"To every patient, every time, we will provide the care that we would want for our own loved ones."
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GBMC HealthCare Overview

GBMC’s Vision for the Future

In this era of healthcare reform, GBMC is moving toward a patient-centered, evidence-based medicine model where physicians and care teams focus on a patient's overall wellness and long-term care rather than episodic care. To accomplish this, we are making significant investments in healthcare information technology (EMR, CPOE) and are building a network of hospital and community-based healthcare providers (GBHA) to deliver integrated and coordinated care.

We are moving into the future with renewed energy and increasing insight and have adopted a new vision:

"To every patient, every time, we will provide the care that we would want for our own loved ones."

GBMC HealthCare, Inc. is poised to dramatically transform healthcare delivery as the organization restructures to a patient-centered care model emphasizing continuity of care and evidence-based medicine. Our intent is to provide better care at a lower cost and in a manner consistent with how we would want our loved ones to be taken care of. We recognize that the practice of medicine as it used to be is ending. We are moving toward a new era in healthcare and will be part of the national solution by building continuous, reliable, integrated, caring and connected care.

This transformation will include building relationships between patients and their healthcare team, comprised of physicians, nurse practitioners and healthcare navigators. This team will focus on a patient's wellness and long term care, rather than the traditional model of episodic care (i.e. waiting until an individual has a problem and then "fixing" that problem). In order to help us meet these objectives, we will implement the latest healthcare information technology tools such as Electronic Medical Records (EMR) and Computerized Physician Order Entry (CPOE); reduce waste and improve operational performance utilizing LEAN tools; promote improved clinical outcomes through evidence-based medicine and continue educating system leaders; develop a network of community-based and GBMC employed clinical providers - Greater Baltimore Health Alliance (GBHA) - that will offer high quality and convenient healthcare.

The future of healthcare is about integrating care and access and addressing the overall wellness of the community. GBMC looks forward to embarking on this momentous opportunity. Learn more about GBMC’s vision by visiting: www.gbmc.org/strategicplan.

Greater Baltimore Medical Center

GBMC HealthCare is a private, not-for-profit corporation that owns and operates the Greater Baltimore Medical Center, a regional hospital in Towson, Maryland, two miles north of
Baltimore City. GBMC was incorporated in 1960, through the consolidation of two specialty hospitals: The Hospital for Women of Maryland in Baltimore City (“Women’s Hospital”), and The Presbyterian Eye, Ear and Throat Charity Hospital (“Presbyterian Hospital”). The Hospital for the Women of Maryland in Baltimore City (established in 1882 in Bolton Hill) was the second women’s hospital in the country. The Presbyterian Eye, Ear and Throat Charity Hospital (established in 1887) had nearly 100 years of excellence in ophthalmology and otolaryngology, originating as a clinic in a Civil War surgeon’s East Baltimore carriage house.

The Greater Baltimore Medical Center opened its doors in 1965 as a regional medical center providing general acute and specific specialized services to the northern portion of Baltimore City, most of Baltimore County, and portions of Anne Arundel, Carroll, Harford and Howard counties.

GREATER BALTIMORE MEDICAL ASSOCIATES

Greater Baltimore Medical Associates (GBMA) is a group of more than 40 physician practices owned by GBMC, operating on the hospital’s main Towson campus as well as in satellite locations across the region. GBMA practices experienced more than 250,000 patient visits last year, with almost 200 physicians available to care for community members.

GREATER BALTIMORE HEALTH ALLIANCE

Greater Baltimore Health Alliance (GBHA) is chartered to integrate the delivery of the full spectrum of clinical services through collaboration of employed and community-based physicians and the hospital with the goal of improving access for patients and providers, maximizing quality and reducing the cost of care. The alliance will use data collected through electronic medical records to help facilitate coordination of care, and allow providers to make decisions based on real-time quality and cost information.

The National Institute for Quality Assurance (NCQA) defines Accountable Care Organizations as, “provider-based organizations that take responsibility for meeting the health care needs of a defined population with the goal of simultaneously improving health, improving patient experience and reducing per capita costs.” We may evolve into an ACO, but that is not our immediate intent. We will, however, use the principles of an Accountable Care Organization to assure that we focus on maximizing quality and removing waste from the system. Becoming an Accountable Care Organization is a means to an end, it is not the end itself.

GILCHRIST HOSPICE CARE

Gilchrist Hospice Care, formerly known as Hospice of Baltimore, a Medicare/Medicaid-certified hospice program, is the largest not-for-profit hospice organization in the state of Maryland. On a daily basis, Gilchrist Hospice Care provides care and services to over 500 people terminally ill individuals who reside in Baltimore City and Baltimore, Carroll, Harford and Howard counties (Hospice of Howard County). Care includes medical, nursing, social work, home health aid, spiritual and bereavement counseling and support and volunteer assistance. Hospice services are most often provided in the patient’s home or place of residence. When more intensive medical
care is required, patients may be admitted to Gilchrist Center for Hospice Care, a 34-bed inpatient facility, located on the GBMC campus.

GBMC FOUNDATION

GBMC HealthCare stands alone in our region as an independent community healthcare system that provides exceptional medical care. GBMC is committed to transforming how we deliver care with three simple objectives: better health and better care at lower cost for our patients. Philanthropic dollars raised for GBMC stay in our community.

These donations are raised through the GBMC Foundation, a 501(c)(3) nonprofit organization created in 1987. GBMC Foundation President, Jenny Coldiron, and 7 full-time staff, engage donors through a wide-range of activities, ensuring strong local support and increased operating revenue. Oversight is provided by the GBMC Foundation Board of Directors, which also serves as the Philanthropy Committee of the GBMC HealthCare Board.

The GBMC Foundation is registered with the State of Maryland as an approved charitable organization.

Greater Facts

We are grateful for the opportunity to share with you some of the exciting things that happened since the last legislative session.

Recent GBMC Recognitions & Accreditations

- GBMC is a designated Aetna Institute of Quality Orthopedic Care Total Joint Replacement and Spine Surgery
- The Sandra & Malcolm Berman Cancer Institute at GBMC received the American Society of Clinical Oncology (ASCO) Clinical Trials Participation Award.
- GBMC received the American Heart Association’s Gold Start! Fit-Friendly Company Award.
- GBMC HealthCare was recognized by the Baltimore Business Journal as one of Baltimore’s “Best Places to Work” and was named one of the “25 Best Places to Work” in the Baltimore region by Baltimore magazine.
- GBMC’s Sandra & Malcolm Berman Cancer Center was named a HOPE Award Winner in Customer Service from Hematology & Oncology magazine.
- GBMC’s Sandra & Malcolm Berman Cancer Center received the American College of Surgeons Commission on Cancer Outstanding Achievement Award.
- GBMC’s Sandra & Malcolm Berman Comprehensive Breast Care Center received three year full accreditation from the National Accreditation Program for Breast Centers.
- The Advanced Radiology Breast Imaging Center was designated a Breast Imaging Center of Excellence by the American College of Radiology Commission on Quality and Safety and the Commission on Breast Imaging.
- The Obesity Management Program, first certified as a national Bariatric Surgery Center of Excellence in 2005, was re-certified.
• GBMC’s Sleep Center earned American Academy of Sleep Medicine accreditation.
• The December 2011 issue of Maryland Family magazine marked the tenth consecutive year that readers have ranked GBMC as the “Best Maternity Hospital.”
• Gilchrist Hospice Care earned a Circle of Life Award from the American Hospital Association for its innovative and comprehensive approach to end of life care.
• GBMC received full cycle II accreditation status as a Chest Pain Center from the Society of Chest Pain Centers.
• GBMC was honored with the 2009 SRI Surgical EcoSense Award, which recognizes ecological excellence in the healthcare industry.

Multiple year recognitions

• Several hospital clinical services have been recognized over the years in the prestigious US News & World Report “America’s Best Hospitals” Top 50 listing:
  • Ear, Nose and Throat services (Otolaryngology) – 2007 & 1998
  • Digestive services – 2005 & 2001
  • Gynecology services – 2001 & 1997
• In 2008 (87), 2009 (93), 2010 (121), and 2011 (104) GBMC had more members of the hospital’s medical staff named to the annual Baltimore magazine “Top Doctors” list than did any other community hospital.
Maryland’s hospitals in 2012 will advocate for funding and innovations that achieve a “Triple Aim” for health care:

- Better care for individuals
- Better health for communities
- Reduced costs

To achieve this Triple Aim, we must:
Strengthen hospital finances and preserve Maryland’s unique status

How we’ll get there:

- Advocate for Thoughtful, Prudent State and Federal Health Care Budgets
  - Minimize the impact of state and federal budget cuts on hospital payments and health care programs.
  - Stabilize Medicaid funding and ensure the program’s future sustainability before further coverage expansion occurs in 2014.
  - Support long-term, fiscally responsible funding of the state’s share of federal and state health care reform costs.
  - Shape development of the overall state budget where needed to ensure that non-health care spending does not drive cuts in health care programs.

GBMC recognizes and supports MHA’s efforts to work with State legislators to ensure a thoughtful and balanced approach to Maryland’s budget. At GBMC, we are doing our part by improving operational performance and reducing unwanted variation by utilizing LEAN tools and rapid cycle improvement across the enterprise.

As part of our strategic plan, we will execute opportunities for cost reduction that are critical to maintain financial viability during this transition from fee-for-service payments to full risk capitation.

Examples of GBMC’s efforts include, but are not limited to:

- LEAN and rapid cycle improvement activities that will result in enterprise-wide savings;
- reduce the artificial variability in surgical scheduling to optimize the occupancy on surgical inpatient units and increase the utilization of our operating rooms (surgical smoothing initiative)
GBMC aims to build a system to continually improve clinical outcomes and the patient experience. Our goal to improve clinical outcomes will be accomplished through the implementation of an enterprise-wide education program and the development of an infrastructure that will support system leaders as they strive to meet the enterprise-wide goals.

GBMC is committed to providing better health and better care at a lower cost by improving care coordination across the system.

Examples of GBMC’s efforts include:

- Building an integrated quality and safety infrastructure;
- Expansion of data collection and reporting; and
- Strengthening and fostering a culture of safety through the organization.

- **Keep Maryland at the Forefront of Payment Innovation**
  - Modernize Maryland’s Medicare waiver to ensure continued viability of the state’s unique all-payer hospital rate-setting system.
  - Seek public transparency and enhanced state oversight of insurer premiums, how much of those premiums actually go to medical care, and other insurance information filed with the government.
  - Encourage innovation in payment to improve value, care coordination, and population health.
  - Advance state and federal health care reform in Maryland.
  - Support broad adoption of electronic health records and other Information Technology infrastructure, including appropriate reimbursement for medical services provided via telemedicine.

GBMC recognizes and supports efforts to keep Maryland at the forefront of payment innovation. At GBMC, we are in the midst of creating an enterprise-wide IT solution to support the transformation of clinical and operational processes. This strategy will be enveloped in a comprehensive information system strategic plan that will support the clinical, operational and financial reporting needs of the system.

We believe that information technology will support the implementation of several initiatives such as Electronic Medical Records (EMR), which will be integrated with the hospital's clinical information system to build a seamless information network that marries the outpatient and inpatient records.

Examples of GBMC’s efforts include:

- **EMR implementation in GBMA practices**;
- **EMR implementation for GBHA members**;
- **Computerized Physician Order Entry (CPOE) implementation** is well underway hospital-wide.
GBMC is also building a provider network to achieve its vision of developing a model system for delivering patient-centered care. We will accomplish this goal in partnership with our family of physicians as we provide accountable care to our multi-cultural community.

Greater Baltimore Health Alliance (GBHA) is a physician-governed organization populated by employed and aligned community physicians tied together with a common electronic health record to facilitate exchange of information and improve care.

Examples of GBMC’s efforts include:

- Continuing to expand the GBMA network of physicians in the community with an emphasis on adding primary care physicians as well as building the GBHA network of providers.

Finally, GBMC is working to create new organizational capabilities to support our new strategies. We believe that the movement to a patient-centered care model will bring significant change throughout the organization. GBMC will initiate a patient-centered medical home model for care with our employees and dependents that promotes wellness and more effective utilization of health care services.

Examples of GBMC’s efforts include:

- Improving our employee medical plan design;
- Implementing management strategies to more effectively manage costs
- Expand the training and development infrastructure to support the needs of the organization
HOW TO CONTACT GBMC

FREQUENTLY USED PHONE NUMBERS

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   Jenny Coldiron....................................................443-849-2774

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   Catherine Hamel..................................................443-849-8200

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GBMC Patient Information........................................443-849-3111

GBMC Physician Referral Line.................................443-849-GBMC (4262)

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Glossary of Terms & Acronyms

This list explains acronyms used in this document and other acronyms that are commonly used in health care. This list is not a legal document.

**ACO**  
Accountable Care Organization – ACO is an organization of physicians, both employed and in community practice, hospital(s), other healthcare providers and organizations, which assumes the medical responsibility to provide the entire spectrum of care for a defined population of patients.

**AHA**  
American Hospital Association – the AHA is the national organization that represents and serves all types of hospitals, health care networks, and their patients and communities.

**Alternative Payment Methodology**  
Both government and commercial payers are exploring different ways to reward physicians for maximizing quality of care and reducing waste in the system. These new payment mechanisms include shared savings, bundled payments for providers and facilities, as well as increased reimbursement for chronic condition management.

**CCO**  
Community Care Organization – a CCO is a program that provides comprehensive healthcare services to frail elders in an adult daycare setting.

**CMS**  
Centers for Medicare and Medicaid – the Centers for Medicare & Medicaid Services, previously known as the Health Care Financing Administration (HCFA), is a federal agency within the United States Department of Health and Human Services (DHHS) that administers the Medicare program, Medicaid, the State Children's Health Insurance Program (SCHIP), and health insurance portability standards. Additional responsibilities include the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), quality standards in long-term care facilities (more commonly referred to as nursing homes) through its survey and certification process, and clinical laboratory quality standards under the Clinical Laboratory Improvement Amendments.

**CON**  
Certificate of Need – A regulatory mechanism in Maryland intended to ensure that new health care facilities and services are developed in Maryland only as needed.

**DBFP**  
Department of Budget and Fiscal Planning – State of Maryland Department of Budget and Fiscal Planning is an executive department of the State government that is responsible for the preparation of budget and fiscal planning.

**DBM**  
Department of Budget and Management – the Department of Budget and Management helps the Governor, State agencies, and their employees provide effective, efficient, and fiscally sound government to the citizens of Maryland.
**DHMH**  
Department of Health and Mental Hygiene – State of Maryland Department of Health and Mental Hygiene is an executive department responsible for all health related issues. Also known as the “State Health Department.”

**DLS**  
Department of Legislative Services – DLS is the central professional staffing agency for the General Assembly who provide legal, fiscal, committee, research, reference, auditing, administrative, and technological support to the members of the legislature and its committees.

**EHR**  
Electronic Health Records - EHR systems store a patient’s medical history so it can be accessed quickly and easily by other care providers, improving quality of care and cost. As mentioned above, physicians and hospitals must be able to prove meaningful use of a certified EHR system in order to be eligible for incentives. GBMC is currently installing an EHR throughout its employed practices and will offer this system through the Management Service Organization to community physicians.

**FMAP**  
Federal Medical Assistance Percentage – Federal Medical Assistance Percentages are used in determining the amount of Federal matching funds for State expenditures for assistance payments for certain social services, and State medical and medical insurance expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the FMAPs each year.

**GBMA**  
Greater Baltimore Medical Associates

**GBMC**  
Greater Baltimore Medical Center

**GBMC**  
Includes Greater Baltimore Medical Center, Gilchrist Hospice Care and HealthCare

**GBMC Foundation.**

**HHS**  
Department of Health and Human Services – the Department of Health and Human Services is the United States government’s principal agency for protecting the health of all Americans and providing essential human services. HHS represents almost a quarter of all federal outlays, and it administers more grant dollars than all other federal agencies combined. HHS’ Medicare program is the nation’s largest health insurer, handling more than 1 billion claims per year. Medicare and Medicaid together provide health care insurance for one in four Americans.

**HMO**  
Health Maintenance Organization – an HMO is a form of health insurance in which members prepay a premium for health services, and which generally includes a defined set of services made available through a defined panel of physicians for enrollees at a preset price.

**HSCRC**  
Health Services Cost Review Commission – the HSCRC was created by the Maryland legislature in 1971 as a result of concern over escalating hospital costs.
The HSCRC sets the rates that Maryland's hospitals may charge and works with Maryland's hospitals to monitor the rate of increase in hospital costs that Maryland residents must pay.

**IOM**
Institute of Medicine – the Institute of Medicine of the National Academies is a nonprofit organization that provides science-based advice on matters of biomedical science, medicine, and health.

**JCAHO**
Joint Commission on Accreditation of Health Care Organizations – Established in 1951, the Joint Commission evaluates and accredits nearly 15,000 health care organizations and programs nationally. An independent, not-for-profit organization, the Joint Commission is the predominant standards-setting and accrediting body in health care.

**Meaningful Use**
The term “meaningful use” refers to a requirement set forth in the American Recovery and Reinvestment Act of 2009 (ARRA) for improving the country’s healthcare system through the use of Health Information Technology (HIT). HIT initiatives like Electronic Health Records (EHRs) are meant to improve patient safety, enhance the quality of healthcare, boost the health of the population and share information for the purpose of efficiency and reduced costs. Physicians and hospitals must prove that they “meaningfully use” an EHR in order to gain financial incentives from the government. Meaningful use requirements are set by the Centers for Medicare and Medicaid Services and have associated deadlines for completion.

**MCO**
Managed Care Organization – an MCO is a health organization that finances and delivers health care using a specific provider network and specific services and products.

**Medical Home**
Medical Home is a concept in which the primary care physician is responsible for providing routine care in addition to coordinating acute, chronic and preventive services from outside specialists. The intent is for primary care doctors to ensure that patients get all the care they need and to make certain that necessary follow-up tests or exams are not overlooked.

**MedChi**
Medical and Chirurgical Society – State Medical Society - The Maryland State Medical Society, (MedChi) represents about 6,500 physicians statewide practicing in more than 50 medical specialties. MedChi is composed of 24 component medical societies, plus a medical students’ and residents’ section.

**MHA**
Maryland Hospital Association – The Maryland Hospital Association represents Maryland hospitals and health systems through leadership, education, information, communication, and collective action in the public interest. Members include acute care hospitals and health systems, specialty hospitals — including psychiatric facilities — veteran’s hospitals, chronic, and long-term-care facilities.
MHIP  Maryland Health Insurance Plan – MHIP is a state administered health insurance program for Maryland residents who do not have access to health insurance. The Maryland General Assembly established the Maryland Health Insurance Plan under the Health Insurance Safety Net Act of 2002.

MIA  Maryland Insurance Administration – the Maryland Insurance Administration is an independent State agency that regulates Maryland’s insurance industry and protects consumers by ensuring that insurance companies and health plans act in accordance with insurance laws.

MIEMSS  Maryland Institute for Emergency Medical Services System – the Maryland Emergency Medical Services System is a coordinated statewide network that includes volunteer and career EMS providers, medical and nursing personnel, communications, transportation systems, trauma and specialty care centers and emergency department. MIEMSS oversees and coordinates all components of the statement EMS system in accordance with Maryland statute and regulation.

MHCC  Maryland Health Care Commission – The Commission’s responsibilities include: development of a comprehensive standard health benefit plan; establishment of the HMO Quality and Performance Evaluation System; establishment of the Nursing Home and Hospital Performance Evaluation Guides and the Ambulatory Surgery Facility Consumer Guide; development of recommendations for a patient safety system in Maryland and other special projects; creation of a database on non-hospital health care services; implementation of a certificate of need program for certain health care facilities and services; adoption of a state health plan related to certificate of need decisions; and oversight of electronic claims clearinghouses.

MSO  Management Service Organization - MSOs assist providers in selecting and implementing an EHR and improving workflow in the practice. MSOs may also offer services such as billing, practice management and access to the statewide health information exchange (HIE). Practices that adopt EHRs, either on their own or through an MSO, may apply for certain government incentives. GBMC is one of three Maryland hospitals applying to become a state-designated MSO.

NSP  Nurse Support Program – the NSP was created through legislation with the goal of expanding the pool of nurses in Maryland by increasing the capacity of nursing programs in two phases. The first statewide initiative provided funding for graduate nursing faculty scholarships and living expenses, new nursing faculty fellowships, and state nursing scholarship and living expenses grants. The second program, the competitive institutional grants initiative, expands the state’s nursing capacity through shared resources, enhancing nursing student retention, and increasing the pipeline for nurse faculty.

OHCQ  Office of Health Care Quality – the Office of Health Care Quality's mission is to protect the health and safety of Maryland’s citizens and to ensure that there is
public confidence in the health care and community service delivery systems through regulatory, enforcement, and educational activities.

**SCHIP**

State Children’s Health Insurance Program – the SCHIP law appropriates funding to help States expand health coverage to children whose families earn too much for traditional Medicaid, yet not enough to afford private health insurance. Maryland, like all States with SCHIP plans, will receive Federal matching funds only for actual expenditures to insure children.