Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

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

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

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

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

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

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Howard County General Hospital	◉	○	
Your hospital's ID is: 210048	◉	○	
Your hospital is part of the hospital system called Johns Hopkins Medicine.	◉	○	

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.

> HCGH utilizes the Maryland State Health Improvement Program metrics as well as the US Census Bureau, American Community Survey, County Health Rankings, and Truven/IBM Market Expert. HCGH also uses the United Way's ALICE report to review community members above the poverty line but with financial challenges due to the high cost of living in the county. Finally, HCGH partners with the Howard County Health Department, the Horizon Foundation, the Columbia Association, and OpinionWorks to design and administer the Howard County Health Assessment Survey every two years. This Howard County-specific survey asks residents questions about a variety of health-related information such as chronic disease, physical activity, nutrition, and behavioral health.

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	☐ Charles County	☐ Prince George's County
☐ Anne Arundel County	☐ Dorchester County	☐ Queen Anne's County
☐ Baltimore City	☑ Frederick County	☐ Somerset County
☐ Baltimore County	☐ Garrett County	☐ St. Mary's County
☐ Calvert County	☐ Harford County	☐ Talbot County
☐ Caroline County	☑ Howard County	☐ Washington County
☑ Carroll County	☐ Kent County	☐ Wicomico County

| ☐ Cecil County | ☐ Montgomery County | ☐ Worcester County |

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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.

☐ 21048	☐ 21757
☐ 21074	☐ 21771
☐ 21102	☐ 21776
☑ 21104	☑ 21784
☐ 21136	☐ 21787
☐ 21155	☐ 21791
☐ 21157	☑ 21797
☐ 21158	

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

☐ 20842	☐ 21719	☐ 21775
☐ 20871	☐ 21727	☐ 21776
☐ 21701	☐ 21754	☐ 21777
☐ 21702	☐ 21755	☐ 21778
☐ 21703	☐ 21757	☐ 21780
☐ 21704	☐ 21758	☐ 21783
☐ 21705	☐ 21759	☐ 21787
☐ 21710	☐ 21762	☐ 21788
☐ 21713	☐ 21769	☐ 21790
☐ 21714	☐ 21770	☐ 21791
☐ 21716	☑ 21771	☐ 21793

☐ 21717   ☐ 21773   ☐ 21798

☐ 21718   ☐ 21774

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.

☑ 20701   ☐ 21041   ☐ 21150

☑ 20723   ☑ 21042   ☑ 21163

☑ 20759   ☑ 21043   ☑ 21723

☑ 20763   ☑ 21044   ☑ 21737

☑ 20777   ☑ 21045   ☑ 21738

☑ 20794   ☑ 21046   ☐ 21765

☑ 20833   ☑ 21075   ☑ 21771

☑ 21029   ☑ 21076   ☑ 21784

☑ 21036   ☑ 21104   ☑ 21794

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.

HCGH selects its community benefit service area based on the geographic source of the majority of its inpatient utilization.

☐ Other. Please describe.

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

Howard County, located between Baltimore and Washington D.C., is a relatively affluent, educated and healthy community. The county is home to urban, suburban, and rural communities. Howard County continues to rank as one of the healthiest counties in the state of Maryland, according to the Robert Wood Johnson Foundation and University of Wisconsin County Health Rankings. In 2019, U.S. News and World Report ranked Howard County in the top ten healthiest counties in America. Due to these factors, Howard County is increasing in popularity for young families as well as those aging in place, and the population is growing accordingly. Howard County is inhabited by 321,113 residents. The county's population is growing more quickly than both the state and nation's populations; between 2010 and 2017 the county's population grew by 11.8%. The county's population is 51% female. Between 2017 and 2035, the overall population is estimated to increase by 15%. During the same time period, those age 50 and older will increase by 60.7%, which is more than double the aging rate for the total county population. An estimated 38% of county residents will be 50 or older by 2035. In the next 5 years alone, the 65 and older population of Howard County, currently making up 13.2% of the county's population, is projected to grow by nearly 25%. As Howard County grows, it has become increasingly diverse. 57% of the county's residents are white, followed by 19.5% Black and 18.9% Asian. 6.8% of residents identify as Hispanic or Latino. 20.8% of residents are foreign-born. 25.2% of the population speaks a language other than English at home; the most common foreign languages in the county are Spanish, Korean, and Chinese. The average household size in Howard County is 2.8 persons and the average family size is 3.24 persons. Howard County overall has a high median household income, but there is significant wealth disparity in the county depending on zip code as well as race/ethnicity. 3.3% of white Howard County residents are below the poverty level, whereas 10.3% of Black or African American residents and 7.7% of Hispanic or Latino residents meet these criteria.

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

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

https://www.hopkinsmedicine.org/howard_county_general_hospital/services/

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?

Howard County General Hospital: A Member of Johns Hopkins Medicine is a private, not-for-profit, community health care provider, governed by a community-based board of trustees. Opened in 1973, the original 59-bed, short-stay hospital has grown into a comprehensive acute care medical center with 225 licensed beds, specializing in women's and children's services, surgery, cardiology, oncology, orthopedics, gerontology, psychiatry, emergency services and community health education. In June 1998, Howard County General Hospital joined Johns Hopkins Medicine. Howard County General Hospital cares for its community through the collaborative efforts of a wide range of people. HCGH staff includes more than 1,850 employees. It is the second largest private employer in Howard County and employs over 1,200 Howard County residents. A diverse workforce, 53 percent of hospital staff are minorities. The hospital's professional staff is comprised of more than 1,000 physicians and allied health professionals, representing nearly 100 specialties and subspecialties. Ninety-five percent of the physicians are board-certified in their specialty. In FY 2020, HCGH provided services to nearly 165,000 people, including evaluation and treatment of 68,000 patients in the emergency department. There were 20,000 patients admitted to or observed in the hospital, 8,000 surgeries performed, and 2,880 babies delivered. In addition to the many hospital-based services, HCGH also provided outpatient services to 33,000 patients, and reached over 30,000 people in the community through outreach, health promotion, and wellness programs. In our commitment to be Howard County's trusted source of health and wellness, HCGH is building programs and working with community partners to meet the health needs of our community. These partnerships allow HCGH and its partners to reach out to Howard County's most vulnerable, chronically ill, and/or high utilizing community members and provide connections to resources, home-based care, and community support.

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

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

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

◉ Yes
○ No

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

This question was not displayed to the respondent.

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

06/30/2019

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

https://www.hopkinsmedicine.org/howard_county_general_hospital/about/giving_back/chna.html

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

◉ Yes
○ No

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

Print, online PDF

Q47. Section II - CHNA Part 2 - Internal Participants

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

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

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your expla... below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☑	☐	☐	☐	☐	☐	☐	☑	Reviewed and approved CHNA and Implementation Strate...
Board of Directors or Board Committee (system level)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	Sign off on system CHNA strategies
Clinical Leadership (facility level)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	Reviewed and approved CHNA and Implementation Strate...
Clinical Leadership (system level)	☐	☐	☑	☐	☑	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☐	☐	☑	☑	☐	☑	☑	☑	☑	☐	
Population Health Staff (system level)	☐	☐	☐	☑	☑	☑	☐	☐	☐	☐	
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	
Community Benefit staff (system level)	☐	☐	☐	☐	☐	☑	☐	☐	☐	☐	Review of CHNA

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

Q49. Section II - CHNA Part 2 - External Participants

Q50. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities										
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here:	☑	☐	☐	☐	☐	☐	☐	☐	☐		

Organization	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Howard County Health Department	☐	☑	☑	☑	☑	☑	☑	☑	☑	Worked on developing and deploying interventions to meet the priority health needs
Local Health Improvement Coalition -- Please list the LHICs here: Howard County LHIC	☐	☑	☑	☑	☐	☑	☑	☐	☑	Worked on developing and deploying interventions to meet the priority health needs
Maryland Department of Health	☐	☐	☐	☐	☐	☐	☐	☐	☑	No specific individuals involved but we did use data from the Maryland Department of Health in the CHNA.
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here: Office on Aging, Howard County Department of Community Resources and Services	☐	☐	☑	☐	☐	☐	☐	☐	☑	Worked on developing and deploying interventions to meet the priority health needs
Local Govt. Organizations -- Please list the organizations here: Howard County Department of Community Resources and Services	☐	☐	☑	☐	☐	☐	☐	☐	☑	Worked on developing and deploying interventions to meet the priority health needs

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

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

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

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

◉ Yes
○ No

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

05/09/2019

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

https://www.hopkinsmedicine.org/howard_county_general_hospital/_downloads/CommunityHealthNeedsAssessment_FY19.pdf

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

This question was not displayed to the respondent.

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

☑ Access to Health Services: Health Insurance

☑ Access to Health Services: Practicing PCPs

☑ Access to Health Services: Regular PCP Visits

☑ Access to Health Services: ED Wait Times

☐ Access to Health Services: Outpatient Services

☐ Adolescent Health

☐ Arthritis, Osteoporosis, and Chronic Back Conditions

☑ Behavioral Health, including Mental Health and/or Substance Abuse

☐ Cancer

☐ Children's Health

☐ Chronic Kidney Disease

☐ Community Unity

☐ Dementias, Including Alzheimer's Disease

☐ Diabetes

☐ Disability and Health

☐ Educational and Community-Based Programs

☐ Environmental Health

☐ Family Planning

☐ Food Safety

☐ Global Health

☐ Health Communication and Health Information Technology

☐ Health Literacy

☐ Health-Related Quality of Life & Well-Being

☐ Heart Disease and Stroke

☐ HIV

☐ Immunization and Infectious Diseases

☐ Injury Prevention

☐ Lesbian, Gay, Bisexual, and Transgender Health

☑ Maternal & Infant Health

☑ Nutrition and Weight Status

☑ Older Adults

☐ Oral Health

☑ Physical Activity

☐ Respiratory Diseases

☐ Sexually Transmitted Diseases

☐ Sleep Health

☐ Telehealth

☐ Tobacco Use

☐ Violence Prevention

☐ Vision

☐ Wound Care

☐ Housing & Homelessness

☐ Transportation

☐ Unemployment & Poverty

☑ Other Social Determinants of Health

☐ Other (specify) [   ]

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

In the 2019 CHNA, HCGH identified the following five areas as top priorities for community health improvement efforts: 1. Access to Care 2. Behavioral Health 3. Healthy Aging 4. Healthy Weight 5. Maternal and Infant Health. Other than the addition of maternal/infant health as a fifth priority, these are essentially identical to the top four priorities as identified by the task force in the 2016 CHNA process, which included the following: 1. Access to Affordable Care 2. Healthy Weight 3. Behavioral Health 4. Healthy Aging. Many of the partnerships identified in the 2016 CHNA were ongoing through the 2019 CHNA and present. Several strategies identified in the 2016 CHNA continued through the 2019 implementation plan, including implementing the Community Care Team for high utilizing chronically ill elderly patients, supporting the Howard County bikeshare program, and providing school-based telemedicine to Howard County children.

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

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

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

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

	Activities										
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	☐	☐	☑	☐	☑	☐	☐	☐	☐	☑	Leading monthly system-wide discussions on community benefit activities
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Role	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	✔	✔	☐	☐	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☐	☐	☐	☐	☐	☐	☐	✔	Reviewing annual community benefit strategy
Board of Directors or Board Committee (facility level)	☐	☐	✔	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (system level)	☐	☐	✔	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☐	☐	☐	☐	☐	✔	☐	☐	
Clinical Leadership (system level)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☐	☐	☐	☐	✔	☐	☐	✔	✔	☐	
Population Health Staff (system level)	☐	☐	✔	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (facility level)	☐	☐	✔	✔	✔	☐	☐	☐	☐	☐	
Community Benefit staff (system level)	☐	☐	☐	☐	☐	☐	☐	☐	☐	✔	Discussing and reviewing community benefit strategy
Physician(s)	☐	☐	☐	☐	☐	☐	☐	✔	☐	☐	

	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	☐	☐	☐	☐	☐	☐	☐	✔	☐	☐	
Social Workers	☐	☐	☐	☐	☐	☐	☐	✔	☐	☐	
Community Benefit Task Force	☐	☐	✔	☐	☐	☐	☐	☐	☐	☐	
Hospital Advisory Board	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q62. Section III - CB Administration Part 1 - External Participants

Q63. 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:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Local Health Department -- Please list the Local Health Departments here: Howard County Health Department	☐	✔	✔	☐	✔	✔	✔	☐	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Howard County LHIC	☐	✔	☐	☐	☐	✔	✔	☐	☐	
Maryland Department of Health	✔	☐	☐	☐	☐	☐	☐	☐	☐	

	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	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here: Howard County Office on Aging	☐	✔	✔	☐	☐	☐	✔	☐	☐	
Local Govt. Organizations -- Please list the organizations here: Howard County Government	☐	☐	☐	☐	✔	☐	☐	☐	☐	
Faith-Based Organizations	☐	☐	✔	☐	☐	☐	✔	☐	☐	
School - K-12 -- Please list the schools here: Howard County Public School System	☐	☐	☐	☐	☐	☐	✔	☐	☐	
School - Colleges and/or Universities -- Please list the schools here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
School of Public Health -- Please list the schools here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	

Organization	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Medical School -- Please list the schools here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
School - Dental School -- Please list the schools here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: Way Station	☐	☐	☐	☐	☐	☐	✔	☐	☐	
Social Service Organizations -- Please list the organizations here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	

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

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

☑ Yes, by the hospital's staff

☑ Yes, by the hospital system's staff

☐ Yes, by a third-party auditor

☐ No

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

◉ Yes

◯ No

Q67. Please describe the community benefit narrative audit process.

> The Community Benefit report is completed by the Director of Strategic Planning, then reviewed by the VP of Population Health and Advancement. Specific sections of the report are reviewed by the Director of Population Health and the VP of Finance/CFO. Report data is also reviewed by the system Director of Strategic Initiatives in the office of Government and Community Affairs.

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

◉ Yes

◯ No

Q69. Please explain:

This question was not displayed to the respondent.

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

◉ Yes

◯ No

Q71. Please explain:

This question was not displayed to the respondent.

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

◉ Yes

◯ No

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

> Community Benefits activities are included every year in the Johns Hopkins Medicine five-year strategic plan. In FY2020, these activities were included in the categories of "Support the Well-Being of Our People and Our Communities" and "Work Like One Organization" of the JHM plan, where HCGH set specific goals related to our health priorities as identified in the Community Health Needs Assessment. These health priorities are as follows: Access to Care; Behavioral Health; Healthy Aging; Healthy Weight; and Maternal/Infant Health. These priorities are integrated into HCGH's ongoing initiatives. Howard County General Hospital set the following two strategic objectives for FY2020 to support these priorities: • Strategic Objective 1: Access to Care: Implement a JHM Home-based Medicine program. Completion date: 6/30/20. Final status: Howard County site was launched in August 2019 and enrollment continues to increase despite delays with COVID and contracts. MA enrollment as of June 2020 across all sites is 59 patients. • Strategic Objective 2: Behavioral Health: Develop a business plan to evaluate the feasibility of expanding on-campus behavioral health services to cover the continuum of psychiatric and substance abuse care. Completion date: 6/30/20. Final status: Business plan initiated and project team assembled; project completion delayed due to COVID.

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

> https://www.hopkinsmedicine.org/strategic-plan/

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

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

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

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

Q79. Name of initiative.

Advance Care Planning

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

- ◉ Yes
- ○ No

Q81. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: ED Wait Times, Behavioral Health, including Mental Health and/or Substance Abuse, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Other Social Determinants of Health
Other:

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

- ☐ Access to Health Services: Health Insurance
- ☐ Access to Health Services: Practicing PCPs
- ☐ Access to Health Services: Regular PCP Visits
- ☐ Access to Health Services: ED Wait Times
- ☐ Access to Health Services: Outpatient Services
- ☐ Adolescent Health
- ☐ Arthritis, Osteoporosis, and Chronic Back Conditions
- ☐ Behavioral Health, including Mental Health and/or Substance Abuse
- ☐ Cancer
- ☐ Children's Health
- ☐ Chronic Kidney Disease
- ☐ Community Unity
- ☐ Dementias, including Alzheimer's Disease
- ☐ Diabetes
- ☐ Disability and Health
- ☐ Educational and Community-Based Programs
- ☐ Environmental Health
- ☐ Family Planning
- ☐ Food Safety
- ☐ Global Health
- ☐ Health Communication and Health Information Technology
- ☐ Health Literacy
- ☐ Health-Related Quality of Life & Well-Being

- ☐ Heart Disease and Stroke
- ☐ HIV
- ☐ Immunization and Infectious Diseases
- ☐ Injury Prevention
- ☐ Lesbian, Gay, Bisexual, and Transgender Health
- ☐ Maternal and Infant Health
- ☐ Nutrition and Weight Status
- ☑ Older Adults
- ☐ Oral Health
- ☐ Physical Activity
- ☐ Respiratory Diseases
- ☐ Sexually Transmitted Diseases
- ☐ Sleep Health
- ☐ Telehealth
- ☐ Tobacco Use
- ☐ Violence Prevention
- ☐ Vision
- ☐ Wound Care
- ☐ Housing & Homelessness
- ☐ Transportation
- ☐ Unemployment & Poverty
- ☐ Other Social Determinants of Health
- ☐ Other (specify) _____

Q82. When did this initiative begin?

January 2018

Q83. Does this initiative have an anticipated end date?

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

[   ]

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

[   ]

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

[   ]

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

[   ]

- ○ Other. Please explain.

[   ]

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

The initial target population of this initiative is patients seen at HCGH. In FY20, HCGH saw 20,000 patients on an inpatient or observation basis. Of these patients, the Advance Care Planning Coordinator focused on patients who were 65+ with no advance directive; patients who indicated they have an advance directive but not on file; or patients with no advance directive of any age who indicated interest in more info. With these classifications, the total number of potential patients was 1,761.

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

1,761

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

In FY20, the Advance Care Planning (ACP) Coordinator engaged 1,761 patients at HCGH, and assisted 484 of those patients with the completion or filing of an Advance Directive.

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

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

Other. Please specify.

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

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

```
Horizon Foundation; Howard County
Health Department, Office on Aging,
Village in Howard
```

◯ No.

Q89. Please describe the primary objective of the initiative.

The primary objective of the Advanced Care Planning program is to ensure that patients have an Advance Directive (AD) on file with both HCGH as well as a national directory that has a designated Health Care Agent (HCA) and expresses their end of life wishes. This is a vital program because patient choice and end of life conversations are key components for providing patient-centered care, promoting healthy aging, and offering appropriate access to care.

Q90. Please describe how the initiative is delivered.

HCGH received grant funding from the Horizon Foundation to hire an Advance Care Planning (ACP) Coordinator; after the initial grant period, the position is now fully supported by the hospital. The purpose of this position is to meet patients at the bedside and provide them with education as well as to collect advanced directives post-discharge. The ACP coordinator also holds monthly office hours which are open to the public and provide community members with the opportunity to learn more about Advance Directives, complete them and have them uploaded into HCGH's medical record system. Due to the COVID pandemic, office hours are being held virtually through phone conversations or video. The ACP Coordinator also delivers presentations and educational sessions on advance care planning in the community.

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

☑ Count of participants/encounters | HCGH tracks the number of patients engaged by the ACP Coordinator as well as the number of Advance Directives that are completed and entered into the EHR.

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

☐ Surveys of participants

☐ Biophysical health indicators

☐ Assessment of environmental change

☐ Impact on policy change

☐ Effects on healthcare utilization or cost

☐ Assessment of workforce development

☐ Other

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

The initiative measures how many patients are engaged by the ACP coordinator, how many of those patients create and/or file their Advance Directive at HCGH, and how many community members attend "office hours" hosted by HCGH.

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

This program helps to ensure end-of-life wishes are honored by making sure the information is accurately reflected in the EMR. The Behavioral Health Program Manager in HCGH's Population Health Department also participated in a year-long Learning Collaborative hosted by the Horizon Foundation in order to align the work across Howard County to ensure the work was aligned across the community.

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

$64,923. The hospital fully funds this position.

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Behavioral Health Navigators

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

- ● Yes
- ○ No

Q99. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: ED Wait Times, Behavioral Health, including Mental Health and/or Substance Abuse, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Other Social Determinants of Health
Other:

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

- ☐ Access to Health Services: Health Insurance
- ☐ Access to Health Services: Practicing PCPs
- ☐ Access to Health Services: Regular PCP Visits
- ☑ Access to Health Services: ED Wait Times
- ☐ Access to Health Services: Outpatient Services
- ☐ Adolescent Health
- ☐ Arthritis, Osteoporosis, and Chronic Back Conditions
- ☑ Behavioral Health, including Mental Health and/or Substance Abuse
- ☐ Cancer
- ☐ Children's Health
- ☐ Chronic Kidney Disease
- ☐ Community Unity
- ☐ Dementias, including Alzheimer's Disease
- ☐ Diabetes
- ☐ Disability and Health
- ☐ Educational and Community-Based Programs
- ☐ Environmental Health
- ☐ Family Planning
- ☐ Food Safety
- ☐ Global Health
- ☐ Health Communication and Health Information Technology
- ☐ Health Literacy
- ☐ Health-Related Quality of Life & Well-Being

- ☐ Heart Disease and Stroke
- ☐ HIV
- ☐ Immunization and Infectious Diseases
- ☐ Injury Prevention
- ☐ Lesbian, Gay, Bisexual, and Transgender Health
- ☐ Maternal and Infant Health
- ☐ Nutrition and Weight Status
- ☐ Older Adults
- ☐ Oral Health
- ☐ Physical Activity
- ☐ Respiratory Diseases
- ☐ Sexually Transmitted Diseases
- ☐ Sleep Health
- ☐ Telehealth
- ☐ Tobacco Use
- ☐ Violence Prevention
- ☐ Vision
- ☐ Wound Care
- ☐ Housing & Homelessness
- ☐ Transportation
- ☐ Unemployment & Poverty
- ☐ Other Social Determinants of Health
- ☐ Other (specify) [_____]

Q100. When did this initiative begin?

December 2018

Q101. Does this initiative have an anticipated end date?

- ● No, the initiative does not have an anticipated end date.

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

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

[   ]

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

[   ]

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

[   ]

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

[   ]

○ Other. Please explain.

[   ]

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

The target population of this initiative is behavioral health patients seen in and discharged from the emergency department at HCGH.

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

2,296

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

The BHNs engaged 1,757 patients and connected 834 Patients with resources

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

☐ Chronic condition-based intervention: treatment intervention

☐ Chronic condition-based intervention: prevention intervention

☑ Acute condition-based intervention: treatment intervention

☐ Acute condition-based intervention: prevention intervention

☐ Condition-agnostic treatment intervention

☑ Social determinants of health intervention

☐ Community engagement intervention

☐ Other. Please specify.

[   ]

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

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

```
Howard County Government (funder);
Howard County Health Department;
Sheppard Pratt Way Station; Congruent
Counseling; MD Coalition of Families;
Grassroots Crisis Services;
```

○ No.

Q107. Please describe the primary objective of the initiative.

The primary objective of the Behavioral Health Navigator program is to connect with patients that have been screened or assessed in the HCGH ED and have been identified as having a behavioral health condition that is not a medical condition. The BHNs assist patients with scheduling follow-up appointments with mental health providers, connecting with community resources, and following up after discharge from the hospital to determine if any other needs have been identified and to ensure the patient has successfully connected with a mental health provider. Ultimately, the initiative intends to reduce emergency department utilization by behavioral health patients by helping to meet their needs through various resources in the community.

Q108. Please describe how the initiative is delivered.

The ED Social Worker or a psych Social Worker refers a patient to the BHN to: • Address social determinants of health • Provide post-discharge support • Improve the success rate of connection to treatment • Prevent an ED readmission There are two BHNs that work at HCGH with staggered hours that include evening and weekend coverage. Their duties include: • Provide a screening that identifies non-medical needs/social determinants of health (i.e. transportation, housing, connections to mental health services, etc) • Assists with scheduling post discharge mental health or drug treatment appointments • Connects patients to community resources and support services • Provide post discharge calls to patients within 48 hours of discharge from the ED

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

☑ Count of participants/encounters | The program tracks encounters with behavioral health patients in the ED and the number of referrals made

☑ Other process/implementation measures (e.g. number of items distributed) | Number of referrals to resources

☐ Surveys of participants

☐ Biophysical health indicators

☐ Assessment of environmental change

☐ Impact on policy change

☐ Effects on healthcare utilization or cost

☐ Assessment of workforce development

☐ Other

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

The initiative measures how many patients with behavioral health issues are engaged by the BHNs and how many patients are connected with community resources.

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

By providing targeted and rapid access to community-based, behavioral health resources, a Behavioral Health Navigator (BHN) is able to mitigate the effects of an increased demand for behavioral health services at HCGH and its surrounding community.

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

Total cost of BHNs in FY20 was $118,325, funded by a grant from the Howard County Government

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

School-Based Telemedicine

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

◉ Yes
○ No

Q117. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: ED Wait Times, Behavioral Health, including Mental Health and/or Substance Abuse, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Other Social Determinants of Health
Other:

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

☐ Access to Health Services: Health Insurance
☐ Access to Health Services: Practicing PCPs
☑ Access to Health Services: Regular PCP Visits
☑ Access to Health Services: ED Wait Times
☐ Access to Health Services: Outpatient Services
☐ Adolescent Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions
☐ Behavioral Health, including Mental Health and/or Substance Abuse
☐ Cancer
☐ Children's Health
☐ Chronic Kidney Disease
☐ Community Unity
☐ Dementias, including Alzheimer's Disease
☐ Diabetes
☐ Disability and Health
☐ Educational and Community-Based Programs
☐ Environmental Health
☐ Family Planning
☐ Food Safety
☐ Global Health
☐ Health Communication and Health Information Technology
☐ Health Literacy
☐ Health-Related Quality of Life & Well-Being

☐ Heart Disease and Stroke
☐ HIV
☐ Immunization and Infectious Diseases
☐ Injury Prevention
☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Maternal and Infant Health
☐ Nutrition and Weight Status
☐ Older Adults
☐ Oral Health
☐ Physical Activity
☐ Respiratory Diseases
☐ Sexually Transmitted Diseases
☐ Sleep Health
☐ Telehealth
☐ Tobacco Use
☐ Violence Prevention
☐ Vision
☐ Wound Care
☐ Housing & Homelessness
☐ Transportation
☐ Unemployment & Poverty
☐ Other Social Determinants of Health
☐ Other (specify) _____

Q118. When did this initiative begin?

September 2015

Q119. Does this initiative have an anticipated end date?

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

○

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

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

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

○ Other. Please explain.

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

Although Howard County has a high proportion of residents that have health insurance, they may still face challenges in accessing care in a timely manner. Thirteen percent of respondents to the Howard County Health Assessment Survey reported that they did not have a doctor that they saw regularly, and 8% of residents stated they went to the ER because they couldn't get a doctor's appointment (that number increases to 10% of residents with children). The Howard County Health Department, HCGH, and Howard County Public School System wanted to identify ways to close the achievement gap and did not want time lost from school for health care visits to prevent children from being present and ready to learn. Students who become ill at school could miss additional school time and have unnecessary emergency room visits if they cannot get access to a healthcare provider in a timely manner. This program targets students from eight Title 1 elementary schools in Howard County with a total enrollment in FY20 of 5,004 students. Of the 163 children that had visits to HCGH in the telemedicine program, 42.9% were Medicaid patients, 17.2% had private insurance, 17.2% were uninsured, and 25.2% did not report insurance type (HCGH does not bill for these visits). This demonstrates that the population of children receiving these services is much more heavily skewed toward uninsured and Medicaid-eligible than the rest of the county's population. The most common diagnoses from the program for FY20 included pharyngitis, headache, otalgia, strep throat, fever, conjunctivitis and acute asthma. The overall number of visits in FY20 was lower due to COVID and schools closing, but had they remained open the program would have been on track to see greater numbers of students than in prior years.

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

5,004

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

2,518 students enrolled; 313 visits (247 unduplicated users)

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

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

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

◉

Yes. Please describe who was involved in this initiative.

```
Howard County Public School System;
Howard County Health Department;
Klebanow and Associates; Columbia
Medical Practice
```

○ No.

Q125. Please describe the primary objective of the initiative.

> The primary goal of the program is to increase access to care in a timely manner f or elementary school students in Title 1 schools and to reduce the number of children missing school f or medical appointments and emergency department visits. This will be measured by number of students reached and rate of return to the classroom after a visit.

Q126. Please describe how the initiative is delivered.

> The school-based telemedicine program was developed in response to a need for increased access to timely appointments for students and fewer missed school hours for children in economically disadvantaged areas. To meet this need, Howard County General Hospital has partnered with the Howard County Health Department, Howard County Public School System, and two area primary care practices to offer on-demand telemedicine appointments in partnership with school nurses in eight Title 1 elementary schools in Howard County. Using telemedicine technology including video monitoring, cameras, and digital stethoscopes and otoscopes, pediatricians at HCGH and the primary care practices are available to examine ill students, provide a quick diagnosis and prescribe medicine when needed. Even when students must leave school due to a contagious illness, this quick access to an appointment and diagnosis means less school time is missed.

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

☑ Count of participants/encounters | The program measures the number of student telemedicine encounters, as well as the number of unique visitors

☐ 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 | The program measures the return-to-class rate (i.e. appointment or ED visit avoidance)

☐ Assessment of workforce development [ ]

☐ Other [ ]

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

> 2,518 of the 5,004 students in the 8 schools enrolled in the program (50%). There were 313 encounters with 247 unique students, 219 of which were with Howard County General Hospital. The adjusted return to class rate (excluding 71 patients sent home with fever, bacterial conjunctivitis, or strep throat as required by HCPSS policy) was 97.8% of students; however, even when a child must be taken out of school, having a diagnosis made quickly and a prescription given significantly reduced the time the child must be absent from school.

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

> The number of students enrolled in the program increased from 2,336 students in FY19 to 2,518 students in FY20, an increase of 8%. The program also came to two new schools in FY20. This indicates an increase in access to care within the school system. Additionally, the high adjusted return to class rate indicates that this program has been able to effectively provide care for students without resorting to costly and time-consuming emergency department visits. Furthermore, over 60% of the students seen by HCGH in FY20 were either on medical assistance or did not have insurance, indicating that the telemedicine program provided a crucial benefit to children who may have a harder time accessing care otherwise.

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

> $25,000, funded by the hospital.

Q131. (Optional) Supplemental information for this initiative.

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

Q133. Additional information about initiatives.

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

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

- ◉ Yes
- ○ No

Q136.
In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: ED Wait Times, Behavioral Health, including Mental Health and/or Substance Abuse, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Other Social Determinants of Health
Other:

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

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

This question was not displayed to the respondent.

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

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

	Select Yes or No	
	Yes	No
Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate	◉	○
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	◉	○
Healthy Communities - includes measures such as domestic violence and suicide rate	◉	○
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	◉	○
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	◉	○

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. [Vascular Surgery]

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

Hospital-Based Physicians	The Hospital staffs a team of hospitalists and intensivists to provide primary care for patients, working collaboratively alongside specialists and patients' primary care physician.
Non-Resident House Staff and Hospitalists	The Hospital staffs a team of hospitalists and intensivists to provide primary care for patients, working collaboratively alongside specialists and patients' primary care physician.
Coverage of Emergency Department Call	In FY20, HCGH subsidized ED and inpatient call coverage for the following specialties: general surgery, psychiatry, anesthesiology, OB/GYN, endocrinology, cardiology, perinatology, and neurology. Payments incentivize on-call coverage responsibilities, serving both the Hospital's ED and consultation and treatment of hospital inpatients. Physicians no longer take calls unless compensated for this service.
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	In FY20, HCGH carried out year 2 of the Practice Howard program in collaboration with the Howard County Government to recruit and retain additional primary care physicians in Howard County. This program was developed in response to a projected shortage of 70-90 primary care physicians in the county in the next several years. HCGH also continues to recruit for psychiatrists, orthopedic surgeons and general surgeons in partnership with the Johns Hopkins School of Medicine to meet community need.
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	

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.

JHM Financial Assistance Policy.pdf
165.5KB
application/pdf

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

JHM-Patient-Billing-Financial-Assistance-Information-Sheet-Plain-Language-Summary-February-2020.pdf
99.4KB
application/pdf

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

	100	150	200	250	300	350	400	450	500	
Percentage of Federal Poverty Level			◆							200
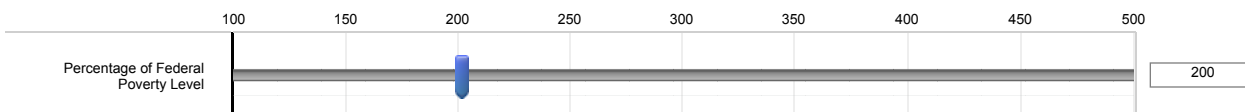
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

	200	250	300	350	400	450	500	
Lowest FPL								201
Highest FPL								500
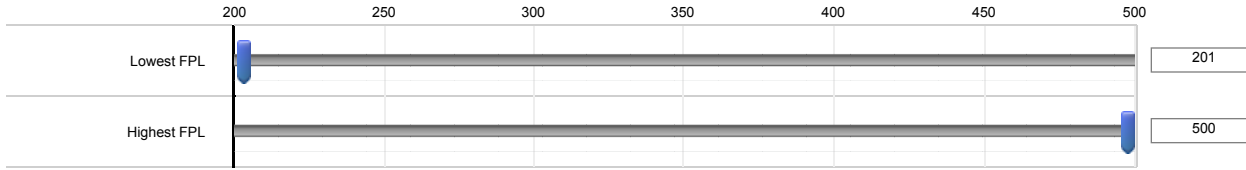
Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

	100	200	300	400	500	600	700	
Lowest FPL								401
Highest FPL								500

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

	0	10	20	30	40	50	60	70	80	90	100	
Debt as Percentage of Income												25
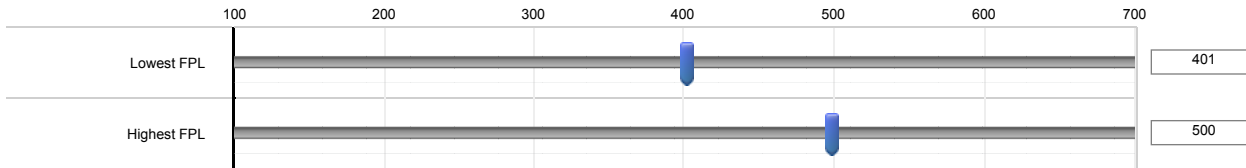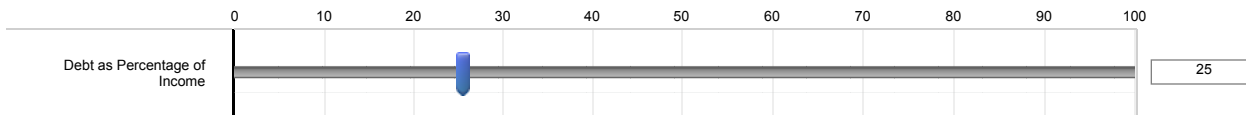
Q152. Has your FAP changed within the last year? If so, please describe the change.

○ No, the FAP has not changed.

◉ Yes, the FAP has changed. Please describe: Johns Hopkins Medicine (JHM) updated the financial assistance policy to be consistent across all entities in the health system and adopted the new policy as of February 2020. The changes are as follows: • One Financial Assistance Policy and Application across JHM • Notice to patients pre-service on Financial Assistance availability to align with regulatory requirements • Remove citizenship requirement – Add verification for patients with travel visas – Limit medical tourism charity & validate JHHS is right place of care • Align Presumptive Charity discounts across JHM – Expected charity care reclassification from bad debt – Qualification criteria change for look-back refunds to patients receiving Financial Assistance

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

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

Q155. Summary & Report Submission

<p style="color:red; text-align:center; font-size:larger;">Attention Hospital Staff! IMPORTANT!</p>

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

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

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

Location Data

Location: (39.351593017578, -76.628997802734)

Source: GeoIP Estimation

Confirming receipt; thank you! We will follow up if we have any further questions.
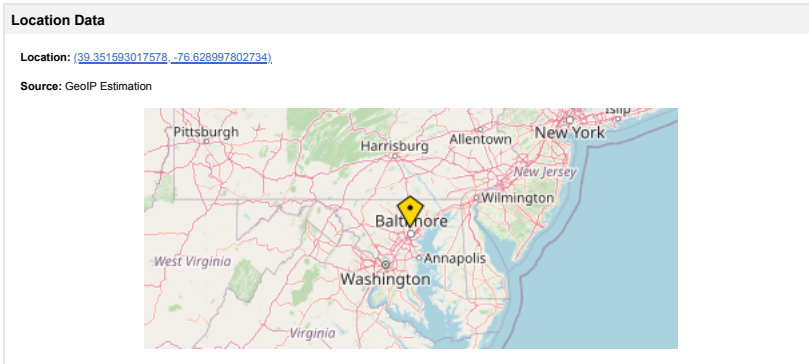
From: Elizabeth Edsall Kromm <ekromm@jhmi.edu>
Sent: Tuesday, May 25, 2021 4:32 PM
To: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Cc: Susan Manning <smanni20@jhu.edu>
Subject: RE: Clarification Required - Howard County General Hospital

Please see below for clarification. Let me know if you need anything else.

Thank you!

-Elizabeth

Elizabeth Edsall Kromm, PhD, MSc
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Mobile 410-353-6128 | Office 410-740-7734
ekromm@jhmi.edu | www.hcgh.org

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Sent: Friday, May 21, 2021 8:45 AM
To: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>; Elizabeth Edsall Kromm <ekromm@jhmi.edu>
Subject: Clarification Required - Howard County General Hospital

External Email - Use Caution

Thank you for submitting Howard County General Hospital's FY 2020 Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- In question 112 on page 22 of the attached, please clarify whether the hospital provided any funding for the Behavioral Health Navigators initiative or the program was entirely grant funded.

  Behavioral Health Navigators are funded by a grant from Howard County Government as well as the hospital. We report the BHNs under A30 – Health Care Support Services. There are Indirect costs added of $69,422.49. We used the indirect cost ratio of 58.62% that is developed using the HSCRC cost report.

- In question 149 on page 28, you indicated that your hospital offers reduced cost care to patients with household incomes up to 500% of the federal poverty level (FPL). By contrast, the financial assistance policy you attached to the narrative showed that reduced cost care is available to patients only up to 400% FPL. Please clarify which is correct.

  The financial assistance policy is 400%FPL but we also provide financial assistance in cases of hardship up to 500% FPL.

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

FINANCE JOHNS HOPKINS MEDICINE	Johns Hopkins Medicine Finance **Financial Assistance Policies Manual** **General**	*Policy Number*	PFS035
		Effective Date	02/01/2020
		Approval Date	N/A
	Subject **Financial Assistance**	*Page*	1 of 9
		Supersedes Date	10/02/2018

This document applies to the following Participating Organizations:

Howard County General Hospital   Johns Hopkins Bayview Medical Center   Johns Hopkins Community Physicians   Johns Hopkins School of Medicine

Johns Hopkins Surgery Centers Series   Sibley Memorial Hospital   Suburban Hospital   The Johns Hopkins Hospital

Keywords: assistance, bill, debt, financial, medical

I. PURPOSE

Johns Hopkins Medicine is committed to providing Financial Assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for Medically Necessary Care based on their individual financial situation.

II. POLICY

This policy contains the criteria to be used in determining a patient's eligibility for Financial Assistance and outlines the process and guidelines that shall be used to determine eligibility for Financial Assistance and the completion of the Financial Assistance application process. This policy governs the provision of Financial Assistance for patients who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for Medically Necessary Care based on their individual financial situation.

Sibley Memorial Hospital is located in the District of Columbia. Appendix A to this policy sets forth additional provisions concerning Uncompensated Care required by regulations and laws of the District of Columbia applicable to Sibley Memorial Hospital. Appendix A only applies to Sibley Memorial Hospital. If there is a contradiction between Appendix A and this policy concerning financial assistance and Uncompensated Care at Sibley Memorial Hospital, then provisions of Appendix A shall apply.

Accordingly, this written policy:

- Includes eligibility criteria for financial assistance -- free and discounted (partial assistance) care
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Describes the method by which patients may apply for financial assistance
- Describes how the hospital will widely publicize the policy within the community served by the hospital

	Version 6.0	

FINANCE — JOHNS HOPKINS MEDICINE	Johns Hopkins Medicine Finance **Financial Assistance Policies Manual** **General**	*Policy Number*	PFS035
		Effective Date	02/01/2020
		Approval Date	N/A
	Subject **Financial Assistance**	*Page*	2 of 9
		Supersedes Date	10/02/2018

- Limits the amounts that the hospital will charge for Emergency or other Medically Necessary Care provided to individuals eligible for financial assistance to amount generally billed (received by) the hospital for commercially insured or Medicare patients

FINANCIAL ASSISTANCE FOR PHYSICIANS PROVIDING CARE NOTICE

Posted on each hospital website is a full list of physicians that provide Emergency and Medically Necessary Care as defined in this policy at JHH, JHBMC, HCGH, SH and SMH. The list indicates if a doctor or Physician Practice is covered under this policy. If the doctor is not covered under this policy, patients should contact the physician's office to determine if the physician offers financial assistance and if so, what the physician's financial assistance policy provides. Physicians that are employed by The Johns Hopkins School of Medicine and Johns Hopkins Community Physicians follow the processes as outlined in this policy.

This Financial Assistance policy does not apply to deceased patients for whom a decedent estate has or should be opened due to assets owned by a deceased patient. Johns Hopkins will file a claim in the decedents' estate and such claim will be subject to estate administration and applicable Estates and Trust laws.

Actions the Johns Hopkins hospitals may take in the event of non-payment are described in a separate billing and collections policy (PFS046). To obtain a free copy of this policy please contact Customer Service at 1-855-662-3017 (toll free) or send an email to: pfscs@jhmi.edu or visit a Financial Counselor in any Johns Hopkins hospital.

Financial Assistance Applications and Medical Financial Hardship Assistance may be offered to patients whose accounts are with a collection agency and will apply only to those accounts on which a judgment has not been granted, so long as other requirements are met. Review for Medical Financial Hardship Assistance shall include a review of the patient's existing medical expenses and obligations (including any accounts placed in bad debt) and any projected medical expenses.

III. PROCEDURES
A. Services Eligible Under this Policy
   1. Financial Assistance is only applicable to Medically Necessary Care as defined in this policy. Financial Assistance is not applicable to convenience items, private room accommodations or non-essential cosmetic surgery. In the event a question arises as to whether an admission is an "Elective Admission" or a "Medically Necessary Admission," the patient's admitting physician shall be consulted and the matter will also be directed to the physician advisor appointed by the hospital.
B. Eligibility for Financial Assistance
   1. Eligibility for Financial Assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or citizenship status, sexual orientation or religious affiliation. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need, and may:
      a. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need
      b. Include the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring)
      c. Include reasonable efforts by JHM to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs

Version 6.0

		Policy Number	PFS035
FINANCE	Johns Hopkins Medicine Finance **Financial Assistance Policies Manual** **General**	Effective Date	02/01/2020
		Approval Date	N/A
JOHNS HOPKINS MEDICINE	Subject **Financial Assistance**	Page	3 of 9
		Supersedes Date	10/02/2018

    d.   Take into account the patient's available assets and all other financial resources available to the patient, and include a review of the patient's outstanding accounts for prior services rendered and the patient's payment history

C.   <u>Method by Which Patients May Apply for Financial Assistance</u>

    1.   It is preferred but not required that a request for Financial Assistance and a determination of financial need occur prior to rendering of Medically Necessary Care. A copy of the application is available online at https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/. A hard copy will be mailed upon request by calling toll free 1-855-662-3017 or 443-997-3370. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for assistance becomes known.

D.   <u>Determination of Eligibility for Financial Assistance</u>

The following two-step process shall be followed when a patient or a patient's representative requests or applies for Financial Assistance, Medical Assistance, or both:

    1.   Step One: Determination of Probable Eligibility

        a.   Within two business days following the initial request for Financial Assistance, application for Medical Assistance, or both, the hospitals will: (1) make a determination of probable eligibility, and (2) communicate the determination to the patient and/or the patient's representative. In order to make the determination of probable eligibility, the patient or his/her representative must provide information about family size, insurance and income. The determination of probable eligibility will be made based solely on this information. No application form, verification or documentation of eligibility will be requested or required for the determination of probable eligibility.

    2.   Step Two: Final Determination of Eligibility

        a.   Following a determination of probable eligibility, the hospitals will make a final determination of eligibility for Financial Assistance based on income, family size and available resources. All insurance benefits must be exhausted. All available financial resources shall be evaluated in making the final determination of eligibility. This includes resources of other persons and entities who have legal responsibility for the patient. These parties shall be referred to as guarantors for the purpose of this policy. Patients with an active travel visa may be asked for additional information regarding residence and available financial resources to determine eligibility.

        b.   Except as provided otherwise in this policy, the patient is required to complete the following: (a) the Maryland Uniform Financial Assistance Application, (b) JHHS Patient Profile Questionnaire. Patient shall also provide a Medical Assistance Notice of Determination (if applicable), reasonable proof of other declared expenses, supporting documentation, and if unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance or a statement from current source of financial support.

        c.   The patient/guarantor shall identify all income sources on a monthly and annual basis (taking into consideration seasonal employment and temporary increases and/or decreases in income) for the patient/guarantor. Additionally, current information must be submitted for business income and expenses. If current income and expenses are not available, the previous year's tax return 1040 and Schedule C must be submitted. Examples of income sources:

            i.   Income from wages

            ii.   Retirement/Pension Benefits

            iii.   Income or benefits from self-employment

            iv.   Alimony

            v.   Child support

             vi.   Military family allotments

            vii.   Public assistance

            viii.   Pension

FINANCE **JOHNS HOPKINS** **MEDICINE**	Johns Hopkins Medicine Finance **Financial Assistance Policies Manual** **General**	*Policy Number*	PFS035
		Effective Date	02/01/2020
		Approval Date	N/A
	Subject **Financial Assistance**	*Page*	4 of 9
		Supersedes Date	10/02/2018

Version 6.0

      ix.   Social security

      x.   Strike benefits

      xi.   Unemployment compensation

      xii.   Workers compensation

      xiii.   Veteran's benefits

      xiv.   Other sources, such as income and dividends, interest or rental property income.

d.   An applicant who may qualify for insurance coverage through a Qualified Health Plan or may qualify for Medical Assistance will be required to apply for a Qualified Health Plan or Medical Assistance and cooperate fully, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. While a patient's application for Medical Assistance is pending, the patient will be provisionally deemed to be covered by Medical Assistance and will not be required to complete the Maryland Uniform Financial Assistance Application. If the patient's application for Medical Assistance is denied, the patient will then be required to complete the Maryland Uniform Financial Assistance Application.

e.   JHM will use a household income-based eligibility determination and the most recent Federal Poverty Guidelines to determine if the patient is eligible to receive financial assistance.

      i.   Patients will be eligible for Financial Assistance if their maximum family (husband and wife, same sex married couples) income (as defined by Medicaid regulations) level does not exceed the income standard per level (related to the Federal poverty guidelines) and they do not own Liquid Assets in excess of $10,000 which would be available to satisfy their JHM bills.

      ii.   The Federal Poverty Guidelines (FPL) are updated annually by the U.S. Department of Health and Human Services.

      iii.   If the patient's household income is at/or below the amount listed below, financial assistance will be granted in the form of free care (a 100% adjustment) or reduced-cost care (35%-75%) adjustment to their JHM accounts. Adjustments will be made as follows:

         •   Household income up to 200% of FPL 100% Adjustment

         •   Household income between 201% & 250% of FPL 75% Adjustment

         •   Household income between 251% & 300% of FPL 50% Adjustment

         •   Household income between 301% & 400% of FPL 35% Adjustment

f.   Patients who have already qualified for Financial Assistance at one of the providers under this policy are not required to re-apply and are deemed eligible.

g.   The patient/guarantor shall be informed in writing of the final determination of eligibility for Financial Assistance along with a brief explanation. The patient/guarantor shall be informed of the right to appeal any final eligibility decision regarding financial assistance.

h.   All information obtained from patients and family members shall be treated as confidential. Assurances about confidentiality of patient information shall be provided to patients in both written and verbal communications.

i.   Once a patient is approved, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months.

j.   Once a patient is approved if any balance remains after the financial assistance allowance is applied, the patient will be offered a payment plan. Any payment schedule developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended.

k.   A department operating programs under a grant or other outside governing authority (i.e., Psychiatry) may continue to use a government-sponsored application process and associated income scale to determine eligibility for specific services.

l.   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 patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be

FINANCE	Johns Hopkins Medicine Finance **Financial Assistance Policies Manual** General	*Policy Number*	PFS035
		Effective Date	02/01/2020
JOHNS HOPKINS MEDICINE		*Approval Date*	N/A
	Subject **Financial Assistance**	*Page*	5 of 9
		Supersedes Date	10/02/2018

Version 6.0

reviewed by the Financial Counselor and recommendations shall be made to Financial Assistance Evaluation Committee. 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.

 m. Patients who receive coverage on a Qualified Health Plan and ask for help with out-of-pocket expenses (co-payments and deductibles) for medical costs resulting from Medically Necessary Care shall be required to submit a Financial Assistance Application.

 n. If a patient account has been assigned to a collection agency, and patient or guarantor request financial assistance or appears to qualify for financial assistance, the collection agency shall notify Revenue Cycle Management and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to Revenue Cycle Management for review and determination and shall place the account on hold for 45 days pending further instructions.

 o. Services provided to patients registered as Voluntary Self Pay (opting out of insurance coverage, or insurance billing) do not qualify for Financial Assistance.

 p. The Vice President of Revenue Cycle Management or designee may make exceptions according to individual circumstances.

E. Presumptive Financial Assistance Eligibility

 1. Some patients are presumed to be eligible for financial assistance discounts on the basis of individual life circumstances. Patients who are beneficiaries/recipients of the following means-tested social services programs are deemed eligible for free care upon completion of a financial assistance application, and proof of enrollment within 30 days (30 additional days permitted if requested):

  a. Households with children in the free or reduced lunch program

  b. Supplemental Nutritional Assistance Program (SNAP)

  c. Low-income-household energy assistance program

  d. Women, Infants and Children (WIC)

  e. Other means-tested social services programs deemed eligible for free care policies by the Department of Health and Mental Hygiene (DHMH) and the Health Services Cost Review Commission (HSCRC), consistent with HSCRC regulation COMAR 10.37.10.26

 2. Presumptive eligibility for financial assistance will be granted under the following circumstances without the completion of a financial assistance application but with proof or verification of the situation described:

  a. A patient with Active Medical Assistance Pharmacy coverage;

  b. QMB coverage/SLMB coverage

  c. Maryland Public Health System Emergency Petition patients

  d. A patient that is deceased with no estate on file

  e. A patient that is deemed homeless

  f. A patient that presents a sliding fee scale or financial assistance approval from a Federally Qualified Health Center or City or County Health Department

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

  h. Health Department moms- for non-emergent outpatient visits not covered by Medical Assistance

  i. Active enrollees of the Chase Brexton Health Center

  j. Active enrollees of the Healthy Howard Program

  k. A patient with a referral to SH from a locally based program (Catholic Charities, Mobile Med, Inc., Montgomery County Cancer Crusade, Montgomery Cares, Primary Care Coalition, Project Access, and Proyecto Salud) which has partnered with SH to provide access to inpatient and outpatient care for low income uninsured patients.

 3. Presumptive eligibility for Financial Assistance is only granted for current services and past accounts—it does not extend to future services.

Version 6.0

4. JHM will use a household income-based eligibility determination and the most recent Federal Poverty Guidelines to determine if the patient is eligible to receive financial assistance.
   a. The Federal Poverty Guidelines (FPL) are updated annually by the U.S. Department of Health and Human Services.
   b. If the patient's household income is at/or below the amount listed below, financial assistance will be granted in the form of free care (a 100% adjustment) or reduced-cost care (35%-75%) adjustment to their JHM accounts. Adjustments will be make as follows:
      i. Household income up to 200% of FPL 100% Adjustment
      ii. Household income between 201% & 250% of FPL 75% Adjustment
      iii. Household income between 251% & 300% of FPL 50% Adjustment
      iv. Household income between 301% & 400% of FPL 35% Adjustment

F. Medical Financial Hardship Assistance
   1. Medical Financial Hardship Assistance consideration may be available for patients who are eligible for Financial Assistance but have been deemed to have incurred a Medical Financial Hardship. JHM will provide reduced cost Medically Necessary Care to patients with family income above 400% of FPL but below 500% of the Federal Poverty Level.
   2. A Medical Financial Hardship means Medical Debt for Medically Necessary Care incurred by a family over a 12-month period that exceeds 25% of family income. Medical Debt is defined as out-of-pocket expenses for medical costs for Medically Necessary Care billed by a Johns Hopkins hospital as well as those provided by Johns Hopkins providers, the out-of-pocket expenses mentioned above do not include co-payments, co-insurance and deductibles, unless the patient is below 200% of Federal Poverty Guidelines. Patients with household income up to 500% of FPL and with a financial hardship will receive a 25% adjustment.
   3. Factors considered in granting Medical Financial Hardship Assistance:
      a. Medical Debt incurred over the twelve (12) months preceding the date of the Financial Hardship Assistance Application at the Hopkins treating facility where the application was made
      b. Liquid Assets (leaving a residual of $10,000)
      c. Family Income for the twelve (12) calendar months preceding the date of the Financial Hardship Assistance Application
      d. Supporting Documentation.
   4. Once a patient is approved for Medical Hardship Financial Assistance, Medical Hardship Financial Assistance coverage shall be effective starting the month of the first qualifying service and the following twelve (12) calendar months. It shall cover those members of the patient's Immediate Family residing in the same household. The patient and the Immediate Family members shall remain eligible for reduced cost Medically Necessary Care when seeking subsequent care at the Johns Hopkins hospitals under this policy for twelve (12) calendar months beginning on the date on which the reduced cost Medically Necessary Care was initially received. Coverage shall not apply to Elective Admissions or Elective or cosmetic procedures. However, the patient or the patient's Immediate Family member residing in the same household must notify the hospital of their eligibility for the reduced cost Medically Necessary Care at registration or admission.
   5. If patient is approved for a percentage allowance due to Medical Financial Hardship it is recommended that the patient make a good-faith payment at the beginning of the Medical Financial Hardship Assistance period. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income guidelines JHHS shall make a payment plan available to the patient.
   6. Any payment plan developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended.
   7. For those patients who are eligible for reduced cost care under the Financial Assistance criteria and also qualify under the Medical Financial Hardship Assistance Guidelines, JHM shall apply the reduction in charges that is most favorable to the patient.

G. Notice of Financial Assistance Policy, Patient Education, Communication and Outreach
   1. Individual notice regarding the hospital's financial assistance policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital. JHM shall address with the patient or the patient's family any financial concerns that they may have.
   2. The Johns Hopkins hospitals shall disseminate information regarding its Financial Assistance policy on an annual basis by publishing notice regarding the policy in a newspaper of general circulation in the jurisdictions it serves, which notice shall be in a format understandable by the service area populations.
   3. The Notice to Patients of the Availability of Financial Assistance shall be posted at patient registration sites, admissions/business offices, billing offices, and in the emergency department at each facility. Notice will be posted on each hospital website, will be mentioned during oral communications, and will be sent to patients on patient bills. A copy of the Financial Assistance policy will be posted on each facility's website and will be provided to anyone upon request.
   4. Individual notice regarding the availability of financial assistance under this policy will also be provided to obstetric patients seeking services at the hospitals under this policy, at the time of community outreach efforts, prenatal services, preadmission or admission.
   5. A Patient Billing and Financial Assistance Information Sheet will be provided to patients before the patient receives scheduled medical services in a hospital, before discharge, with the hospital bill, and will be available to all patients upon request.
   6. A Plain Language Summary of this policy is posted on the JHM website as well as will be available to all patients.

H. Late Discovery of Eligibility
   1. If the hospitals discover that patient was eligible for free care on a specific date of service (using the eligibility standards applicable on that date of service) and that specific date is within a two (2) year period of discovery, the patient shall be refunded amounts received from the patient/guarantor exceeding twenty-five dollars ($25).
   2. If the hospital documentation demonstrates the lack of cooperation of the patient or guarantor in providing information to determine eligibility for free care, the two (2) year period herein may be reduced to thirty (30) days from the date of initial request for information.
   3. If the patient is enrolled in a means-tested government health care plan that requires the patient to pay-out-of pocket for hospital services, then patient or guarantor shall not be refunded any funds that would result in patient losing financial eligibility for health coverage.

IV. DEFINITIONS

For the Purpose of this policy, the terms below are defined as follows:

Medical Debt	Medical Debt is defined as out-of-pocket expenses for medical costs resulting from Medically Necessary Care billed by a Johns Hopkins hospital or Johns Hopkins provider covered by this policy. Out-of-pocket expenses do not include co-payments, co-insurance and deductibles. Medical Debt does not include those hospital bills or physician bills for which the patient chose to be registered as Voluntary Self Pay (opting out of insurance coverage, or insurance billing)
Liquid Assets	Cash, securities, promissory notes, stocks, bonds, U.S. Savings Bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property immediately convertible to cash. A safe harbor of $150,000 in equity in patient's primary residence shall not be considered an asset convertible to cash. Equity in any other real property shall be subject to liquidation. Liquid Assets do not include retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the Internal Revenue Code or non qualified deferred compensation plans.

	Johns Hopkins Medicine Finance **Financial Assistance Policies Manual** General	*Policy Number*	PFS035
FINANCE JOHNS HOPKINS M E D I C I N E		*Effective Date*	02/01/2020
		Approval Date	N/A
	Subject **Financial Assistance**	*Page*	8 of 9
		Supersedes Date	10/02/2018

Version 6.0

Elective Admission	A hospital admission that is for the treatment of a medical condition that is not considered an Emergency Medical Condition.
Immediate Family	If patient is a minor, immediate family member is defined as mother, father, unmarried minor siblings, natural or adopted, residing in the same household. If patient is an adult, immediate family member is defined as spouse or natural or adopted unmarried minor children residing in the same household.

Emergency Medical Condition	A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, or other acute symptoms such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
	
	1. Serious jeopardy to the health of a patient;
	2. Serious impairment of any bodily functions;
	3. Serious dysfunction of any bodily organ or part.
	4. With respect to a pregnant woman:
	   a. That there is inadequate time to effect safe transfer to another hospital prior to delivery.
	   b. That a transfer may pose a threat to the health and safety of the patient or fetus.
	   c. That there is evidence of the onset and persistence of uterine contractions or rupture of the membranes.

Emergency Services and Care	Medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine whether an emergency medical condition exists and, if it does, the care, treatment, or surgery by a physician which is necessary to relieve or eliminate the emergency medical condition, within the service capability of the hospital.
Medically Necessary Care	Medical treatment that is necessary to treat an Emergency Medical Condition. Medically necessary care for the purposes of this policy does not include Elective or cosmetic procedures.
Medically Necessary Admission	A hospital admission that is for the treatment of an Emergency Medical Condition.
Family Income	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of Immediate Family residing in the household.
Supporting Documentation	Pay stubs; W-2s; 1099s; workers' compensation; Social Security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments and credit bureau reports; Explanation of Benefits to support Medical Debt.
Qualified Health Plan	Under the Affordable Care Act, starting in 2014, an insurance plan that is certified by the Health Insurance Marketplace, provides essential health benefits, follows established limits on cost-sharing (like deductibles, co-payments, and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will have a certification by each Marketplace in which it is sold.

V. REFERENCE
   JHHS Finance Policies and Procedures Manual

FINANCE **JOHNS HOPKINS** MEDICINE	Johns Hopkins Medicine Finance **Financial Assistance Policies Manual** General	*Policy Number*	PFS035
		Effective Date	02/01/2020
		Approval Date	N/A
	Subject **Financial Assistance**	*Page*	9 of 9
		Supersedes Date	10/02/2018

Version 6.0

- Policy No. PFS120 - Signature Authority: Patient Financial Services
- Policy No. PFS034 - Installment Payments
- Policy No. PFS046 - Self-pay Collections

Charity Care and Bad Debts, AICPA Health Care Audit Guide

Code of Maryland Regulations COMAR 10.37.10.26, et seq
Maryland Code Health General 19-214, et seq
Federal Poverty Guidelines (Updated annually) in the Federal Register

VI. SPONSOR
- VP Revenue Cycle Management (JHHS)
- Director, PFS Operations (JHHS)

VII. REVIEW CYCLE
Two (2) years

VIII. APPROVAL

Electronic Signature(s)	Date
Kevin Sowers President of Johns Hopkins Health System; Executive Vice President, Johns Hopkins Medicine	01/12/2020

PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET
Johns Hopkins Medicine
The Johns Hopkins Hospital
Johns Hopkins Bayview Medical Center
Howard County General Hospital
Suburban Hospital
Sibley Memorial Hospital

The Johns Hopkins Medical Institutions are committed to providing financial assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

Summary of Eligibility Requirements and Assistance Offered

It is the policy of the Johns Hopkins Medical Institutions to provide financial assistance based on indigence or excessive medical debt for patients who meet specified financial criteria and request such assistance.

The hospital offers financial assistance to certain individuals under a Financial Assistance Policy. If you are unable to pay for medical care, you may qualify for Free or Reduced-Cost Medically Necessary Care if you:

- A member of the hospital's community. The community extends to those persons living or working in the hospital's service area or requiring emergency services while otherwise visiting within the service area.
- Have no other insurance options
- Have been denied medical assistance or fail to meet all eligibility requirements
- Meet specific financial criteria

No individual who is eligible for financial assistance under the Financial Assistance Policy will be charged more for emergency or other medically necessary care than the amounts generally billed (AGB).

Specific to Sibley Memorial Hospital
Under District of Columbia law, Sibley Memorial Hospital (SMH) must make its services available to all people in the community. SMH is not allowed to discriminate against a person because of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, physical handicap, source income, or place of residence or business, or because a person is coved by a program such as Medicare or Medicaid.

SMH is also required to provide a reasonable volume of services without charge or at a reduced charge to persons unable to pay. Ask the staff if you are eligible to receive services either without charge or at a reduced charge. If you believe that you have been denied services or consideration for treatment without charge or at a reduced charge without good reason, contact the Admissions or Business Office of this health care provider, and call the State Health Planning and Development Agency through the Citywide Call Center at 202-727-1000. If a patient want to file a complaint, forms are available from the State Health Planning and Development Agency.

February 2020

Summary of how to Apply for Assistance under the Financial Assistance Policy

To obtain free copies of the hospital's Financial Assistance Policy and Application, and for instructions on how to apply, please visit our website at: https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/#financial_assistance or visit a Financial Counselor in the Admission Office of the hospital. To obtain a free copy of the Financial Assistance Policy and Application by mail, call 443-997-3370 (local) or 1-855-662-3017 (toll free) to request a copy or submit a written request to Johns Hopkins Health System, Customer Service – Financial Assistance, 3910 Keswick Road, S-5300, Baltimore, MD 21211.

Please call Customer Service at 443-997-3370 (local) or 1-855-662-3017 (toll free) or send an email to pfscs@jhmi.edu or visit a Financial Counselor in the Admission Office of the hospital with questions concerning:

- The Financial Assistance Policy and Application
- Your hospital bill
- Your rights and obligations with regard to your hospital bill
- Your rights and obligations with regard to reduced-cost, medically necessary care due to financial hardship
- How to apply for free and reduced-cost care
- How to apply for Maryland Medical Assistance, DC Medical Assistance, or other programs that may help pay your medical bills

Language translations for the Financial Assistance Policy and all related documentation can be found on our website at: https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/#financial_assistance

Maryland Medical Assistance

You may also qualify for Maryland Medical Assistance. For information about Maryland Medical Assistance contact your local department of Social Services at 1-800-332-6347 (TTY 1-800-925-4434) or visit: www.dhr.state.md.us

DC Medicaid

You may also qualify for DC Medicaid. For information about DC Medicaid, contact (202) 727-5355 to locate your nearest Economic Security Administration (ESA) Service Center or visit: www.dc-medicaid.com

Billing Rights and Obligations

Not all medical costs are covered by insurance. The hospital makes every effort to see that you are billed correctly. It is up to you to provide complete and accurate information about your health insurance coverage when you are brought in to the hospital or visit an outpatient clinic. This will help make sure that your insurance company is billed on time. Some insurance companies require that bills be sent in soon after you receive treatment or they may not pay the bill. Your final bill will reflect the actual cost of

February 2020

care minus any insurance payment received and/or payment made at the time of your visit. All charges not covered by your insurance are your responsibility.

If you do not qualify for Maryland Medical Assistance, DC Medical Assistance or financial assistance under the Financial Assistance Policy, you may be eligible for an extended payment plan for your medical bill.

Physician charges are not included in hospital bills and are billed separately.
Johns Hopkins is simplifying our billing statement. For services after July 23, 2018, you will receive one bill for your care at Johns Hopkins Health System (excluding Behavioral Health). However, you may still receive multiple bills for services received prior to July 23, 2018, until those balances are paid from hospital-based physicians like anesthesiologists, pathologists, as well as from private community physicians.