

Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

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

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

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

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

Q3. Please confirm the information we have on file about your hospital for the fiscal year.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Northwest Hospital Center, Inc.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210040	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called LifeBridge Health.	<input checked="" type="radio"/>	<input type="radio"/>	

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

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

Northwest Hospital Utilizes the following data sources: -The Robert Wood Johnson Foundation's County Health Rankings and Roadmaps (<https://www.countyhealthrankings.org/>) - Maryland Department of Health's Vital Statistics and Reports (<https://health.maryland.gov/vsa/Pages/reports.aspx>) - The University of Wisconsin School of Medicine and Public Health's Neighborhood Atlas/Area Deprivation Index Map (<https://www.neighborhoodatlas.medicine.wisc.edu/>) - Data from the Healthy Communities Institute and can be found at <https://healthyroll.org/lifebridge/>

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

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

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

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

Cecil County

Montgomery County

Worcester County

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

- | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 21201 | <input type="checkbox"/> 21212 | <input type="checkbox"/> 21225 | <input type="checkbox"/> 21237 |
| <input type="checkbox"/> 21202 | <input type="checkbox"/> 21213 | <input type="checkbox"/> 21226 | <input type="checkbox"/> 21239 |
| <input type="checkbox"/> 21203 | <input type="checkbox"/> 21214 | <input type="checkbox"/> 21227 | <input type="checkbox"/> 21251 |
| <input type="checkbox"/> 21205 | <input type="checkbox"/> 21215 | <input type="checkbox"/> 21228 | <input type="checkbox"/> 21263 |
| <input type="checkbox"/> 21206 | <input type="checkbox"/> 21216 | <input type="checkbox"/> 21229 | <input type="checkbox"/> 21270 |
| <input checked="" type="checkbox"/> 21207 | <input type="checkbox"/> 21217 | <input type="checkbox"/> 21230 | <input type="checkbox"/> 21278 |
| <input checked="" type="checkbox"/> 21208 | <input type="checkbox"/> 21218 | <input type="checkbox"/> 21231 | <input type="checkbox"/> 21281 |
| <input type="checkbox"/> 21209 | <input type="checkbox"/> 21222 | <input type="checkbox"/> 21233 | <input type="checkbox"/> 21287 |
| <input type="checkbox"/> 21210 | <input type="checkbox"/> 21223 | <input type="checkbox"/> 21234 | <input type="checkbox"/> 21290 |
| <input type="checkbox"/> 21211 | <input type="checkbox"/> 21224 | <input type="checkbox"/> 21236 | |

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

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> 21013 | <input type="checkbox"/> 21092 | <input type="checkbox"/> 21156 | <input type="checkbox"/> 21225 |
| <input type="checkbox"/> 21020 | <input type="checkbox"/> 21093 | <input type="checkbox"/> 21161 | <input type="checkbox"/> 21227 |
| <input type="checkbox"/> 21022 | <input type="checkbox"/> 21094 | <input type="checkbox"/> 21162 | <input type="checkbox"/> 21228 |
| <input type="checkbox"/> 21023 | <input type="checkbox"/> 21102 | <input type="checkbox"/> 21163 | <input type="checkbox"/> 21229 |
| <input type="checkbox"/> 21027 | <input type="checkbox"/> 21104 | <input type="checkbox"/> 21204 | <input type="checkbox"/> 21234 |
| <input type="checkbox"/> 21030 | <input type="checkbox"/> 21105 | <input type="checkbox"/> 21206 | <input type="checkbox"/> 21235 |
| <input type="checkbox"/> 21031 | <input type="checkbox"/> 21111 | <input checked="" type="checkbox"/> 21207 | <input type="checkbox"/> 21236 |
| <input type="checkbox"/> 21043 | <input checked="" type="checkbox"/> 21117 | <input checked="" type="checkbox"/> 21208 | <input type="checkbox"/> 21237 |
| <input type="checkbox"/> 21051 | <input type="checkbox"/> 21120 | <input type="checkbox"/> 21209 | <input type="checkbox"/> 21239 |
| <input type="checkbox"/> 21052 | <input type="checkbox"/> 21128 | <input type="checkbox"/> 21210 | <input type="checkbox"/> 21241 |
| <input type="checkbox"/> 21053 | <input type="checkbox"/> 21131 | <input type="checkbox"/> 21212 | <input checked="" type="checkbox"/> 21244 |
| <input type="checkbox"/> 21057 | <input checked="" type="checkbox"/> 21133 | <input type="checkbox"/> 21215 | <input type="checkbox"/> 21250 |
| <input type="checkbox"/> 21065 | <input type="checkbox"/> 21136 | <input type="checkbox"/> 21219 | <input type="checkbox"/> 21252 |
| <input type="checkbox"/> 21071 | <input type="checkbox"/> 21139 | <input type="checkbox"/> 21220 | <input type="checkbox"/> 21282 |
| <input type="checkbox"/> 21074 | <input type="checkbox"/> 21152 | <input type="checkbox"/> 21221 | <input type="checkbox"/> 21284 |
| <input type="checkbox"/> 21082 | <input type="checkbox"/> 21153 | <input type="checkbox"/> 21222 | <input type="checkbox"/> 21285 |
| <input type="checkbox"/> 21085 | <input type="checkbox"/> 21155 | <input type="checkbox"/> 21224 | <input type="checkbox"/> 21286 |
| <input checked="" type="checkbox"/> 21087 | | | |

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?



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

Please view full narrative in the other section that follows

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

Please view full narrative in the other section that follows

Based on patterns of utilization. Please describe.

Please view full narrative in the other section that follows

Other. Please describe.

Description of Community Served by Northwest Hospital Northwest Hospital (herein referred to as Northwest), is a hospital in northwest Baltimore County with a unique geographic construct, that splits its communitybased footprint across northwest Baltimore City and the suburbs of Baltimore, Carroll and Howard counties. Owned and operated by LifeBridge Health, Northwest is full service, with an emergency room and surgical facilities located at the intersection of Old Court Road and Carlson Lane, west of Liberty Road. Northwest Hospital offers services that range of clinical services that care for medical, surgical, behavioral health, rehabilitative and hospice patients. Its unique facilities have been designed around the Friesen concept, with nursing at the center of care delivery, allowing nurses to spend more time with their patients. Founded in 1964 by Baltimore County residents, as a community hospital, Northwest functions by working to create an environment conducive to caring for its patients and neighbors. As a not-for-profit organization, Northwest Hospital continues its commitment to creating and maintaining an environment where exceptional quality care and service is achieved and recognized by our patients and their families, members of the medical and allied health staffs, employees, volunteers and the communities that it serves. It remains steadfast in its mission to improve the well-being of the community it serves by nurturing relationships between the hospital, medical staff and our patients and their families. Northwest Hospital is located in the Randallstown (21133) community of Baltimore County, serving both its immediate neighbors and others from throughout the Baltimore County region. The community served by Northwest Hospital can be defined by its (a) Primary Service Area (PSA) and (b) Community Benefit Service Area (CBSA), the area targeted for community health improvement. a) The Primary Service Area (PSA) is comprised of zip codes from which the top 60% of patient discharges originate 2. Listed in order from largest to smallest number of discharges for FY 2013, Northwest's PSA includes the following zip codes: 21133 (Randallstown), 21244 (Windsor Mill), 21207 (Gwynn Oak), 21117 (Owings Mills), and 21208 (Pikesville). The Community Benefit Service Area (CBSA) is comprised of zip codes, or geographic areas, targeted for Community Benefit programming due to the area's demonstration of need. The five zip codes of Northwest Hospital's Primary Service Area make up Northwest Hospital's CBSA. There are significant demographic characteristics and social determinants impacting the health of the community served by Northwest Hospital. Northwest Hospital's Community Benefit activities fit into the hospital strategic plan as well as the hospital Strategic Transformation Plan. In 2016, LifeBridge Health added a new pillar in its updated strategic plan, focusing on managing the total cost of care. Strategies within this pillar include "prioritizing population health and the continuum of care." Northwest Hospital's Community Benefit activities are administered by departments and staff within the Department of Population Health, and are considered crucial to this pillar of the hospital strategic plan.

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

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

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

<http://www.lifebridgehealth.org/Northwest/AboutNorthwest1.aspx>

Q37. Is your hospital an academic medical center?

- Yes
 No

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

Northwest Hospital is an acute care, 228-bed community hospital located in Randallstown, Maryland. It has 164 medical/surgical beds, 37 psychiatric beds, and 39 subacute care beds. The hospital was originally established in 1962 as the Liberty Court Rehabilitation Center. A year later, the center changed its name to the Baltimore County General Hospital, and in 1993, made a final change to Northwest Hospital. The merger of Sinai Health System, Inc. and Northwest Health System, Inc. formed LifeBridge Health System, its parent corporation, in October 1998. Today, Northwest Hospital maintains its mission to improve the well-being of the community by nurturing relationships between the hospital, medical staff and patients while providing the highest quality of care in a patient-centered environment. In keeping with Northwest Hospital's philosophy of patient-centered care, its facilities have been designed around the Friesen concept, with nurse alcoves outside each patient room that enable nurses to spend more time with their patients. The Friesen-design hospital functions differently from the traditional hospital in that it creates an environment conducive to direct patient care through smaller 20-bed units; private patient rooms; elimination of nursing stations; and placing supplies, medications, and charts in close proximity to patients. Northwest delivers a broad array of inpatient, emergency and outpatient services to residents throughout the northwest corridor of the state, including Baltimore County, southern and eastern Carroll County, Baltimore City, and northern Howard County. As a community-focused hospital center, Northwest's services respond to a broad continuum of health care needs and serves patients either directly, through joint programs with other providers and health related agencies, or as an advocate for alternate sources of care. Northwest operates 10 Centers of Excellence including the Sandra and Malcolm Berman Brain & Spine Institute and the Herman & Walter Samuelson Breast Care Center. In 2010, Northwest received the Silver Plus Award from the American Heart Association and the Primary Stroke designation from the American Stroke Association. In 2011, the hospital's subacute unit was named a U.S. News and World Report "Best Nursing Home." Northwest Hospital completed its formal community health needs assessment as required and defined by the Patient Protection and Affordable Care Act and Section 501(r)(3) of the Internal Revenue Code during fiscal year 2016 (FY16).

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

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

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

- Yes
 No

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

This question was not displayed to the respondent.

Q43. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

03/15/2018

Q44. Please provide a link to your hospital's most recently completed CHNA.

<http://www.lifebridgehealth.org/uploads/public/documents/community%20health/2018/CHNA-2018.pdf>

Q45. Did you make your CHNA available in other formats, languages, or media?

- Yes
 No

Q46. Please describe the other formats in which you made your CHNA available.

Created printed copies and posted online at the link above. Also, developed an executive summary to key stakeholders.

Q47. Section II - CHNA Part 2 - Internal Participants

Q48. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

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

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

Q49. Section II - CHNA Part 2 - External Participants

Q50. Please use the table below to tell us about the external participants involved in your most recent CHNA.

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

Maryland Department of Natural Resources

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of the Environment

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of Transportation

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of Education

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Area Agency on Aging -- Please list the agencies here:

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Local Govt. Organizations -- Please list the organizations here:

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Faith-Based Organizations

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

School - K-12 -- Please list the schools here:

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

School - Colleges and/or Universities -- Please list the schools here:

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

School of Public Health -- Please list the schools here:

School - Medical School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Nursing School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Dental School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Pharmacy School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Behavioral Health Organizations -- Please list the organizations here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Social Service Organizations -- Please list the organizations here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Post-Acute Care Facilities -- please list the facilities here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Community/Neighborhood Organizations -- Please list the organizations here:
Stevenswood Improvement Association,
Liberty Road Business Association,
Oakwood Village Community Association

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Consumer/Public Advocacy Organizations -- Please list the organizations here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Other -- If any other people or organizations were involved, please list them here:

Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
- No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

03/15/2018

Q54. Please provide a link to your hospital's CHNA implementation strategy.

<https://healthycarroll.org/lifebridge/>

Q55. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q56. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> Family Planning | <input checked="" type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Food Safety | <input checked="" type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Global Health | <input checked="" type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input checked="" type="checkbox"/> Health-Related Quality of Life & Well-Being | <input checked="" type="checkbox"/> Tobacco Use |
| <input checked="" type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input checked="" type="checkbox"/> Heart Disease and Stroke | <input checked="" type="checkbox"/> Violence Prevention |
| <input checked="" type="checkbox"/> Cancer | <input checked="" type="checkbox"/> HIV | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Children's Health | <input checked="" type="checkbox"/> Immunization and Infectious Diseases | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Chronic Kidney Disease | <input checked="" type="checkbox"/> Injury Prevention | <input type="checkbox"/> Housing & Homelessness |
| <input checked="" type="checkbox"/> Community Unity | <input checked="" type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Maternal & Infant Health | <input type="checkbox"/> Unemployment & Poverty |
| <input checked="" type="checkbox"/> Diabetes | <input checked="" type="checkbox"/> Nutrition and Weight Status | <input checked="" type="checkbox"/> Other Social Determinants of Health |
| <input checked="" type="checkbox"/> Disability and Health | <input type="checkbox"/> Older Adults | <input type="checkbox"/> Other (specify) <input style="width: 100px;" type="text"/> |
| <input checked="" type="checkbox"/> Educational and Community-Based Programs | | |

Q57. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

The only significant change from the previous survey is there was greater attention to issues related to violence, mental health and substance abuse.

Q58. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q59. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q60. Section III - CB Administration Part 1 - Internal Participants

Q61. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

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

Q62. Section III - CB Administration Part 1 - External Participants

Q63. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities									Other - If you selected "Other (explain)," please type your explanation below:	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		
Other Hospitals -- Please list the hospitals here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	<input type="text"/>
Local Health Department -- Please list the Local Health Departments here: Baltimore County Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	<input type="text"/>
Local Health Improvement Coalition -- Please list the LHICs here: Baltimore County LHIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	<input type="text"/>
Maryland Department of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	<input type="text"/>
Maryland Department of Human Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	<input type="text"/>
Maryland Department of Natural Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	<input type="text"/>
Maryland Department of the Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	<input type="text"/>
Maryland Department of Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	<input type="text"/>
Maryland Department of Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	<input type="text"/>
Area Agency on Aging -- Please list the agencies here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	<input type="text"/>

Post-Acute Care Facilities -- please list the facilities here:

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Other - If you selected "Other (explain)," please type your explanation below:

Other - If you selected "Other (explain)," please type your explanation below:

Other - If you selected "Other (explain)," please type your explanation below:

Other - If you selected "Other (explain)," please type your explanation below:

Community/Neighborhood Organizations -- Please list the organizations here:
Stevenswood Improvement Association, Liberty Road Business Association, Oakwood Village Community Association

Consumer/Public Advocacy Organizations - Please list the organizations here:

Other -- If any other people or organizations were involved, please list them here:

Q64. Section III - CB Administration Part 2 - Process & Governance

Q65. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

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

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

- Yes
- No

Q67. Please describe the community benefit narrative audit process.

This question was not displayed to the respondent.

Q68. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- Yes
- No

Q69. Please explain:

This question was not displayed to the respondent.

Q70. Does the hospital's board review and approve the annual community benefit narrative report?

- Yes
- No

Q71. Please explain:

This question was not displayed to the respondent.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
 No

Q73. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

The Community Health Needs Assessment results are prioritized by community leaders and system leadership. A Community Benefit plan is created from this prioritization process. The community benefit plan is used to identify needs and priorities for the organizational strategy.

Q74. (Optional) If available, please provide a link to your hospital's strategic plan.

Q75. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q76. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q77. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1

Q79. Name of initiative.

Substance Use

Q80. Does this initiative address a community health need that was identified in your most recently completed CHNA?

- Yes
 No

Q81. In your most recently completed CHNA, the following community health needs were identified:

Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Community Unity, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

Access to Health Services: Health Insurance

Heart Disease and Stroke

Access to Health Services: Practicing PCPs

HIV

- Access to Health Services: Regular PCP Visits
- Access to Health Services: ED Wait Times
- Access to Health Services: Outpatient Services
- Adolescent Health
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Behavioral Health, including Mental Health and/or Substance Abuse
- Cancer
- Children's Health
- Chronic Kidney Disease
- Community Unity
- Dementias, including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being
- Immunization and Infectious Diseases
- Injury Prevention
- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal and Infant Health
- Nutrition and Weight Status
- Older Adults
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q82. When did this initiative begin?

Q83. Does this initiative have an anticipated end date?

- No, the initiative has no anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

According to Baltimore County statistics, Between 2007 and 2012, there was an average of 112 fatal overdoses annually in Baltimore County. In 2018, more than 300 people died from fatal overdoses in Baltimore County. In FY 2020, Baltimore County experienced 427 Opioid-Related Intoxication Deaths. Northwest hospital began an initiative to screen patients entering its emergency department, provide a brief intervention and refer to treatment (SBIRT) with the intention of capturing more people in the community misusing substances and connecting them to appropriate treatment resources.

Q85. Enter the estimated number of people this initiative targets.

Q86. How many people did this initiative reach during the fiscal year?

Q87. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Q88. Did you work with other individuals, groups, or organizations to deliver this initiative?

- Yes. Please describe who was involved in this initiative.

Mosaic Group
Baltimore County Health Department
Various treatment agencies.

- No.

Q89. Please describe the primary objective of the initiative.

The program is focused on screening for substance abuse, intervention and referral to treatment.

Q90. Please describe how the initiative is delivered.

A team of 4 peer support specialists (those who are recovering from a behavioral health or addiction) provide this service using a standardized screening tool. Using this tool, they identify those who screen positive, provide a brief intervention, and link those people to treatment services.

Q91. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change

- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q92. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

COVID 19 had an impact on the number of patients screened and referred due to restrictions in the ED FY 2020: Total ED Registrations- 47,298 Number of Patients Screened- 40,251 Positive Screens- 5,361 Brief Interventions- 1,731 Referrals to Treatment- 186

Q93. Please describe how the outcome(s) of the initiative addresses community health needs.

Substance abuse is one of the top concerns on the Community Health Needs Assessment. Working at the state level with the Governor's task force on Opioid abuse, this program addresses this community need to screen for substance abuse and refer to treatment.

Q94. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$124,446 program and \$15,550 for administrative support = \$139,996 Grant Revenue- \$124,446

Q95. (Optional) Supplemental information for this initiative.

Q96. Section IV - CB Initiatives Part 2 - Initiative 2

Q97. Name of initiative.

Violence Intervention- DOVE program

Q98. Does this initiative address a need identified in your most recently completed CHNA?

- Yes
- No

Q99. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Community Unity, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input checked="" type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |

- Chronic Kidney Disease
- Community Unity
- Dementias, including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being

- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q100. When did this initiative begin?

2004

Q101. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

Q102. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Over 5,200 cases of family violence per year are reported to the Baltimore County Police Department. It is estimated that these reported cases are only 10 percent of the actual total. Incidents range from verbal threats to critical injuries requiring lengthy hospitalizations. In Baltimore County, approximately 30 percent of the annual homicides are the result of domestic violence.

Q103. Enter the estimated number of people this initiative targets.

Q104. How many people did this initiative reach during the fiscal year?

1,489

Q105. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Q106. Did you work with other individuals, groups, or organizations to deliver this initiative?

- Yes. Please describe who was involved in this initiative.

- No.

Q107. Please describe the primary objective of the initiative.

24/7 crisis intervention to victims of domestic violence in the emergency department

Q108. Please describe how the initiative is delivered.

DOVE provides 24/7 crisis intervention to victims of domestic violence in the emergency department, complete documentation of physical and psychological injuries, referrals to community and legal resources, as well as follow-up case management, support groups and counseling. Staff includes crisis interventionists, a forensic nurse, case managers and a psychotherapist.

Q109. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q110. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

1,489 Clients 3,074 Phone Calls 171 Bedside Visits 1,437 Mental Health Sessions 1,001 Legal Services Provided 346 Nights in Shelter

Q111. Please describe how the outcome(s) of the initiative addresses community health needs.

This intervention responds to the high number of domestic violence cases in the county. Safety and violence is one of the top issues identified in the 2018 CHNA.

Q112. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Total Hospital spend including administrative costs and social supports- \$997,092 Grant funding 997,093

Q113. (Optional) Supplemental information for this initiative.

Q114. Section IV - CB Initiatives Part 3 - Initiative 3

Q115. Name of initiative.

Community Health Education, Office of Community Health Improvement (OCHI)

Q116. Does this initiative address a need identified in your most recently completed CHNA?

- Yes
 No

Q117. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Community Unity, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|--|--|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input checked="" type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input checked="" type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input checked="" type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input checked="" type="checkbox"/> Older Adults |
| <input checked="" type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input checked="" type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input checked="" type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input checked="" type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Educational and Community-Based Programs | <input checked="" type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |

- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being

- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q118. When did this initiative begin?

Prior to 2012

Q119. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

Q120. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Adolescents and patients over 18 years, utilizing LifeBridge Health facilities qualified for comprehensive adult wellness.

Q121. Enter the estimated number of people this initiative targets.

Q122. How many people did this initiative reach during the fiscal year?

5761 individuals were served through this initiative through a variety of educational offerings and services that include but are not limited to the following: Health Fairs, Health Education Workshops, Support Groups, Community-based screenings and risk assessments, Free Community-Based Clinics, Free Health Conferences, Healthcare Support Services—both home-based and telephonic. The Office of Community Health and Wellness provided not only clinical support for partner organizations and community members but also acted as consultants and technical support for community events and education offerings. *Offerings from July 1, 2019-March 6, 2020 were conducted in-person. All activities (to be discussed later) since March 13, 2020 have been virtual.

Q123. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

- Yes. Please describe who was involved in this initiative.

American Heart Association, Kimberly Mays, Senior Director - Community and Multicultural Health • BCHD Cardiovascular Disparities Task Force, Emilie Gildie, Director of Tobacco Use and Cardiovascular Disease Prevention • Baltimore City Dept of Aging, Reverend J. Worthy, Director of Forest Park Senior Center • American Stroke Association, Faye Elliott, RN (Stroke Ambassador) • Sandra and Malcolm Berman Brain and Spine Institute Stroke Programs at LBH, Lorraine Newborn-Palmer, RN Program Coordinator • Shop Rite Howard Park, Josh Thompson, Manager and Susan Tran, Pharmacist • Park Heights Community Health Alliance, Willie Flowers, Executive Director • Various community churches and local businesses Impact

- No.

Q125. Please describe the primary objective of the initiative.

The LifeBridge Health Office of Community Health and Wellness is committed to taking an active role in providing community members with the skills, resources, and access to health services that prevent chronic illness and lead to healthy productive lives. This office also aims to improve the quality of life and health of individuals and families living with chronic illness. Community Health and Wellness extends throughout the LifeBridge Health system, providing services for all service areas. The primary objectives include (1.) Creating and implementing programs that are innovative, family-focused, and that provide tools for community residents to improve their quality of life; (2.) Developing programs that incorporate the mission and values of LifeBridge Health while working with community partners, local and state governments to provide residents with compassionate care and health services; and (3) collaborating with community members, partners, and LifeBridge Health entities to provide technologically sound, evidence-based, and culturally appropriate programming. The LifeBridge Health Office of Community Health and Wellness has become a primary element in conjunction with community partners empowering residents to live healthy and quality lifestyles; thus, preventing and managing chronic illness.

Q126. Please describe how the initiative is delivered.

The Office of Community Health and Wellness provides services to community members in many ways. Staff consists of two Community Health Nurses (one Manager), a Program Manager, a Health Educator, and the Community Pastoral Outreach Coordinator. A large percentage of the requests for health education and screening services in the communities come from our faith-based organizations. This relationship allows us to incorporate the connection of faith and health for many participants and their families, which has an impact on community engagement and mental health. Collectively, staff performed (3,675 total hours do we need to add this?) of various services (to be described later) for community members and partners. There are several types of programs offered and services rendered from the Office of Community Health and Wellness: Risk Identification, Screening and Prevention offerings in this category are aimed at providing community members with the means, information, and opportunities to understand risk of chronic and/or acute disease and take appropriate action for prevention of illness. Collection of clinical measurements is performed in accordance with national guidelines and recommendations aimed at determining participants' current status. Information is then relayed consisting of appropriate actions to take for immediate reconciliation of current condition as needed. Follow-up is provided in partnership with internal and external partners to connect participants to primary care, emergency care when needed, and other resources. Staff delivered nine (9) of these types of events between July 1, 2019 and March 5, 2020 serving 92 community members in Sinai Hospital service area. Participants requiring follow up with a medical professional (according to American Heart Association guidelines) reported a 98% adherence to the agreed upon plan to see their primary care physician. • Diabetes Risk Assessment- in partnership with the American Diabetes Association offices in Baltimore, risk assessments are conducted for pre-diabetes and diabetes, and education delivered on how to prevent illness, improve food choices, and increase healthy activities. • Heart Health- in partnership with the American Heart Association and Stroke Association, internal LBH Legacy Stroke programs and other community partners, risk assessments are conducted for heart disease and stroke risk. Education is then delivered to aid community members on how to prevent and recognize heart attacks and strokes. Information is shared regarding the status of both Legacy hospitals as Primary Stroke Centers, having been nationally recognized for quality care delivered to individuals experiencing a stroke. Education is also provided on the importance of having knowledge of blood pressure, and what maintaining nationally recommended ranges means to maintaining health. • General Health Risk Education- education on the importance of knowing the risk for illness and many topics that will enable individuals and communities to increase knowledge and engage in healthier lifestyle choices. Topics include but are not limited to Nutrition, Stress, Cancer risk, Sexual Health, Mental Health, Navigating Health Care and much more. • Blood Pressure Screening- blood pressure measurements, education, risk assessment, and follow-up are provided to engage participants in health practices including but not limited to acquiring primary care, emergency care, or continued engagement in wellness. • Body Composition Screening- screenings include measurement of weight, total body fat, total body water, and BMI. Follow-up is provided regarding activity and nutrition choices in order to maintain ideal body composition for wellness. Participants are also educated on the health risks of metabolic syndrome and other disorders related to body composition. Health Education, offerings in this category provide community members, internal partners and external partners with information on various subjects. Community Health and Wellness works with partners at prioritizing health education needs in the community and providing Health, Wellness, and Prevention education events, classes and risk assessments. We also use information from the Community Health Needs Assessment as mentioned above. Participants are also connected to resources to help maintain health, and with medical providers and/or other programs. From July 1, 2019 through March 6, 2020, staff provided 69 events in Sinai's service area, serving 928 community members. • Health Fairs- organizations within LBH service areas conduct community and private health fairs at various times of the year. Community Health and Wellness provides staff and/or information to community organizations in conjunction with internal partners in Population Health, Marketing, and Government Affairs as a community benefit to LBH service area residents. The Office of Community Health and Wellness also facilitates attendance of internal LBH partners to provide a wide variety of information, as well as aid in acquiring certification requirements for different internal programs. A central part of these offerings include consultation with external partners and requesting organizations (many faith-based) on how to create, implement, and manage community health events. • Health Education Classes and Conferences- there are many community partners working with Community Health and Wellness to provide education to established groups and/or at designated locations. These offerings serve a variety of populations and age-groups. Subject matter is usually requested, and staff members create presentations to deliver based on specific request(s). General education is provided on many topics that will enable individuals and communities to increase knowledge and engage in healthier lifestyle choices. Topics have included classes on Heart Health, Diabetes, Humor and Health, Memory Enhancement, STIs, Reading Food Labels, and much more. • Chronic Disease Management Support, offerings in this category serve individuals and families living with chronic disease support and information for disease management and health maintenance. Community Health and Wellness staff provide support through interactions related to acquiring wellness and making healthy choices while living with constraints or perceived constraints related to chronic disease. This partnership between staff, individuals, and families facilitate positive interactions with the healthcare system, health care providers, and those managing chronic disease. • Health Workshops- staff conduct and facilitate workshops and demonstrations designed specifically to aid participants in forming decisions that are suitable to their current lifestyle as they live with chronic disease. These decisions help participants and families implement change and empower them to make appropriate decisions. These workshops also serve as the base for informal support groups as participants engage, share experiences and ideas for improvement of different situations. They also demonstrate and provide information on how to form and maintain a healthy relationship with healthcare providers. • Health Coaching- Health and Wellness staff (one Certified Health Coach included) spends time with individuals and/or families and help them figure out their personal ideals regarding health and wellness. This process facilitates the formulation of strategies and goals designed to increase health, facilitate focused disease management techniques, and work towards the best state of health as defined by the individual dealing with chronic disease. • Home-Base Support- staff engage in home visits (or private visits in a neutral, mutually agreed upon meeting place) to further engage individuals and/or families. During home visits medications are reviewed, food choices, environment, and social support(s) are assessed to help participants formulate plans for wellness within their personal realities of life. Cooking demonstrations have been implemented to increase healthy eating and healthier food choices. If more support is needed with social determinants, the appropriate referral is shared. Pastoral Outreach in partnership with Community Initiatives and other Population Health programs offering spiritual support, prayer and counseling to participants as requested. • Health Ministry Workshops- Community Pastoral Outreach Coordinator engages with faith community leaders to consult and assist with forming and/or maintaining an effective health ministry within their organization. In addition, connections are made to appropriate internal LifeBridge partners to aid faith organizations with varying needs and information.

Q127. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q128. Please describe any observed outcome(s) of the initiative (i.e., not intended outcomes).

87% of participants surveyed stated they will make lifestyle change to be healthier after attending education offerings

Q129. Please describe how the outcome(s) of the initiative addresses community health needs.

This initiative engages the community in various forums that provide knowledge regard chronic disease management, empower community members to make health care decisions, encourage healthy relationships with healthcare providers in a area where there is little trust, provides risk assessment information to prevent disease, and connects community members with both internal LBH resources and other resources in the community.

Q130. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$90,182

Q131. (Optional) Supplemental information for this initiative.

Q132. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q133. Additional information about initiatives.

Q134. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q135. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- Yes
 No

Q136.

In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Community Unity, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

This question was not displayed to the respondent.

Q138. Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
<https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>

	Select Yes or No	
	Yes	No
Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Communities - includes measures such as domestic violence and suicide rate	<input checked="" type="radio"/>	<input type="radio"/>
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	<input checked="" type="radio"/>	<input type="radio"/>
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	<input checked="" type="radio"/>	<input type="radio"/>

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

Q140. Section V - Physician Gaps & Subsidies

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

- No gaps
 Primary care
 Mental health
 Substance abuse/detoxification

- Internal medicine
- Dermatology
- Dental
- Neurosurgery/neurology
- General surgery
- Orthopedic specialties
- Obstetrics
- Otolaryngology
- Other. Please specify. Rheumatology, Infectious Diseases, Pshychiatry

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

Hospital-Based Physicians	Physician subsidies have become necessary to ensure that all patients requiring anesthesia, behavioral health, radiology and general medicine care have the access they need both on an inpatient and outpatient basis, including 24/7 coverage. Northwest Hospital provides coverage in each of these areas through contracted physician, House Staff or Hospitalists and allocates a significant amount of resources to sustain these programs.
Non-Resident House Staff and Hospitalists	Physician subsidies have become necessary to ensure that all patients requiring anesthesia, behavioural health, radiology and general medicine care have the access they need both on an inpatient and outpatient basis, including 24/7 coverage. Northwest Hospital provides coverage in each of these areas through contracted physicians, House Staff or Hospitalists and allocates a significant amount of resources to sustain these programs.
Coverage of Emergency Department Call	To help ease the effects of uncompensated care on physicians and address the gap in care for our patients, Northwest Hospital contracts with various specialists to ensure 24/7 coverage in the ED.
Physician Provision of Financial Assistance	Hospital-employed physicians are required to see medically underserved, uninsured, Medicare and Medicaid patients
Physician Recruitment to Meet Community Need	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>

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

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

Q145. Section VI - Financial Assistance Policy (FAP)

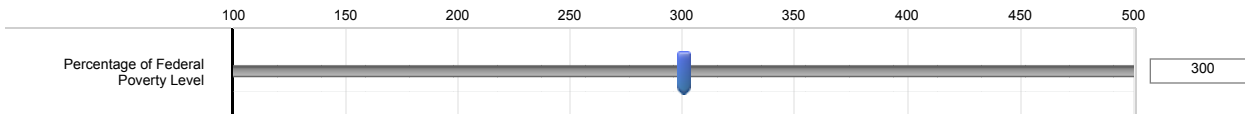
Q146. Upload a copy of your hospital's financial assistance policy.

[LBH Financial Assistance Policy English 012821.pdf](#)
277.4KB
application/pdf

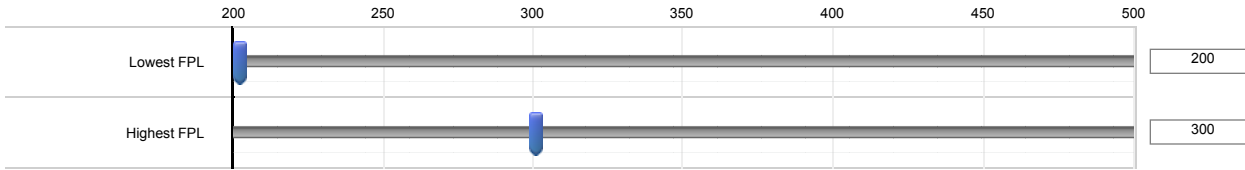
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[Plain Language Summary English.pdf](#)
46.2KB
application/pdf

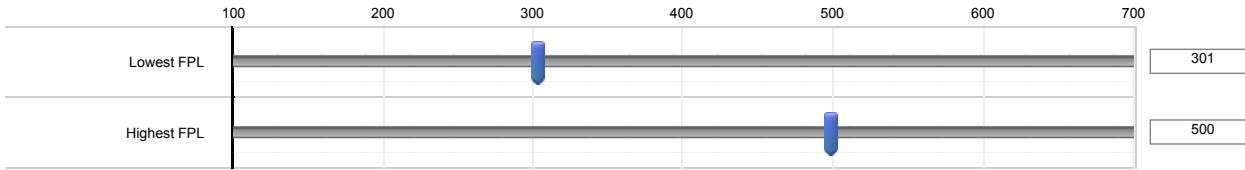
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



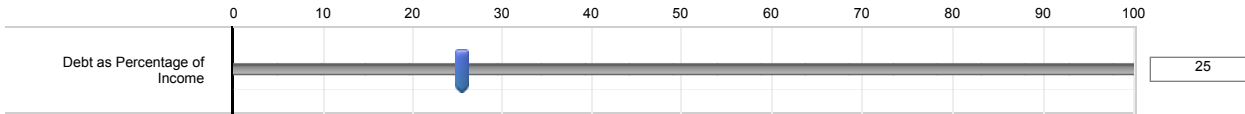
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.



Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q151. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q152. Has your FAP changed within the last year? If so, please describe the change.

- No, the FAP has not changed.
- Yes, the FAP has changed. Please describe: No significant changes to the updated policy

Q153. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

LifeBridge Health provides the financial assistance policies in several language including English, Spanish, French and Russian

Q154. (Optional) Please attach any files containing further information about your hospital's FAP.

[LBH Financial Assistance Policy Spanish.pdf](#)
597.4KB
application/pdf

Q155. Summary & Report Submission

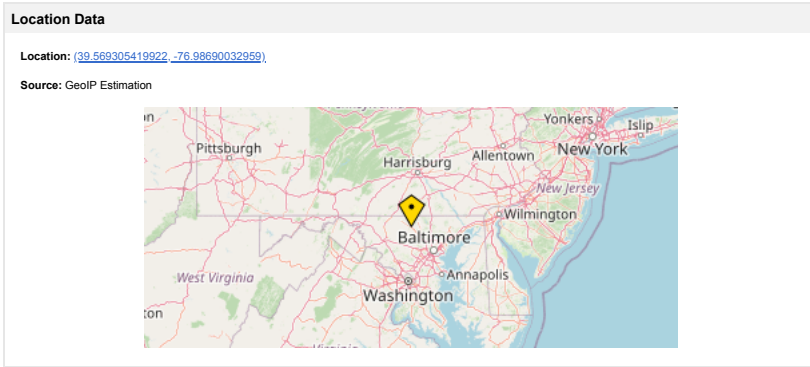
Q156.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.



- were involved in the DOVE initiative. Please provide a list of those individuals, groups, or organizations. **That answer should have been NO.**
- Reviewers found the answer to question 107 on page 23 to be a description of the delivery of the initiative, rather than the initiative's objective. Please describe what the initiative intends to achieve. **The objective is to provide intervention services to victims of Domestic Violence.**
 - In question 111 on page 24, please clarify *how* the initiative addresses the community need. **Crisis interventionists, a forensic nurse, case managers and a psychotherapist Provide crisis intervention to victims of domestic violence in the emergency department. Community Safety was a significant need identified in the CHNA.**
 - In question 112 on page 24, please clarify the funding status of this initiative. Is it the case that the hospital's total spending of \$997,092 is entirely offset by grant funding of \$997,093 for a net-negative community benefit of -\$1.00? **No the grant revenue is 867,583 with a net community benefit of \$129,500. (I am not sure WHAT I was looking at there!)**
 - In Question 117 on page 24, where you selected the CHNA-identified needs addressed by the Community Health Education, Office of Community Health Improvement (OCHI) initiative, a number of those needs were not selected in Question 56 on page 12 as having been identified in your hospital's most recent CHNA. Please confirm whether these should have been selected for question 56:
 - Adolescent Health **Yes**
 - Health Literacy **Yes**
 - Older Adults **Yes**
 - Please provide an answer to question 121 on page 25. **Approximately 3000**
 - In question 127 on page 27, please explain the following items selected:
 - Count of participants/encounters – does the hospital judge the effectiveness of each sub-initiative by the number of encounters? Please clarify. **We judge success on the number of people we are able to reach.**
 - Surveys of participants – Are all participants of all sub-initiatives given the same survey? Are there participants who are not offered a survey? **yes. Program participants are asked to rate their understanding of a topic prior to a class and after a class.**
 - Biophysical health indicators – Which indicators are used to judge the effectiveness of this initiative? **Blood pressure screenings are performed and documented.**

Please provide your clarifying answers as a response to this message. Thank you.

CONFIDENTIALITY NOTICE This e-mail transmission, and any documents, files, or previous e-mail messages attached to it, may contain information that is confidential. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, you are hereby notified that you must not read this transmission and that any disclosure, copying, printing, distribution or use of any of the information contained in or attached to this transmission is **STRICTLY PROHIBITED!** If you have received this transmission in error, please immediately notify the sender by telephone or return e-mail and delete the original transmission and its attachments without reading or saving in any manner.



Header Information

Participating Organization's: Sinai Hospital, Northwest Hospital, Carroll Hospital, Levindale Hebrew Geriatric Center and Hospital, Grace Medical Center

Policy Category: Finance

Subject: Hospital Financial Assistance

Department Responsible for Review: Revenue Cycle Division

Policy Owner: Senior Vice President and Chief Revenue Officer

I. POLICY

- A. **Purpose.** The purposes of this Policy are to (a) set forth eligibility criteria for receiving Financial Assistance; (b) outline circumstances and criteria under which each hospital will provide free or discounted care for Eligible Services to eligible patients who are Uninsured, Underinsured, patients ineligible for public or government assistance or who are otherwise unable to pay for Eligible Services, (c) set forth the basis and methods of calculation for charging any discounted amounts to such patients, and (d) state the measures to widely publicize this Policy within the communities to be served by the hospital. LifeBridge Health expects that patients will comply fully with the terms of this Policy in the determination of their eligibility for, and any receipt of, Financial Assistance and discounts. LifeBridge Health further expects its patients to apply for Medicaid and other governmental program assistance when appropriate, and to pursue any payments from third parties who may be liable to pay for the patient's care as the result of personal injury or similar claims. LifeBridge Health also encourage individuals to obtain health insurance to the extent such individuals are financially able to do so.
- B. **Scope.** This policy applies to LifeBridge Health State of Maryland regulated hospital affiliates specifically Carroll Hospital, Grace Medical Center, Levindale Hebrew Geriatric Center and Hospital, Northwest Hospital and Sinai Hospital (collectively known for this policy as "LifeBridge Health")
- C. **Policy.** It is the policy of LifeBridge Health to provide medically necessary health care services to all patient's without regard to the patient's ability of pay or Protected Class as defined in MD Code, Health-General §19-214.1, at each applicable hospital location (as defined below). Each hospital also provides, without discrimination, care for Emergency Medical Conditions (as defined below) to individuals without regard to such individual's eligibility for Financial Assistance, as more specifically set forth in LifeBridge Health's separate Emergency Medical Treatment & Labor Act (EMTALA) Policy, a copy of which can be obtained free of charge from any one of the sources or locations listed in Section III. K. of this Policy.
- D. **Adoption of Policy.** The Board of Directors of LifeBridge Health and each of its applicable tax-exempt affiliates that provides medically necessary hospital services, has adopted the following policies and procedures for the provision of Financial Assistance.
- E. **Frequency of Review.** This policy is to be reviewed and approved every two years.

II. DEFINITIONS

For purposes of this Policy, the terms below shall be defined as follows:

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- A. **“AGB”** means the amounts generally billed as defined by IRS Section 501(r)(5) for hospital emergency and other Medically Necessary care to individuals who have insurance covering that care, and calculated in accordance to the State of Maryland Health Services Cost Review Commission (HSCRC).
- B. **“Application”** has the meaning set forth in Section III. B. below which shall comply with the HSCRC uniform financial assistance application requirements.
- C. **“Assets”** means assets and resources (and the values thereof) of an individual, that would be taken into account and valued in accordance with the Code of Maryland Regulations in determining eligibility specifically excluding such individual’s (a) primary personal residence not to exceed an assessed value of \$150,000, (b) retirement assets or plans as qualified or nonqualified by the Internal Revenue Service including one or more retirement plans which shall include, without limitation, an individual retirement account (traditional or Roth), profit-sharing plan, defined benefit pension plan, 401(k) plan, 403(b) plan, nonqualified deferred compensation plan, money purchase pension plan, or other retirement plan equivalent to any of the foregoing, (c) one motor vehicle owned by the patient or any family member used for necessary transportation needed, (d) prepaid education assets or plans as defined by the State of Maryland or Internal Revenue Service which include, without limitation, Education Savings Account or 529 plans, (e) any assets expressly excluded in determining eligibility for a Federal or State financial or medical assistance program or plan which include, but not limited to, the Federal Supplemental Nutrition Assistance Program (SNAP), the Maryland Medical Assistance Program, State Energy Assistance Program, or Supplemental Food Program for Women, Infants, and Children, (f) burial space or plot, funds or prepaid burial contracts, and (g) household goods and personal effects.
- D. **“CMO”** means Chief Medical Officer at a LifeBridge Health hospital or Chief Physician Executive.
- E. **“Eligible Services”** means the services (and any related products) provided by a LifeBridge Health hospital that are eligible for Financial Assistance under this Policy, which shall include: (1) emergency medical services provided in an emergency room setting, (2) non-elective medical services provided in response to life-threatening circumstances that are other than emergency medical services in an emergency room setting, and (3) Medically Necessary Services as defined in this policy.
- F. **“Emergency Medical Conditions”** has the same meaning as such term is defined in section 1867 of the Social Security Act, as amended (42 U.S.C. 1395dd) and as stated:
“A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious

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jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part; or with respect to a pregnant woman who is having contractions: (i) that there is inadequate time to effect a safe transfer to another hospital before delivery, or (ii) that transfer may pose a threat to the health or safety of the woman or the unborn child.”

- G. **“Family Member”** means a member of a group of two (2) or more individuals who reside together and who are related by birth, marriage, or adoption, including, without limitation, any individual claimed as a dependent by any such individual on his or her federal income tax return.
- H. **“Family Income”** means the gross income of an individual and all of his or her Family Members, including, without limitation, compensation for services (wages, salaries, commissions, etc.), interest, dividends, royalties, capital gains, annuities, pension, retirement income, Social Security, public or government assistance, rents, alimony, child support, business income, income from estates or trusts, survivor benefits, scholarships or other educational assistance, annuity payments, payments under or from a reverse mortgage, fees, income from life insurance or endowment contracts, and any other gross income or remuneration, from whatever source derived, all on a pre-tax basis.
- I. **“Federal Poverty Guidelines”** means poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services in effect at the time of such determination.
- J. **“Financial Assistance”** means any financial assistance in the form of free or discounted care granted to an eligible individual pursuant to this Policy.
- K. **“Financial Hardship”** means an Uninsured or Underinsured patient of a LifeBridge Health hospital who (1) after payment by all third-party payers, is financially obligated to a LifeBridge Health hospital for an amount in excess of twenty-five percent (25%) of such patient’s gross annual income and (2) has Assets that total value of which is less than the amount of “Assets”, as amended from time to time.
- L. **“Hospital Cost Review Commission (HSCRC)”** means an independent agency of the State of Maryland with broad regulatory authority to establish rates to promote cost containment, access to care, financial stability and accountability; including guidelines that govern hospital financial assistance.
- M. **“Hospital”** means a facility (whether operated directly or through a joint venture arrangement) that is required by the State of Maryland to be licensed, registered, or similarly recognized as a

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hospital. "Hospital" means collectively, more than one Hospital Facility. As it relates to this Policy, applicable locations include:

- Carroll Hospital,
- Grace Medical Center
- Levindale Hebrew Geriatric Center and Hospital
- Northwest Hospital,
- Sinai Hospital

- N. **"Medically Necessary"** shall have the same meaning as such term is defined for Medicare (services or its reasonable and necessary for the diagnosis or treatment of illness or injury), or for disputed or less clear cases referred to the CMO or designee to render a decision.
- O. **"Policy"** means this "Financial Assistance Policy" of a LifeBridge Health hospital, as amended from time to time.
- P. **"Protected Class"** shall comply with the Code of Maryland Regulation specifically representing race, color, religion, ancestry or national origin, sex, age, marital status, sexual orientation, gender identity, genetic information, disability, citizenship status, or any other class, ethnicity or designation not otherwise specified.
- Q. **"Provider"** means a LifeBridge Health hospital employed physician, advanced clinical practitioner or licensed professional recognized and granted authority by the State of Maryland to provide health care services.
- R. **"Uninsured"** means a patient of a LifeBridge Health hospital who has no level of insurance, third party assistance, medical savings account, or claims against one or more third parties covered by insurance, to pay or assist with such individual's payment obligations for the provision of Eligible Services.
- S. **"Underinsured"** means a patient of LifeBridge Health hospital who has some level of insurance, third party assistance, medical savings account, or claims against one or more third parties covered by insurance, to pay or assist with such individual's payment obligations for provision of Eligible Services, but who nevertheless remains obligated to pay out-of-pocket expenses for the provision of Eligible Services that exceed such individual's financial abilities.

III. GUIDELINES

- A. **Eligibility.** Upon a determination of financial need and eligibility in accordance with this Policy, a LifeBridge Health hospital will provide Financial Assistance for Eligible Services to or for Uninsured patients, Underinsured patients, patients who are ineligible for public or government assistance, or who are otherwise unable to pay for Eligible Services. Financial Assistance

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pursuant to this Policy shall be based on a determination of financial need for each individual, regardless of race, sex, age, disability, national origin or religion, or other Protected Class.

- B. Application for Financial Assistance. Except as otherwise provided in this Policy, a LifeBridge Health authorized representative will review all information requested and set forth in an application for Financial Assistance (a copy of which can be obtained free of charge from any one of the sources or locations listed in Section III. K. below of this Policy), an in any and all documentation therein requested and provided (the application and such documentation, collectively, an “Application”), as well as any one or more items of the following information, in determining whether an individual will be eligible for and receive Financial Assistance:
1. Publicly available data that provides information about an individual’s ability to pay (e.g. credit reports, scores, or ratings; Federal Poverty Guidelines, relevant published federal or state guidelines, bankruptcy filings or orders);
 2. Insurance eligibility for public or private health insurance including qualification for other public programs that may cover health care costs;
 3. Information relating to such individual’s participation or enrollment in, or receipt of benefits from or as part of, (a) any state or federal assistance program enrollment (e.g., Supplementary Security Income, Medicaid, Food Stamps/SNAP, Women, Infants, and Children (WIC) programs, AFDC, Children’s Health Insurance Program (CHIP), low-income housing, disability benefits, unemployment compensation, subsidized school lunch, or (b) any free clinic, indigent health access programs, or Federally Qualified Health Center (FQHC).
 4. Information substantiating the total gross Family Income and assets owned or held by the individual and liabilities or other obligations of the individual;
 5. Information substantiating that such individual is or has been homeless, disabled, declared mentally incompetent or otherwise incapacitated, so as to adversely affect such individual’s financial ability to pay; and/or
 6. Information substantiating that such individual has sought or is seeking benefits from all other available funding sources for which the individual is eligible, including insurance, Medicaid or other state or federal programs.

It is preferred, but not required, that an individual request Financial Assistance prior to Eligible Services being provided. Any Application may be submitted prior to, upon receipt of Eligible Services, or during the billing and collection process. The information that an individual requesting Financial Assistance has provided will be re-evaluated, verified, and required to be updated at each subsequent time Eligible Services are provided that is more than twelve (12) months after the time such information was previously provided. If such information does change or additional information is discovered relevant to the patient’s eligibility for Financial Assistance, it is the patient’s responsibility to notify Customer Service at (800)788-6995. Applications will be made available, free of charge, at any hospital Patient Access or Customer Service. Requests for Financial Assistance will be processed promptly, and the hospital will determine eligibility within two (2) business days for probable determination or 14 (fourteen) days for final determination after receipt of a completed Application, submission of all required

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information, and make all reasonable efforts to provide written notification to the patient or applicant of its determination within thirty (30) days. Such notification may be in the form of a billing statement which shows the amount of Financial Assistance applied to the patient's account(s), and if the patient is granted 100% Financial Assistance or denied, written notice will be sent in the form of a letter delivered to the patient's or guarantor's mailing address on file.

A LifeBridge Health hospital may deny or reject any Application and/or may reverse any previously provided discounts or Financial Assistance, if it determines in good faith, that information previously provided was intentionally false, incomplete or misleading. Moreover, a LifeBridge Health hospital may, at its sole discretion, pursue any and all legal remedies or actions, including criminal charges, against any person who knowingly misrepresented their financial condition including, without limitation, the amount or value of Family Income and/or Assets.

- C. **Appeals and Complaints.** Patients or Guarantors with applications denied for Financial Assistance covered under this Policy may appeal such decisions or file a complaint.
1. Appeals must be in writing and describe the basis of reconsideration, including any supporting documentation. Appeals must be submitted to Customer Service within fourteen (14) calendar days of the application decision or otherwise the decision shall be upheld and considered final. Customer Service will make every effort to notify Patients or Guarantors of the appeal decision within thirty (30) calendar days.
 2. Complaints regarding this Policy can be received by mail, email or phone. All complaints are to be reported to LifeBridge Health Compliance Department for monitoring and reporting. Customer Service will respond to each complaint, contact the individual who filed the complaint and notify the LifeBridge Health Compliance Department of the complaint's outcome.

Patients or Guarantors may also file a complaint with Maryland Health Education and Advocacy Unit using the following contact information:

Office of the Attorney General
Health Education and Advocacy Unit
200 St. Paul Place, 16th Floor
Baltimore, MD 21202
Phone: (410)528-1840
Fax: (410)576-6571
Email: HEAU@oag.state.md.us

- D. **Presumptive Financial Assistance.** In some cases or circumstances a patient or applicant may appear eligible for Financial Assistance, but either has not provided all requested information or otherwise non-responsive to the application process. In such cases or circumstances, an authorized representative of a LifeBridge Health hospital may complete the Application on the patient's behalf and research evidence of eligibility for Financial Assistance from available

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outside sources to determine the patient's estimated income and potential discount amounts or may utilize other sources of information to make an assessment of financial need. As a result of such information, the patient may be eligible for discounts up to 100% of the amounts owed for Eligible Services. In such circumstances, a patient is presumed eligible to receive Financial Assistance for Eligible Services if the patient meets one or more of the following criteria:

1. Eligible for the Maryland Medical Assistance program or Maryland Children's Health Program and:
 - i. Lives in a household with children enrolled in the free and reduced-cost meal program;
 - ii. Receives benefits through the federal Supplemental Nutrition Assistance Program;
 - iii. Receives benefits through the State's Energy Assistance Program;
 - iv. Receives benefits through the federal Special Supplemental Food Program for Women, Infants, and Children; or
 - v. Receives benefits from any other social service program as determined by the Maryland Department of Health and Mental Hygiene (MD DHMH) and the State of Maryland HSCRC.
 2. Residence in low income or subsidized housing;
 3. Unfavorable credit history, based on the patient's credit report (high risk, low medical score, delinquent accounts);
 4. Utilization of third-party predictive modeling based on public record databases and calibrated historical approvals statistically matched to this Policy. Such technology will be deployed prior to bad debt assignment in an effort to screen all patients for financial assistance prior to collection agency placement or pursuing any extraordinary collection actions.
 5. Homeless or received care from a homeless shelter, free clinic;
 6. Mentally incompetent as declared by a court or licensed professional; or
 7. Deceased with no known estate.
- E. Eligibility Criteria and Amounts Charged to Patients. Patients who are determined to be eligible, shall receive Financial Assistance in accordance with such individual's financial need, as determined by referring to the Federal Poverty Guidelines as published annually in the Federal Register.
1. Notwithstanding anything in this Policy to the contrary, no patient who is eligible to receive Financial Assistance for Eligible Services will be charged more than allowed by the State of Maryland HSCRC pricing or AGB for emergency or other Medically Necessary care.
 2. The basis for determining and calculating the amounts billed an Uninsured or Underinsured patient who is eligible for Financial Assistance is as follows:
 - i. Any Uninsured or Underinsured patient eligible for Financial Assistance will first receive the Financial Assistance discount for either 100% of billed charges or a reduced billed amount for those with Family income above 300% of the Federal Poverty Guidelines.

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- ii. Uninsured or Underinsured patients eligible for Financial Assistance whose yearly Family Income is equal to or less than 300% of the Federal Poverty Guidelines and whose total Assets do not exceed amounts allowed will receive a discount of 100% of their remaining account balance.
 - iii. Any Uninsured with Family Income above 300%, but less than 500% of the Federal Poverty Guidelines may qualify for a Financial Hardship discount. To qualify total Assets must be less than allowed provided total outstanding medical expenses minus co-payments, coinsurance and deductibles exceed 25% of annual Family Income. The amount of the Financial Hardship discount is any amount that exceeds 25% of annual Family Income. Thus, remaining balance owed excluding co-payments, coinsurance and deductibles if applicable after discount does not exceed 25% of Family Income.
- F. Excluded Services. The following healthcare services are not eligible for Financial Assistance under this Policy:
 1. Purchases from retail operations, including gift shops, retail pharmacy, durable medical equipment, cafeteria purchases;
 2. Services provided by non-LifeBridge Health entities or professional services from physicians or advanced practice providers during hospital visits;
 3. Elective procedures or treatments that are not Medically Necessary including cosmetic surgery, bariatric surgery, venous ablation.
 4. Services provided at Levindale Nursing, Rehabilitation and Adult Day Care locations and any amounts deemed by Medicaid as patient liability.
 5. Existing or pre-established programs to assist patients with defined coverage of services similar to Best Beginnings for undocumented women needing prenatal care or Access Carroll for free clinic care to uninsured and underinsured patient populations in Carroll County.
- G. Communication of Information about the Policy to Patients and the Public. LifeBridge Health hospitals will take measures to inform and notify patients and visitors and the residents of the community at large served by the hospital, of this Policy in a manner that, at a minimum, will notify the listener and reader that the hospital offers Financial Assistance and informs individuals about how and where to obtain more information about this Policy. Such measures will include the following:
 1. Clearly and conspicuously post signage to advise patients and visitors of Financial Assistance availability including Emergency Department, admission areas and billing departments
 2. Make this Policy, the Application, and a plain language summary of this Policy widely available on its website www.lifebridgehealth.org.
 3. Make paper copies of this Policy, the Application, and a plain language summary of this Policy available upon request, without charge, in public locations in each hospital including Emergency Department, admission areas, billing department and by mail or e-

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mail. Furthermore, Patient Access and Customer Service representatives will notify and inform individuals upon admission or discharge of Financial Assistance and offer a paper copy of a plain language summary of the Financial Assistance Policy.

4. List all Providers, as referenced as Addendum I, whether employed or not employed by the hospital, covered by this Policy and will make widely available on its website www.lifebridgehealth.org.
 5. Referral of patients for Financial Assistance may be made by any member of LifeBridge Health staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors.
 6. A request for Financial Assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws and limitations.
 7. Any and all written or printed information concerning this Policy, including the Application, will be made available in each of the languages spoken by the lesser of 1,000 individuals or 5% of the community served by the hospital or the population likely to be encountered or affected by the hospital. The hospital will take reasonable efforts to ensure that information about this Policy and its availability is clearly communicated to patients who are not proficient in reading and writing and/or who speak languages other than those for which information about this Policy are printed or published.
- H. Document Retention Procedures. The hospital will maintain documentation in accordance with retention policies sufficient to identify each patient determined to be eligible for Financial Assistance including the patient's Application, any information obtained or considered in determining such patient's eligibility for Financial Assistance (including information about such patient's income and assets), the method used to verify patient's income, the amount owed by the patient, the method and calculation of any Financial Assistance for which such patient was eligible and in fact received, and the person who approved the determination of such patient's eligibility for Financial Assistance.
- I. Relationship to Billing and Collections Policy. For any patient who fails to timely pay all or any portion of amount(s) owed, the hospital will follow guidelines set forth in its separate Billing and Collections Policy; provided that, the hospital will not commence or institute any extraordinary collection actions (including garnishments, liens, foreclosures, levies, attachments or seizures of assets, commencing civil or criminal actions, sales of debts to third parties, reporting adverse information to credit reporting agencies or credit bureaus) against any patient for failure to timely pay all of any portion of patient's account, without first, making reasonable efforts to determine whether the patient is eligible for Financial Assistance. Reasonable efforts are set forth in the separate Billing and Collections Policy, including those relating to patient communications and required actions, time periods, and notices of complete or incomplete Application for Financial Assistance. A copy of the Billing and Collection Policy may be obtained free of charge from any one of the sources or locations listed in Section III.K. below.

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- J. No Effect on Other Policies; Policy Subject to Applicable Law. This Policy shall not alter or modify other policies regarding efforts to obtain payment from third party payers, transfers or emergency care. This Policy and the provision of any Financial Assistance will be subject to all applicable federal, state, and local law.
- K. Sources of and Locations for Information. Copies of this Policy, the Application, the Billing and Collections Policy, and the EMTALA Policy, may be obtained from or at any one or more of the following sources or locations:
1. Any Customer Service, Patient Access, or Patient Registration areas;
 2. Emergency Department, admission areas or billing department;
 3. By calling Customer Service at (800)788-6995; and
 4. LifeBridge Health's website at www.lifebridgehealth.org.



Thank you for choosing LifeBridge Health as your healthcare provider. Our Patient Financial Services Department is available to assist patients who do not carry medical insurance (uninsured) or face significant co-payment, coinsurance and/or deductible charges, which may be challenging to manage due to personal hardship or financial distress. Depending on the specific financial situation, a patient may be eligible to receive Maryland Medical Assistance (Medicaid), Financial Assistance or take advantage of extended payment plans.

Financial Assistance Eligibility Criteria - Based on your circumstances and program criteria, you may qualify for full or partial assistance from LifeBridge Health. To qualify for full assistance, you must show proof of income 300% or less of the federal poverty guidelines; income between 301% - 500% of the federal poverty guidelines may qualify you for Financial Hardship Reduced Cost Care, which limits your liability to 25% of your gross annual income. Eligibility is calculated based on the number of people in the household and extends to any immediate family member living in the household. You may also qualify for presumptive eligibility if you are a beneficiary/recipient of a means-tested Federal, State or Local social service program. Financial Assistance covers uninsured patients and liability after all insurance(s) pay. Approvals are granted for twelve months. Patients are encouraged to re-apply for continued eligibility.

Where to Find Information - To obtain a Financial Assistance application and cover letter:

- ask a member of our Registration Staff
- visit our Customer Service Representatives in the main lobby of the Hospital
- call Customer Service at (410) 601-1094 or (800) 788-6995 (M-F 7:30 AM – 5:00 PM)
- visit www.lifebridgehealth.org

How to Apply - Complete the application in accordance with the instructions on the cover letter and return the application and required documentation to our Customer Service Representatives in the main lobby or mail to:

LifeBridge Health, Inc.

Financial Assistance Representative

2401 West Belvedere Avenue

Baltimore, Maryland 21215



Appeals and Complaints – You may file an appeal or complaint to the mailing address, email or Customer Service phone number(s) above. Patients may file a complaint against the hospital for an alleged violation of its financial assistance policy at hsrc.patient-complaints@maryland.gov. You may also file a complaint with the Maryland Health Education and Advocacy Unit at (410) 528-1840 or HEAU@oag.state.md.us.



Información del encabezado

Organizaciones participantes: Sinai Hospital, Northwest Hospital, Carroll Hospital, Levindale Hebrew Geriatric Center and Hospital, Grace Medical Center

Categoría de la política: Finanzas

Asunto: Asistencia financiera hospitalaria

Departamento responsable de la revisión: División del ciclo de ingresos

Encargado de la política: Vicepresidente Senior y Director de ingresos

I. POLÍTICA

- A. **Objetivo.** Los objetivos de esta Política son (a) establecer criterios de elegibilidad para recibir Asistencia financiera; (b) describir las circunstancias y los criterios bajo los que cada hospital brindará atención gratuita o con descuento de los Servicios elegibles para los pacientes elegibles que no estén asegurados, tengan un seguro insuficiente, no sean elegibles para asistencia pública o gubernamental o que no puedan pagar por otro motivo los Servicios elegibles, (c) establecer las bases y los métodos de cálculo para cobrar cualquier cantidad con descuento a tales pacientes, y (d) establecer las medidas para divulgar ampliamente esta Política dentro de las comunidades atendidas por el hospital. LifeBridge Health espera que los pacientes cumplan plenamente con los términos de esta Política al determinar su elegibilidad y la obtención de Asistencia financiera y descuentos. LifeBridge Health espera, además, que sus pacientes soliciten Medicaid y otra asistencia de un programa gubernamental cuando sea apropiado, y que busquen los pagos de terceros que puedan responsabilizarse de pagar la atención del paciente, como resultado de lesiones personales o reclamos similares. LifeBridge Health también estimula a las personas a obtener seguros de salud hasta donde sean financieramente capaces de hacerlo.
- B. **Alcance.** Esta política se aplica a los hospitales regulados afiliados del estado de Maryland de LifeBridge Health, específicamente Carroll Hospital, Grace Medical Center, Levindale Hebrew Geriatric Center and Hospital, Northwest Hospital y Sinai Hospital (conocidos colectivamente para esta política como “LifeBridge Health”)
- C. **Política.** Es política de LifeBridge Health brindar servicios de salud médicamente necesarios a todos los pacientes, independientemente de su capacidad de pago o de la Clase protegida, según se define en el Código de MD, §19-214.1 general sobre salud, en cada centro hospitalario aplicable (según se define a continuación). Cada hospital también brinda a las personas, sin discriminación, atención para afecciones médicas de emergencia (como se define a continuación), independientemente de la elegibilidad de esas personas a la Asistencia financiera, como se establece de forma más específica en la Política separada de la Ley de tratamiento médico de emergencia y laboral (EMTALA, por las siglas en inglés) de LifeBridge Health, cuya copia puede obtenerse sin costo en cualquiera de los lugares enumerados en la Sección III. K. de esta Política.

- D. Adopción de la política. La Junta de Directores de LifeBridge Health y cada uno de los afiliados aplicables exentos de impuestos que brindan servicios hospitalarios médicamente necesarios han adoptado las siguientes políticas y procedimientos para la prestación de Asistencia financiera.
- E. Frecuencia de la revisión. Esta política debe revisarse y aprobarse cada dos años.

II. DEFINICIONES

Para los fines de esta Política, los siguientes términos se definirán de la siguiente forma:

- A. **“Afecciones médicas de emergencia”** tiene el mismo significado que el término definido en la sección 1867 de la Ley de seguridad social y sus enmiendas (42 U.S.C. 1395dd) y que establece:

“Una afección médica que se manifiesta por síntomas agudos de gravedad suficiente (incluido dolor fuerte) de forma que la ausencia de atención médica inmediata podría esperarse razonablemente que: (i) coloque en grave peligro la salud de la persona (o, con respecto a una mujer embarazada, la salud de la mujer y su hijo no nacido), (ii) genere un deterioro serio de las funciones corporales, o (iii) produzca una disfunción grave de cualquier órgano o parte del cuerpo; o con respecto a una mujer embarazada que tenga contracciones: (i) que no haya tiempo suficiente para realizar una transferencia segura a otro hospital antes del nacimiento, o (ii) que la transferencia implique una amenaza a la salud o la seguridad de la mujer o del niño no nacido”.
- B. **“AGB”** se refiere a los montos facturados en general según se definen en la Sección 501(r)(5) de IRS por la atención de emergencia y de otro tipo médicamente necesario a personas con seguros que cubren esa atención, y se calculen de acuerdo con la Comisión de revisión de costos de los servicios de salud (HSCRC, por sus siglas en inglés) del estado de Maryland.
- C. **“Asistencia financiera”** significa cualquier asistencia financiera en la forma de atención gratuita o con descuento, otorgada a una persona elegible según esta Política.
- D. **“Bienes”** se refiere a los bienes y recursos (y sus valores correspondientes) de una persona, que se considerarán y evaluarán según el Código de regulaciones de Maryland para determinar la elegibilidad, exceptuando específicamente (a) la residencia personal principal de la persona que no supere un valor de USD 150 000, (b) los bienes o planes de jubilación calificados o no por el Servicio de impuestos internos (IRS), incluidos uno o más planes de jubilación entre los que deben estar, sin limitarse a ellos, cuentas de jubilación individuales (tradicionales o Roth), planes de lucros compartidos, planes de pensión con beneficios definidos, planes 401(k), planes 403(b), planes de compensación diferidos no calificados, plan de pensiones con compra monetaria, u otro plan de jubilación equivalente a cualquiera de los anteriores, (c) un vehículo automotor de propiedad del paciente o de cualquier miembro de la familia utilizado para necesidades de transporte, (d) planes o bienes prepagados de educación según lo definan el estado de Maryland o el IRS y que incluyen, sin limitarse a ellos, una Cuenta de ahorros para educación o planes 529, (e) cualquier bien excluido expresamente al determinar la elegibilidad para un plan o programa de asistencia médica o financiera federal o estatal incluidos, sin limitarse a ellos, el Programa federal de asistencia nutricional complementaria (SNAP, por sus siglas en inglés), el Programa de asistencia médica de Maryland, el Programa estatal de asistencia energética, o el Programa de alimentación complementaria para mujeres, infantes y niños, (f) espacio en un

cementerio o sepultura, fondos o contratos prepagados de gastos funerarios, y (g) enseres domésticos y posesiones personales.

- E. **“Clase protegida”** deberá cumplir con la Norma del Código de Maryland, específicamente en lo referente a raza, color, religión, origen nacional o ascendencia, sexo, edad, estado civil, orientación sexual, identidad de género, información genética, discapacidad, estado de ciudadanía, o cualquier otra clase, etnia o designación que no se haya especificado de otra forma.
- F. **“CMO”** se refiere al Director médico en un hospital de LifeBridge Health o al Director ejecutivo médico.
- G. **“Comisión de revisión de costos hospitalarios (HSCRC)”** se refiere a una agencia independiente del estado de Maryland con amplia autoridad regulatoria para restablecer tarifas con el fin de estimular la contención de costos, el acceso a la atención, la estabilidad financiera y la responsabilidad; incluidas orientaciones que rigen la asistencia financiera hospitalaria.
- H. **“Con seguro insuficiente”** se refiere a un paciente de un hospital de LifeBridge Health que tiene cierto nivel de seguro, asistencia de terceros, cuenta de ahorros médicos, o reclamos contra uno o más terceros cubiertos por un seguro, con el fin de pagar o ayudar a esa persona en sus obligaciones de pago derivados de la prestación de servicios de salud elegibles; sin embargo, sigue obligada a pagar los gastos de bolsillo referentes a la prestación de los servicios elegibles que superan la capacidad financiera de la persona.
- I. **“Dificultad financiera”** se refiere a un paciente no asegurado o con un seguro insuficiente de un hospital de LifeBridge Health que (1) tras el pago de todos los pagadores terceros, tiene una obligación financiera con un hospital de LifeBridge Health por un monto que supera el veinticinco por ciento (25 %) de los ingresos brutos anuales de ese paciente y (2) tiene bienes por un valor total inferior a la cantidad de “Bienes”, según las enmiendas ocasionales.
- J. **“Hospital”** se refiere a una instalación (ya sea que se opere directamente o mediante un acuerdo de empresa conjunta) que el estado de Maryland exige que cuente con licencia, registro o reconocimiento similar como hospital. “Hospital” significa, colectivamente, más de un centro hospitalario. En lo referente a esta Política, los lugares aplicables incluyen:
- Carroll Hospital,
 - Grace Medical Center
 - Levindale Hebrew Geriatric Center and Hospital
 - Northwest Hospital,
 - Sinai Hospital
- K. **“Ingreso familiar”** se refiere al ingreso bruto de una persona y todos los miembros de su familia, incluidos sin limitarse a ellos, remuneración por servicios (pagos, salarios, comisiones, etc.), intereses, dividendos, regalías, ganancias de capital, rentas, pensión, ingresos por jubilación, seguridad social, asistencia pública o gubernamental, alquileres, pensión conyugal, pensión alimenticia, ingresos comerciales, ingresos patrimoniales o de fideicomisos, beneficios de sobrevivientes, becas u otra asistencia educativa, pagos de anualidades, pagos de una hipoteca revertida, honorarios, ingresos de un seguro de vida o un contrato de dotación, y cualquier otro ingreso o remuneración brutos, de cualquier fuente que se deriven, todo antes de impuestos.

- L. **“Médicamente necesario”** tendrá el mismo significado que la definición que brinda Medicare al término (servicios razonables y necesarios para el diagnóstico o el tratamiento de enfermedades o lesiones), o de casos disputados o menos claros que se deriven al CMO o su designado para tomar una decisión.
- M. **“Miembro de la familia”** significa un miembro de un grupo de dos (2) o más personas que residen juntas y están relacionadas por nacimiento, matrimonio o adopción, incluidas sin limitarse a ellas, las personas que se indiquen como dependientes por esa persona en su declaración federal para devolución de impuestos.
- N. **“No asegurado”** se refiere a un paciente de un hospital de LifeBridge Health que no tiene ningún nivel de seguro, asistencia de terceros, cuenta de ahorros médicos, o reclamos contra uno o más terceros cubiertos por un seguro, con el fin de pagar o ayudar a esa persona en sus obligaciones de pago derivados de la prestación de servicios de salud.
- O. **“Orientaciones sobre los niveles federales de pobreza”** se refiere a las orientaciones sobre pobreza actualizadas anualmente en el Registro federal por el Departamento de Salud y Servicios Sociales de los EE. UU., válidas en el momento de tal determinación.
- P. **“Política”** significa esta “Política de asistencia financiera” de un hospital de LifeBridge Health, modificada ocasionalmente.
- Q. **“Proveedor”** se refiere a un médico empleado, un profesional clínico avanzado o un profesional licenciado de un hospital de LifeBridge Health reconocido y al que el estado de Maryland le ha otorgado autorización para brindar servicios de salud.
- R. **“Servicios elegibles”** se refiere a los servicios (y a cualquier producto relacionado) brindado por un hospital de LifeBridge Health que sea elegible para la Asistencia financiera en virtud de esta Política, incluidos: (1) servicios médicos de emergencia brindados en una sala de emergencias, (2) servicios médicos no electivos brindados como respuesta a circunstancias que implican riesgo de muerte y no corresponden a servicios médicos de emergencia en una sala de emergencia, y (3) servicios médicamente necesarios según la definición de esta política.
- S. **“Solicitud”** tiene el significado establecido en la siguiente Sección III. B. que debe cumplir con los requisitos de solicitud de asistencia financiera uniformes de la HSCRC.

III. ORIENTACIONES

- A. Elegibilidad. Tras la determinación de la necesidad financiera y la elegibilidad de acuerdo con esta Política, un hospital de LifeBridge Health brindará Asistencia financiera para los Servicios elegibles a pacientes no asegurados o con seguro insuficiente, a pacientes que no sean elegibles para asistencia pública o gubernamental, o que no sean capaces de pagar de otra forma los Servicios elegibles. La Asistencia financiera dentro de esta Política se basará en la determinación de la necesidad financiera de cada persona, independientemente de la raza, el sexo, la edad, la discapacidad, el origen nacional o la religión, u otra Clase protegida.
- B. Solicitud de Asistencia financiera. Excepto que esta Política lo determine de otra forma, un representante autorizado de LifeBridge Health revisará toda la información solicitada y

establecida en una solicitud de Asistencia financiera (cuya copia se puede obtener sin costo en cualquiera de las fuentes o lugares mencionados en la Sección III. K. después de esta Política), y toda la documentación solicitada y proporcionada (la solicitud y tal documentación, colectivamente, una "Solicitud"), así como uno o más de los elementos de la siguiente información, con el fin de determinar si la persona será elegible y recibirá Asistencia financiera:

1. Datos públicamente disponibles que brinden información sobre la capacidad de pago de una persona (por ej. informes de crédito, puntuaciones, o clasificaciones; Orientaciones sobre los niveles federales de pobreza, orientaciones relevantes federales o estatales publicadas, u órdenes o declaraciones de bancarrota);
2. Elegibilidad para seguro de salud público o privado que incluya la calificación para otros programas públicos que puedan abordar los costos de la atención médica;
3. Información relacionada con la inscripción o participación de esa persona o la recepción de beneficios de o como parte de (a) cualquier inscripción en un programa de asistencia federal o estatal (por ej., Ingresos de seguridad complementarios, Medicaid, Cupones de alimentos/SNAP, programas para Mujeres, infantes y niños (WIC, por sus siglas en inglés), AFDC, Programa de seguro de salud para niños (CHIP, por sus siglas en inglés), vivienda de bajos ingresos, beneficios por discapacidad, remuneración de desempleo, almuerzo escolar subsidiado, o (b) cualquier programa de acceso a la salud de indigentes, clínicos gratuitos, o un Centro de salud federalmente calificado (FQHC, por sus siglas en inglés).
4. Información que respalde el ingreso bruto total familiar y los bienes de propiedad y posesión de la persona, así como las deudas y otras obligaciones que tenga;
5. Información que respalde que esa persona ha sido o es un habitante de la calle, discapacitada, declarada mentalmente incompetente o incapacitada de otra forma, de modo que esto afecta la capacidad de pago de la persona; e/o
6. Información que respalde que esa persona ha buscado o está buscando beneficios de todas las otras fuentes disponibles de financiamiento para las que la persona es elegible, incluidos seguros, Medicaid u otros programas estatales o federales.

Se prefiere, pero no es obligatorio, que una persona solicite Asistencia financiera antes de que se le brinden los Servicios elegibles. Cualquier solicitud debe enviarse antes de, tras recibir los Servicios elegibles, o durante el proceso de facturación y cobro. La información que haya proporcionado una persona que solicita la Asistencia financiera será reevaluada, verificada y se debe actualizar cada vez que se brinden los Servicios elegibles y hayan transcurrido más de doce (12) meses desde que se brindó la información. Si esa información cambia o se descubre información adicional relevante para la elegibilidad del paciente para recibir Asistencia financiera, es responsabilidad del paciente avisarle a Servicio al cliente al (800)788-6995. Las solicitudes deben estar a la disposición, sin costo, en Servicio al cliente o Acceso de pacientes de cualquier hospital. Las solicitudes de Asistencia financiera se procesarán rápidamente y el hospital determinará la elegibilidad dentro de dos (2) días hábiles para la determinación probable o catorce (14) días para la determinación final, después de recibir una Solicitud completada y toda la información requerida, y hará todos los esfuerzos razonables para brindar una notificación escrita al paciente o solicitante sobre su determinación dentro de treinta (30) días. Tal notificación podría hacerse mediante una facturación que muestre la cantidad de la Asistencia financiera aplicada a la cuenta del paciente y, si al paciente se le otorga una

Asistencia financiera del 100 % o se le niega, se le enviará una carta con el aviso escrito a la dirección postal del paciente o el fiador registrada en el expediente.

Un hospital de LifeBridge Health puede negar o rechazar cualquier Solicitud y/o podría revertir cualquier descuento o Asistencia financiera brindados anteriormente, si determina de buena fe que la información que se proporcionó era intencionalmente falsa, incompleta o engañosa. Además, un hospital de LifeBridge Health puede, a su entera discreción, buscar cualquier recurso o acción, incluidos cargos criminales, contra cualquier persona que haya tergiversado a propósito su condición financiera, entre otros, la cantidad o el valor de Ingreso familiar y/o los Bienes.

- C. Apelaciones y quejas. Los pacientes o fiadores con solicitudes de Asistencia financiera cubiertas por esta Política y denegadas pueden apelar tales decisiones o presentar una queja.
1. Las apelaciones deben realizarse por escrito y describir la base de reconsideración, incluida cualquier documentación de respaldo. Las apelaciones deben enviarse a Servicio al cliente dentro de los catorce (14) días calendario posteriores a la decisión sobre la solicitud o, de lo contrario, la decisión se mantendrá y se considerará definitiva. El personal de Servicio al cliente hará todos los esfuerzos para notificar a los pacientes o los fiadores sobre la decisión de la apelación dentro de treinta (30) días calendario.
 2. Las quejas referentes a esta Política se pueden recibir por correo postal, correo electrónico o teléfono. Todas las quejas deben informarse al Departamento de conformidad de LifeBridge Health para su supervisión e informes. El personal de Servicio al cliente responderá cada queja, se comunicará con la persona que presentó la queja y le informará al Departamento de conformidad de LifeBridge Health sobre el resultado de la queja.

Los pacientes y fiadores también pueden presentar una queja ante la Unidad de defensa y educación en salud de Maryland mediante la siguiente información de contacto:

Office of the Attorney General
Health Education and Advocacy Unit
200 St. Paul Place, 16th Floor
Baltimore, MD 21202
Teléfono: (410) 528-1840
Fax: (410)576-6571
Correo electrónico: HEAU@oag.state.md.us

- D. Asistencia financiera presumida. En algunos casos o circunstancias, un paciente o solicitante podría parecer elegible para Asistencia financiera pero no ha brindado toda la información solicitada o no ha respondido de otra forma el proceso de solicitud. En tales casos o circunstancias, un representante autorizado de un hospital de LifeBridge Health podría completar la Solicitud a nombre del paciente e investigar la evidencia de elegibilidad a la Asistencia financiera en fuentes externas disponibles, con el fin de determinar el ingreso estimado del paciente y la cantidad potencial del descuento, o podría utilizar otras fuentes de información para evaluar la necesidad financiera. Como resultado de esa información, el

paciente podría ser elegible para descuentos de hasta el 100 % de las cantidades debidas por los Servicios elegibles. En tales circunstancias, un paciente se presume elegible para recibir Asistencia financiera para los Servicios elegibles si el paciente cumple con uno o más de los siguientes criterios:

1. Es elegible para el programa de Asistencia médica de Maryland o el Programa de salud infantil de Maryland y:
 - i. Vive en un hogar con niños registrados en el programa de alimentación gratuita o de costo reducido;
 - ii. Recibe beneficios mediante el Programa de asistencia nutricional complementaria federal;
 - iii. Recibe beneficios mediante el Programa de asistencia energética del estado;
 - iv. Recibe beneficios mediante el Programa de alimentación complementaria especial federal para Mujeres, infantes y niños; o
 - v. Recibe beneficios de cualquier otro programa de servicio social determinado por el Departamento de salud e higiene mental de Maryland (MD DHMH) y el HSCRC del estado de Maryland.
 2. Reside en una vivienda subsidiada o de bajos ingresos;
 3. Tiene un historial crediticio desfavorable, basado en el informe de crédito del paciente (alto riesgo, baja puntuación médica, cuentas morosas);
 4. La utilización de modelos predictivos de terceros a partir de bases de datos de registros públicos y aprobaciones históricas calibradas estadísticamente coincide con esta Política. Tal tecnología se implementará antes de una asignación de deuda incobrable, en un esfuerzo por analizar a todos los pacientes en función de la asistencia financiera antes de colocarlos en una agencia de cobros o de buscar acciones de cobro extraordinarias.
 5. Vive en la calle o ha recibido atención de un centro para indigentes, una clínica gratuita;
 6. Una corte o un profesional licenciado la ha declarado mentalmente incompetente; o
 7. Falleció sin conocimiento de sucesión.
- E. Criterios de elegibilidad y cantidades cobradas a los pacientes. Los pacientes que se determina que son elegibles recibirán la Asistencia financiera según su necesidad financiera específica, de acuerdo con la referencia de las Orientaciones sobre los niveles federales de pobreza, publicadas anualmente en el Registro federal.
1. Independientemente de cualquier determinación contraria en esta Política, a ningún paciente que sea elegible para recibir Asistencia financiera por los Servicios elegibles se le cobrará más de lo permitido en AGB o los precios de HSCRC del estado de Maryland por la atención de emergencia o de otro tipo que sea médicamente necesario.
 2. La base para determinar y calcular las cantidades facturadas a un paciente no asegurado o con seguro insuficiente que sea elegible para Asistencia financiera es la siguiente:
 - i. Cualquier paciente no asegurado o con seguro insuficiente elegible para Asistencia financiera recibirá primero el descuento de la Asistencia financiera referente al 100 % de los cargos facturados o una cantidad facturada reducida para quienes tienen un ingreso familiar superior al 300 % de acuerdo con las Orientaciones sobre los niveles federales de pobreza.

- ii. Los pacientes no asegurados o con seguro insuficiente elegibles para Asistencia financiera cuyo ingreso familiar anual sea igual o inferior al 300 % de lo estipulado en las Orientaciones sobre los niveles federales de pobreza y cuyos bienes totales no superen las cantidades permitidas recibirán un descuento del 100 % de su saldo restante.
- iii. Cualquier paciente no asegurado con un ingreso familiar superior al 300 % pero inferior al 500 % de lo establecido en las Orientaciones sobre los niveles federales de pobreza podrían calificar para un descuento por Dificultad financiera. Para calificar, los bienes totales deben ser inferiores a lo permitido, siempre y cuando los gastos médicos totales pendientes menos los copagos, coseguros y deducibles superen el 25 % del ingreso familiar anual. La cantidad del descuento por Dificultad financiera es cualquier cantidad que supere el 25 % del ingreso familiar anual. De esta forma, el saldo restante debido, excepto los copagos, coseguros y deducibles si corresponden, después del descuento, no debe superar el 25 % del ingreso familiar.

F. Servicios excluidos. Los siguientes servicios de atención en salud no son elegibles para la Asistencia financiera bajo esta Política:

- 1. Compras de operaciones minoristas incluidas tiendas de regalos, farmacias minoristas, equipo médico duradero, compras de cafetería;
- 2. Servicios brindados por entidades que no son de LifeBridge Health o servicios profesionales de médicos o profesionales avanzados durante visitas al hospital;
- 3. Procedimientos o tratamientos electivos que no sean médicamente necesarios, incluidas cirugías cosméticas, cirugías bariátricas, ablación venosa.
- 4. Servicios brindados en instalaciones de Enfermería, rehabilitación y centros diurnos para adultos Levindale, así como cualquier monto considerado por Medicaid como responsabilidad del paciente.
- 5. Programas existentes o preestablecidos para ayudarles a los pacientes con cobertura definida de servicios similares a Best Beginnings para mujeres indocumentadas que necesitan atención prenatal o Access Carroll para atención clínica gratuita a las poblaciones de pacientes no asegurados o con seguro insuficiente en Carroll County.

G. Comunicación de la información sobre la Política a los pacientes y al público. Los hospitales de LifeBridge Health tomarán medidas para informarles y notificarles a los pacientes y los visitantes, así como a los residentes de la comunidad en general atendidos por el hospital, sobre esta Política de forma que, como mínimo, se avise a los lectores y oyentes que el hospital ofrece Asistencia financiera y se informe a las personas sobre cómo y dónde obtener más información sobre esta Política. Tales medidas incluirán las siguientes:

- 1. Señalización clara y llamativa para indicarles a los pacientes y visitantes sobre la disponibilidad de Asistencia financiera, incluidos el Departamento de emergencia, las áreas de ingreso y el departamento de facturación
- 2. Esta Política, la solicitud y un resumen en lenguaje sencillo estarán ampliamente disponibles en el sitio web www.lifebridgehealth.org.

3. Se harán copias impresas de esta Política, la Solicitud y un resumen en lenguaje sencillo de esta Política si se solicitan, sin costo, en lugares públicos de cada hospital, incluidos el Departamento de emergencia, las áreas de ingreso, el departamento de facturación y por correo postal o electrónico. Además, los representantes de Acceso de pacientes y Servicio al cliente les notificarán e informarán a las personas tras su ingreso o alta sobre la Asistencia financiera y ofrecerán una copia impresa de un resumen en lenguaje sencillo de la Política de Asistencia financiera.
 4. Se mencionarán todos los proveedores, según la referencia del Anexo I, ya sean empleados o no del hospital, cubiertos por esta Política y se pondrán a la disposición en su sitio web www.lifebridgehealth.org.
 5. La derivación de pacientes para Asistencia financiera podría hacerla cualquier miembro del personal médico o de LifeBridge Health, incluidos los médicos, enfermeros, asesores financieros, trabajadores sociales, gerentes de caso, capellanes y padrinos religiosos.
 6. La solicitud de Asistencia financiera puede hacerla el paciente o un familiar, amigo cercano o asociado del paciente, sujeto a las limitaciones y las leyes de privacidad aplicables.
 7. Cualquiera y toda la información escrita o impresa referente a esta Política, incluida la Solicitud, estará disponible en cada uno de los idiomas hablados por 1000 personas o el 5 % de la comunidad (lo que sea menor) atendida por el hospital o por la población a la que probablemente el hospital encuentre o afecte. El hospital realizará los esfuerzos razonables para garantizar que la información sobre esta Política y su disponibilidad se comunique claramente a los pacientes que no sepan leer y escribir y/o no hablen idiomas que no sean los que cuentan con la información sobre esta política impresa o publicada.
- H. Procedimientos de retención de documentos. El hospital mantendrá la documentación de acuerdo con las políticas de retención suficientes para identificar a cada paciente que se determine que es elegible para Asistencia financiera, incluida la solicitud del paciente, cualquier información obtenida o considerada al determinar la elegibilidad de tal paciente a la Asistencia financiera (incluida información sobre los ingresos y bienes del paciente), el método utilizado para verificar los ingresos del paciente, la cantidad debida por el paciente, el método y el cálculo de cualquier Asistencia financiera a la que el paciente era elegible y de hecho haya recibido, y la persona que aprobó la determinación de la elegibilidad de ese paciente a la Asistencia financiera.
- I. Relación con la Política de facturación y cobros. En el caso de que cualquier paciente no realice los pagos a tiempo de todas o cualquiera de las cantidades debidas, el hospital seguirá las orientaciones establecidas en su Política de facturación y cobros separada; siempre y cuando el hospital no inicie ni instituya ninguna acción de cobro extraordinaria (incluidos embargos, gravámenes, ejecuciones hipotecarias, confiscaciones de bienes, inicio de acciones civiles o criminales, ventas de deudas a terceros, reportes de información negativa a las agencias de informes de crédito o las oficinas de crédito) contra cualquier paciente, en caso de que no se pague a tiempo toda o cualquier parte de la cuenta del paciente, sin hacer primero los esfuerzos razonables para determinar si el paciente es elegible para la Asistencia financiera. Los esfuerzos

razonables se establecen en la Política de facturación y cobros separada, incluidos los relacionados con las comunicaciones al paciente y las acciones requeridas, los periodos y los avisos de Solicitudes de Asistencia financiera completas o incompletas. Puede obtenerse de forma gratuita una copia de la Política de facturación y cobros con una de las fuentes o lugares enumerados en la Sección III.K.

- J. Sin efecto en otras políticas; Política sujeta a la legislación aplicable. Esta Política no alterará ni modificará otras políticas referentes a los esfuerzos para obtener el pago de terceros pagadores, transferencias o atención de emergencia. Esta Política y la asignación de cualquier Asistencia financiera están sujetas a toda la legislación aplicable federal, estatal y local.

- K. Fuentes y lugares de información. Se pueden obtener copias de esta Política, la Solicitud, la Política de facturación y cobros y la Política de EMTALA con las siguientes fuentes:
 - 1. Cualquier área de Servicio al cliente, Acceso de pacientes o Registro de pacientes;
 - 2. Departamento de emergencia, áreas de ingreso y departamento de facturación;
 - 3. Al llamar al Servicio al cliente al (800)788-6995; y
 - 4. El sitio web de LifeBridge Health en www.lifebridgehealth.org.