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# HealthCare Access Maryland

## FY 2014 Annual Report



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# VISION

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We envision Maryland as a place where all people have equal access to health care and where there are no disparities in health outcomes based on income or race. HealthCare Access Maryland will be a state and national leader in reforming the health care system.

# MISSION

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We are making Maryland healthier by connecting residents to insurance and care, educating the community about healthier living, and advocating a more equitable health care system.



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# President's Message



FY2014 was a year of growth and transformation for HealthCare Access Maryland.

Our recent expansion was spurred by a \$7.9 million grant from the Maryland Health Benefit Exchange to help residents in Baltimore City, Baltimore County, and Anne Arundel County enroll in health coverage in the state's new health insurance marketplace. To meet this enormous responsibility, we rapidly built a new department from the ground up. Building what is now our largest department included identifying 17 key partner organizations as well as hiring and training more than 100 Navigators and Assistants to help the 200,000 uninsured adults in the Central Region get health insurance.

Making room for the Connector Program included an analysis and restructuring of many of our existing programs to more efficiently meet the emerging needs of newly covered Marylanders.

But we didn't stop there. In FY2014 we also made progress on our goals to diversify funding. After testing and refining HealthLink, our care coordination model that embeds staff in health care institutions, we partnered with Sinai Hospital to reduce unnecessary—and costly—use of emergency department services.

To ensure that these changes produce results, we established a new Performance Improvement Department to develop indicators and to monitor and evaluate our activities.

With these positive changes in place, HCAM looks forward to a year in which our talented staff work closely with our partners, funders, and dedicated board of directors to make an even larger impact on the health and wellbeing of Marylanders in the year to come.

A handwritten signature in black ink that reads "Kathleen Westcoat". The signature is fluid and cursive, with the first name and last name clearly distinguishable.

Kathleen Westcoat  
*President and CEO*

# SERVICES

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## ACCESS HEALTH

This program is designed to capture patients who are high utilizers of emergency services and link them to appropriate and health-promoting care. Care Coordinators assess the needs of frequent emergency department visitors and connect these individuals to primary and behavioral health care.

## ACCESS TO RECOVERY

This program links individuals in substance abuse treatment to services and community supports that help them sustain recovery. HealthCare Access Maryland provides care coordination and vouchers to ensure that residents of Baltimore City, Baltimore County, and Anne Arundel County have access to health care and other resources that promote health.

## BALTIMORE BUPRENORPHINE INITIATIVE

HCAM collaborates with the Baltimore City Health Department and Behavioral Health System Baltimore to connect substance abuse treatment providers, community health centers, and primary care physicians in the fight to end heroin and prescription drug addiction in Baltimore.

## CARE COORDINATION SERVICES

The Care Coordination Program provides short-term care coordination services to Baltimore City residents who are covered by HealthChoice, Maryland's Medicaid Managed Care Program.

## CONNECTOR PROGRAM

Certified staff work throughout Baltimore City, Baltimore County, and Anne Arundel County to enroll Maryland residents in qualified health plans through Maryland's health insurance exchange, Maryland Health Connection.

## ELIGIBILITY SERVICES

This department assesses eligibility and enrolls qualified Baltimore City residents in the Maryland Children's Health Program, Medical Assistance for Families, and the Primary Adult Care programs.

## HOMELESS OUTREACH SERVICES

HCAM's outreach teams connect Baltimore's homeless population with resources for insurance, medical care, housing, nutrition, and other needed resources.

## IMMIGRANT SERVICES

HCAM advocates provide linguistically and culturally appropriate services for Baltimore City residents seeking health care services, including enrollment in Maryland medical care programs.

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## **MAKING ALL THE CHILDREN HEALTHY (MATCH)**

In collaboration with the Baltimore City Department of Social Services, HCAM provides health care coordination and medical case management to Baltimore City children in foster care.

## **MATERNAL AND CHILD HEALTH (MCH)**

HCAM serves as the single point of entry for identifying Baltimore City's high-risk pregnant women and infants. MCH's Care Coordinators refer eligible clients to long-term case management programs that provide home visiting services.

## **OMBUDSMAN SERVICES**

HCAM assists public program enrollees who have a complaint about their health plan or have been denied medical care services.

## **OPERATION CARE**

Care Coordinators work with individuals who call the Emergency 911 System for non-emergencies, helping them address barriers to receiving appropriate levels of care.

## **SCHOOL HEALTH PROGRAM**

HCAM aims to ensure that every eligible school-aged child has access to health insurance through Maryland's Children's Health Plan and to health care services.

## **STATE CARE COORDINATION**

HCAM provides care coordination to help people in treatment for alcohol or drug abuse, helping them surmount barriers that may keep them from successfully completing treatment.

## **WOMEN AND CHILDREN SUPPORTIVE HOUSING PROJECT**

HCAM offers care coordination services to women who have at least one child in their custody and who are enrolled into the Women and Children Supportive Housing Project by Behavioral Health System Baltimore. HCAM provides care coordination to help women in substance abuse treatment to overcome the roadblocks that often keeps them from successfully completing their outpatient treatment.





80+

Clients Enrolled

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# Access Health

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## PROVIDING LONG-TERM SUPPORT TO FREQUENT ED VISITORS

In January 2014, HealthCare Access Maryland was awarded a grant from the Community Health Resource Commission to identify high-users of emergency department services at Sinai Hospital and to provide interventions that reduce their rates of unnecessary hospital use. HCAM developed standard operating procedures, performance measures, and outcome metrics in partnership with Sinai Hospital and launched the new program in May 2014.

Access Health was designed upon HCAM's HealthLink care coordination model, tailored to Sinai Hospital's particular setting and needs. It works as follows: care managers, physicians, and nurses refer patients to the Access Health program upon emergency department admittance. We assign a dedicated Care Coordinator to work closely with these clients for up to three months, linking them to an array of services that promote health and reduce their risk of returning to the emergency department. Such services include enrolling clients in health insurance, connecting them to behavioral health treatment, and referring them to resources for food and shelter. Care coordinators also conduct

home visits to increase client adherence to their care plan and help them complete their personal goals.

Within the first three months of the program, we received more than 150 referrals and enrolled more than 80 clients, many of whom were pregnant, uninsured, or living with substance use disorders and mental health issues.

One client, a 54-year-old man, had come to the Sinai Emergency Department three times in a five-day period in July. His Care Coordinator learned that, in addition to having a hernia, he lacked health insurance and frequently went hungry. His Care Coordinator worked with him for six weeks—her regular contact with him included three home visits—and she connected him to Medical Assistance (Medicaid), a primary care provider, and food stamp benefits. She also helped him schedule hernia surgery in early September. Since working with the Care Coordinator, the client did not visit the emergency department at all for three weeks. In fact, to date, he visited the urgent care department only one other time regarding an issue related to his hernia.

**2,000**  
CLIENTS ENROLLED





# Access to Recovery/ State Care Coordination

## HELPING PEOPLE OVERCOME THE ROADBLOCKS THAT KEEP THEM FROM SUCCESSFULLY COMPLETING TREATMENT

Access to Recovery/State Care Coordination continues to be a successful, self-sustaining department.

The program enrolled more than 2,000 clients in FY14, meeting the required enrollment target goals for the Baltimore City Jurisdictional Program and surpassing the enrollments target for the Baltimore County and Anne Arundel County State Care Coordination Program (see figure 1).

ATR was recognized by the Behavioral Health Administration in their annual newsletter as a vital partner in the success of the Access to Recovery Program in Maryland.

Through our Care Coordination for Women and Children program, HCAM offers care

coordination services to women who have at least one child in their custody and who are enrolled into the Women and Children Supportive Housing Project by Behavioral Health System Baltimore. HCAM helps these clients get the services they need to complete outpatient substance abuse treatment, including referrals to insurance, health care, employment, and more. Our Care Coordinators follow up with clients at least four times a month to adjust the care plan and track progress.

**FIGURE 1. ATR ANNUAL ENROLLMENT, FY14**





**700 Clients**  
CONNECTED TO  
**TREATMENT**

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# Behavioral Health Outreach Program

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## SERVING ONE OF BALTIMORE'S HARDEST- TO-REACH POPULATIONS

In January 2014, in an effort to strategically align with the state and local behavioral health authorities, HCAM merged its Addiction Outreach Services and its Homelessness Services programs. These two initiatives are now housed under the Behavioral Health Outreach Program (BHOP), which facilitates a cohesive approach to serving one of Baltimore's hardest-to-reach populations.

BHOP comprises Homeless Services, Baltimore Buprenorphine Initiative, Information and Referral Line, and Operation Care.

This fiscal year, Homeless Services participated in Project Homeless Connect 2013, assisting clients with health insurance enrollment and connecting them to housing resources. We continued to collaborate with the Mayor's Office of Human Resources, connecting clients to long-term, stable housing options.

Homeless Services was awarded a grant from the Weinberg Foundation to support hiring a Housing Case Manager

to work with clients on maintaining housing stability, effective FY15.

Homeless Services and the Information and Referral Line developed a partnership with Lexington Market and the larger Health and Human Services Initiative for West Baltimore. Certified Addiction Counselors and Homeless Outreach staff engage the community at Lexington Market to reduce the high levels of drug activity within the market and connect individuals to long-term treatment options.

The Information and Referral Line team received funding from Behavioral Health System Baltimore to hire a Mental Health Specialist to assist clients with addressing mental health needs and concerns.

In FY14, the I&R Line received more than 4,000 calls for substance abuse information and treatment and connected more than 700 clients to treatment appointments.

Operation Care continued to reach out to and engage high-risk users of the 911 system. We focused efforts on the Harriet and Jeanette Weinberg Housing Resource Center to reduce call volume from those utilizing the city shelter services.

BHOP remains an active participant on the Baltimore City Overdose Fatality Review and Overdose Prevention Workgroup.





5,400

MATERNAL &  
CHILD HEALTH  
REFERRALS

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# Care Coordination

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## PROVIDING SHORT-TERM CARE COORDINATION TO BALTIMORE CITY RESIDENTS WITH MEDICAID

HCAM's Care Coordination Program (CCP) continued its "Single Point of Entry" function, serving approximately 7,600 clients in FY14, including those who were "lost" to care or had a complaint about their Managed Care Organization, faced difficulty accessing HealthChoice benefits, or were in need of assistance with care coordination services. The Care Coordination Program

- made more than 5,000 home visits and nearly 27,750 phone contacts.
- successfully contacted and provided services for 91 percent of ACCU/Ombudsman referrals.
- contacted and provided care coordination and health insurance enrollment services for approximately 480 families referred to CCP through the School Health Project.
- educated 230 postpartum women on the importance of postpartum health care, how to select a pediatrician, the family planning waiver program, and HealthChoice infant/child benefits.
- completed nearly 5,400 Maternal and Child Health referrals, linking more than

760 women and infants to long-term case management through Baltimore City's Home Visiting Programs.

- assessed family members of primary clients, resulting in outreach to nearly 2,900 additional clients.

CCP received a request for outreach and education to the mother of a seven-month-old child who was experiencing asthma symptoms. RN Care Coordinator Amy Bross made a home visit and found that both mother and the child had asthma. The Care Coordinator made an assessment and provided the mother with the following:

- Education about asthma signs, symptoms, as well as about medication administration
- An educational asthma DVD
- A referral to Baltimore City Health Department's Asthma Program

The mother mentioned that she needed assistance with obtaining food for the holidays. The client was provided tickets to Goodwill's Thanksgiving Dinner for her and her family.

Later that year, the Care Coordination Program selected this family to receive a Holiday Basket that contained all the fixings for a holiday meal, in addition to gifts for her and her three children. This mother also received small appliances, laundry detergent, and other household items.

There were so many items gathered for the family that it required four staff members to deliver the cart full of food, toys, and clothing.



HELPED MORE THAN

**15,000**  
PEOPLE GET  
**COVERED**

## OPEN ENROLLMENT PARTNERS

- Chatman, LLC
- Baltimore City Health Department
- Baltimore Medical Services
- Charm City Clinic
- Anne Arundel Medical Center
- Baltimore Healthy Start, Inc.
- Chase Brexton Health Services
- Coordinating Center
- Healthcare for the Homeless
- Independent Marylanders Achieving Growth through Empowerment, Inc.
- Maryland State Medical Society
- Mental Health Association of Maryland
- Mercy Hospital
- Mosaic Community Services
- Park Heights Community Health Alliance
- Planned Parenthood of Maryland
- St. Stephens African Methodist Church/  
Office Management & Technology



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# Connector

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## HCAM IS PROUD TO BE ONE OF SIX REGIONAL CONNECTOR ENTITIES IN MARYLAND

In FY14, the Maryland Health Benefit Exchange selected HealthCare Access Maryland to serve as a Connector Entity as part of the state's efforts to implement the Affordable Care Act and help uninsured residents learn about, apply for, and enroll in health insurance. As one of only six regional Connector entities in the state, HCAM received \$7.9 million in grant funding to serve residents in Baltimore City, Baltimore County, and Anne Arundel County.

To carry out its responsibilities, HCAM worked with 17 formal partners (*see list on page 12*), which together deployed 107 certified Navigators and trained Assisters to serve consumers face-to-face at our downtown office, libraries, local health departments, and other community locations. We also staffed a call center to support these efforts. HCAM also hosted three large-scale enrollment events, each assisting an average of 350 consumers.

Despite the technical challenges that affected the State's health exchange website, in the first year of open enrollment, HCAM and our partners

- enrolled 11,560 people online and completed 3,621 paper applications.
- helped 7,592 families obtain Medical Assistance.
- helped 3,898 enroll in Qualified Health Plans.
- enrolled 590 in Qualified Dental Plans.
- scheduled 6,059 appointments.
- fielded more than 147,090 calls at the Call Center.

HCAM's strong technical competency resulted in the state granting additional funding in March 2014 to create a Technical Unit to assist the Maryland Health Benefit Exchange on a backlog of problem applications, including the recalculations of advanced premium tax credits and qualifying life events. The unit was managed by a technical project manager and fifteen navigators. From March through June, they completed more than 11,000 cases.

ASSISTED MORE THAN

**3,000**

WALK-IN CLIENTS

**IN FY14**



# Eligibility

## ENROLLING RESIDENTS IN MARYLAND'S MEDICAID PROGRAMS

In FY14, the Eligibility Department's volume of applications remained within the top three health departments in the state. For the entire fiscal year, we processed 95 percent of Medicaid applications within ten days.

The department devoted special attention to pregnant women. Our goal was to process applications for this population within two business days so that they could begin to receive prenatal services. We processed applications within two days for 97 percent of pregnant women. We also served more than 3,000 walk-in applicants in FY14.

The HCAM Eligibility Department also played a key role with the implementation of the Affordable Care Act in Maryland. When applying through the HCAM Eligibility Department, applicants were triaged to determine if they were likely eligible for Medicaid or for a Qualified Health Plan. If applicants were believed likely to qualify for Medicaid, Eligibility Specialists assisted the client with the application and processed the application within the department using the Maryland Health Connection system.

If the client was believed likely to be eligible for a QHP, they were connected to the HCAM Connector Team.

The Eligibility Department assisted more than 2,000 applicants during the six-month open enrollment period. In addition, the Eligibility Department processed more than 1,700 applications in the Maryland Health Connection system. As new processes were developed by DHMH, the Eligibility Department provided additional support to DHMH by assisting with cases that were held up in the Maryland Health Connection system and did not move over to Maryland Medicaid's eligibility system, MMIS.

### NUMBER OF APPLICATIONS, BY COVERAGE CATEGORY, FY14

- Children (all categories) = **6,380**
- Pregnant and Postpartum Women (all categories) = **2,280**
- MA4F child and adult processing FY14 (new and renewals) = **4,974**
- Primary Adult Care = **27,766**

# Making All the Children Healthy

## MATCH 5-YEAR OVERVIEW AND ACCOMPLISHMENTS

### 2010

- Established internal database for tracking cases
- Created Health Status scoring system
- Worked with BCDSS Health Suite staff to design and implement an annual exam scheduling process
- Streamlined MA/MCO enrollment and card tracking by identifying MATCH address in MA system
- Given oversight of BCDSS Health Suite staff

### 2009

- Began coordinating initial health exams, comprehensive medical and dental exams
- Established relationships with key medical practices and MCOs
- Solved billing issues by working with DHMH and HealthChoice to identify a billing code for exams done by out-of-network providers
- Used data to improve compliance with mandates
- Established guidelines and defined measures

### 2011

- Implemented use of new case management software
- Implemented mental health assessment for children >3 years old
- Expanded staff numbers and increased program responsibilities to include mental health case management
- Documented a Health Status and Needs score for 100% of kids in care by end of year
- Established a mental health assessment process for children <3 years of age
- Expanded responsibilities to manage MA enrollment, MCO enrollment, PCP selection, and MA redeterminations for all kids in care

## IN APRIL 2014, THE MATCH PROGRAM CELEBRATED ITS FIVE-YEAR ANNIVERSARY.

On April 1, 2009, the program officially started providing care coordination and case management for children newly entering foster care. Over the past five years, the program has grown significantly in the scope and depth of its case management services. MATCH now provides health care coordination for all children in the custody of Baltimore City Department of Social Services, serving approximately 2,500 children ages 0-21 each year. Through our case review process we assess the children's health needs and make recommendations for improved health care services, including behavioral health care services.

### 2012

- Design standard case review procedures

### 2014

- Started Program Improvement Planning process and contract renewal negotiations
- Moved to population-based teams

### 2013

- Started consultation regarding placements for youth with high risk behavioral health problems
- Established nurse triage of immediate health needs for new entrants
- Completed Comprehensive Health Exams/Assessments within 30 days
- Audited Health Care Plans







MORE THAN 600  
**PEOPLE**  
ENROLLED  
AT EVENTS

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# Communications

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## REACHING OUT TO MARYLANDERS THROUGH EVENTS AND SOCIAL MEDIA

In FY14, HealthCare Access Maryland's Communications Department rose to the challenge of conveying HCAM's new program messages to various audiences.

To address the need to get uninsured Marylanders to sign up for Qualified Health Plans or Medicaid, we partnered with the Maryland Health Benefit Exchange and local event organizers to launch and promote three major enrollment events (see box). These events enabled people who needed health insurance to get in-person enrollment assistance from our certified Navigators.

The Communications Department also added a HealthCare Reform section to the HCAM website, which attracted more than 30,000 page views from its debut in September to the end of the fiscal year in June. This new section contained important information from the Maryland Health Benefit Exchange, a listing of the Connector Program's enrollment sites, and downloadable, printable publications.

Social media also played a large role in our efforts to reach potential consumers and clients. Communications staff posted 355 unique program-related posts to Twitter and Facebook to draw traffic to the website, highlight program accomplishments, and encourage the public to attend events. This collaborative effort resulted in an increase of Twitter followers and Facebook likes by more than 400 new viewers combined.

### MAJOR ENROLLMENT EVENTS IN THE FIRST YEAR OF THE CONNECTOR PROGRAM

**March 1:** Joined B'More Healthy Expo at the Baltimore Convention Center

**March 22:** Partnered with the Baltimore CASH Campaign at Poly-Western High School

**March 29:** HCAM event at the Baltimore Convention Center



# STRENGTHENED HCAM'S DATA STRUCTURE

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# Performance Improvement

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## **STRIVING TO PROVIDE MARYLAND WITH THE BEST POSSIBLE SERVICE AS WE CONTINUE TO EXPAND**

We work very closely with the Programs and Executive teams to align internal improvement initiatives with our three-year strategic plan as well as with the business plan. We regularly attend conferences and regional meetings to stay abreast of the public health quality improvement work conducted at the state and local level, and we are regularly involved in the Baltimore City Health Department data round tables.

During FY14, HCAM added a performance improvement director to the leadership team. This position ensures that performance improvement will occur throughout all programs in ways that support HCAM's overarching strategic goals. Hence, the new program director was charged with developing a core competency framework and a competency-based training curriculum for HCAM outreach staff, strengthening the current data infrastructure within the agency, and supporting the program directors in identifying improvement initiatives through data.

The creation of this new work area within HCAM was not only a response to HCAM's expansion of services throughout the state, but also to the quickly changing public health environment, which requires outcome-based data, data-driven decision making, and a culture of continuous quality improvement.



# Financial Statement FY14

## STATEMENTS OF FINANCIAL POSITION

### FIGURE A

Total Fixed Assets	\$168,572
Total Current Assets	\$3,400,305
Total Assets	\$3,568,877

### FIGURE B

Total Fund Balance	\$342,534
Total Current Liabilities	\$3,226,343
Total Liabilities and Fund Balance	\$3,568,877

## REVENUES, GAINS, AND SUPPORT

### FIGURE C

Other and Miscellaneous	\$144,592
Program fees, Fee for Service	\$1,102,121
Grants	\$16,553,279
Total Support	\$17,799,992

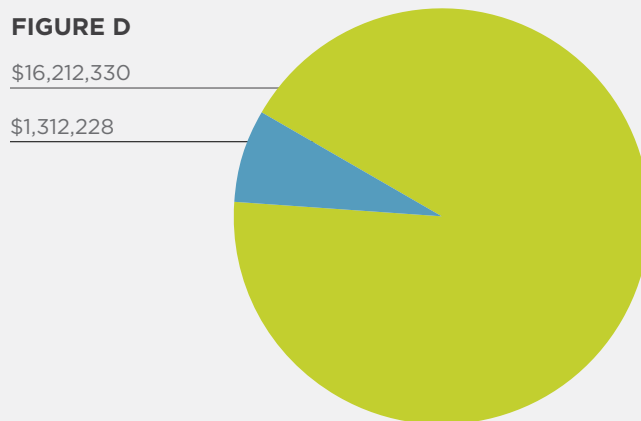
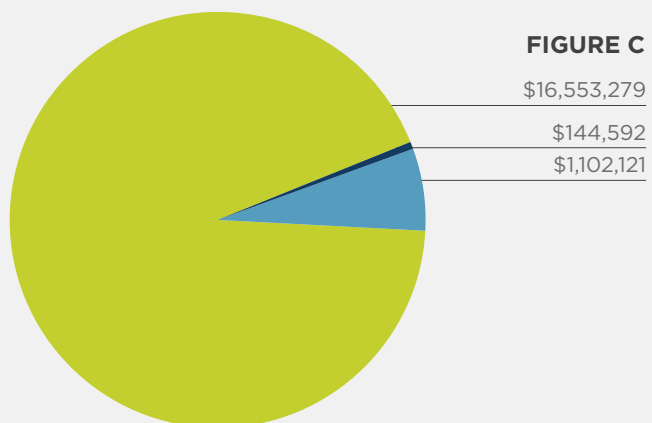
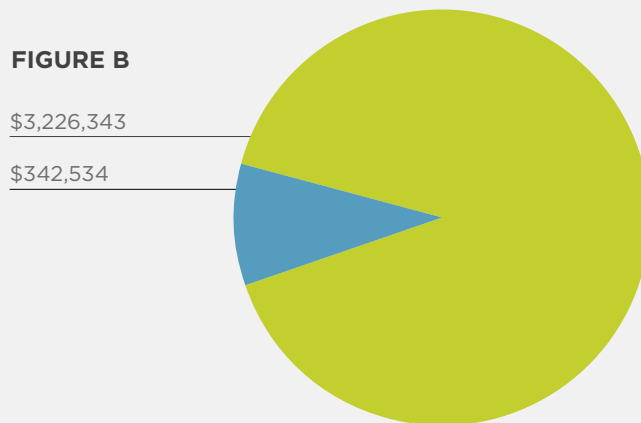
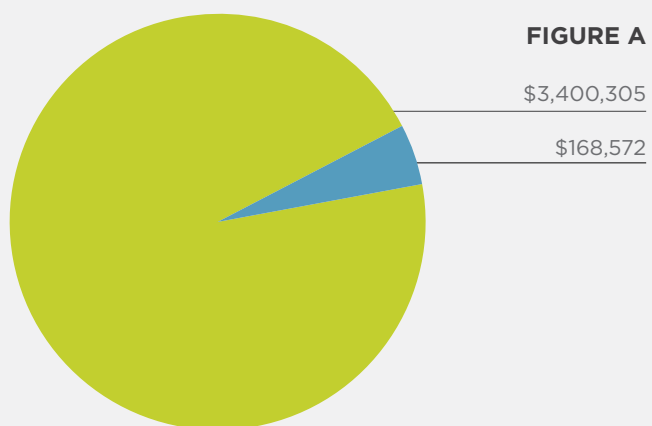
### FIGURE D

General & Administrative Expense	\$1,312,228
Program Services	\$16,212,330
Total Expenses	\$17,524,558

## NET ASSETS

### FIGURE E

Income	\$17,799,992
Expenses	\$17,524,558
Change in Net Assets	\$275,434



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# Executive Team

**Kathleen Westcoat, MPH**, President/CEO

**Bruce Berkey, MA**, Vice President, Finance

**Brigette P. Crawford, BA**, Vice President, Administration

**Traci Kodeck, MPH**, Vice President, Programs

**Sheila Mackertich, MPA, RD, LDN**, Vice President, Public Policy and Community Affairs

**Susan Markley, MS, MBA**, Vice President, Business Development

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# Directors

**Nakia Abrams, MHA**, Director, Access Health

**Eugenia Argires, MFA, MSS**, Director, Behavioral Health Outreach Program

**Marian C. Callaway**, Director, Communications

**Vanessa Daniels**, Director, Eligibility

**Rachel Dodge, MD, MPH**, Medical Director, MATCH

**Carrie Durham, JD**, Director, Connector Program

**Mariana Izraelson, Psy.D**, Director Access to Recovery/State Care Coordination

**Lynell Medley, RN**, Director Medicaid Outreach

**Karen Stone, MPP**, Director, Performance Improvement

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# Board of Directors

**Marla T. Oros, RN, MS, Board Chair**

President, The Mosaic Group

**Rafael Lopez, MPA, Board Vice Chair**

Associate Director for Talent Management and Leadership Development, The Annie E. Casey Foundation

**Paula Brooks-McLellan, MSW,  
Board Secretary**

Chief Executive Officer, Family Health Centers of Baltimore

**Eric Depew, CPA, Board Treasurer**

Grant Thornton, LLP

**Michael V. Mistretta**

Vice President, Commercial Branch Manager M & T Bank, South Charles Street Branch

**Oxiris Barbot, MD**

Commissioner, Baltimore City Health Department Ex-officio

**Frederick H. Strieder, Ph.D, MSSA, LCSW-C**

Clinical Associate Professor and Director, Family Connections, University of Maryland School of Social Work

**Jean Bunker**

Vice President, Marketing and Philanthropy Medstar Harbor Hospital

**Steven M. Galen**

President/CEO, Primary Care Coalition of Montgomery Co.

**Michael Christopher Gibbons, MD, MPH**

Associate Director, Johns Hopkins Urban Health Institute

**Peter L. Beilenson, MD, MPH**

CEO, Evergreen Health Cooperative, Inc.

**K. Mark Puente**

President/Chief Executive Officer, Riverside Health Inc. and Riverside Health of MD, Inc.

**Wendy M. Merrick**

Center Administrator, Total Health Care, Inc. Larry Young Division Health Center

**Linda Aldoory, Ph.D.**

Associate Professor, School of Public Health, University of Maryland

**Raegan McDonald-Mosley, MD, MPH**

FACOG, Medical Director  
Planned Parenthood of Maryland

**H. Duane Taylor, Esq., MPP, MCPH**

Interim CEO/COO/CFO, Mid-Atlantic Association of Community Health Centers

**Sarah Polk, M.D., ScM**

Assistant Professor, Johns Hopkins University Department of Pediatrics Center for Child and Community Health Research, Bayview Medical Center

**Jacqueline Duval-Harvey, Ph.D.**

Interim Health Commissioner, Baltimore City Health Department, Interim Ex-officio











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