



The MARYLAND  
HEALTH SERVICES COST REVIEW COMMISSION

## **Greater Baltimore Medical Center**

FY 2018 Community Benefit Narrative Report

**PART ONE: ORIGINAL NARRATIVE SUBMISSION**

Q1. COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

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

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. 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. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Greater Baltimore Medical Center.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210044.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called N/A.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital was licensed for 231 beds during FY 2018.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's primary service area includes the following zip codes: 21030, 21093, 21117, 21204, 21212, 21234, 21236, 21252, 21286.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital shares some or all of its primary service area with the following hospitals: Lifebridge Levindale Hebrew Geriatric Center and Hospital of Baltimore, Inc., Lifebridge Northwest Hospital, Lifebridge Sinai Hospital, Mercy Medical Center, MedStar Good Samaritan Hospital, MedStar Union Memorial Hospital, UM St. Joseph Medical Center.	<input checked="" type="radio"/>	<input type="radio"/>	

Q3. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find [these community health statistics](#) useful in preparing your responses.

Q4. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Q5. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q6. Please select the county or counties located in your hospital's CBSA.

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

Q7. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q8. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q9. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

- |                                |   |                                |                                |
|--------------------------------|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> 21201 | <input checked="" type="checkbox"/> 21212 | <input type="checkbox"/> 21222 | <input type="checkbox"/> 21231 |
| <input type="checkbox"/> 21202 | <input type="checkbox"/> 21213            | <input type="checkbox"/> 21223 | <input type="checkbox"/> 21233 |
| <input type="checkbox"/> 21205 | <input type="checkbox"/> 21214            | <input type="checkbox"/> 21224 | <input type="checkbox"/> 21234 |
| <input type="checkbox"/> 21206 | <input type="checkbox"/> 21215            | <input type="checkbox"/> 21225 | <input type="checkbox"/> 21236 |
| <input type="checkbox"/> 21207 | <input type="checkbox"/> 21216            | <input type="checkbox"/> 21226 | <input type="checkbox"/> 21237 |
| <input type="checkbox"/> 21208 | <input type="checkbox"/> 21217            | <input type="checkbox"/> 21227 | <input type="checkbox"/> 21239 |
| <input type="checkbox"/> 21209 | <input type="checkbox"/> 21218            | <input type="checkbox"/> 21229 | <input type="checkbox"/> 21240 |
| <input type="checkbox"/> 21210 | <input type="checkbox"/> 21219            | <input type="checkbox"/> 21230 | <input type="checkbox"/> 21287 |
| <input type="checkbox"/> 21211 |   |                                |                                |

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

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> 21013            | <input checked="" type="checkbox"/> 21093 | <input type="checkbox"/> 21153            | <input type="checkbox"/> 21221            |
| <input checked="" type="checkbox"/> 21030 | <input type="checkbox"/> 21111            | <input type="checkbox"/> 21155            | <input type="checkbox"/> 21222            |
| <input type="checkbox"/> 21031            | <input checked="" type="checkbox"/> 21117 | <input type="checkbox"/> 21156            | <input type="checkbox"/> 21227            |
| <input type="checkbox"/> 21051            | <input type="checkbox"/> 21120            | <input type="checkbox"/> 21162            | <input type="checkbox"/> 21228            |
| <input type="checkbox"/> 21053            | <input type="checkbox"/> 21128            | <input checked="" type="checkbox"/> 21204 | <input checked="" type="checkbox"/> 21234 |
| <input type="checkbox"/> 21057            | <input type="checkbox"/> 21131            | <input type="checkbox"/> 21207            | <input checked="" type="checkbox"/> 21236 |
| <input type="checkbox"/> 21071            | <input type="checkbox"/> 21133            | <input type="checkbox"/> 21208            | <input type="checkbox"/> 21237            |
| <input type="checkbox"/> 21082            | <input type="checkbox"/> 21136            | <input type="checkbox"/> 21219            | <input type="checkbox"/> 21244            |
| <input type="checkbox"/> 212087           | <input type="checkbox"/> 21152            | <input type="checkbox"/> 21220            | <input checked="" type="checkbox"/> 21286 |

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q26. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q31. How did your hospital identify its CBSA?

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

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

Based on patterns of utilization. Please describe.

Other. Please describe.

An indication of which zip codes within the CBSA include geographic areas where the most vulnerable populations (including but not necessarily limited to medically underserved, low-income, and minority populations) reside.

Q32. Provide a link to your hospital's mission statement.

<https://www.gbmc.org/mission>

Q33. Is your hospital an academic medical center?

Yes

No

Q34. (Optional) Is there any other information about your hospital that you would like to provide?

Q35. (Optional) Please upload any supplemental information that you would like to provide.

Q36. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

Yes

No

Q37. 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.

Q38. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

01/01/2009

Q39. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

06/01/2016

Q40. Please provide a link to your hospital's most recently completed CHNA.

<https://www.gbmc.org/workfiles/our-community/chna/2016-chna-final-summary.pdf>

Q41. Did you make your CHNA available in other formats, languages, or media?

Yes

No

Q42. Please describe the other formats in which you made your CHNA available.

This question was not displayed to the respondent.

Q43. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

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

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

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

Q44. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities										Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	
Other Hospitals -- Please list the hospitals here: Lifebridge; UM St. Joseph Medical Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Local Health Department -- Please list the Local Health Departments here: Baltimore City and County Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Baltimore County Health Department-Health and Human Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Human Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Natural Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of the Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area Agency on Aging -- Please list the agencies here: Baltimore County Department of Aging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Local Govt. Organizations -- Please list the organizations here: Baltimore Veterans Affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Faith-Based Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - K-12 -- Please list the schools here: Baltimore County School System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
School - Colleges and/or Universities -- Please list the schools here: Towson University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
School of Public Health -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Medical School -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Nursing School -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Dental School -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Pharmacy School -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral Health Organizations -- Please list the organizations here: Behavioral Health System Baltimore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Service Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Post-Acute Care Facilities -- please list the facilities here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Community/Neighborhood Organizations -- Please list the organizations here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Consumer/Public Advocacy Organizations -- Please list the organizations here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other -- If any other people or organizations were involved, please list them here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Q45. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
- No

Q46. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

06/01/2016

Q47. Please provide a link to your hospital's CHNA implementation strategy.

<https://www.gbmc.org/workfiles/our-community/chna/2016-chna-strategy.pdf>

Q48. 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.*

Q49. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Access to Health Services: Health Insurance   | <input type="checkbox"/> Family Planning  | <input type="checkbox"/> Older Adults                  |
| <input checked="" type="checkbox"/> Access to Health Services: Practicing PCPs    | <input type="checkbox"/> Food Safety  | <input type="checkbox"/> Oral Health                   |
| <input checked="" type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Genomics   | <input checked="" type="checkbox"/> Physical Activity  |
| <input checked="" type="checkbox"/> Access to Health Services: ED Wait Times      | <input type="checkbox"/> Global Health  | <input type="checkbox"/> Preparedness                  |
| <input type="checkbox"/> Adolescent Health  | <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Respiratory Diseases          |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions     | <input type="checkbox"/> Health-Related Quality of Life & Well-Being            | <input type="checkbox"/> Sexually Transmitted Diseases |

- Blood Disorders and Blood Safety
- Cancer
- Chronic Kidney Disease
- Community Unity
- Dementias, Including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Emergency Preparedness
- Environmental Health
- Hearing and Other Sensory or Communication Disorders
- Heart Disease and Stroke
- HIV
- Immunization and Infectious Diseases
- Injury Prevention
- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal & Infant Health
- Mental Health and Mental Disorders
- Nutrition and Weight Status
- Sleep Health
- Social Determinants of Health
- Substance Abuse
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care

Other (specify)  
 Access to Care for low income seniors, RUN GBMC for Obesity and the SAFE Program

Q50. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

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

Q51. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q52. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q53. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

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





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



Q59. Please explain:

This question area not displayed to the respondent.

Q60. Does the hospital's board review and approve the annual community benefit narrative report?

- Yes
- No

Q61. Please explain:

This question area not displayed to the respondent.

Q62. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
- No

Q63. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

The Community Benefit investments in senior low income housing and behavioral health in our PCMH allow us to provide more care for senior consistent with our Gilchrist serious illness and end of life work and adding Behavioral Health services expands the care for our patients in our PCMH further reducing unnecessary costly utilization.

Q64. (Optional) If available, please provide a link to your hospital's strategic plan.

Q65. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

GBMC's collaboration with UM St. Joseph Medical Center has been a prime example of the intended community benefit partnership. Because the two hospitals share a large percentage of patients, we have capitalized on resources brought to bear at each facility. For example, GBMC is now utilizing UM St. Joseph's high utilizer clinic. Additionally, the organizations have collaborated on the implementation and utilization of GBMC's Elder Medical Care Program.

Q66. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q67. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q68. Initiative 1

Q69. Name of initiative.

Access to Care for Low Income Seniors and Implementation of an Elder Medical Care Program

Q70. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q71. Select the CHNA need(s) that apply.

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

- Chronic Kidney Disease
- Community Unity
- Dementias, Including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Emergency Preparedness
- Environmental Health
- Family Planning
- Food Safety
- Genomics
- Global Health
- Health Communication and Health Information Technology
- Health-Related Quality of Life and Well-Being
- Hearing and Other Sensory or Communication Disorders
- Older Adults
- Oral Health
- Physical Activity
- Preparedness
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Social Determinants of Health
- Substance Abuse
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Other. Please specify.
  - Access to Care for
  - Low Income Seniors and Seniors who are home bound

Q72. When did this initiative begin?

06/01/2016

Q73. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

Q74. Enter the number of people in the population that this initiative targets.

1,500 in the Access to Care population / 12,000 in the Elder Medical Care population

Q75. Describe the characteristics of the target population.

Low income seniors and seniors who are home bound.

Q76. How many people did this initiative reach during the fiscal year?

1,444

Q77. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Q78. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

Tabco Towers  
 Virginia Towers  
 Virginia Towers  
 Trinity House  
 Parkview/Timothy House  
 Village Crossroads (I & II)  
 Gallagher House  
 Aigburth Vale

- No.

Q79. Please describe the primary objective of the initiative.

GBMC employs a nurse practitioner whose sole responsibility is to provide education and primary care services within Towson's low-income senior living facilities. This was a service that had at one time been provided by Baltimore County, but has since been discontinued, allowing GBMC to make an impact on our community health. The primary objective of the initiative is to coordinate care and provide guidance to finding and receiving the appropriate healthcare resources for the targeted low-income senior population. In addition to helping the target population locate appropriate resources, direct care is provided to patients on a temporary basis until they have been able to establish a primary care provider. Additionally, this initiative is supported by the Elder Medical Care Program that includes home-based services such as lab services, behavioral health consultations, community health coordination, and interventions by pharmacists on a case-by-case basis. This enables an interdisciplinary team to provide even more clinical interventions in the home setting.

Q80. Please describe how the initiative is delivered.

With the help of multiple organizations. Those facilities includes: Tabco Towers, Virginia Towers, Trinity House, Parkview/Timothy House, Village Crossroads (I & II), Mission Helpers, Gallagher House, Aigburth Vale, and ACTC. The Elder Medical Care Program is staffed by GBMC employees who travel to home-bound patient homes.

Q81. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters Comparison of target population with actual visits, including vaccinations, referrals and glucose screenings.
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other Pre-and post-analysis of ED visits and inpatient hospital stays show these resources have yielded less frequent hospital stays with a reduction in LOS, resources and waste.

Q82. Please describe the outcome(s) of the initiative.

The effectiveness of the initiative is evaluated by the quantity of visits made to patients. The number of at risk seniors who receive vaccinations and glucose screenings because of education is another example of evaluation criteria.

Q83. Please describe how the outcome(s) of the initiative addresses community health needs.

Throughout FY 18 our nurse practitioner made 836 visits to seniors throughout the community. During these visits, she provided vaccinations and glucose screenings as a measure for preventive health. Providing these low-income seniors with information regarding their health allows them to make better healthcare decisions. In turn, providing these resources has allowed for better health outcomes including less frequent hospital stays with the reduction in length of stay, resources and waste. For FY 2018, the Elder Medical Care Program delivered home-based services to more than 300 patients. For these patients, there has been a demonstrated reduction in inpatient and ED visits and costs.

Q84. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Access to Care Direct expense- \$135,946 Offsetting revenue- \$5,237 Elder Medical Care Direct expense: \$1,370,000 Revenue: \$1,713,936

Q85. (Optional) Supplemental information for this initiative.

Q86. Initiative 2

Q87. Name of initiative.

SAFE Program

Q88. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q89. Select the CHNA need(s) that apply.

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

Q90. When did this initiative begin?

06/01/2016

Q91. Does this initiative have an anticipated end date?

The initiative will end on a specific end date. Please specify the date. 06/30/2017

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

[Empty text box for description]

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

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

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

Other. Please explain.

Q92. Enter the number of people in the population that this initiative targets.

87,000 ED and inpatient visits

Q93. Describe the characteristics of the target population.

Victims of violence.

Q94. How many people did this initiative reach during the fiscal year?

6,200

Q95. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Q96. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

GBMC SAFE & Domestic Violence Program staff, volunteers within the hospital and community partners in Baltimore County including law enforcement.

No.

Q97. Please describe the primary objective of the initiative.

Maintain 24/7, 365 days a year Forensic Nurse examiner coverage for victims of all ages. In particular, this year GBMC SAFE has worked to bolster available forensic capacity for the pediatric population. Maintain 24/7, 365 days per year Advocate coverage for DV and SA victims providing crisis counseling, safety planning, service referral, information on victim's rights, and follow-up services. Initiate community awareness events such as the Walk-a-Mile, grassroots fundraisers, and school/college/community partner presentations.

Q98. Please describe how the initiative is delivered.

By maintaining 24/7, 365 days a year Forensic Nurse examiner coverage for victims of all ages. Maintaining 24/7, 365 days per year Advocate coverage for DV and SA victims providing crisis counseling, safety planning, service referral, information on victim's rights, and follow-up services.

Q99. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters Success is assessed by the number of patients referred who receive high quality intervention, comprehensive direct services by forensic evaluation and crisis intervention.
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other Improve court outcomes for victims.

Q100. Please describe the outcome(s) of the initiative.

Our goal is to improve victims' safety and well-being by providing high quality comprehensive direct services to victims of sexual assault, domestic violence, child abuse and human trafficking identified in GBMC by providing forensic evaluation and crisis intervention. One critical component of this objective is to improve court outcomes for victims. Over 200 Patients were seen in the SAFE Program, and the program successfully expanded its service to care for pediatric sexual abuse victims, an underserved population in Baltimore County. Additionally, more than 300 victims of abuse benefited from advocacy and safety planning.

Q101. Please describe how the outcome(s) of the initiative addresses community health needs.

Baltimore County police SVU are continuing to utilize the SAFE Program as the Baltimore County SAFE Center. Baltimore County Crimes Against Children Unit is now exclusively utilizing the SAFE Program for the 12 and under population. Harford County Crimes Against Children is also utilizing GBMC for pediatric abuse services.

Q102. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Direct expense- \$440,126 Offsetting revenue- \$290,460

Q103. (Optional) Supplemental information for this initiative.

Q104. Initiative 3

Q105. Name of initiative.

Run GBMC Obesity Program

Q106. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q107. Select the CHNA need(s) that apply.

- Access to Health Services: Health Insurance
- Access to Health Services: Practicing PCPs
- Access to Health Services: Regular PCP Visits
- Access to Health Services: ED Wait Times
- Adolescent Health
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Blood Disorders and Blood Safety
- Cancer
- Chronic Kidney Disease
- Community Unity
- Heart Disease and Stroke
- HIV
- Immunization and Infectious Diseases
- Injury Prevention
- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal and Infant Health
- Mental Health and Mental Disorders
- Nutrition and Weight Status
- Older Adults
- Oral Health

- Dementias, Including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Emergency Preparedness
- Environmental Health
- Family Planning
- Food Safety
- Genomics
- Global Health
- Health Communication and Health Information Technology
- Health-Related Quality of Life and Well-Being
- Hearing and Other Sensory or Communication Disorders
- Physical Activity
- Preparedness
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Social Determinants of Health
- Substance Abuse
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Other. Please specify.

Q108. When did this initiative begin?

06/01/2016

Q109. Does this initiative have an anticipated end date?

The initiative will end on a specific end date. Please specify the date.

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

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

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

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

Other. Please explain.

Q110. Enter the number of people in the population that this initiative targets.

3,901

Q111. Describe the characteristics of the target population.

Q112. How many people did this initiative reach during the fiscal year?

100

Q113. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention

- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Q114. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

Employee volunteers including physicians and nurses.

- No.

Q115. Please describe the primary objective of the initiative.

The goal of Run GBMC was to get patients engaged in starting a healthier lifestyle, with the goal of completing GBMC's annual Father's Day 5k. Giving patients the opportunity to gain necessary tools and education on physical activity allowed for these patients to start a journey to lose weight and gain a better health status in general.

Q116. Please describe how the initiative is delivered.

With the help of employee volunteers including physicians and nurses, this initiative was successfully implemented and has engaged 100+ participants on their weight loss journeys.

Q117. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

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

The effectiveness of the initiative is evaluated by the number of participants to complete the Father's Day 5K and/or the Baltimore Running Festival.

Q118. Please describe the outcome(s) of the initiative.

The effectiveness of the initiative is evaluated by the number of participants to complete the Father's Day 5K and/or the Baltimore Running Festival.

Q119. Please describe how the outcome(s) of the initiative addresses community health needs.

2 Saturdays per month the group of volunteers and patients would practice for 1.5 hours walking or jogging various routes in preparation for the GBMC Father's Day 5K and/or Baltimore Running Festival as part of team RUN GBMC. Patients are now successfully completing multiple races and several have completed half marathons and even a full marathon.

Q120. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Total cost: \$10,040

Q121. (Optional) Supplemental information for this initiative.

Q122. (Optional) Additional information about initiatives.

Q123. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

[Community Benefit Table- Behavioral Health.docx](#)

22.1KB

application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q124. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

Yes

No

Q125. Please check all of the needs that were NOT addressed by your community benefit initiatives.

This question area not displayed to the respondent.

Q126. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: <http://ship.md.networkofcare.org/ph/index.aspx>. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

Reduce infant mortality	<input type="text"/>
Reduce rate of sudden unexpected infant deaths (SUIDs)	<input type="text"/>
Reduce the teen birth rate (ages 15-19)	<input type="text"/>
Increase the % of pregnancies starting care in the 1st trimester	<input type="text"/>
Increase the proportion of children who receive blood lead screenings	<input type="text"/>
Increase the % of students entering kindergarten ready to learn	<input type="text"/>
Increase the % of students who graduate high school	<input type="text"/>
Increase the % of adults who are physically active	GBMC's Father's Day 5K and/or Baltimore Running Festival are both huge contributors in increasing the physical activity of the community.
Increase the % of adults who are at a healthy weight	GBMC host a group of volunteers and patients who practice walking and jogging various routes in preparation of walks and marathons twice a month.
Reduce the % of children who are considered obese (high school only)	<input type="text"/>
Reduce the % of adults who are current smokers	<input type="text"/>
Reduce the % of youths using any kind of tobacco product (high school only)	<input type="text"/>
Reduce HIV infection rate (per 100,000 population)	<input type="text"/>
Reduce Chlamydia infection rate	<input type="text"/>
Increase life expectancy	<input type="text"/>
Reduce child maltreatment (per 1,000 population)	Last year GBMC's SAFE program worked to bolster available forensic capacity for the pediatric population. The program successfully expanded its services to care for pediatric sexual abuse victims, an underserved population in Baltimore County. GBMC is the only hospital in Baltimore and Harford county that offers Pediatric Forensic Examination services.
Reduce suicide rate (per 100,000)	<input type="text"/>
Reduce domestic violence (per 100,000)	GBMC's goal is to improve victim's safety and well-being by providing high quality comprehensive direct services to victims of sexual assault, domestic violence, child abuse and human trafficking identified in GBMC by providing forensic evaluation and crisis intervention.
Reduce the % of young children with high blood lead levels	<input type="text"/>
Decrease fall-related mortality (per 100,000)	<input type="text"/>
Reduce pedestrian injuries on public roads (per 100,000 population)	<input type="text"/>
Increase the % of affordable housing options	<input type="text"/>
Increase the % of adolescents receiving an annual wellness checkup	<input type="text"/>
Increase the % of adults with a usual primary care provider	The objective is to coordinate care and provide guidance to finding and receiving the appropriate healthcare resources for the targeted low income senior population. This will help the target population locate appropriate resources or direct care is provided temporarily until they have been able to establish a PCP.
Increase the % of children receiving dental care	<input type="text"/>
Reduce % uninsured ED visits	<input type="text"/>
Reduce heart disease mortality (per 100,000)	<input type="text"/>
Reduce cancer mortality (per 100,000)	<input type="text"/>
Reduce diabetes-related emergency department visit rate (per 100,000)	GBMC has dedicated a full time geriatric nurse practitioner to go out into the community and service the healthcare needs of low income seniors within its service area.
Reduce hypertension-related emergency department visit rate (per 100,000)	GBMC has dedicated a full time geriatric nurse practitioner to go out into the community and service the healthcare needs of low income seniors within its service area.
Reduce drug induced mortality (per 100,000)	<input type="text"/>

Reduce mental health-related emergency department visit rate (per 100,000)	<input type="text"/>
Reduce addictions-related emergency department visit rate (per 100,000)	<input type="text"/>
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	<input type="text"/>
Reduce dental-related emergency department visit rate (per 100,000)	<input type="text"/>
Increase the % of children with recommended vaccinations	<input type="text"/>
Increase the % vaccinated annually for seasonal influenza	GBMC has dedicated a full time geriatric nurse practitioner to go out into the community and service the healthcare needs of low income seniors within its service area.
Reduce asthma-related emergency department visit rate (per 10,000)	<input type="text"/>

Q127. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q128. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

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

Q129. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

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

Q130. (Optional) Is there any other information about physician gaps that you would like to provide?

Q131. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q132. Upload a copy of your hospital's financial assistance policy.

Q133. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[Patient Information Sheet.pdf](#)  
253.3KB  
application/pdf

Q134. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

300% FPL or lower.

Q135. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

Between 301%-500% FPL

Q136. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

A. For each patient, the percentage of the current Federal Poverty Level ("FPL") will be calculated, based on modified adjust gross income, as defined in the Federal Poverty Guidelines, and family size. B. For patients 300% FPL or lower, GBMC will provide 100% financial assistance for Eligible Services if the patient and adult household members have Liquid Assets of \$15,000 or less. C. For patients 301%-500% FPL, GBMC will provide 50% financial assistance for Eligible Services if the patient and adult household members have Liquid Assets of \$15,000 or less. D. For patient's 501% FPL, financial assistance will not be provided by GBMC.

Q137. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

-GBMC now offer 500%FLP status (50% off of bill) if they qualify. -We no longer have renter property if over \$150,000 assets. -Patient have to be US Citizen and Maryland Resident. -Bills have to be over \$100.00 to apply.

Q138. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q139. (Optional) Please attach any files containing further information about your hospital's FAP.

Q140. You have reached the end of the questions, but you are not quite finished. When you click the button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes. Your report will not be submitted to HSCRC until you have clicked the button at the bottom of the next page, the one with all your answers.

**Location Data**

Location: [\[39.387603759766, -76.541801452637\]](#)

Source: GeolIP Estimation

**PART TWO: ATTACHMENTS**

Table III Initiative IV –Behavioral Health

<p>a. 1. Identified Need</p> <p>2. Was this identified through the CHNA process?</p>	<p>Based on data analysis, mental health and substance abuse issues emerged as important health concerns. This finding is important because these issues can be significant confounding factors for broader health issues and overall unhealthy lifestyles behaviors. The crude death rate due to suicide per 100,000 in Baltimore County is similar to the state but still much lower than the nation. However, data shows that there is a higher proportion of residents who have been diagnosed with a depressive disorder in the GBMC Service area than both the state and the nation. Further findings found that substance abuse has a much higher percentage of resident’s who engage in binge drinking. Substance abuse and alcohol abuse were both ranked as the second most pressing health issue.</p>
<p>b. Hospital Initiative</p>	<p>Mental health professionals are embedded in GBMC primary care practices to provide screening, short-term intervention, and ongoing counseling/behavioral management. Specialty outpatient psychiatric services and consultation services are provided at GBMC’s medical homes and psychiatrists also provide evaluations on inpatient and ER patients and provide post-discharge mental health support (time-limited services). Finally, patients are referred to community based programs and services for longer-term support.</p>
<p>c. Total Number of People Within the Target Population</p>	<p>54,000 screened for depression</p>
<p>d. Total Number of People Reached by the Initiative Within the Target Population</p>	<p>5,700 visits</p>
<p>e. Primary Objective of the Initiative</p>	<p>This initiative builds upon the patient-centered medical home model operating in GBMC’s primary care practices by embedding mental health professionals in the practices. In partnership with Sheppard Pratt, mental health professionals are embedded in the GBMC primary care practices, which provides for ready access to behavioral health consultants and psychiatric consultation services. The initiative also integrates behavioral health resources into the inpatient setting by providing psychiatric consultation and post-discharge mental health and community linkage support.</p>
<p>f. Single or Multi-Year Initiative –Time Period</p>	<p>Multi-year Initiative</p>
<p>g. Key Collaborators in Delivery of the Initiative</p>	<ul style="list-style-type: none"> <li>• Kolmac Clinic</li> <li>• Mosaic community services</li> <li>• Sheppard Pratt Health System</li> </ul>
<p>h. Impact/Outcome of Hospital Initiative?</p>	<p>Outcomes measures (other than the pre-/post-analysis) include:</p> <ul style="list-style-type: none"> <li>• More than 88,000 NIDA screens have been administered on more than 50,000 unique patients</li> <li>• Using the Active patient registry, patients have experienced a 29% reduction in anxiety scores and a 32% reduction in depression scores. Given system limitations, inactive patients are not included this outcome calculation, which may underestimate the full impact of the work given that “graduated patients” are categorized as an inactive.</li> </ul>

Table III Initiative IV –Behavioral Health

<p>i. Evaluation of Outcomes:</p>	<p>Successes in FY 2018 include: an increase in the volume of behavioral health and psychiatry referrals and visits; an increased rate of screening and a reduction in patient depression and anxiety; reduced inpatient, ED, and observation stay cost and utilization; increased awareness and adoption of the program among primary care and specialty providers, patients, and the community; and the successful launch of new behavioral health tracking registry available through the organization’s electronic medical record.</p>	
<p>j. Continuation of Initiative?</p>	<p>Yes.</p>	
<p>k. Total Cost of Initiative for Current Fiscal Year and What Amount is from Restricted Grants/Direct Offsetting Revenue</p>		

# GBMC

## FINANCIAL ASSISTANCE POLICY (FAP)

### I. POLICY

- A. GBMC is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for emergent and medically necessary care based on their individual financial situation.
- B. All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent/urgent services, applications for financial assistance will be completed and evaluated retrospectively and will not delay a patient from receiving care.
- C. GBMC patients, depending on their financial condition and subject to the criteria in this policy, may be eligible to receive medical assistance (Medicaid), financial assistance or extended payment plans. To be consistent in the provision of financial assistance with all members of the community, GBMC applies definitive criteria, outlined herein, when making its financial assistance determination.
- D. This policy covers all hospital facility services and services provided by GBMC physician practices/practice groups delivering emergent or medically necessary care. This policy does not cover emergent or medically necessary care provided by providers with privileges at GBMC who are not affiliated with a GBMC employed practice (see **Exhibit A** for a listing of GBMC Physician Practices and Practice Groups covered under this policy).
- E. An individual who is eligible for assistance under this policy for emergency or other medically necessary care will never be charged more than the amounts generally billed (AGB) to an individual who is not eligible for assistance.
- F. GBMC will provide access to its Financial Assistance Policy on its website and patient portal; by providing hard copies upon request and by mail free of charge; by providing notice and information about the policy on its billing statements, as part of the registration and discharge process; and, by displaying information about the policy at all hospital registration points. Upon request, GBMC will translate the policy into all primary languages of all significant patient populations in the community with limited English proficiency.

## II. DEFINITIONS

- A. Eligible Services: Services considered medically necessary may be eligible for financial assistance. Services considered elective are not eligible for financial assistance. Services for patients who incur additional out-of-pocket expenses by going out of their health insurance network, as specified by their insurance carrier, are not eligible for consideration.
- B. Liquid Assets: Cash, securities, promissory notes, stocks, bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property easily convertible to cash. A safe harbor of \$150,000 in equity in a patient's primary residence shall not be considered an asset convertible to cash. Equity in other real property shall be subject to liquidation. Liquid Assets do not include retirement assets to which the IRS has granted preferential tax treatment.

## II. PROCEDURE

### A. Application Requirements:

- 1) Self-pay patients who are scheduled for non-emergency surgery must complete a financial assistance application prior to the scheduled procedure or be required to pay a deposit prior to the surgery.
- 2) Patients meeting eligibility criteria for medical assistance (Medicaid) must apply and be determined ineligible prior to GBMC's financial assistance consideration.
- 3) GBMC requires patients to submit a Maryland Uniform Financial Assistance Application (**Exhibit B**) and any of the applicable documentation listed on the financial assistance application letter (**Exhibit C**) or otherwise requested by GBMC that applies to the patient and other adult members of the household, including but not limited to:
  - 2 most recent paystubs for patient and any other person whose income is considered part of the family income, as defined by Medicaid regulations;
  - A copy of patient's Federal Income Tax Return (if married and filing separately, then a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income, as defined by Medicaid regulations);
  - A copy of patient's or household member's Social Security award letter, if applicable;
  - A copy of patient's Medical Assistance determination letter, if applicable
  - Proof of disability income, if applicable;
  - If unemployed, proof of unemployment (e.g. Statement from the Office of Unemployment Insurance);

- Proof of citizenship and Maryland residence;
- Relevant statements regarding Liquid Assets.

B. Review Process:

- 1) To qualify for financial assistance, in any form, a patient must supply all requested documentation and proof to the requesting GBMC Collection Manager or Financial Assistance Coordinator. Failure to supply requested information or documentation within fifteen (15) days of the date of a request from GBMC may result in a patient's ineligibility for financial assistance.
- 2) Each patient must agree to a credit bureau report as a condition of consideration for financial assistance.
- 3) If a patient is approved for financial assistance or a payment plan, he/she will receive a financial assistance award letter. If a patient is denied financial assistance, he/she will receive a denial letter to the address listed in the financial assistance application.
- 4) Patients have the right to request an appeal of any denial by responding to the denial letter within fifteen (15) days of the date of the denial letter. Appeals will be reviewed by the Director of Patient Financial Services, who will review the documentation submitted and make a determination based on this policy's criteria. The Director of Patient Financial Services' decision is final and patients who appeal an initial determination will receive a final appeal determination letter thirty days prior to any additional collection efforts.
- 5) Financial assistance awards apply to all open accounts at the time of the financial assistance award and are valid for six months from the date of the financial assistance award for non-Medicare patients and for one year for Medicare patients.
- 6) Patients with open accounts less than \$100 in totality are not eligible for financial assistance.
- 7) Accounts previously sent to GBMC's Collections Department and written-off as bad debt will not be eligible for financial assistance and will remain bad debt.

- C. Collection Efforts: The billing cycle will initiate fifteen 15 days after date of the denial letter. Three (3) billings statements are sent in 30-day intervals in attempt to collect the outstanding amounts. If there is no collection or payment arrangements made, the outstanding amounts are sent to a collection agency. If a patient files for bankruptcy during the financial assistance application process,

award period, or during any collection efforts, the patient has a duty to promptly notify the GBMC Collection Manager in writing of such action.

### **III. FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA**

- A. For each patient, the percentage of the current Federal Poverty Level (“FPL”) will be calculated, based on modified adjust gross income, as defined in the Federal Poverty Guidelines, and family size.
- B. For patients 300% FPL or lower, GBMC will provide 100% financial assistance for Eligible Services if the patient and adult household members have Liquid Assets of \$15,000 or less.
- C. For patients 301%-500% FPL, GBMC will provide 50% financial assistance for Eligible Services if the patient and adult household members have Liquid Assets of \$15,000 or less.
- D. For patient’s 501% FPL, financial assistance will not be provided by GBMC.

### **IV. EXCLUSION CRITERIA**

- A. Uninsured and under-insured patients who do not meet the financial assistance criteria.
- B. Patients who have insurance and chose self-pay for Eligible Services.
- C. Patients seeking assistance for non-medically necessary services, including cosmetic procedures.
- D. Non-United States citizens and non-Maryland residents.
- E. Patients who are non-compliant with enrollment for publicly funded healthcare programs, charity care programs and other forms of financial assistance.
- F. Patients who fail to provide accurate and complete financial information within the time frames stated in this FAP.

### **V. ASSUMPTIVE FINANCIAL ASSISTANCE**

Assumptive Financial Assistance is a program run in partnership with the TransUnion credit reporting agency. Self-pay accounts for Maryland residents are referred to TransUnion, who utilizes a proprietary credit scoring system to determine the likelihood and ability to pay based on estimated income and family size. The results from the TransUnion credit score are compared to GBMC’s Financial

Assistance eligibility criteria and a decision is made to write off or to pursue collection on certain accounts.

## **VI. PAYMENT PLANS**

- A. If a patient does not qualify for financial assistance, he/she may request a payment plan of equal monthly payments to pay the balance in full over a maximum of eighteen (18) months, with minimum monthly payments no less than twenty-five (\$25) dollars per month.
- B. Payment plans are not available for outstanding accounts less than \$100.
- C. If approved for a payment plan, a patient is set up under a contract in GBMC's medical record system, Epic, and monthly statements will be generated and sent to the patient, indicating the monthly payment amount, due date and balance.
- D. Failure to pay under a payment plan by the due date will result in termination of the payment plan and the delinquent account will be sent to the GBMC Collection Manager for collection efforts after a final demand letter is sent and thirty days (30) from the date of the demand letter have passed.

## Exhibit A

### Listing of GBMC Practices

#### Services Provided in Practices are Covered under the FAP

GBMC Health Partners Medicine Intensivist  
GBMC Health Partners Gastroenterology Clinical Practice  
GBMC Health Partners Pulmonary Medicine  
GBMC Health Partners Sleep Medicine at GBMC  
GBMC Health Partners Infectious Disease  
GBMC Health Partners Center for Neurology  
GBMC Health Partners Medicine Hospitalist  
GBMC Health Partners Internal Med Faculty Practice  
GBMC Health Partners Clinical Genetics  
GBMC Health Partners Thoracic Surgeons  
GBMC Health Partners Medical Oncology  
GBMC Health Partners Dr. Schnaper Clinical Practice  
GBMC Health Partners Joppa Road Practice  
GBMC Health Partners GBMC Medicine for Adults  
GBMC Health Partners Perry Hall  
GBMC Health Partners Texas Station Clinical Practice  
GBMC Health Partners Jarrettsville  
GBMC Health Partners Care Coordination  
GBMC Health Partners Family Care at OM  
GBMC Health Partners Family Care Clinical Practice  
GBMC Health Partners Outreach - Hunt Manor  
GBMC Health Partners Medicine - Owings Mills  
GBMC Health Partners Clinical Practice - Hunt Valley  
GBMC Health Partners Palliative Medicine  
GBMC Health Partners Community Benefit Senior Outreach  
GBMC Health Partners Geriatric Practice  
GBMC Health Partners Bariatric Surgery  
GBMC Health Partners Neurosurgical Clinical Practice  
GBMC Health Partners Finney Trimble  
GBMC Health Partners Ophthalmology Clinic  
GBMC Health Partners Ortho Spec of MD at GBMC  
GBMC Health Partners Vein Center  
GBMC Health Partners Hoover Low Vision  
GBMC Health Partners Ophthalmology Residency  
GBMC Health Partners Clinical Practice Ophthalmology  
GBMC Health Partners Cochlear Implant Program

GBMC Health Partners OB/GYN Practice  
GBMC Health Partners GYN Oncology CP  
GBMC Health Partners Perinatal Associates  
GBMC Health Partners Women's Diagnostic Clinic  
GBMC Health Partners Pediatric Associates  
GBMC Health Partners NICU Hospitalists  
GBMC Health Partners Pediatrics Hospitalists  
GBMC Health Partners OB Hospitalists  
GBMC Health Partners Dr. Hinton Clinical Practice  
GBMC Health Partners Pre-Natal Diagnostic Program  
GBMC Health Partners GYN Clinical Practice  
GBMC Health Partners Dr. Hebb Practice  
GBMC Health Partners Dr. Doran Clinical Practice  
GBMC Health Partners Community Benefit Services  
GBMC Health Partners Chesapeake Urology Infusion  
GBMC Health Partners HSCRC Transformation Grant  
GBMC Health Partners Wound Care Center  
GBMC Health Partners Hyperbaric Oxygen Unit  
GBMC Health Partners Outpatient Rehab Medicine  
GBMC Health Partners Electrocardiology  
GBMC Health Partners Medical Residency Program  
GBMC Health Partners Diabetes Center  
GBMC Johns Hopkins Voice Center  
GBMC Johns Hopkins Head and Neck Surgery  
GBMC Health Partners Otolaryngology Clinic  
GBMC Health Partners GBMC Mid-Level Providers  
GBMC Health Partners Hearing and Speech  
GBMC Health Partners Pre-Surgical Testing  
GBMC Health Partners ENT Residency  
GBMC Health Partners OB Clinic

## Maryland State Uniform Financial Assistance Application

### Information About You

Name:      
*First Middle Initial Last*

Social Security Number  -  -  Marital Status:  Single  Married  Separated

US Citizen:  Yes  No Permanent Resident:  Yes  No

Home Address:        
*City State Zip code Country* Home Phone:   -   
*(Area Code) ### - ####*

Employer Name & Address:      
*Employer Name Street Address City State Zip code* Work Phone:   -   
*(Area Code) ### - ####*

### Household Members:

Name	Age	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you applied for Medical Assistance  Yes  No

If yes, what was the date you applied? / /  (MM/DD/YYYY)

If yes, what was the determination?

Do you receive any type of state or county assistance?  Yes  No

Hospital Name  
Return Address

**I. Family Income**

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	<u>Monthly Amount</u>
Employment	
Retirement/pension benefits	
Social security benefits	
Public assistance benefits	
Disability benefits	
Unemployment benefits	
Veterans benefits	
Alimony	
Rental property income	
Strike benefits	
Military allotment	
Farm or self employment	
Other income source:	
<b>Total</b>	

**II. Liquid Assets**

	<u>Current Balance</u>
Checking account	
Savings account	
Stocks, bonds, CD, or money market	
Other accounts	
<b>Total</b>	

**III. Other Assets**

If you own any of the following items, please list the type and approximate value.

Home :	Loan Balance: _____	Approximate value: _____
Automobile:	Make: _____ Year: _____	Approximate value: _____
Additional vehicle:	Make: _____ Year: _____	Approximate value: _____
Additional vehicle:	Make: _____ Year: _____	Approximate value: _____
Other property:	_____	Approximate value: _____
		<b>Total</b> _____

**IV. Monthly Expenses**

	<u>Amount</u>
Rent or Mortgage	
Utilities	
Car payment(s)	
Credit card(s)	
Car insurance	
Health insurance	
Other medical expenses	
Other expenses	
<b>Total</b>	

Do you have any other unpaid medical bills?  Yes  No

For what service? \_\_\_\_\_

If you have arranged a payment plan, what is the monthly payment? \_\_\_\_\_

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

Applicant signature

Date

Relationship to Patient



**Due back on or before:** \_\_\_\_\_

## **PATIENT INFORMATION SHEET AND FULLFILLMENT REQUIREMENTS**

**Thank you for inquiring about our Financial Assistance Program.** Everyone is eligible to apply. The Financial Assistance Application you have been given will need to be completed and returned to us.

**Please provide any of the following information that applies to your situation:**

- 2 recent pay stubs for each family member 18 years or older, including date of hire  
**Please note your status on your pay stubs (full time, part time, number of hours per week)**  
**Please also note how you are paid (weekly, bi-weekly or bi-monthly)**
- 2 most recent unemployment insurance pay stubs
- A copy of your most recent income tax returns (**Federal and State**) with W2's (**all pages**)
- A copy of your current Social Security Award Letter
- A copy of your Medical Assistance/Food Stamps or Cash Assistance denial or approval letter
- A complete copy of your 2 most recent checking and savings account statements (**all pages**)  
**Bank statements must include account holder name(s), account number(s) and daily balance(s)**
- A copy of your 2 most recent investment statements (Money Market, CD, Stocks etc.)
- A letter of hardship, briefly explaining your need for financial assistance
- If you do not have any income, a notarized letter from the person providing your support is required - depending upon the situation additional information may be requested

**Failure to return the above information that is applicable to your situation may prevent us from considering your Financial Assistance application. Please explain in your letter of hardship your reason for not supplying any of the above information.**

The attached "Medical Assistance Screening Check List" also needs to be completed. This document helps us to determine if you may be eligible for additional programs. Please make sure you sign and date your application; and return your application to the address shown above.

Representatives are available Monday through Friday, from 8:00 AM to 5:00 PM. Please feel free to contact us at (443) 849-2450 (press 1) or at (800) 626-7766 (press 1). **We look forward to assisting you with your application process.**

Sincerely,

The Patient Financial Services Department

**GBMC**  
**6701 North Charles Street**  
**Baltimore, MD 21204**

**PERMISSIONS / ACKNOWLEDGEMENTS – Page 1 of 4**

***USE AND DISCLOSURE OF HEALTH INFORMATION*** – I authorize GBMC Healthcare and independent physicians or other practitioners providing services by or in the Health System to disclose any health information related to this hospitalization for my treatment as well as use of routine Health System operations and payment for services and associate care. I further authorize release of health information pertaining to this hospitalization to other health care providers for continuing care and treatment.

***HEALTH INFORMATION EXCHANGES*** – We participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a state-wide health information exchange. As permitted by law, your health information will be shared among several health care providers or other health care entities in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. This means we may share information we obtain or create about you with outside entities (such as doctors’ offices, labs, or pharmacies) or we may receive information they create or obtain about you (such as medical history or billing information) so each of us can provide better treatment and coordination of your healthcare services. You may “opt-out” and prevent searching of your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Even if you opt-out, a certain amount of your information will be retained by CRISP and your ordering or referring physicians, if participating in CRISP, may access diagnostic information about you, such as reports of imaging and lab results.

***ASSIGNMENTS OF INSURANCE BENEFITS AND THIRD PARTY CLAIMS*** – I hereby authorize payment directly to GBMC Healthcare of hospital benefits otherwise payable to me, including major medical insurance benefits, PIP benefits, sick benefits, or injury benefits due because of any insurance policy and the proceeds of all claims resulting from the liability of the third party payable by any person, employer, or insurance company to or for the patient unless the account is paid in full upon discharge. I also authorize payment of surgical or medical, including major medical benefits, directly to attending physicians, but not to exceed charges for these services. I understand that I am financially responsible to the hospital and physicians for charges, whether or not covered by this assignment. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney’s fees and collection expense. All delinquent accounts may bear interest at the legal rate. I further authorize refund of overpaid insurance benefits in accordance with my policy conditions where my coverages are subject to coordination of benefits clause. I understand that I am responsible for any deductibles, coinsurance, or co-payments associated with my policy to include Point of Service (POS), Preferred Provider Organization (PPO), “opt-out” plan, “out-of-network” preferred, and indemnity benefits and for payment of services not covered under my policy or those services I elect to receive if denied for coverage by my insurer. I will contact my insurer or Health Advocacy Unit of the Attorney General’s Office to learn how to appeal adverse decisions made by my insurer.

**PERMISSIONS / ACKNOWLEDGEMENTS – Page 2 of 4**

***MEDICARE/MEDICAID PATIENT CERTIFICATION (for Medicare/Medicaid patients only) –***

I certify that the information given by me in applying for payment under TITLE XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare or Medicaid claim. I request that payment of authorized benefits be made on my behalf.

**I understand that I have been instructed to leave all valuables at home, give such valuables to a friend or family member, or if that is not possible, to deposit such valuables with the GBMC Security Office. I understand that I am responsible for safekeeping such items as eyeglasses, dentures, or hearing aides, or any of my property while it is in my possession or under my control. I release the hospital from any responsibility for loss of any item not deposited with the Security Office.**

Has the patient received the Notice of Privacy Practices?

Yes

No

Reason no NOPP given:

Newborn

Patient Unable to Accept

***PATIENT FINANCIAL POLICY***

We are committed to providing you with quality and affordable health care. You are receiving this information because under Maryland law, GBMC must have a financial assistance policy and must inform you that you may be entitled to receive financial assistance for the cost of medically necessary hospital services if you have a low income, do not have insurance or your insurance does not cover your medically necessary hospital care and you have a low income.

**Hospital Financial Assistance Policy:**

- GBMC provides emergency and urgent care to all patients regardless of ability to pay.
- GBMC offers several programs to assist patients who are experiencing difficulty paying their hospital bills.
- GBMC complies with Maryland's legal requirement to provide financial assistance based on income level and family size.
- GBMC Patient Representatives are available to assist you with the application process

(see contact information on page 4), or you may access an application by going to <http://www.gbmc.org/> (go to the Patient & Visitors Tab and then click Financial Support).

**PERMISSIONS / ACKNOWLEDGEMENTS – Page 3 of 4**

**Patient Rights:**

- Those patients that meet the financial assistance policy criteria described above may receive assistance from the hospital in paying their bill.
- If you believe you have wrongly been referred to a collection agency, you have the right to contact the hospital to request assistance (see contact information on page 4).

- You may be eligible for Maryland Medical Assistance a program funded jointly by the state and federal governments (see **contact information on page 4**).

### **Patients' Obligations:**

- For those patients with the ability to pay their hospital bill, it is the obligation of the patient to pay the hospital in a timely manner.
- GBMC makes every effort to see that patient accounts are properly billed. It is your responsibility to provide correct insurance information.
- If you do not have health coverage, we expect you to pay the bill in a timely manner. If you believe that you may be eligible under GBMC's financial assistance policy, or if you cannot afford to pay the bill in full you should contact the Patient Financial Services department promptly to discuss this matter (see **contact information on page 4**).
- If you fail to meet your financial obligations for services received, you may be referred to a collection agency. In determining whether a patient is eligible for free, reduced cost care, or a payment plan, it is the obligation of the patient to provide accurate and complete financial information. If your financial position changes, you have an obligation to promptly contact Patient Financial Services to provide update/corrected information (see **contact information on page 4**).

**Insurance:** We participate in most insurance plans, including Medicare. Please remember to always bring your insurance card with you when you come for a visit.

- **Co-payments and deductibles** - All co-payments and deductibles must be paid at the time of service. This arrangement may be part of your contractual agreement with your insurance company. Please assist us by being prepared to submit your co-payment for each visit.
- **Referrals/Authorizations/Pre-certifications** -You may be responsible for obtaining precertification, submitting a referral and/or authorization prior to being seen, if required by your insurance carrier (except Medicare). Please obtain your pre-certification, referral and/or authorization from your primary care physician and submit at the time of service.
- You may also be responsible for tracking your referrals (number of remaining visits and expiration date). Please obtain additional or new referrals as necessary.
- **Non-covered services** – Some, and perhaps all of the services you receive may be noncovered or not considered reasonable or necessary by your insurance company. Please contact your insurance company with any questions you may have regarding coverage. If your insurance does not cover the service it does not necessarily mean that you do not need the service. Your physician will explain why he or she thinks that you can benefit from a service or procedure. If you elect to receive the non-covered service, you will be financially responsible.

### **PERMISSIONS / ACKNOWLEDGEMENTS – Page 4 of 4**

- **Medicare patients** – If we believe you are receiving a service that Medicare considers not reasonable or necessary for your condition, you will be notified in writing on a form called an Advance Beneficiary Notice of Non-coverage (ABN). This will provide you with the opportunity to decide if you will proceed with the service ordered. This process is required by Medicare and preserves your right to appeal Medicare's decision.
- **Claims submission** – We will submit your claim(s) and assist in any way we reasonably can to ensure claim payment. Your insurance company may require you to supply certain information directly. The

balance of your claim is your responsibility regardless of your insurance company payment and GBMC is not party to that contract.

- **Coverage changes** – Please notify us before your next visit of any coverage changes so that we may assist you in maximizing your benefits.

- **Acceptable forms of payment** – We accept personal checks, money orders, Visa, MasterCard, Discover, American Express and we offer payment plans.

**Physician Services:**

**Physician services provided during your stay will be billed separately and are not included on your hospital billing statement. Depending upon your treatment plan, you may receive separate bills for all services rendered including but not limited to, GBMC, the physician treating you, Charles Emergency Physicians, Advanced Radiology, Physicians Anesthesia Associates, Radiation Oncology Healthcare, Greater Baltimore Pathology Associates, Pediatric Physicians, etc.**

**Contact Information:**

- **GBMC Patient Representatives are available Monday through Friday, from 8:00 a.m. to 6:00 p.m., at (443) 849-2450, option 1, or at 1-800-626-7766, option 1.**

- Our representatives can assist you with applying for Maryland Medical Assistance or you may also obtain information about or apply for Maryland Medical Assistance by contacting your local Department of Social Services by phone at 1-800-332-6347; TTY: 1-800-925-4434; or on the Internet at [www.dhr.state.md.us](http://www.dhr.state.md.us).

I have read and understand in its entirety the information provided in this document and agree to follow its guidelines.

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**Signature of Patient or Responsible Party Date**

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**Relationship to Patient  
(if signed by person other than the patient)**

## **PART THREE: AMENDMENTS**

## Question

(Question 49) In the part of the narrative that lists CHNA needs identified, an item appears under “Other” which appears to be a program (RUN GBMC for Obesity and the SAFE Program). Could you clarify what needs these programs address and that they do not fit into an existing category?

## Answer

We were just restating the initiatives. Please see attachment 1

## Question

(Question 43) In describing staff involvement in the CHNA process, the narrative reports that “Senior Executives (facility level)” were not involved but in Question 53, they do not exist. Similarly, both the “Community Benefit Task Force” and “Hospital Advisory Board” were involved in the CHNA process in Question 43, but do not exist under Question 53. Please clarify the status of these staff and departments.

## Answer

See attachments 2 & 3

## Question

(Question 71) In Initiative 1, one of the needs selected was not listed in the CHNA section. Did you intend to add “Seniors who are home bound” as an identified CHNA need in Question 49?

## Answer

Yes, this need was identified in our secondary data profile for 2018

## Question

(Question 81) Also in Initiative 1, the kind of evidence used to evaluate effectiveness included “Other – pre- and post-analysis of ED visits...” Did you intend to select the box for “Effects on healthcare utilization or cost?”

## Answer

Please select box Effects on healthcare utilization or cost

## Question

(Question 117) The kind of evidence used to evaluate Initiative 3 included the number of participants, but listed the measure under “other.” Did you intend to check the “Count of participants/encounters” box?

## Answer

Please select box Count of participants/encounters

Start of Block: Section II - CHNA Part 3 - Follow-up

Q43 Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

Yes (1)

No (2)

**Display This Question:**

*If Has your hospital adopted an implementation strategy following its most recent CHNA, as required... = Yes*

Q44 Please enter the date on which the implementation strategy was approved by your hospital's governing body.

\_\_\_\_\_

**Display This Question:**

*If Has your hospital adopted an implementation strategy following its most recent CHNA, as required... = Yes*

Q45 Please provide a link to your hospital's CHNA implementation strategy.

\_\_\_\_\_

**Display This Question:**

*If Has your hospital adopted an implementation strategy following its most recent CHNA, as required... = No*

Q46 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.

\_\_\_\_\_

Q47 Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

Access to Health Services: Health Insurance (1)

Access to Health Services: Practicing PCPs (2)

Access to Health Services: Regular PCP Visits (3)

Access to Health Services: ED Wait Times (4)

Adolescent Health (5)

Arthritis, Osteoporosis, and Chronic Back Conditions (6)

Blood Disorders and Blood Safety (7)

Cancer (8)

Chronic Kidney Disease (9)

Community Unity (10)

Dementias, Including Alzheimer's Disease (11)

Diabetes (12)

Disability and Health (13)

Educational and Community-Based Programs (14)

Emergency Preparedness (15)

Environmental Health (16)

Family Planning (17)

Food Safety (18)

Genomics (19)

Global Health (20)

Health Communication and Health Information Technology (21)

Health-Related Quality of Life & Well-Being (22)

Hearing and Other Sensory or Communication Disorders (23)

Heart Disease and Stroke (24)

HIV (25)

Immunization and Infectious Diseases (26)

Injury Prevention (27)

Lesbian, Gay, Bisexual, and Transgender Health (28)

Maternal & Infant Health (29)

Mental Health and Mental Disorders (30)

Nutrition and Weight Status (31)

Older Adults (32)

Oral Health (33)

Physical Activity (34)

Preparedness (35)

Respiratory Diseases (36)

Sexually Transmitted Diseases (37)

Sleep Health (38)

Social Determinants of Health (39)

Substance Abuse (40)

Telehealth (41)

Tobacco Use (42)

Violence Prevention (43)

Vision (44)

Wound Care (45)

Other (specify) (46) \_\_\_\_\_

Q48 Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

---

Q49 (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Start of Block: Section II - CHNA Part 2 - Participants

Q41 Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										Other - If you selected "Other (explain)," please type your explanation below: (1)
	N/A - Person or Organization was not involved (1)	N/A - Position or Department does not exist (2)	Member of CHNA Committee (3)	Participated in development of CHNA process (4)	Advised on CHNA best practices (5)	Participated in primary data collection (6)	Participated in identifying priority health needs (7)	Participated in identifying community resources to meet health needs (8)	Provided secondary health data (9)	Other (explain) (10)	
CB/Community Health/Population Health Director (facility level) (1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB/Community Health/Population Health Director (system level) (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Senior Executives (CEO, CFO, VP, etc.) (facility level) (3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Senior Executives (CEO, CFO, VP, etc.) (system level) (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Board of Directors or Board Committee (facility level) (5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Board of Directors or Board Committee (system level) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Clinical Leadership (facility level) (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Leadership (system level) (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Population Health Staff (facility level) (9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	













Faith-Based Organizations (12)	<input type="checkbox"/>																		
School - K-12 -- Please list the schools here: (13)	<input type="checkbox"/>																		
School - Colleges and/or Universities -- Please list the schools here: (14)	<input type="checkbox"/>																		
School of Public Health -- Please list the schools here: (15)	<input type="checkbox"/>																		
School - Medical School - Please list the schools here: (16)	<input type="checkbox"/>																		
School - Nursing School - Please list the schools here: (17)	<input type="checkbox"/>																		
School - Dental School -- Please list the schools here: (18)	<input type="checkbox"/>																		
School - Pharmacy School -- Please list the schools here: (19)	<input type="checkbox"/>																		
Behavioral Health Organizations -- Please list the organizations here: (20)	<input type="checkbox"/>																		
Social Service Organizations -- Please list the organizations here: (21)	<input type="checkbox"/>																		
Post-Acute Care Facilities -- please list the facilities here: (22)	<input type="checkbox"/>																		
Community/Neighborhood Organizations -- Please list the organizations here: (23)	<input type="checkbox"/>																		
Consumer/Public Advocacy Organizations -- Please list the organizations here: (24)	<input type="checkbox"/>																		
Other -- If any other people or organizations were involved, please list them here: (25)	<input type="checkbox"/>																		