UNIVERSITY of MARYLAND
BALTIMORE WASHINGTON
MEDICAL CENTER

Community Benefit Report
FY2016

December 2016

University of Maryland Baltimore Washington Medical Center
301 Hospital Drive
Glen Burnie, MD 21061

www.mybwmc.org

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2016 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

BACKGROUND

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

The Commission's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

On January 10, 2014, the Center for Medicare and Medicaid Innovation (CMMI) announced its approval of Maryland's historic and groundbreaking proposal to modernize Maryland's all-payer hospital payment system. The model shifts from traditional fee-for-service (FFS) payment towards global budgets and ties growth in per capita hospital spending to growth in the state's overall economy. In addition to meeting aggressive quality targets, the Model requires the State to save at least $330 million in Medicare spending over the next five years. The HSCRC will monitor progress overtime by measuring quality, patient experience, and cost. In addition, measures of overall population health from the State Health Improvement Process (SHIP) measures will also be monitored (see Attachment A).

To succeed in this new environment, hospital organizations will need to work in collaboration with other hospital and community based organizations to increase the impact of their efforts in the communities they serve. It is essential that hospital organizations work with community partners to identify and agree upon the top priority areas, and establish common outcome measures to evaluate the impact of these collaborative initiatives. Alignment of the community benefit operations, activities, and investments with these larger delivery reform efforts such as the Maryland all-payer model will support the overall efforts to improve population health and lower cost throughout the system.

For the purposes of this report, and as provided in the Patient Protection and Affordable Care Act ("ACA"), 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), as provided in the ACA, 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 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 obtains input from persons who represent the broad interests of the community served by the hospital facility (including working with private and public health organizations, such as: the local health officers, local health improvement coalitions (LHICs) schools, behavioral health organizations, faith based community, social service organizations, and consumers) including a description of when and how the hospital consulted with these persons. 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.

Examples of sources of data available to develop a CHNA include, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(http://dhmh.maryland.gov/ship/);
(2) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(3) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(4) Local Health Departments;
(5) County Health Rankings (http://www.countyhealthrankings.org);
(6) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(7) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(8) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(9) CDC Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);

(10) CDC Community Health Status Indicators (http://wwwn.cdc.gov/communityhealth)
(11) Youth Risk Behavior Survey (http://phpa.dhmh.maryland.gov/cdp/SitePages/youth-risk-survey.aspx)
(12) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
(13) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNA involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
(14) Survey of community residents; and
(15) Use of data or statistics compiled by county, state, or federal governments such as Community Health Improvement Navigator (http://www.cdc.gov/chinav/)
(16) CRISP Reporting Services

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, as provided in the ACA, 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, such as how they will collaborate with other hospitals with common or shared CBSAs and other community organizations and groups (including how roles and responsibilities are defined within the collaborations); and
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.

HSCRC Community Benefit Reporting Requirements

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 acute care hospitals by the HSCRC. Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).
    a. Bed Designation – The number of licensed Beds;
    b. Inpatient Admissions: The number of inpatient admissions for the FY being reported;
    c. Primary Service Area Zip Codes;
    d. List all other Maryland hospitals sharing your primary service area;
    e. The percentage of the hospital's uninsured patients by county. (please provide the source for this data, i.e. review of hospital discharge data);
    f. The percentage of the hospital's patients who are Medicaid recipients. (Please provide the source for this data, i.e. review of hospital discharge data, etc.).
    g. The percentage of the Hospital's patients who are Medicare Beneficiaries. (Please provide the source for this data, i.e. review of hospital discharge data, etc.)

Table I

a. Bed Designation:	b. Inpatient Admissions:	c. Primary Service Area Zip Codes:	d. All other Maryland Hospitals Sharing Primary Service Area:	e. Percentage of Hospital's Uninsured Patients,:	f. Percentage of the Hospital's Patients who are Medicaid Recipients:	g. Percentage of the Hospital's Patients who are Medicare beneficiaries
303	18,512	21061 21122 21060 21144 21146	21061 – UM ROI, UMMC, JHH, AAMC, Harbor 21122 – UM ROI, UMMC, JHH, AAMC, Union Cecil, Harbor 21060 – UM ROI, UMMC, JHH, Harbor 21144 – UM ROI, UMMC, JHH, AAMC 21146 – JHU, AAMC, Union Cecil	1.02%	17.94%	53.40%

Data Sources: a) FY16 UM BWMC Bed License; b,e,f,g) UM BWMC internal financial data; c,d) HSCRC Service Area Report to HSCRC Community Benefit Web Site

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

a. Use Table II to provide a detailed description of the Community Benefit Service Area (CBSA), reflecting the community or communities the organization serves. The description should include (but should not be limited to):

(i) A list of the zip codes included in the organization's CBSA, and

(ii) An indication of which zip codes within the CBSA include geographic areas where the most vulnerable populations reside.

(iii) Describe how the organization identified its CBSA, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, i.e. individuals with > 3 hospitalizations in the past year). This information may be copied directly from the community definition section of the organization's federally-required CHNA Report (26 CFR § 1.501(r)–3).

Some statistics may be accessed from the Maryland State Health Improvement Process, (http://dhmh.maryland.gov/ship/). the Maryland Vital Statistics Administration (http://dhmh.maryland.gov/vsa/SitePages/reports.aspx), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014)(http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf), The Maryland State Department of Education (The Maryland Report Card) (http://www.mdreportcard.org) Direct link to data– (http://www.mdreportcard.org/downloadindex.aspx?K=99AAAA) Community Health Status Indicators (http://wwwn.cdc.gov/communityhealth)

Table II

Demographic Characteristic	Description	Source
Zip Codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations reside.	UM BWMC considers our Community Benefit Service Area (CBSA) to include all of Anne Arundel County. This is consistent with our leadership role in county-wide collaborative population health initiatives such as the Healthy Anne Arundel Coalition (local health improvement coalition) and the Bay Area Transformation Partnership between UM BWMC and Anne Arundel Medical Center and in collaboration with our community partners. Zip codes in Anne Arundel County are: 20701, 20711, 20714, 20724, 20733, 20736, 20751, 20754, 20755, 20758, 20764, 20765, 20776, 20778, 20779, 20794, 21012, 21032, 21035, 21037, 21054, 21056, 21060, 21061, 21076, 21077, 21090, 21108, 21113, 21114, 21122, 21140, 21144, 21146, 21225, 21226, 21240, 21401, 21402, 21403, 21405, 21409	UM Baltimore Washington Medical Center Community Benefit Implementation Plan FY2016-2018.

	UM BWMC also provides additional community outreach to our primary service area as defined by our Global Budget Agreement with the Maryland Health Services Cost Review Commission. These zip codes are: 21061, 61060, 21122, 21144, 21225 This area surrounding UM BWMC where most of our discharges originate from has some of the most vulnerable, high-risk residents in Anne Arundel County based on socioeconomic and health data. We make concerted efforts to reach vulnerable, at-risk populations, including the uninsured, racial/ethnic minorities, persons with risky health behaviors (e.g. smoking), and people with chronic health conditions (e.g. diabetes, cancer).	
Median Household Income within the CBSA	Anne Arundel County: $91,230 White, Non-Hispanic: $95,952 Black: $75,081 Asian: $98,700 Hispanic, any race: $72,924	US Census Bureau, 2015 American Community Survey 1-Year Estimates
Percentage of households with incomes below the federal poverty guidelines within the CBSA	Anne Arundel County: 3.5% White, Non-Hispanic: 2.3% Black: 8.1% Asian: 4.8% Hispanic, any race: 5.0%	US Census Bureau, 2015 American Community Survey 1-Year Estimates
For the counties within the CBSA, what is the percentage of uninsured for each county? This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	Anne Arundel County: 5.0% White, Non-Hispanic: 4.2% Black: 5.3% Asian: 11.1% Hispanic, any race: 18.6%	US Census Bureau, 2015 American Community Survey 1-Year Estimates
Percentage of Medicaid recipients by County within the CBSA.	Anne Arundel County: 9.5%	US Census Bureau, 2015 American Community Survey 1-Year Estimates

Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/SitePages/Home.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	Anne Arundel County: 79.8 years White: 79.9 years Black: 78.2 years	Source: Maryland DMHM, Vital Statistics Administration, Annual Vital Statistics Report, 2014
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Anne Arundel County: 734.6 White: 727.8 Black or African American: 819.1 Asian or Pacific Islander: 625.4 Hispanic: 361.7	CDC WONDER (by race – rates are age-adjusted per 100,000 population based on data from 2014)
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	Access to Healthy Food: Approximately 69,000 (12%) of County residents live in neighborhoods categorized as food deserts. Transportation: Anne Arundel County lacks a reliable public transportation system. There are multiple bus routes in the County but they are concentrated in the northern region of the County and the Annapolis area in the central part of the County. Approximately 8,860 (2%) of residents over 16 years of age lack personal transportation. This percentage is higher in the County's northern region. High School Graduate (includes equivalency) for Population 25 Years and Over by Race\Ethnicity in Anne Arundel County: Total: 91.7% White: 91.8% Black or African American: 93.5% Asian or Pacific Islander: 89.0% Hispanic: 69.4% Anne Arundel County Housing: Owner-occupied: 72.9% Renter-occupied: 27.1% Anne Arundel County Environmental Factors:11.6% of ED visits in 2013 for chronic conditions were due to asthma	Access to Healthy Food Data Source: Anne Arundel County Department of Health Report Card of Community Health Indicators, 2015 Transportation Data Source: Anne Arundel County Department of Health, Office of Assessment and Planning Education Data Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates Housing Data Source: U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates; Maryland Department of Planning Environmental Factors Data Source: Anne Arundel County Department of Health, Office of Assessment and Planning (source

		data from Outpatient Discharge Data File 2013, Maryland Health Services Cost Review Commission)
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions. http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	Anne Arundel County Race/Ethnicity: White, non-Hispanic (NH) 70.0% Black, NH 16.1% Hispanic 7.2% Asian, NH 3.7%; Others 3.0% Anne Arundel County Age: Under 5 years: 6.3% 5-14 years: 12.4% 15-44 years: 40.0% 65 years and over: 13.6% Median Age: 37.9 Anne Arundel County Male 49.5%; Female 50.5% Language Spoken at Home, 5 Years Old and Older: English only: 89.4% Spanish: 4.9% Other Indo-European languages : 2.7% Asian and Pacific Islander languages: 2.0% Other languages: 1.0%	US Census Bureau, 2015 American Community Survey 1-Year Estimates US Census Bureau, 2015 American Community Survey 1-Year Estimates US Census Bureau, 2015 American Community Survey 1-Year Estimates US Census Bureau, 2015 American Community Survey 1-Year Estimates
Other		

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 1-2 within the past three fiscal years?

   _X_ Yes
   ____ No

   Provide date here. 6/6/2016 (mm/dd/yy)

If you answered yes to this question, provide a link to the document here. (Please note: this may be the same document used in the prior year report).

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

This link allows the viewer to download the Anne Arundel County Community Health Needs Assessment and the UM BWMC Implementation Plan. The viewer is also provided with a link to the Anne Arundel County Community Health Needs Assessment web site.

The Anne Arundel County Community Health Needs Assessment was done under the leadership of the Healthy Anne Arundel Coalition, the County's local health improvement coalition. It was a collaborative effort between the Coalition, UM BWMC, Anne Arundel Medical Center, the Anne Arundel County Department of Health and the Anne Arundel County Mental Health Agency, Inc.

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 3?

   _X_ Yes 6/6/2016 (mm/dd/yy) Enter date approved by governing body here:
   ___ No

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

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

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? **(Please note: these are no longer check the blank questions only. A narrative portion is now required for each section of question b.)**

a. Are Community Benefits planning and investments part of your hospital's internal strategic plan?

_X_ Yes
___ No

If yes, please provide a description of how the CB **planning** fits into the hospital's strategic plan, and provide the section of the strategic plan that applies to CB.

UM BWMC's Strategic Plan 2015-2020, a summary of which is attached as Appendix VI, includes several community benefit plans and investments. Examples include expanding access to primary care, integrating care delivery to include community partners and resources, being a data driven organization (e.g. utilizing the Community Health Needs Assessment) and training the health care workforce.

Our Annual Operating Plan, which is derived from our Strategic Plan, also includes community benefit and population health priorities.

UM BWMC's FY16-18 Community Benefit Implementation Plan is a strategic framework that is reviewed each fiscal year and adjustments will be made to the implementation strategies as appropriate based on community needs, available resources, best practices and lessons learned.

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 describe the role each plays in the planning process (additional positions may be added as necessary)

i. Senior Leadership

1. _X_ CEO
2. _X_ CFO
3. _X_ COO
4. _X_ VP, Strategy and Business Development

Describe the role of Senior Leadership.

1. CEO – Karen Olscamp - Provides executive oversight to the Community Benefit Program.
2. CFO – Al Pietsch - Participates in Community Benefit reporting and the development of annual reports to the HSCRC and IRS.
3. COO – Kathy McCollum – Provides executive oversight to the Community Benefit Program. Community Benefit program reports up to the COO.
4. VP, Strategy and Business Development – Rebecca Paesch – Participates in Healthy Anne Arundel Coalition and provides oversight to the community benefit program.
5. UM BWMC Board Community Benefit Committee – Provides oversight and guidance to UM BWMC's Community Benefit programming. Approves the implementation strategy and annual reports. Makes recommendations to the UM BWMC Board of Directors regarding community benefit and monitors the implementation of community benefit activities. Members include:
    a. Michael Caruthers – UM BWMC Board of Directors and Chairman, UM BWMC Community Benefit Committee
    b. Penny Cantwell – UM BWMC Foundation Board of Directors
    c. Donna Jacobs-Senior Vice President, Government and Regulatory Affairs and Community Health, University of Maryland Medical System
    d. Karen Olscamp – President and Chief Executive Officer, UM BWMC
    e. Al Pietsch – Senior Vice President & Chief Financial Officer, UM BWMC
    f. Kathy McCollum – Chief Operating Officer and Senior Vice President, Clinical Integration, UM BWMC
    g. Ed DeGrange – Maryland State Senator
    h. Dr. Dawn Lindsay– President, Anne Arundel Community College
    i. Lou Zagarino – UM BWMC Board of Directors

ii. Clinical Leadership

1. _X_ Physician
2. _X_ Nurse
3. ___ Social Worker
4. ___ Other (please specify)

Describe the role of Clinical Leadership

1. Christopher DeBorja, MD, Chairman, Department of Medicine; Utilization Review Physician Advisor – Serves as the physician lead for the development and implementation of population health initiatives.
2. Beth Tingo, MSN, CMC, Director, Care Management – Participates in initiatives to reduce potentially avoidable utilization and readmissions. Facilitates and directs the advancement of care coordination initiatives.
3. William Flinn, Vascular Surgeon – Leads the Community Vascular Screening Program
4. Kurt Haspert, RN, Chemical Dependency Nurse Practitioner – Provides leadership to numerous behavioral health initiatives
5. Other clinicians provide support on a project specific basis as needed.

iii. Population Health Leadership and Staff

1. _X_ Population health VP or equivalent (please list)
    a. Neel Vibhakar, MD, MBA, Chief Medical Officer and Senior Vice President
    b. Rebecca Paesch, Vice President, Strategy and Business Development
    c. Mary Jozwik, RN,MHSA, CPHQ, Vice President, Quality and Patient Safety
2. _X_ Other population health staff (please list staff)
    a. Christopher DeBorja, MD, Chairman, Department of Medicine; Utilization Review Physician Advisor
    b. Beth Tingo, MSN, CMC, Director, Care Management
    c. Dwight Homes, LCSW-C, Director, Psychiatric Services
    d. Bahador Momeni, MD, MBA, Regional Medical Director, University of Maryland Community Medical Group
    e. Sandeep Sidana, MD, Chairman, Psychiatry
    f. Marianne Cunanan-Bush, MD, Inpatient Team Medical Director
    g. Chirag Chaudhari, MD, Chairman, Emergency Medicine
    h. Carol Ann Sperry, RN, MSN, Director, Emergency Nursing
    i. Laurie Fetterman, Strategic Planning Project Manager
    j. Franklin Brosenne, Manager, Financial Decision Support
    k. Tammy Grazioli MSW, Associate Director, Community Health

Describe the role of population health leaders and staff in the community benefit process.

Population health staff and leadership play a key role in the development and implementation of community benefit activities. Population health leadership and staff also conduct data analyses, measure progress toward population health objectives and track financial investments. Many population health leaders participated in the UM BWMC Community Benefit Planning Committee. This committee was charged with reviewing needs assessment data, assessing existing organizational resources and capacities, prioritizing community needs, and developing the Community Benefit Plan for review by the UM BWMC Board Community Benefit Committee and the UM BWMC Board of Directors.

UM BWMC's Community Benefit Plan is aligned with Maryland's All-Payer model and the Institute for Healthcare Improvement's "Triple Aim" of improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care. Our plan is also aligned with the Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP) and the Healthy Anne Arundel Coalition (local health improvement coalition).

Our Annual Operating Plan, which is derived from our strategic plan, includes community benefit and population health improvement activities. Our Annual Operating Plan emphasizes clinical and community partnership development and reducing potentially avoidable utilization. Many UM BWMC community benefit initiatives focus on health outreach and education to help prevent and manage chronic health conditions in order to help people live healthier lives and keep them out of the hospital.

iv. Community Benefit Operations

1. _X_ Individual (please specify FTE)
   a) Tammy Grazioli, MSW, Associate Director of Community Health (1.0 FTE, started May 2016)
   b) Rebecca Dooley, CHES, Community Health Specialist (1.0 FTE, started April 2016)
   c) Jen Canlapan, Community Outreach Coordinator (1.0 FTE, left position in December 2015)

2. _X_ Committee (please list members)

   UM BWMC Community Benefit Committee of the UM BWMC Board of Directors
   a. Michael Caruthers – UM BWMC Board of Directors and Chairman, UM BWMC Board Community Benefit Committee
   b. Penny Cantwell – UM BWMC Foundation Board of Directors
   c. Donna Jacobs - Senior Vice President, Government and Regulatory Affairs, University of Maryland Medical System
   d. Karen Olscamp- President and Chief Executive Officer, UM BWMC
   e. Al Pietsch – Senior Vice President & Chief Financial Officer, UM BWMC
   f. Kathleen McCollum – Chief Operating Officer and Senior Vice President, Clinical Integration, UM BWMC
   g. Ed DeGrange – Maryland State Senator
   h. Dr. Dawn Lindsay – President, Anne Arundel Community College
   i. Lou Zagarino - UM BWMC Board of Directors

   UM BWMC Community Benefit Planning Committee
   a. Rebecca Paesch, Vice President for Strategy and Business Development,
   b. Laurie Fetterman, Strategic Planning Project Manager
   c. Crystal Edwards, Executive Director of the Tate Cancer Center, Director of Care Management, Director of
   d. Dwight Holmes, LSCW-C, Director, Psychiatric Services
   e. Carol Ann Sperry, RN, MSN, Director, Emergency Nursing,
   f. Kristin Fleckenstein, Director, Marketing and Communications,
   g. Tammy Grazioli, Associate Director of Community Outreach
   h. Rebecca Cooley, Community Health Specialist
   i. Gina Owens, Manager of Women's Health, UM CMG
   j. Verna Prince, Operations Manager of the University of Maryland Center for Diabetes and Endocrinology
   k. Kurt Haspert, Chemical Dependency Nurse Practitioner
   l. Danielle Wilson, Director of Service Excellence (coordinator of Patient and Family Advisory Council)

3. _X_ Department (please list staff)

   a. Planning and Business Development
      i. Laurie Fetterman, Strategic Planning Project Manager
      ii. Rebecca Paesch, Vice President, Strategy and Business Development
   b. Financial Decision Support Department
      i. Franklin Brosenne, Manager, Financial Decision Support

4. __ Task Force (please list members)

5. X Other (please describe)

The Community Benefit program receives initiative-specific assistance from various hospital departments and staff members depending on the purpose and scope of the initiative.

Briefly describe the role of each CB Operations member and their function within the hospital's CB activities planning and reporting process.

1. Associate Director of Community Health – Development of Community health improvement priorities, initiatives, and implementation. Establishes relationships and collaborates with other healthcare providers, non-profit organizations, and community partners. Directs and manages community health benefit requirements and reporting.

2. Community Health Specialist – Assists with planning, and executes community benefit programs. Coordinates classes, screenings, and events in partnership with UM BWMC staff and community affiliations. Assists with community benefit reporting and CBISA data management.

3. Community Outreach Coordinator – Responsible for coordinating outreach activities and planning activities for community benefit.

4. UM BWMC Board Community Benefit Committee – Provides oversight and guidance to UM BWMC's Community Benefit programming. Approves the implementation strategy and annual reports. Makes recommendations to the UM BWMC Board of Directors regarding community benefit. Monitors the implementation of community benefit activities.

5. Planning and Business Development Department – Provides strategic planning support to the development, implementation, evaluation and reporting of community benefit activities. Helps to assure alignment between Community Benefit, Hospital Strategic Plans, Annual Operating Plans, and Population Health initiatives throughout UM BWMC and the University of Maryland Medical System. Manages the CHNA process.

6. Financial Decision Support Department – Assists the community benefit reporting process related to financial information.

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

If yes, describe the details of the audit/review process (who does the review? Who signs off on the review?)

Community Benefit reporting is coordinated by the Associate Director of Community Health and the Community Health Specialist. All information is collected throughout the year, with annual reporting occurring at the close of fiscal years for some activities. The data is collected, validated, and entered into Lyon Software's Community Benefit Inventory for Social Accountability (CBISA) program. The Associate Director of Community Health and the Community Health Specialist verify the accuracy of data entered into CBISA. Maryland HSCRC Community Benefit guidance is consulted to determine what category to report community benefit activities under, along with other resources such as the Catholic Health Association and the VHA. Additionally, the University of Maryland Medical System convenes a monthly Community Health Improvement Committee meeting that includes leaders from community benefit reporting across the system. There is a roundtable at each meeting to discuss any questions or concerns related to community benefit reporting.

Drafts of the HSCRC Community Benefit narrative report and data collection tool are reviewed and approved by the Finance Department, and the Chief Operating Officer. The draft document is reviewed and approved by the UM BWMC Board Community Benefit Committee, the UM BWMC Board of Directors, and University of Maryland Medical System Senior Leadership before submission to the Maryland HSCRC.

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 no, please explain why.

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners.

a. Does the hospital organization engage in external collaboration with the following partners:

__X__ Other hospital organizations
__X__ Local Health Department
__X__ Local health improvement coalitions (LHICs)
__X__ Schools
__X__ Behavioral health organizations
__X__ Faith based community organizations
__X__ Social service organizations

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative activities with each partner (please add as many rows to the table as necessary to be complete)

Organization	Name of Key Collaborator	Title	Collaboration Description
Anne Arundel County Department of Health	Bikash Singh, MPH Antigone Vickery, MPH	Epidemiologist, Office of Assessment, Planning and Response Director, Office of Assessment, Planning and Response	Provided project management support, secondary data analysis, and assistance with recruiting key informants and focus group participants.
Anne Arundel Medical Center	Christine Crabbs	Director, Community Health Improvement	Provided input into the components of the CHNA and assistance with recruiting key informants and focus group participants.

Anne Arundel County Mental Health Agency, Inc.	Adrienne Mickler	Executive Director	Provided input into the components of the CHNA and assistance with recruiting key informants and focus group participants.
Anne Arundel County Partnership for Children, Youth and Families	Pamela Brown, PhD	Executive Director	Served as the project consultant to include conducting the key informant surveys and focus groups, writing the CHNA report documents and providing an overview of the CHNA findings to the public at a Healthy Anne Arundel Coalition meeting.
Healthy Anne Arundel Coalition (HAAC)	Jinlene Chan, MD, MPH, Health Officer, Anne Arundel County	Chair, Health Anne Arundel Coalition	Hosted the public meeting to discuss the CHNA findings. The CHNA was completed under the auspices of the HAAC.

c. Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in the jurisdictions where the hospital organization is targeting community benefit dollars?

__X__ yes ___ no

Rebecca Paesch, Vice President, Strategy and Business Development, is the Co-Vice Chair of the Healthy Anne Arundel Coalition. The other Co-Vice Chair is Christine Crabbs, Director, Community Health Improvement, Anne Arundel Medical Center. The Coalition is chaired by Jinlene Chan, MD, MPH, Health Officer, Anne Arundel County Department of Health

d. Is there a member of the hospital organization that attends or is a member of the LHIC in the jurisdictions where the hospital organization is targeting community benefit dollars?

__X__ yes ___ no

- Leadership and Finance Subcommittee: Rebecca Paesch, Vice President, Strategy and Business Development
- Planning and Assessment (CHNA) Subcommittee: Rebecca Paesch, Vice President, Strategy and Business Development; Laurie Fetterman, Strategic Planning Project Manager
- Community Engagement Subcommittee: Tammy Grazioli, Associate Director of Community Health and Rebecca Dooley, Community Health Specialist.
- Obesity Prevention Subcommittee: Megan Larson, Clinical Nutrition Manager
- Co-Occurring Disorders Subcommittee: Kurt Haspert, Chemical Dependency Nurse Practitioner
- Promotion and Publicity Subcommittee: Kristin Fleckenstein, Director, Marketing and Communications (Co-Chair in FY16)

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

1. Please use Table III, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each evidence based initiative and how the results will be measured (what are the short-term, mid-term and long-term measures? Are they aligned with measures such as SHIP and all-payer model monitoring measures?), 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 example 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. Include the collaborative process used to identify common priority areas and alignment with other public and private organizations.
Please indicate whether the need was identified through the most recent CHNA process.

b. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based initiatives may be found on the CDC's website using the following links: http://www.thecommunityguide.org/ or http://www.cdc.gov/chinav/)
(Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx)

c. Total number of people within the target population (how many people in the target area are affected by the particular disease being addressed by the initiative)?

d. Total number of people reached by the initiative (how many people in the target population were served by the initiative)?

e. 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.

f. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative? (please be sure to include the actual dates, or at least a specific year in which the initiative was in place)

g. Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative.

h. Impact/Outcome of Hospital Initiative: Initiatives should have measurable health outcomes. The hospital initiative should be in collaboration with community partners, have a shared target population and common priority areas.

- What were the measurable results of the initiative?
- For example, provide statistics, such as the number of people served, number of visits, and/or quantifiable improvements in health status.

i. Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? Please provide baseline data when available. To what extent do the measurable results indicate that the objectives of the initiative were met? There should be short-term, mid-term, and long-term population health targets for each measurable outcome that are monitored and tracked by the hospital organization in collaboration with community partners with common priority areas. These measures should link to the overall population health priorities such as SHIP measures and the all-payer model monitoring measures. They should be reported regularly to the collaborating partners.

j. Continuation of Initiative: What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? What is the mechanism to scale up successful initiatives for a greater impact in the community?

k. Expense:
A. 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.
B. of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?

UM BWMC's community benefit priorities as defined in the UM BWMC CHNA and Implementation Plan include, in ranked order:

1. Chronic Health Conditions (Obesity/Overweight, Cardiovascular Disease, Diabetes, Cancer, and Lower Respiratory Diseases)
2. Behavioral Health
3. Maternal and Child Health
4. Health Care Access and Utilization
5. Community Support

These priorities were determined and ranked based on CHNA data, clinical expertise/ capacities and available resources. Priorities were determined by hospital leadership (administrative and clinical), the UM BWMC Board Community Benefit Committee and the UM BWMC Board of Directors.

The following tables highlight some of the community benefit activities implemented by UM BWMC in FY16. These initiatives were consistent with needs identified in our CHNA and the strategies outlined in our Community Benefit Implementation Plan.

Table III Initiative I – Color Your Heart 5K Fun Run

Identified Need	<u>Obesity/Overweight</u> UM BWMC CHNA/Implementation Plan Priority: Chronic Health Conditions Healthy Anne Arundel Coalition (LHIC) Priority: Obesity Prevention SHIP Priority: Healthy Living In the CHNA, obesity/overweight is considered a significant health concern in Anne Arundel County. It is a major health problem and a contributing factor to many other chronic health conditions. At the time of the CHNA, the percentage of obese and overweight adults in Anne Arundel County was 63% (based on BRFSS 2013 data, similar to the percentage for Maryland and the U.S.). Percentage of Anne Arundel County adults meeting physical activity guidelines (aerobic and strengthening): 2013: 24.2% ; 2012: 19.7%; 2011:18.9% *Source: Maryland BRFSS (2014 data by County not available; data by race/ethnicity not available at the County level)* Percentage of overweight/obese adults in Anne Arundel County: 2013: 63.1%; 2012: 63.7%; 2011: 63.1% *Source: Maryland BRFSS (2014 data by County not available; data by race/ethnicity not available at the County level)* Current, reliable data sources for pediatric overweight/obesity in Anne Arundel County are not available.
Hospital Initiative	*Color Your Heart 5K Fun Run*: This event was created to encourage individuals and families to engage in fun, heart-healthy exercise. Exercise is an important aspect of leading a healthy lifestyle. Regular exercise, coupled with a healthy diet, can help reduce the risk of overweight/obesity, diabetes, cardiovascular disease, cancer and other conditions. The non-competitive event attracted runners and walkers of all ages and activity levels. Families, friends and even a Girl Scout troop participated together. The event was promoted as a fun run with the goal of engaging members of the community who would not typically participate in a 5K.
Primary Objectives	To encourage heart healthy physical activity and health behaviors in order to help prevent overweight/obesity and related chronic conditions such as cardiovascular disease and diabetes.
Single or Multi-Year Initiative –Time Period	This is a multi-year initiative. The 2nd annual Color Your Heart 5K Run was held on May 14th, 2016 and is an annual event.
Key Partners in Development and/or Implementation	UM BWMC is the leading sponsor of this initiative. Additional supporting partners include the Anne Arundel County Department of Recreation and Parks, WRNR Radio, and The Voice Media Inc.
How were outcomes evaluated?	No formal evaluation tool was utilized for the 2016 run, however, plans are in place to have a survey to evaluate the initiative and provide more measurable outcomes for 2017.
Outcomes	No formal evaluation tool was utilized for the 2016 run, however, plans are in place to have a survey to evaluate the initiative and provide more measurable outcomes. Percentage of Anne Arundel County adults meeting physical activity guidelines (aerobic and strengthening): 2013: 24.2% ; 2012: 19.7%; 2011:18.9% *Source: Maryland BRFSS (2014 data by County not available; data by race/ethnicity not available at the County level)*

	Maryland BRFSS Surveillance Data can be used to track trends in adult overweight/obesity over time. Weight status is multifactorial and is impacted by genetics, physical activity levels, nutrition and the built environment. UM BWMC recognizes that reducing obesity is a long term goal that will involve programs, policies and collaborations to effect positive change. Percentage of overweight/obese adults in Anne Arundel County: 2013: 63.1%; 2012: 63.7%; 2011: 63.1% *Source: Maryland BRFSS; 2014 data by County not available; data by race/ethnicity not available at the County level* Current, reliable data sources for pediatric overweight/obesity in Anne Arundel County are not available.	
Continuation of Initiative?	Yes – The Color Your Heart 5K Fun Run was sold out with 500 runners (the maximum amount allowed) and received positive feedback from the community. Many participants indicated that the Color Your Heart 5K was their first 5K and that they had never thought they could do such an activity. This race provided participants with the motivation and support they needed to take steps toward leading a healthier and more active lifestyle. UM BWMC considers overweight/obesity prevention a long-term goal.	
A. Total Cost of Initiative for Current Fiscal Year B. What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative: $42,262	B. Direct Offsetting Revenue from Restricted Grants: $17,204 ($12,504 offsetting revenue from participant fees and $4,700 in offsetting revenue from sponsorships)

Table III Initiative II – Heartbeat for Health

Identified Need	Heart Health UM BWMC CHNA/Implementation Plan Priority: Chronic Health Conditions Healthy Anne Arundel Coalition (LHIC) Priority: Obesity Prevention SHIP Priority: Healthy Living The CHNA identified heart disease as the second leading cause of death in Anne Arundel County (165 deaths per 100,000 population based on 2011-2013 data). In the CHNA, obesity/overweight was ranked as a significant health concern in Anne Arundel County. It is a major health problem and a contributing factor to many other chronic health conditions, including heart disease. At the time of the CHNA, the percentage of obese and overweight adults in Anne Arundel County was 63% (based on BRFSS 2013 data, similar to the percentage for Maryland and the U.S.)
Hospital Initiative	*Heartbeat for Health:* UM BWMC hosted Heartbeat for Health, its annual family-friendly heart health event, on Saturday, February 20, 2016 at the Severna Park Community Center. Dance demonstrations and dance learning opportunities represented a variety of dance styles and cultural representations. The event was attended by over 400 Anne Arundel County residents who participated in heart healthy activities, health screenings and more. Attendees learned about the benefits of dance and exercise in the prevention of heart disease, diabetes, and overweight/obesity.
Primary Objectives	The primary objectives of Heartbeat for Health include: 1) Providing a fun and family friendly event to increase education and community awareness of heart health issues and prevention. 2) Identifying health needs that are important to our community so we can continue designing programs to address community health concerns. 3) Increasing access to free health screenings and community resources.
Single or Multi-Year Initiative –Time Period	Multi-year initiative beginning in 2006.
Key Partners in Development/and or Implementation	UM BWMC is the lead sponsor of this initiative. Community partners included Advanced Radiology, Maryland Primary Care Physicians, McCarl Dental Group, and a variety of dance schools and exercise instructors.
How were the outcomes evaluated?	More than 400 area residents participated in Heartbeat for Health in 2016. Exit surveys were conducted and completed by 100 attendees.
Outcomes	FY16 event outcomes include: Objective 1: Providing a fun and family friendly event to increase education and community awareness of heart health issues and prevention. Metric: To provide a large family event hosting at least 400 people. Outcomes: Over 400 people attended Heartbeat for Health and received health education.

	Objective 2: Identify health needs that are important to our community so we can continue designing programs to address community health concerns. Metric: Survey at event inquiring about participant health concerns. Outcomes: The 100 attendees that completed the survey indicated that one or more of the following heath concerns were very important to them: 38 responded high cholesterol, 42 responded high blood pressure, 37 responded heart disease, 42 responded diabetes, 51 responded cancer, and 42 responded stroke. Objective 3: Increase access for the participants to available community resources and free screenings. Metric: Number of participants who utilized free health screenings. Outcomes: 120 participants had a vascular (carotid artery) screening conducted. No participants were found to have an abnormal result. *Source: UM BWMC Program/Events Records and Exit Surveys* Percentage of Anne Arundel County adults meeting physical activity guidelines (aerobic and strengthening): 2013: 24.2% ; 2012: 19.7%; 2010: 18.9% *Source: Maryland BRFSS (2014 data by County not available; data by race/ethnicity not available at the County level)* Mortality data can be used to track heart disease trends. Recent data demonstrates a decline in the heart disease mortality – 165.0 deaths per 100,000 population based on 20011-2013 data. *Source: Maryland Vital Statistics Annual Reports, Vital Statistics Administration, Maryland DHMH* Maryland BRFSS Surveillance Data can be used to track trends in adult overweight/obesity over time. Weight status is multifactorial and is impacted by genetics, physical activity levels, nutrition and the built environment. UM BWMC recognizes that reducing obesity is a long term goal that will involve programs, policies and collaborations to effect positive change. Percentage of overweight/obese adults in Anne Arundel County: 2013: 63.1%; 2012: 63.7%; 2011: 63.1%; 2010: 67.9% *Source: Maryland BRFSS (2014 data by County not available; data by race/ethnicity not available at the County level)* Reliable data sources for pediatric overweight/obesity in Anne Arundel County are not available.	
Continuation of Initiative?	Yes. UM BWMC will continue to educate and promote heart health in the community. UM BWMC plans to partner with the local YMCA to host the Heartbeat for Health event in FY17.	
A) Total Cost of Initiative for Current Fiscal Year B) What Amount is from Restricted Grants/Direct Offsetting Revenue	Total Cost of Initiative: $28,432	Direct Offsetting Revenue from Restricted Grants: $0

Table III Initiative III – Smoking Cessation Classes

Identified Need	Respiratory Health UM BWMC CHNA/Implementation Plan Priority: Chronic Health Conditions SHIP Priority: Healthy Living The CHNA includes tobacco use as a health concern in Anne Arundel County. Smoking is widely considered to be the leading cause of preventable disease and death. Percentage of Anne Arundel County adults ages 18 and older who are current smokers: 2013: 18.0%; 2012: 18.1%; 2011:22.9% *Source: Maryland BRFSS (2014 data by County not available; data by race/ethnicity not available at the County level)*	
Hospital Initiative	Smoking Cessation classes are offered to adults ages 18 and older. The classes educate participants on the health risks associated with tobacco use and provide the mechanisms (e.g. medication, counseling) to help people quit.	
Primary Objectives	1) Provide smoking cessation classes is to reduce the number of adults who smoke.	
Single or Multi-Year Initiative Time Period	Multi-year initiative, planning to train a new health educator to facilitate smoking cessation classes for FY17.	
Key Partners in Development and/or Implementation.	UM BWMC offers smoking cessation classes with a grant from the Anne Arundel County Department of Health. The classes are offered in partnership with the Anne Arundel County Department of Health with funding from Maryland's Cigarette Restitution Fund.	
How were the Outcomes Evaluated?	Outcomes were evaluated based on participant summary reports: It is typically difficult to reach participants for follow-up (e.g. phone number out of service, messages not returned), therefore the number of people who quit might be higher. UM BWMC will research ways to have more effective outcome measurement reporting for FY17.	
Outcomes	Objective 1: Provide smoking cessation classes is to reduce the number of adults who smoke. Metric: Community Health will track and follow-up on number participants who take the smoking cessation classes at UM BWMC. Outcomes: In FY16, 25 people started the smoking cessation program. Eleven people completed all sessions, 6 indicated that they had quit by the end of sessions. At the 3 month follow-up 2 who quit smoking remained smoke-free, 2 had lost contact and 2 un-responsive. UM BWMC experienced a decrease in Community Health staff in FY16 which affected reporting and measurement of data. UM BWMC has hired two new staff members and a smoking cessation instructor to help improve the participation and number of classes provided for FY17. Between 2011 and 2013, Anne Arundel County had a decrease in the number of adults age 18 and older who are current smokers: 2013: 18.0%; 2012: 18.1%; 2011:22.9% *Source: Maryland BRFSS (2014 data by County not available; data by race/ethnicity not available at the County level)*	
Continuation of Initiative?	Yes. The smoking cessation classes provided by UM BWMC are a valuable resource for helping people to quit smoking.	
A) Total Cost of Initiative for Current Fiscal Year B) What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative: $7,536	B. Direct Offsetting Revenue from Restricted Grants: $5,352 Indirect Revenue $2,141

Table III Initiative IV – Community Vascular Screening Program

Identified Need	<u>Vascular Health</u> UM BWMC CHNA/Implementation Plan Priority: Chronic Health Conditions Healthy Anne Arundel Coalition (LHIC) Priority: Access to Care SHIP Priority: Quality Preventive Care The CHNA identified that cerebrovascular disease is the fourth leading cause of death in Anne Arundel County. There were 36.8 deaths per 100,000 population (2013 data).	
Hospital Initiative	Free community screenings of vascular disorders are done using non-invasive, state-of-the-art ultrasound and Doppler technology. Screening results are reviewed with a physician or nurse practitioner immediately following the screening. Participants leave the screening with a copy of their results to share with their primary care provider.	
Primary Objectives	The primary objective of offering potentially life-saving vascular screenings is to: 1) Refer people with abnormal screening results to follow-up care.	
Single or Multi-Year Initiative –Time Period	Multi-year initiative. This program has demonstrated success in identifying vascular disorders requiring follow-up care and helps prevent morbidity and mortality associated with stroke.	
Key Partnerships in Development and/or Implementation	UM BWMC is the lead sponsor of the vascular screening initiative. UM BWMC partners with community organizations such as senior centers, libraries, and churches to host the screenings.	
How were the Outcomes evaluated?	Outcomes were evaluated through Vascular Report Cards, which were completed for each person who received a screening.	
Outcomes	<u>Objective 1:</u> Refer people with abnormal screening results to follow-up care. <u>Metric:</u> Identify number of participants with abnormal screenings. <u>Outcomes:</u> 580 people utilized the free vascular screenings and 51 abnormal results were found. The participants who received abnormal results were referred to their primary care physicians for further testing. There was a reduction in stroke mortality between 2008-2010 and 2011-2013 in Anne Arundel County: Anne Arundel County: 41.4 deaths per 100,000 population (2008-2010, age-adjusted); 37.6 deaths per 100,000 population (2011-2013, age-adjusted) Black, Non-Hispanic: 64 deaths per 100,000 population (2011-2013, age-adjusted) White, Non-Hispanic: 35.9 deaths per 100,000 population (2011-2013, age-adjusted) *Source: Anne Arundel County Community Health Needs Assessment, 2016*	
Continuation of Initiative?	Yes. This program provides needed education and screening.	
A) Total Cost of Initiative for Current Fiscal Year B) What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative: $289,711 (Note: Per HSCRC Guidance, this total is for screening-only events falling under A21:Screenings at health-fair events are counted separately under A10: Community Health Education.	B. Direct Offsetting Revenue from Restricted Grants: $0

Table III Initiative V – Subsidized Outpatient Services

Identified Need	Outpatient Services UM BWMC CHNA/Implementation Plan Priority: Health Care Access & Utilization Healthy Anne Arundel Coalition (LHIC) Priority: Access to Care SHIP Priority: Access to Health Care & Quality Preventive Care UM BWMC provides outpatient primary care through our traditional outpatient primary care clinics, senior care clinics for older adults, OB/GYN clinics and our new Transitional Care Center for complex patients without a current primary care physician and/or patients who need additional management before being safely transitioned back to the care of their existing primary care physician. The need for primary care, transitional care and OB/GYN physicians was identified through the CHNA and a physician needs assessment. Access to Health Care has been identified as a community health priority by UM BWMC's FY16-18 Community Benefit Implementation Plan, the Healthy Anne Arundel Coalition (local health improvement Coalition) and the State. Anne Arundel County Data: • Compared to Maryland, Anne Arundel County has 22% less primary care physicians per 100 population. Anne Arundel County's population to primary care physician ratio is worse than in Maryland and top-performing counties nationwide. There is a projected deficit of 115.3 FTE primary care physicians in Anne Arundel County by 2019. In addition to the documented gaps in the availability of providers in Anne Arundel County, there are significant health disparities, especially with respect to chronic health conditions (e.g. diabetes, hypertension). • While the infant mortality rate decreased from 2014 (12.7) to 2015 (9.3), there are still striking disparities in Anne Arundel County's infant mortality rate by race. In 2015, the infant mortality rate was 9.3 per 1,000 live birth among Blacks and 3.8 among Whites. This data demonstrates a continued need for education and outreach to vulnerable pregnant women and infants, particularly among the County's African American community. • The racial/ethnic disparities in maternal and infant health in Anne Arundel County are most evident in the northern area of the County, further demonstrating the need for high-quality and accessible women's health services in the area where UM CMG Women's Health outpatient practices are located. There is a projected deficit of 3.5 FTE OB/GYN physicians in Anne Arundel County by 2019. *Source: Anne Arundel County Community Health Needs Assessment, 2016*
Hospital Initiative	Subsidized Physician Services for Primary Care, Transitional Care and Women's Health: UM BWMC subsidizes physician practices that provide needed outpatient care (primary care and women's health). In FY16, UM BWMC and UM CMG established a Transitional Care Center for complex patients without a current primary care physician and patients who need additional management before being safely transitioned back to the care of their existing primary care physician.
Primary Objectives	Objective 1: Improve access to health care providers and services. a) Description: UM BWMC will collaborate with University of Maryland Community Medical Group to subsidize physician services that have been identified through our CHNA and physician needs assessment as significant gaps in the health care system. b) Metrics: UM BWMC will track the number of patient visits as a measure of increased access to health care services. A growth in patient visits signifies that patients are increasing utilization of community-based health services rather than utilizing Emergency Department and other hospital services.

	Objective 2: Improve the management of chronic health conditions. a) Description: The Transitional Care Center will help patients manage chronic health conditions and prevent potentially avoidable utilization. b) Metrics: UM CMG is working with CRSIP to track hospital and Emergency Department utilization of their patient panels. Objective 3: Improve pregnancy and birth outcomes. a) Description: UM BWMC will collaborate with UM CMG Women's Health to offer comprehensive obstetrical services. UM CMG WH offers traditional prenatal care and the innovative CenteringPregnancy™ model of prenatal care that focuses on health assessment, education and support within a group setting facilitated by a UM CMG WH midwife with a medical assistant co-facilitator. Pregnant women are grouped with other women who have similar due dates. b) Metrics: UM CMG Centering Pregnancy Program participation and outcomes, including infant mortality, pre-term births, low birth weight and breastfeeding.
Single or Multi-Year Initiative Time Period	Multi-Year – UM BWMC plans to work with UM CMG and other health care providers to continue to increase access to needed health care services in the community.
Key Partners in Development and/or Implementation	University of Maryland Community Medical Group. -UM CMG Primary Care -UM CMG Adult and Senior Care -UM CMG Transitional Care Center -UM CMG Women's Health
How were the outcomes evaluated?	The outcomes were evaluated based on the measures described below. Population level impacts will be assessed during the next Community Health Needs Assessment.
Outcomes	Objective 1: Improve access to health care providers and services. Metric: a) Increase in primary care visits. b) Establish Transitional Care Center. c) Increase in women's health visits. Outcome: a) UM CMG Primary Care visits increased to 41,418 in FY16, up from 36,558 in FY15. b) UM CMG Transitional Care Center opened in January 2016 and had 117 patient visits in FY16. c) UM CMG Women's Health visits increased to 18,443 in FY16, up from 17,380 in FY15. Objective 2: Improve the management of chronic health conditions and reduce potentially avoidable utilization. Metric: Reduction in potentially avoidable utilization, especially readmissions. Outcome: CRISP reports not available. Internal data from the Transitional Care Center shows that only four patients were readmitted to UM BWMC. Objective 3: Improve pregnancy and birth outcomes. Metric: a) Increase in participation in the Centering Pregnancy Program. b) Pregnancy and birth outcomes that meet or exceed national benchmarks.

	Outcome: a) UM CMG WH's CenteringPregnancy™ program served 154 participants in FY16, an increase of 46 participants from FY15. The program is expected to continue its growth in FY17. Since the program's inception in November 2013, UM CMG WH has enrolled 341 women into CenteringPregnancy™. b) During the program's three years, there has only been one pregnancy loss and 4 NICU admissions, despite the inclusion of high-risk patients. Among program participants, the percentage of babies born before 37 weeks has been 17% and the percentage of low birth weight babies has been 4%. The percentage of mothers who were breastfeeding upon discharge has been 85%. All of these metrics far exceed Anne Arundel County, Maryland and national statistics and Healthy People 2020 goals. It is important to note that Anne Arundel County's Black, non-Hispanic population accounts for nearly 16% of the County's total population, yet the Centering Pregnancy programs serve a much higher percentage of the this population segment (29%), with the total percentage of minorities being served even higher. The continued growth of this program is expected to help to reduce health disparities and lower infant mortality rates in Anne Arundel County.	
Continuation of Initiative?	UM BWMC plans to work with UM CMG and other health care providers to continue to increase access to needed health care services in the community.	
A) Total Cost of Initiative for Current Fiscal Year B) What Amount is from Restricted Grants/Direct Offsetting Revenue	A. Total Cost of Initiative: $4,941,952	B. Direct Offsetting Revenue from Restricted Grants: $0

Table III Initiative VII – Stork's Nest

Identified Need	Maternal/Child Health UM BWMC CHNA/Implementation Plan Priority: Maternal and Child Health Healthy Anne Arundel Coalition (LHIC) Priority: Access to Care SHIP Priority: Healthy Beginnings The CHNA identified disparities in the County's infant mortality rate and among related indicators such as prematurity and low birth weight. Anne Arundel County 2015 Infant Mortality Rate (per 1,000 live births): Anne Arundel County: 5.1 White: 3.7 Black: 9.3 *Source: Maryland DHMH Vital Statistics Infant Mortality Reports, 2015*
Hospital Initiative	Stork's Nest is a prenatal education program that offers several sessions a year in English and Spanish. Any pregnant Anne Arundel County resident is eligible 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 and women with previous poor pregnancy outcomes. Participants earn points by attending classes, going to prenatal care appointments and adopting healthy behaviors. Participants continue to earn points until their baby turns one year old by attending well-baby checkups and making sure immunizations are received on time. Points can be used to "purchase" pregnancy and infant care items at the Stork's Nest Store.
Primary Objective of the Initiative	Objective 1: Reduce preterm birth and low birth weight a) Description: UM BWMC will collaborate with The Zeta's and The March of Dimes to provide pre-natal education needs that have been identified through our CHNA and physician needs assessment as significant gaps in the health care system in order to improve birth outcomes among Stork's Nest participants. b) Metrics: UM BWMC will track the number of participants and their birth outcomes (gestational age at delivery and birth weight). 2) Increase healthy behaviors to decrease infant mortality. a) Description: UM BWMC will collaborate with The Zeta's and The March of Dimes to provide pre-natal education needs that have been identified through our CHNA and physician needs assessment as significant gaps in the health care system. Specifically, safe sleep and reduction of sleep related deaths in infants. b) Metrics: UM BWMC will track the number of participants as a measure of increased awareness and education on safe sleep for infants and pre-natal health. A growth in participant enrollment signifies that patients are increasing utilization of pre-natal education and reducing infant mortality.
Single or Multi-Year Initiative –Time Period	Multi-year initiative beginning in 2006.
Key Partners in Development and/or Implementation	UM BWMC is the lead sponsor of this initiative. Additional partners include the March of Dimes (Maryland Chapter) and Zeta Phi Beta Sorority.
Outcomes	Objective 1: Reduce preterm birth and low birth weight Metric: UM BWMC will track the number of participants who delivered full term and the birth weight of each participant's infant.

	Outcomes: The majority of participants enrolled in Stork's Nest delivered full-term, babies with healthy birth weights. • 140 Anne Arundel County residents participated in Stork's Nest in FY16, (69 racial minorities and 45 Hispanics, 28 unknown); 71% of participants were also WIC recipients which is correlated with low socioeconomic status) The FY16 outcomes (for participants with due dates on or before 6/30/15) include: • Babies born >= 37 weeks gestation: 90% • Babies born >5 lbs. at birth: 80% Objective 2: Increase healthy behaviors to decrease infant mortality. Metric: UM BWMC will track the number of participants as a measure of increased awareness and education on safe sleep for infants and pre-natal health. Outcomes: A growth in participant enrollment signifies that patients are increasing utilization of pre-natal education that may lead to a decrease in infant mortality. The FY16 outcomes (for participants with due dates on or before 6/30/15) include: • Babies put to sleep on their back: 96% • Babies taken to wellness visits: 100% • Participants breastfeeding for at least three months: 50% *Source: Stork's Nest Database* Data provided by the Maryland DHMH Vital Statistics Reports indicates that overall infant health outcomes in Anne Arundel County have improved since the Stork's Nest program started. 2006 Infant Mortality Rate (per 1,000 live births) – Anne Arundel: 7.7; White: 5.2; Black: 21.4; Hispanic: Not Available Low Birth Weight - Total: 9.1%; White, Non-Hispanic; Black: 14.8%; Hispanic: 6.2% Prematurity – MD (Anne Arundel County data nota available): 11.4%; White, Non-Hispanic: 104%; Black: 14.1%; Hispanic: 9.3% 2013 Low Birth Weight – Anne Arundel: 7.5%; White: 6.1%; Black: 12.3%; Hispanic: 7.4% Prematurity – Anne Arundel: 9.1%; White, non-Hispanic: 8.0%; Black, non-Hispanic: 11.9%; Hispanic: 8.9% 2015 Infant Mortality Rate (per 1,000 live births) – Anne Arundel: 5.1; White: 3.7; Black: 9.3; Hispanic: Not Available *Source: Maryland DHMH Vital Statistics Administration, Annual Vital Statistics Reports*	
Continuation of Initiative?	Yes. This program has had positive outcomes. In FY17, UM BWMC plans to offer Stork's Nest Mom's Morning Out classes and pre-natal education classes in the community of Brooklyn Park in partnership with the Judy Center to increase access of care.	
A) Total Cost of Initiative for Current Fiscal Year	A. Total Cost of Initiative: $42,800	B. Direct Offsetting Revenue from Restricted Grants: $0

B) What Amount is from Restricted Grants/Direct Offsetting Revenue		

Table III Initiative IX – Influenza Education and Prevention

Identified Need	Flu Education and Prevention UM BWMC CHNA/Implementation Plan Priority: Health Care Access and Utilization SHIP Priority: Quality Preventive Care Mortality rates for influenza/ pneumonia are higher in Anne Arundel County (17.9 per 100,000 population) compared to Maryland (17.0) and the U.S (15.1). *Source: Maryland Vital Statistics Annual Report, 2014* According to the CHNA, Influenza/Pneumonia was the sixth leading cause of death in Anne Arundel County during 2013.	
Hospital Initiative	Education and outreach regarding the importance of receiving an influenza vaccine, prevention of disease transmission/self-care, hand hygiene education and free seasonal influenza vaccines are provided to the community.	
Primary Objective	1) To prevent the transmission of seasonal influenza through education and vaccination. a) Description: Emphasize and encourage utilization of flu vaccination b) Metrics: Community health tracked the number of flu vaccinations provided in the community.	
Single or Multi-Year Initiative –Time Period	Multi-Year Initiative	
Key Partners in Development and/or Implementation	UM BWMC is the lead sponsor of this initiative. UM BWMC partnered with Arundel Mills Mall, Hope North County High School (Hope for all clothing drive), the Judy Center in Brooklyn Park, and local churches (St. Bernadette's and United Methodist church).	
How were the Outcomes Evaluated?	Community health tracked the number of flu vaccinations provided in the community.	
Outcomes	Objective 1: To prevent the transmission of seasonal influenza through education and vaccination. Metrics: UM BWMC will track the number of participants receiving vaccination. Outcomes: Utilization of free vaccination opportunities signifies that patients are preventing transmission of influenza. UM BWMC provided 500 free flu vaccinations to the community. There are many variables in influenza prevention including: vaccination status; the timing of the vaccination; how the strains in the vaccine match up to the strains circulating in the community; and personal health status. Percentage of Anne Arundel County adults receiving a flu-vaccine the past 12 months: 2013: 47.1% 2012:42.5% 2011: 43.0% *Source: Maryland BRFSS (2014 data by County not available; data by race/ethnicity not available at the County level)*	
Continuation of Initiative?	Yes. UM BWMC will continue to provide flu prevention education and flu vaccinations to our 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.	
A)Total Cost of Initiative for Current Fiscal Year B) What Amount is from Restricted Grants/Direct Offsetting Revenue	A) Total Cost of Initiative: $4,740	B) Direct Offsetting Revenue from Restricted Grants: $0

2. Were there any primary community health needs 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. **community health needs identified but unmet.**

   In FY16 UM BWMC focused the majority of our community benefit resources on our identified implementation strategies, as these areas are important to the health of the community and UM BWMC has the infrastructure, clinical expertise and other resources to support these strategies.

   Lack of affordable dental services, environmental health concerns and transportation barriers are community health needs identified through the CHNA that are not being directly addressed by UM BWMC. UM BWMC will support the advancement of community health improvement initiatives in these areas as feasible.

   UM BWMC does not provide routine dental care at this time, but we do refer patients to low-cost dental clinics for care. We subsidize oral surgery on-call services and have oral surgeons on our medical staff. The Anne Arundel County Department of Health received grant funding to divert patients presenting to the ED to providers in the community and UM BWMC will be assisting with the implementation of this project.

   Environmental health concerns are being addressed by the Anne Arundel County Department of Health's Bureau of Environmental Health Services and other local environmental advocacy organizations.

   Public transportation is not in the scope of services that UM BWMC can provide as a hospital; however, we do provide some transportation assistance through our care management program and our Transitional Care Center. We also provide transportation assistance for participants in our Stork's Nest prenatal education program.

3. How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health? (see links below for more information on the State's various initiatives)

   MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP)
   http://dhmh.maryland.gov/ship/SitePages/Home.aspx
   COMMUNITY HEALTH RESOURCES COMMISSION
   http://dhmh.maryland.gov/mchrc/sitepages/home.aspx

   UM BWMC's community benefit operations are aligned with the State's initiatives for improvement in population health as described below:

   Maryland All-Payer Model: UM BWMC's community benefit initiatives support the goals of Maryland All-Payer Model by virtue of their goal to improve population health. UM BWMC also has a Global Budget Revenue Agreement to support the All-Payer Model. As described below, UM BWMC is co-lead in the Bay Area Transformation Partnership, an HSCRC-funded regional partnership to accelerate the All-Payer system modernization.

   Regional Partnerships for Health System Transformation: UM BWMC collaborated with Anne Arundel Medical Center to form the Bay Area Transformation Partnership (BATP). Our local health improvement coalition and numerous governmental agencies, health care providers, and

community agencies are also part of this partnership. In FY16, BATP was awarded $4.3 million to reduce PAU among Medicare and Medicare/Medicaid dual-eligible high-utilizers.

Maryland State Health Improvement Process (SHIP): UM BWMC's community benefit priorities are aligned with SHIP priorities. UM BWMC serves as co-vice chair of the Healthy Anne Arundel Coalition, the local health improvement coalition established as part of SHIP. Several of the coalition's identified health priorities are aligned with UM BWMC's community benefit priorities (behavioral health, chronic health conditions, and access to care). UM BWMC also has an active role in each subcommittee of the Coalition. The Healthy Anne Arundel Coalition also serves in an advisory capacity to population health initiatives in the County.

Maryland Community Health Resources Commission: UM BWMC's community benefit activities are aligned with many initiatives supported by the Maryland Community Health Resources Commission. For example, as described above, UM BWMC serves in a leadership role to our local health improvement coalition. Additionally, UM BWMC reviews Commission (and other local, state, federal and private) funding opportunities and applies for grants to support community benefit and population health priorities as appropriate.

VI. 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.

   UM BWMC, through its Emergency Department, inpatient services and outpatient physician practices (primary care and specialty), provides care to all patients including those without medical insurance. UM BWMC provides Emergency Department Care for all patients and provides inpatient care for many complex patients but will transfer patients to other facilities as appropriate in order to assure the best patient outcomes. Cardiac surgery services are not currently available at UM BWMC and require transfer to another facility. UM BWMC has submitted a Certificate of Need application to the Maryland Health Care Commission to offer this service. UM BWMC also does not provide routine care for infants born at less than thirty-two weeks gestation – these patients are transferred to other facilities, most commonly the University of Maryland Medical Center.

   As part of UM BWMC's financial assistance policy, once a patient has been determined to be eligible for financial assistance that determination applies to other designated University of Maryland Medical System entities, including the University of Maryland Medical Center. This further increases access to subspecialty care, including the highly specialized care available at University of Maryland Medical Center, an academic medical center. Additionally, UM BWMC's Emergency Department on-call, anesthesia and hospitalist agreements stipulate that providers must provide care to uninsured patients or others unable to afford medically necessary care. This stipulation requires providers that see patients in the Emergency Department to also provide follow-up care in their outpatient practice in order to assure continuity and quality of patient care.

   There are gaps in the availability of providers in Anne Arundel County, particularly among primary care physicians, obstetricians, psychiatrists and general surgeons. Compared to Maryland, Anne Arundel County has 22% less primary care physicians per 100 population. Anne Arundel County's patient to primary care physician ratio is worse than in Maryland and top-

performing counties nationwide. There is a projected deficit of 115.3 FTE primary care physicians in Anne Arundel County by 2019. There is a demonstrated need to recruit and retain primary care physicians to Anne Arundel County. In FY16, UM BWMC increased the number of University of Maryland Community Medical Group primary care providers to 16.2 (14.6 in FY15). We incurred a primary care loss of $1,618,940 in FY16. In FY16, UM BWMC established a Transitional Care Center for complex patients without a current primary care physician and for patients who need additional management before being safely transitioned back to the care of their existing primary care physician. This program incurred a loss of $166,289 in FY16.

UM BWMC offers OB/GYN services in three locations in Anne Arundel County to help improve maternal and infant health, incurring a loss of $2,676,686 in FY16. There are racial/ethnic disparities in maternal and infant health in Anne Arundel County, as described in detail earlier in this report. These disparities are most evident in the northern area of the County, further demonstrating the need for high-quality and accessible women's health services in the area where these outpatient practices are located. Furthermore, there is a projected deficit of 3.5 FTE OB/GYN physicians in Anne Arundel County by 2019. In FY16, UM BWMC continued to expand our outpatient OB/GYN practice and our innovative Centering Pregnancy program – a model of prenatal care that has demonstrated excellent outcomes and has received accolades for its quality and patient satisfaction.

Psychiatry is a specialty that has a significant gap in the availability of providers to meet the needs of all patients. Compared to Maryland, Anne Arundel County has 31% less mental health providers per 100 population. Our CHNA demonstrates need for additional behavioral health providers and services. There are limited providers and many do not accept uninsured patients, patients with certain insurance plans, or accept no insurance at all. UM BWMC offers a 14-bed inpatient unit, a partial hospitalization program and a bridge program for post-acute patients who are transitioning to the care of a community provider. UM BWMC incurred a loss of $601,666 in FY16. In response to community needs, UM BWMC is undertaking several initiatives to expand the psychiatric services that we offer. In FY16, we developed a model to integrate behavioral health services within our outpatient primary clinics. This model will be implemented in FY17. We are continuing to recruit for additional psychiatrists to provide care in a variety of clinical settings. In FY16, we launched an opioid peer support program and other initiatives in partnership with the Anne Arundel County Department of Health to address opioid misuse. Additionally in FY16, UM BWMC submitted an MHA Bond Application to expand our inpatient psychiatric service by 10 beds.

UM BWMC continues to explore options for recruiting and retaining general surgeons to meet community needs.

Diabetes was a leading health concern identified in our CHNA. When diabetes is well-managed in the community it can prevent utilization of hospital services, including emergency department and inpatient care. UM BWMC has been recruiting for another endocrinologist to help meet community need.

UM BWMC continues to build upon our formal partnership with Chase Brexton Health Care in order to better meet the primary care and specialist needs of Medicaid and uninsured patients. Chase Brexton is a federally qualified health center that is conveniently located across the street from the medical center and offers a range of services including primary care, gynecological and obstetrical care, behavioral health services and dental care.

UM BWMC is proud to provide high-quality services to the communities we serve. By providing financial assistance to patients who qualify, ensuring our professional services agreements require providers to provide high-quality services to all patients regardless of ability to pay, subsidizing needed medical services, and partnering with other providers, we are meeting the majority of needs of all patients, including the uninsured.

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please use Table IV to 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.

Table IV – Physician Subsidies

Category of Subsidy	**Explanation of Need for Service**
Hospital-Based Physicians – Includes the subsidy to support the psychiatry program and anesthesiology services.	Inpatient, partial hospitalization and outpatient bridge clinic psychiatric services are provided allowing patients access to the scarcely available mental health services in Anne Arundel County. UM BWMC is the only hospital in Anne Arundel County to offer an inpatient psychiatric unit. Without this service, patients would need to be transferred to another facility outside of the County, resulting in treatment delays, increased risk to patient and staff safety, decreased patient satisfaction and greater barriers to family and community support. The need for behavioral health providers was identified through the CHNA and a physician needs assessment. UM BWMC pays a physician subsidy to ensure adequate coverage for operating room and obstetrical anesthesiology services. Without the availability of 24/7 coverage for anesthesiology services we would not be able to provide adequate emergency and obstetrical services to support community needs. Anesthesia services must be provided to all patients regardless of the patient's insurance status or ability to pay for medically necessary services.
Non-Resident House Staff and Hospitalists - Includes the subsidy to support the house staff, adult inpatient hospitalists, pediatric hospitalists and laborists.	Hospitalists providers ensure the continuum and quality of care for inpatients who do not have a primary care provider available to manage their care while in the hospital (pediatric hospitalists also provide care in the Emergency Department). The hospitalist program helps to reduce PAU (reduce LOS, readmissions, ED visits), improve quality and safety, and increase patient satisfaction.

Coverage of Emergency Department Call - I*ncludes Emergency Department On-Call*	UM BWMC provides physician subsidies to ensure there is always an appropriate level of specialist care in the Emergency Department and Cardiac Interventional Center to maintain quality patient care. Specialties that receive on-call subsidies include general surgery, interventional cardiology, vascular surgery, orthopedic surgery, spine surgery, neurology, neurosurgery, gynecology, thoracic surgery, oral surgery, and otolaryngology. Without the availability on-call specialists, patients could face treatment delays, poorer health outcomes and decreased patient satisfaction.
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need – Includes the subsidy provided to UM CMG outpatient practices.	UM BWMC provides outpatient primary care through our traditional outpatient primary care clinics, senior care clinics for older adults, OB/GYN clinics and our new Transitional Care Center for complex patients without a current primary care physician and for patients who need additional management before being safely transitioned back to the care of their existing primary care physician. The need for primary care, transitional care and OB/GYN physicians was identified through the CHNA and a physician needs assessment.
Other – (provide detail of any subsidy not listed above – add more rows if needed)	SAFE (Sexual Assault Forensic Examiner) Program

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
    - besides English, in what language(s) is the Patient Information sheet available;
    - 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. Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).
    c. Include a copy of your hospital's FAP (label appendix III).
    d. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions: http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix IV).

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

Appendix I: Financial Assistance Policy Summary

UM BWMC provides emergency, inpatient, and other care regardless of ability to pay. UM BWMC's Financial Assistance Policy (FAP) was established to assist patients in obtaining financial aid when the services rendered are beyond a patient's ability to pay. 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 UM BMWC. UM BWMC's FAP complies with Maryland regulations, and includes a statement that a determination on probable eligibility will be made within two business days following receipt of a patient's application for financial assistance.

UM BWMC's financial assistance policy provides assistance ranging up to 100% of the total cost of hospital services. Physician charges for non-hospital employees, which are billed separately, are excluded from UM BWMC's FAP. Patients are encouraged to contact their physicians directly for financial assistance related to physician charges.

UM BWMC's financial assistance application packet is available in English, Spanish and Korean, consistent with federal regulations for translating documents for Limited-English Proficient (LEP) populations. This packet includes the information and forms needed to apply for financial assistance. For emergency services, applications to the financial assistance program are completed and evaluated after treatment is commenced and the process will not delay patients from receiving necessary emergency and inpatient care.

UM BWMC 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:

1. UM BWMC publishes annual notices informing the public that financial assistance is available at UM BWMC. The notices are published in the *Baltimore Sun*, *Maryland Gazette* and *The Capital*, the three main newspapers distributed in the UM BWMC's community benefit service area.

2. UM BWMC prepares its financial assistance information in a culturally sensitive manner, at a reading level appropriate for the service area's population and in Spanish and Korean, language prevalent in UM BWMC's community benefit service area.

3. UM BWMC posts information about its FAP and financial assistance contact information in the business office, all admission areas, the emergency department, and other outpatient areas throughout the facility.

4. UM BWMC provides individualized notice regarding the hospital's FAP at the time of preadmission or admission to each person who seeks services in the hospital. Individuals are provided a copy of the Financial Assistance Patient Information Sheet. A copy of the Financial Assistance Patient Information Sheet is attached as Appendix IV.

5. UM BWMC provides each patient a patient handbook upon admission that contains information about its FAP and answers to common billing questions.

6. UM BWMC provides information about its FAP and financial assistance contact information in patient bills.

7. UM BWMC provides information about its FAP, including downloadable application forms and financial assistance contact information on its web site in English, Spanish and Korean.

8. UM BWMC contracts with the MA eligibility firms DECO and ROI to assist patients with applying for its financial assistance program and other financial assistance programs for health care services. UM BWMC discusses with patients or their families the availability of various government benefits, such as Medicaid and other federal, state and local programs. Programs include, but are not limited to, the Maryland Health Connection for enrollment in Medicaid and Qualified Health Plans and the Anne Arundel County Department of Health's REACH (Residents Accessing a Coalition of Health) low-cost health care program for uninsured Anne Arundel County residents. UM BWMC was a participating provider in the REACH program in FY16.

Appendix II: Financial Assistance Policy Changes due to ACA

ACA Health Care Coverage Expansion Description

Since implementation of the Affordable Care Act's (ACA) Health Care Coverage Expansion Option became effective on January 1, 2014, there has been a decrease in the number of patients presenting to the hospital in either uninsured and/or self-pay status. Additionally, the ACA's Expansion Option included a discontinuation of the primary adult care (PAC) which has also reduced uncompensated care. While there has been a decrease in the uncompensated care for straight self-pay patients since January 1, 2014, the ACA's Expansion Option has not completely eradicated charity care as eligible patients may still qualify for such case after insurance.

The following additional changes were also made to the hospital's financial assistance policy pursuant to the most recent 501(r) regulatory requirements:

1. **LANGUAGE TRANSLATIONS**
    a. Requirement: The new 501(r) regulations lowered the language translation threshold for limited English proficient (LEP) populations to the lower of 5% of LEP individuals in the community served/1000-LEP individuals. UM BWMC translated its financial assistance policy into the following languages: Spanish and Korean

2. **PLAIN LANGUAGE SUMMARY**
    a. Requirement: The new 501(r) regulations require a plain language summary of the FAP that is clear, concise, and easy for a patient to understand. UM BWMC created a new plain language summary of its financial assistance policy in addition to its already-existing patient information sheet.

3. **PROVIDER LISTS**
    a. Requirement: The new 501(r) regulations require each hospital to create and maintain a list of all health care providers (either attached to the FAP or maintained as a separate appendix) and identify which providers on that list are covered under the hospital's FAP and which providers are not. UM BWMC maintains that list which is available for review.

Appendix III: UM BWMC Financial Assistance Policy

The following pages contain UM BWMC's Financial Assistance Policy.

POLICY

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

- University of Maryland Medical Center (UMMC)
- University of Maryland Medical Center Midtown Campus (MTC)
- University of Maryland Rehabilitation & Orthopaedic Institute (UMROI)
- University of Maryland St. Joseph Medical Center (UMSJMC)
- University of Maryland Baltimore Washington Medical Center (UMBWMC)

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

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

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

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

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

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

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

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

PROGRAM ELIGIBILITY

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

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

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

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

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

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

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

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

Presumptive Financial Assistance

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

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

n. St. Clare Outreach Program eligible patients

o. UMSJMC Maternity Program eligible patients

p. UMSJMC Hernia Program eligible patients

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

a. Purely elective procedures (example – Cosmetic) are not covered under the program.

b. Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive financial assistance program until the Maryland Medicaid Psych program has been billed.

PROCEDURES

1. There are designated persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Patient Financial Receivable Coordinators, Customer Service Representatives, etc.
2. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
   a. Staff will complete an eligibility check with the Medicaid program for Self Pay patients to verify whether the patient has current coverage.
   b. Preliminary data will be entered into a third party data exchange system to determine probably eligibility. To facilitate this process each applicant must provide information about family size and income. To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.
   c. Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial assistance.
   d. Upon receipt of the patient's application, they will have thirty (30) days to submit the required documentation to be considered for eligibility. If no data is received within the 30 days, a denial letter will be sent notifying that the case is now closed for lack of the required documentation. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to. The Financial

e. Assistance application process will be open up to at least 240 days after the first post-discharge patient bill is sent.

3. There will be one application process for UMMC, MTC, UMROI, UMSJMC and UMBWMC. The patient is required to provide a completed Financial Assistance Application orally or in writing. In addition, the following may be required:

   a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return); proof of disability income (if applicable), proof of social security income (if applicable). If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...

   b. A copy of their most recent pay stubs (if employed) or other evidence of income.

   c. A Medical Assistance Notice of Determination (if applicable).

   d. Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.

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

4. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on UMMS guidelines.

   a. If the patient's application for Financial Assistance is determined to be complete and appropriate, the Financial Coordinator will recommend the patient's level of eligibility and forward for a second and final approval.

      i) If the patient does qualify for Financial Assistance, the Financial Coordinator will notify clinical staff who may then schedule the patient for the appropriate hospital-based service.
      ii) If the patient does not qualify for Financial Assistance, the Financial Coordinator will notify the clinical staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled.
         (1) A decision that the patient may not be scheduled for hospital-based, non-emergent/urgent services may be reconsidered by the Financial Clearance Executive Committee, upon the request of a Clinical Chair.

5. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.

6. Once a patient is approved for Financial Assistance, Financial Assistance coverage may be effective for the month of determination, up to 3 years prior, and up to six (6) calendar months in to the future. However, there are no limitations on the Financial Assistance eligibility period. Each eligibility period will be determined on a case-by-case basis. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance. In addition, changes to the patient's income, assets, expenses or family status are expected to be communicated to the Financial Assistance Program Department. All Extraordinary Collections Action activities, as defined below, will be terminated once the patient is approved for financial assistance and all the patient responsible balances are paid.

   Extraordinary Collection Actions (ECAs) may be taken on accounts that have not been disputed or are not on a payment arrangement. Except in exceptional circumstances, these actions will occur no earlier than 120 days from submission of first bill to the patient and will be preceded by notice 30 days prior to

commencement of the action. Availability of financial assistance will be communicated to the patient and a presumptive eligibility review will occur prior to any action being taken.

i) Garnishments may be applied to these patients if awarded judgment.

ii) A lien will be placed by the Court on primary residences within Baltimore City. The facility will not pursue foreclosure of a primary residence but may maintain our position as a secured creditor if a property is otherwise foreclosed upon.

iii) Closed account balances that appear on a credit report or referred for judgment/garnishment may be reopened should the patient contact the facility regarding the balance report. Payment will be expected from the patient to resolve any credit issues, until the facility deems the balance should remain written off.

7. If a patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.
8. A letter of final determination will be submitted to each patient who has formally submitted an application.
9. Refund decisions are based on when the patient was determined unable to pay compared to when the patient payments were made. Refunds may be issued back to the patient for credit balances, due to patient payments, resulted from approved financial assistance on considered balance(s). Payments received for care rendered during the financial assistance eligibility window will be refunded, if the amount exceeds the patient's determined responsibility by $5.00 or more.
10. Patients who have access to other medical care (e.g., primary and secondary insurance coverage or a required service provider, also known as a carve-out), must utilize and exhaust their network benefits before applying for the Financial Assistance Program.
11. The Financial Assistance Program will accept the Faculty Physicians, Inc.'s (FPI) completed financial assistance applications in determining eligibility for the UMMS Financial Assistance program. This includes accepting FPI's application requirements.
12. The Financial Assistance Program will accept all other University of Maryland Medical System hospital's completed financial assistance applications in determining eligibility for the program. This includes accepting each facility's application format.
13. The Financial Assistance Program does not cover Supervised Living Accommodations and meals while a patient is in the Day Program.
14. Where there is a compelling educational and/or humanitarian benefit, Clinical staff may request that the Financial Clearance Executive Committee consider exceptions to the Financial Assistance Program guidelines, on a case-by-case basis, for Financial Assistance approval.
    a. Faculty requesting Financial Clearance/Assistance on an exception basis must submit appropriate justification to the Financial Clearance Executive Committee in advance of the patient receiving services.
    b. The Chief Medical Officer will notify the attending physician and the Financial Assistance staff of the Financial Clearance Executive Committee determination.

Financial Hardship

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

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

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

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

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

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

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

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

Appeals

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

Judgments

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

ATTACHMENT A

Sliding Scale – Reduced Cost of Care

MD DHMH 2016 Income Elig Limit Guidelines		Income Level Up to 200% Pt Resp 0%	S L I D I N G S C A L E	Income Level Pt Resp 10%	Income Level Pt Resp 20%	Income Level Pt Resp 30%	Income Level Pt Resp 40%	Income Level Pt Resp 50%	Income Level Pt Resp 60%	Income Level Pt Resp 70%	Income Level Pt Resp 80%	Income Level Pt Resp 90%
HH	100% MD DHMH	100% Charity		90% Charity	80% Charity	70% Charity	60% Charity	50% Charity	40% Charity	30% Charity	20% Charity	10% Charity
Size	Max	Max		Max	Max	Max	Max	Max	Max	Max	Max	Max
1	**$16,395**	**$32,790**		$34,430	$36,069	$37,709	$39,348	$40,988	$42,627	$44,267	$45,906	$49,184
2	**$22,108**	**$44,216**		$46,427	$48,638	$50,848	$53,059	$55,270	$57,481	$59,692	$61,902	$66,323
3	**$27,821**	**$55,642**		$58,424	$61,206	$63,988	$66,770	$69,553	$72,335	$75,117	$77,899	$83,462
4	**$33,534**	**$67,068**		$70,421	$73,775	$77,128	$80,482	$83,835	$87,188	$90,542	$93,895	$100,601
5	**$39,248**	**$78,496**		$82,421	$86,346	$90,270	$94,195	$98,120	$102,045	$105,970	$109,894	$117,743
6	**$44,961**	**$89,922**		$94,418	$98,914	$103,410	$107,906	$112,403	$116,899	$121,395	$125,891	$134,882
7	**$50,702**	**$101,404**		$106,474	$111,544	$116,615	$121,685	$126,755	$131,825	$136,895	$141,966	$152,105
8	**$56,443**	**$112,886**		$118,530	$124,175	$129,819	$135,463	$141,108	$146,752	$152,396	$158,040	$169,328

Effective 7/1/16

Appendix IV: Patient Information Sheet

UM BWMC's Financial Assistance Policy Patient Information Sheet is attached. This document is provided to patients in accordance with Health-General §19-214.1(e). It conforms to the instructions provided in accordance with Health-General §19-214.1(e) and available at: http://www.hscrc.state.md.us/documents/Hospitals/DataReporting FormsReportingModules/MD_HospPatientInfo/ PatientInfoSheetGuidelines.doc.

UM BWMC has also attached the Federal Plain Language Summary for our Financial Assistance Policy as required by the federal 501(4) regulations. This summary is also found our financial assistance website at: http://www.mybwmc.org/financial-information

UNIVERSITY of MARYLAND
BALTIMORE WASHINGTON
MEDICAL CENTER

Form# 1149 Approved: 09/15

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

Physician charges are not included in hospitals bills and are bill separately.

_____
PATIENT OR RESPONSIBLE PARTY SIGNATURE

_____ _____
PRINT NAME DATE

UNIVERSITY of MARYLAND
BALTIMORE WASHINGTON
MEDICAL CENTER

Financial Help for Patients to Pay Hospital Care Costs

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

PLEASE NOTE:

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

HOW THE PROCESS WORKS:

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

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

HOW WE REVIEW YOUR APPLICATION:

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

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

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

HOW TO APPLY FOR FINANCIAL HELP:

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

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

OTHER HELPFUL INFORMATION:

1. You can get a free copy of our Financial Assistance Policy and Application Form:
    - Online at www.mybwmc.org/financial-assistance
    - In person at the Patient Accounts Department – Baltimore Washington Medical Center, 301 Hospital Drive, Glen Burnie, Maryland 21061
    - By mail: call (410) 821-4140 to request a copy
2. You can call the Financial Assistance Department if you have questions or need help applying. You can also call if you need help in another language. Call: (410) 821-4140.

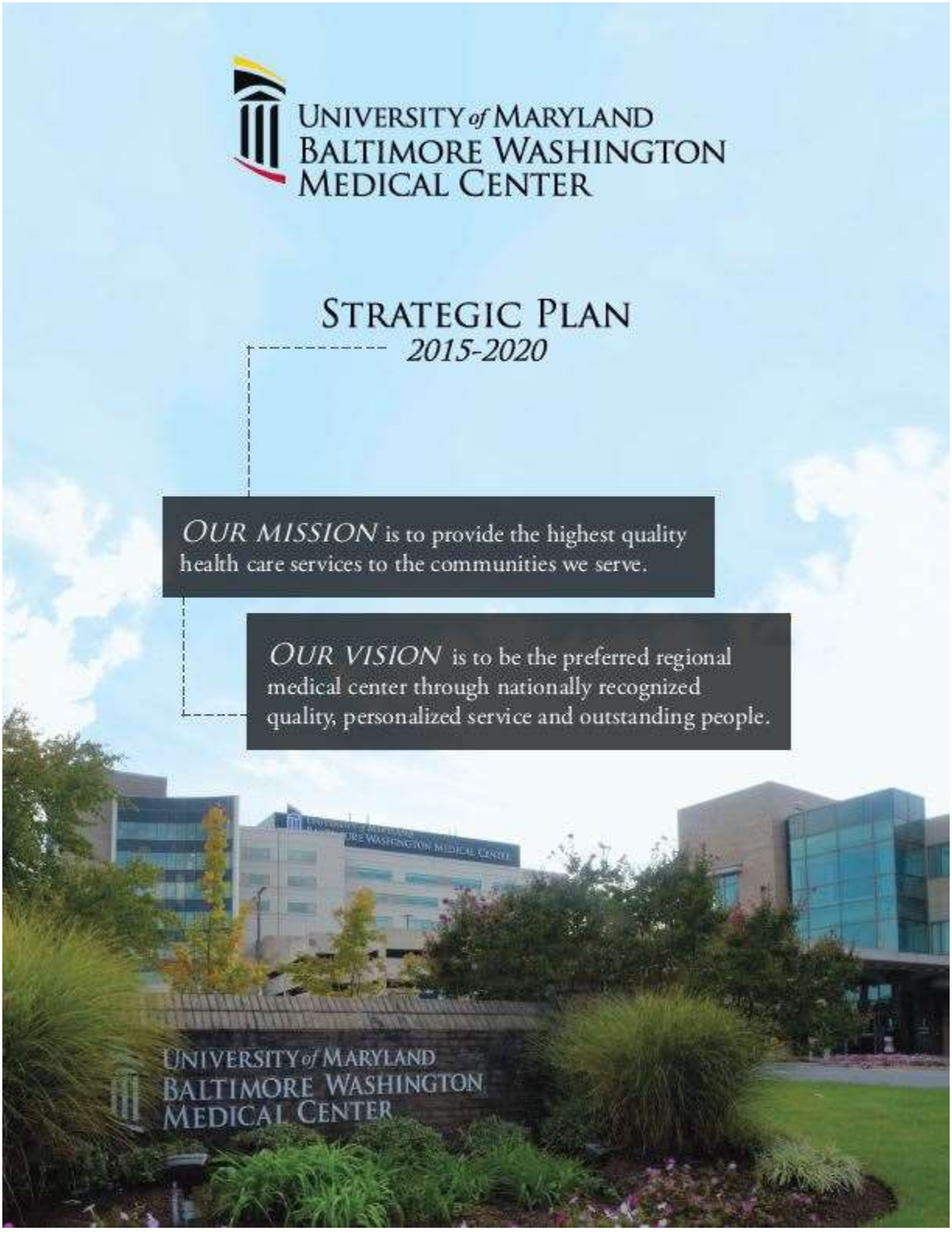
Appendix V: UM BWMC Mission, Vision and Values

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

Mission Statement:
The mission of University of Maryland Baltimore Washington Medical Center is to provide the highest quality healthcare services to the communities we serve.

Standards of Service Excellence:
The Standards of Service Excellence at UM BWMC promote a positive patient experience and positive employee culture. The standards of attitude, appearance, accountability, communication, courtesy, privacy, safety and teamwork promote an atmosphere of care, compassion, respect and pride for our patients and for each other.

Appendix VI: UM BWMC Strategic Plan Related to Community Benefit



UM BWMC Goals, Priorities and Tactics

Exceptional Quality, Safety and Patient Experience

Create a culture of excellence where exceptional quality, safety and the patient experience result in superior patient outcomes.

- Clinical performance improvement
- Update to private rooms
- Create an "ideal patient encounter"
- Enhance image and develop UM BWMC brand strategy

Ease of Access To Care For Maryland Residents

Ensuring timely and efficient access to comprehensive and affordable healthcare services, resulting in the "right care in the right place at the right time."

- Build primary care network
- Distribute ambulatory services in target markets
- Continue to develop clinical programs (obstetrics, cancer, orthopaedics, neurosurgery/spine surgery)
- Develop cardiovascular care strategy

Consistently Strong Financial Performance

Operating in an efficient and effective manner on a consistent basis to provide access to capital funds sufficient for reinvestment in ongoing operations, investment in strategic growth and investment in innovation and the transformation of healthcare delivery.

- Increase the UM BWMC donor base and connect their interest with the needs of the organization

Leader in Innovation and Integrated Care Delivery

Advance the health of Marylanders in our community by transforming care delivery through clinical integration among providers and community partners, while contributing to medical innovation and discovery and training Maryland's future physicians, nurses, clinicians and allied health professionals.

- Population health management capability
- Data driven learning organization
- High performance physician network
- Establish standardized patient care "pathways" and protocols

Highly Engaged Employees and Physician Partners

Promote and sustain a highly engaged and talented workforce, along with a team of physician partners and learners, all working in concert to achieve a culture of excellence across the University of Maryland Medical System.

- Invest in developing skills to be a LEAN capable organization
- Develop and train a high-quality workforce
- Develop physician leaders and identify opportunities for physician engagement

About UM BWMC

University of Maryland Baltimore Washington Medical Center has 303 hospital beds, 2,800 employees and 700 medical staff members. It is a member of the University of Maryland Medical System, a multi-hospital system with academic, community and specialty service missions reaching every part of the state and beyond.

UM BWMC's centers of excellence include the Tate Cancer Center, Aiello Breast Center, Vascular Center, Sleep Center, Cardiac Care, Pascal Women's Center, Digestive Health Center, Joint Replacement Center, Spine and Neuroscience Center, Wound Healing and Hyperbaric Medicine Center, Center for Diabetes and Endocrinology, Emergency Department, and outpatient services including infusion, imaging, laboratory and rehabilitation.

301 Hospital Drive, Glen Burnie, MD 21061 | mybwmc.org | 410.787.4000