

BWMC FY11 COMMUNITY BENEFIT REPORT

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

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

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
308	19,776	21061 21122 21060 21144 21146	<u>AAMC</u> 21122 21146 21061 <u>HH</u> 21061 21122	11% (patients residing in Anne Arundel County)	5% (patients residing in Anne Arundel County)

Source: HSCRC

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

- a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital’s Community Benefit Service Area – “CBSA”. This service area may differ from your primary service area on page 1. Please describe in detail.)

BWMC Primary Community Benefit Service Area

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

BWMC South Community Benefit Service Area

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

BWMC West Community Benefit Service Area

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

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

Anne Arundel County, part of the Baltimore metropolitan area, is located on the Chesapeake Bay and encompasses a 454 square mile area. The City of Annapolis (21401), the State Capitol, is centrally located between Baltimore and Washington, D.C. The northern part of the county is suburban and urban with the southern part primarily rural and agricultural.

Employment in Anne Arundel County is distributed across a wide array of industrial sectors. Based on 2010 employment figures, *trade and transportation, government and professional and business services* account for over half of the total County employment: 23%, 17%, and 15% respectively. Other major employment sectors include *leisure and hospitality services* (12%) followed by *education and health services* (11%). (Source: MD Department of Labor, Licensing, and Regulation, 2010).

Anne Arundel County has a diverse population with respect to age distribution. According to Census data from years 2008 to 2010, persons

between the ages of 20 and 44 years old comprised the largest segment of the population at 34.5%. The next largest group was persons age 45 to 64, which made up approximately 28.2% of the total population. (Source: 2008-2010 American Community Survey, U.S. Census Bureau).

One of the most beneficial assets to Anne Arundel County is its well-educated population. Census estimates from 2008 to 2010 show that approximately 36% of Anne Arundel County’s population age 25 and over has either a bachelor’s degree or a graduate professional degree, and that less than 11% of the population over 25 did not obtain a high school diploma. (Source: 2008-2010 American Community Survey, U.S. Census Bureau).

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

Table II

<p>Community Benefit Service Area (CBSA) Target Population (target population, by sex, race, and average age)</p> <p><i>Source: Maryland Department of Planning, Planning Data Services, from the Population Division, U.S. Census Bureau, June 2010.</i></p>	<p>521,209 Male 49.6%; Female 50.4%</p> <p>White, Not Hispanic (NH) 74.4% Black, NH 15.4% Hispanic 4.9% Asian, NH 3.2% American Indian, NH 0.3% Other, NH 1.8%</p> <p>Median Age: 38.0</p>
<p>Median Household Income within the CBSA</p> <p><i>Source: 2009 American Community Survey, U.S. Census Bureau; Maryland State Data Center, Maryland Department of Planning.</i></p>	<p>\$82,400</p>
<p>Percentage of households with incomes below the federal poverty guidelines within the CBSA</p> <p><i>Source: 2009 American Community Survey, U.S. Census Bureau; Maryland State Data Center, Maryland Department of Planning.</i></p>	<p>3.3% (Families) 5.2% (Individuals)</p>
<p>Please estimate the percentage of uninsured people by County within the CBSA</p> <p><i>Source: 2009 American Community Survey 1-Year Estimates Survey: American Community Survey.</i></p>	<p>Civilian Non-institutionalized Population: 8.8% uninsured Civilian Non-institutionalized Population (under 18): 5.4% uninsured</p>

<p>Percentage of Medicaid recipients by County within the CBSA.</p> <p><i>Source: Maryland Medicaid eHealth Statistics FY11-Maryland DHMH.</i></p>	8.8%																		
<p>Life Expectancy by County within the CBSA.</p> <p><i>Source: Death Certificate Data, Maryland Division of Health Statistics, Maryland DHMH.</i></p>	79.1 years																		
<p>Mortality Rates by County within the CBSA (Age –adjusted rates per 100,000 population).</p> <p><i>Source: Maryland Vital Statistics Annual Report, Division of Health Statistics, Maryland DHMH 2009.</i></p>	<table> <tr><td>Coronary Heart Disease</td><td>162.0</td></tr> <tr><td>Stroke</td><td>50.0</td></tr> <tr><td>Diabetes</td><td>46.0</td></tr> <tr><td>Unintentional Injuries</td><td>17.1</td></tr> <tr><td>All Cancer</td><td>158.6</td></tr> <tr><td>Lung Cancer</td><td>43.3</td></tr> <tr><td>Female Breast Cancer</td><td>26.6</td></tr> <tr><td>Homicide</td><td>2.8</td></tr> <tr><td>Suicide</td><td>4.8</td></tr> </table>	Coronary Heart Disease	162.0	Stroke	50.0	Diabetes	46.0	Unintentional Injuries	17.1	All Cancer	158.6	Lung Cancer	43.3	Female Breast Cancer	26.6	Homicide	2.8	Suicide	4.8
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<p>Access to healthy food, quality of housing, and transportation by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)</p> <p>Access to healthy foods</p> <p><i>Source: URL: http://www.countyhealthrankings.org/maryland/anne-arundel</i></p> <p>Median contract rent in 2009 for apartments</p> <p><i>Source: URL: http://www.city-data.com/county</i></p> <p>Est. median house or condo value in 2009</p> <p><i>Source: URL: http://www.city-dta.com/county</i></p> <p>Total Housing Units</p> <p>Owner-Occupied</p> <p><u>VALUE</u></p> <p> Less than \$50,00</p> <p> \$50,000 to \$99,999</p> <p> \$100,000 to \$149,999</p> <p> \$150,000 to \$199,999</p> <p> \$200,000 to \$299,999</p> <p> \$300,000 to \$499,999</p> <p> \$500,000 to \$999,999</p> <p> \$1,000,000 or more</p> <p>Renter-Occupied (paying rent)</p> <p> Less than \$200</p> <p> \$200 to \$299</p> <p> \$300 to \$499</p>	<p>56%</p> <p>\$1194</p> <p>\$365,400</p> <p>196,880</p> <p>147,229</p> <p>4,093</p> <p>1,486</p> <p>2,391</p> <p>5,827</p> <p>37,458</p> <p>58,302</p> <p>31,718</p> <p>5,954</p> <p>47,801</p> <p>548</p> <p>681</p> <p>1,143</p>																		

<p>\$500 to \$749 \$750 to \$999 \$1000 to \$1,499 \$1,500 or more Median (dollars) No rent paid</p> <p><i>Source: 2008-2010 American Community Survey, U.S. Census Bureau.</i></p>	<p>2,609 6,520 17,836 18,464 1,349 1,850</p>
<p>Government Subsidized/Section 8 Housing (renter pays 30% of total adjusted income)</p> <p><i>Source: URL: www.aacounty.org/Aging/Resources</i></p>	<p>Available but preferential consideration is given to those with one or more of the following mitigating factors:</p> <ol style="list-style-type: none"> 1. 62 years or older 2. Anne Arundel County resident 3. Disabled 4. Rent burdened (paying more than half of income for rent) <p>In addition, factors such as homelessness, displacement, substandard residence, and physical victimization may be considered.</p>
<p>Transportation</p> <p>Vehicles Available (based on total housing units)</p> <p>No vehicles available 1 vehicle available 2 vehicles available 3 or more vehicles available</p> <p><i>Source: 2008-2010 American Community Survey, U.S. Census Bureau.</i></p> <p>Anne Arundel County is served by a variety of public and specialized transportation, providing both local service and regional connections. The transit providers serving the County include (but not limited to):</p> <p>Maryland Transit Administration</p> <ul style="list-style-type: none"> • MARC Commuter Rail service on the Penn line with stops in Odenton and BWI Airport rail stations. • Light rail service linking downtown Baltimore to Patapsco, Baltimore Highlands, Nursery Road, North Linthicum, Linthicum, BWI Business Park, BWI Airport, Ferndale and Cromwell stations in the County. 	<p>196,880 9,053 54,425 80,912 52,490</p>

<p>MTA local bus services</p> <ul style="list-style-type: none"> • Route 14 between Annapolis, Patapsco light rail station, and downtown Baltimore • Route 17 between Parkway Center, BWI Airport, and Patapsco light rail station <p>Central Maryland Regional Transportation/Connect-A-Ride services in West Anne Arundel County:</p> <ul style="list-style-type: none"> • Route B: Laurel Mall to Maryland City • Route J: Laurel Mall/Arundel Mills Mall /Cromwell Light Rail \Station/Glen Burnie/Freetown • Route K: Arundel Mills Mall/Severn/Meade Village/Pioneer City/Seven Oaks/Odenton MARC/Odenton • Route M: A peak hour circulator route providing service between the Piney Orchard Community and the Odenton MARC Station <p><i>Source: URL: http://www.aacounty.org/PlanZone/Transportation/Transit.com.</i></p>	
<p>CBSA Adult Obesity (Percentage of adults that report BMI >=30)</p> <p><i>Source: URL: http://www.countyhealthrankings.org/maryland/anne-arundel</i></p>	<p>26%</p>
<p>Annual Average CBSA Unemployment Rate</p> <p><i>Source: Maryland Department of Labor, Licensing & Regulation, 2010.</i></p>	<p>6.8%</p>
<p>Access to Quality Health Care Hospitals</p> <p>Federally Qualified Health Centers (FQHCs)</p> <p><i>Source: URL: http://www.dhmh.state.md/us/gethealthcare/FQHC.pdf</i></p>	<p>Anne Arundel Medical Center Baltimore Washington Medical Center</p> <p>Peoples Community Health Center, Inc. 2 centers: (1) 21226 and (1) 21144</p>

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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

For the purposes of this report, a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following:

- (1) A description of the process used to conduct the assessment**
- (2) With whom the hospital has worked**
- (3) How the hospital took into account input from community members and public health experts**
- (4) A description of the community served; and**
- (5) A description of the health needs identified through the assessment process**

Baltimore Washington Medical Center did not perform a community health needs assessment as defined by the federal reform bill in FY11. Such an assessment is currently being conducted (in FY12) and will be fully implemented in FY13. The information included below reflects the standard assessment process which Baltimore Washington Medical Center has typically conducted year-to-year.

1. Identification of Community Health Needs:

Describe in detail the process(s) your hospital used for identifying the health needs in your community and the resource(s) used.

Baltimore Washington Medical Center utilized the Anne Arundel County Department of Health Report Card of Community Health Indicators to direct community outreach activities in FY11. This report card is issued by the Anne Arundel County Department of Health and reviewed by BWMC each year. The May 2010 Report Card was utilized to direct FY11 community outreach efforts. Additional resources referenced to identify community health needs included county health rankings (<http://www.countyhealthrankings.org>) and Maryland Department of Health and Mental Hygiene’s State Health Improvement Plan (SHIP) (<http://dhmh.maryland.gov/ship/>).

2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted?

BWMC maintains open communication with the Anne Arundel County Department of Health, Anne Arundel County Public School System and church leaders. BWMC's community outreach programs can be found in County schools, senior centers, community centers and churches throughout the County.

The assistant director of community outreach participates on committees and advisory councils, promoting continuous dialogue between the medical center and community stakeholders. This provides opportunities for new ideas and programs to be exchanged, allowing BWMC to maximize community outreach efforts. In FY11, in an effort to gain insight from community members attending educational programs, BWMC implemented an evaluation tool. Program participants were asked to complete a brief survey, providing feedback and comments about the program they attended, as well as providing suggestions for future program topics. This valuable insight is used in conjunction with the Anne Arundel County Department of Health Report Card of Community Health Indicators to plan future educational offerings and direct outreach activities.

3. When was the most recent needs identification process or community health needs assessment completed?

Provide date here. 5/01/10

4. Although not required by federal law until 2013, has your hospital conducted a community health needs assessment that conforms to the definition on the previous page within the past three fiscal years?

Yes
 No

III. COMMUNITY BENEFIT ADMINISTRATION

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

a. Does your hospital have a CB strategic plan?

Yes
 No

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

i. Senior Leadership

1. CEO
2. CFO
3. Other (please specify)
 - Board of Directors

- Senior Vice President

ii. Clinical Leadership

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

iii. Community Benefit Department/Team

1. Individual (please specify FTE)
- Assistant Director, Community Outreach (1.0 FTE)
2. Committee (please list members)
- Board of Director's Community Benefit Committee
Members include:
 - Mike Caruthers- Community member
 - Walter Hall- Community member
 - Paul Gable- Community member
 - Penny Cantwell- Community member
 - Donna Jacobs- Senior Vice President
Government and Regulatory Affairs
University of Maryland Medical System
 - Al Pietsch- Chief Financial Officer, BWMC
 - Kathy McCollum- Senior Vice-President, BWMC
 - Ed DeGrange- Manager, Community Development
and Business Relations, BWMC
3. Other (please describe)
- Manager, Decision Support (1.0 FTE)

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

Spreadsheet yes no
Narrative yes no

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

Spreadsheet yes no
Narrative yes no

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Please use Table III (see attachment) to provide a clear and concise description of the needs identified in the process described above, the initiative undertaken to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Use at least one page for each initiative (at 10 point type).

For example: for each major initiative where data is available, provide the following:

- a. **Identified need:** This includes the community needs identified in your most recent community health needs assessment.
- b. **Name of Initiative:** insert name of initiative.
- c. **Primary Objective of the Initiative:** This is a detailed description of the initiative and how it is intended to address the identified need. (Use several pages if necessary)
- d. **Single or Multi-Year Plan:** Will the initiative span more than one year? What is the time period for the initiative?
- e. **Key Partners in Development/Implementation:** Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.
- f. **Date of Evaluation:** When were the outcomes of the initiative evaluated?
- g. **Outcome:** What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data when available).

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

2. Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? If, why not?

The primary health needs identified by the Anne Arundel County Department of Health Report Card of Community Health Indicators are cancer, heart disease, chronic lower respiratory disease (CLRD), stroke and infant mortality. Obesity was also identified as health issue for more than 25% of adults in BWMC's CBSA. Through the programming outlined below, BWMC adequately addresses cancer, heart disease and obesity, stroke and infant mortality. Chronic lower respiratory disease (CLDR) is partially addressed through the offering of smoking cessation classes.

BWMC FY2011 COMMUNITY BENEFITS REPORT
Table III: Initiative 1.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in Initiative Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Infant Mortality	Stork's Nest	<p>The primary objectives of Stork's Nest include preventing premature births, low birth weight babies and sudden infant death syndrome (SIDS), the leading causes of infant mortality. Prenatal care is essential to increasing chances of positive pregnancy outcomes. BWMC's Stork's Nest is an incentive-based prenatal education program to encourage pregnant women to have a healthy pregnancy, giving their babies the best opportunity for a healthy beginning. Educational topics include healthy eating for two, exercise, managing stress, breastfeeding and safe sleeping for baby. Any pregnant, Anne Arundel County resident is eligible to participate, however, the program targets pregnant women at the greatest risk for having poor pregnancy outcomes, specifically African American women, teenagers, women of low socioeconomic status and women with previous poor pregnancy outcomes. The program offers multiple eight-week, hour long education classes. One Spanish class (Esperando Bebe), two adult English classes and one teenage class are offered.</p>	Multi-year initiative beginning in 2006.	BWMC is the leading sponsor of this initiative. Additional supporting sponsors include the Anne Arundel County Department of Health, March of Dimes (Maryland Chapter) and Zeta Phi Beta Sorority.	July 1, 2010 through June 30, 2011 was evaluated in July 2011.	<p>169 Anne Arundel County residents participated in Stork's Nest in FY11. The program coordinator contacts program participants at three months and 12 months postpartum to conduct a thorough follow-up to determine health of the mother and baby. At three months, each participant is asked a variety of questions regarding the baby's birth weight, whether the baby is taken to the pediatrician regularly, the emotional health of the mother and whether or not the baby is provided a safe sleep environment. At 12 months, participants are questioned about continuing to take their infant to the pediatrician for wellness visits/immunizations. FY11 outcomes directly linked to reducing infant mortality (with due dates on or before 6/30/11) include:</p> <ul style="list-style-type: none"> • Babies born \geq 37 weeks gestation: 90% • Babies born $>$5 lbs. at birth: 80% (includes three sets of twins who were less than 5.5 lbs. at birth) • Babies in safe sleep environment (crib and on their back): 90% • Babies taken to wellness visits : 99% 	Yes

Table III: Initiative 2.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in Initiative Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Coronary Heart Disease, Obesity	Heartbeat for Health	The primary objectives of Heartbeat for Health include education and awareness, encouraging community members to make healthy lifestyle choices to reduce the incidence of obesity and corresponding conditions including heart disease, high cholesterol and high blood pressure. Heartbeat for Health celebrates the benefits of dance and exercise in the prevention of heart disease. Held annually in February to coincide with National Heart Month, participants have the opportunity to try various dance styles, enjoy dance and exercise demonstrations and participate in free health screenings such as cholesterol, blood pressure and body mass index. Educational information on heart disease, cancer and diabetes is also available. This wellness event is widely promoted and well attended by more than 500 community members of all ages. Additionally, BWMC also offers informative heart healthy talks each year and blood pressure screenings each month at various locations in the community that provide additional educational opportunities for community members.	Multi-year initiative (began in 2005 as Day of Dance)	BWMC is the leading sponsor of this initiative. Community partners include Advanced Radiology, Chesapeake Foot and Ankle Center, Maryland Primary Care Physicians, Deliciously Nutritious and a variety of dance schools and instructors.	February 26, 2011 was evaluated in March 2011.	<p>More than 500 area residents participated in Heartbeat for Health in 2011. Exit surveys were conducted and completed by 105 attendees.</p> <p>FY11 event outcomes include:</p> <ul style="list-style-type: none"> - 162 participants were screened for total cholesterol. 71 (44%) participants had a total cholesterol result of 200 mg/dl or greater, indicating the need for physician follow-up for retesting or other treatment based on the recommendation by the American Heart Association. - 110 participants had a vascular (Ankle Brachial Index/ABI) screening conducted. Three participants (2.7%) had an abnormal result and were referred to their primary care physician for follow-up. - 74 attendees (70%) indicated they would likely make lifestyle changes as a result of information gained from attending Heartbeat for Health. - 80 attendees (76%) indicated that one or more of the following health concerns were very important to them: high cholesterol, high blood pressure, vascular disease, heart disease, diabetes, cancer, stroke, or losing weight/changing diet. 	Yes. Heartbeat for Health is scheduled for Saturday, February 18, 2012.

BWMC FY2011 COMMUNITY BENEFITS REPORT
Table III: Initiative 3.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in Initiative Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Cancer Mortality	Annual Father's Day Prostate Screening	<p>The primary objective for the annual Father's Day prostate screening is to educate men on the importance of screening as a tool in the early detection of prostate cancer. Cancer is the leading cause of death in Anne Arundel County with incidence and mortality rates of prostate cancer at or above the state average. This screening program offers participants a digital rectal exam and a prostate specific antigen (PSA) blood test. Additionally, BWMC offers a monthly prostate cancer support group led by a BWMC urologist to provide a forum for those community members already affected by prostate cancer.</p> <p>-----</p> <p>To further encourage the importance of screening and early detection of cancer, BWMC offers informative talks on cancer prevention the community.</p>	Multi-year initiative	<p>BWMC is the leading sponsor of this annual prostate screening. Private practice physicians from BWMC's medical staff provide support by conducting the screenings and reviewing screening results. BWMC's laboratory conducts the PSA testing.</p>	June 21, 2011 screening was evaluated in July 2011.	<p>77 area residents participated in the annual prostate screening held at BWMC on 6/21/11. From the screening, it was determined that 17 men (22%) had either an abnormal exam or PSA blood test.</p> <p>All results are reviewed by the screening physicians and each participant is mailed a letter indicating their results, encouraging the participants to share the results with their private physician.</p> <p>All patients with abnormal results are also contacted additionally by phone by BWMC's outreach coordinator to make sure they understood their results, provide resource information as needed and to encourage that follow-up care be sought. Five of the 17 men with abnormal results sought immediate follow-up care. For those participants not following-up with their primary care physician or urologist immediately following the June screening, BWMC's outreach coordinator will reach out to them again in six months (December 2011).</p>	<p>As a result of new screening guidelines issued by The American Urological Association in September 2011, this program is currently under evaluation for continuation. A decision will be made by early 2012.</p>

BWMC FY2011 COMMUNITY BENEFITS REPORT
Table III: Initiative 4.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in Initiative Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Stroke Incidence/ Mortality	Vascular Screenings ----- Stroke Support Group	<p>In FY11, board certified vascular surgeons and ultrasound technicians from The Maryland Vascular Center at BWMC offered free monthly vascular screenings to the community. These potentially life-saving screenings for carotid artery disease (linked to stroke), abdominal aortic aneurysms and peripheral arterial disease are offered to community members age 50 or older who have one of the following risk factors: hypertension, diabetes, family history of vascular disease, high cholesterol or who smokes.</p> <p>Additionally, as a Primary Stroke Center, BWMC offers a monthly stroke support group that serves as a resource for patients who are recovering from a stroke or who are at high risk for having a stroke. Additionally, informative talks on stroke prevention and vascular health are offered in the community.</p>	Multi-year initiative.	BWMC is the sponsor of this initiative. BWMC partners with community organizations such as senior centers and churches to host the screenings.	July 1, 2010 through June 30, 2011 was evaluated in July 2011.	256 area residents participated in the monthly vascular screenings offered at BWMC. Of those screened, 12 abnormal results (4.7% abnormal rate) were determined. Results are made immediately available to participants and for abnormal results where follow-up is indicated, a clinician from The Maryland Vascular Center calls the participant's primary physician to discuss the findings.	Yes

BWMC FY2011 COMMUNITY BENEFITS REPORT
Table III: Initiative 5.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in Initiative Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Chronic Lower Respiratory Disease (CLDR)/ Cancer Mortality	Smoking Cessation Classes	The primary objective of the smoking cessation classes is to educate participants on the health risks associated with tobacco use and provide the mechanisms (medication, counseling, etc.) to discontinue its usage. Made possible by a grant from the Anne Arundel County Department of Health, BWMC offers smoking cessation classes for those who live or work in Anne Arundel County who want to make the healthy lifestyle choice to quit smoking.	Multi-year initiative.	BWMC sponsors and administers this initiative with a grant from the Anne Arundel County Department of Health.	July 1, 2010 through June 30, 2011 was evaluated in July 2011.	In FY11, 37 people living or working in A.A. Co. participated in BWMC's smoking cessation program. Nineteen of these participants completed the program. Participants are contacted at three, six and 12 months after completing the program to find out if they continue to be smoke-free. Two of the 19 participants (10.5%) in FY11 were smoke-free when contacted by the program coordinator.	Yes. This program received funding from the Anne Arundel County Dept. of Health to continue to offer classes in FY12.

V. PHYSICIANS

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

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

2. **If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.**

Baltimore Washington Medical Center does not list Physician Subsidies in category C of the Community Benefit Inventory Sheet.

VI. APPENDICES

1. **Describe your Charity Care policy:**
 - a. **Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's charity care policy. (label appendix 1)**

For *example*, state whether the hospital:

- **posts its charity care policy, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;**
- **provides a copy of the policy, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;**
- **provides a copy of the policy, or summary thereof, and financial assistance contact information to patients with discharge materials;**
- **includes the policy, or a summary thereof, along with financial assistance contact information, in patient bills; and/or**
- **discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.**

- b. Include a copy of your hospital's charity care policy (label appendix 2).**
- 2. Attach the hospital's mission, vision, and value statement(s) (label appendix 3).**

Appendix 1

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

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

Baltimore Washington Medical Center informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state or local government programs or under the hospital's financial assistance policy in the following manner:

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

Appendix 2: Charity Care Policy

1. FINANCIAL ASSISTANCE POLICY

- a. This policy applies to Baltimore Washington Medical Center (“BWMC”). BWMC is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.
- b. It is the policy of BWMC to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.
- c. BWMC will publish the availability of Financial Assistance on a yearly basis in the local newspapers and will post notices of availability at appropriate intake locations as well as the Billing Office. Notice of availability will also be sent to patients on patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided to patients receiving inpatient services with their Summary Bill and made 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. This may include the patient's existing medical expenses, including any accounts having gone to bad debt, as well as projected medical expenses.
- e. BWMC retains the right in its sole discretion to determine a patient’s ability to pay. All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent services, applications to the Financial Assistance Program will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

2. PROGRAM ELIGIBILITY

- a. Consistent with our mission to deliver compassionate and high quality healthcare services and to advocate for those who are poor, BWMC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. To further BWMC commitment to our mission to provide healthcare to those residing in the neighborhoods surrounding our hospital, BWMC reserves the right to grant Financial Assistance without formal application being made by our patients. The zip codes for the BWMC primary service area are included in *Attachment A*. Additionally, patients residing outside of our primary service area may receive Financial Assistance on a one-time basis for a specific episode of care.
- b. Specific exclusions to coverage under the Financial Assistance program include the following:
 - i) Services provided by healthcare providers not affiliated with BWMC (e.g., home health services)

- ii) Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, Workers Compensation, or Medicaid), are not eligible for the Financial Assistance Program.
 - (1) Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made considering medical and programmatic implications.
- iii) Unpaid balances resulting from cosmetic or other non-medically necessary services
- iv) Patient convenience items
- v) Patient meals and lodging
- vi) Physician charges related to the date of service are excluded from BWMC's financial assistance policy. Patient's who wish to pursue financial assistance for physician-related bills must contact the physician directly.
- c. Patients may become ineligible for Financial Assistance for the following reasons:
 - i) Refusal to provide requested documentation or providing incomplete information.
 - ii) Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to BWMC due to insurance plan restrictions/limits.
 - iii) Failure to pay co-payments as required by the Financial Assistance Program.
 - iv) Failure to keep current on existing payment arrangements with BWMC.
 - v) Failure to make appropriate arrangements on past payment obligations owed to BWMC (including those patients who were referred to an outside collection agency for a previous debt).
 - vi) Refusal to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program.
- d. Patients who become ineligible for the program will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.
- e. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance (See Section 3 below) eligibility criteria. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by appropriate personnel and recommendations shall be made to Senior Leadership. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.
- f. Coverage amounts will be calculated based upon 200-300% of income as defined by federal poverty guidelines and follow the sliding scale included in *Attachment B*.

3. **PRESUMPTIVE FINANCIAL ASSISTANCE**

- a. Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for Financial Assistance, but there is no Financial Assistance form and/or supporting documentation on file. Often there is adequate information provided by the patient or through 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, BWMC reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining Financial Assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only Financial Assistance that can be granted is a 100% write-off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
 - i) Active Medical Assistance pharmacy coverage
 - ii) Qualified Medicare Beneficiary (“QMB”) coverage (covers Medicare deductibles) and
Special Low Income Medicare Beneficiary (“SLMB”) coverage (covers Medicare Part B premiums)
 - iii) Primary Adult Care (“PAC”) coverage
 - iv) Homelessness
 - v) Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
 - vi) Maryland Public Health System Emergency Petition patients
 - vii) Participation in Women, Infants and Children Programs (“WIC”)
 - viii) Food Stamp eligibility
 - ix) Eligibility for other state or local assistance programs
 - x) Patient is deceased with no known estate
 - xi) Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program

- b. Patients who present to the Outpatient Emergency Department but are not admitted as inpatients and who reside in the hospitals' primary service area may not need to complete a Financial Assistance Application but may be granted presumptive Financial Assistance based upon the following criteria:
 - i) Reside in primary service area (address has been verified)
 - ii) Lacking health insurance coverage
 - iii) Not enrolled in Medical Assistance for date of service
 - iv) Indicate an inability to pay for their care
 - v) Financial Assistance granted for these Emergency Department visits shall be effective for the specific date of service and shall not extend for a six (6) month period.

- c. Specific services or criteria that are ineligible for Presumptive Financial Assistance include:
 - i) Purely elective procedures (e.g., Cosmetic procedures) are not covered under the program.
 - ii) Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive Financial Assistance program until the Maryland Medicaid Psych program has been billed.
 - iii) Qualifying Non-U.S. citizens are to be processed for reimbursement through the Federal program for Undocumented Alien Funding for Emergency Care (a.k.a. Section 1011) prior to financial assistance consideration.

4. MEDICAL HARDSHIP

- a. Patients falling outside of conventional income or presumptive Financial Assistance criteria are potentially eligible for bill reduction through the Medical Hardship program.
 - i) Uninsured Medical Hardship criteria is State defined:
 - (1) Combined household income less than 500% of federal poverty guidelines
 - (2) Having incurred collective family hospital medical debt at BWMC exceeding 25% of the combined household income during a 12 month period. The 12 month period begins with the date the Medical Hardship application was submitted.
 - (3) The medical debt excludes co-payments, co-insurance and deductibles
- b. Patient balance after insurance
 - i) BWMC applies the State established income, medical debt and time frame criteria to patient balance after insurance applications
- c. Coverage amounts will be calculated based upon 0 - 500% of income as defined by federal poverty guidelines and follow the sliding scale included in **Attachment B**.
- d. If determined eligible, patients and their immediate family are certified for a 12 month period effective with the date on which the reduced cost medically necessary care was initially received
- e. Individual patient situation consideration:
 - i) BWMC reserves the right to consider individual patient and family financial situation to grant reduced cost care in excess of State established criteria.
 - ii) The eligibility duration and discount amount is patient-situation specific.
 - iii) Patient balance after insurance accounts may be eligible for consideration.
 - iv) Cases falling into this category require management level review and approval.
- f. In situations where a patient is eligible for both Medical Hardship and the standard Financial Assistance programs, BWMC is to apply the greater of the two discounts.
- g. Patient is required to notify BWMC of their potential eligibility for this component of the financial assistance program.

5. ASSET CONSIDERATION

- a. Assets are generally not considered as part of Financial Assistance eligibility determination unless they are deemed substantial enough to cover all or part of the patient responsibility without causing undue hardship. Individual patient financial situation such as the ability to replenish the asset and future income potential are taken into consideration whenever assets are reviewed.
- b. Under current legislation, the following assets are exempt from consideration:
 - i) The first \$10,000 of monetary assets for individuals, and the first \$25,000 of monetary assets for families.
 - ii) Up to \$150,000 in primary residence equity.
 - iii) Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the IRS code or nonqualified deferred compensation plans. Generally this consists of plans that are tax exempt and/or have penalties for early withdrawal.

6. APPEALS

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

7. PATIENT REFUND

- a. Patients applying for Financial Assistance up to 2 years after the service date who have made account payment(s) greater than \$25 are eligible for refund consideration
- b. Collector notes, and any other relevant information, are deliberated as part of the final refund decision. In general, refunds are issued based on when the patient was determined unable to pay compared to when the payments were made.
- c. Patients documented as uncooperative within 30 days after initiation of a financial assistance application are ineligible for refund.

8. JUDGEMENTS

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

9. PROCEDURES

- a. Each Service Access area will designate a trained person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Customer Service, etc.
- b. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
 - i) Staff will complete an eligibility check with the Medicaid program to verify whether the patient has current coverage.
 - ii) Preliminary data will be entered into a third party data exchange system to determine 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, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.
 - iii) BWMC will not require documentation beyond that necessary to validate the information on the Maryland State Uniform Financial Assistance Application.
 - iv) Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial assistance.
 - v) Patients will have thirty (30) days to submit required documentation to be considered for eligibility. If no data is received within 20 days, a reminder letter will be sent notifying that the case will be closed for inactivity and the account referred to bad debt collection services if no further communication or data is received from the patient. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to.
- c. In addition to a completed Maryland State Uniform Financial Assistance Application, patients may be required to submit:
 - i. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy 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); proof of disability income (if applicable).
 - ii. A copy of their most recent pay stubs (if employed), other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations or documentation of how they are paying for living expenses.
 - iii. Proof of social security income (if applicable)
 - iv. A Medical Assistance Notice of Determination (if applicable).

- v. Proof of U.S. citizenship or lawful permanent residence status (green card).
- vi. Reasonable proof of other declared expenses.
- vii. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc
...
- d. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, appropriate personnel will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on BWMC guidelines.
 - i. If the patient's application for Financial Assistance is determined to be complete and appropriate, appropriate personnel will recommend the patient's level of eligibility.
 - (1) If the patient does qualify for financial clearance, appropriate personnel will notify the treating department who may then schedule the patient for the appropriate service.
 - (2) If the patient does not qualify for financial clearance, appropriate personnel may notify the clinical staff of the determination and the non-emergent/urgent services may not be scheduled.
 - (a) A decision that the patient may not be scheduled for non-emergent/urgent services may be reconsidered upon request.
- e. 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. With the exception of Presumptive Financial Assistance cases which are date of service specific eligible and Medical Hardship who have twelve (12) calendar months of eligibility. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance.
- f. The following may result in the reconsideration of Financial Assistance approval:
 - i. Post approval discovery of an ability to pay
 - ii. Changes to the patient's income, assets, expenses or family status which are expected to be communicated to BWMC
- g. BWMC will track patients with 6 or 12 month certification periods utilizing either eligibility coverage cards and/or a unique insurance plan code(s). However, it is ultimately the responsibility of the patient or guarantor to advise of their eligibility status for the program at the time of registration or upon receiving a statement.
- h. If patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.

DEVELOPER

Patient Financial Services Department, BWMC

Reviewed/Revised: 09-28-2010

ATTACHMENT A

The following zip codes represent the coverage areas for the respective Entities:

BWMC: All Maryland zip codes.

ATTACHMENT B

Sliding Scale

		% of Federal Poverty Level Income										
		200%	210%	220%	230%	240%	250%	260%	270%	280-290%	300% - 499%	
Size of Family Unit	FPL Income	Approved % of Financial Assistance										
		100%	90%	80%	70%	60%	50%	40%	30%	20%	25% of Income	
1	\$10,830	\$21,660	\$22,743	\$23,826	\$24,909	\$25,992	\$27,075	\$28,158	\$29,241	\$30,324	\$32,490	③ \$54,150
2	\$14,570	\$29,140	\$30,597	\$32,054	\$33,511	\$34,968	② \$36,425	\$37,882	\$39,339	\$40,796	\$43,710	\$72,850
3	\$18,310	\$36,620	\$38,451	\$40,282	\$42,113	\$43,944	\$45,775	\$47,606	\$49,437	\$51,268	\$54,930	\$91,550
4	\$22,050	\$44,100	\$46,305	\$48,510	\$50,715	\$52,920	\$55,125	\$57,330	\$59,535	\$61,740	\$66,150	\$110,250
5	\$25,790	① \$51,580	\$54,159	\$56,738	\$59,317	\$61,896	\$64,475	\$67,054	\$69,633	\$72,212	\$77,370	\$128,950
6	\$29,530	\$59,060	\$62,013	\$64,966	\$67,919	\$70,872	\$73,825	\$76,778	\$79,731	\$82,684	\$88,590	\$147,650
7	\$33,270	\$66,540	\$69,867	\$73,194	\$76,521	\$79,848	\$83,175	\$86,502	\$89,829	\$93,156	\$99,810	\$166,350
8	\$37,010	\$74,020	\$77,721	\$81,422	\$85,123	\$88,824	\$92,525	\$96,226	\$99,927	\$103,628	\$111,030	\$185,050

Patient Income and Eligibility Examples:

Example #1	Example #2	Example #3
<ul style="list-style-type: none"> - Patient earns \$53,000 per year - There are 5 people in the patient's family - The % of potential Financial Assistance coverage would equal 90% (they earn more than \$51,580 but less than \$54,159) 	<ul style="list-style-type: none"> - Patient earns \$37,000 per year - There are 2 people in the patient's family - The % of potential Financial Assistance coverage would equal 40% (they earn more than \$36,425 but less than \$37,882) 	<ul style="list-style-type: none"> - Patient earns \$54,000 per year - There is 1 person in the family - The balance owed is \$20,000 - This patient qualifies for Hardship coverage, owes \$13,500 (25% of \$54,000)

Notes: FPL = Federal Poverty Levels

Appendix 3: Mission and Vision Statements

VISION STATEMENT

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

MISSION STATEMENT

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