UM BWMC FY13 COMMUNITY BENEFIT REPORT

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:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
319	19,786	21061 21122 21060 21144 21146	AAMC 21061 21122 21146 HH 21061 21122 21060	8% (UM BWMC patients residing in Anne Arundel County)	5% (UM BWMC patients residing in Anne Arundel County)

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.**

BWMC Primary Community Benefit Service Area

Zip Code	City
21060	Glen Burnie
21061	Glen Burnie
21122	Pasadena
21144	Severn
21225	Brooklyn Park
21226	Curtis Bay

BWMC South Community Benefit Service Area

Zip Code	City
21012	Arnold
21032	Crownsville
21054	Gambrills
21108	Millersville
21114	Crofton
21401	Annapolis
21402	Annapolis
21146	Severna Park

BWMC West Community Benefit Service Area

Zip Code	City
21090	Linthicum
21113	Odenton
20755	Ft. Meade
21240	BWI
21227	Elkridge/Arbutus
21076	Hanover

Baltimore Washington Medical Center considers most of Anne Arundel County the hospital's Community Benefit Service Area (CBSA). A few southern Anne Arundel County Zip codes have been excluded (20711, 20733, 20751, 20758, 20764, 20765, 20779) and a few eastern Howard County Zip codes (20723, 20794, and 21075) are also part of the hospital's CBSA. However, for this report, the data presented is based on Anne Arundel County.

Anne Arundel County is the fifth largest jurisdiction in Maryland with over 550,000 residents. It is part of the Baltimore metropolitan area and is located on the

Chesapeake Bay, encompassing a 454 square mile area. The City of Annapolis (21401), the State Capitol, is centrally located between Baltimore and Washington, D.C. The northern part of the County is suburban and urban with the southern part primarily rural and agricultural. The County has two State parks and more than 70 County parks for residents to enjoy.

Employment in Anne Arundel County is distributed across a wide array of industrial sectors. Based on 2011-12 employment figures, *trade, transportation and utilities, government and professional and business services* account for more than 55% of the total County employment: 21.8%, 17.8%, and 16.3%, respectively. Other major employment sectors include *leisure and hospitality services* (12%) and *education and health services* (11.5%) *(Source: MD Department of Labor, Licensing, and Regulation, 2012).*

Anne Arundel County has a diverse population with respect to age distribution. According to 2012 Census data, persons between the ages of 20 and 44 years old comprise the largest segment of the population at 34%. The next largest group is persons age 45 to 64, which makes up approximately 28.3% of the total population. Persons age 19 and under are 25.2% of the County population and those ages 65 and older comprise 12.7% of the population. *(Source: 2012 American Community Survey 1-Year Estimates, U.S. Census Bureau).*

Anne Arundel County has approximately 120 public schools, 75 private schools, 81,000 students (22,000 of which are eligible for a reduced lunch program) *(Source: aacounty.org),* 5,000 teachers and three major institutions of higher education. One of the most beneficial assets to Anne Arundel County is its well-educated population. Census estimates show that approximately 91% of the population over age 25 has obtained a high school diploma and approximately 37% of Anne Arundel County's population age 25 and over has either a bachelor's degree or a graduate professional degree. *(Source: 2012 American Community Survey 1-Year Estimates, U.S. Census Bureau).*

While Anne Arundel County is generally considered an affluent county, it is important to recognize that more than 34,000 people (6.4%) live in poverty *(Source: 2012 Poverty Amidst Plenty IV: Surviving the Economic Downtown, Community Foundation of Anne Arundel County).* Quality of life for this population is hindered by issues of racial disparity and limited access to affordable housing and health care.

While Anne Arundel County has not experienced the racial and ethnic transformation happening in neighboring counties, there is growth in minority numbers in all categories. Hispanics account for 6.6% of the County's population as compared to 8.7% for Maryland. Asians make-up just over 3% of the population *(Source: Source: 2012 American Community Survey 1-Year Estimates, U.S. Census Bureau).*

Health disparities and poor health outcomes are a reality for African-Americans in Anne Arundel County. This population continues to have the highest incidence, prevalence and mortality rates from chronic diseases including cardiovascular disease, diabetes and obesity (*Source: http://www.dhmh.maryland.gov/ship).*

Preterm birth and low birth weight continues to be the leading cause of death among infants in Anne Arundel County. The health of infants (less than one year old) is reflective of the health and social system a community has in place to support families and neighborhoods. Infant mortality measures deaths during the first year of life. The health of the mother before pregnancy can have a profound impact on the health of her baby. Issues such as pre-pregnancy weight, timely initiation of prenatal care, chronic disease management and substance abuse (including tobacco, alcohol and prescription drugs) continue to affect the health of babies born in the County.

Access to health care can have a significant impact on health outcomes. According to the County Health Rankings, the patient to primary care physician ratio in Anne Arundel County (954:1) is worse than in Maryland (713:1) and the U.S. benchmark (631:1) indicating that more individuals are seeking care from fewer providers.

Overall, Anne Arundel County ranks 7th (out of 24 counties including Baltimore City) in health measures such as health behaviors and social and economic factors that indicate what influences the health of the County, and 9th in health outcomes that indicate the overall health of the county (*Source:http://www.countyhealthrankings.org/maryland/anne-arundel/2013).*

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).

Some statistics may be accessed from the Maryland State Health Improvement Process, (http://dhmh.maryland.gov/ship/) and its County Health Profiles 2013, (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx), the Maryland Vital Statistics Administration (http://vsa.maryland.gov/html/reports.cfm), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://www.dhmh.maryland.gov/mhhd/Documents/1stResource_2010.pdf), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf)

Table II

Community Benefit Service Area (CBSA) Target Population (target population, by sex, race, and average age) *Source: 2012 American Community Survey 1-Year Estimates, U.S. Census Bureau.*	550,448 Male 49.4%; Female 50.6% White, Not Hispanic (NH) 71.5% Black, NH 15.0% Hispanic 6.6% Asian, NH 3.6% American Indian, NH 0.2% Other, NH 3.1% Median Age: 38.6
Median Household Income within the CBSA *Source: 2012 American Community Survey 1-Year Estimates, U.S. Census Bureau.*	$89,179
Percentage of households with incomes below the federal poverty guidelines within the CBSA *Source: 2012 American Community Survey 1-Year Estimates, U.S. Census Bureau; Maryland State Data Center, Maryland Department of Planning.*	3.5% (All Families) 4.7% (Families with related children under 18 years) 5.7% (Individuals)
Please estimate the percentage of uninsured people by County within the CBSA *Source: 2012 American Community Survey 1-Year Estimates, U.S. Census Bureau; Maryland State Data Center, Maryland Department of Planning.*	Civilian Non-institutionalized Population: 7.9% uninsured Civilian Non-institutionalized Population (under 18): 2.7% uninsured
Percentage of Medicaid recipients by County within the CBSA. *Source: Maryland Medicaid eHealth Statistics FY13- Maryland DHMH.*	9.2%
Life Expectancy by County within the CBSA. *Source: http://www.dhmh.maryland.gov/ship (2012)*	Black: 76.4 years White: 80.2 years
Mortality Rates by County within the CBSA (Age –adjusted rates per 100,000 population).	Coronary Heart Disease 176.1 All Cancer 171.3 Lung Cancer 61.9

Source: Maryland Vital Statistics Annual Reports 2011, Vital Statistics Administration, Maryland DHMH; Cigarette Restitution Fund Program, Cancer Report 2012, Maryland DHMH; Healthy People 2020, U.S. DHHS.	Stroke 39.3 Diabetes 21.3 Unintentional Injuries 20.9 Female Breast Cancer 24.1 Suicide 9.4 Homicide 3.7
Access to healthy food, quality of housing, and transportation 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) Proportion of county restaurants that are fast food restaurants Limited access to healthy food (percentage of population who are low income and do not live close to a grocery store) *Source:http://www.countyhealthrankings.org/maryland/anne-arundel/2013* Median apartment rent *Source: 2012 American Community Survey 1-Year Estimates, U.S. Census Bureau.* Est. median house or condo value in 2010 *Source: 2012 American Community Survey I-Year Estimates, U.S. Census Bureau.* Total Occupied Housing Units Owner-Occupied Renter-Occupied (paying rent) *Source: 2012 American Community Survey 1-Year Estimates, U.S. Census Bureau.*	59% 3% $1,408 $320,900 201,933 149,229 52,704
Government Subsidized/Section 8 Housing (renter pays 30% of total adjusted income) *Source: http: www.hcaac.org/ and www.aacounty.org/Aging*	1,026 available units Currently waiting list for placement is a minimum of one year. Available but preferential consideration is given to those with one or more of the following mitigating factors: 1. 62 years or older 2. Anne Arundel County resident

	3. Disabled 4. Rent burdened (paying more than half of income for rent) In addition, factors such as homelessness, displacement, substandard residence, and physical victimization may be considered.
Transportation Vehicles available (based on total housing units) No vehicles available *Source: 2012 American Community Survey 1-Year Estimates, U.S. Census Bureau.* Anne Arundel County is served by a variety of public and specialized transportation, providing both local service and regional connections. The transit providers serving the County include (but not limited to): Maryland Transit Administration • MARC Commuter Rail service on the Penn line with stops in Odenton and BWI Airport rail stations. • Light rail service linking downtown Baltimore to Patapsco, Baltimore Highlands, Nursery Road, North Linthicum, Linthicum, BWI Business Park, BWI Airport, Ferndale and Cromwell stations in the County. MTA local bus services • Route 14 between Annapolis, Patapsco light rail station, and downtown Baltimore • Route 17 between Parkway Center, BWI Airport, and Patapsco light rail station Central Maryland Regional Transportation/Connect-A-Ride services in West Anne Arundel County: • Route B: Laurel Mall to Maryland City • Route J: Laurel Mall/Arundel Mills Mall	193,857 8,077

/Cromwell Light Rail \Station/Glen Burnie/Freetown • Route K: Arundel Mills Mall/Severn/Meade Village/Pioneer City/Seven Oaks/Odenton MARC/Odenton • Route M: A peak hour circulator route providing service between the Piney Orchard Community and the Odenton MARC Station *Source: http://www.aacounty.org/PlanZone/Transportation/Transit.cfm.*	
CBSA Adult Obesity (Percentage of adults that report BMI >=30) *Source: http://www.countyhealthrankings.org/maryland/anne-arundel/2013*	28%
Annual Average CBSA Unemployment Rate *Source: Maryland Department of Labor, Licensing & Regulation, July 2013.*	6.1%
Access to Quality Health Care Hospitals Federally Qualified Health Centers (FQHCs) *Source: http://www.dhmh.state.md/us/gethealthcare/FQHC.pdf*	UM Baltimore Washington Medical Center Anne Arundel Medical Center Peoples Community Health Center, Inc. 2 centers: (1) 21226 and (1) 21144
Health Disparities (selected) Infant Mortality Rate (per 1,000 births) Percentage of births that are Low Birth Weight (LBW) Rate of ED visits for asthma per 10,000 population Rate of ED visits for diabetes per 100,000 population Rate of ED visits for hypertension per 100,000 population *Source: http://www.dhmh.maryland.gov/ship (2012)*	 White/Non-Hispanic: 6.1 Black: 12.4 White/Non-Hispanic: 7.6% Black: 13.1% White/Non-Hispanic: 38.2 Black: 156.7 White/Non-Hispanic: 224.9 Black: 688.5 White/Non-Hispanic: 115 Black: 432.7

Primary Language (spoken; five years of age and older) *Source: 2012 American Community Survey 1-Year Estimates, U.S. Census Bureau.*	English: 89% Other than English: 11% (47% of which is Spanish)

II. 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;

In addition to the five zip codes, 21061 (Glen Burnie), 21122 (Pasadena), 21060 (Glen Burnie), 21144 (Severn) and 21146 (Severna Park), in which 60 percent of the hospital's patient discharges originate that define UM BWMC's primary service area and primary Community Benefit Service Area (CBSA), UM BWMC further defines its CBSA to include the Anne Arundel County zip code 21225 (Brooklyn Park). The health and economic indicators outlined in the CHNA showed that persons residing in this zip code face significant challenges that correlate directly with increased emergency room usage, poor health outcomes such as an increased rate of low birth weight babies and an overall lower than average life expectancy. Lastly, it is important to note that approximately 66% of the charity care that UM BWMC provided in FY13 was provided to residents of these six zip codes.

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 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;

Because local action is essential to public health progress, UM Baltimore Washington Medical Center is a key stakeholder in the Healthy Anne Arundel Coalition (HAAC), a partnership of public sector agencies, health care providers and payers, community-based partners, the business community and academic institutions. The coalition was formed in December 2011 in response to a Statewide Health Improvement Process (SHIP) and is jointly led by the Anne Arundel County Department of Health, UM BWMC and Anne Arundel Medical Center (AAMC). The HAAC Steering Committee includes Vice Chair Kathleen McCollum, Chief Operating Officer and Senior Vice President for Clinical Integration at UM BWMC. The coalition steering committee meets every other month. Coalition subcommittees including community engagement, co-occurring disorders and obesity prevention also hold regular meetings.

To conduct the coordinated community-wide needs assessment, the Anne Arundel County Department of Health convened a workgroup from within the coalition that included UM BWMC, AAMC and social service agencies. A county-wide community health needs assessment (CHNA) was conducted between July and November 2012 by Holleran Consulting, a public health research and consulting firm with more than 20 years of experience conducting community health assessments.

To ensure that the profile of the county's health took into account various perspectives and data sources, a multi-faceted approach was used to conduct the CHNA. Comprised of three components including: 1. A secondary data profile in which data from all Anne Arundel County zip codes was included, 2. Key informant surveys and 3. Focus group, the CHNA is a combination of quantitative health information and valuable qualitative feedback from community stakeholders. 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. No information gaps were identified that impacted the coalition's ability to assess the health needs of the community.

The secondary data profile was gathered from existing resources, such as the United States Census Bureau and Maryland Department of Health and Mental Hygiene. The report integrated not only traditional statistics on physical health, such as cancer rates and immunization figures, but also demographic and household information. Research has shown that lower educational attainment, poverty and race/ethnicity are risk factors for certain health conditions. The profile details data covering the following areas:

- Population Statistics
- Household Statistics
- Income Statistics
- Education Statistics
- Mortality Statistics

- Birth Statistics
- Sexually Transmitted Illness Statistics
- Injury & Violence Prevention Statistics
- Communicable Disease Statistics
- Environmental Health Statistics
- Health Insurance Coverage & Health Care Utilization Statistics
- Mental Health Statistic
- Crime Statistics

The identification of the overall health status of the county's residents will contribute to community health improvement planning efforts. Implementation plans and county-wide health improvement plans have been developed to prioritize the key community wellness initiatives. Activities have been identified that will improve upon the health status of county residents. These activities will be conducted collectively, through coalition efforts, and individually, through organization-specific planning.

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 addition to an analysis of the secondary data profile, key informant surveys and focus groups were conducted. A web-based survey was conducted among Anne Arundel County "key informants." Key informants were defined as area health care professionals, social service

providers, non-profit leaders, business leaders, faith-based leaders and other area authorities. Holleran staff worked closely with HAAC partners to identify prospective participants and to develop the online Key Informant Survey Tool. The questionnaire focused on gathering quantitative and qualitative feedback regarding perceptions of community needs and strengths across three primary domains: key health issues, health care access and community aspirations and capacity.

The online survey was sent via email to approximately 300 key informants, garnering 121 completed surveys between July and August 2012. The survey respondents were asked to provide feedback on the health issues that they perceived to be the most significant or concerning for Anne Arundel County. The key informants were given a list of potential response options, ranging from cancer to substance abuse to unintentional injuries. Respondents ranked the key health issues from 1 to 5, with 1 being the most significant. Additionally, survey respondents were permitted to share other health issues they deemed highly important that were not included on the list. The five issues that were most frequently selected were Obesity/Overweight, Cancer, Diabetes, Substance Abuse/Alcohol Abuse and Heart Disease. Approximately 84% of key informants ranked Obesity/Overweight as one of the top five health concerns in Anne Arundel County.

Key informants were also asked to share their perceptions on the availability of general and specialty health services and potential access barriers. The area of greatest concern with respect to accessibility and availability was the number of bilingual health care providers, followed by the number of providers who accept Medicaid or other forms of medical assistance and then lastly, access to dental care. Respondents were also asked to identify key resources or services they felt would be needed to improve access to health care for residents in Anne Arundel County. Responses included the need for increased awareness, education, prevention and outreach to inform the community about existing programs and services.

Focus group topics addressed mental and behavioral health (one session), access to health care (two sessions) and nutrition and physical activity (two sessions). Five focus groups (55 total participants) were held at various locations throughout Anne Arundel County in August and September 2012. Participants were recruited through local health and human service organizations and public news releases and came from a variety of Zip codes. The largest proportion came from 21061, 21401, 21144, 21060 and 21403. In exchange for their participation, attendees were given a gift card at the completion of the focus group. Participants in the Mental and Behavioral Health Focus Group were individuals with mental and/or behavioral health issues or family members of individuals with mental and/or behavioral health issues. The four other focus groups included individuals from the general population in Anne Arundel County. Each session lasted approximately two hours and was facilitated by trained staff from Holleran.

Across the focus groups, several themes appeared as areas of opportunity:

- Lack of affordable medical and dental services
- Need for coordinated mental and behavioral health services

- Transportation barriers
- Lack of coordination among programs and providers
- Lack of community awareness of available programs and resources
- Need for health education and wellness programs

The analysis of local data indicated that obesity, cancer, mental health and substance abuse, dental care, sexual health, housing and the environment were all potential health improvement priorities for Anne Arundel County. After careful review of County health data, the Healthy Anne Arundel Coalition's Steering Committee prioritized the potential health improvement areas and decided to focus the Coalition's efforts on two areas: (1) Obesity Prevention and (2) Management of Mental Health and Substance Abuse as Co-occurring Disorders. The Coalition is committed to examining what evidence-based initiatives can improve the county's health in these two areas related to racial, ethnic and other demographic and geographic-related health disparities.

Maryland's State Health Improvement Process (SHIP) provides a framework for continual progress toward a healthier Maryland. Maryland's State Heath Improvement Process (SHIP) began with national, state and local data being reviewed and analyzed by the Maryland Department of Health and Mental Hygiene (DHMH) Office of Population Health as well as by the Anne Arundel County Department of Health. It has three main components: accountability, local action and public engagement.

SHIP includes 39 measures that provide a framework to improve the health of Maryland residents. Twenty-eight of the measures have been identified as critical racial/ethnic health disparities. Each measure has a data source and a target, and where possible, can be assessed at the county level.

UM BWMC's priorities are aligned with the Maryland State Health Improvement Process vision areas and those objectives outlined by the local health improvement coalition, Healthy Anne Arundel.

UM BWMC's Priorities:

1. Chronic Diseases (Obesity, Heart Disease, Diabetes and Cancer)
2. Wellness and Access
3. Maternal/Child Health
4. Access to Healthy Food and Healthy Food Education
5. Influenza Education and Prevention
6. Violence Prevention

Several additional areas were identified through the CHNA including lack of affordable dental services, transportation barriers and environmental health concerns. The need for enhanced and improved coordination of mental health services was also a common theme throughout the assessment. While UM BWMC will focus the majority of resources on the identified priorities listed above, these areas are important to the health of the community. UM BWMC will continue

to work with and provide assistance as available to other health care providers and community partners, including:

- Anne Arundel Community College
- Anne Arundel County Department of Aging and Disabilities
- Anne Arundel County Department of Detention Facilities
- Anne Arundel County Department of Health (including representatives from Women's Infants and Children (WIC) and Healthy Start
- Anne Arundel Department of Recreation and Parks
- Anne Arundel County Department of Social Services
- Anne Arundel County Mental Health Agency, Inc.
- Anne Arundel County Office of the County Executive
- Anne Arundel County Public Schools
- Anne Arundel Economic Development Corporation
- Anne Arundel Health System
- Arundel Community Development Services, Inc.
- CareFirst BlueCross BlueShield
- City of Annapolis Mayor's Office
- Community Foundation of Anne Arundel County
- Housing Authority of the City of Annapolis
- MedStar Harbor Hospital
- NAACP-Anne Arundel County Branch
- People's Community Health Centers, Inc.
- Rite Aid Corporation
- University of Maryland School of Public Health
- Wal-Mart

The unmet needs not addressed directly by UM BWMC are being addressed through the action plan of the local health improvement coalition and corresponding subcommittees on which UM BWMC is actively involved. To ensure a cohesive approach to actions and process measures that will improve the health of the community, the table below incorporates UM BWMC's priorities with outcome objectives of both Maryland's State Heath Improvement Plan (SHIP) and Healthy Anne Arundel.

Maryland SHIP Vision Area	**UM BWMC Priorities**	Healthy Anne Arundel Objectives	SHIP Outcome Objectives
Overall Goal for SHIP Outcome Objectives: 1. INCREASE LIFE EXPECTANCY			
Healthy Babies	**Reduce infant mortality**	[redacted]	• Reduce infant deaths • Reduce low birth weight (LBW) & very

Maryland SHIP Vision Area	**UM BWMC Priorities**	Healthy Anne Arundel Objectives	SHIP Outcome Objectives
Healthy Babies continued			low birth weight (VLBW) • Reduce sudden unexpected infant deaths (SUIDs) • Increase the proportion of pregnant women starting prenatal care in the first trimester
Healthy Social Environments	**Reduce infant mortality and increase violence prevention education**	1. Reduce the rate of suicides rates per 100,000 2. Decrease the rate of fatal crashes where the driver had alcohol involvement	• Reduce child maltreatment • Reduce domestic violence
Safe Physical Environments	**Increase access to healthy food**		• Increase access to healthy food
Infectious Disease	**Influenza prevention and education**		• Increase the percentage of people vaccinated annually against seasonal influenza
Chronic Disease	**Decrease cardiovascular**	1. Increase the proportion of adults	• Reduce deaths from heart

Maryland SHIP Vision Area	**UM BWMC Priorities**	Healthy Anne Arundel Objectives	SHIP Outcome Objectives
Chronic Disease continued	**disease, obesity, lung cancer mortality**	who are at a healthy weight 2. Reduce the proportion of young children and adolescents who are obese 3. Reduce the rate of emergency department visits related to behavioral health conditions per 100,000 population 4. Reduce the rate of drug-induced deaths per 100,000	disease • Reduce the overall cancer death rate • Reduce diabetes-related emergency department visits • Reduce hypertension-related emergency department visits • Increase the proportion of adults who are at a healthy weight • Reduce the proportion of children and adolescents who are considered obese • Reduce the proportion of adults who are current smokers • Reduce the proportion of youths who use any kind of tobacco product
Health Care Access	**Expand access to primary care**		• Increase the proportion of adolescents

Maryland SHIP Vision Area	**UM BWMC Priorities**	Healthy Anne Arundel Objectives	SHIP Outcome Objectives
Health Care Access Continued	***Currently being addressed by UM BWMC. Data will be reported in FY14 Community Benefit narrative.*		who have an annual wellness checkup • Reduce the proportion of individuals who are unable to afford to see a doctor

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. Conducted August 2012-February 2013; Published May 2013

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

   http://www.mybwmc.org/community-benefit-0

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.

http://www.mybwmc.org/community-benefit-0

III. 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

Community Outreach activities associated with Community benefit are included in UM BWMC's annual operating plan that is derived from UM BWMC's 5-year strategic plan that was completed in 2010 and updated annually.

___No

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)
   – COO/Senior Vice-President
   – Board of Directors

ii. Clinical Leadership

1. _x_ Physician
   - Director, Community Vascular Screening Program
   - Chairman, Thoracic Surgery
2. _x_ Nurse
   - Inpatient Team Certified Registered Nurse Practitioner (CRNP)
   - Director, Emergency Department (ED) Nursing
   - Director, Women's and Children Services
3. ___ Social Worker

4. ___ Other (please specify)

iii. Community Benefit Department/Team

1. _x_ Individual (please specify FTE)
   - Director, Community Outreach (1.0 FTE)
2. _x_ Committee (please list members)
   - Board of Director's Community Benefit Committee Members include:
     - Lou Zagarino - Chairman, UM BWMC Board of Directors
     - Michael Caruthers – UM BWMC Board of Directors and Chairman, UM BWMC Community Benefit Committee
     - Paul Gable – UM BWMC Board of Directors
     - Penny Cantwell – UM BWMC Foundation Board of Directors
     - Donna Jacobs - Senior Vice President
       Government and Regulatory Affairs
       University of Maryland Medical System
     - Karen Olscamp- President and Chief Executive Officer, UM BWMC
     - Al Pietsch - Chief Financial Officer, UM BWMC
     - Kathleen McCollum – Chief Operating Officer and Senior Vice President, Clinical Integration, UM BWMC
     - Ed DeGrange - Manager, Community Development and Business Relations, UM BWMC
3. _x_ Other (please describe)
   - Director, Decision Support, UM BWMC (1.0 FTE)

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 FY13 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.

IV. 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. Please see attached examples of how to report.

For example: for each principal initiative, provide the following:

a. Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups.

b. Name of Initiative: insert name of initiative.

c. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (Use several pages if necessary)

d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?

e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.

f. How were the outcomes of the initiative evaluated?

g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?

h. Continuation of Initiative: Will the initiative be continued based on the outcome?

i. Expense: What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.

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.

Lack of affordable dental services, transportation barriers and environmental health concerns are community health needs identified through the CHNA not directly being addressed by UM BWMC due to a lack of available resources. The need for enhanced and improved coordination of mental health services was also a common theme throughout the assessment. While UM BWMC will focus the majority of resources on the identified priorities outlined in Section II. of this narrative, these areas are important to the health of the community. The unmet needs not addressed directly by UM BWMC are being addressed through the action plan of the local health improvement coalition and corresponding subcommittees on which UM BWMC is actively involved. UM BWMC will continue to work with other health care providers and community partners, proving assistance as available.

Table III: 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 FY13
Infant Mortality	Stork's Nest	The primary objectives of Stork's Nest include: • preventing premature births • low birth weight babies • sudden infant death syndrome (SIDS), the leading causes of infant mortality. Prenatal care is essential to increasing chances of positive pregnancy outcomes. UM BWMC's Stork's Nest is an incentive-based prenatal education program designed to encourage pregnant women to have a healthy pregnancy, giving their babies the best opportunity for a healthy beginning. Educational topics include: • healthy eating for two • exercise • managing stress • breastfeeding • safe sleeping for baby. Any pregnant Anne Arundel County resident is eligible	Multi-year initiative beginning in 2006.	UM BWMC is the leading sponsor of this initiative. Additional supporting sponsors include the Anne Arundel County Department of Health, March of Dimes (Maryland Chapter) and Zeta Phi Beta Sorority.	The program coordinator contacts program participants at three months and 12 months postpartum to conduct a thorough follow-up to determine health of the mother and baby. At three months, each participant is asked a variety of questions regarding the baby's birth weight, whether the baby is taken to the pediatrician regularly, the emotional health of the mother and whether or not the baby is breast fed and provided a safe sleep environment. At 12 months, participants are questioned about continuing to take their infant to the pediatrician for wellness	213 Anne Arundel County residents participated in Stork's Nest in FY13. FY13 outcomes (for participants with due dates on or before 6/30/13) directly linked to reducing infant mortality in Anne Arundel County (where overall infant mortality rates are lower than both the U.S. and Maryland) include: • Babies born >= 37 weeks gestation: 92% • Babies born >5 lbs. at birth: 90% • Babies put to sleep on their back: 97.5% • Babies taken to wellness visits: 99% • Participants breastfeeding for at least three months: 50% Anne Arundel County average infant mortality rates have been reduced by	Yes.	$70,144 (including staff salaries; excluding donations) --- Monetary and in-kind program donations: $2,806

Infant Mortality continued	Stork's Nest continued	to participate, however, the program targets pregnant women at the greatest risk for having poor pregnancy outcomes, specifically • African-American women • teenagers • women of low socioeconomic status • women with previous poor pregnancy outcomes. The program offers multiple eight-week, hour-long education classes. One Spanish class (Esperando Bebe), two adult English classes and one class for teenagers are offered. Metrics used to evaluate program results and effectiveness include • indices directly linked to reducing infant mortality • percentage of the babies born at healthy birth weight • babies taken to the pediatrician regularly for wellness visits and immunizations • percentage of breastfed babies • percentage of babies			visits/immunizations.	15.9% since 2003: **2003-2007:** 7.1 per 1000 live births **2008-2012:** 6.0 per 1000 live births		

Infant mortality continued	Stork's Nest continued	provided a safe sleep environment .						

Table III: Initiative 2 and 3.

Identified Need	Hospital Initiatives	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 Initiatives	Cost of Initiative for FY13
Cardio-vascular Disease, Obesity	A. Heartbeat for Health	The primary objectives of Heartbeat for Health include: • increasing education and awareness, • encouraging community members to make healthy lifestyle choices to reduce the incidence of obesity and corresponding conditions including heart disease, high cholesterol and high blood pressure. Heartbeat for Health celebrates the benefits of dance and exercise in the prevention of heart disease. Held annually in February to coincide with National Heart Month, participants have the opportunity to	Both initiatives are multi-year initiatives.	UM BWMC is the leading sponsor of this initiative. Community partners include Advanced Radiology, Maryland Primary Care Physicians and a variety of dance schools and exercise instructors.	An exit survey is conducted as attendees leave the event. Attendees are asked about physical activity, current health status and health concerns and their motivation to make lifestyle changes.	More than 450 area residents participated in Heartbeat for Health in 2013. Exit surveys were conducted and completed by 119 attendees. FY13 event outcomes include: - 163 participants were screened for total cholesterol. 71 (44%) participants had a total cholesterol result of 200 mg/dl or greater, indicating the need for physician follow-up for retesting or other treatment based on the recommendation by the American Heart Association. - 133 participants had a vascular (carotid artery) screening conducted. Two participants had an abnormal result and were referred to their primary care physician for follow-up. - 96 attendees that completed the exit survey (81%) indicated they would likely make lifestyle changes as a	Yes	Heartbeat for Health: $25,838 (direct expenses including expenses related to 84 staff hours)

Cardio-vascular Disease, Obesity continued	Heartbeat for Health continued --- B. Vascular Screenings	try various dance styles, enjoy dance and exercise demonstrations and participate in free health screenings such as cholesterol, blood pressure and body mass index. Educational information on heart disease, cancer, making healthy food choices and diabetes is also available. Metrics used to evaluate program results include: • indices directly linked to reducing heart disease including implementing lifestyle changes to increase physical activity and lowering cholesterol. --- The primary objective of offering potentially life-saving vascular screenings it to educate the community about the importance of screening as a tool in the early detection of carotid artery disease		--- UM BWMC is the sponsor of the vascular screening initiative. UM BWMC partners with community organizations such as senior centers and churches to host the	--- Vascular screening results are evaluated by a UM BWMC clinician at the time of screening and immediately provided to the participant.	result of information gained from attending Heartbeat for Health. - 87 attendees that completed the survey (73%) indicated that one or more of the following heath concerns were of moderate or serious concern to them: high cholesterol, high blood pressure, vascular disease, heart disease, diabetes, cancer, stroke, or losing weight/changing diet. - 35 attendees that completed the survey (29%) indicated that they participated in 30 minutes of physical exercise three of more times a week. While many factors play a role in weight, including lifestyle and genetics, the percent of overweight adults (18 years and older) in Anne Arundel County is trending downward: **2009:** 40.9% **2010:** 38.3% **2011:** 36.2% --- 644 area residents participated in the vascular screenings offered at UM		--- Vascular Screenings $157,884 (includes all associated screening costs)

Cardio-vascular Disease, Obesity continued	Vascular Screenings continued	(linked to stroke), abdominal aortic aneurysms and peripheral arterial disease. Screenings are offered to community members age 50 or older who have one of the following risk factors: hypertension, diabetes, family history of vascular disease, high cholesterol or history of smoking (target audience). Metrics used to evaluate program results include: • increasing disease detection • reducing stroke mortality.		screenings.	Participants are counseled as to their risk for vascular disease/stroke and provided a recommendation for the frequency of future screenings and lifestyle changes if indicated. For abnormal results where follow-up is indicated, a clinician from The Vascular Center at UM BWMC calls the participant's primary physician to discuss the findings.	BWMC and at various locations in UM BWMC's CBSA. Of those screened, 59 abnormal results (9.2% abnormal rate) were determined.		

Table III: Initiative 4.

Identified Need	Hospital Initiatives	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 Initiatives	Cost of Initiative for FY13
Lung Cancer Mortality	A. Reduced-Dose Lung Cancer CT Screening	The primary objective for the reduced-dose lung CT screening program is to educate the community about the importance of screening as a tool in the early detection of lung cancer and to screen those at risk. Cancer is a leading cause of death in Anne Arundel County with incidence and mortality rates of lung cancer above the state average. With provider consent, current and former smokers who meet the established screening criteria (target audience) remain in the program for three years, receiving an annual reduced-dose lung CT screening. Metrics used to evaluate program results include indices directly linked to reducing lung cancer incidence and mortality.	Both initiatives are multi-year initiatives (Reduced-dose lung CT screening program began in November 2012).	UM BWMC and Advanced Radiology sponsor the reduced dose lung cancer CT screening program.	The established guidelines for the reduced-dose lung cancer CT screening program recommend participants be screened annually for a total of three years, provided the CT screening is negative. All results are reviewed by a multidisciplinary team with results and recommendations sent to the participants prescribing provider.	In FY13, 50 area residents participated in the reduced-dose lung cancer CT screening program at UM BWMC. This represents a strong start for a program that can directly impact lung cancer mortality rates through early detection. While all participants screened met the established screening criteria, no cases of lung cancer were detected in FY13. The UM BWMC lung program clinical coordinator contacts all patients annually from the date of screening for three subsequent years to remind them to schedule the repeat reduced-dose CT scan.	Yes.	Reduced Dose Lung Cancer CT Screening Program: $5,180 (includes staff salaries to bring program on-line)

Lung Cancer Mortality Continued	B. Smoking Cessation Classes	The primary objective of the smoking cessation program is to educate participants on the health risks associated with tobacco use and provide the mechanisms (medication, counseling, etc.) to discontinue its usage. Made possible by a grant from the Anne Arundel County Department of Health, UM BWMC offers smoking cessation classes for those who live or work in Anne Arundel County who want to make the healthy lifestyle choice to quit smoking. Metrics used to evaluate program results include increasing the number of people who attend smoking cessation classes, thereby reducing the percentage of adults who smoke and reducing lung cancer incidence and mortality (Evidence-based National Cancer Institute Lung Screening Trial; published in the New England Journal of Medicine on June 29, 2011).		UM BWMC sponsors and administers smoking cessation classes with a grant from the Anne Arundel County Department of Health.	Participants are contacted at three, six and 12 months after completing the program to find out if they continue to be smoke-free. It is important to note that it is typically very difficult for the coordinator to reach participants for follow-up (phone number out of service, multiple messages not returned, etc.)	In FY13, 41 people living or working in A.A. County participated in UM BWMC's smoking cessation program. Twenty two of these participants completed the program (54%); 20 of which quit smoking at the end of their session (91%). Four of the 20 participants (20%) were smoke-free when contacted by the program coordinator at three months post program. As compared to FY12: 35 participants 20 completed (57%) 15 quit at end of session (75%) 3 smoke-free at 3 months post-program (20%) While many factors play a role in lung cancer incidence and mortality, both are trending downward in Anne Arundel County: **2004-2008:** Lung cancer incidence (Male & female): 73.1 per 100,000 Lung cancer mortality (male & female): 62.3 per 100,000 **2005-2009** Lung cancer incidence (Male & female): 72.5 per 100,000		Smoking Cessation Classes: $4,860 (grant funding received)

Lung Cancer Mortality continued	Smoking Cessation Classes continued					Lung cancer mortality (male & female): 61.9 per 100,000 Because 22.9% of Anne Arundel County residents use tobacco (2011) as compared to 15.3% in 2010, UM BWMC continues to look for additional opportunities to effectively educate the community on the risk associated with tobacco use.		

Table III: 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 FY13
Access to Healthy Food/ Obesity	Farmers' Market	The primary objective of BWMC's Farmers' Market includes providing convenient access to healthy, fresh, local produce, meat and dairy products. Area residents are able to speak directly with the farmers who produce the food, learn more about how it is grown and how to prepare it, enabling them to make educated food choices. Markets are offered every Saturday June through October 2012 and then again in June through October 2013 on UM BWMC's Glen Burnie campus. Electronic Benefit Transfer (EBT), WIC Fruit & Vegetable Checks (FVC) and Farmers' Market Nutrition Program (FMNP) are accepted. Metrics used to evaluate program results include indices directly linked to increasing access to healthy food and reducing obesity rates.	Multi-year initiative.	UM BWMC partners with Healthy Markets, LLC.	While it is difficult to directly measure the impact of this type of initiative, increasing weekly market attendance and increasing use of Electronic Benefit Transfer (EBT) (implemented June 2013) by food stamp beneficiaries, UM BWMC's farmers' market increases access to affordable sources of fresh produce, directly contributing and positively impacting the percentage of overweight adults in Anne Arundel County.	Approximately 200 people attended each farmers' market. Many people attend the market multiple times each month. It is estimated that approximately 750 area residents visited at least one UM BWMC Farmers' Market each season (June through October). June 2013 Electronic Benefit Transactions (EBT): 2 While many factors play a role in weight, including lifestyle and genetics, the percent of overweight adults (18 years and older) in Anne Arundel County is trending downward: **2009:** 40.9% **2010:** 38.3% **2011:** 36.2%	Yes.	$358 (direct expenses)

Table III: 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 FY13
Influenza Prevention and Education	Free Influenza Clinic(s)	The primary objective of UM BWMC's community flu clinic(s) is to provide free influenza vaccine and prevention education to underinsured, underserved and at-risk area residents (6 months and older) (target audience) to reduce the incidence of influenza cases annually. Seasonal influenza is a serious disease that causes illness, hospitalizations and deaths every year. Metrics used to evaluate program results include increasing the percentage of people vaccinated for influenza each year.	Multi-year initiative.	UM BWMC is the sponsor of this initiative. UM BWMC partners with community organizations to host the screenings.	Because Anne Arundel County and the State of Maryland are not required to report individual seasonal flu cases or deaths of people older than 18 years of age to the Centers of Disease Control (CDC), it is difficult to measure the impact of this type of initiative on the community. The CDC recommends annual influenza vaccination for all people aged six months and older to lower the annual incidence of flu in the community.	In FY13, UM BWMC vaccinated 500 area residents (6 months and older) and utilized mybwmc.org and social media (Facebook, Twitter, etc.) to raise awareness about the importance of flu vaccination to the community at large. This represents a 20% increase in vaccines administered in FY12 (412).	Yes.	$9,396 (including vaccines, supplies and expenses related to 17 staff hours)

Table III: 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 FY13
Violence Prevention /Infant Mortality	Call of Duty	The primary objective of the Call of Duty program is to educate African American men (target audience) about the important role they have as fathers and how they can directly improve infant well-being and reduce infant mortality through family planning and through the establishment of healthy relationships. Metrics used to evaluate program results and effectiveness include indices directly linked to reducing infant mortality of black infants which is disproportionately higher than the infant mortality rate for white infants in Anne Arundel County.	Single-year initiative.	UM BWMC partnered with Anne Arundel Community College to sponsor this initiative.	Participants were surveyed post presentation about their understanding of the information presented.	Five men attended this pilot program. When surveyed, all five men indicated a better understanding of how they can directly impact the well-being of their families through the use of positive communication and adopting healthy behaviors.. **This was a pilot program so no additional impact measures are available for reporting for FY13. Limited resources, participation and efficacy of the program will be evaluated to determine continuation of initiative in FY14.	Not yet determined.	$845 (direct expenses)

V. 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.

There are no gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured at UM Baltimore Washington Medical Center.

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.**

(1) Hospital-based physicians with whom UM BWMC has an exclusive contract-
(a) Hospital-based laborists and UM Baltimore Washington Women's Health Associates (UM BWWHA) physicians - Obstetrics and gynecologic services are provided. Without the availability of these practitioners, patients would have to be transferred to another facility for care. A negative margin is generated ($2,766,491).
(b) Psychiatrists - Psychiatric services are provided in both inpatient and outpatient settings at UM BWMC, allowing patients access to the scarcely available mental health services in Anne Arundel County. A negative margin is generated ($723,889).

(2) Non-resident house staff - These physicians ensure the continuum of primary care for inpatients. A negative margin is generated ($1,148,342).

(3) Emergency Department Call – UM BWMC pays to provide the availability of on call physician specialists for the emergency department. These specialists would otherwise not provide services and patents would have to be transferred to another facility for care. A negative margin is generated ($1,158,449).

VI. 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)

For ***example***, state whether the hospital:

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
  - in a culturally sensitive manner,
  - at a reading comprehension level appropriate to the CBSA's population, and
  - in non-English languages that are prevalent in the CBSA.
- posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
- provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
- provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
- includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
- discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

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).

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

Appendix 1

Baltimore Washington Medical Center's Financial Assistance Policy (FAP) is established to assist patients in obtaining financial aid when it is beyond their ability to pay for services rendered.

A patient's inability to obtain financial assistance does not, in any way, preclude the patient's right to receive and have access to medical treatment at Baltimore Washington Medical Center.

Baltimore Washington Medical Center 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 financial assistance policy in the following manner:

- BWMC prepares its FAP in a culturally sensitive manner, at a reading level appropriate to the CBSA's population and in Spanish.
- BWMC posts its FAP and financial assistance contact information in all admission areas, the emergency room and all other outpatient areas throughout the facility.
- A copy of BWMC's FAP is included in the patient handbook that is provided to each patient upon admission.
- A copy of BWMC's FAP and financial assistance contact information is provided to each patient upon discharge.
- A copy of BWMC's FAP and financial assistance contact information is provided in patient bills; and/or
- BWMC discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and employs dedicated staff on-site to assist patients with qualification for such programs.
- An abbreviated statement referencing BWMC's financial assistance policy, including a phone number to call for more information, is run annually in the local newspapers (*Maryland Gazette*, *Capital and Baltimore Sun*).

Appendix 2: Financial Assistance Policy (FAP)

POLICY:

Baltimore Washington Medical Center (BWMC) strives to be the health system of choice through excellence in service, including service to residents of the community who do not have the adequate financial resources to pay for necessary health care service. Baltimore Washington Medical Center will grant financial assistance to patients who have the **demonstrated inability to pay**. The hospital's ability to grant financial assistance is dependent on the patient's complete, honest, and prompt cooperation with the financial assistance application process, as well as the availability of hospital resources to cover the cost of financial assistance.

1. All patients shall be eligible for financial assistance provided they meet the necessary criteria.
2. Financial assistance will be given without regard to age, race, creed, or sex.
3. Application for financial assistance should be made as soon as possible in the admission process; however, an application may be taken at any time during the billing and collection process. Applications are available at all hospital registration areas or can be obtained by calling the Patient Financial Assistance Customer Service representative at 410-787-4517.
4. Notice of the availability of financial assistance shall be posted in the Admissions Office, the Emergency Department, and points of clinical registration within the hospital. Such notice will be posted in English and Spanish, and/or any other language that will be understandable to target populations of patients utilizing hospital services.
5. BWMC will provide the financial assistance application, policies, procedures, and information available in English and Spanish, and/or any other language that will be understandable to target populations of patients utilizing hospital services.
6. BWMC will provide financial assistance only for services deemed medically necessary. Financial assistance will not be granted for patients scheduled for elective cosmetic/plastic surgery.
7. Patients in the Medicaid Primary Adult Care (PAC) program may be automatically considered for financial assistance depending on hospital resources.
8. Patients eligible for the Anne Arundel REACH Program are automatically considered for financial assistance at the time of billing.
9. Outpatient emergency services denied as medically unnecessary for patients covered under a Medicaid Managed Care Organization (MCO) may be automatically considered for financial assistance.
10. BWMC will provide financial assistance to individuals in households below 200% of the federal poverty level and reduced cost of care up to 300% of the federal poverty level.

11. Criteria to be considered in determining financial assistance eligibility include, but are not limited to: household income, patient's employment status and capacity for future earnings, other living expenses, and financial obligations.

12. Supporting documentation may include the following:

    a. Copies of pay stubs, unemployment benefits, social security checks, cash assistance checks, alimony or child support checks
    b. Prior year's tax returns
    c. Bank statements
    d. Proof of expenses
    e. Basic Needs letter that indicates how persons with no income are meeting their day to day living needs

    Patients will have 15 calendar days to return financial forms and the necessary documentation. Failure to provide requested documentation may result in denial for financial assistance.

13. BWMC will may every effort to determine financial assistance eligibility within two business days after the submission of the financial assistance application and all requested documentation.

14. A specific amount of financial aid will be established annually in the hospital's operating budget. This amount shall not exceed the maximum limitation for financial assistance as established by the Health Services Cost Review Commission.

15. BWMC reserves the right to modify this Financial Assistance Policy depending on the availability of such financial assistance allowances as established by the Health Services Cost Review Commission or any subsequent governing bodies or by the hospital staff.

ORIGINATOR:

Director, Patient Accounting

REVIEW CYCLE:

3-year

APPROVAL:

President/Chief Operating Officer

Appendix III

BALTIMORE WASHINGTON MEDICAL CENTER
PATIENT INFORMATION SHEET

Hospital Financial Assistance Policy

Baltimore Washington Medical Center (BWMC) is committed to ensuring that uninsured patients within its service area who lack financial resources have access to medically necessary hospital services. If you are unable to pay for medical care, you may qualify for Free or Reduced Cost for Medically Necessary Care if you have no other insurance options or sources of payment including Medical Assistance, litigation or third-party liability.

BWMC meets or exceeds the legal requirements by providing financial assistance to those individuals in households below 200% of the federal poverty level and reduced cost of care up to 400% of the federal poverty level.

Patients' Rights

BWMC works with their uninsured patients to gain an understanding of each patient's financial resources.

- We provide assistance with enrollment in publicly-funded entitlement programs (e.g. Medicaid) or other considerations of funding that may be available from other charitable organizations.
- If you do not qualify for Medical Assistance, or financial assistance, you may be eligible for an extended payment plan for your hospital medical bills.
- If you believe you are wrongfully referred to a collection agency, you have the right to contact the hospital to request assistance. (See contact information below.)

Patients' Obligations

BWMC believes that patients have specific responsibilities related to the financial aspects of their healthcare needs. Our patients are expected to:

- Cooperate at all times by providing complete and accurate insurance & financial information.
- Provide requested data to complete Medicaid applications in a timely manner.
- Maintain compliance with established payment plan terms.
- Notify us in a timely manner at the number listed below of any change in circumstances.

Contacts:

Call 410-787-4440 with questions concerning:

- Your hospital bill
- Your rights and obligations with regards to your hospital bill
- How to apply for Maryland Medicaid
- How to apply for free or reduced care

For information about Maryland Medical Assistance

Contact your local department of Social Services
1-800-332-6347 TTY 1-800-925-4434

Appendix III continued

Or visit: www.dhr.state.md.us

Physician charges are not included in hospital bills and are billed separately.

I have read and understand the Patient Financial Policy and agree to follow its guidelines.

_____

Signature of Patient or Responsible Party **Date**

Appendix IV: Mission and Vision Statements

VISION STATEMENT

To be the preferred regional medical center through nationally recognized quality, personalized service and outstanding people.

MISSION STATEMENT

The mission of UM Baltimore Washington Medical Center is to provide the highest quality healthcare services to the communities we serve.