



The MARYLAND  
HEALTH SERVICES COST REVIEW COMMISSION

# Howard County General Hospital

FY 2018 Community Benefit Narrative Report

**PART ONE: ORIGINAL NARRATIVE SUBMISSION**

Q1. Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

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

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

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

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

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

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Howard County General Hospital	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210048	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called Johns Hopkins Medicine.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital was licensed for 267 beds during FY 2018.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's primary service area includes the following zip codes: 20723, 20794, 21042, 21043, 21044, 21045, 21046, 21075	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital shares some or all of its primary service area with the following hospitals: Saint Agnes Hospital, UM Laurel Regional Medical Center	<input checked="" type="radio"/>	<input type="radio"/>	

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

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

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

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

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

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

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

Carroll County

Cecil County

Kent County

Montgomery County

Wicomico County

Worcester County

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

21048

21074

21102

21104

21136

21155

21157

21158

21757

21776

21784

21787

21791

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

21701

21702

21703

21740

21710

21714

21716

21717

21718

21727

21754

21755

21758

21762

21769

21770

21771

21773

21774

21777

21778

21780

21783

21788

21790

21793

21798

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

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

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

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

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

Based on patterns of utilization. Please describe.

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

Other. Please describe.

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

Howard County, located between Baltimore and Washington D.C., is a relatively affluent, educated and healthy community inhabited by 321,113 residents. The county is home to urban, suburban, and rural communities. Howard County continues to rank as one of the healthiest counties in the state of Maryland, according to the Robert Wood Johnson Foundation/University of Wisconsin County Health Rankings. Furthermore, Money Magazine has recently ranked two communities in Howard County, Columbia and Ellicott City, in the top five places to live in America due to their diversity and inclusiveness, high-quality schools, educated populace, economic opportunity, and relatively low median home price for the area. Due to these factors, Howard County is increasing in popularity for young families as well as those aging in place, and the population is growing accordingly. Between 2017 and 2035, the overall population is estimated to increase by 26.6%. During the same time period, those age 50 and older will increase by 60.7%, which is more than double the aging rate for the total county population. An estimated 38% of county residents will be 50 or older by 2035. In the next 5 years alone, the 65 and older population of Howard County, currently making up 13.2% of the county's population, is projected to grow by nearly 25%. The increase in the aging population is likely to correspond with higher rates of chronic disease and a need for innovation in provision of healthcare services to maximize the value of each healthcare dollar spent. Prevention must be targeted and individualized, focusing on evidence based interventions to be able to shift this group toward healthier lifestyles. Howard County ranks as one of the healthiest counties in Maryland, and is overall meeting or exceeding most state health targets. The county has lower rates than those of Maryland overall of chronic disease risk factors, including adult smoking, obesity, and physical inactivity. Howard County has among the lowest rates of emergency department visits due to hypertension (112.1/100,000 compared to the state target of 234.0/100,000) and diabetes (102.1/100,000 compared to state target of under 186.3/100,000) in the state. The county is also performing well overall on social and economic determinants such as unemployment, children in poverty, violent crime, and high school graduation rates. However, Howard County still has improvements to make in outcomes across racial groups for some State Health Improvement Process (SHIP) measures. Of particular note is the cancer mortality rate – Howard County's overall rate is lower than the state and has decreased over the past several years, but among Black Non-Hispanic residents the cancer mortality rate is higher than the state rate (169.6/100,000 compared to Maryland goal of 147.4/100,000) and has actually increased since 2014 (from 165.1 to 169.6/100,000). This must remain an area of focus in targeting community education, lifestyle changes, and early detection so that all residents of the county are able to reach their full health potential. Howard County is fortunate to have a very engaged population and is home to many organizations that seek collaboration and partnership throughout the county. Howard County's Local Health Improvement Coalition is remarkably active and serves as an excellent connector of resources and organizations; the hospital and health department work very closely together both in the LHIC and in many other capacities in the community. The success that the county has had in improving health disparities, promoting healthy lifestyles, and increasing access to care has been in major part to these active and ongoing partnerships with individuals and organizations residing in Howard County.

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

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

[https://www.hopkinsmedicine.org/howard\\_county\\_general\\_hospital/services/](https://www.hopkinsmedicine.org/howard_county_general_hospital/services/)

Q37. Is your hospital an academic medical center?

Yes

No

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

Howard County General Hospital: A Member of Johns Hopkins Medicine is a private, not-for-profit, community health care provider, governed by a community-based board of trustees. Opened in 1973, the original 59-bed, short-stay hospital has grown into a comprehensive acute care medical center with 245 licensed beds, specializing in women's and children's services, surgery, cardiology, oncology, orthopedics, gerontology, psychiatry, emergency services and community health education. In June 1998, Howard County General Hospital joined Johns Hopkins Medicine. Howard County General Hospital cares for its community through the collaborative efforts of a wide range of people. HCGH staff includes more than 1,800 employees. It is the second largest private employer in Howard County and employs nearly 1,000 Howard County residents. A diverse workforce, 51 percent of hospital staff are minorities. The hospital's professional staff is comprised of more than 1,000 physicians and allied health professionals, representing nearly 100 specialties and subspecialties. Ninety-five percent of the physicians are board-certified in their specialty. Hospital expenditures total approximately \$265 million per year, much of which is spent locally for supplies and services. This figure includes salaries and benefits of approximately \$130 million. More than 330 volunteers contributed over 24,000 hours of service in FY 2018, working in all areas of the hospital and the community to support the hospital and its services. In FY 2018, HCGH provided services to nearly 200,000 people, including evaluation and treatment of over 78,000 patients in the emergency department. There were over 21,000 patients admitted to or observed in the hospital, over 10,500 surgeries performed, and nearly 3,400 babies delivered. In addition to the many hospital-based services, HCGH also provided outpatient services to over 52,000 patients, and reached over 30,000 people in the community through outreach, health promotion, and wellness programs. In our commitment to be Howard County's trusted source of health and wellness, HCGH is building programs and working with community partners to meet the health needs of our community. These partnerships allow HCGH and its partners to reach out to Howard County's most vulnerable, chronically ill, and/or high-utilizing community members and provide connections to resources, home-based care, and community support. Some of these community-based services and partnerships include: • School-Based Telemedicine – on-demand telemedicine appointments for elementary students in partnership with the school system and county health department • Rapid Access Program – coordinated access to outpatient stabilization for urgent behavioral health issues and transition support for continued treatment. • Journey to Better Health – faith-based initiative to empower people to manage their health and a network of trained volunteers to provide support when dealing with a health issue. • Community Care Team – works with patients and families to ensure a smooth hospital-to-home transition, coordinates clinical care and ensures community-based supports are in place to help patients improve their health and reduce the likelihood of preventable hospital readmission. • Health Promotion and Education – programs to help residents take charge of their own health and help others, including managing chronic disease, mother/baby education, assisting with a mental health crisis and more.

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

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

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

Yes

No

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

\*This question area not displayed to the respondent.

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

06/30/2013

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

06/30/2016

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

[https://www.hopkinsmedicine.org/howard\\_county\\_general\\_hospital/about/give\\_community/chna.html](https://www.hopkinsmedicine.org/howard_county_general_hospital/about/give_community/chna.html)

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

- Yes
- No

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

Print, online PDF

Q48. Section II - CHNA Part 2 - Participants

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

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

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	
Board of Directors or Board Committee (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reviewed and approved CHNA and Implementation Strategy
Clinical Leadership (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Review of CHNA
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:

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

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

Q51. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities										Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local Health Department -- Please list the Local Health Departments here:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local Health Improvement Coalition -- Please list the LHICs here:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:





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

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

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

- Yes  
 No

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

06/30/2016

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

[https://www.hopkinsmedicine.org/howard\\_county\\_general\\_hospital/\\_downloads/FY\\_2016\\_CHNA\\_FINAL.pdf](https://www.hopkinsmedicine.org/howard_county_general_hospital/_downloads/FY_2016_CHNA_FINAL.pdf)

Q56. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question does not display to the respondent.

Q57. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Access to Health Services: Health Insurance   | <input type="checkbox"/> Family Planning  | <input checked="" type="checkbox"/> Older Adults              |
| <input checked="" type="checkbox"/> Access to Health Services: Practicing PCPs    | <input type="checkbox"/> Food Safety  | <input type="checkbox"/> Oral Health                          |
| <input checked="" type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Genomics   | <input checked="" type="checkbox"/> Physical Activity         |
| <input type="checkbox"/> Access to Health Services: ED Wait Times                 | <input type="checkbox"/> Global Health  | <input type="checkbox"/> Preparedness                         |
| <input type="checkbox"/> Adolescent Health  | <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Respiratory Diseases                 |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions     | <input type="checkbox"/> Health-Related Quality of Life & Well-Being            | <input type="checkbox"/> Sexually Transmitted Diseases        |
| <input type="checkbox"/> Blood Disorders and Blood Safety                         | <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders   | <input type="checkbox"/> Sleep Health                         |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Heart Disease and Stroke                               | <input type="checkbox"/> Social Determinants of Health        |
| <input type="checkbox"/> Chronic Kidney Disease                                   | <input type="checkbox"/> HIV  | <input checked="" type="checkbox"/> Substance Abuse           |
| <input type="checkbox"/> Community Unity  | <input type="checkbox"/> Immunization and Infectious Diseases                   | <input type="checkbox"/> Telehealth                           |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease                 | <input type="checkbox"/> Injury Prevention                                      | <input type="checkbox"/> Tobacco Use                          |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health         | <input type="checkbox"/> Violence Prevention                  |
| <input type="checkbox"/> Disability and Health                                    | <input type="checkbox"/> Maternal & Infant Health                               | <input type="checkbox"/> Vision                               |
| <input type="checkbox"/> Educational and Community-Based Programs                 | <input checked="" type="checkbox"/> Mental Health and Mental Disorders          | <input type="checkbox"/> Wound Care                           |
| <input type="checkbox"/> Emergency Preparedness                                   | <input checked="" type="checkbox"/> Nutrition and Weight Status                 | <input type="checkbox"/> Other (specify) <input type="text"/> |

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

In the 2016 CHNA, HCGH identified the following four areas as top priorities for community health improvement efforts: 1. Access to Affordable Care 2. Behavioral Health 3. Healthy Aging 4. Healthy Weight (Exercise and Nutrition) These are essentially identical to the top four priorities as identified by the task force in the 2013 CHNA process, which included the following: 1. Access to care 2. Obesity 3. Behavioral Health 4. Elderly Health Improvement Many of the partnerships identified in the 2013 CHNA were ongoing through the 2016 CHNA and present. Several strategies identified in the 2013 CHNA continued through the 2016 implementation plan, including reducing sugary beverage consumption and developing a walking fitness program.

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

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

Q61. Section III - CB Administration Part 1 - Participants

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

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







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

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

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

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

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

- Yes
- No

Q68. Please describe the community benefit narrative review process.

The community benefit narrative is reviewed by the hospital's VP of Population Health (Elizabeth Kromm) and the Chief Financial Officer (Claro Pio Roda). It is then reviewed by the Senior Director of Health Planning and Community Engagement at Johns Hopkins Medicine (Anne Langley) and the President of Johns Hopkins Health System (Kevin Sowers).

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

- Yes
- No

Q70. Please explain:

This question area is not displayed to the respondent.

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

- Yes
- No

Q72. Please explain:

This question area is not displayed to the respondent.

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

- Yes
- No

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

Community Benefits activities are included every year in the Johns Hopkins Medicine five-year strategic plan. In FY 2018, these activities were included in both the "Integration" and "Education" pillars of the JHM plan, where HCGH set specific goals related to our health priorities as identified in the Community Health Needs Assessment. These health priorities are as follows: Access to Affordable Care; Behavioral Health; Healthy Aging; and Healthy Weight, Exercise, and Nutrition. These priorities are integrated into HCGH's ongoing initiatives. Howard County General Hospital set the following three strategic objectives for FY 2018 to support these priorities: Strategic Objective 1 – Access to Care: Stand up a telemedicine program for ophthalmology, with cart operationalized, and ED-to-ED transfers reduced. • Process/Outcome Metric: Telemedicine cart deployed and in use in the HCGH ED. • Completion Date: 06/30/18 • Final Status: Cart deployed and in use; ED uses regularly and averts transfers for 1-2 patients per month Strategic Objective 2 – Behavioral Health: Establish outpatient behavioral health/psychiatry services in conjunction with the SOM Department of Psychiatry . • Process/Outcome Metric: Practice operational, develop at least 1 group therapy option to further expand treatment opportunities w/in the community. • Completion Date: 06/30/18 • Final Status: Outpatient psychiatric services opened in October 2017; Geriatric group therapy began in June 2018 Strategic Objective 3 – Behavioral Health: Partner with Howard County Health Department to offer opioid overdose response training programs on HCGH campus • Process/Outcome Metric: Number of training programs held • Completion Date: 06/30/18 • Final Status: Programs held at least once monthly, except for December (11 training programs held total in FY 18); Entire HCGH Population Health and Advancement staff completed training

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

[https://www.hopkinsmedicine.org/strategic\\_plan/](https://www.hopkinsmedicine.org/strategic_plan/)

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

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

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

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

Q80. Name of initiative.

Behavioral Health Services: Rapid Access Program, Mental Health First Aid, and Peer Recovery Support Specialists

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

- Yes
- No

Q82. Select the CHNA need(s) that apply.

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

- Arthritis, Osteoporosis, and Chronic Back Conditions
- Blood Disorders and Blood Safety
- Cancer
- Chronic Kidney Disease
- Community Unity
- Dementias, Including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Emergency Preparedness
- Environmental Health
- Family Planning
- Food Safety
- Genomics
- Global Health
- Health Communication and Health Information Technology
- Health-Related Quality of Life and Well-Being
- Hearing and Other Sensory or Communication Disorders
- Maternal and Infant Health
- Mental Health and Mental Disorders
- Nutrition and Weight Status
- Older Adults
- Oral Health
- Physical Activity
- Preparedness
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Social Determinants of Health
- Substance Abuse
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Other. Please specify.

Q83. When did this initiative begin?

September 2015

Q84. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

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

The target population for all behavioral health initiatives are adults in Howard County. The population of Howard County aged 18 and over is 239,194 people.

Q86. Describe the characteristics of the target population.

Behavioral health was one of four areas identified in the 2016 Community Health Needs Assessment. The percent of residents reporting presently taking medicine or receiving treatment from a health professional for a mental health condition or emotional problem increased to 11% in 2016 (7% in 2014). When split out by gender, 7% of men and 15% of women are seeking treatment for a mental health or emotional problem. Access to behavioral health treatment is also a concern – 3% of residents reported needing behavioral health treatment in the past 12 months but didn't get it. Many residents also report binge drinking in the past month – these rates are highest in adults ages 18-44 (35%) followed by those ages 45-64 (18%) and those 65+ (7%). Another issue that Howard County residents report is stress about having enough money for vital living expenses. This problem is most notable among the African American population (18%), followed by Hispanics (13%), Whites (10%), and Asians (5%). HCGH has begun to address behavioral health needs in Howard County through three initiatives: 1) Rapid Access Program (RAP), a program designed to provide access to appointments for urgent, outpatient crisis stabilization services for patients presenting to HCGH's emergency department 2) Mental Health First Aid (MHFA) training, an education program to introduce participants to risk factors and warning signs of mental illness 3) Peer Recovery Support Specialists (PRSS), a program that links individuals with a history of substance abuse who are currently in recovery and have completed training in addictions, with patients currently struggling with substance abuse with an inpatient or outpatient hospital encounter

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

Rapid Access Program: 416 individuals were referred to the program, with 236 enrollees. Mental Health First Aid training: HCGH classes had 57 participants in FY 18. Peer Recovery Support Specialists: 127 patients interacted with a PRSS in FY 18.

Q88. What category(ies) of intervention best fits this initiative? Select all that apply.

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

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

Yes. Please describe who was involved in this initiative.

Howard County Mental Health Authority ; Way Station Inc; Howard County LHIC; NAMI Howard County ; The Horizon Foundation; Howard County Health Department; HC Drug Free; On Our Own Howard County ; MD Chapter, American Academy of Pediatrics

No.

Q90. Please describe the primary objective of the initiative.

Rapid Access Program: RAP is designed to provide access to urgent, outpatient, crisis stabilization services within two business days of referral. The service links patients to the level and type of care needed to prevent further emotional distress and decompensation that would otherwise result in accessing more acute levels of care. Services are provided through Way Station, a subsidiary of Sheppard Pratt at the Columbia, Maryland site. Mental Health First Aid: MHFA is an education program that introduces participants to risk factors and warning signs of mental illnesses, builds understanding of their impact, and overviews common supports. HCGH holds day-long classes for Howard County community members, free of charge. Peer Recovery Support Specialists: The primary objective of this program is to assist patients in the hospital or community with enrolling and participating in treatment or support services that address the patient's substance abuse condition. PRSS can also assist in addressing social determinants such as homelessness, unemployment, lack of health insurance, etc.

Q91. Please describe how the initiative is delivered.

Rapid Access Program: Patients are identified upon presentation to the HCGH emergency department or as an inpatient. They are assessed with a psychiatric evaluation by a nurse practitioner, and if they require urgent outpatient psychiatric care, RAP is presented as an option. If the patient is interested in enrolling, they sign a consent form and their appointment is scheduled immediately. Patients are able to receive up to 9 treatment sessions that include prescriber and therapy, regardless of their ability to pay. During the episode of care, the NP and therapist work with the patients to stabilize their condition, which includes medication management and development of treatment goals. They also assist the patient in finding resources for obtaining health insurance, and provide bridge therapeutic services until the patient connects with their former provider. Way Station assists patients who need a higher level of outpatient care or treatment beyond the 9 sessions provided through RAP. Mental Health First Aid: The program is delivered as an eight hour in-person class, instructed by a licensed clinical social worker and a certified health education specialist. Peer Recovery Support Specialists: Peer Recovery Support Specialists (PRSS) are people with a history of substance use who have a minimum of 2 years of sustained recovery, and have completed specialized training in the area of addictions and behavioral health. This service begins working with people during an inpatient or outpatient hospital encounter and extends beyond the stay into the community. PRSS are mentors employed by the Howard County Health Department, HCGH has a collaborative relationship around the use of the peers.

Q92. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters HCGH measures the number of participants in each program.
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost HCGH measures the 30-day all cause readmission rate for clients who receive RAP services.
- Assessment of workforce development
- Other

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

Rapid Access Program: Of the 236 patients who enrolled in the program, 61% attended their first appointment. These patients had a 30-day all-cause readmission rate of 9.1%. Mental Health First Aid: Community members and faith leaders participate in the class and then act as stewards throughout the community to promote and share the information they learned with friends, family members, congregants, etc. They are also encouraged them to obtain further learning through programs such as suicide prevention classes and opioid overdose prevention training. In FY 18, all class participants passed the knowledge test at the end of the class and report through their evaluations that they have gained knowledge and insight around mental health issues. Peer Recovery Support Specialists: 68% of the people referred to the PRSS program made some connection with a peer, which means they are one step closer to recovery and better health. Many of the people referred to peers from HCGH have chronic health conditions that have been created and exacerbated by drug or alcohol addiction. By reducing or terminating drug/alcohol use, patients working with a PRSS are taking steps to improve overall health and reduce the impact of chronic conditions.

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

Rapid Access Program: RAP aligns with HCGH's CHNA priority of behavioral health and Maryland's goal of improving care for high or rising risk populations. People with mental illness are less likely to address and manage mental health and somatic conditions, putting them at increased risk for high utilization of high cost health care services. In Howard County, it is difficult for people to connect with mental health providers due to waits of several weeks or months to obtain an appointment, and due to the small number of providers that accept private or public insurance plans. Rapid access to out-patient psychiatric care provides a smooth transition for patients leaving the hospital and decreases the risk for repeated high utilization. Mental Health First Aid: MHFA aligns with the CHNA priority of behavioral health and Maryland's goal of improving care for high and rising risk populations. It provides community members that are not mental health professionals with the skills to identify and intervene with a mental health crisis. The training equips them with the ability to recognize a mental health need and connect that person with the services, such as a crisis line or self-help group, to assist them with their need versus a higher level of care (i.e. 911 call or emergency room visit). The course educates the community on what the symptoms of mental illness are and informs them of the resources that are available to that person. People with mental illness are less likely to address and manage somatic conditions. MHFA provides training to friends, family members, neighbors, etc. are able to support and connect people to services that can address their mental health conditions, which lead to better overall health outcomes. Peer Recovery Support Specialists: The PRSS program aligns with the CHNA priority of behavioral health by providing case management services to people that are at high risk or rising risk due to their substance use disorder. The program decreases barriers to care, connecting people with an active addiction to the appropriate resources in order to address the addiction and improve overall health.

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

Hospital Funds: \$144,194 (RAP, PRSS, MHFA) Grant Funds: \$1,600 (MHFA)

Q96. (Optional) Supplemental information for this initiative.

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

Q98. Name of initiative.

School-Based Telemedicine

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

- Yes
- No

Q100. Select the CHNA need(s) that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance            | <input type="checkbox"/> Heart Disease and Stroke                       |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs             | <input type="checkbox"/> HIV  |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits          | <input type="checkbox"/> Immunization and Infectious Diseases           |
| <input checked="" type="checkbox"/> Access to Health Services: ED Wait Times    | <input type="checkbox"/> Injury Prevention                              |
| <input type="checkbox"/> Adolescent Health                                      | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions   | <input type="checkbox"/> Maternal and Infant Health                     |
| <input type="checkbox"/> Blood Disorders and Blood Safety                       | <input type="checkbox"/> Mental Health and Mental Disorders             |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Nutrition and Weight Status                    |
| <input type="checkbox"/> Chronic Kidney Disease                                 | <input type="checkbox"/> Older Adults                                   |
| <input type="checkbox"/> Community Unity  | <input type="checkbox"/> Oral Health                                    |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease               | <input type="checkbox"/> Physical Activity                              |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Preparedness                                   |
| <input type="checkbox"/> Disability and Health                                  | <input type="checkbox"/> Respiratory Diseases                           |
| <input type="checkbox"/> Educational and Community-Based Programs               | <input type="checkbox"/> Sexually Transmitted Diseases                  |
| <input type="checkbox"/> Emergency Preparedness                                 | <input type="checkbox"/> Sleep Health                                   |
| <input type="checkbox"/> Environmental Health                                   | <input type="checkbox"/> Social Determinants of Health                  |
| <input type="checkbox"/> Family Planning  | <input type="checkbox"/> Substance Abuse                                |
| <input type="checkbox"/> Food Safety  | <input type="checkbox"/> Telehealth                                     |
| <input type="checkbox"/> Genomics   | <input type="checkbox"/> Tobacco Use                                    |
| <input type="checkbox"/> Global Health  | <input type="checkbox"/> Violence Prevention                            |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Vision   |
| <input type="checkbox"/> Health-Related Quality of Life and Well-Being          | <input type="checkbox"/> Wound Care                                     |
| <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders   | <input type="checkbox"/> Other, Please specify                          |
|   | <input checked="" type="checkbox"/> Access to Care - children           |

Q101. When did this initiative begin?

September 2015

Q102. Does this initiative have an anticipated end date?

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

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

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

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

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

Other. Please explain.

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

The telemedicine program was active in six Howard County Title 1 elementary schools in FY 18: Deep Run, Ducketts Lane, Phelps Luck, Running Brook, Stevens Forest, and Talbott Springs. The total student enrollment for all six schools was 3,714.

Q104. Describe the characteristics of the target population.

Although Howard County has a high proportion of residents that have health insurance, they may still face challenges in accessing care in a timely manner. 13% of respondents to the Howard County Health Assessment Survey reported that they did not have a doctor that they saw regularly, and 8% of residents stated they went to the ER because they couldn't get a doctor's appointment (that number increases to 10% of residents with children). The Howard County Health Department, HCGH, and Howard County Public School System and school system wanted to identify ways to try and close the achievement gap and did not want time lost from school for health care visits to prevent children from being present and ready to learn. Title 1 school students who become ill at school could miss additional school time and have unnecessary emergency room visits if they cannot get access to a healthcare provider in a timely manner. Of the children that had visits to HCGH in the telemedicine program, 39.7% were Medicaid patients, 27.3% had private insurance, 14.9% were uninsured, and 18% did not report insurance type (HCGH does not bill for these visits). This demonstrates that the population of children receiving these services is much more heavily skewed toward uninsured and Medicaid-eligible than the rest of the county's population.

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

In FY18, 1,854 of the 3,714 students in the 6 schools were enrolled in the telemedicine program. There were 257 pediatric student encounters in FY 18.

Q106. What category(ies) of intervention best fits this initiative? Select all that apply.

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

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

Yes. Please describe who was involved in this initiative.

Howard County Public School System, Howard County Health Department, Columbia Medical Practice, Klebanow & Associates (medical practice)

No.

Q108. Please describe the primary objective of the initiative.

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

Q109. Please describe how the initiative is delivered.

The school-based telemedicine program was developed in response to a need for increased access to timely appointments for students and fewer missed school hours for children in economically disadvantaged areas. To meet this need, Howard County General Hospital has partnered with the Howard County Health Department, Howard County Public School System, and two area primary care practices to offer on-demand telemedicine appointments in partnership with school nurses in 6 Title 1 elementary schools in Howard County. Using telemedicine technology including video monitoring, cameras, and digital stethoscopes and otoscopes, pediatricians at HCGH and the primary care practices are available to examine ill students, provide a quick diagnosis and prescribe medicine when needed. Even when students must leave school due to a contagious illness, this quick access to an appointment and diagnosis means less school time is missed.

Q110. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

Count of participants/encounters

The program measures the number of student telemedicine encounters, as well as the number of unique visitors

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

Surveys of participants

Biophysical health indicators

Assessment of environmental change

Impact on policy change

Effects on healthcare utilization or cost

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

Assessment of workforce development

Other

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

1,854 of the 3,714 students in the 6 schools enrolled in the program (50%). There were 257 encounters with 224 unique students, 228 of which were with Howard County General Hospital. The adjusted return to class rate (excluding 102 patients sent home with fever, bacterial conjunctivitis, or strep throat as required by HCPSS policy) was 96.5% of students; however, even when a child must be taken out of school, having a diagnosis made quickly and a prescription given significantly reduced the time the child must be absent from school.

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

The number of students enrolled in the program increased from 1,522 students in FY 17 to 1,854 students in FY 18, an increase of nearly 22%. This indicates an increase in access to care within the school system. Additionally, the high adjusted return to class rate indicates that this program has been able to effectively provide care for students without resorting to costly and time-consuming emergency department visits. Furthermore, almost 45% of the students seen by HCGH in FY 18 were either on medical assistance or did not have insurance, indicating that the telemedicine program provided a crucial benefit to children who may have a harder time accessing care otherwise.

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

\$11,400 (hospital funds)

Q114. (Optional) Supplemental information for this initiative.

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

Q116. Name of initiative.

Community Care Team (CCT)

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

- Yes
- No

Q118. Select the CHNA need(s) that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance            | <input type="checkbox"/> Heart Disease and Stroke                       |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs             | <input type="checkbox"/> HIV  |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits          | <input type="checkbox"/> Immunization and Infectious Diseases           |
| <input type="checkbox"/> Access to Health Services: ED Wait Times               | <input type="checkbox"/> Injury Prevention                              |
| <input type="checkbox"/> Adolescent Health                                      | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions   | <input type="checkbox"/> Maternal and Infant Health                     |
| <input type="checkbox"/> Blood Disorders and Blood Safety                       | <input type="checkbox"/> Mental Health and Mental Disorders             |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Nutrition and Weight Status                    |
| <input type="checkbox"/> Chronic Kidney Disease                                 | <input checked="" type="checkbox"/> Older Adults                        |
| <input type="checkbox"/> Community Unity  | <input type="checkbox"/> Oral Health                                    |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease               | <input type="checkbox"/> Physical Activity                              |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Preparedness                                   |
| <input type="checkbox"/> Disability and Health                                  | <input type="checkbox"/> Respiratory Diseases                           |
| <input type="checkbox"/> Educational and Community-Based Programs               | <input type="checkbox"/> Sexually Transmitted Diseases                  |
| <input type="checkbox"/> Emergency Preparedness                                 | <input type="checkbox"/> Sleep Health                                   |
| <input type="checkbox"/> Environmental Health                                   | <input checked="" type="checkbox"/> Social Determinants of Health       |
| <input type="checkbox"/> Family Planning  | <input type="checkbox"/> Substance Abuse                                |
| <input type="checkbox"/> Food Safety  | <input type="checkbox"/> Telehealth                                     |
| <input type="checkbox"/> Genomics   | <input type="checkbox"/> Tobacco Use                                    |
| <input type="checkbox"/> Global Health  | <input type="checkbox"/> Violence Prevention                            |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Vision   |
| <input type="checkbox"/> Health-Related Quality of Life and Well-Being          | <input type="checkbox"/> Wound Care                                     |
| <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders   | <input type="checkbox"/> Other. Please specify. <input type="text"/>    |

Q119. When did this initiative begin?

July 2016

Q120. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

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

The Community Care team targets patients who are Howard County residents over the age of 18 who have Medicare as their primary payer (or are dually eligible for Medicare and Medicaid). They must also have had at least 2 HCGH encounters in the past 365 days (this can be through an inpatient stay, observation stay, or ED visit). In FY 18, there were 2,786 patients who met these criteria.

Q122. Describe the characteristics of the target population.

The Community Care Team serves adult Howard County residents who have Medicare or are dually eligible with Medicaid who have had two or more encounters (inpatient, Emergency or observation) at HCGH within the past year.

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

There were 1525 referrals to CCT in FY 18, with a 35% acceptance rate into the program. There were 410 unique enrollees in the program in FY 18.

Q124. What category(ies) of intervention best fits this initiative? Select all that apply.

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

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

Yes. Please describe who was involved in this initiative.

Howard County Health Department; Horizon Foundation; LHIC; CRISP; Howard County Office on Aging and Independence; Way Station Inc; Gilchrist Services; Lorian Health Systems; Johns Hopkins Home Care Group; Department of Social Services; Primary Care Practices (Columbia Medical Practice; Centennial Medical Group, Johns Hopkins Community Physicians, Maryland Primary Care Physicians, Personal Care Physicians)

No.

Q126. Please describe the primary objective of the initiative.

The Community Care Team (CCT) is a part of the Howard Health Partnership, which is funded through a Transformation Implementation Program (TIP) from the HSCRC. CCT is designed to improve chronic disease self-management of frequently hospitalized Howard County residents. The target population are Howard County residents who are Medicare (or dual eligible) beneficiaries and have had two or more hospital encounters in the last 12 months at HCGH. The overarching goals of the program are to increase the patient experience of care through improved care coordination, improve patient health outcomes, and reduce total health care costs through readmission and utilization reduction. CCT empowers patients to better manage their chronic conditions outside the hospital.

Q127. Please describe how the initiative is delivered.

CCT provides community-based, comprehensive support and coordination using a patient-centered approach. Patients and their caregivers receive program benefits for 30-90 days by a multi-disciplinary team that provides home-based care coordination services. Community health workers (CHW), nurses and a social worker deliver services including health education, disease-specific management, medication reconciliation, connection to and coordination with health care providers, and extensive social support and advocacy with linkages to appropriate community resources. A CHW is embedded in the hospital to visit patients' bedsides in order to enroll them in the program, and the first conversation with a CCT member occurs around the time of discharge from the hospital.

Q128. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters CCT measures the number of patients that are approached and how many accept the intervention
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants Patients are surveyed on their satisfaction with the program
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost CCT measures 30-day all-cause readmission rate.
- Assessment of workforce development

Other

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

Many metrics are collected to monitor and evaluate CCT. Some of the metrics reported are acceptance rate, graduation rate, graduation satisfaction rate, 30-day all-cause readmission rate, and the percentage of CCT clients who mark top box response to the Discharge Information question on the hospital HCAHPS survey. For FY 18, the program saw the following results: a. Acceptance Rate: 38%, (50% in FY 18 Q4) b. Graduation Rate: 93.1% c. Graduation Satisfaction Rate: 100% d. 30 Day All-Cause readmission rate: 14.2% e. % CCT clients who mark top box response to Discharge Information question on HCAHPS: 92.5% (top decile nationally)

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

Patients with a history of multiple hospital encounters typically have complicated discharge plans and trouble coordinating services. CCT ensures that their clients' care is coordinated across settings, including acute, post-acute and primary care. Many patients in the program also face social isolation, limited mobility and lack caregiver support. CCT connects patients to social resources to ensure no patient falls between the cracks. These interventions impact both the Access to Care and Healthy Aging needs identified in HCGH's CHNA, as these patients are primarily older adults, and also report increased access through the coordination of care with CCT.

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

\$783,153 (funded in hospital rates from the HSCRC Transformation Implementation Program)

Q132. (Optional) Supplemental information for this initiative.

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

Q134. Additional information about initiatives.

Q135. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

[HCGH Extra Initiative - Advance Care Planning.docx](#)

13.5KB

application/vnd.openxmlformats-officedocument.wordprocessingml.document

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

- Yes  
 No

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

This question area is not displayed to the respondent.

Q138. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: <http://ship.md.networkofcare.org/ph/index.aspx>. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

Reduce infant mortality	<input type="text"/>
Reduce rate of sudden unexpected infant deaths (SUIDs)	The Maternal Child Unit at HCGH has a program encouraging safe sleep in infants to reduce SUIDs.
Reduce the teen birth rate (ages 15-19)	<input type="text"/>
Increase the % of pregnancies starting care in the 1st trimester	<input type="text"/>
Increase the proportion of children who receive blood lead screenings	<input type="text"/>
Increase the % of students entering kindergarten ready to learn	<input type="text"/>
Increase the % of students who graduate high school	<input type="text"/>
Increase the % of adults who are physically active	HCGH partners with the Horizon Foundation to fund Howard County Bikeshare. HCGH also sponsors healthy walking programs and offers yoga classes.
Increase the % of adults who are at a healthy weight	In addition to the above programs, HCGH provides funding and is a pickup site for the Roving Radish program, a healthy meal kit service with local produce (also available at a discount for income-constrained families). HCGH also offers healthy food options within the hospital. Additionally, the Journey to Better Health program provides education on weight management and healthy living through screenings and programs in the community.
Reduce the % of children who are considered obese (high school only)	<input type="text"/>
Reduce the % of adults who are current smokers	<input type="text"/>

Reduce the % of youths using any kind of tobacco product (high school only)	<input type="text"/>
Reduce HIV infection rate (per 100,000 population)	<input type="text"/>
Reduce Chlamydia infection rate	<input type="text"/>
Increase life expectancy	All of HCGH's population health and community benefit programs, such as chronic disease self-management, health screenings, physical activity and healthy eating promotion, and a variety of others, have the goal of promoting longer, healthier lives among community members.
Reduce child maltreatment (per 1,000 population)	<input type="text"/>
Reduce suicide rate (per 100,000)	HCGH's Rapid Access Program and Mental Health First Aid courses are designed to provide information as well as urgent access to care for patients who are experiencing mental health crisis as well as their loved ones.
Reduce domestic violence (per 100,000)	<input type="text"/>
Reduce the % of young children with high blood lead levels	<input type="text"/>
Decrease fall-related mortality (per 100,000)	The Community Care Team at HCGH helps identify fall risks when they are in patient homes and helps connect patients with community resources to improve their homes and decrease these risks.
Reduce pedestrian injuries on public roads (per 100,000 population)	<input type="text"/>
Increase the % of affordable housing options	<input type="text"/>
Increase the % of adolescents receiving an annual wellness checkup	<input type="text"/>
Increase the % of adults with a usual primary care provider	The Community Care Team at HCGH helps connect patients without primary care providers to various practices in the community.
Increase the % of children receiving dental care	<input type="text"/>
Reduce % uninsured ED visits	The school-based telemedicine program serves students regardless of whether they are insured and avoids ED visits, which reduces the overall number of uninsured ED visits.
Reduce heart disease mortality (per 100,000)	<input type="text"/>
Reduce cancer mortality (per 100,000)	<input type="text"/>
Reduce diabetes-related emergency department visit rate (per 100,000)	The Community Care Team as well as the Journey to Better Health team at HCGH help patients improve self-management of chronic diseases, such as diabetes, and helps them to identify the type of issues that can be managed at home or with a primary care provider, versus those that must be treated in the emergency department.
Reduce hypertension-related emergency department visit rate (per 100,000)	The Community Care Team as well as the Journey to Better Health team at HCGH help patients improve self-management of chronic diseases, such as hypertension, and helps them to identify the type of issues that can be managed at home or with a primary care provider, versus those that must be treated in the emergency department.
Reduce drug induced mortality (per 100,000)	The Peer Recovery Support Specialist program connects specially-trained peers in recovery from addiction to patients currently struggling with addiction, and helps connect them with treatment and recovery resources in the community.
Reduce mental health-related emergency department visit rate (per 100,000)	HCGH's Rapid Access Program and Mental Health First Aid courses are designed to provide information as well as urgent access to care for patients who are experiencing mental health crisis as well as their loved ones.
Reduce addictions-related emergency department visit rate (per 100,000)	The Peer Recovery Support Specialist program connects specially-trained peers in recovery from addiction to patients currently struggling with addiction, and helps connect them with treatment and recovery resources in the community.
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	<input type="text"/>
Reduce dental-related emergency department visit rate (per 100,000)	<input type="text"/>
Increase the % of children with recommended vaccinations	<input type="text"/>
Increase the % vaccinated annually for seasonal influenza	<input type="text"/>
Reduce asthma-related emergency department visit rate (per 10,000)	<input type="text"/>

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

#### Q140. Section V - Physician Gaps & Subsidies

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

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

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

meet patient demand.

Hospital-Based Physicians	The Hospital staffs a team of hospitalists and intensivists to provide primary care for patients, working collaboratively alongside specialists and patients' primary care physician.
Non-Resident House Staff and Hospitalists	The Hospital staffs a team of hospitalists and intensivists to provide primary care for patients, working collaboratively alongside specialists and patients' primary care physician.
Coverage of Emergency Department Call	In FY 18, HCGH subsidized ED and inpatient call coverage for the following specialties: psychiatry, otolaryngology, anesthesiology, OB/GYN, cardiology, perinatology, and infusion. Payments incentivize on-call coverage responsibilities, serving both the Hospital's Emergency Department (ED) and consultation and treatment of Hospital inpatients. Physicians no longer take calls unless compensated for this service.
Physician Provision of Financial Assistance	<input type="text"/>
Physician Recruitment to Meet Community Need	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>

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

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

#### Q145. Section VI - Financial Assistance Policy (FAP)

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

[HCGH Financial Assistance Policy.pdf](#)

162.9KB  
application/pdf

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

[/ih-patient-billing-and-financial-assistance-information-sheet-english.pdf](#)

220.9KB  
application/pdf

Q148. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

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

Q150. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

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

Effective January 1, 2015, JHHS expanded its definition of Medical Debt to include co-payments, co-insurance and deductibles of patients who purchased insurance through a Qualified Health Plan. In JHHS FAP a Qualified Health Plan is defined as: Under the Affordable Care Act, starting in 2014, an insurance plan that is certified by the Health Insurance Marketplace, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will have a certification by each Marketplace in which it is sold. At The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center (JHBMC), the policy expanded eligibility for Financial Assistance. Previously, eligibility was limited to patients who were citizens of the United States of America or a permanent legal resident (must have resided in the USA for a minimum of one year). Effective January 1, 2015, this was expanded to include patients who reside within the geographic area described in the hospital's Community Health Needs Assessment. The ZIP codes for JHH and JHBMC are: 21202, 21205, 21206, 21213, 21218, 21219, 21222, 21224, 21231, and 21052. Notice of financial assistance availability was posted on each hospital's website and mentioned during oral communications. Policy was changed to state this is being done. This change is in response to IRS regulation changes. Previously patients had to apply for Medical Assistance as a prerequisite for financial assistance. JHHS added that the patient must apply for Medical Assistance or insurance coverage through a Qualified Health Plan and cooperate fully with the Medical Assistance team or its designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. For Medical Hardship: Medical Debt is defined as out of pocket expenses for medical costs for Medically Necessary Care billed by the Hopkins hospital to which the application is made, the out of pocket expenses mentioned above do not include co-payments, coinsurance and deductibles, unless the patient is below 200% of Federal Poverty Guidelines. Policy was changed to add an Appendix and language advising that the Appendix lists physicians that provide emergency and medically necessary care at the hospitals and whether the doctor is covered under the hospital's Financial Assistance policy. The Appendix will be updated quarterly and is posted on the hospital website. The policy and the website instruct patients to direct any questions they may have concerning whether a specific doctor has a financial assistance policy separate and apart from the hospital's policy. This change is in response to IRS regulation changes.

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

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

#### Q154. Summary & Report Submission

Q155.

**Attention Hospital Staff! IMPORTANT!**

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

When you click the right arrow button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes.

**Location Data**

**Location:** [\[39.214096069336, -76.878799438477\]](#)

**Source:** GeolIP Estimation

**PART TWO: ATTACHMENTS**

**Howard County General Hospital**

**FY18 Community Benefit Report**

**Initiative:** Advanced Care Planning

**Program Start Date:** January 2018

**Number of people in population targeted:**

The initial target population of this initiative is patients seen at HCGH. In FY18, HCGH saw 21,417 patients on an inpatient or observation basis. Of these patients, the Advance Care Planning Coordinator focused on anyone over the age of 80 without an advance directive, patients who stated they had an advance directive but it was not on file at HCGH, and anyone who at registration stated that they did not have an advance directive but wanted to learn more about it.

**Characteristics of target population:**

This initiative is intended to reach patients and their caregivers who need information and resources on executing an Advance Care Plan, as well as patients of HCGH who do not have their existing Advance Care Plans in the hospital's electronic medical record (EMR) system.

**How many people did the initiative reach in FY18?**

From January to June of 2018, the Advance Care Planning (ACP) Coordinator engaged 1,404 patients at HCGH, and assisted 500 of those patients with the completion or filing of an Advance Directive.

**Other groups/organizations involved:**

Horizon Foundation; Howard County Health Department

**Primary objective of initiative:**

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

**How is the initiative delivered?**

HCGH received grant funding from the Horizon Foundation to hire an Advance Care Planning (ACP) Coordinator. The purpose of this position is to meet patients at the bedside and provide them with education as well as to collect advanced directives post-discharge. The ACP coordinator also holds monthly office hours which are open to the public and provide community members with the opportunity to learn more about Advance Directives, complete them and have them uploaded into HCGH's medical record system.

**Initiative Outcomes:**

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

**How do the outcomes of the initiative address community health needs?**

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

**Total cost of the initiative in FY18:**

\$31,472 (grant funded)

  <b>JOHNS HOPKINS</b> MEDICINE	Johns Hopkins Medicine Finance <b>Financial Assistance Policies Manual          General</b>	<i>Policy Number</i>	PFS039
		<i>Effective Date</i>	10/02/2018
		<i>Approval Date</i>	10/02/2018
	<i>Subject</i>	<i>Page</i>	1 of 7
	<b>Financial Assistance for HCGH and SH</b>	<i>Supersedes Date</i>	02/01/2017

This document applies to the following Participating Organizations:

Howard County General Hospital      Suburban Hospital

**Keywords:** assistance, financial

Table of Contents	Page Number
<b>I. <u>POLICY</u></b>	<b>1</b>
<b>II. <u>PURPOSE</u></b>	<b>1</b>
<b>III. <u>DEFINITIONS</u></b>	<b>2</b>
<b>IV. <u>PROCEDURES</u></b>	<b>3</b>
<b>V. <u>REFERENCE</u></b>	<b>5</b>
<b>VI. <u>RESPONSIBILITIES– HCGH, SH</u></b>	<b>6</b>
<b>VII. <u>SPONSOR</u></b>	<b>6</b>
<b>VIII. <u>REVIEW CYCLE</u></b>	<b>7</b>
<b>IX. <u>APPROVAL</u></b>	<b>7</b>
<b>Appendix A: Financial Assistance Program Eligibility Guidelines</b>	<b><a href="#">Click Here</a></b>
<b>Appendix B: Free or Reduced Cost Care Financial Assistance Grid</b>	<b><a href="#">Click Here</a></b>
<b>Appendix C: Presumptive Financial Assistance Eligibility</b>	<b><a href="#">Click Here</a></b>
<b>Appendix D: Medical Financial Hardship Assistance Guidelines</b>	<b><a href="#">Click Here</a></b>
<b>Appendix E: Medical Hardship Financial Grid</b>	<b><a href="#">Click Here</a></b>
<b>Appendix F: Financial Assistance for Chase Brexton Patients (HCGH only)</b>	<b><a href="#">Click Here</a></b>
<b>Appendix G: Financial Assistance for Healthy Howard Patients (HCGH only)</b>	<b><a href="#">Click Here</a></b>
<b>Appendix H: Financial Assistance for Montgomery County and Locally Based Programs for Low Income Uninsured Patients (SH only)</b>	<b><a href="#">Click Here</a></b>
<b>Appendix I: Maryland State Uniform Financial Assistance Application - Exhibit A</b>	<b><a href="#">Click Here</a></b>
<b>Appendix J: Patient Financial Services Patient Profile Questionnaire - Exhibit B</b>	<b><a href="#">Click Here</a></b>
<b>Appendix K: Medical Financial Hardship Application - Exhibit C</b>	<b><a href="#">Click Here</a></b>

## **I. POLICY**

This policy applies to The Johns Hopkins Health System Corporation (JHHS) following entities:  
 Howard County General Hospital (HCGH) and Suburban Hospital (SH).

## **II. PURPOSE**

- A. JHHS is committed to providing financial assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.
- B. It is the policy of the Johns Hopkins Medical Institutions to provide Financial Assistance based on indigence or excessive Medical Debt for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance can be made, the criteria for eligibility, and the steps for processing each application.
- C. JHHS hospitals will publish the availability of Financial Assistance on a yearly basis in their local newspapers, and will post notices of availability at patient registration sites, Admissions/Business Office the Billing Office, and at the emergency department within each facility. Notice of availability will be posted on each hospital website, will be mentioned during oral communications, and will also be sent to patients on patient bills. A Patient Billing and Financial

	Johns Hopkins Medicine Finance <b>Financial Assistance Policies Manual          General</b>	<i>Policy Number</i>	PFS039	
		<i>Effective Date</i>	10/02/2018	
		<i>Approval Date</i>	10/02/2018	
	<i>Subject</i>	<b>Financial Assistance for HCGH and SH</b>	<i>Page</i>	2 of 7
			<i>Supersedes Date</i>	02/01/2017

Assistance Information Sheet will be provided to inpatients before discharge and will be available to all patients upon request.

- D. Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. Review for Medical Financial Hardship Assistance shall include a review of the patient's existing medical expenses and obligations (including any accounts placed in bad debt) and any projected medical expenses. Financial Assistance Applications and medical Financial Hardship Assistance may be offered to patients whose accounts are with a collection agency and will apply only to those accounts on which a judgment has not been granted so long as other requirements are met.
- E. **FINANCIAL ASSISTANCE FOR PHYSICIANS PROVIDING CARE NOTICE:**  
 Attaches as EXHIBIT D is a list of physicians that provide emergency and medically necessary care as defined in this policy at HCGH and SH. The list indicates if the doctor is covered under this policy. If the doctor is not covered under this policy, patients should contact the physician's office to determine if the physician offers financial assistance and if so what the physicians's financial assistance policy provides.

### III. DEFINITIONS

Medical Debt	Medical Debt is defined as out of pocket expenses for medical costs resulting from medically necessary care billed by the JHHS hospital to which the application is made. Out of pocket expenses do not include co-payments, co-insurance and deductibles unless the patient purchased insurance through a Qualified Health Plan and meets eligibility requirements. Medical Debt does not include those hospital bills for which the patient chose to be registered as Voluntary Self Pay (opting out of insurance coverage, or insurance billing )
Liquid Assets	Cash, securities, promissory notes, stocks, bonds, U.S. Savings Bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property immediately convertible to cash. A safe harbor of \$150,000 in equity in patient's primary residence shall not be considered an asset convertible to cash. Equity in any other real property shall be subject to liquidation. Liquid Assets do not include retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the Internal Revenue Code or non qualified deferred compensation plans.
Immediate Family	If patient is a minor, immediate family member is defined as mother, father, unmarried minor siblings, natural or adopted, residing in the same household. If patient is an adult, immediate family member is defined as spouse or natural or adopted unmarried minor children residing in the same household.
Medically Necessary Care	Medical treatment that is absolutely necessary to protect the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient. Medically necessary care for the purposes of this policy does not include elective or cosmetic procedures.
Family Income	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of Immediate Family residing in the household
Supporting Documentation	Pay stubs; W-2s; 1099s; workers' compensation, Social Security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments and credit bureau reports, Explanation of Benefits to support Medical Debt.

	<b>Johns Hopkins Medicine Finance</b> <b>Financial Assistance Policies Manual</b> <b>General</b>	<i>Policy Number</i>	PFS039	
		<i>Effective Date</i>	10/02/2018	
		<i>Approval Date</i>	10/02/2018	
	<i>Subject</i>	<b>Financial Assistance for HCGH and SH</b>	<i>Page</i>	3 of 7
			<i>Supersedes Date</i>	02/01/2017

Qualified Health Plan	Under the Affordable Care Act, starting in 2014, an insurance plan that is certified by the Health Insurance marketplace, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will have a certification by each marketplace in which it is sold.
-----------------------	---

#### **IV. PROCEDURES**

- A. An evaluation for Financial Assistance can begin in a number of ways:
  1. For example:
    - a. A patient with a self-pay balance due notifies the self-pay collector or collection agency that he/she cannot afford to pay the bill and requests assistance.
    - b. A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with their current or previous medical services.
    - c. A physician or other clinician refers a patient for Financial-Assistance evaluation for either inpatient or outpatient services.
- B. Each Clinical or Business Unit will designate a person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Administrative staff, Customer Service, etc.
- C. Designated staff may meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
  1. All hospital applications will be processed within two business days and a determination will be made as to probable eligibility. To facilitate this process each applicant must provide information about family size and income, as defined by Medicaid regulations. To help applicants complete the process, a statement of conditional approval will be provided that will list the paperwork required for a final determination of eligibility.
  2. Applications received will be sent to the JHHS Revenue Cycle Management Department for review; a written determination of probable eligibility will be issued to the patient.
  3. At Howard County General Hospital (HCGH), complete applications with all supporting documentation submitted at the hospital are approved via the appropriate signature authority process. Once approved and signed off on, the approved applications will be sent to the JHHS Revenue Cycle Management Department's to mail patient a written determination of eligibility.
- D. To determine final eligibility, the following criteria must be met:
  1. The patient must apply for Medical Assistance or insurance coverage through a Qualified Health Plan and cooperate fully with the Medical Assistance team or its' designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. The Patient Profile Questionnaire (Exhibit B) is used to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.
  2. All insurance benefits must have been exhausted.
- E. To the extent possible, there will be one application process for all of the Maryland hospitals of JHHS. The patient is required to provide the following:
  1. A completed Financial Assistance Application (Exhibit A) and Patient Profile Questionnaire (Exhibit B).
  2. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations).

	<b>Johns Hopkins Medicine Finance</b> <b>Financial Assistance Policies Manual</b> <b>General</b>	<i>Policy Number</i>	PFS039	
		<i>Effective Date</i>	10/02/2018	
		<i>Approval Date</i>	10/02/2018	
	<i>Subject</i>	<b>Financial Assistance for HCGH and SH</b>	<i>Page</i>	4 of 7
			<i>Supersedes Date</i>	02/01/2017

3. A copy of the three (3) most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations.
  4. A Medical Assistance Notice of Determination (if applicable).
  5. Proof of disability income (if applicable).
  6. Reasonable proof of other declared expenses.
  7. Non-U.S. citizens must complete the Financial Assistance Application (Exhibit A). In addition, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO ( HCGH) or Director of RCM and/or CFO Suburban Hospital (SH) to determine if additional information is necessary.
  8. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc...
- F. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive Medical Debt. Medical Debt is defined as out of pocket expenses excluding copayments, coinsurance and deductibles for medical costs billed by a JHHS hospital, unless the patient purchased insurance through a Qualified Health Plan and meets eligibility requirements. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Revenue Cycle Management Department for final determination of eligibility based on JHMI guidelines. At HCGH, the Financial Counselor will forward to Director, Revenue Cycle for review and final eligibility based upon JHMI guidelines.
1. If the application is denied, the patient has the right to request the application be reconsidered. The Financial Counselor will forward the application and attachments for reconsideration to the CFO (HCGH) or Director PFS and CFO (SH) for final evaluation and decision.
  2. If the patient's application for Financial Assistance is based on excessive Medical Debt or if there are extenuating circumstances as identified by the Financial Counselor or designated person, the Financial Counselor will forward the application and attachments to the Director of Revenue Cycle and CFO (HCGH) or Director PFS and CFO (SH). This committee will have decision-making authority to approve or reject applications. It is expected that an application for Financial Assistance reviewed by the Director of Revenue Cycle and CFO (HCGH) or Director RCM and CFO (SH) will have a final determination made no later than 30 days from the date the application was considered complete. The Director of Revenue Cycle and CFO (HCGH) or Director RCM and CFO (SH) will base their determination of financial need on JHHS guidelines.
- G. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.
- H. Services provided to patients registered as Voluntary Self Pay do not qualify for Financial Assistance.
- I. A department operating programs under a grant or other outside governing authority (i.e.: Psychiatry Program) may continue to use a government-sponsored application process and associated income scale.
- J. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. If patient is approved for a percentage allowance due to financial hardship it is recommended that the patient makes a good-faith payment at the beginning of the Financial Assistance period. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income Grid set forth in Appendix B, JHHS shall make a payment plan available to the patient. Any payment schedule developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended.
- K. 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. Often there is adequate information provided by the patient or other sources, which could 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, JHHS reserves the right to use outside

	<b>Johns Hopkins Medicine Finance</b> <b>Financial Assistance Policies Manual</b> <b>General</b>	<i>Policy Number</i>	PFS039
		<i>Effective Date</i>	10/02/2018
		<i>Approval Date</i>	10/02/2018
	<i>Subject</i> <b>Financial Assistance for HCGH and SH</b>	<i>Page</i>	5 of 7
		<i>Supersedes Date</i>	02/01/2017

agencies 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 either a partial a 100% writeoff of the account balance dependent upon income and FPL amounts. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances. Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the means-tested social service programs listed by the Health Services Cost Review Commission in COMAR 10.37.10.26 A-2 are deemed Presumptively Eligible for free care provided the patient submits proof of enrollment within 30 days of date of service. Such 30 days may be extended to 60 days if patient or patients representative requests an additional 30 days.

Appendix A-1 provides a list of life circumstances in addition to those specified by the regulations listed above that qualify a patient for Presumptive Eligibility.

- L. Financial Assistance Applications may only be submitted for/by patients with open and unpaid hospital accounts.
- M. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application (Exhibit A) unless they meet Presumptive Financial Assistance Eligibility criteria (see Appendix A-1). If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor and recommendations shall be made to Director of Revenue Cycle and CFO (HCGH) or Director RCM and CFO (SH). 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.
- N. Patients who receive coverage on a Qualified Health Plan and ask for help with out of pocket expenses (co-payments and deductibles) for medical costs resulting from medical necessary care shall be required to submit a Financial Assistance Application if the patient is at or below 200% of Federal Poverty Guidelines.
- O. If a patient account has been assigned to a collection agency, and patient or guarantor requests financial assistance or appears to qualify for financial assistance, the collection agency shall notify RCM and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to RCM for review and determination and shall place the account on hold for 45 days pending further instruction from RCM.
- P. Beginning October 1, 2010, if within a two (2) year period after the date of service a patient is found to be eligible for free care on the date of service (using the eligibility standards applicable on the date of service), the patient shall be refunded amounts received from the patient/guarantor exceeding \$25. If hospital documentation demonstrates the lack of cooperation of the patient or guarantor in providing information to determine eligibility for free care, the two (2) year period herein may be reduced to 30 days from the date of initial request for information. If the patient is enrolled in a means-tested government health care plan that requires the patient to pay-out-of pocket for hospital services, then patient or guarantor shall not be refunded any funds that would result in patient losing financial eligibility for health coverage.
- Q. This Financial Assistance policy does not apply to deceased patients for whom a decedent estate has or should be opened due to assets owned by a deceased patient. Johns Hopkins will file a claim in the decedents' estate and such claim will be subject to estate administration and applicable Estates and Trust laws.
- R. Actions JHHS hospitals may take in the event of non-payment are described in a separate billing and collections policy (PFS046). To obtain a free copy of this policy, please contact Customer Service at 1-855-662-3017 (toll free) or send an email to [pfscs@jhmi.edu](mailto:pfscs@jhmi.edu) or visit a Financial Counselor in the Admission Office of any JHHS Hospital.

## **V. REFERENCE**

### **JHHS Finance Policies and Procedures Manual**

- Policy No.PFS120 - Signature Authority: Patient Financial Services
- Policy No.PFS034 - Installment Payments

Charity Care and Bad Debts, AICPA Health Care Audit Guide

	<b>Johns Hopkins Medicine Finance</b> <b>Financial Assistance Policies Manual</b> <b>General</b>	<i>Policy Number</i>	PFS039
		<i>Effective Date</i>	10/02/2018
		<i>Approval Date</i>	10/02/2018
	<i>Subject</i> <b>Financial Assistance for HCGH and SH</b>	<i>Page</i>	6 of 7
		<i>Supersedes Date</i>	02/01/2017

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

NOTE: Standardized applications for Financial Assistance, Patient Profile Questionnaire and Medical Financial Hardship have been developed. For information on ordering, please contact the Patient Financial Services Department. Copies are attached to this policy as Exhibits A, B and C.

## **VI. RESPONSIBILITIES– HCGH, SH**

- A. Financial Counselor (Pre-Admission/Admission/In-House/ Outpatient) Customer Service Collector Admissions Coordinator  
Any Finance representative designated to accept applications for
  1. Understand current criteria for Assistance qualifications.
  2. Identify prospective patients; initiate application process when required. As necessary assist patient in completing application or program specific form.  
Financial Assistance  
On the day preliminary application is received, send to Revenue Cycle Management Department's for determination of probable eligibility.
  3. Review preliminary application (Exhibit A), Patient Profile Questionnaire (Exhibit B) and Medical Financial Hardship Application (Exhibit C), if submitted, to make probable eligibility determination. Within two business days of receipt of preliminary application, mail determination to patient's last known address or deliver to patient if patient is currently an inpatient. Notate patient account comments.
  4. If Financial Assistance Application is not required, due to patient meeting specific criteria, notate patient account comments and forward to Management Personnel for review.
  5. Review and ensure completion of final application.
  6. Deliver completed final application to appropriate management.
  7. Document all transactions in all applicable patient accounts comments.
  8. Identify retroactive candidates; initiate final application process.
- B. Management Personnel (Supervisor/Manager/Director)
  1. Review completed final application; monitor those accounts for which no application is required; determine patient eligibility; communicate final written determination to patient within 30 business days of receiving completed application. If patient is eligible for reduced cost care, apply the most favorable reduction in charges for which patient qualifies.
  2. Advise ineligible patients of other alternatives available to them including installment payments, bank loans, or consideration under the Medical Financial Hardship program if they have not submitted the supplemental application, Exhibit C. [Refer to Appendix B - Medical Financial Hardship Assistance Guidelines.]
  3. Notices will not be sent to Presumptive Eligibility recipients.
- C. Financial Management Personnel (Senior Director/Assistant Treasurer or affiliate equivalent)  
CP Director and Management Staff
  1. Review and approve Financial Assistance applications and accounts for which no application is required and which do not write off automatically in accordance with signature authority established in JHHS Finance Policy No. PFS120- Signature Authority: Patient Financial Services.

## **VII. SPONSOR**

- CFO (HCGH, SH)
- Director of Revenue Cycle (HCGH)
- Director, PFS (SH)

	<b>Johns Hopkins Medicine Finance</b> <b>Financial Assistance Policies Manual</b> <b>General</b>	<i>Policy Number</i>	PFS039
		<i>Effective Date</i>	10/02/2018
		<i>Approval Date</i>	10/02/2018
	<i>Subject</i> <b>Financial Assistance for HCGH and SH</b>	<i>Page</i>	7 of 7
		<i>Supersedes Date</i>	02/01/2017

### **VIII. REVIEW CYCLE**

Two (2) years

### **IX. APPROVAL**

<b>Electronic Signature(s)</b>	<b>Date</b>
Mike Larson SVP Finance/Chief Financial Officer, JHHS; VP Finance/ Chief Financial Officer, JHHC; Exec. JHHS FIN	10/02/2018

## **PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET**

**Johns Hopkins Medicine  
The Johns Hopkins Hospital  
Johns Hopkins Bayview Medical Center  
Howard County General Hospital  
Suburban Hospital**

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

### Summary of Eligibility Requirements and Assistance Offered

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

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

- Are a U.S. citizen or permanent resident living in the U.S. for a minimum of one year (not required for Suburban Hospital or Howard County General Hospital)
- Have no other insurance options
- Have been denied medical assistance or fail to meet all eligibility requirements
- Meet specific financial criteria

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

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

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

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

- The Financial Assistance Policy and Application
- Your hospital bill
- Your rights and obligations with regard to your hospital bill

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

Language translations for the Financial Assistance Policy and all related documentation can be found on our website at: [https://www.hopkinsmedicine.org/patient\\_care/billing-insurance/assistance-services/#financial\\_assistance](https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/#financial_assistance)

### Maryland Medical Assistance

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

### Billing Rights and Obligations

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

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

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

Johns Hopkins is simplifying our billing statement. For services after July 23, 2018, you will receive one bill for your care at Johns Hopkins Health System (excluding Behavioral Health). However, you may still receive multiple bills for services received prior to July 23, 2018, until those balances are paid from hospital-based physicians like anesthesiologists, pathologists, as well as from private community physicians.

## **PART THREE: AMENDMENTS**

## Question

Two of the initiatives in the narrative are listed as addressing identified needs (Question 100 and 118) that were not previously identified in the CHNA section (Question 57). Did you intend to include “Access to Health Services: ED wait times,” “Social Determinants of Health,” and “Other - Access to Care: Children” as CHNA needs in Question 57?

## Answer

The categories offered in Q57 did not precisely line up with the needs we selected in our previous CHNA, so I included the closest approximation of categories. Our CHNA identified four key health needs: Access to Care, Behavioral Health, Healthy Aging, and Healthy Weight. Rather than put “other” for all of these since they overlapped with several of the categories listed, I tried to click those that were relevant. All of the categories that were mentioned below are relevant to those four areas and I apologize for not including them in Q57.