Anne Arundel Medical Center

Community Benefit Report

FY2013

December 16, 2013

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes[1]:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
380 Licensed Beds for FY13[2]	28,140	21401 21403 21037 21012 21114 20715 21409 21146 21122 21113 21666 20716 21061 21032	James L. Kernan Rehab Hospital, Harbor Hospital Center, Baltimore Washington Medical Center, Johns Hopkins Hospital University of Maryland Medical Center	9.6% Uninsured[3] (Ages 18-64)	There were 51,214 Medicaid recipients enrolled in Oct. 2013 in Anne Arundel Co.[4] AAMC Emergency Room patients from Anne Arundel County who have Medicaid totaled over 9,100 in FY13. This accounts for 13% of all AAMC ER patients from Anne Arundel County. Medicaid Inpatients to AAMC totaled nearly 1,500 in FY13 and accounted for 8% of AAMC inpatients from Anne Arundel County.[5]

[1] Maryland HSCRC
[2] Maryland Health Care Commission FY13 Licensed Bed Report dated June 2012.
[3] Anne Arundel County "Growing Wellness", Report Card of Community Health Indicators, May 2013
[4] http://www.md-medicaid.org/mco/index.cfm
[5] AAMC internal patient data

2. For purposes of reporting on your community benefit activities, please provide the following information:

a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital's Community Benefit Service Area – "CBSA". This service area may differ from your primary service area on page 1.) This information may be copied directly from the section of the CHNA that refers to the description of the Hospital's Community Benefit Community.

Anne Arundel County ("County") is the CBSA for Anne Arundel Medical Center (AAMC) and for the purpose of the CBR since 65 percent of our discharges (over 18,000) are within the County boundaries. Nearly 72 percent of the County population is White, and 16.1 percent Black, 6.4 percent Hispanic, 3.6 percent Asian, 0.4 percent Native American, and 2.8 percent made up of other races. It is important to address the County's industry, geography, and community needs in order to determine healthcare needs and services.

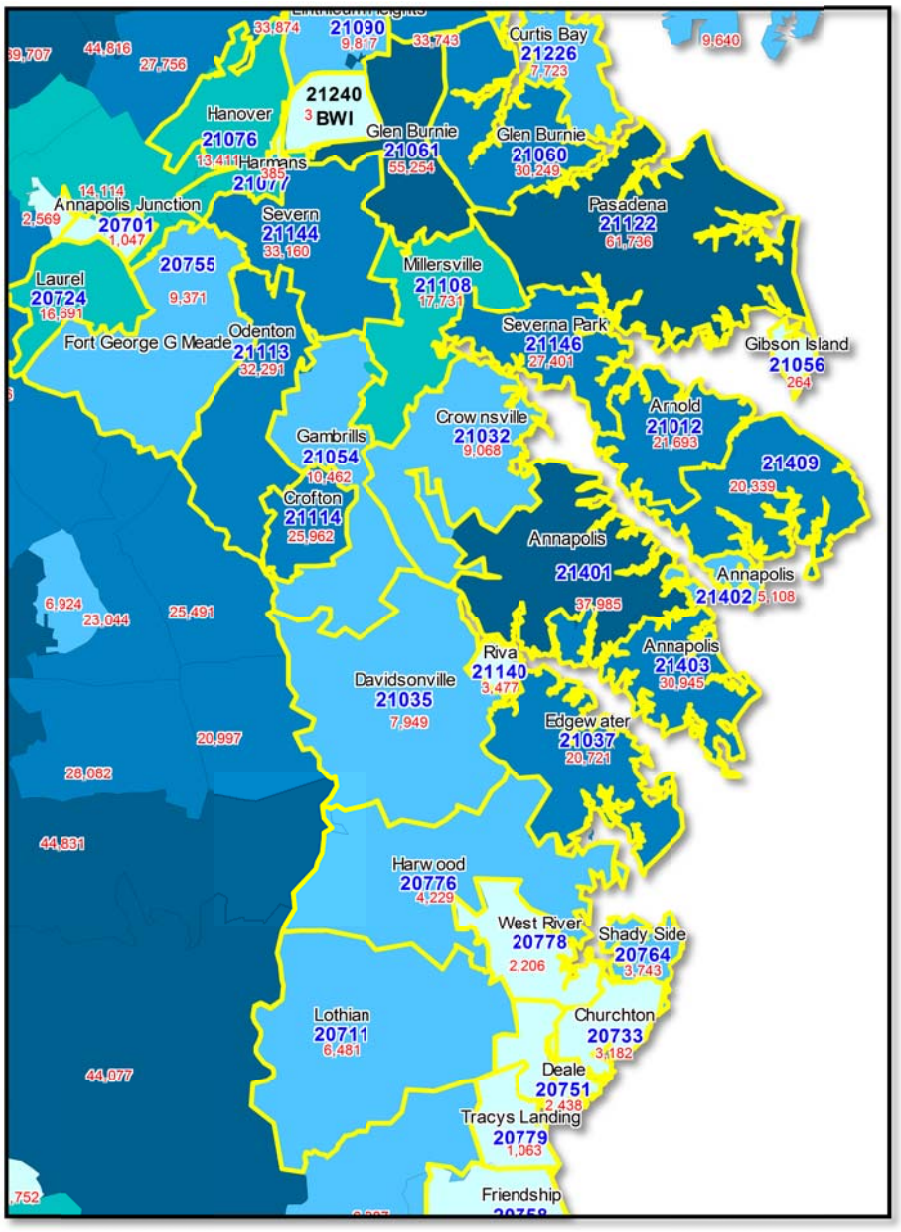
The County is located south of Baltimore and east of Washington, D.C. and it is comprised of diverse communities with residents living in rural, suburban, and urban settings. The southern half of the County (south of Annapolis) is primarily zoned "Residential Agricultural" per Anne Arundel County Department of Planning and Zoning[6], and is considered a rural area. Southern Anne Arundel County accounts for only 11.5% of the County's total population.[7] This area is served by one federally-qualified health center in the Owensville/West River community. In southern Anne Arundel County, the race/ethnicity breakdown differs from the total County as the Black population decreases to approximately 7 percent and the Hispanic population decreases to 4.5 percent, the White population increases to 87 percent[8] as compared to the total county. The median household income (2013) for South County is above the County and State median household income.

On the other hand, the northern half of the County is primarily urban and suburban as it sits so close to Baltimore. Two federally qualified health centers (FQHC) are located in Severn (21144) and Curtis Bay (21226). The median household income (2013) for the northern half of the County is also above the County and State median household income. The race mix of this population (over 450,000) is similar to the entire county, though minorities increase about 3 percent in the northern half of the county.

The County is considered a high risk area for bioterrorism as it is home to the National Security Agency, the U.S. Naval Academy, Baltimore-Washington Thurgood Marshall International Airport, Fort Meade and its proximity to Washington, D. C. The Base Realignment and Closure's (BRAC) 2007-2015 implementation has caused the Fort Meade region (Odenton area) to expand to 56,800[9] military, government service civilians, and contractor employees and their families. The Fort Meade region is the epicenter of the Cyberspace and Information Assurance Industries, part of the DOD's Defense Information Systems Agency (DISA) and headquarters of Cyber Command. This has increased the demand for healthcare services in West County. Because of this, AAMC developed a medical office

[6] http://www.aacounty.org/PlanZone\
[7] Nielsen, Inc. 2013 population estimates
[8] Ibid.
[9] http://www.aacounty.org/BRAC/Resources/20111018_BRAC_Beyond.pdf, Slide 4

building in Odenton in partnership with Johns Hopkins Medicine offering Primary Care, Specialty Care, and Urgent Care. The map below shows the population density of the County by zip code boundary.



The lack of a broad web of public transportation is a barrier to receiving healthcare. The County is situated along the western shore of the Chesapeake Bay. Due to this, it consists of a series of peninsulas which makes a comprehensive public transportation system too expensive to maintain.[10] As a result, there are not adequate local bus lines to service the Annapolis area and the western and northern parts of the County. South County currently has only three bus stops to the Edgewater area which leaves a great portion of southern Anne Arundel County without public transportation. Public transportation is in need of additional routes. Anne Arundel County's Transportation Division concluded its study: *Corridor Growth Management Plan* in July of 2012 with plans to provide more frequent bus transit service. These

[10] Anne Arundel County Local Health Plan 2011

projects will depend on future funding and they do not seem to expand far into county neighborhoods.[11] As a result, only 3.3 percent of Anne Arundel County residents utilize public transportation to get to work.[12] Inadequate transportation is not only a barrier for employment; it is also a barrier to access other needed services, such as healthcare. The lack of public transportation is a "huge issue" throughout the Anne Arundel County, especially related to "its impact on potential self-sufficiency for families through adequate employment".[13]

While the County ranks overall favorably as compared to the State with regard to income, housing, and health insurance coverage, there are apparent inequities. Specifically, the 2013 median household income (HHI) in the County is $ 84,099 and by race: White HHI $88,637, Black HHI $69,294, and Hispanic HHI $66,164.[14] The County Report Card (2011 data) indicates that 3.7 percent of families/5.5 percent of individuals are living below the poverty level. The average unemployment rate for the civilian labor force for the County, 2013 to date is 6.2 percent.[15] The U. S. Bureau of Labor statistics lists Maryland's 2012 average unemployment rate by race/ethnicity showing the White population at 5.6 percent; Black at 10.2 percent; Asian at 4.5 percent; and Hispanic at 6.7percent. The State's unemployment rate was 7.0 percent. Furthermore, 12 percent of Anne Arundel African Americans and 15.3 percent of Hispanic/Latino residents live in poverty. This is compared to 4.6 percent among the county's White residents.[16]

There are approximately 211,400 households in the County with few (6.9 percent) vacant housing units. This compares favorably to the number of vacant housing units throughout Maryland (11.4 percent) and the U.S. (10.5 percent).

Health insurance coverage is also a consideration in the County. While more than 91.6 percent of the population has health insurance, the County uninsured rate for 18 – 64 year olds is 9.6 percent.[17] In Maryland the uninsured rates for the nonelderly by race/ethnicity available breakdown for 2010-2011 is: White 11 percent, African American 17 percent, and Hispanic 35percent[18]. The variance is considerable for minorities.

The Hispanic population has experienced significant growth in the County from 3.7percent to 6.4percent between 2007 and the County's current Report Card (data from 2011). It is projected that the Hispanic population will continue to grow an additional 24% over the next 5 years. In addition, the population of the residents who are 65 and older in the County is expected to grow 22.3 percent over the next five years.[19] In the Annapolis zip codes (21401, 21403, 21405, 21409), the 65+ population in 2013 is approximately 16,000, and by the year 2018 is projected to be nearly 19,000. Inpatient discharges for those with Medicare made up 42% of total inpatient discharges at AAMC in FY13. Because about 80% of older adults have one chronic condition, and 50% have at least two[20], this age group is another priority of AAMC's community health initiative.

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[11] http://www.aacounty.org/planzone/transportation/transit.cfm.
[12] Nielsen, Inc. 2013 county level demographic data
[13] http://www.aacounty.org/Partnership/Resources/2012_AA_County_Needs_Assessment.pdf
[14] Ibid.
[15] http://www.dllr.state.md.us/lmi/laus/annearundel.shtml
[16] 2012 Community Health Needs Assessment Final Report – Anne Arundel County Department of Health
[17] http://www.aahealth.org/pdf/aahealth-report-card-2013.pdf
[18] http://kff.org/uninsured/state-indicator/rate-by-raceethnicity/
[19] Ibid.
[20] http://www.cdc.gov/chronicdisease/resources/publications/AAG/aging.htm

A growing immigrant population further complicates access to care. Access to culturally sensitive, bilingual primary care providers are needed to meet the growing health care needs in this community. Medicaid expansion will soon create an even higher demand for community health services.

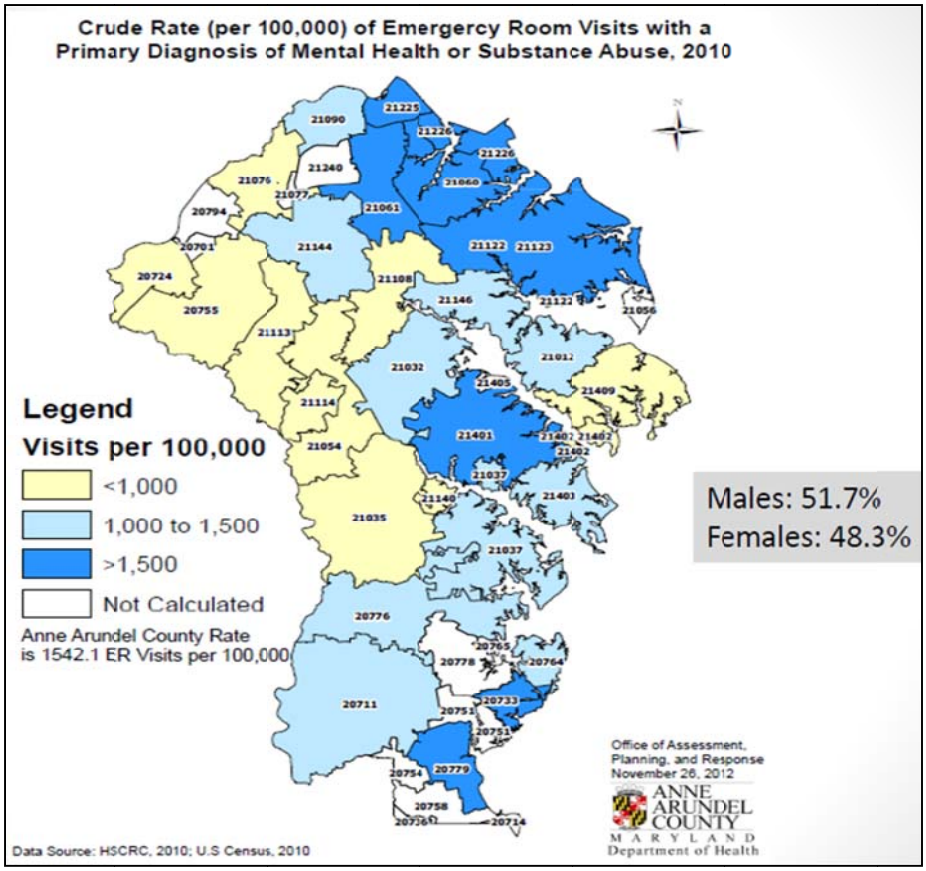
The Hospital is located in the 21401 Annapolis community which has been identified by the State as a designated "Health Enterprise Zone" (HEZ).[21] The Annapolis zip codes of 21401 and 21403 have distinct areas where residents suffer from significant health disparities that are compounded by common social determinants of health to include: reduced access to health care, high rates of poverty, limited transportation, low literacy levels, and high rates of crime. The city of Annapolis has the 4th highest percentage of public/subsidized housing units in Maryland.[22] Approximately 33 percent of Annapolis rental units are public housing or receive a public subsidy to provide housing to low and moderate income households, as defined by HUD.[23]

In addition, the rate of Medicaid (130.7/1000 residents) in this area is higher than the rate for the State. A section of this zip code also is home to the very poor with a census tract median household income of $12,563 for the Hispanic population and $24,821 for the African American population.[24] In 21401 zip code, low-birth weight infant deliveries at 6.4% and the rate of Medicaid qualified this area as a Maryland Health Enterprise Zone (http://dhmh.maryland.gov/healthenterprisezones/SitePages/Updates.aspx).

The FY2013 Community Health Needs Assessment (CHNA) also identified other patterns. The percentage of obese and overweight adults in Anne Arundel County is nearly 68 percent. This is above the percentage for Maryland and the U.S (64.4% percent and 63.3 percent respectively). The CHNA rated weight problems as the number one health issue for the County. The connection with chronic disease prevention and management (diabetes, heart disease) was noted as were the barriers to eating well and integrating healthy lifestyle options into daily routines. Specifically, the availability of healthy food options and recreational opportunities are often limited to those with financial means.

Co-occurring disorders have been identified as health problems in the County. The suicide rate in the County is 9.5 per 100,000, which is above the state rate of 8.8. There were more than 2,900 hospitalizations for mental health disorders among Anne Arundel County residents. The percentage of adults in the County who consume alcohol on a regular basis and who binge drink (19.8 percent), far exceeds the state and national figures (14.6 percent and 15.1percent respectively). Per Holleran Consulting, LLC's December 2012 Mental Health Needs Assessment (MHNA) for Anne Arundel County, adults in the County who report 10 or more days in a typical month where alcohol is consumed are also more likely to report 10 or more days of poor mental health in the month compared to those who do not drink (17.7 percent versus 11.6 percent). Also noted in the MHNA were those living with mental illness and/or addiction are more likely to be obese, to have diabetes, and to have had a heart attack or coronary artery disease. There is increasing frustration with navigating the system of care; there are barriers to receiving the treatment, particularly for the under- and uninsured; and, there is a stigma attached the diagnosis.

[21] http://eh.dhmh.md.gov/hez/index.html
[22] City of Annapolis, Chief of Community Development, Theresa Wellman Sept. 2012
[23] http://www.mdp.state.md.us/PDF/OurWork/CompPlans/AnneArundel/Annapolis/09_CMP_Annapolis.pdf
[24] Nielsen, Inc. 2013demographic data, census tract 24003706101



The overall, age-adjusted mortality rate for heart disease and cancer in the County exceeds state and national figures (198.8 per 100,000 and 195.2 per 100,000 respectively). Most recent data show that the County heart disease (176.1) and cancer (171.3) mortality rates have dropped significantly. Therefore, current and future community health initiatives will need to broaden to focus on the prevention and management of these chronic diseases among the aged as well as those conditions that are disproportionately affecting the growing minority populations.[25] The rapid growth in the percentage of individuals with diabetes is alarming to county providers as well as the proportion of those undiagnosed with diabetes and other risk factors (high blood pressure, high cholesterol, etc.). The incidence rate for diagnosed diabetes for the County is 9.1 per 1,000 pop.[26] which is slightly over the state rate of 8.9. The rate of Emergency Room visits for diabetes (2012 update) was 280.3/100,000 pop. with race disparities: Blacks 688.5 visits per 100,000. This is significantly above the State rate for Blacks of 593.3 per 100,000. The rate of ED visits for hypertension in the County (2012 update) is 157.1 per 100,000 pop. which is lower than the State rate of 222.2 per 100,000. But broken down by race, the Black population far exceeds the White population in the rate of ED visits for hypertension, 432.7 vs. 115.0.

In summary, secondary data for the County reveals higher socio-economic groups with higher income, education level and housing as compared to the State. The majority of residents also have health insurance. Higher rates of mortality for heart disease, diabetes, and cancer exist as a whole. Obesity and co-occurring disorders are higher in the County as compared to state and national figures. In addition,

[25] Anne Arundel County Local Health Plan 2011
[26] http://www.cdc.gov/diabetes/atlas/countydata/atlas.html 2010 age-adjusted data adults 18+ yrs.

there are health inequities across some groups, particularly in Annapolis. The FY2013 CHNA identified seven issues that affect county residents: obesity, co-occurring disorders, cancer incidence and mortality (lung and melanoma cancers), chronic disease (heart disease and diabetes), health care services for the under- and uninsured, health inequities that vary by race, and awareness of existing services. AAMC will focus on all seven initiatives, primarily providing community benefit programs within the 21401 (HEZ) and 21403 zip codes. In addition, AAMC has also recognized the data that demonstrates the County's population is aging and there will be a need to manage the healthcare needs of the elderly and chronic conditions.

b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	**Total Population:** 552,258 Male: 49.4% Female: 50.6% **Race** (NH = non-Hispanic) White, NH: 70.7% Black, NH: 15.6% Hispanic: 7.0% Asian, NH: 3.6% American Indian, NH: 0.2% Other, NH: 2.9% **Median Age[27]:** 38.6 Years **Percent of Total Population by Age:** 0 – 4 Years: 6.4% 5 – 17 Years: 16.7% 18 – 64 Years: 63.9% 65+ Years: 13.1%
Median Household Income within the CBSA	$ 84,099[28]
Percentage of households with incomes below the federal poverty guidelines within the CBSA	Families Below Poverty Level[29] 3.7%, a 0.4% increase from last year Individuals Below Poverty Level 5.5%, a 0.2% increase from last year.

[27] Nielsen, Inc. 2013 population estimates
[28] Nielsen, Inc. 2013 county level demographic estimates
[29] A. A. County Report Card of Community Health Indicators, May 2013

Please estimate the percentage of uninsured people by County within the CBSA	9.6% Uninsured (Ages 18 to 64)[30]
Percentage of Medicaid recipients by County within the CBSA. Source: http://www.md-medicaid.org/mco/index.cfm	FY13 Average Medicaid Eligible population is 50,133 residents or 9.1%.
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).	79.6yrs. with race disparities[31] White 79.9 yrs Black 77.2 yrs
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available). http://eh.dhmh.md.gov/ship/SHIP_Profile_Anne_Arundel.pdf	Infant Mortality rate 6.1/1,000 births with disparities: White 5.2 Black 12.4 Mortality Rate (all races): 726.5/100,000 White 769.3 Black 555.1 (67% of A. A. Co. Black pop. are less than 45 yrs.) Hispanic 89.6 (82% of A. A. Co. Hispanics are less than 45 yrs.) Mortality Rates of Chronic Lower Respiratory Disease: 37.9 (Other disease mortality rates listed in each section).
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information: http://dhmh.maryland.gov/ship/SitePages/measures.aspx	59% of all restaurants in the County are Fast Food restaurants. Ship Objective #18: Of Anne Arundel County residents those who are low-income and do not live close to a grocery store is 5%. Percent of residents in poor or fair health is 11%. Adult smoking is at 16%. Physical inactivity is at 20%. Excessive drinking is at 19%. 17% of the County population is lacking adequate social support. 16% of County ninth graders will not graduate high school. [32]

[30] A. A. County Report Card of Community Health Indicators, May 2013
[31] Md. Vital Statistics Annual Report 2011, http://dhmh.maryland.gov/vsa/Documents/11annual.pdf
[32] http://www.countyhealthrankings.org/app/home#/maryland/2013/anne-arundel/county/outcomes/overall/snapshot/by-rank

Tobacco Use http://eh.dhmh.md.gov/ship/SHIP_Profile_Anne_Arundel.pdf http://www.marylandbrfss.org/	At 27%, the County is above the State rate of 24.8% for the percentage of adolescents who used any tobacco product in the last 30 days. (no update) Adults currently smoke 22.9% White 23.4% Black 33.5%
Premature death (Years of Potential Life Lost-YPLL) http://www.countyhealthrankings.org/app/#/maryland/2013/anne-arundel/county/outcomes/overall/	Ranked 8th best in MD for years of potential life lost before age 75.
Education http://quickfacts.census.gov/qfd/states/24/24003.html	Pop. 25+ without H.S. Diploma 9.6% Pop. 25+ Bachelor's Deg. or above 36.3%
Obesity: Body Mass Index (BMI) of 30 or more Overweight: BMI of 25 to 29.9 http://www.aahealth.org/pdf/aahealth-report-card-2013.pdf	Adults: Overweight by BMI 36.2% Obese by BMI 26.9% Children: Obesity and Overweight 30.2%
Asthma – Ship Objective #17 http://eh.dhmh.md.gov/ship/SHIP_Profile_Anne_Arundel.pdf	Rate of ED visits for asthma per 10,000 (ten thousand) population, 56.1 with disparities: White 38.2 Black 156.7 Asian 15.1 Hispanic 26.3
Heart Disease – Ship Objective #25 http://eh.dhmh.md.gov/ship/SHIP_Profile_Anne_Arundel.pdf Hypertension – Ship Objective #28 http://www.marylandbrfss.org/	Mortality Rate: 191.6/100,000 (age-adjusted) White 193.1 Black 215.2 Asian 82.4 Rate of ED visits for hypertension: 157.1/100,000 White 115.0 Black 432.7 Total County: 5.7% told by a doctor they had an MI White 6.6% Black 6.1%
Cancer – Ship Objective #26 http://fha.dhmh.maryland.gov/cancer/SiteAssets/SitePages/surv_data-reports/2012%20CRF%20Cancer%20Report.pdf (no update)	Mortality Rate: 186.4/100,000 which is well above the State rate of 177.7/100,000 White 191.4

	Black 174.5 Age-Adjusted Cancer Incidence Rates All Cancers: (no update) Total Rate: 472.8 (Male 530.9/Fem 427.7) Whites 476.1 Blacks 464.9 Hispanics 494.6 Lung & Bronchus Incidence Rates: Total Rate: 66.9 (Male 74.3/Fem 61.5) Whites 68.9 Blacks 63.2 Mortality rate: 58.3 (Male 74.6/Fem 46.4) Whites 61.8 Blacks 40.6 Melanoma Incidence Rates: Total Rate: 27.3 (Male 36.9/Fem 19.8) Mortality Rate: 4.5 Whites 4.7
Diabetes – Ship Objective #27 http://www.aahealth.org/pdf/aahealth-report-card-2013.pdf http://eh.dhmh.md.gov/ship/SHIP_Profile_Anne_Arundel.pdf http://www.marylandbrfss.org/	Mortality Rate: 21.3/100,000 Rate of ED visits for diabetes per 100,000 population Total: 280.3 with great disparities: White-224.9 Black-688.5 Hispanic-69.4 9.8% of County have a Diabetes diagnosis (excludes pregnancy) White 9.1% Black 14.8%
Co-occurring disorders http://eh.dhmh.md.gov/ship/SHIP_Profile_Anne_Arundel.pdf Ship Objectives #29 & 34 http://www.marylandbrfss.org/	Rate of drug induced deaths = 13.7/100,000; Rate of suicide = 9.8/100,000; Rate of ED visits for a behavioral health condition 5,944/100,000 population; Alcohol: Binge Drinkers 22.0% above the State rate of 18.0% White 22.3% Black 16.9%
Infant Mortality/ Low Birth Weight – Ship Objective #2 & #3 http://eh.dhmh.md.gov/ship/SHIP_Profile_Anne_Arundel.pdf	Infant Mortality: Total 6.1% White-5.2% Black-12.4 % Low Birth Weight: Total 8.5%

	White- 7.6% Black- 13.1% Asian- 8.8% Hispanic- 6.1%
Access to primary care physicians	Estimated required Primary Care Physician FTEs to meet the demand in Anne Arundel County (2010)for these services: 99.4 Family & General Medicine FTEs 68.7 Internal Medicine FTEs 49.8 Pediatrics[33] FTEs (no update) Shortage of Primary Care Physicians 89/100,000 per the Rand Report 2009

COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act ("ACA"), hospitals must perform a Community Health Needs Assessment (CHNA) either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and perform an assessment at least every three years. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public.

For the purposes of this report, the IRS defines a CHNA as a:

> **Written document developed for a hospital facility that includes a description of the community served by the hospital facility: the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the hospital has worked on the assessment; and the health needs identified through the assessment process.**

The written document (CHNA) must include the following:

A description of the community served by the hospital and how it was determined;

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It

[33] The Advisory Board Company's Primary Care Volume Estimator Tool

should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the hospital consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.). If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual's special knowledge or expertise. The report must identify any individual providing input who is a "leader" or "representative" of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);
A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and
A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the Public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY must:

a. Be approved by an authorized governing body of the hospital organization;
b. Describe how the hospital facility plans to meet the health need; or
c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

1. **Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?**

__X_Yes
____No

Provide date here. 1/23/2013 **(mm/dd/yy)**
The Community Health Needs Assessment was finished during FY2013 (October 2012) but was not released to the public until January 2013.

Anne Arundel Medical Center (AAMC) is a key leader in the Healthy Anne Arundel Coalition (HAAC) which is a partnership of public sector agencies, health care providers and payers, community-based partners, the business community and academic institutions. HAAC contracted with Holleran Consulting in 2012 to conduct a countywide community health needs assessment (CHNA) in order to gather information about the health needs and health behaviors of Anne Arundel County residents. The assessment examined a variety of indicators, including social determinants of health (poverty, housing, education), mortality rates, risky behaviors (alcohol use, tobacco use) and chronic health conditions (diabetes, heart disease) to name a few.

The CHNA was comprised of several research components, combining quantitative health information and valuable qualitative feedback from community stakeholders. This multi-faceted approach ensured a profile of the county's health that takes into account various perspectives and data sources. The following list outlines the three research components. Each component is further detailed throughout the document.

1. Secondary Data Profile
2. Key Informant Surveys
3. Focus Groups

The identification of the overall health status of the county's residents will contribute to community health improvement planning efforts. AAMC's Board of Directors adopted the CHNA developed in partnership with HAAC, in its entirety in April, 2013.

If you answered yes to this question, provide a link to the document here.
http://www.aahs.org/community/

NOTE: This is the AAMC link to our Community Benefits webpage. There are links to our CHNA and Implementation Plan.

2. **Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?**

_X__Yes
___No

If you answered yes to this question, provide the link to the document here.

Link to AAMC's implementation strategy: http://www.aahs.org/community/pdfs/Plan2013-2015.pdf

AAMC's Board of Directors adopted an Implementation Plan in October, 2013 that addressed the seven health concerns outlined in the County's CHNA (see last paragraph of Question 2a at top of Page 7). All health concerns have been addressed, a plan has been implemented for each.

II. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

a. Is Community Benefits planning part of your hospital's strategic plan?

_X__Yes
___No

There are multiple avenues in which Community Benefits planning is part of the AAMC strategic plan. First, it is reported through our True North Quality Metrics. Second, it is part of our Annual Operating Plan. Third, there is a special sub-committee for the Foundation Board that is targeted at Community Outreach and Benefits.

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):

i. Senior Leadership

1. **_X__CEO**
2. **_X__CFO**
3. **_X__Other (please specify)**

Chief Nursing Officer/Chief Operating Officer, Senior Vice President of Government Affairs, Vice President of Physician Services, Chair of Clinical Integration, and Chief Medical Officer, VP of Quality & Patient Safety, Vice President of Clinical & Support Services, Vice President of Physician Services

ii. Clinical Leadership

1. **_X__Physician**
2. **_X__Nurse** (Emergency Department Clinical Director, Sr. Clinical Nursing Director – Acute Care, and Executive Director of Oncology)
3. **___Social Worker**
4. **_ X __Other (please specify)** (Executive Director of Women's & Children's Services, Executive Director of Pathways Alcohol & Drug Program)

iii. Community Benefit Department/Team

1. **_X__Individual (please specify FTE)** at least 0.75 FTE's
2. **_X__Committee (please list members)**

AAMC's Strategic Planning Sub-Committee to the Board of Directors develops, reviews, and approves the Community Benefit Report and Strategic Plan. AAMC's CBR Team includes the Executive Director of Marketing, Communications and Wellness, the Manager of Health Promotion, community outreach nurses (askAAMC), community outreach dieticians, representatives from the hospital's clinical education team (including mother/baby, oncology, surgical, joint, spine, and drug and alcohol program).

3. **_X__Other (please describe)**

The CBR Initiative is supported by the Director of Reimbursement, Director of Finance, Reimbursement Financial Analyst, the Director of Decision Support, and the Manager of the Annapolis Outreach Center & Community Health Center, several analysts, and staff of the Marketing and Communications Department.

c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?

Spreadsheet	**__X__yes**	**_____no**
Narrative	**__X__yes**	**_____no**

d. Does the hospital's Board review and approve the FY Community Benefit report that is submitted to the HSCRC?

Spreadsheet	**__X__yes**	**_____no**
Narrative	**__X__yes**	**_____no**

If you answered no to this question, please explain why.

III. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This Information should come from the implementation strategy developed through the CHNA process.

1. **Please use Table III (see attachment) to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each initiative and how the results will be measured, time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting.**

Page 26, FY2013 Community Health Needs Assessment – Anne Arundel County Maryland
http://www.aahealth.org/pdf/chna-final-report.pdf

Overall CHNA Findings & Conclusions

1. *Obesity/Overweight*
2. *Cancer*
3. *Mental Health & Substance Abuse*
4. *Chronic Illness (Heart Disease, Diabetes)*
5. *Services for Uninsured and Under-Insured*
6. *Awareness of Services*
7. *Health Inequities by Race/Ethnicity*

2. Were there any primary community health needs that were identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

The CHNA did describe other determinants of health such as transportation and health care affordability. The need to improve dental health was also mentioned in the CHNA. Public transportation is not in the scope of services that AAMC can provide as a hospital. AAMC is currently looking for grant and donor funding to support a full time dental clinic in the Annapolis Stanton Center to expand low cost and affordable dental care. AAMC has expanded the low cost primary care clinics to three different locations in Annapolis to better coordinate care and offer affordable primary care.

While the CHNA mentioned these determinants, it did not include them in the final analysis and conclusions. In FY13, AAMC had initiatives underway to address cancer, substance abuse, chronic disease, services for under- and uninsured and healthcare disparities. The FY14-15 Implementation Plan does include obesity, mental health, melanoma and awareness of health services. Funding was not provided for these initiatives since (1) the health needs were just determined and highlighted, (2) a plan was developed and not yet activated for FY13. However, reviewers will note that future plans were included in Table III to demonstrate AAMC's ability to address the health needs of the County.

IV. PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

Population changes and the implementation of the Affordable Care Act (ACA) are projected to create demand for 52,000 additional U.S. primary care physicians (PCP) by 2025, according to a study in the Annals of Family Medicine. The Association of American Medical Colleges

estimates that the U.S. will face a shortage of 90,000 doctors by 2020 and more than 130,000 by 2025.

Per the 2009 Rand Corporation Report, there is a significant shortage of PCPs in the region (89 PCP's per 100,000 in Anne Arundel County). The Advisory Board Company's 2010 estimate for Primary Care Physician FTEs required to meet the needs of the population in Anne Arundel County amounts to 99.4 Family & General Medicine Physician FTEs, 68.7 Internal Medicine Physician FTEs, and 49.8 Pediatrician FTEs using their analysis tool. By 2015, The Advisory Board also projects an increased requirement of 10.6 FTE PCPs, spread across the three primary care specialties in the County to meet the increased population needs.

There are approximately 1,740 adults who visited the AAMC ER in FY13 for non-urgent and preventable conditions[34]. Therefore, AAMC continues to promote physician recruitment with regard to primary care physicians in the county. An additional two primary care physicians and a nurse practitioner were recruited and employed with AAMC practices. An additional four primary care physicians joined the team in early FY14. This will continue to be a major initiative for the organization.

This shortage results in seriously limited access to primary care in parts of our Community Benefit Service Area. Building primary care access is essential to the Hospital's strategic plan, Vision 2020. Increased accessibility and coordinating health care increased the focus on prevention and improving the population health of our CBSA.

The most significant effort put forth in FY2013 was to focus on the continued operations of the Community Health Center on Forest Drive in Annapolis and to respond to the needs of the Health Enterprise Zone in Annapolis by planning and developing the Morris Blum Community Health Center on Glenwood Street. In January, 2013, Lt. Governor Anthony G. Brown announced the designation of the State's first Health Enterprise Zones (HEZ). Included is the Annapolis Community Health Partnership, which consists of Anne Arundel Medical Center, the Housing Authority of the City of Annapolis, the City of Annapolis, the Anne Arundel County Department of Health and the Anne Arundel County Department of Aging and Disabilities.

The Annapolis Community Health Partnership is focusing on a currently medically underserved neighborhood with high rates of emergency room utilization, hospital admissions and readmissions, and a large volume of medical 911 calls. Through funding provided by the HEZ designation, the partnership will establish a new patient-centered medical home at the Morris H. Blum Senior Apartments Building. This medical office, nestled in the community it is meant to serve, will be easily accessible by foot or public transportation. This primary care medical home will treat infants, children and adults in the surrounding community who are uninsured, under-insured or have public coverage. By having a regular doctor in a regular site, patient-physician relationships strengthen and care improves.

Health outcomes will be monitored and demonstrated by measuring patient satisfaction, improving management of chronic disease and decreasing preventable medical 911 calls, emergency room visits and hospital admissions.

[34] Ambulatory Care Sensitive Emergency Department Visits , Chronic Disease Conditions, New Hampshire, 2001-2005 http://www.dhhs.nh.gov/dphs/cdpc/documents/emergencydeptvisits.pdf

2. 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. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

- The hospital maintains 24/7 inpatient coverage with the Hospitalist Program and physician coverage for Palliative Care Program, Neurology Stroke Program, Women's Pelvic Health, Thoracic Surgery Program, Neonatal Ophthalmology, Gyn Oncology Program, Surgical Oncology Program, Hematology/Medical Oncology Program, Annapolis Oncology Center & Breast Center, $11,117,379 (Line C92).
    - This coverage provides round the clock access for patients to needed specialties. It guarantees patient access to needed services.
- Emergency Department On-Call Physician(s), $476,853 (Line C91). AAMC provides funding for comprehensive Emergency Department medical staff coverage (24/7/365).
    - This coverage ensures there is always appropriate level of care in the ED in order to maintain quality patient care.
- The hospital contributed $62,000 (Line C10) in FY13, working in collaboration with the Anne Arundel County Health Department to provide physician(s) and mid-wives for patients that participate in the Anne Arundel County Department of Health Pre-natal Maternity Clinic, which provides care for uninsured Latina women whose infants would be Medicaid-eligible.
    - This coverage provided free pre-natal care to more than 180 women and their children.
- The hospital contributed $50,000 in FY13 (Line C40), working in collaboration with Johns Hopkins Physicians to treat uninsured patients that present at the Kent Island Urgent Care Center.
    - This program provided care to patients in their own community.

V. APPENDICES

***To Be Attached as Appendices*:**

1. Describe your Financial Assistance Policy (FAP):

a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

b. Include a copy of your hospital's FAP (label appendix II).

c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) (label appendix III).

Please see the attached Appendices I, II, and III.

2. Attach the hospital's mission, vision, and value statement(s) (label appendix IV).

Please see the attached Appendix IV.

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 1

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions) The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.
Obesity ranked number one health concern in A. A. Co. with 66.5% obese or overweight	Develop, implement and support initiatives to increase access to healthier food and exercise options, and expand educational resources related to a healthy lifestyle.	Support the Healthy Anne Arundel Coalition in their efforts to increase awareness among county residents that obesity is a health risk. 1. Participate actively in the workgroups of the Healthy Anne Arundel Coalition including the Steering Committee and the Obesity Reduction Committee. *(No. meetings)* 2. Develop a communications plan in collaboration with Healthy Anne Arundel Coalition to raise awareness related to obesity prevention and reduction targeted to county residents.(*Plan development)* 3. Implement communications plan results in collaboration with other Healthy Anne Arundel Partners. *(No. websites, print ads, PSAs completed and distributed)* Increase access to appropriate nutrition education and treatment for residents with diverse racial and	Multi-year	Anne Arundel County Department of Health and the Healthy Anne Arundel Coalition, churches, City of Annapolis, County Executives office, Annapolis City and AA County Departments of Recreation and Parks,Low Income Housing, Anne Arundel County Public Schools, BWMC, NAACP, Anne Arundel Community College, Glen Burnie Chamber of Commerce,	This is a multi-year initiative in which planning began in the Spring, 2013. Outcomes have not yet been evaluated.	Increase the proportion of adults who are at a healthy weight (from 34% to 35.2% FY15) Reduce the number of adults who engage in no leisure-time activity. *These are also metrics to evaluate outcomes* Obesity prevention Sub committee meetings – 5 #2, #3 – In process completion in FY 14	Ongoing through FY2015	$13,812 150 staff hours committed to Healthy Anne Arundel by Lisa Hillman and Christine Crabbs

		financial backgrounds. *1.* Expand AAMC dietitian consults to low-income families and individuals. Low cost/ free nutrition counseling is not available locally. *(No. hours and encounters)* 2. Develop and implement yearly education seminars in each of the low-income housing neighborhoods and the Housing Authority of the City of Annapolis to educate residents about health risks associated with obesity. *(No. programs/ seminars provided)* *3.* Implement the Body and Soul program (nutrition and exercise targeted at African American faith-based communities) in African American churches. *(no. churches implementing program)* Support county programs that strive to improve the availability of fruits and vegetables throughout the county. *1.* Provide a farmer's market on the AAMC campus annually between June and October. *(no. markets provided)* *2.* Expand farmers' markets in Anne Arundel County to ensure that acceptance of EBT is available in some markets to serve low income residents. *(no of markets offering EBT)* *3.* Support the county initiative to include fruits and vegetables in emergency food programs.				60 hours allocated to self pay/ indigent patients Encounters = 60 2. FY14 initiative 3. FY14 initiative 1. # markets = 12 2. New initiative in FY14 3. New initiative in FY14 4. New initiative in		Dietitian cost for 60 hours:$5,700 n/a FY 14 initiative n/a FY14 initiative Farmers Market Cost (staff hours) $5,899 n/a FY14 n/a FY14

		(number of organizations involved in distributing free healthy food) *4.* Increase access to fruits and vegetables at workplaces by supporting the distribution of Healthy Anne Arundel's healthy meeting/ fellowship meal policies. *(no. of workplaces adopting healthy meeting policies)* Disseminate information about available exercise programs, including low-cost and free services and program. *1.* Collaborate with Recreation and Parks (County and City of Annapolis) to disseminate information about walking and bike paths. (*no of websites and print maps distributed)* *2.* Partner with Westfield Mall to promote walking paths within the mall. *(no. of registered Mall Walkers)*				FY14 New initiative in FY14		Na/ new initiative in FY14 n/a New initiative in FY14

Table III – FOR HOSPITAL COMPLETION
FY13

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Cancer Lung Cancer (mortality rate is 58.3/100,000 compared to MD 48.7/100,000 Melanoma (4.6/100,000 as compared to MD 2.9/100,000)	Smoking Cessation Initiative (Smoking rate for Blacks is 33.5 % vs White 23.4%) Lung cancer program	Reduce smoking rate for Adults and adolescents through prevention, education and treatment. . *(no. encounters and classes)* 1. A comprehensive Smoking cessation program is made available for free to the Anne Arundel County adults and adolescent audiences. Individual counseling is available for adults who are in-patients and out-patients. Classes are available for adolescents. Support groups to maintain cessation is available for adults. NOTE: Emphasis on working with African American churches and low income housing. *(no of classes, support groups, encounters, smoking/tobacco use rate changes))* Early diagnosis of lung cancer to reduce mortality 1.Provide low cost/ sliding scale fee CT scans for low income residents (*no of CT Scans provided at reduced rate or free)* 2. Access to Rapid Access Chest and Lunch Assessment program for early diagnosis (no of patients enrolled)	Multi-year initiative; on-going	AAMC, healthy Anne Arundel, American Cancer Society, Anne Arundel County Schools, Physician groups, faith based community(African American Churches) and the Housing Authority of City of Annapolis	Yearly Objectives are measured via metrics and changes towards healthy behaviors. Outcomes describes evaluation metrics.	Smoking rate for adults – 22.9% Tobacco use adolescents – 27% Counseling encounters = 3,457 Outpatient individual Counseling = 417 encounters Adult classes encounters = 610 Support group to maintain cessation = 12 encounters Adolescent prevention classes in schools = 230 encounters Adolescent prevention classes at Pathways (substance abuse treatment facility) = 16 encounters # CT scans= 39 400 county residents accesses the Rapid Access program	The current activities will continue; increased outreach and education will focus on adolescent outreach since the smoking rates for teens continues to be high	$101,208 Healthy Lung Screening Charity: $25,779

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 2 (Cont)

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Cancer Lung Cancer (mortality rate is 58.3/100,000 compared to MD 48.7/100,000 Melanoma (4.6/100,000 as compared to MD 2.9/100,000) (Continued)	Provide education to county residents (adolescents) about the dangers of tanning beds Improve access to treatment for melanoma patients	Reduce the number of residents and adolescents who use tanning beds. 1. Develop and implement educational program on the risks of sun exposure *(no. of educational sessions, no of participants)* 2. Implement skin cancer screenings with local dermatologists (*no of screenings, no of participants)* 3. Support county/ state efforts to limit tanning exposure to minors (*no. policy initiatives introduced and passed)* Implement two additional clinical trials to further treatment options for melanoma patients *(no of trial opened and no of participants enrolled)*	Multi-year initiative; on-going	AAMC, Healthy Anne Arundel, American Cancer Society, Anne Arundel County Schools, Physician groups, faith based community	Yearly. The program will be evaluated using metrics described and changes towards healthy behaviors (reduction in tanning bed use, long term monitoring of melanoma rates)	Reduce the number of residents who will use tanning beds through education and policy changes. New Initiative for FY14 New Initiative for FY14	The current activities will continue	This is a new initiative planned for FY14. No costs are currently associated. New for FY14

Table III – FOR HOSPITAL COMPLETION
FY13

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Mental health and substance abuse (9.5/100,000 suicide rate in the County as compared to 8.8/100,000 in Maryland) (19.8% binge drinking in the County as compared to 14.6% in the state	Access to substance abuse treatment Access to co-occurring disorder treatment	Decrease the rate of drug induced admissions and deaths Decrease the rate of binge drinking. Access to care is critical for all individuals. Provide low and no cost treatment options *(no and amount of charity care)* Expand Pathways to treat co-occurring disorders not only substance abuse. • Hire and train appropriate staff (To be completed in FY14) • Psychiatrists will be added to the ER on-call system • Implementation of a mental health unit within the ER to address mental health ER visits and admissions	Multi Year Initiative	AAMC AA County Public Schools, Department of Juvenile Justice, AA County Courts, AA County Department of Health	Yearly – using metrics include d in this documen t and changes in suicide rate, hospitaliz ations etc.	No cost treatment beds for detox patients = 13 patients. $78,131 in charity care FY13. Support groups for patients in recovery – 4,553 encounters Rate of drug induced deaths = 13.7/100,000 Alcohol: Binge Drinkers 22% above the State rate of 18%	AAMC has focused on substance abuse disorders' initiatives in FY13. Rate of suicide 9.5/100,000 Rate of ED visits for behavioral health condition is 5,944/100,000 population which is above the Ship Objective #34 State target of 5,028/100,000.	Pathways Net Community Benefit= $170,444 AAMC In-Kind Donations: $19,500

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 4

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Chronic disease High mortality rate from Heart Disease (198/100,000 compared to MD 194/100,000) and diabetes (22.0/100,000 compared to MD 20.8/100,000) Blacks have 432.7/100,000 ED visit rate compared to Whites at 115.0/100,000 14.8% of Blacks have diabetes vs 9.1%	Smoking Cessation Initiative Obesity Initiative Blood Pressure Screening and Monitoring Program Education for prevention and early detection for heart disease Dare to C.A.R.E. Increase access to diabetes Education for residents	See cancer for details See initiative 1 for details Provide blood pressure screenings in the community for high risk individuals *(no of clinics, no of participants)* • In local African American churches • Low income neighborhoods • Lighthouse Homeless Shelter Expand Early Heart Attack Care campaign and Million hearts campaign as educational platforms in the community. *(number of participants)* Increase access to vascular screenings in the community *(no of screenings and number of participants)* Develop a plan for community based diabetes education program that includes a population health focus. The plan will include prevention, treatment, and research components. *(plan development)*	Multi-year initiative; on-going	AAMC, Healthy Anne Arundel Coalition, County parks and Recreation, American Heart Association, American Cancer Society, Anne Arundel County Schools, Physician groups, faith based community Medstar health system,	Yearly – using stated metrics and evaluating changes in rates of heart disease and diabetes	Blood Pressure Screenings: 937 Participants New initiative for FY14 Dare To C.A.R.E. Vascular Screenings: 1,074 Participants New initiative for FY14	The current activities will continue	n/a Dare to C.A.R.E Charity: $389,668 AAMC Cash Donations to Dare to C.A.R.E: $60,000 n/a

Initiative 5

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Services for uninsured and Under-insured population 15.9% of county residents in the HEZ area are uninsured – compared to Maryland average of 12.9%	Provide access to primary care services for under and uninsured residents	To provide access to quality, affordable healthcare to the uninsured and underinsured. (number of encounters) Reduce emergency room visits by providing medical services with an emphasis on early intervention and prevention of disease. *(percentage of ED visits for primary care)* There are three clinics operating in Annapolis in low income areas with populations of minority individuals. This is also to address health disparity. The three clinics are: • Primary Care Medical Home • AAMC Community Health Center • Annapolis Outreach Center	Multi year	AAMC Department of Social Services AA County Department of Health Center for Hope (Centro de Ayuda) MCHRC City of Annapolis	Quarterly using stated metrics in this document	FY13 Patient encounters = 8,201 FY13 Patient Encounters = 5,144 includes medical and dental care visits Improve population health: Mortality Rate : 726.5/100,000 Rate of ED visits for asthma per 10,000 (ten thousand) population 56.1 Rate of ED visits for hypertension: 157.1/100,000, Rate of ED visits for diabetes per 100,000 population 280.3	Yes; AAMC is working with the Housing Authority of Annapolis to design and build a health clinic in a Health Enterprise Zone. Planning has been initiated in FY2013. Clinic opened in FY2014	Community Health Center: $282,108 AADI provided $528,951 in services to 1,016 CHC patients Outreach Clinic: $397,035

Initiative 6

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Awareness of Services	Increase community awareness for Pathway's Behavioral Health Program and the Community Clinics	Expand grassroots awareness of the programs through churches, Housing Authority, and other low income neighborhoods via flyers seminars, word of mouth campaigns. Continue to Collaborate with Healthy Anne Arundel Coalition to reach into the community	Multi year	Housing Authority of Annapolis, churches, Healthy Anne Arundel, AAMC, other Social services organizations	Number of ads, fliers and seminars provided; residents reporting that they have an increased awareness of services	Increased number of participants in programs	New initiative	New for FY14

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 7

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Health Disparity	Improve networks and collaborations to reduce the health disparity in community	Throughout this workplan, AAMC has proposed to target low income individuals that face health disparity. The biggest areas of disparity related to the CHNA are: • Hypertension • Diabetes • Access to Primary care • See other initiatives for plans to work with low income neighborhoods and African American churches	Multi year	Housing Authority of Annapolis, churches, Healthy Anne Arundel, AAMC, other Social services organizations	Evaluation of metrics included throughout the document; changes in Health disparities rates	Increased number of participants in programs	New initiative	Rolled into other initiatives

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 8

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Managing the Health Needs of the Elderly (80% of older adults have 1 chronic illness, 50% have 2 chronic illnesses)	AAMC Collaborative Care Network Acute Care for the Elderly Unit	ACO share with Medicare any savings generated from lowering the growth in health care costs, while meeting standards for quality of care by improving care coordination and providing care that is appropriate, safe, and timely.	Multi year	CMS, AAMC	Quarterly	ACO enrollees – 9,360 Uncontrolled Diabetes – .11/1000 COPD/Asthma – 5/9/1000 CHF – 7.84/1000 Pneumonia – 6.44/1000 30 day readmission – 6.6%	New FY13– on-going	$45,0000
	Palliative Care Program	The Palliative Care team of physicians, nurses, social workers work with patients suffering from serious and chronic illnesses such as cancer, cardiovascular disease, chronic obstructive pulmonary disease (COPD), Alzheimer's, dementia, effects of stroke and other serious conditions. The team establishes, with input from family and their primary care physician, to create an individual care plan.		Hospice of the Chesapeake; Chesapeake Palliative Medicine	Monthly 893 referrals to program	39% - same day consult 52% - 2 day consultation from admission 33% referred to hospice	New FY13– on-going	$314,253
	Hackerman Patz House	Hackerman-Patz House is a low cost hotel option for patients, families and community on AAMC campus. It operates on a sliding scale fee so no one is turned away. Patients have access to the care they need.		Community referrals	Monthly # patients/ families who utilized service	Patients – 726 visits	New FY13– on-going	$844,999

Description of Financial Assistance Policy

Anne Arundel Medical Center does not deny anyone access to medically necessary services based on ability to pay. AAMC assists patients in application for financial assistance. The hospital dedicates Financial Counselors to navigate patients and their families through applications for federal, state and local county funded programs that will best fit their financial circumstances. Free care, sliding scale-reduced cost services and interest free payment programs are available to individuals that may not qualify for Medicaid, Medicare, other funding programs or insurance coverage.

To ease the burden of Medicaid applications, resources are allocated to helping individuals gather documents to complete Medicaid enrollment requirements. The hospital shares the cost of an on-site local Department of Health worker to evaluate Medicaid application. Within two business days of a patient's application for financial assistance, Medicaid programs, or both, the Financial Counselors may be able to notify the applicant of their probable eligibility.

The hospital posts a summary of its policy informing patients of the availability of financial assistance in all registration, admitting areas, and website, including the Emergency Department. The notice of available financial assistance is published in “The Capital” newspaper annually.

The hospital provides the opportunity to resolve questions regarding charges or insurance benefits paid via the AAMC Patient Financial Services Department in a patient-friendly environment.

Anne Arundel Medical Center

Procedure: Patient Financial Services – Hospital Financial Assistance, Charity Care, Billing & Collection Policy

Effective Date:	**December 1, 1997**
Review Date:	**August 15, 2012**
F&A Committee Approval:	**September 21, 2012**
Board of Trustees Approval:	**September 27, 2012**

Purpose:

- **To assure the hospital communicates patient responsibility amounts in a fair and consistent manner.**
- **To provide opportunity to resolve questions regarding charges or insurance benefits paid.**
- **To assure the hospital meets the requirements of Maryland standards for hospital billing and collection practices, effective June 1, 2009**
- **To provide opportunity to resolve questions regarding charges or insurance benefits paid.**
- **To define the hospital's decision making process for referral for collection or legal action.**
- **To assure the hospital meets the requirements of Maryland standards for hospital billing and collection practices, effective June 1, 2009**

Hospital Financial Assistance Policy Statement

- To promote access to all for medically necessary services regardless of an individual's ability to pay
- To provide a method of documenting uncompensated care
- To ensure fair treatment of all applicants and applications

Hospital Financial Assistance Communications

- The Financial Assistance Signage is conspicuously displayed in English & Spanish in the Emergency Department, Cashiering & Financial Counseling.
- Financial Assistance Policy as well as a printable Uniform Financial Assistance application is posted on the AAMC website.
- English/Spanish table top tents display this information at every patient entry point and it is included in each patient guide located in the inpatient rooms.
- Registration staff and Financial Coordinators are trained on how to refer patients for financial assistance.
- The financial assistance application is available at all registration points – but in particular the Emergency Department.
- A brochure "What you need to know About Paying for Your Health Services" is available at every patient access point. The brochure was developed by Patient

Financial Services with guidance from Public Relations. This brochure includes information regarding financial assistance/contact points and is available in English/Spanish. Also, it is posted on AAMC's website.

- It is mandatory that all inpatients receive the "What you need to know about paying for your health services" brochure as part of the admission packet.
- Informational "business cards" are available through the patient access/registration staff to provide to the uninsured or any individual concerned about paying their hospital bill directing them to the hospital Financial Counseling office for assistance.
- Hospital Patient Financial Service staff receive extensive training on the revenue cycle and are incentivized to obtain AAHAM Technical (CPAT) certifications to demonstrate their expertise in billing and revenue cycle requirements.

Charity Care

- AAMC provides 100% charity to individuals with household income at or below 200% of the US Poverty guideline but deemed ineligible for any County, State or Federal Medicaid or other funding program.
- AAMC provides 100% charity to individuals enrolled in the Medicaid Primary Adult Care program and other means tested State & Local programs.
- AAMC provides a sliding fee scale for individuals with household income at or below 330% of the US poverty guideline but deemed ineligible for any County, State or Federal Medicaid or other funding program.
- AAMC provides financial assistance not only to the uninsured but to patients with a demonstrated inability to pay their deductibles, copayments and balance after insurance.
- The hospital excludes assets such as the patient's primary home, method of transportation and cash assets less than $15,000.
- For all income levels, AAMC will take into account special circumstances such as the amount of the bill compared to income and cumulative impact of all medical bills.
- AAMC developed an initiative with the A.A. County Department of Health to help provide free prenatal diagnostic testing for uninsured unregistered immigrants. These individuals are not eligible for any Medicaid program.
- AAMC participates with an Anne Arundel County specific program (REACH) administered through the AA County Department of Health to provide free care to low income uninsured or under-insured individuals (below 200% of the US Poverty Guideline). These individuals come to AAMC on an elective basis and are prescreened by the local Department of Social Services.
- Diagnostic and Treatment services are provide free of charge to referrals from the AAMC Outreach Free Clinic initiative located in downtown Annapolis.
- Payment plans, Interest Free

Billing

Patient Statement of Charges:

- A Summary Bill of charges, formally referred to as the Uniform Summary Bill is mailed to every inpatient within 15 days of discharge from the hospital. This contains information on the insurance company billed as well as how to contact the Patient Financial Services office for questions or assistance.
- Uninsured patients receive this Summary as well
- Each bill for outpatient services includes detail charge information on the first request for payment.
- At any time, the patient may request a copy of their detailed itemized bill.
- The HSCRC required Patient Billing Information sheet data is printed on the Uniform Summary Bill and the back of all patient billing statements.
- A representative list of services and charges is available to the public on the hospital's website and in written form. The website will be updated quarterly with the most recent average charge per case for each of the services.
- Requests and inquires for current charges for specific procedures/services will be directed to the ACP Financial Coordinator or if applicable the specific department Financial Coordinator. The Coordinator will communicate with the patient and the patient's provider of care to provide the best possible estimate of charges. Using the CPT code, service description and/or other supply/hospitalization time charge estimates are based on, a) review of the charge master for the CPT code/service description, and/or b) review of cost of similar surgical procedures/treatments/hospital stays. The patient will be informed cost quotes are estimates and could vary based on the actual procedure(s) performed, supplies used, hospital stay/OR time & changes in HSCRC rates. If the Coordinator requires guidance or additional information to provide the estimate he/she will contact the Reimbursement Department. Every effort will be made to respond to the request for charges within 2 business days depending on information needed to fulfill the patient's request.

Patient Balance Billing:

- From the point in which it is known that the patient has a balance for which they are responsible the hospital begins billing the patient to request payment.
- Each patient receives a minimum of 3 requests for payment over a 90 day period.
- Each patient bill includes contact information for financial assistance and states where to call to request a payment plan.
- Each bill informs the patient they may receive bills from physicians or other professionals.
- Short and Long term interest free payment plans are available. The hospital takes into account the balance of the bill and the patient's financial circumstances in determining the appropriate agreement.
- Should the patient contact Patient Financial Services Customer Service unit regarding inability to pay – financial assistance is offered and the financial assistance screening process begins.

Collection Agency process:

- If there is no indication from the patient or a representative that they cannot pay and no attempt at payment or reasonable payment arrangements is made, the account is referred to a collection agency.
- The collection agency referral would typically occur between 90 – 110 days from the first request to the patient to pay assuming the patient made no attempt to work out payment arrangements or indicated financial need.
- The final statement to the patient communicates the account will be referred to an external agency if the balance is not satisfied.

Collections

- The Director of Patient Financial Services oversees the hospital's business relationship with the Collection Agency.
- AAMC does not utilize a credit reporting bureau.
- AAMC does not charge interest to patients
- The collection agency performs a financial checkpoint before taking the next step to legal action.
- AAMC staff reviews each case before being referred for legal action
- The collection agency is educated on how to make referrals to AAMC's financial counseling department for individuals indicating they have an inability to pay.
- The collection agency will establish payment arrangements in compliance with AAMC's interest free commitment.
- As a last resort, AAMC will file suit for collection of debts.
- If the court makes judgment in the hospitals favor – a formal legal credit mark referred to as a "judgment" is placed on an individual's credit and remains intact for 10 years. Once the full payment is made the patient may request that the judgment reflects as satisfied on the credit rating.
- AAMC will file suit against estates and in some cases, when appropriate, trust funds.
- AAMC does actively enforce a lien against an individual's primary home.

Approved by CFO
Bob Reilly

Thank you for choosing Anne Arundel Medical Center for your health care needs. We understand this can be a challenging time for our patients, and we know that the financial aspect of hospitalization sometimes can be confusing.

To take the confusion out of the payment process, our Patient Financial Services Team is available to help you understand your hospital bill. We also can help you with payment options, including whether you are eligible for financial assistance through federal and state programs. We can answer general questions about the manner in which your insurance company processed your bill.

We have prepared this brochure to help answer the most commonly asked questions about billing. If your specific question is not listed here, please contact 443-481-6500 Monday – Friday between 8:30 a.m. and 4:00 p.m.

Patient Financial Services Resources

Our Financial Counseling team is located at the Medical Park Campus, 2001 Medical Parkway, Annapolis, Maryland.

You may make an appointment to meet with a financial coordinator by calling:

Financial Assistance 443-481-1401

Medical Assistance application 443-481-1401

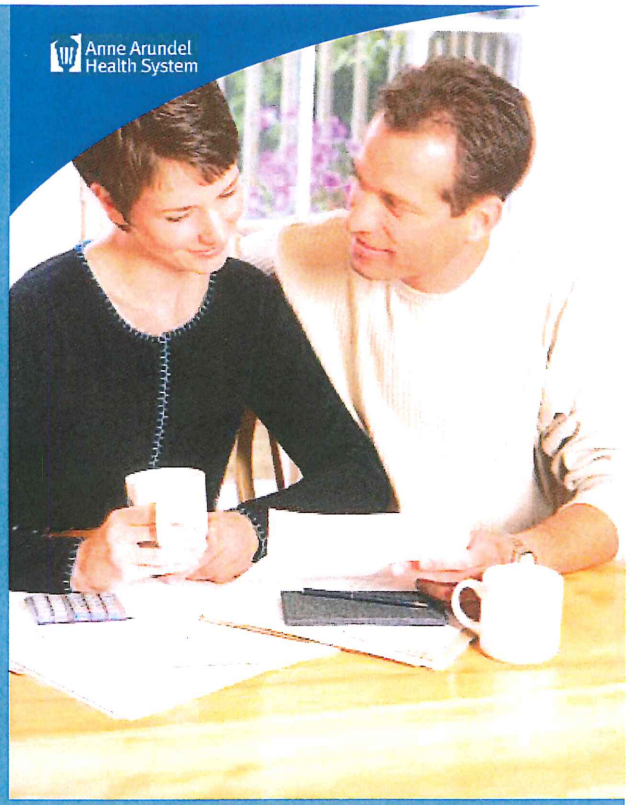
Payment Arrangements 443-481-1401

If you have received a bill and have questions or wish to discuss payment arrangements you may call:

Questions about your bill 443-481-6500

Payment Arrangements..... 443-481-6500

Anne Arundel Health System



Patient Billing Information Q&A

Appendix III-1

Patient Billing Information Q&A

What is included in my hospital bill?

Your bill from Anne Arundel Medical Center is for services you receive from nurses, social workers, dietitians, therapists and other staff. It also includes charges for your room, meals, linens, supplies, medications, diagnostic tests and supervised professional services, such as those of respiratory and physical therapists.

What is not included in my hospital bill?

You will be billed separately by your physicians, consulting physicians, and surgeons for services they provide to you. These services are NOT included in your hospital bill. Each physician who cares for you will send you a separate bill for services they provided. This includes physicians who may have treated you in the Emergency Department; those you may never see, including physicians who interpret diagnostic studies, such as X-rays, EKGs, and certain laboratory specimens; and anesthesiologists, staff pediatricians or internal medicine physicians who may have treated you during your stay.

How does health insurance billing work?

When you receive services at Anne Arundel Medical Center, we will bill your health insurance provider on your behalf. To do this, and to assure the hospital is paid for services provided to you, we need a copy of your insurance card. We must supply complete and accurate information to your health plan, including your full name, address, phone number, date of birth, and Social Security number. Incomplete or incorrect information could mean a denial from your insurance provider. You could be held responsible for the balance of the invoice when an insurance provider delays, denies, or makes partial payment. Your insurance company may also require that you make your co-payment at the time of service.

If you cannot or will not provide complete insurance and subscriber information Anne Arundel Medical All cosmetic services and services not deemed medically necessary by your insurance company must be paid in full and in advance of the service.

What if I Have a Managed Care or HMO Plan?

If you have a managed care or HMO plan and you are admitted to our emergency room, your plan may require you to contact your local office to obtain authorization for your admission within 24 hours of an emergency admission. Your health insurance card should provide you with your plan's telephone number. Anne Arundel Medical Center staff will attempt to contact your insurance plan with notification of your inpatient admission. Most HMO plans require you to obtain a referral or authorization for certain non-emergency services. Anne Arundel Medical Center will help you obtain the authorization.

Many HMOs require you to receive diagnostic services such as laboratory tests and X-rays at a designated provider, not at the hospital's outpatient department.

What if my visit involves worker's compensation?

If we do not receive worker's compensation information from you or your employer you will be responsible for your bill. It is important that you provide your medical insurance benefit information as well, so any required authorizations or other steps to ensure coverage are followed. This will assist in protecting you and the hospital financially should worker's compensation deny payment. We need a copy of the denial in order to bill your insurance.

What if my visit is due to a motor vehicle accident?

Anne Arundel Medical Center does not bill auto insurance providers. MVA patients are responsible for payment of services provided. It is important that you provide your medical insurance benefit information as well, so any required authorizations or other steps to ensure coverage are followed. This will assist in protecting you and the hospital financially should the auto insurance deny payment. We need a copy of the denial in order to bill your insurance.

for the treatment or diagnosis of an illness or injury. In most cases Medicare provides payment for "medically necessary" services. If your physician prescribes a service that may not be covered by Medicare you will be asked to sign an Advance Beneficiary Notice before service is provided stating that Medicare is not likely to pay for the service. By signing this form you agree to be responsible for payment.

What are my options under Medicare?

If you have an Advance Beneficiary Notice you can sign it and agree to pay for the services yourself or you can refuse the service or treatment. If you refuse the service or treatment, we encourage you to talk with your physician about options that would be covered under Medicare. You have the right to appeal a Medicare decision of non-coverage. If you would like to file an appeal or have other Medicare-related questions, please call the Medicare Beneficiary Hotline at 1-800-633-4227.

What if I can't pay on time?

We understand that certain circumstances may make it difficult for you to pay your bill on time. However, if your account becomes past due, Anne Arundel Medical Center will take action to recover the amount owed. Please call 443-481-6500 between the hours of 8:30 a.m. – 4:00 p.m., Monday through Friday, to discuss your circumstances. We want to help you protect your credit.

What if I am unable to pay any portion of my bill?

If you are unable to pay your bill we can help you apply for state and federal programs that may pay all or a portion of your bill. Please call 443-481-1401 for assistance. Anne Arundel Medical Center offers financial assistance for those who do not qualify for state or federal programs but meet certain federal poverty guidelines. Also, you may be eligible for a partial reduction on the amount you owe.

Gracias por elegir el Centro Médico Anne Arundel para sus necesidades de atención de salud. Comprendemos que éste puede ser un momento difícil para nuestros pacientes, y sabemos que el aspecto financiero de la internación puede a veces resultar confuso.

A fin de clarificar el proceso de pago, nuestro Equipo de Servicios Financieros al Paciente se encuentra disponible para ayudarlo a entender la factura del hospital. También podemos ayudarlo con las opciones de pago, lo que incluye saber si califica para obtener asistencia financiera a través de programas federales y estatales. Podemos responder preguntas generales acerca del modo en que la compañía de seguros procesó su factura.

Hemos preparado este folleto para ayudarlo a responder las preguntas más frecuentes relacionadas con la facturación. Si su pregunta específica no se encuentra aquí, por favor comuníquese al 443-481-6500 de lunes a

Recursos para los Servicios Financieros al Paciente

Nuestro equipo de asesoramiento financiero está ubicado en el Medical Park Campus, 2001 Medical Parkway, Annapolis, Maryland.

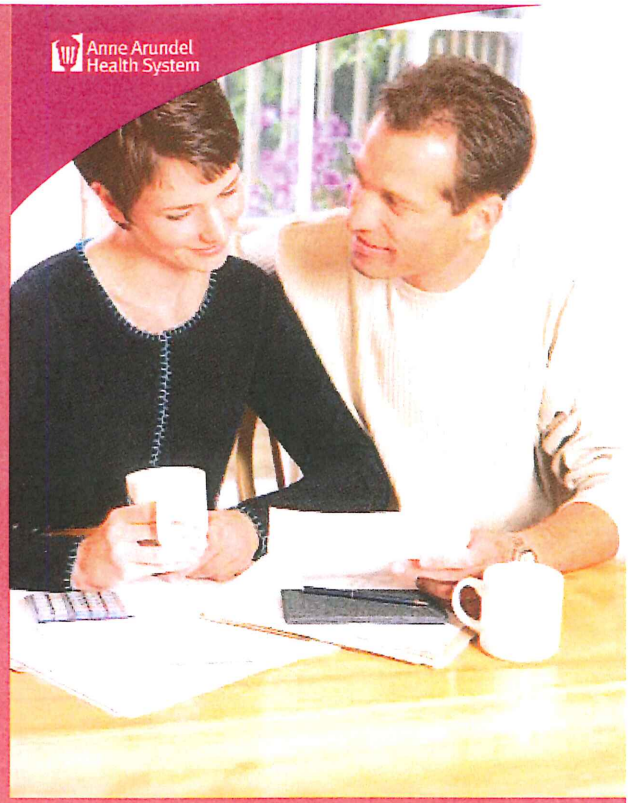
Puede concertar una cita con un coordinador financiero llamando a:

Asistencia Financiera	443-481-1401
Solicitud de Asistencia Médica	443-481-1401
Planes de Pago	443-481-1401

Si ha recibido una factura y tiene preguntas o desea conversar sobre los planes de pago, puede llamar a:

Preguntas acerca de su factura	443-481-6500
Planes de Pago	443-481-6500

Anne Arundel Health System



Información sobre facturación para el paciente

PREGUNTAS Y RESPUESTAS

Información sobre Facturación para el Paciente

¿Qué está incluido en mi factura del hospital?

Su factura del Centro Médico Anne Arundel incluye los servicios que usted recibe de parte de enfermeros, trabajadores sociales, dietistas, terapeutas y otros miembros del personal. También incluye los costos de habitación, comidas, ropa blanca, suministros, medicamentos, exámenes de diagnóstico y servicios profesionales supervisados, tales como los de los terapeutas físicos y respiratorios.

¿Qué no está incluido en mi factura del hospital?

Se le facturarán por separado los servicios brindados por los médicos, médicos especialistas y cirujanos. Estos servicios NO están incluidos en su factura del hospital. Cada médico que lo atienda le enviará una factura por separado por los servicios brindados. Esto incluye los médicos que lo han tratado en el Departamento de Emergencias; aquellos que quizás usted nunca vea, incluso los médicos que interpretan los estudios de diagnóstico, tales como rayos X, electrocardiogramas y determinadas muestras de laboratorio; y anestesistas, pediatras o médicos internistas que lo hayan tratado durante su internación.

¿Cómo funciona la facturación del seguro de salud?

Cuando reciba servicios en el Centro Médico Anne Arundel, le facturaremos, en su nombre, a su prestador de seguro de salud A tal fin, y para asegurar que se le paguen al hospital los servicios brindados, necesitamos una copia de su tarjeta del seguro. Debemos suministrar información completa y precisa a su plan de salud, incluso su nombre completo, domicilio, número de teléfono, fecha de nacimiento y número del Seguro Social. Si la información no es correcta o está incompleta, su prestador de salud puede rechazar el pago. Usted puede ser responsable del saldo de la factura cuando un prestador de salud retrasa o rechaza el pago, o lo realiza en forma parcial. También es posible que la compañía aseguradora le exija que realice el copago al momento de recibir el servicio.

Si usted no puede proporcionar los datos completos sobre el seguro y el suscriptor, el Centro Médico Anne Arundel no puede presentar la factura ante su compañía de seguro. En tal caso, se lo considerará un paciente de la modalidad "autopago" y le pediremos que realice un depósito por los servicios.

¿Qué sucede si tengo un plan de atención médica administrada o de una organización para el mantenimiento de la salud (HMO)?

Si cuenta con un plan de atención médica administrada o de una HMO y es admitido en nuestra sala de emergencia, su plan puede exigirle que se comunique con la oficina local a fin de obtener autorización para su admisión dentro de las 24 horas posteriores a un ingreso de emergencia. Podrá encontrar el número telefónico del plan en la tarjeta de su seguro de salud. El personal del Centro Médico Anne Arundel intentará contactarse con su plan de seguro para notificar su admisión como paciente hospitalizado. La mayoría de los planes HMO le exigen que obtenga una derivación o una autorización para determinados servicios que no son emergencias. El Centro Médico Anne Arundel lo ayudará a obtener la autorización.

Muchos HMOs le exigen que los servicios de diagnóstico, tales como exámenes de laboratorio y rayos X, le sean proporcionados por un prestador designado y no en el departamento de pacientes externos del hospital.

¿Qué sucede si mi visita implica una compensación del seguro obrero?

Si no recibimos información sobre la compensación del seguro obrero de parte suya o de su empleador, usted será responsable de la factura. Es importante también que proporcione información acerca de los beneficios del seguro médico; de esta forma, se pueden cumplir con las autorizaciones requeridas o con cualquier otro paso que haya que seguir a fin de asegurar la cobertura. Esto ayudará para proteger financieramente tanto a usted como al hospital en caso de que la compensación del seguro obrero rechace el pago. Necesitamos una copia del rechazo a fin de facturar su seguro.

¿Qué sucede si mi visita se debe a un accidente automovilístico?

El Centro Médico Anne Arundel no factura a prestadores de seguros de automóviles. Los pacientes por accidentes de automóviles (MVA) son responsables por el pago de los servicios brindados. Es importante que también brinde información acerca de los beneficios del seguro médico; de esta forma, se pueden cumplir con las autorizaciones requeridas o con cualquier otro paso que haya que seguir a fin de asegurar la cobertura. Esto ayudará para proteger financieramente tanto a usted como al hospital en caso de que el seguro del automóvil rechace el pago.

¿Qué cubre Medicare?

"Necesidad Médica" es un término utilizado por Medicare para describir los servicios que Medicare considera "razonables y necesarios" para el tratamiento o diagnóstico de una enfermedad o lesión. En la mayoría de los casos, Medicare otorga el pago de servicios por "necesidad médica". Si su médico prescribe un servicio que puede no estar cubierto por Medicare, se le solicitará que firme una notificación anticipada de beneficios antes de que se brinde el servicio, donde se establece que es posible que éste no sea abonado por Medicare. Al firmar este formulario, usted se compromete a responsabilizarse por el pago.

¿Qué opciones tengo con Medicare?

Si usted tiene una notificación anticipada de beneficios, puede firmarla y aceptar que usted correrá con los gastos o puede rechazar el servicio o el tratamiento. Si rechaza el servicio o el tratamiento, le sugerimos conversar con su médico acerca de las opciones que cubre Medicare. Usted tiene derecho a apelar una decisión de no cobertura por parte de Medicare. Si desea interponer un recurso de apelación o tiene otras preguntas relacionadas con Medicare, sírvase llamar a la línea directa para beneficiarios de Medicare al 1-800-633-4227.

¿Qué sucede si no puedo pagar puntualmente?

Comprendemos que algunas circunstancias pueden dificultar el pago puntual de su factura. No obstante, si su cuenta se vence, el Centro Médico Anne Arundel tomará medidas a fin de recuperar el monto adeudado. Llame al 443-481-6500 entre las 08:30 a.m. y las 04:00 p.m., de lunes a viernes, para exponer sus circunstancias particulares. Queremos ayudarlo a proteger su crédito.

¿Qué sucede si no puedo pagar ninguna parte de mi factura?

Si no puede pagar la factura, podemos ayudarlo a postularse a programas federales y estatales que pueden cubrir el monto total o parcial. Por favor, comuníquese con el 443-481-1401 para solicitar asistencia. El Centro Médico Anne Arundel ofrece asistencia financiera a aquellos que no califiquen para los programas federales o estatales pero que cumplan con ciertas pautas federales de pobreza. Además, puede calificar para obtener una reducción parcial del monto adeudado.

Appendix III-5

Financial Assistance & Billing

Thank you for choosing Anne Arundel Medical Center for your health care needs.

What do you want to do today?

Understand my Bill

Download our brochures:

- In English
- In Spanish

Talk to Financial Counseling

We can clarify:

- Payment options
- Eligibility for financial assistance
- General questions

443-481-6500

See a list of charge estimates

- Inpatient Procedures
- Outpatient Procedures
- Laboratory Procedures
- Radiology Procedures

Quick Links

443-481-6500

Mon.-Fri. 8:30am and 4pm

Not able to pay?

Anne Arundel Medical Center provides medically necessary services to all persons regardless of their ability to pay. If you think you cannot pay for a medically necessary service, please contact our Financial Counseling office to see if you qualify for financial assistance.

You must apply for these benefits. Please download the Maryland State Uniform Financial Assistance Application (PDF)

Understanding Your Medical Costs Before Treatment
The following documents provide the historical range of charges for the most commonly used inpatient and outpatient services at AAMC, and the average charges for the service.

These tables are updated regularly, and are based on patient charges from the past six months. You can use these tables to estimate the charge for services that may incur.

The actual charges for services received may be higher or lower than the figures listed, and will vary depending upon the patient's condition and the level of care, or other services that are required and provided. Please contact our Financial Counseling Office for assistance, or for a more current price list at **443-481-6500.**

The amounts reflect hospital charges only: The Anne Arundel Medical Center does not employ most of

the physicians who practice at the hospital. Each physician group that provides services will charge you separately. Please contact physician group directly for charge estimates.

<< Take me home

Hospital Mission Statement

Mission

To enhance the health of the people we serve.

Vision

Living Healthier Together.

Core Values

Passion for excellence is at the center of all that we do. The following values aid in this pursuit:

1. Compassion
2. Trust
3. Dedication
4. Quality
5. Innovation
6. Diversity
7. Collaboration