial assistance before or after receiving healthcare services, or they may be identified as potential candidates for financial assistance during the financial clearance process or a presumptive financial assistance eligibility screening.

Financial clearance is a process that determines a patient's ability and likelihood to pay. When possible effort will be made to provide financial clearance prior to date of service. During the financial clearance process, patients who indicate they are unemployed and have no insurance coverage will be required to submit a financial assistance application before receiving non-emergency medical care (unless they meet presumptive financial assistance eligibility criteria).

There will be one application process for all UMMS member organizations. UMMS will accept the Faculty Physicians, Inc.'s (FPI) completed financial assistance applications (and application requirements) in determining eligibility for the UMMS Financial Assistance program. Patients are required to provide a completed financial assistance application (with all required information and documentation), unless they meet the criteria for presumptive eligibility. To facilitate this process, each applicant must provide information about

family size and income. Oral submission of needed information will be accepted, where appropriate. UMMS will provide the financial assistance application to all patients regardless of health insurance status to all patients, including uninsured patients, and the application will be readily available on the UMMS website and by request.

Supporting Documentation for Financial Assistance Applications

To help applicants complete the process, required and suggested documentation will be clearly listed on the financial assistance application, including:

- A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return); proof of disability income (if applicable), proof of social security income (if applicable).
- If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc.
- A copy of their most recent pay stubs (if employed) or other evidence of income.
- A Medical Assistance Notice of Determination (if applicable).
- Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.
- If a patient submits both a copy of their most recent Federal Income Tax Return and a copy of their most recent pay stubs (or other evidence of income), and only one of the two documents indicates eligibility for financial assistance, the most recent document will dictate eligibility.

Financial assistance may not be denied based on the omission of information or documentation that is not specifically required in this policy or on the financial assistance application, and UMMS reserves the right to offer financial assistance to patients that have not provided all supporting documentation.

- If a patient submits a financial assistance application without the information or documentation required for a final determination of eligibility, a written request for the missing information or documentation will be sent to the patient.
- This written request will also contain the contact information (including telephone number and physical location) of the office or department that can provide information about financial assistance and assistance with the application process.
- The patient will have thirty (30) days from the date this written request is provided to submit the required information or documentation to be considered for eligibility. If no the information is not received within the 30 days, a letter will be sent notifying the patient that the case is now closed for lack of the required documentation.
- The patient may re-apply for financial assistance and initiate a new case by submitting the missing information or documentation

II. Reviewing and Determining Eligibility of Financial Assistance Applications

There are designated team members who will be responsible for taking financial assistance applications. These team members can be financial counselors, patient financial receivable coordinators, customer service representatives, or third party agencies working as an extension of the central business office. To help applicants complete the process, UMMS will provide the financial assistance application that will let them know what paperwork is required for a final determination of eligibility. Where possible, designated team

members will consult via phone or meet with patients who request financial assistance to determine if they meet preliminary criteria for assistance.

Preliminary data will be entered into a third party data exchange system which will allow the designated team member to track the application and determine eligibility for financial assistance. Designated team members will:

- Determine whether the patient has health insurance. Patients who have access to other medical coverage (e.g., primary and secondary insurance coverage or a required service provider, also known as a carve-out), must utilize and exhaust their network benefits before applying for financial assistance.
- If the patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the designated team member and recommendations shall be made to Senior Leadership.
- Complete an eligibility check with the Medicaid program for Self Pay patients to verify whether the patient has current coverage. To facilitate this process each applicant must provide information about family size and income.
- Determine whether the patient is presumptively eligible for free or reduced-cost care.
- Determine whether uninsured patients are eligible for public or private health insurance. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

To the extent practicable, the designated team members will offer assistance to uninsured patients if the patient chooses to apply for public or private health insurance, determine whether the patient is eligible for other public programs that may assist with health care costs, and use information available to UMMS to determine whether the patient is qualified for free or reduced-cost care under the UMMS Financial Assistance policy.

Within two business days of receipt of a patient's request for financial assistance or an application for medical assistance, UMMS must make a determination of probable eligibility. The determination of probable eligibility is subject to change, based on the receipt of supporting documentation.

If the patient's financial assistance application is determined to be complete and appropriate, the designated team member will recommend the patient's level of eligibility and forward for a second and final approval. UMMS will provide final determination the patient's eligibility within 14 days after the patient submits a completed application for financial assistance and suspend any billing or collections actions while eligibility is being determined.

If a Financial Assistance Application is Approved

Once a patient is approved for financial assistance, financial assistance coverage is effective for the month of determination and a year prior to the determination.

- A letter of final determination will be submitted to each patient who has formally requested financial assistance, which includes (if applicable): the assistance for which the individual is eligible and the basis for the determination.
- UMMS may decide to extend the financial assistance eligibility period further into the past or the future on a case-by-case basis.

- Financial assistance is generally applicable to all emergency and other medically necessary care provided by each UMMS member organization (See Exclusions for more information).
- If additional healthcare services are provided beyond the eligibility period, patients must reapply for financial assistance.
- If the patient is determined to be eligible for reduced-cost care, and has already received a statement for eligible healthcare services rendered during the financial assistance coverage period, the patient will also be provided with a billing statement that indicates the amount the patient owes for the care after financial assistance is applied.
- If a patient made payments for healthcare services prior to receiving approval for financial assistance, they may be eligible for a refund. Refund decisions are based on when the patient was determined unable to pay compared to when the patient payments were made. If the amount that the patient is determined able to pay is less than the amount of the patient payment, the resulting credit balance will be issued to the patient as a refund if the amount exceeds the patient's determined responsibility by $5.00 or more. This includes determinations of eligibility for financial assistance within 240 days after the initial bill was provided.

If there are changes to the patient's income, assets, expenses or family status, the patient is expected to notify the Financial Assistance Department at 410-821-4140. To facilitate this process, and ensure that patients have the opportunity to be re-evaluated for eligibility for financial assistance within 240 days of the initial statement, UMMS will notify patients that if their income has changed, they should contact the Financial Assistance Program Department on each statement.

If a Financial Assistance Application is Not Approved

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

- If the patient is determined to be ineligible for financial assistance, and they applied in order to obtain financial clearance for non-emergent or non-urgent hospital based services, the designated team member will notify the clinical staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled.
- A clinician may appeal this decision and request reconsideration by the Financial Clearance Executive Committee on a case-by case basis.
- For emergent or urgent services, financial assistance applications will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.
- Patients who are ineligible for financial assistance will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.
- The patient may appeal the decision, please see the Appeals section for more information.
- For any episode of care, the financial assistance application process will be open up to at least 240 days after the first post-discharge patient bill for the care is sent.

III. Eligibility Criteria

UMMS will offer financial assistance when a review of a patient's individual financial circumstances has been conducted and documented. UMMS will not use a patient's citizenship or immigration status as an eligibility

requirement for financial assistance; or withhold financial assistance or deny a patient's application for financial assistance on the basis of race, color, religion, ancestry or national origin, sex, age, marital status, sexual orientation, gender identity, genetic information, or on the basis of disability.

The following criteria will be applied in assessing a patient's eligibility for financial assistance, presumptive eligibility for financial assistance, and eligibility for financial hardship assistance.

Financial Assistance Eligibility

UMMS will refer to the MDH household income thresholds to determine eligibility for financial assistance and the level of free or reduced cost care to award to eligible patients. UMMS will calculate a patient's family (household) income at time of service. To account for any changes in financial circumstance, UMMS will recalculate family (household) income within 240 days after the initial hospital bill is provided.

UMMS may consider household monetary assets in determining eligibility for free and reduced-cost care under the financial assistance policy in addition to income-based criteria. Monetary assets shall be adjusted annually for inflation in accordance with the Consumer Price Index. The following monetary assets that are convertible to cash shall be excluded:

- At a minimum, the first $10,000 of monetary assets.
- A safe harbor equity of $150,000 in a primary residence.
- Retirement assets that the Internal Revenue Service has granted preferential tax treatment as a retirement account, including deferred-compensation plans qualified under the Internal Revenue Code or nonqualified deferred-compensation plans.
- One motor vehicle used for the transportation needs of the patient or any family member of the patient;
- Any resources excluded in determining financial eligibility under the Medical Assistance Program under the Social Security Act.
- Prepaid higher education funds in a Maryland 529 Program account.

In determining the family income of a patient, UMMS shall apply a definition of household size that consists of the patient and, at a minimum, a spouse (regardless of whether the patient and spouse expect to file a joint federal or State tax return), biological children, adopted children, or stepchildren, and anyone for whom the patient claims a personal exemption in a federal or State tax return. For a patient who is a child, the household size shall consist of the child and biological parents, adopted parents, or stepparents or guardians, biological siblings, adopted siblings, or stepsiblings, and anyone for whom the patient's parents or guardians claim a personal exemption in a federal or State tax return.

Patients may be deemed ineligible for financial assistance:

- If they have insurance coverage (e.g., HMO, PPO, or Workers Compensation, Medicaid, or other insurance programs), that denies access to UMMS due to insurance plan restrictions/limits.
- If they refuse to be screened for other assistance programs prior to submitting an application for financial assistance.
- If they refuse to divulge information pertaining to a pending legal liability claim.

Financial assistance generally applies to all emergency and other medically necessary care provided by each UMMS member organization; however, the following exclusions may apply:

- Services provided by healthcare providers not affiliated with UMMS member organizations (e.g., durable medical equipment, home health services).
- Services denied by a patient's insurance program or policy (e.g., HMO, PPO, or Workers Compensation). Exceptions may be made on a case by case basis considering medical and programmatic implications.
- Cosmetic or other non-medically necessary services.
- Patient convenience items, meals, and lodging.
- Supervised Living accommodations and meals while a patient is in the Day Program.
- Third Party Liability claims (Auto Accident, Workers Compensation, Bodily Injury, or other legal claim) until all means of payment are exhausted.

Financial assistance for professional charges awarded under this policy applies to the UM Physician Network (UMPN). Patients who wish to pursue financial assistance for non-UM Physician Network charges must contact the physician or provider group directly. A list of providers delivering medically necessary care in each UMMS hospital can be obtained on the website of each UMMS entity. This list specifies which such as providers do not participate in the UMMS Financial Assistance Policy.

Presumptive Financial Assistance Eligibility

In the event there is no evidence to support a patient's eligibility for financial assistance, UMMS reserves the right to determine presumptive financial assistance eligibility for all hospital accounts. To determine presumptive eligibility for financial assistance, UMMS may use outside agencies or information to estimate income which can be used to assess the patient's eligibility for financial assistance eligibility. Due to the inherent nature of presumptive circumstances, UMMS will award free care to patients deemed presumptively eligible for financial assistance. Presumptive eligibility for financial assistance shall only cover the patient's specific date of service. UM Physician Network provider groups will offer financial assistance on a physician balance based on a determination of eligibility on a hospital balance.

Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

a. Active Medical Assistance pharmacy coverage
b. Specified Low Income Medicare (SLMB) coverage
c. Primary Adult Care (PAC) coverage
d. Homelessness
e. Patient currently has Medical Assistance coverage
f. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
g. Medical Assistance spend down amounts
h. Eligibility for other state or local assistance programs, such as:
    i) Supplemental Nutrition Assistance Program
    ii) State Energy Assistance Program
    iii) Special Supplemental Food Program for Women, Infants, and Children
    iv) Any other social service program as determined by MD DHMH and Health Services Cost Review Commission (HSCRC).

i. Patient is deceased with no known estate
j. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
k. Non-US Citizens deemed non-compliant
l. Non-Eligible Medical Assistance services for Medical Assistance eligible patients
m. Unidentified patients (Doe accounts that we have exhausted all efforts to locate and/or ID)
n. Bankruptcy, by law, as mandated by the federal courts
o. Eligibility in certain UMMS clinical programs (including: St. Clare Outreach Program, UMMS Maternity Program, UMSJMC Hernia Program).

Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered for presumptive financial assistance until the Maryland Medicaid Psych program has been billed.

Financial Hardship Assistance Eligibility

Financial hardship assistance is available for patients who otherwise do not qualify for financial assistance under the primary guidelines of this policy, but for whom medical debt for medically necessary treatment over a twelve (12) month period exceeds 25% of that family's annual income.

- The amount of uninsured medical costs incurred at all UMMS member organizations will be considered in determining a patient's eligibility (including any accounts having gone to bad debt, except those accounts that have gone to lawsuit and a judgment has been obtained) and any projected medical expenses.
- For the patients who are eligible for reduced-cost care under the financial assistance criteria and also meet the criteria for financial hardship assistance criteria, UMMS will grant the total eligible reduction in charges.
- To calculate household income, UMMS will use the same criteria outlined in the Financial Assistance Eligibility section of this policy to calculate assets, household income, and family size.
- Once a patient is approved for financial hardship assistance, coverage will be effective for the month of the first qualifying date of service and a year prior to the determination. UMMS may decide to extend the financial hardship eligibility period further into the past or the future on a case-by-case basis.
- Financial hardship assistance will cover the patient and the eligible family members living in the household for the approved reduced cost and eligibility period for medically necessary care and will remain eligible for reduced-cost medically necessary care when seeking subsequent care at the same member organization during the 12–month period beginning on the date on which the reduced-cost medically necessary care was initially received. To avoid an unnecessary duplication of UMMS' determination of eligibility for free and reduced-cost care, the patient or eligible family members shall inform UMMS of the patient's or family member's eligibility for the reduced-cost medically necessary care.

All other eligibility, ineligibility, and procedures for primary financial assistance criteria apply to financial hardship assistance criteria, unless otherwise stated above.

IV. Appealing a Determination of Eligibility for Financial Assistance

Patients whose financial assistance applications are denied have the option to appeal the decision. Appeals can be initiated verbally or written. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.

If a patient wishes to make an appeal, UMMS will:

- Notify the patient that the Health Education and Advocacy Unit is available to assist them or their authorized representative in filing and mediating a reconsideration request.
- Provide the address, phone number, facsimile number, e-mail address, mailing address, and website of the Health Education and Advocacy Unit: Office of the Attorney General, Health Education and Advocacy Unit | 200 St. Paul Place, 16th Floor, Baltimore, MD 21202 | Phone: (410) 528-1840 | Toll-free in Maryland 1-877-261-8807 | Fax: (410) 576-6571 | Email: heau@oag.state.md.us
- Document appeals within the third party data and workflow tool for review by the next level of management above the representative who denied the original application.
- Submit a letter of final determination to each patient who has formally submitted an appeal.

Provider Driven Financial Clearance and Reconsideration

Where there is a compelling educational, medical, and/or humanitarian benefit, UMMS clinical team members may request financial clearance of patients that are not otherwise able or likely to pay for their healthcare services. Clinical team members must submit appropriate justification in advance of the patient receiving services. UMMS Revenue Cycle central billing office will evaluate the patient's eligibility for Medical Assistance and financial assistance. A Financial Clearance Executive Committee at the member organization level, comprised of clinical and financial leadership, will request the information submitted by the requesting clinical and the central billing office and make the final determination on whether to grant financial clearance on a case-by-case basis.

If financially cleared, patients are still responsible to complete the financial assistance application process, and may be subject to presumptive eligibility screening, as outlined in this policy.

V. Notice of Availability of Financial Assistance

UMMS will advise patients, patient's families, and authorized representatives of the availability of financial assistance using posted notices and the Patient Billing and Financial Assistance Information Sheet. The Patient Billing and Financial Assistance Information Sheet notifies the patient of the availability of financial assistance and payment plans, includes a description of UMMS Financial Assistance Policy, explains how to apply for financial assistance, and includes a description of the patient's rights and obligations with regard to hospital billing and collection under the law.

- UMMS will post notices of financial assistance availability in each UMMS hospital's emergency room (if any), admissions areas, key patient access areas, and the hospital billing office. Notice of availability will also be sent to the patient with patient statements.
- The Patient Billing and Financial Assistance Information Sheet will be provided at preadmission and before discharge for each hospital encounter, with each hospital statement, and it will be available to all patients upon request and without charge, both by mail and in the emergency room (if any) and admissions areas.

- The Financial Assistance Policy and the Financial Assistance Application will also be available to all patients upon request and without charge, both by mail and in the emergency room (if any) and admissions areas.
- The Financial Assistance Policy, the Patient Billing and Financial Assistance Information Sheet, and the Financial Assistance Application will also be conspicuously posted on the UMMS website (www.umms.org).

Patient Billing and Financial Assistance Information Sheet Content

In addition to the content referenced above, the Patient Billing and Financial Assistance Information Sheet will include:

- The website and physical location(s) where patients can obtain copies of the financial assistance policy and financial assistance application form
- Instructions on how to obtain a free copy of the financial assistance policy and financial assistance application form by mail.
- A statement of the availability of translations of the financial assistance documents.
- Contact information for UMMS Hospital Billing Customer Service Department, which is available to assist the patient, the patient's family, or the patient's authorized representative understand their statement, understand the patient's rights and obligations regarding the statement, learn how to apply for free or reduced cost care, or learn how to apply for Maryland Medical Assistance, or any other programs that may help pay their medical bills.
- Contact information for the Maryland Medical Assistance Program.
- A notification that physician charges are not included in the hospital statement and are billed separately.
- A notification informing patients of the right to request and receive a written estimate of the total charges for hospital nonemergency services, procedures, and supplies that reasonably are expected to be provided for professional services by the hospital.
- A notification that a patients who are eligible for free or reduced care may not be charged more than AGB for emergency or other medically necessary care.
- A section that informs the patient of their ability to make a formal complaint with the HSCRC and the Office of the Attorney General of Maryland.
- A section for the patient to initial to indicate that they have been made aware of UMMS Financial Assistance Policy

The Patient Billing and Financial Assistance Information Sheet will be written in plain language, as specified by the Requirements for 501(c)(3) Hospitals Under the Affordable Care Act – Section 501(r), and will be made available in the patient's preferred language. It will also include a section that allows for patients to initial that they have been made aware of the financial assistance policy.

VI. Extraordinary Collection Actions

Account balances that have not been paid may be transferred to Bad Debt (deemed uncompensated care) and referred to an outside collection agency or to UMMS's attorney for legal and/or collection activity. Third party agencies and/or attorneys are jointly and severally responsible for meeting the debt collection requirements listed in this policy, and in the UMMS Credits and Collections Policy. Collection activities taken on behalf of

UMMS by a collection agency or UMMS' attorney may include the following Extraordinary Collection Actions (ECAs):

- Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus. UMMS will not report adverse information to a consumer reporting agency regarding a patient who was uninsured or eligible for free or reduced-cost care at the time of service. UMMS will not report to a consumer reporting agency until at least 180 days after the initial statement was provided. Prior to reporting to a consumer reporting agency, UMMS will determines whether the patient is eligible for free or reduced-cost care. UMMS will not report adverse information about a patient to a consumer reporting agency if UMMS was notified in accordance with federal law by the patient or an insurance carrier that an appeal or a review of a health insurance decision is pending within the immediately preceding 60 days, or if UMMS has completed a requested reconsideration of the denial of free or reduced-cost care that was appropriately completed by the patient within the immediately preceding 60 days.
- Commencing a civil action against the individual. UMMS will not hold a spouse or another individual liable for the debt owed on a hospital bill of an individual who is at least 18 years old. UMMS will not file a civil action to collect debt until at least 180 days of after the initial bill was provided. Prior to filing the civil action, UMMS will determines whether the patient is eligible for free or reduced-cost care. UMMS will not file a civil action to collect debt if UMMS was notified in accordance with federal law by the patient or an insurance carrier that an appeal or a review of a health insurance decision is pending within the immediately preceding 60 days. UMMS will not file a civil action to collect debt if UMMS has completed a requested reconsideration of the denial of free or reduced-cost care that was appropriately completed by the patient within the immediately preceding 60 days.
- Attaching or seizing an individual's bank account or any other personal property.
- Garnishing an individual's wage. UMMS will not request a garnishment of wages or file an action that would result in an attachment of wages against a patient if the patient is eligible for free or reduced-cost care.

ECAs may be taken on accounts that have not been disputed or are not on a payment arrangement. ECAs will occur no earlier than 180 days from submission of first post-discharge bill to the patient and will be preceded by a written notice 45 days prior to commencement of the ECA. This written notice will be accompanied by an application for financial assistance (and instructions for completing the application) and a notice of availability of a payment plan to satisfy the medical debt, and the Patient Billing and Financial Assistance Information Sheet. The written notice will include the following information:

- Specified contact and procedural information.
    - The name and telephone number for UMMS,
    - The name and telephone number for the debt collector (if applicable)
    - The contact information for the UMMS Financial Assistance Department (or third party agency acting on behalf of UMMS), authorized to modify the terms of a payment plan (if applicable)
    - Telephone number and internet address of the Health Education Advocacy Unit in the Office of the Attorney General, available to assist patients experiencing medical debt.
- The amount required to satisfy the debt (including any past due payments, penalties, or fees, if applicable)

- Identification of ECAs that UMMS (or its collection agency, attorney, or other authorized party) intends to utilize in order to obtain payment for the care, and state a deadline after which such ECAs may be initiated.
- A deadline after which such ECA(s) may be initiated that is no earlier than 45 days after the date that the written notice is provided.
- A statement recommending that the patient seek debt counseling services,
- An explanation of the UMMS Financial Assistance Policy, and a notification of availability of financial assistance for eligible individuals
- And any other information as prescribed by the HSCRC

Written notice and accompanying documentation will be sent to the patient by certified mail and first class mail, in the patient's preferred language, or another language, as specified. The written notice will be in simplified language of at least 10 point type.

In addition to the written notification, UMMS (and/or its collection agency or attorney) will make reasonable efforts to orally communicate the availability of financial assistance to the patient and tell the patient how he or she may obtain assistance with the application process. A presumptive eligibility review will occur prior to any ECA being taken. Finally, no ECA will be initiated until approval has been obtained from the UMMS Revenue Cycle Services leadership.

If a patient is determined to be eligible for financial assistance, UMMS (and/or its collection agency or attorney) will take all reasonably available measures to reverse any ECAs taken against the patient to obtain payment for care rendered during the financial assistance eligibility window. Such reasonably available measures will include measures to vacate any judgment against the patient, lift levies or liens on the patient's property, and remove from the patient's credit report any adverse information that was reported to a consumer reporting agency or credit bureau. All ECAs will cease once the patient is approved for financial assistance and all the patient responsible balances are paid.

UMMS will not engage in the following ECAs:

- Selling debt to another party.
- Charge interest on bills incurred by patients before a court judgement is obtained
- Requesting a lien against a patient's primary residence. In some cases, Local, State, or Federal judicial protocols may mandate that a lien is placed, but UMMS will not force the sale or foreclosure of a patient's primary residence.
- Request the issuance of or take action causing a court to issue a body attachment or an arrest warrant against a patient.
- Make a claim against the estate of a deceased patient if the deceased patient was known by UMMS to be eligible for free care or if the value of the estate after tax obligations are fulfilled is less than half of the debt owned. However, UMMS may offer the family of the deceased patient the ability to apply for financial assistance.
- Require payment of medical debt prior to providing medically necessary care.

ATTACHMENTS:

ATTACHMENT A: Sliding Scale – Reduced Cost of Care

2023 Federal Poverty Level (FPL) Annual Income Eligibility Limits						
House-hold (HH) Size:	1	2	3	4	5	6
Income Limit (up to Max):	$14,580	$19,720	$24,860	$30,000	$35,140	$40,280

2023 Maryland Department of Health (MDH) Annual Income Eligibility Limits						
House-hold (HH) Size:	1	2	3	4	5	6
Income Limit (up to Max):	$20,120	$27,225	$34,312	$41,400	$48,504	$55,592

UMMS Financial Assistance Charity Income Thresholds						
House-hold (HH) Size:	1	2	3	4	5	6
If your total annual household income level is at or below (up to max):						
UMMS 100% Charity *(Equals up to 200% of MDH Annual Income Limits)*	$40,240	$54,450	$68,624	$82,800	$97,008	$111,184
UMMS 90% Charity *(Equals up to 210% of MDH Annual Income Limits)*	$42,252	$57,173	$72,055	$86,940	$101,858	$116,743
UMMS 80% Charity *(Equals up to 220% of MDH Annual Income Limits)*	$44,264	$59,895	$75,486	$91,080	$106,709	$122,302
UMMS 70% Charity *(Equals up to 230% of MDH Annual Income Limits)*	$46,276	$62,618	$78,918	$95,220	$111,559	$127,862
UMMS 60% Charity *(Equals up to 240% of MDH Annual Income Limits)*	$48,288	$65,340	$82,349	$99,360	$116,410	$133,421
UMMS 50% Charity *(Equals up to 250% of MDH Annual Income Limits)*	$50,300	$68,063	$85,780	$103,500	$121,260	$138,980
UMMS 40% Charity *(Equals up to 260% of MDH Annual Income Limits)*	$52,312	$70,785	$89,211	$107,640	$126,110	$144,539
UMMS 30% Charity *(Equals up to 270% of MDH Annual Income Limits)*	$54,324	$73,508	$92,642	$111,780	$130,961	$150,098
UMMS 20% Charity *(Equals up to 280% of MDH Annual Income Limits)*	$56,336	$76,230	$96,074	$115,920	$135,811	$155,658
UMMS 10% Charity *(Equals up to 290% of MDH Annual Income Limits)*	$58,348	$78,953	$99,505	$120,060	$140,662	$161,217

*All discounts stated above shall be applied to the amount the patient is personally responsible for paying after insurance reimbursements.
*Amounts billed to patients who qualify for Reduced-Cost of Care on a sliding scale (or for Financial Hardship Assistance) will be less than the amounts generally billed to those with insurance (AGB), which in Maryland is the charge established by the Health Services Cost Review Commission (HSCRC). UMMS determines AGB by using the amount Medicare would allow for the care (including the amount the beneficiary would be personally responsible for paying, which is the HSCRC amount; this is known as the "prospective Medicare method".

Effective 7/1/23

RELATED POLICIES:
UMMS Credit & Collections Policy
UMMS Payment Plan Policy

POLICY OWNER:
UMMS Revenue Cycle Services

APPROVED:
Executive Compliance Committee Approved Initial Policy: 09/18/19
Executive Compliance Committee Approved Revisions: 10/19/2020, 11/07/22

Federal Poverty Level and Maryland Department of Health Annual Income Eligibility Limit Updated: 07/01/20, 07/01/21, 07/01/22, 07/01/23

This policy was approved by the UMMS Executive Compliance Committee (ECC) Board on October 19, 2020. This policy was adopted for:

- UM St. Joseph Medical Center (UMSJMC) effective June 1, 2013.
- UM Midtown Campus (MTC) effective September 22, 2014.
- UM Baltimore Washington Medical Center (UMBWMC) effective July 1, 2016.
- UM Shore Regional Health (UMSRH) effective September 1, 2017.
- UM Charles Regional Medical Center (UMCRMC) effective December 2, 2018.
- UM Upper Chesapeake Health (UCHS) effective July 1, 2019
- UM Capital Region Health (UMCRH) effective September 18, 2019