



The MARYLAND  
HEALTH SERVICES COST REVIEW COMMISSION

**University of Maryland**  
**Rehabilitation & Orthopaedic Institute**

FY 2018 Community Benefit Narrative Report

**PART ONE: ORIGINAL NARRATIVE SUBMISSION**

Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

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

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

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

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

Q3. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: UM Rehabilitation & Orthopaedic Institute	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210058	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called University of Maryland Medical System.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital was licensed for 3 beds during FY 2018.	<input type="radio"/>	<input checked="" type="radio"/>	137 Beds
Your hospital's primary service area includes the following zip codes: 21043, 21117, 21122, 21133, 21136, 21201, 21206, 21207, 21208, 21213, 21215, 21216, 21217, 21218, 21223, 21225, 21227, 21228, 21229, 21230, 21244	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital shares some or all of its primary service area with the following hospitals: Bon Secours Baltimore Health System, Greater Baltimore Medical Center, Howard County General Hospital, Johns Hopkins Bayview Medical Center, Johns Hopkins Hospital, Lifebridge Levindale Hebrew Geriatric Center and Hospital of Baltimore, Inc., Lifebridge Northwest Hospital, Lifebridge Sinai Hospital, MedStar Harbor Hospital, MedStar Union Memorial Hospital, Mercy Medical Center, Saint Agnes Hospital, UMMC Midtown Campus, UM St. Joseph Medical Center, University of Maryland Baltimore Washington Medical Center, University of Maryland Medical Center	<input checked="" type="radio"/>	<input type="radio"/>	

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

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

Baltimore City 2017 Neighborhood Health Profiles (Baltimore City Health Department), Maryland State Health Improvement Process (SHIP), 2018 Healthy Food Priority Areas Map (JH Bloomberg School of PH), CDC Disability Statistics, 2017 Disability Statistics and Annual Report

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

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

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

- Allegany County
- Anne Arundel County
- Baltimore City
- Charles County
- Dorchester County
- Frederick County
- Prince George's County
- Queen Anne's County
- Somerset County

- Baltimore County
- Calvert County
- Caroline County
- Carroll County
- Cecil County

- Garrett County
- Harford County
- Howard County
- Kent County
- Montgomery County

- St. Mary's County
- Talbot County
- Washington County
- Wicomico County
- Worcester County

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

This question was not displayed to the respondent.

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

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

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

- |                                |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 21201 | <input 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 |                                |                                |                                |

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

- |                                 |                                |                                |                                |
|---------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 21013  | <input type="checkbox"/> 21093 | <input type="checkbox"/> 21153 | <input type="checkbox"/> 21221 |
| <input type="checkbox"/> 21030  | <input type="checkbox"/> 21111 | <input type="checkbox"/> 21155 | <input type="checkbox"/> 21222 |
| <input type="checkbox"/> 21031  | <input 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 type="checkbox"/> 21204 | <input type="checkbox"/> 21234 |
| <input type="checkbox"/> 21057  | <input type="checkbox"/> 21131 | <input type="checkbox"/> 21207 | <input 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 type="checkbox"/> 21286 |

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

- |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 20701 | <input type="checkbox"/> 21036 | <input type="checkbox"/> 21104 |
| <input type="checkbox"/> 20723 | <input type="checkbox"/> 21042 | <input type="checkbox"/> 21163 |
| <input type="checkbox"/> 20759 | <input type="checkbox"/> 21043 | <input type="checkbox"/> 21171 |
| <input type="checkbox"/> 20763 | <input type="checkbox"/> 21044 | <input type="checkbox"/> 21723 |
| <input type="checkbox"/> 20777 | <input type="checkbox"/> 21045 | <input type="checkbox"/> 21737 |
| <input type="checkbox"/> 20794 | <input type="checkbox"/> 21046 | <input type="checkbox"/> 21738 |
| <input type="checkbox"/> 20833 | <input type="checkbox"/> 21075 | <input type="checkbox"/> 21794 |
| <input type="checkbox"/> 21029 | <input type="checkbox"/> 21076 | <input type="checkbox"/> 21797 |

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

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

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

Based on patterns of utilization. Please describe.

Top areas (Baltimore City and 3 counties - Anne Arundel, Baltimore and Howard) served with disabled adults

Other. Please describe.

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

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

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

<https://www.umms.org/rehab/about/mission-vision>

Q37. Is your hospital an academic medical center?

- Yes
- No

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

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

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

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

- Yes
- No

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

This question does not display to the respondent.

Q43. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

06/25/2012

Q44. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

05/24/2018

Q45. Please provide a link to your hospital's most recently completed CHNA.

<https://www.umms.org/rehab/-/media/files/um-rehab/community/community-health-needs-assessment/2018-um-rehab-community-health-needs-assessment-executive-report.pdf?upd=20180626144936&la=en&hash=747A6102481C1E522B690C85E8B579B72369FA62>

Q46. Did you make your CHNA available in other formats, languages, or media?

- Yes
- No

Q47. Please describe the other formats in which you made your CHNA available.

Online, paper

**Q48. Section II - CHNA Part 2 - Participants**

Q49. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

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

	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)	
Board of Directors or Board Committee (system 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:
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system 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:
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"/>	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system 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:
Community Benefit staff (facility level)	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system 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:
Physician(s)	<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:
Nurse(s)	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	<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"/>	
Community Benefit Task Force	<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 checked="" type="checkbox"/>	CB staff were involved but a Task Force doesn't exist
Hospital Advisory Board	<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 (specify) Rehabilitation Staff/Professionals	<input type="checkbox"/>	<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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:

Q50. Section II - CHNA Part 2 - Participants (continued)

Q51. 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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: UMMC, JHH, St Agnes, Sinai, Mercy, Medstar	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local Health Department -- Please list the Local Health Departments here: Baltimore City Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local Health Improvement Coalition -- Please list the LHICs 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"/>	<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"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:





	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community/Neighborhood Organizations -- Please list the organizations here: Forest Park Action Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consumer/Public Advocacy Organizations -- Please list the organizations here: AHA, ADA, Green & Healthy Homes,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other -- If any other people or organizations were involved, please list them here: Focus groups of disabled adults and seniors	<input type="checkbox"/>	<input type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Q52. Section II - CHNA Part 3 - Follow-up

Q53. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes  
 No

Q54. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

5/24/2018

Q55. Please provide a link to your hospital's CHNA implementation strategy.

<https://www.umms.org/rehab/-/media/files/um-rehab/community/community-health-needs-assessment/2018-um-rehab-community-health-needs-assessment-executive-report.pdf?upd=20180626144936&la=en&hash=747A6102481C1E522B690C85E8B579B72369FA62>

Q56. 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 area not displayed to the respondent.

Q57. 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 checked="" type="checkbox"/> Older Adults       |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs             | <input type="checkbox"/> Food Safety  | <input checked="" type="checkbox"/> Oral Health        |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits          | <input type="checkbox"/> Genomics   | <input checked="" type="checkbox"/> Physical Activity  |
| <input 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 checked="" type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Blood Disorders and Blood Safety                       | <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders   | <input type="checkbox"/> Sleep Health                  |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Heart Disease and Stroke                               | <input type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Chronic Kidney Disease                                 | <input type="checkbox"/> HIV  | <input checked="" type="checkbox"/> Substance Abuse    |
| <input type="checkbox"/> Community Unity  | <input type="checkbox"/> Immunization and Infectious Diseases                   | <input type="checkbox"/> Telehealth                    |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease               | <input type="checkbox"/> Injury Prevention                                      | <input type="checkbox"/> Tobacco Use                   |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health         | <input type="checkbox"/> Violence Prevention           |
| <input checked="" type="checkbox"/> Disability and Health                       | <input type="checkbox"/> Maternal & Infant Health                               | <input type="checkbox"/> Vision                        |
| <input checked="" type="checkbox"/> Educational and Community-Based Programs    | <input checked="" type="checkbox"/> Mental Health and Mental Disorders          | <input type="checkbox"/> Wound Care                    |

Emergency Preparedness

Nutrition and Weight Status

Other (specify)  
Unemployment,  
Poverty,  
 Transportation  
issues for the  
disabled,  
homelessness

Environmental Health

Q58. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

The needs and priorities were very similar to the FY15 CHNA. The unique needs of the adult disabled population continue (Transition to the Community, Quality of Life – Active Lifestyle, Quality of Life – Social Support). However, the need for access to healthy food, physical activity options and transportation were cited slightly more. While the overall community needs of mental health and substance abuse were present in prior CHNAs, these needs were emphasized at a much higher level than in the past.

Q59. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q60. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

### Q61. Section III - CB Administration Part 1 - Participants

Q62. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

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



Hospital Advisory Board	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other (specify) Rehabilitation and Dental Staff	<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 checked="" 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	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:

Q63. Section III - CB Administration Part 1 - Participants (continued)

Q64. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities										Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: UMMC	<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"/>	<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 Health Department -- Please list the Local Health Departments 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:
Local Health Improvement Coalition -- Please list the LHICs 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:
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"/>		
	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 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"/>		
	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 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"/>		
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	<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 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:



	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:
Behavioral Health 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"/>	
Social Service Organizations -- Please list the organizations here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Acute Care Facilities -- please list the facilities 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"/>	
Community/Neighborhood 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"/>	
Consumer/Public Advocacy 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"/>	
Other -- If any other people or organizations were involved, please list them here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Q65. Section III - CB Administration Part 2 - Process & Governance

Q66. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

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

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

- Yes
- No

Q68. Please describe the community benefit narrative review process.

After completion, the UM Rehab CEO reviews the report, then it is reviewed by the UMMS Senior Vice President for Government and Regulatory Affairs and Community Health together with the Director, Community Health Improvement for accuracy and completion. The report then goes to the UM Rehab Board of Directors for review and approval.

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

- Yes
- No

Q70. Please explain:

This question was not displayed to the respondent.

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

- Yes
- No

Q72. Please explain:

This question was not displayed to the respondent.

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

- Yes
- No

Q74. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

As part of the strategic plan, which is conducted every 5 years, an annual operating plan is developed with several sources of data and input from multiple stakeholders. We focus on the programs that we offer, needs that are not being met, and barriers to service. For example, a program has been developed around limb loss which includes clinical programming as well as adaptive sports activities, support groups, and professional and patient education.

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

Q76. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q77. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q78. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

## Q79. Section IV - CB Initiatives Part 1 - Initiative 1

Q80. Name of initiative.

Adapted Sports Program

Q81. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q82. 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                     |

- 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
- 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
- Mental Health and Mental Disorders
- Nutrition and Weight Status
- 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.

Q83. When did this initiative begin?

2010

Q84. 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. 

This initiative provides a unique program which engages disabled adults through education, physical activity, and social engagement. This program is an ongoing initiative, because there are no other similar programs for disabled adults in the Baltimore Metropolitan area.

Q85. Enter the number of people in the population that this initiative targets.

Estimated 9% of adults (18-64 yrs) are disabled living in CBSA

Q86. Describe the characteristics of the target population.

Adults over 18 years with some type of physical disability (amputee, paralysis, etc) living in Baltimore City and Baltimore County

Q87. How many people did this initiative reach during the fiscal year?

506 participants

Q88. 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.

Q89. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Baltimore City Parks & Rec Department, Baltimore County Parks & Rec Department, US Paralympic Committee, Forest Park Golf Course

No.

Q90. Please describe the primary objective of the initiative.

The Adapted Sports Program maximizes participation for individuals with physical disabilities in adapted recreational and competitive sports in order to promote independence, self confidence, and improved health and well-being through structured individual and team sports. 1) Increase physical activity 2) Increase awareness & benefits of adapted sports for disabled adults 3) Increase self-reported quality of life of disabled adults

Q91. Please describe how the initiative is delivered.

During the Adapted Sports Festival, a number of sports are offered including wheelchair basketball, tennis clinics, adapted golf, and wheelchair rugby.

Q92. 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

Q93. Please describe the outcome(s) of the initiative.

80% of participants reported learning about the benefit of physical and psychosocial health as a result of participating in the Adapted Sports Program. Also, 70% of participants reported that they have experienced some type of health benefit as a result of participation.

Q94. Please describe how the outcome(s) of the initiative addresses community health needs.

The FY'18 CHNA revealed community members requesting more opportunities to participate in adapted sports. Individuals with mobility deficits are at greater risk for obesity, diabetes, hypertension, and social isolation.

Q95. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$82,233 with \$13,500 in grants (already netted out of total). See spreadsheet

Q96. (Optional) Supplemental information for this initiative.

Q97. Section IV - CB Initiatives Part 2 - Initiative 2

Q98. Name of initiative.

Living Well with Chronic Disease Workshops

Q99. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q100. 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 checked="" type="checkbox"/> Nutrition and Weight Status         |
| <input type="checkbox"/> Chronic Kidney Disease                                   | <input checked="" type="checkbox"/> Older Adults                        |
| <input type="checkbox"/> Community Unity  | <input type="checkbox"/> Oral Health                                    |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease                 | <input checked="" type="checkbox"/> Physical Activity                   |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Preparedness                                   |
| <input checked="" type="checkbox"/> Disability and Health                         | <input type="checkbox"/> Respiratory Diseases                           |
| <input checked="" 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 type="checkbox"/> Violence Prevention                            |
| <input type="checkbox"/> Health Communication and Health Information Technology   | <input type="checkbox"/> Vision   |
| <input checked="" 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 <input type="text"/>     |

Q101. When did this initiative begin?

August 2017

Q102. 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.

This is an ongoing initiative which is slated to continue indefinitely because it addresses the unique educational needs of physically disabled adults

Q103. Enter the number of people in the population that this initiative targets.

Estimated 9% of disabled adults (18-64 yrs) in CBSA.

Q104. Describe the characteristics of the target population.

All residents in Baltimore City and Baltimore County living with or caring for someone with a chronic condition, i.e. physical disability

Q105. How many people did this initiative reach during the fiscal year?

20 participants attended the workshops and 12 participants completed the workshops. Delivered 18 sessions.

Q106. 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.

Q107. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Maintaining Active Citizens, Inc. Agency on Aging (MAC),  
University of Maryland Medical Center

No.

Q108. Please describe the primary objective of the initiative.

To improve health literacy and self-care of individuals with chronic conditions, reduce health complications and the need for emergency room visits.

Q109. Please describe how the initiative is delivered.

This evidence-based initiative was developed by Stanford University. The workshop is scripted to deliver high fidelity but it also allows for interaction with small groups. The results have been very positive throughout the US.

Q110. 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 

Standardized participant surveys are administered pre- and post-workshops and include information on participant satisfaction and participant-reported outcomes
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q111. Please describe the outcome(s) of the initiative.

100% of participants reported that they now have a better understanding of how to manage their symptoms of their chronic condition. 100% of participants also reported that they feel more motivated to take care of their health since they took the workshop.

Q112. Please describe how the outcome(s) of the initiative addresses community health needs.

The outcomes reported above addresses the community health needs of health prevention and well-being, nutrition, physical activity, and supports prevention of more chronic-related issues.

Q113. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$4,402

Q114. (Optional) Supplemental information for this initiative.

### Q115. Section IV - CB Initiatives Part 3 - Initiative 3

Q116. Name of initiative.

Dental Clinic

Q117. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q118. 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
- 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

- 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.

Q119. When did this initiative begin?

Over 20 years ago

Q120. 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. 

This is an ongoing initiative because it serves the unique needs of the adult and pediatric disabled population who need dental care. Most community dentists do not provide services to the extremely disabled community.

Q121. Enter the number of people in the population that this initiative targets.

Estimated 9% of disabled adults (18-64 yrs) living in CBSA.

Q122. Describe the characteristics of the target population.

Disabled adults and children in need of preventive, emergent, or restorative dental services

Q123. How many people did this initiative reach during the fiscal year?

7,422 clinic visits and 200 educated in the community

Q124. 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.

Q125. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

University of Maryland School of Dentistry, Baltimore City  
Community College

No.

Q126. Please describe the primary objective of the initiative.

1) Increase the number of disabled children receiving dental care, 2) Decrease emergency department visit rate for dental care, 3) Increase number of dental treatments available to disabled population, 4) Improve the oral health for those patients with special needs and who have limited access to good dental care.

Q127. Please describe how the initiative is delivered.

Dental services are provided in the Dental Clinic on the grounds of UM Rehabilitation & Orthopedic Institute, Dental education is provided in the community

Q128. 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

Q129. Please describe the outcome(s) of the initiative.

67% of total visits were preventive, 28% were restorative, and 4% were emergent of total 7,422 visits 200 educated in the community

Q130. Please describe how the outcome(s) of the initiative addresses community health needs.

Provision of preventive, restorative, and emergent dental care in the Dental Clinic decreases the inappropriate use of emergency rooms related to dental issues in the disabled population.

Q131. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$500 for education as prevention, \$5,833 for educating dental students

Q132. (Optional) Supplemental information for this initiative.

Q133. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q134. Additional information about initiatives.

Q135. (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.

Q136. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

- Yes
- No

Q137. Please check all of the needs that were NOT addressed by your community benefit initiatives.

This question was not displayed to the respondent.

Q138. 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	Adapted Sports Program provides alternative ways for the disabled population to stay physically active
Increase the % of adults who are at a healthy weight	Same as above
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	Adapted Sports Program, Living Well with Chronic Disease workshops, Support Groups
Reduce child maltreatment (per 1,000 population)	<input type="text"/>
Reduce suicide rate (per 100,000)	<input type="text"/>
Reduce domestic violence (per 100,000)	<input type="text"/>
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	<input type="text"/>
Increase the % of children receiving dental care	Dental Clinic provides dental care to adults and children with disabilities
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)	<input type="text"/>
Reduce hypertension-related emergency department visit rate (per 100,000)	<input type="text"/>
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" value="Dental Clinic"/>
Increase the % of children with recommended vaccinations	<input type="text"/>
Increase the % vaccinated annually for seasonal influenza	<input type="text"/>
Reduce asthma-related emergency department visit rate (per 10,000)	<input type="text"/>

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

Q140. Section V - Physician Gaps & Subsidies

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

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

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

Hospital-Based Physicians	<input type="text"/>
Non-Resident House Staff and Hospitalists	<input type="text"/>
Coverage of Emergency Department Call	<input type="text"/>
Physician Provision of Financial Assistance	<input type="text"/>
Physician Recruitment to Meet Community Need	<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"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>

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

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

Q145. Section VI - Financial Assistance Policy (FAP)

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

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

Q148. 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).

UMMS HV CBO Financial Assistance Sliding Scale is based on MD DHMH Income Eligibility Limits, not FPL: o 1) Household income at 276% of the FPL o 2) Household income at 200% of the MD DHMH Income Eligibility Limits

Q149. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

UMMS HV CBO Financial Assistance Sliding Scale is based on MD DHMH Income Eligibility Limits, not FPL: o 1) Household income between 277% - 414% of the FPL, at 10% increments o 2) Household income between 200% - 300% of the MD DHMH Income Eligibility Limits, at 10% increments

Q150. 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.

Medical debt incurred at either UMMC, UM Rehab, UMMTC, UMSJMC, UMBWMC, UMSMCD, UMSMCE and UMSMCC, that exceeds 25% of the Annual Household income and the same percentages stated above regarding FPL and MD DHMH Income Eligibility Limits would be applied.

Q151. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

1)UMMS adopted the Medicaid expansion income eligibility limits (MD DHMH, Medicaid Planning Administration Income Eligibility Limits) that Maryland implemented, to close the gap between Medicaid income eligibility and our FA income eligibility. 2) UMMS changed the eligible household dependent age limit to from under 18 to 21 years old. The following additional changes were also made to the hospital's financial assistance policy pursuant to the most recent 501(r) regulatory requirements: 1. LANGUAGE TRANSLATIONS a. Requirement: The new 501(r) regulations lowered the language translation threshold for limited English proficient (LEP) populations to the lower of 5% of LEP individuals in the community served/1000-LEP individuals. University of Maryland Medical Center translated its financial assistance policy into the following languages: English, Spanish, French, and Chinese. 2. PLAIN LANGUAGE SUMMARY a. Requirement: The new 501(r) regulations require a plain language summary of the FAP that is clear, concise, and easy for a patient to understand. University of Maryland Medical Center created a new plain language summary of its financial assistance policy in addition to its already-existing patient information sheet. 3. PROVIDER LISTS a. Requirement: The new 501(r) regulations require each hospital to create and maintain a list of all health care providers (either attached to the FAP or maintained as a separate appendix) and identify which providers on that list are covered under the hospital's FAP and which providers are not. University of Maryland Medical Center maintains that list which is available for review.

Q152. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q153. (Optional) Please attach any files containing further information about your hospital's FAP.

## Q154. Summary & Report Submission

Q155.

**Attention Hospital Staff! IMPORTANT!**

You have reached the end of the questions, but you are not quite finished. Once you proceed to the next screen using the right arrow button below, you cannot go backward. For that reason, we strongly recommend that you use the Table of Contents to return to the beginning and double-check your answers.

When you click the right arrow 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.

Location: [\(39.285598754883, -76.689903259277\)](#)

Source: GeoIP Estimation

**PART TWO: ATTACHMENTS**

 <ul style="list-style-type: none"> <li>University of Maryland Medical Center</li> <li>University of Maryland Medical Center Midtown Campus</li> <li>University of Maryland Rehabilitation &amp; Orthopaedic Institute</li> <li>University of Maryland St. Joseph Medical Center</li> <li>University of Maryland Baltimore Washington Medical Center</li> <li>University of Maryland Shore Medical Center at Chestertown</li> <li>University of Maryland Shore Medical Center at Dorchester</li> <li>University of Maryland Shore Medical Center at Easton</li> </ul>	<b>The University of Maryland Medical System Central Business Office Policy &amp; Procedure</b>	<i>Policy #:</i>	TBD
		<i>Effective Date:</i>	09/14/2018
	<u><b>Subject:</b></u>  <b>FINANCIAL ASSISTANCE</b>	<i>Page #:</i>	1 of 9
		<i>Supersedes:</i>	09/01/2017

**POLICY**

This policy applies to The University of Maryland Medical System (UMMS) following entities:

- University of Maryland Medical Center (UMMC)
- University of Maryland Medical Center Midtown Campus (MTC)
- University of Maryland Rehabilitation & Orthopaedic Institute (UMROI)
- University of Maryland St. Joseph Medical Center (UMSJMC)
- University of Maryland Baltimore Washington Medical Center (UMBWMC)
- University of Maryland Shore Medical Center at Chestertown (UMSMCC)
- University of Maryland Shore Medical Center at Dorchester (UMSMCD)
- University of Maryland Shore Medical Center at Easton (UMSME)

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

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

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

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing medical expenses and obligations (including any accounts having gone to bad debt except those accounts that have gone to lawsuit and a judgment has been obtained) and any projected medical expenses. Financial Assistance Applications may be offered to patients whose accounts are with a collection agency and may apply only to those accounts on which a judgment has not been granted.

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

 University of Maryland Medical Center University of Maryland Medical Center Midtown Campus University of Maryland Rehabilitation & Orthopaedic Institute University of Maryland St. Joseph Medical Center University of Maryland Baltimore Washington Medical Center University of Maryland Shore Medical Center at Chestertown University of Maryland Shore Medical Center at Dorchester University of Maryland Shore Medical Center at Easton	<b>The University of Maryland  Medical System  Central Business Office  Policy &amp; Procedure</b>	<i>Policy #:</i>	TBD
		<i>Effective  Date:</i>	09/14/2018
	<u><b>Subject:</b></u>	<i>Page #:</i>	2 of 9
	<b>FINANCIAL ASSISTANCE</b>	<i>Supersedes:</i>	09/01/2017

University of Maryland St. Joseph Medical Center (UMSJMC) adopted this policy effective June 1, 2013.

University of Maryland Medical Center Midtown Campus (MTC) adopted this policy effective September 22, 2014.

University of Maryland Baltimore Washington Medical Center (UMBWMC) adopted this policy effective July 1, 2016.

University of Maryland Shore Medical Center at Chestertown (UMSMCC) adopted this policy effective September 1, 2017.

University of Maryland Shore Medical Center at Dorchester (UMSMCD) adopted this policy effective September 1, 2017.

University of Maryland Shore Medical Center at Easton (UMSMCE) adopted this policy effective September 1, 2017.

### **PROGRAM ELIGIBILITY**

Consistent with their mission to deliver compassionate and high quality healthcare services and to advocate for those who do not have the means to pay for medically necessary care, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE hospitals strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

#### **Specific exclusions to coverage under the Financial Assistance program include the following:**

1. Services provided by healthcare providers not affiliated with UMMS hospitals (e.g., durable medical equipment, home health services)
2. Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, or Workers Compensation), are not eligible for the Financial Assistance Program.
  - a. Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made on a case by case basis considering medical and programmatic implications.
3. Unpaid balances resulting from cosmetic or other non-medically necessary services
4. Patient convenience items
5. Patient meals and lodging
6. Physician charges related to the date of service are excluded from UMMS financial assistance policy. Patients who wish to pursue financial assistance for physician-related bills must contact the physician directly.

 University of Maryland Medical Center University of Maryland Medical Center Midtown Campus University of Maryland Rehabilitation & Orthopaedic Institute University of Maryland St. Joseph Medical Center University of Maryland Baltimore Washington Medical Center University of Maryland Shore Medical Center at Chestertown University of Maryland Shore Medical Center at Dorchester University of Maryland Shore Medical Center at Easton	<b>The University of Maryland  Medical System  Central Business Office  Policy &amp; Procedure</b>	<i>Policy #:</i>	TBD
		<i>Effective  Date:</i>	09/14/2018
	<u><b>Subject:</b></u>	<i>Page #:</i>	3 of 9
	<b>FINANCIAL ASSISTANCE</b>	<i>Supersedes:</i>	09/01/2017

**Patients may be ineligible for Financial Assistance for the following reasons:**

1. Refusal to provide requested documentation or provide incomplete information.
2. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to the Medical Center due to insurance plan restrictions/limits.
3. Failure to pay co-payments as required by the Financial Assistance Program.
4. Failure to keep current on existing payment arrangements with UMMS.
5. Failure to make appropriate arrangements on past payment obligations owed to UMMS (including those patients who were referred to an outside collection agency for a previous debt).
6. Refusal to be screened for other assistance programs prior to submitting an application to the Financial Clearance Program.
7. Refusal to divulge information pertaining to a pending legal liability claim
8. Foreign-nationals traveling to the United States seeking elective, non-emergent medical care

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

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

Coverage amounts will be calculated based upon 200-300% of income as defined by Maryland State Department of Health and Mental Hygiene Medical Assistance Planning Administration Income Eligibility Limits for a Reduced Cost of Care.

**Presumptive Financial Assistance**

Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. There is adequate information provided by the patient or through other sources, which provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, UMMS reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% write-off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- a. Active Medical Assistance pharmacy coverage
- b. SLMB coverage

 <ul style="list-style-type: none"> <li>University of Maryland Medical Center</li> <li>University of Maryland Medical Center Midtown Campus</li> <li>University of Maryland Rehabilitation &amp; Orthopaedic Institute</li> <li>University of Maryland St. Joseph Medical Center</li> <li>University of Maryland Baltimore Washington Medical Center</li> <li>University of Maryland Shore Medical Center at Chestertown</li> <li>University of Maryland Shore Medical Center at Dorchester</li> <li>University of Maryland Shore Medical Center at Easton</li> </ul>	<b>The University of Maryland Medical System Central Business Office Policy &amp; Procedure</b>	<i>Policy #:</i>	TBD
		<i>Effective Date:</i>	09/14/2018
	<u><b>Subject:</b></u>  <b>FINANCIAL ASSISTANCE</b>	<i>Page #:</i>	4 of 9
		<i>Supersedes:</i>	09/01/2017

- c. PAC coverage
- d. Homelessness
- e. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
- f. Medical Assistance spend down amounts
- g. Eligibility for other state or local assistance programs
- h. Patient is deceased with no known estate
- i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
- j. Non-US Citizens deemed non-compliant
- k. Non-Eligible Medical Assistance services for Medical Assistance eligible patients
- l. Unidentified patients (Doe accounts that we have exhausted all efforts to locate and/or ID)
- m. Bankruptcy, by law, as mandated by the federal courts
- n. St. Clare Outreach Program eligible patients
- o. UMSJMC Maternity Program eligible patients
- p. UMSJMC Hernia Program eligible patients

**Specific services or criteria that are ineligible for Presumptive Financial Assistance include:**

- a. Purely elective procedures (example – Cosmetic) are not covered under the program.
- b. Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive financial assistance program until the Maryland Medicaid Psych program has been billed.

**PROCEDURES**

1. There are designated persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Patient Financial Receivable Coordinators, Customer Service Representatives, etc.
2. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.

 University of Maryland Medical Center University of Maryland Medical Center Midtown Campus University of Maryland Rehabilitation & Orthopaedic Institute University of Maryland St. Joseph Medical Center University of Maryland Baltimore Washington Medical Center University of Maryland Shore Medical Center at Chestertown University of Maryland Shore Medical Center at Dorchester University of Maryland Shore Medical Center at Easton	<b>The University of Maryland  Medical System  Central Business Office  Policy &amp; Procedure</b>	<i>Policy #:</i>	TBD
		<i>Effective  Date:</i>	09/14/2018
	<u><b>Subject:</b></u>  <b>FINANCIAL ASSISTANCE</b>	<i>Page #:</i>	5 of 9
		<i>Supersedes:</i>	09/01/2017

- a. Staff will complete an eligibility check with the Medicaid program for Self Pay patients to verify whether the patient has current coverage.
  - b. Preliminary data will be entered into a third party data exchange system to determine probably eligibility. To facilitate this process each applicant must provide information about family size and income. To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.
  - c. Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial assistance. Determination of Probable Eligibility will be provided within two business days following a patient's request for charity care services, application for medical assistance, or both.
  - d. Upon receipt of the patient's application, they will have thirty (30) days to submit the required documentation to be considered for eligibility. If no data is received within the 30 days, a denial letter will be sent notifying that the case is now closed for lack of the required documentation. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to. The Financial Assistance application process will be open up to at least 240 days after the first post-discharge patient bill is sent.
  - e. Individual notice regarding the hospital's charity care policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital.
3. There will be one application process for UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE. The patient is required to provide a completed Financial Assistance Application orally or in writing. In addition, the following may be required:
- a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return); proof of disability income (if applicable), proof of social security income (if applicable). If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...
  - b. A copy of their most recent pay stubs (if employed) or other evidence of income.
  - c. A Medical Assistance Notice of Determination (if applicable).
  - d. Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.

A written request for missing information will be sent to the patient. Oral submission of needed information will be accepted, where appropriate.

4. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on UMMS guidelines.
  - a. If the patient's application for Financial Assistance is determined to be complete and appropriate, the Financial Coordinator will recommend the patient's level of eligibility and forward for a second and final approval.

 University of Maryland Medical Center University of Maryland Medical Center Midtown Campus University of Maryland Rehabilitation & Orthopaedic Institute University of Maryland St. Joseph Medical Center University of Maryland Baltimore Washington Medical Center University of Maryland Shore Medical Center at Chestertown University of Maryland Shore Medical Center at Dorchester University of Maryland Shore Medical Center at Easton	<b>The University of Maryland  Medical System  Central Business Office  Policy &amp; Procedure</b>	<b>Policy #:</b>	TBD
		<b>Effective  Date:</b>	09/14/2018
	<b><u>Subject:</u></b>	<b>Page #:</b>	6 of 9
	<b>FINANCIAL ASSISTANCE</b>	<b>Supersedes:</b>	09/01/2017

- i) If the patient does qualify for Financial Assistance, the Financial Coordinator will notify clinical staff who may then schedule the patient for the appropriate hospital-based service.
  - ii) If the patient does not qualify for Financial Assistance, the Financial Coordinator will notify the clinical staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled.
    - (1) A decision that the patient may not be scheduled for hospital-based, non-emergent/urgent services may be reconsidered by the Financial Clearance Executive Committee, upon the request of a Clinical Chair.
5. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.
6. Once a patient is approved for Financial Assistance, Financial Assistance coverage may be effective for the month of determination, up to 3 years prior, and up to six (6) calendar months in to the future. However, there are no limitations on the Financial Assistance eligibility period. Each eligibility period will be determined on a case-by-case basis. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance. In addition, changes to the patient's income, assets, expenses or family status are expected to be communicated to the Financial Assistance Program Department. All Extraordinary Collections Action activities, as defined below, will be terminated once the patient is approved for financial assistance and all the patient responsible balances are paid.
- Extraordinary Collection Actions (ECAs) may be taken on accounts that have not been disputed or are not on a payment arrangement. Except in exceptional circumstances, these actions will occur no earlier than 120 days from submission of first bill to the patient and will be preceded by notice 30 days prior to commencement of the action. Availability of financial assistance will be communicated to the patient and a presumptive eligibility review will occur prior to any action being taken.*
- i) *Garnishments may be applied to these patients if awarded judgment.*
  - ii) *A lien will be placed by the Court on primary residences within Baltimore City. The facility will not pursue foreclosure of a primary residence but may maintain our position as a secured creditor if a property is otherwise foreclosed upon.*
  - iii) *Closed account balances that appear on a credit report or referred for judgment/garnishment may be reopened should the patient contact the facility regarding the balance report. Payment will be expected from the patient to resolve any credit issues, until the facility deems the balance should remain written off.*
7. If a patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.
8. A letter of final determination will be submitted to each patient who has formally submitted an application.
9. Refund decisions are based on when the patient was determined unable to pay compared to when the patient payments were made. Refunds may be issued back to the patient for credit balances, due to patient payments, resulted from approved financial assistance on considered balance(s). Payments received for

 University of Maryland Medical Center University of Maryland Medical Center Midtown Campus University of Maryland Rehabilitation & Orthopaedic Institute University of Maryland St. Joseph Medical Center University of Maryland Baltimore Washington Medical Center University of Maryland Shore Medical Center at Chestertown University of Maryland Shore Medical Center at Dorchester University of Maryland Shore Medical Center at Easton	<b>The University of Maryland  Medical System  Central Business Office  Policy &amp; Procedure</b>	<i>Policy #:</i>	TBD
		<i>Effective  Date:</i>	09/14/2018
	<u><b>Subject:</b></u>	<i>Page #:</i>	7 of 9
	<b>FINANCIAL ASSISTANCE</b>	<i>Supersedes:</i>	09/01/2017

care rendered during the financial assistance eligibility window will be refunded, if the amount exceeds the patient's determined responsibility by \$5.00 or more.

10. Patients who have access to other medical care (e.g., primary and secondary insurance coverage or a required service provider, also known as a carve-out), must utilize and exhaust their network benefits before applying for the Financial Assistance Program.
11. The Financial Assistance Program will accept the Faculty Physicians, Inc.'s (FPI) completed financial assistance applications in determining eligibility for the UMMS Financial Assistance program. This includes accepting FPI's application requirements.
12. The Financial Assistance Program will accept all other University of Maryland Medical System hospital's completed financial assistance applications in determining eligibility for the program. This includes accepting each facility's application format.
13. The Financial Assistance Program does not cover Supervised Living Accommodations and meals while a patient is in the Day Program.
14. Where there is a compelling educational and/or humanitarian benefit, Clinical staff may request that the Financial Clearance Executive Committee consider exceptions to the Financial Assistance Program guidelines, on a case-by-case basis, for Financial Assistance approval.
  - a. Faculty requesting Financial Clearance/Assistance on an exception basis must submit appropriate justification to the Financial Clearance Executive Committee in advance of the patient receiving services.
  - b. The Chief Medical Officer will notify the attending physician and the Financial Assistance staff of the Financial Clearance Executive Committee determination.

### **Financial Hardship**

The amount of uninsured medical costs incurred at either, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE will be considered in determining a patient's eligibility for the Financial Assistance Program. The following guidelines are outlined as a separate, supplemental determination of Financial Assistance, known as Financial Hardship. Financial Hardship will be offered to all patients who apply for Financial Assistance.

Medical Financial Hardship Assistance is available for patients who otherwise do not qualify for Financial Assistance under the primary guidelines of this policy, but for whom:

- 1) Their medical debt incurred at our either UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE exceeds 25% of the Family Annual Household Income, which is creating Medical Financial Hardship; and
- 2) who meet the income standards for this level of Assistance.

For the patients who are eligible for both, the Reduced Cost Care under the primary Financial Assistance criteria and also under the Financial Hardship Assistance criteria, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE will grant the reduction in charges that are most favorable to the patient.

 University of Maryland Medical Center University of Maryland Medical Center Midtown Campus University of Maryland Rehabilitation & Orthopaedic Institute University of Maryland St. Joseph Medical Center University of Maryland Baltimore Washington Medical Center University of Maryland Shore Medical Center at Chestertown University of Maryland Shore Medical Center at Dorchester University of Maryland Shore Medical Center at Easton	<b>The University of Maryland  Medical System  Central Business Office  Policy &amp; Procedure</b>	<i>Policy #:</i>	TBD
		<i>Effective  Date:</i>	09/14/2018
	<u><b>Subject:</b></u>	<i>Page #:</i>	8 of 9
	<b>FINANCIAL ASSISTANCE</b>	<i>Supersedes:</i>	09/01/2017

Financial Hardship is defined as facility charges incurred here at either UMMC, MTC, UMROI, UMSJMC and UMBWMC for medically necessary treatment by a family household over a twelve (12) month period that exceeds 25% of that family's annual income.

Medical Debt is defined as out of pocket expenses for the facility charges incurred here at UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE for medically necessary treatment.

Once a patient is approved for Financial Hardship Assistance, coverage will be effective starting the month of the first qualifying date of service and up to the following twelve (12) calendar months from the application evaluation completion date. Each patient will be evaluated on a case-by-case basis for the eligibility time frame according to their spell of illness/episode of care. It will cover the patient and the immediate family members living in the household for the approved reduced cost and eligibility period for medically necessary treatment. Coverage shall not apply to elective or cosmetic procedures. However, the patient or guarantor must notify the hospital of their eligibility at the time of registration or admission. In order to continue in the program after the expiration of each eligibility approval period, each patient must reapply to be reconsidered. In addition, patients who have been approved for the program must inform the hospitals of any changes in income, assets, expenses, or family (household) status within 30 days of such change(s).

All other eligibility, ineligibility, and procedures for the primary Financial Assistance program criteria apply for the Financial Hardship Assistance criteria, unless otherwise stated above.

### Appeals

- Patients whose financial assistance applications are denied have the option to appeal the decision.
- Appeals can be initiated verbally or written.
- Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
- Appeals are documented within the third party data and workflow tool. They are then reviewed by the next level of management above the representative who denied the original application.
- If the first level of appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.
- The escalation can progress up to the Chief Financial Officer who will render a final decision.
- A letter of final determination will be submitted to each patient who has formally submitted an appeal.

### Judgments

If a patient is later found to be eligible for Financial Assistance after a judgment has been obtained or the debt submitted to a credit reporting agency, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, and UMSMCE shall seek to vacate the judgment and/or strike the adverse credit information.



University of Maryland Medical Center  
 University of Maryland Medical Center Midtown Campus  
 University of Maryland Rehabilitation & Orthopaedic Institute  
 University of Maryland St. Joseph Medical Center  
 University of Maryland Baltimore Washington Medical Center  
 University of Maryland Shore Medical Center at Chestertown  
 University of Maryland Shore Medical Center at Dorchester  
 University of Maryland Shore Medical Center at Easton

**The University of Maryland  
 Medical System  
 Central Business Office  
 Policy & Procedure**

**Subject:**  
**FINANCIAL ASSISTANCE**

<i>Policy #:</i>	TBD
<i>Effective Date:</i>	09/14/2018
<i>Page #:</i>	9 of 9
<i>Supersedes:</i>	09/01/2017

**ATTACHMENT A**

**Sliding Scale – Reduced Cost of Care**

MD DHMH 2018	Income Level	S	Income Level	Income Level	Income Level	Income Level	Income Level	Income Level	Income Level	Income Level	Income Level	Income Level	
Income Elig Limit	Up to 200%	L	200% - 210%	210% - 220%	220% - 230%	230% - 240%	240% - 250%	250% - 260%	260% - 270%	270% - 280%	280% - 290%	300%	
Guidelines	Pt Resp 0%	I	Pt Resp 10%	Pt Resp 20%	Pt Resp 30%	Pt Resp 40%	Pt Resp 50%	Pt Resp 60%	Pt Resp 70%	Pt Resp 80%	Pt Resp 90%	Pt Resp 100%	
HH	100% MD DHMH	D	90% Charity	80% Charity	70% Charity	60% Charity	50% Charity	40% Charity	30% Charity	20% Charity	10% Charity	0% Chaity	
Size	Max	Range	I	Range	Range	Range	Range	Range	Range	Range	Range	Range	
1	16,753.00	0 to 33,506	N	33,507 to 35,181	35,182 to 36,857	36,858 to 38,532	38,533 to 40,207	40,208 to 41,883	41,884 to 43,558	43,559 to 45,233	45,234 to 46,908	46,909 to 50,258	50,259 +
2	22,715.00	0 to 45,430	G	45,431 to 47,702	47,703 to 49,973	49,974 to 52,245	52,246 to 54,516	54,517 to 56,788	56,789 to 59,059	59,060 to 61,331	61,332 to 63,602	63,603 to 68,144	68,145 +
3	28,676.00	0 to 57,352		57,353 to 60,220	60,221 to 63,087	63,088 to 65,955	65,956 to 68,822	68,823 to 71,690	71,691 to 74,558	74,559 to 77,425	77,426 to 80,293	80,294 to 86,027	86,028 +
4	34,638.00	0 to 69,276	S	69,277 to 72,740	72,741 to 76,204	76,205 to 79,667	79,668 to 83,131	83,132 to 86,595	86,596 to 90,059	90,060 to 93,523	93,524 to 96,986	96,987 to 103,913	103,914 +
5	40,600.00	0 to 81,200	C	81,201 to 85,260	85,261 to 89,320	89,321 to 93,380	93,381 to 97,440	97,441 to 101,500	101,501 to 105,560	105,561 to 109,620	109,621 to 113,680	113,681 to 121,799	121,800 +
6	45,561.00	0 to 91,122	A	91,123 to 95,678	95,679 to 100,234	100,235 to 104,790	104,791 to 109,346	109,347 to 113,903	113,904 to 118,459	118,460 to 123,015	123,016 to 127,571	127,572 to 136,682	136,683 +

Effective 9/14/2018

## Financial Help for Patients to Pay Hospital Care Costs

If you cannot pay for all or part of the care you receive from our hospital, you may be able to get **free** or **lower cost** services.

### **PLEASE NOTE:**

1. We treat all patients needing emergency care, no matter what they are able to pay.
2. Services provided by physicians or other providers may not be covered by the hospital Financial Assistance Policy. You can call (410) 821-4140 if you have questions.

### **HOW THE PROCESS WORKS:**

When you become a patient, we ask if you have any health insurance. We will not charge you more for hospital services than we charge people with health insurance. The hospital will:

1. Give you information about our financial assistance policy, or
2. Offer you help with a counselor who will help you with the application.

### **HOW WE REVIEW YOUR APPLICATION:**

The hospital will look at your ability to pay for care. We look at your income and family size. You may receive free or lower costs of care if:

1. Your income or your family's total income is low for the area where you live, or
2. Your income falls below the federal poverty level if you had to pay for the full cost of your hospital care, minus any health insurance payments.

**PLEASE NOTE:** If you are able to get financial help, we will tell you how much you can get. If you are not able to get financial help, we will tell you why not.

### **HOW TO APPLY FOR FINANCIAL HELP:**

1. Fill out a **Financial Assistance Application Form**.
2. Give us all of your information to help us understand your financial situation.
3. Turn the Application Form into us.

**PLEASE NOTE:** The hospital must screen patients for Medicaid before giving financial help.

### **OTHER HELPFUL INFORMATION:**

1. You can get a **free copy** of our Financial Assistance Policy and Application Form:
  - **Online** at <http://umm.edu/patients/financial-assistance>
  - **In person** at the Financial Assistance Department – University of Maryland Medical System, 11311 McCormick Road, Ste 230, Hunt Valley, MD 21031
  - **By mail:** call (410) 821-4140 to request a copy
2. You can call the Financial Assistance Department if you have questions or need help applying. You can also call if you need help in another language. Call: (410) 821-4140

## **PART THREE: AMENDMENTS**

## Question

(Section I Q10, Q11, Q12, Q22) Your hospital did not select any ZIP codes as being part of its Community Benefit Service Area, despite having selected counties.

## Answer

The Community Benefit Service Area (CBSA) has always been defined by UM Rehab as the adult disabled population residing in Anne Arundel, Baltimore, and Howard Counties and Baltimore City. We have never listed zip codes because the disabled population reside in most if not all zips in these counties. I have attached the map that was used in our most recent CHNA outlining our CBSA. This map was formally approved and posted in June 2018 as part of our most recent CHNA.

## Question

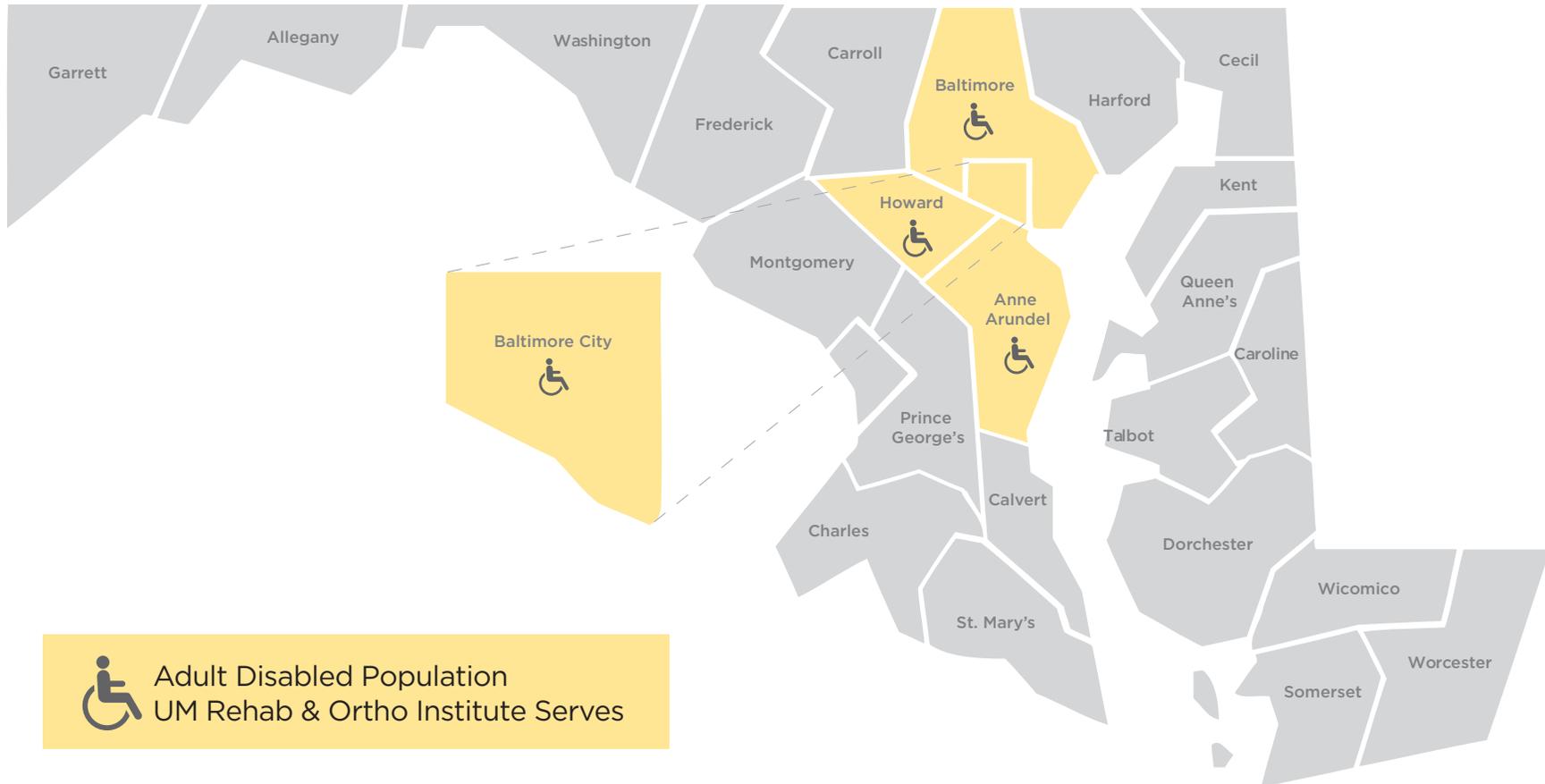
(Section IV Q136) “Were all the needs identified in your CHNA addressed by an initiative of your hospital?”

## Answer

“No” should be checked. This was inadvertently omitted.

Areas not addressed that were identified in our CHNA include: Homelessness, Poverty, Jobs for the disabled (Disabled housing and transportation specifically). UM Rehab partners with the UMMC campuses on several joint initiatives and with other community organizations in an effort to meet these needs or to refer individuals to appropriate resources to address these needs.

## FY2018 Community Health Needs Assessment Community Benefit Service Area



## Q7. UM Rehab & Ortho - FY 18 HCB Reporting - FollowUp

Please provide the answers below that were missing from your original narrative.

Q8. 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 checked="" type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County        | <input type="checkbox"/> Queen Anne's County    |
| <input checked="" type="checkbox"/> Baltimore City      | <input type="checkbox"/> Frederick County         | <input type="checkbox"/> Somerset County        |
| <input checked="" type="checkbox"/> Baltimore County    | <input type="checkbox"/> Garrett County           | <input type="checkbox"/> St. Mary's County      |
| <input type="checkbox"/> Calvert County                 | <input type="checkbox"/> Harford County           | <input type="checkbox"/> Talbot County          |
| <input type="checkbox"/> Caroline County                | <input checked="" type="checkbox"/> Howard County | <input type="checkbox"/> Washington County      |
| <input 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       |

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

*This question was not displayed to the respondent.*

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

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

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

- 21201
- 21202
- 21205
- 21206
- 21207
- 21208
- 21209
- 21210
- 21211

- 21212
- 21213
- 21214
- 21215
- 21216
- 21217
- 21218
- 21219

- 21222
- 21223
- 21224
- 21225
- 21226
- 21227
- 21229
- 21230

- 21231
- 21233
- 21234
- 21236
- 21237
- 21239
- 21240
- 21287

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

- 21013
- 21030
- 21031
- 21051
- 21053
- 21057
- 21071
- 21082
- 212087

- 21093
- 21111
- 21117
- 21120
- 21128
- 21131
- 21133
- 21136
- 21152

- 21153
- 21155
- 21156
- 21162
- 21204
- 21207
- 21208
- 21219
- 21220

- 21221
- 21222
- 21227
- 21228
- 21234
- 21236
- 21237
- 21244
- 21286

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> 20701 | <input checked="" type="checkbox"/> 21036 | <input checked="" type="checkbox"/> 21104 |
| <input checked="" type="checkbox"/> 20723 | <input checked="" type="checkbox"/> 21042 | <input checked="" type="checkbox"/> 21163 |
| <input checked="" type="checkbox"/> 20759 | <input checked="" type="checkbox"/> 21043 | <input checked="" type="checkbox"/> 21171 |
| <input checked="" type="checkbox"/> 20763 | <input checked="" type="checkbox"/> 21044 | <input checked="" type="checkbox"/> 21723 |
| <input checked="" type="checkbox"/> 20777 | <input checked="" type="checkbox"/> 21045 | <input checked="" type="checkbox"/> 21737 |
| <input checked="" type="checkbox"/> 20794 | <input checked="" type="checkbox"/> 21046 | <input checked="" type="checkbox"/> 21738 |
| <input checked="" type="checkbox"/> 20833 | <input checked="" type="checkbox"/> 21075 | <input checked="" type="checkbox"/> 21794 |
| <input checked="" type="checkbox"/> 21029 | <input checked="" type="checkbox"/> 21076 | <input checked="" type="checkbox"/> 21797 |

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q136. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

- Yes
- No

Q137. Please check all of the needs that were NOT addressed by your community benefit initiatives.

- |   |   |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance          | <input type="checkbox"/> Heart Disease and Stroke                       |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs           | <input type="checkbox"/> HIV  |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits        | <input type="checkbox"/> Immunization and Infectious Diseases           |
| <input type="checkbox"/> Access to Health Services: ED Wait Times             | <input type="checkbox"/> Injury Prevention                              |
| <input type="checkbox"/> 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                              |

- 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

- 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.

Unemployment, Poverty, Transportation issues for the disabled, homelessness

## Q154. Summary & Report Submission

Q155.

### Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Once you proceed to the next screen using the right arrow button below, you cannot go backward. For that reason, we strongly recommend that you use the Table of Contents to return to the beginning and double-check your answers.

When you click the right arrow 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.

#### Location Data

**Location:** [\(39.388793945312, -76.498802185059\)](#)

**Source:** GeolIP Estimation

