

Sinai Hospital of Baltimore, Inc.
FY 2011 Community Benefit Narrative Report

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. The licensed bed designation at Sinai Hospital of Baltimore (SHOB) is 502, which includes Adult, Pediatric, and Neonatal Intensive Care Unit beds. Inpatient admissions for FY 11 were 28,243.

Table I describes general characteristics about Sinai Hospital such as percentages of Medicaid recipients and uninsured persons delineated by primary service area zip code. The primary service areas listed below are ordered from largest to smallest number of discharges during the most recent 12-month period available (i.e. FY 11), as defined by the Health Services Cost Review Commission (HSCRC). Table 1 also lists Maryland hospitals that share one or more of SHOB's 'primary service area' zip codes. In FY11, primary service area zip codes for SHOB accounted for 17,932 or 63% of total inpatient admissions.

Medicaid patients accounted for 5.5% of the total Sinai patient admissions in FY 11 and 36.6% of these Medicaid patients live in the 21215 zip code, the zip code in which the hospital is located. The total percentage of uninsured patients (i.e. 'self pay') admitted to SHOB in FY 11 was 4.7%. Again, the zip code with the highest percentage of SHOB's uninsured patients is 21215 at 31.6%. For more information about the socioeconomic characteristics of the community benefit service areas (CBSA), see Table II.

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes: ¹	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured (Self-Pay) Patients, by Zip Code	Percentage of Patients who are Medicaid Recipients, by Zip Code	
				Self Pay in Zip Code divided by all Self Pay	Medicaid in Zip Code divided by all Medicaid	
				<i>4.7% of SHOB Total Inpatient Admissions are Self-Pay</i> **	<i>5.5% of SHOB Total Inpatient Admissions are Medicaid</i> **	
502	Total: 28243	6788	21215	UMD St. Joseph's Mercy Johns Hopkins St. Agnes Bon Secours Union Memorial Maryland General Northwest GBMC James Kernan	31.6% of Self Pay Total	36.6% of Medicaid Total
		2027	21207		7.2% of Self Pay Total	9.6% of Medicaid Total
		1843	21208		2.9% of Self Pay Total	3.5% of Medicaid Total
		1677	21209		2.3% of Self Pay Total	1.5% of Medicaid Total
		1368	21117		3.8% of Self Pay Total	3.8% of Medicaid Total
		1209	21216		6.9% of Self Pay Total	4.4% of Medicaid Total
		925	21133		2.6% of Self Pay Total	3.9% of Medicaid Total
		768	21244		2.8% of Self Pay Total	3.3% of Medicaid Total
		712	21136		1.7% of Self Pay Total	2.8% of Medicaid Total
		615	21217		3.7% of Self Pay Total	3.1% of Medicaid Total

** Please see Table II for a description of socioeconomic characteristics of the community benefit service areas which directly receive the majority of community benefit services.

Community Description: Sinai Hospital of Baltimore (SHOB) is located in the northwest quadrant of Baltimore City, serving both its immediate neighbors and others from throughout the Baltimore City and County region. The neighborhoods surrounding Sinai are identified by the Baltimore Neighborhood Indicators Alliance (BNIA) as Southern Park Heights (SPH) and Pimlico/Arlington/Hilltop (PAH)². Sinai's community benefit activities primarily serve people living in 21215, 21207, and the northern areas of 21216 and 21217; however, zip code of residence does not determine eligibility for community benefit services. Together, the zip codes define the hospital's Community Benefit Service Area (CBSA) and constitute an area that is predominately African American with a below average median family income, but above average rates for unemployment, and other social determinants of poor health.

¹ Health Services Cost Review Commission (HSCRC), FY2011

² Baltimore Neighborhood Indicators Alliance (BNIA), 2011

Relying on data from the 2009 American Community Survey³, SPHs' median household income was \$27,365 and PAH's median household income was \$29,031. This is compared to Baltimore City's median household income of \$37,395 in 2009. The percentage of families with incomes below the federal poverty guidelines in SPH was 25.9%; in PAH, 21.3% of families had incomes below the federal poverty guidelines.⁴ The average unemployment rates for SPH and PAH, were 17.5% and 17.0% respectively while the Baltimore City unemployment rate recorded in 2010 was 10.9 %.⁵

The Baltimore City Health Department uses Community Statistical Areas (CSA) when analyzing health outcomes and risk factors. The CSAs represent clusters of neighborhoods based on census tract data rather than zip code and were developed by the City's Planning Department based on recognizable city neighborhood perimeters. In the chart below, we identified CSAs contained within the zip codes of the primary service areas that best represent the communities served by the community benefit activities at Sinai Hospital. One zip code (21207) spans city/county lines (see footnote below chart). Baltimore County does not provide CSAs.

The racial composition and income distribution of the zip codes described below reflect the segregation and income disparity characteristic of the Baltimore metropolitan region. As indicated above, those zip codes that have a predominantly African American population, including 21215, in which the hospital is located, reflect the racial segregation and poverty representative of Baltimore City. This is in contrast to neighboring Baltimore County zip codes (21208 & 21209) in which the median household income is much higher, and in which the population is predominantly white. Notable is the high proportion of ER use by those living in 21215, 21207, 21216 and 21217, which together account for over half, 37095 or 59% of Sinai's 62,918 ER encounters, reflecting the use of the ER for primary medical care. Of the hospital's total ER visits in FY2011, 56%, or 35,459, were Medical Assistance or Self Pay.

³ American Community Survey, 2009

⁴ Baltimore City Health Department, Neighborhood Health Profiles, 2011

⁵ American Community Survey (ACS), 2010

Table II

Community Benefit Service Area (CBSA): Zip Code	21215	21207*	21216	21217
Community Benefit Service Area (CBSA): Community Statistical Area as determined by the Baltimore City Health Department.	Southern Park Heights (SPH) Pimlico/Arlington/Hilltop (PAH)	Howard Park/West Arlington (HPWA)	Dorchester/Ashburton (DA) Greater Mondawmin (GM)	Penn North/Reservoir Hill (PNRH)
Total Population ^{6,7}	SPH: 13,284 PAH: 11,816 21215: 66,358	HPWA: 10,871 21207: 47,995	DA: 11,794 GM: 9,339 21216: 36,242	PNRH: 9,665 21217: 41,636
Gender ⁸	SPH: 45.4% Male PAH: 46.2% Male	HPWA: 45.5% Male	DA: 44.5% Male GM: 43.4% Male	PNRH: 46.6% Male
Primary Racial Composition ^{6,7}	SPH: 96.1% African American PAH: 94.8% African American	HPWA: 94.9% African American 21207: 80% African American	DA: 96.6% African American GM: 96.7% African American	PNRH: 91.0% African American 21217: 89.8% African American
Median Age ⁷	38.1 years	36.2 years	37.2 years	33.5 years
Median Household Income within the CBSA ⁹	SPH: \$27,365 PAH: \$29,031	HPWA: \$36,622	DA: \$39,533 GM: \$34,438	PNRH: \$30,597
Percentage of families with incomes below federal poverty guidelines within CBSA ⁶	SPH: 25.9% PAH: 21.3%	HPWA: 15.2%	11.8% GM: 12.2%	PNRH: 16.5%

⁶ Baltimore City Health Department, Neighborhood Health Profiles, 2011

⁷ American Factfinder, U.S. Census Bureau, 2000

⁸ Baltimore City Health Department, Neighborhood Health Profiles, 2011 (U.S. Census Bureau, 2010)

⁹ American Community Survey, 2009

Community Benefit Service Area (CBSA): Zip Code	21215	21207*	21216	21217
Percentage of uninsured people (excluding active duty service members and incarcerated persons) by County within by County the CBSA. ¹⁰	<p>Baltimore City: 15.2%</p> <p>Baltimore County: 9.5%</p>			
Percentage of Medicaid recipients (excluding active duty service members and incarcerated persons) by County within the CBSA. ¹⁰	<p>Baltimore City: 37.7%</p> <p>Baltimore County: 24.5%</p>			
Average Monthly Medicaid Enrollment (CY2010) ¹¹	21215: 23,658	21207: 11,725	21216: 13,889	21217: 18,898
Life Expectancy by County within the CBSA ¹²	SPH: 66.7 years PAH: 66.8 years	HPWA: 72.9 years	DA: 72.4 years GM: 69.6 years	PNRH: 68.1 years
Mortality Rates by County within the CBSA: Age adjusted mortality (deaths per 10,000 residents) ¹¹	SPH: 135.3 PAH: 135.3	HPWA: 98.7	DA: 109.1 GM: 116.2	PNRH: 137.1
ER Visits (% of Total)**	21215: 38%	21207: 10%	21216: 7%	21217: 4%
# of Vacant Buildings per 10,000 Housing Units ¹³	SPH: 1202.9 PAH: 918.7	HPWA: 128.2	DA: 210.5 GM: 844.9	PNRH: 935.0
Violent Crime Rate (per 100,000) ¹⁴	SPH: 15.7 PAH: 16.7	HPWA: 11.3	DA: 14.7 GM: 26.0	PNRH: 15.3
Unemployment Rate ¹⁵	SPH: 17.5% PAH: 17.0%	HPWA: 11.2%	DA: 11.2% GM: 10.2%	PNRH: 19%

¹⁰ ACS, 2009

¹¹ HSCRC, 2010

¹² Baltimore City Health Department, Neighborhood Health Profiles, 2011, Maryland State Vital Statistics Administration 2005-2009 & the 2010 US Census

¹³ Baltimore City Health Department, Neighborhood Health Profiles, 2011, Mayor's Office of Information Technology from the Baltimore City Housing Department.

¹⁴ BNIA

¹⁵ Baltimore City Health Department, Neighborhood Health Profiles, 2011, ACS, 2009

Community Benefit Service Area (CBSA): Zip Code	21215	21207*	21216	21217
Chronically Absent Students (+20 days missed/year) in 9 th -12 th grade ¹⁶	SPH: 47.8% PAH: 46.8%	HPWA: 38.6%	DA: 36% GM: 39.4%	PNRH: 47.8%
High School Completion Rate ¹⁵	SPH: 81.6% PAH: 75.5%	Not Available Baltimore City: 81.3%	DA: 80.7% GM: Not Available	Not Available Baltimore City: 81.3%
Sanitation: Rate of Dirty Streets and Alleys (per 1,000 residents)	SPH: 64.2 PAH: 56.4	HPWA: 31.39	DA: 32.0 GM: 115.76	PNRH: 83.21
# of Corner Stores per 10,000 residents ¹⁷	SPH: 6.0 PAH: 12.7	HPWA: 1.8	DA: 5.1 GM: 10.7	PNRH: 9.3
# of Carry-Out Restaurants per 10,000 residents ¹⁸	SPH: 7.5 PAH: 18.6	HPWA: 9.2	DA: 6.8 GM: 11.8	PNRH: 9.3
# of Alcohol Stores (Class A) per 10,000 residents ¹⁹	SPH: 4.5 PAH: 5.9	HPWA: .9	DA: 2.5 GM: 5.4	PNRH: 2.1

*Of the hospital's total ER visits in FY2011, 56%, or 35,459, were Medical Assistance or Self Pay.

** 21207 spans city/county lines; however, SHOB community benefit activities primarily serve the city-portion of the zip code. The Baltimore CSA for the city side of 21207 is Howard Park/West Arlington and the data for this CSA is provided above.

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Identification of Community Health Needs:

During FY 2011 Sinai Hospital did not conduct a formal community health needs assessment as defined by the Patient Protection and Affordable Care Act. Sinai performed a formal assessment that meets those requirements defined by ACA in FY 2005. However, in the years since 2005, informal community health needs

¹⁶ BNIA

¹⁷ Baltimore City Health Department, Neighborhood Health Profiles, 2011, The Johns Hopkins Center for a Livable Future

¹⁸ Baltimore City Health Department, Neighborhood Health Profiles, 2011, Baltimore City Health Department Open Food Facilities Permit/License Database

¹⁹ Baltimore City Health Department, Neighborhood Health Profiles, 2011, Baltimore City Liquor Board

assessments have been done in a variety of ways, according to the hospital departments involved and the population groups they serve. Below are several of those methods used by the hospital to identify community health needs.

- A. Clinical department need recognition based on daily patient care and professional experience,
- B. Identification through participation in a community coalition and/or collaboration with the Health Department and/or other partners,
- C. Assessment by an external consultant,
- D. Consultation with community residents, agencies, organizations, and health care providers.

Method A: Clinical department recognition based on daily patient care and professional experience.

For many of the clinical departments, informal needs assessments are performed as a by-product of daily patient care, as staff encounter the needs of those who seek services. For example, the Department of Medicine's Infectious Disease Ambulatory Center (IDAC) provides specialty care for insured HIV+ individuals. But Sinai did not provide primary medical care nor HIV specialty care for uninsured or under insured individuals who wished to have their ambulatory services at Sinai Hospital. This gap in services was obvious to IDAC's staff and clinicians when uninsured or underinsured persons sought specialty care at IDAC or when insured IDAC patients lost their insurance during the course of care, or when either group sought primary care at Sinai. (See Table III, Initiative 1)

Method B: Identification through participation in a community coalition and/or collaboration with the Health Department and/or other partners.

Another way the hospital has identified community needs is through participating in or serving on community coalitions that perform a planning function. For example, in 2009 recognizing Sinai's efforts to improve maternal and infant health, the Baltimore City Health Department invited Sinai's Department of Community Initiatives to join its BabyStat group. This group, comprised of all home visiting services in Baltimore, is responsible for monitoring infant health in the city and for implementing Baltimore's Strategy to Improve Birth Outcomes, Babies Born Healthy initiative (BBH). Sinai's participation in this group and in the Park Heights Renaissance Service Providers Network's monthly meetings is instrumental not only in assessing community health needs, but also in implementation of interventions to improve infant health in Park Heights. For example, our perinatal outreach staff implement the health department's citywide campaigns with such as the Safe Sleep educational campaign in Park Heights. (See Table III, Initiative 2).

Method C: Assessment by an external consultant.

In FY 05, an external consultant conducted a needs assessment to identify a priority community health need and develop an intervention in response, as charged by Sinai's parent organization, the LifeBridge Health System's Board

and President. Since then we have relied on the informal assessment processes described here.

However, in preparation for the requirements of the ACA during FY 2011 we have been in the process of determining the best way to perform formal community health needs assessments in the coming years. Our Director of Community Initiatives, who is responsible for developing and monitoring our community benefit programming, has researched various needs assessment methods and held discussions with executive leadership regarding those. The hospital President contacted the State Health Commissioner and the President of the Maryland Hospital Association to explore partnerships in the assessment process. We then decided to contract with a company, Healthy Communities Institute to purchase their product, CHNA, for data collection for our 2012 assessment.

Method D: Consultation with community residents, agencies, organizations, and health care providers.

In FY2011 Sinai received a capacity-building grant from the US Department of Health and Human Services, Health Resources and Services Administration to expand the capacity of the hospital and community-based service providers to deliver high quality, accessible, coordinated HIV/AIDS care to impoverished residents of southern Park Heights. This one-year project was done by a consultant working with a group of five service providers, including Sinai, brought together for this purpose. The consultant convened this group, which became the Park Heights HIV Providers Network, to perform an inventory of existing HIV services for Park Heights residents identifying service gaps in the process. At initial meetings of the Network to frame and give background to the group's work, the group had presentations of city and state epidemiological data on rates of HIV infection and AIDS prevalence in the Park Heights zip code compared to the city and state rates.

This process identified a need for the availability of primary and specialty (infectious disease) care at one site to for uninsured persons to increase primary care capacity and care coordination. In addition holding monthly Network meetings where all five agencies were represented by management level staff, our consultants also held a series of focus groups with direct service staff and with service consumers from those agencies. The consultant also held key informant interviews with all Network agency managers. In that way we were able to draw information from a comprehensive range of perspectives on service needs. (See Table III, Initiative 3.)

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

As described in the above descriptions of Methods B, *Identification through participation in a community coalition and/or collaboration with the Health Department and/or other partner*, and D, *Consultation with community residents*,

agencies, organizations, and health care providers, we collaborate extensively with other community groups and experts when seeking to assess community health needs and plan for coordinated interventions.

In the example in Method B, we participate in an ongoing group, Baby Stat, of Perinatal Home Visiting providers in a coordinated effort to reduce infant mortality and to improve infant health outcomes in Baltimore city. Additionally toward that goal, and other health and social condition improvement, we participate in the monthly discussions of social service and health providers that make up the Park Heights Providers Network. This group is convened and facilitated by the Park Heights Renaissance, the agency charged with implementation of the Park Heights Plan, a plan for the revitalization of Park Heights, both physically and in quality of life.

In the example for Method D, the Park Heights HIV Providers Network consists of Sinai, the Baltimore City Health Department, Sisters Together and Reaching (STAR), Women Accepting Responsibility (WAR), and the Park West Medical System, the Federally Qualified Health Center designated to serve Park Heights. The consultant who facilitated this capacity development project was a public health professional with extensive background in community health and HIV.

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

2005

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

Yes

No

*The parent organization of SHOB, LifeBridge Health, performed a formal assessment that meets those requirements defined by ACA in FY 2005. (See discussion in II, 1, c above.)

III. COMMUNITY BENEFIT ADMINISTRATION

a. Does your hospital have a CB strategic plan?

Yes

No

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any

individual/group involved in the structure of the CB process and provide additional information if necessary):

i. Senior Leadership

1. CEO
2. CFO
3. Other (Vice Presidents)

ii. Clinical Leadership

1. Physician
2. Nurse
3. Social Worker
4. Other (e.g. Community Health Educators)

iii. Community Benefit Department/Team

1. Individual:

Dr. Pamela Young, Director of Community Initiatives

2. Committee (please list members)

- a. Health Equity Task Force (HETF) and its Community Advisory Panel (CAP)—plans and develops community benefit programming to address health disparities

HETF Members: Chaired by Sinai President. Members include Director of Quality and Performance Improvement, Director of Medical Education, Director of Community Initiatives, Sinai President, Patient Care Director of ER, Advanced Practice Nurse, Human Resources Nurse Recruiter, Nurse Educator, and Director of Guest Relations.

CAP Members: City Councilwoman, Director of Community Initiatives, Executive Director of Park West Medical Center, Deputy Commissioner of Baltimore City Health Department, Executive Director of Park Heights Renaissance, Director of Office of Minority Health and Health Disparities, and Manager of Community Health Education

- b. Community Mission Committee:

LifeBridge Health is the parent corporation for Sinai Hospital. The Community Mission Committee provides oversight and guidance for all community services and programming. The Community Mission Committee is responsible for reviewing, reporting, and advising community benefit activities.

Community Mission Committee Members: Board Members and Executives from Levindale, Sinai, and Northwest, President of Health System, Vice Presidents

3. Other (Social Work Graduate Intern from University of Maryland for health equity initiative.

Students:

- Social Work Graduate Intern from the University of Maryland
- Doctoral Students (2) from Fielding Graduate University

Consultants:

- Adventist Health Care Consultants, Center on Health Disparities

Direct Service Staff:

The Community Initiatives Department employs a staff of community health workers, social workers, community health educators, and counselors to implement and deliver community benefit programming. The core function of Community Initiatives is to provide services to benefit the community at no charge.

Other departmental community benefit activities also provide community benefit programming in addition to regular clinical functioning.

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

Spreadsheet Yes No

Narrative Yes No

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

Spreadsheet Yes No

Narrative Yes No

*See III, b, iii, 2, b.

Although there is no official internal audit or approval process of the Community Benefit Report prior to submission, the information included in the report is presented to hospital board members in the Community Mission Committee. The Board provides oversight over the reporting of hospital community benefit activities.

TABLE III

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

INITIATIVE 1: HIV PRIMARY CARE SERVICES

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
Primary Care and Specialty Care for HIV+ patients	HIV Primary Care Services	<p>Objective: To provide medical care for HIV+ individuals without insurance or without adequate insurance.</p> <p>Description: In response to the absence of a program for providing primary medical care or HIV specialty care for uninsured or under insured individuals who wished to have their ambulatory services at Sinai Hospital, Ryan White Part A grant was sought and funded (effective 3/11) to provide Primary Medical Care for HIV+ individuals. Care is provided by physicians who are board certified in both internal medicine and infectious diseases. A registered nurse also provides patient and family education and care coordination to facilitate their care and ensure patient receive the full scope of services they require.</p> <p>In collaboration with the Department of Community Initiatives, psychosocial interventions are provided to patients by licensed social workers and para-professional outreach workers (see Table III, Initiative 9 for details)</p>	Single-year	<p>Baltimore City Health Department</p> <p>Sinai Department of Medicine</p> <p>Sinai Community Initiatives Department</p>	FY 2012	<ul style="list-style-type: none"> • Provision of primary and specialty care for uninsured and underinsured patients with HIV. • Improved continuity of care within the same provider group for patients who become uninsured during the course of their care. • Prevention of duplication of testing etc and facilitates communication between care providers to ensure that patients have the best possible outcomes. 	Continuation funding will be applied for annually.

TABLE III

INITIATIVE 2: PERINATAL OUTREACH PROGRAM

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
High infant mortality rates in Park Heights.	Perinatal Outreach Program	<p>Primary Objective: Reduce infant mortality and morbidity.</p> <p>Secondary Objectives:</p> <ul style="list-style-type: none"> • Improve health outcomes for babies born at SHOB • Improve pregnancy outcomes among women who enter pregnancy with poor health, including mental health issues and/or substance abuse • Improve pregnancy outcomes among women who experience barriers to accessing prenatal care • Reduce sleep-related infant deaths <p>Description: This program provides outreach through counseling, home-visiting, information and referrals, assistance with women who use substances during pregnancy, education around sleep practices, parenting education, appointment compliance, and home</p>	Multi-Year	Park Heights Renaissance Baltimore City Health Department	Evaluation is ongoing through monthly monitoring of staff performance measures.	<ul style="list-style-type: none"> • Appointment compliance for prenatal care, family planning services, mental health treatment, and infant medical care. • Referral to and coordination of services to support continued maternal and child health (i.e. WIC referrals) and to eliminate the negative influences of the social determinants of health (housing, education, employment, etc.) • Women in treatment for substance abuse (inpatient or outpatient). 57% of mothers referred to heroin or cocaine treatment agreed to treatment and 79% of those receiving treatment completed course of treatment. • Improved maternal functioning resulting in enhanced maternal infant attachment. 	Anticipated application to Family League of Baltimore to become a city-funded home visiting site.

TABLE III

--	--	--	--	--	--	--	--	--	--

safety checks.

TABLE III

INITIATIVE 3: PARK HEIGHTS HIV NETWORK

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
Need for high quality, accessible, and coordinated HIV/AIDS care to uninsured HIV+ persons in Southern Park Heights, a community with high rates of HIV infections.	Park Heights HIV Network	<p>Primary Objective: Collaborate as a network of service providers in the Park Heights community who provide HIV services to provide continuity of care and prevent duplication of services.</p> <p>Secondary Objectives:</p> <ul style="list-style-type: none"> • Increase care coordination and services for Park Heights' residents who are HIV-infected. • Increase care capacity for serving Park Heights' residents who are HIV-infected <p>Description: In FY2011, Sinai received a capacity-building grant from the US Department of Health and Human Services, Health Resources and Services Administration to expand the capacity of the hospital and community-based service providers to deliver high quality, accessible, coordinated HIV/AIDS care to impoverished residents of southern Park Heights. The Park Heights HIV Providers Network was formed to perform an inventory of existing HIV services for Park Heights residents identifying service gaps in the process.</p>	Single-year	Baltimore City Health Department Sisters Together and Reaching (STAR) Women Accepting Responsibility (WAR) Park West Medical Systems Sinai Hospital of Baltimore	August 30, 2011	Agreement by network members to continue collaboration in order to refine coordination of care and services through next fiscal year.	Yes. Continued coalition meetings. Decision to co-sponsor community outreach projects related to education and testing.

TABLE III

INITIATIVE 4: HEALTHCARE CAREERS ALLIANCE PROGRAM

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
<p>Meaningful employment and clear options for promotion for low-income “idle” youth with little employment experience, disaffection, recent incarceration, pregnancy and/or parenting holding them back, serial low-paying jobs .</p>	<p>Healthcare Careers Alliance Project</p>	<p>Primary Objective: To provide opportunities for meaningful employment to ‘idle’ youth.</p> <p>Description: The components of the Healthcare Careers Alliance Program are:</p> <ol style="list-style-type: none"> 1. Intake, career assessment, and program orientation 2. Job readiness training and life skills training 3. Paid internships – Each youth participant completes a 7-week paid internship and on-the-job training in an entry-level healthcare occupation. 4. Transition into permanent employment or entrance into post-secondary training 	<p>Fiscal Year 2011 was the second year of a two-year funded project.</p>	<p>Sinai Hospital of Baltimore, Vocational Services Program (VSP) Johns Hopkins Hospital University of Maryland Medical System Civic Works, Inc. (funded by the Mayor’s Office of Employment Development [MOED])</p>	<p>Quarterly monitoring meetings held at MOED are employed to evaluate outcomes established by the project.</p>	<p>Of the 60 youth recruited for participation in this project, 59 of them completed workplace readiness training and entered the 7-week training component.</p> <p>Of the 59 entering training, 54 completed training, leading to 44 placements in full-time employment.</p>	<p>VSP hopes to continue this initiative by applying for another 2-year grant which should be due in early February 2012.</p>

INITIATIVE 5: PARK HEIGHTS TRAINING PROGRAM

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
<p>The Maryland Department of Labor, Licensing, and Regulation (DLLR) reports a labor market need for 20,000+ entry-level jobs between 2006 and 2016 in the Baltimore area.</p>	<p>Park Heights Training Program</p>	<p>Primary Objective: Reduce unemployment while boosting health care employment.</p> <p>Description: Thousands of individuals (including dislocated workers, unskilled/under-skilled job seekers, TANF recipients, ex-offenders, SSI/SSDI beneficiaries, and other Workforce Investment Act-eligible adults) are in need of jobs. The Park Heights Training Program provide a continuum of assessment, occupational skills curricula integrating paid work experience and job readiness training in a structured setting, job placement, and job retention counseling.</p>	<p>The Park Heights Training Program was a one-year funded initiative</p>	<p>Sinai Hospital – VSP Baltimore City One-Stop Westside Career Center Contracted providers of environment and food services at SHOB: • Crothall Inc. • Aramark, Inc. Various LifeBridge Health Departments</p>	<p>Monthly progress reports are submitted to the Mayor’s Office of Employment Development, and end of program outcomes were provided to MOED in July 2011.</p>	<p>Of the 37 participants enrolled, 32 of them successfully completed the job training at a LifeBridge Health facility. Because there was a shared job placement responsibility between VSP and the Baltimore City Northwest Career Center (NWCC), 15 individuals were placed in employment by VSP, while 13 participants returned to the NWCC for job placement. The remaining 4 training completers are in active job search status with VSP.</p>	<p>There are no current opportunities for continuation of the initiative.</p>

TABLE III

INITIATIVE 6: COMMUNITY SUPPORT SPECIALIST POSITION FOR DEPARTMENT OF PSYCHIATRY

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
<p>A Community Support Specialist position to relieve psychiatric clinicians from dealing with non-clinical issues complicating patients' ability to access and remain in psychiatric treatment.</p>	<p>Community Support Specialist position</p>	<p>Primary Objective: To improve access to treatment, and provide comprehensive service, and compassionate and respectful care.</p> <p>Description: Funding supported the hiring of a non-clinical position to provide patients with assistance accessing support services that will enhance their ability to remain in and focus on treatment of psychiatric conditions. Examples include assistance with making primary care and other medical appointments; accessing entitlements; obtaining vouchers for procurement of prescribed psychiatric medication they cannot afford to pay for out-of-pocket; obtaining transportation to and from psychiatric care setting; assistance with meeting basic needs such as suitable housing and utilities; etc.</p>	<p>Multi-year since 1999</p>	<p>n/a</p>	<p>Ongoing</p>	<p>Patients are able to access and remain in psychiatric treatment and negotiate other systems to obtain needed services.</p> <p>Psychiatric clinicians are freed up from dealing with these issues, thus creating additional capacity to serve more patients.</p>	<p>Ongoing</p>

INITIATIVE 7: TRANSPORTATION SERVICES FOR DEPARTMENT OF PSYCHIATRY

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
<p>Client transportation to and from Adult Psychiatric Partial Hospitalization Program (PHP).</p>	<p>Transportation Services for Psychiatry Department patients</p>	<p>Primary Objective: To enable patients to be treated in the least restrictive care setting by providing transportation assistance to access psychiatric partial hospitalization services.</p> <p>Description: The Partial Hospital level of care is intended to enable shorter lengths of stay in inpatient psychiatric treatment and/or prevent the need for the patient to be hospitalized on an inpatient basis. The availability of PHP services facilitates the patient's return to their regular living situation in the shortest period of time while still providing an intensive clinical intervention to effectively manage their psychiatric disorder. Patients receiving this intensive level of ambulatory treatment are either stepping down from inpatient psychiatric hospitalization, a higher and more restrictive level of care, or are stepping up to this higher level of care because their psychiatric symptoms can no longer be managed in a traditional outpatient setting. In both cases, patients' psychiatric conditions are so acute that the task of transporting themselves to and from the Partial Hospital Program on a daily basis can be a barrier to their access to needed treatment. The goal of providing transportation services is to improve access to treatment, and provide compassionate and respectful care.</p>	<p>Multi-year since 2000</p>	<p>Rooney's Transportation</p>	<p>Ongoing</p>	<p>The external transporter has become a partner in provision of care to these PHP patients.</p> <p>Improvements in patient compliance with attending treatment. Patients who would be otherwise unable to do so are able to access this needed level of care.</p>	<p>Ongoing</p>

TABLE III

INITIATIVE 8: BUILDING BRIDGES MENTORSHIP PROGRAM

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
<p>Adult models for school success leading to employment readiness for students in community schools.</p>	<p>Building Bridges Mentoring Program</p>	<p>Primary Objective: Enhance the economic wellbeing of the communities we serve by providing workforce development programs</p> <p>Description: The program introduces 7th and 8th graders to the breadth of healthcare career opportunities and encourages them to broaden their expectations, pursue their interests and reach new heights of personal and academic achievement. Through formal and informal interactions, mentors in this program will serve as role models and life coaches instilling the values of caring, respect and teamwork, helping mentees cultivate the skills needed to effect success at school and in the community.</p>	<p>This is a two year program in year 2.</p>	<p>Cross Country Elementary and Middle School</p> <p>The Maryland Mentoring Partnership now merged with Big Brothers Big Sisters.</p>	<p>June 2011</p>	<ul style="list-style-type: none"> • Excellent attendance at each monthly session by both the students and their mentors. • All students who participated in year one came back for year two if they were still enrolled at the school. 	<p>Sinai is in communication with Cross Country Elementary and Middle School regarding the continuation of the program.</p>

TABLE III

INITIATIVE 9: M. PETER MOSER COMMUNITY INITIATIVES PROGRAM

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
Poor health status and outcomes for individuals living in communities of poverty.	M. Peter Moser Community Initiatives Program	<p>Primary Objective: To assist persons and families whose health is negatively impacted by the social determinants of health to improve their health and well-being.</p> <p>Description: Psychosocial interventions are provided to patients by licensed social workers and para-professional outreach workers. Activities include counseling, home-visiting, information and referrals, health and safety education, services coordination, outreach, and mentoring.</p> <p>The following services focus on persons with specific health conditions:</p> <p>A. HIV Support Services: See Table III, Initiative 1</p> <p>B. Perinatal Outreach Services including Perinatal Home Visiting, Addictions Counseling and Referral, and Perinatal Mood Disorders Follow-Up: See Table III, Initiative 2</p> <p>C. Outreach and Mentoring for at-risk youth</p> <p>D. Counseling, Support, and Advocacy for victims of intimate partner violence (IPV)</p>	Multi-Year	<p>Park Heights Renaissance</p> <p>Park Heights HIV Providers Network</p> <p>KIPP</p> <p>Pimlico Elementary and Middle School</p> <p>Agape Family Empowerment Center</p> <p>The Family League of Baltimore City</p> <p>Baltimore City Health Department</p> <p>Sinai Hospital Department of Psychiatry</p>	Evaluation is ongoing through monthly monitoring of staff performance measures.	<p>For outcomes related to (A) HIV Support Services and (B) Perinatal Outreach Services, see Table III, Initiatives 1 & 2 respectively.</p> <p>C) Positive youth development in relationships and making responsible choices:</p> <ul style="list-style-type: none"> • 190 students participated in Teen Empowerment Group cycles • Teachers and parents report improvement in attitude, work ethic, and respect for others and themselves. <p>D) Improved mental health and general well-being for victims of IPV:</p> <ul style="list-style-type: none"> • 212 victims of domestic violence received services. • 100% of IPV Support Group attendees reported reduction in their PTSD symptoms and also an increase in their knowledge surrounding safety planning. • 58% attendance at 3 or more group sessions and 30% for 5 or more sessions. 	Ongoing

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

N/A

V. PHYSICIANS

Gaps in availability of specialty providers: As a teaching hospital with its own accredited, non-university-affiliated residency training programs, Sinai Hospital employs a faculty of 140 physicians in several specialties including Ophthalmology, Cardiac Surgery, Obstetrics and Gynecology, Pediatrics, and so forth. Faculty physicians provide services to patients through a faculty practice plan. When patients request appointments in the faculty practice offices, they are not screened on their ability to pay for services. Physician fees for uninsured patients are determined on a sliding scale based on income. Fees may be waived if a patient has no financial resources nor health insurance.

Additionally, in those specialties in which the hospital does not have a faculty, such as Dentistry, Otolaryngology, Vascular and Neuro-surgery, we employ specialists in order to provide continuous care for patients admitted to the hospital through the Emergency Department. In these cases the hospital covers these specialists' consultation fees and fees for procedures for all indigent patients. Because of these two arrangements for providing specialty care for uninsured patients, we are not able to document gaps in specialist care for uninsured patients.

However, we do find gaps in the availability of specialty providers to serve those who are uninsured or who have Medicaid. The first source of such information is those persons who use our Emergency Department for all of their medical needs. We find that uninsured persons and often also those who have Medicaid will seek care, both for primary and specialty care needs, in the Emergency Department because they do not have a medical home and they cannot afford specialty care, or physicians they seek help from are not Medicaid providers. Often those who use the Emergency Department for their sole source of care are too ill for primary care and are in need of specialty care because they have delayed care for so long.

Another reason we see the gaps in specialty services is due to our partnership with a Federally Qualified Health Center (FQHC) to provide primary care services to the uninsured and Medicaid recipients. Park West Health Systems, an FQHC, provides primary care on the Sinai campus, with physician services provided by Sinai faculty members. Thus, Park West's patients requiring specialty care are referred to Sinai specialists. Not all such services are readily available for these patients.

Finally, we do health promotion activities as a community benefit. When we do screening programs we must have a physician to whom we can refer those who demonstrate risk factors upon screening. However, specialists are often reluctant to participate in those screenings because they fear that they will discover conditions that require specialty care, but will not be paid for because of lack of or under-insurance. For example, urologists are reluctant to participate in prostate screenings because they do not want to be responsible for potential surgery that will be uncompensated.

Physician subsidies:

The OB/GYN, Internal Medicine, House Staff and Department of Medicine's Hospitalists are employed physicians, who provide 24/7 services in the hospital. The hospitalists and house staff attend to unassigned admissions through the Emergency Department (ED) many of whom are uninsured. Thus they are providing 24/7 coverage and their patients are often uninsured or underinsured, this service results in a negative profit margin.

The services provided to our uninsured patients who come to the ED result in a negative profit margin. The hospital subsidizes payments to an external physician group to provide 24/7 coverage in the Emergency Room. Without this subsidy, these physicians would not be able to cover the cost of providing services to the uninsured and underinsured patients in the community.

Sinai Hospital of Baltimore
Financial Assistance Procedures

The following describes means used at Sinai Hospital to inform and assist patients regarding eligibility for financial assistance under governmental programs and the hospital's charity care program.

- Financial Assistance notices, including contact information, are posted in the Business Office and Admitting, as well as at points of entry and registration throughout the Hospital.
- Patient Financial Services Brochure '*Freedom to Care*' is available to all inpatients; brochures are available in all outpatient registration and service areas.
- Sinai Hospital employs one FTE Financial Assistance Liaison who is available to answer questions and to assist patients and family members with the process of applying for Financial Assistance.
- A Patient Information Sheet is given to all inpatients prior to discharge.
- The Patient Information Sheet content is printed on every Maryland Summary Statement, which is mailed to all inpatients.
- The Patient Information Sheet content is provided on the Sinai Hospital and the LifeBridge Health web-sites.
- Sinai Hospital's uninsured (self-pay) and under-insured (Medicare beneficiary with no secondary) Medical Assistance Eligibility Program screens, assists with the application process and ultimately converts patients to various Medical Assistance coverages and includes eligibility screening and assistance with completing the Financial Assistance application as part of that process.
- Sinai Hospital participates with local Associated Jewish Charities to provide Financial Assistance eligibility for qualifying patients.
- All Hospital statements and active A/R outsource vendors include a message referencing the availability of Financial Assistance for those who are experiencing financial difficulty and provides contact information to discuss Sinai's Financial Assistance Program.
- Collection agencies initial statement references the availability of Financial Assistance for those who are experiencing financial difficulty and provides contact information to discuss Sinai's Financial Assistance Program.
- All Hospital Patient Financial Services staff, active A/R outsource vendors, collection agencies and Medicaid Eligibility vendors are trained to identify potential Financial Assistance eligibility and assist patients with the Financial Assistance application process.
- Financial Assistance application and instruction cover sheet is available in Russian
- Patient Information Sheet is available in Spanish.
- Sinai Hospital hosts and participates in various Department of Health and Mental Hygiene and Maryland Hospital Association sponsored campaigns like 'Cover the Uninsured Week'.

**SINAI HOSPITAL OF BALTIMORE
HOSPITAL ADMINISTRATIVE POLICY**

SUBJECT: Financial Assistance

SCOPE: Sinai Hospital of Baltimore

RESPONSIBILITY: Patient Financial Services; Patient Access

PURPOSE: For medically necessary care, to assist uninsured and underinsured patients or any immediate family member of the patient living in the same household who do not qualify for Financial Assistance from State, County or Federal Agencies, but may qualify for uncompensated care under Federal Poverty Guidelines. Medically necessary care is defined as medical treatment that is absolutely necessary to protect the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient. Medically necessary care for purposes of this policy does not include elective or cosmetic procedures.

POLICY: To provide Uniform Financial Assistance applications in the manner prescribed by the Health Services Cost Review Commission (HSCRC) to patients experiencing financial difficulty paying for their hospital bill(s). Eligibility is based on gross household income and family size according to current Federal Poverty Guidelines or Financial Hardship Guidelines, as defined by the HSCRC.

Financial Assistance information is made available to the public through multiple sources including:
1) HSCRC mandated Patient Information Sheet included in the admission packet, 2) signage and pamphlets located in Patient Access, the Emergency Department, Patient Financial Services (PFS), as well as other patient access points throughout the hospital, 3) patient statements and 4) Patient Financial Services, Patient Access and other registration area staff.

Financial Assistance eligibility determinations cover hospital/facility patient charges only. Physicians and ancillary service providers outside the Hospital are not covered by this policy.

The Sinai Hospital Board of Directors shall review and approve the Financial Assistance Policy every two years. The Hospital may not alter its Financial Assistance Policy in a material way without approval by the Board of Directors.

**SINAI HOSPITAL OF BALTIMORE
HOSPITAL ADMINISTRATIVE POLICY**

IMPLEMENTATION/PROCEDURE: Implementation procedures are different for non-emergent and emergent services.

A. Unplanned, Emergent Services and Continuing Care Admissions

1. Unplanned and Emergent services are defined as admissions through the Emergency Department. Continuing care admissions are defined as admissions related to the same diagnosis/treatment as a prior admission for the patient.
2. Patients who believe they will not be able to meet their financial responsibility for services received at the Hospital will be referred to a Patient Financial Advisor or Customer Service Technician in Patient Financial Services.
3. For inpatient visits the Patient Financial Advisor or Customer Service Technician will work with the Medical Assistance Liaison to determine if the patient is eligible for Maryland Medical Assistance (Medicaid). The patient will provide information to make this determination.
4. If the patient does not qualify for Medicaid, the Patient Financial Advisor or Customer Service Technician will determine if the patient has financial resources to pay for services rendered based on Federal Poverty Guidelines.
5. If the patient does have the financial resources according to the Guidelines, the Patient Financial Advisor or Customer Service Technician will arrange for payment from the patient following the Hospital's payment arrangement guidelines.
6. If the patient does not have the financial resources according to the Guidelines, the Patient Financial Advisor or Customer Service Technician will assist the patient with the Financial Assistance application process.
7. Patients may request Financial Assistance prior to treatment or after billing.
8. Patients must complete the Maryland State Uniform Financial Assistance Application (Attachment #1) and provide the Patient Financial Advisor or the Customer Service Technician documented proof of medical debt and household income for consideration as requested in the Financial Assistance Cover Letter (Attachment #2). Medical debt is defined as debt incurred over the twelve (12) months preceding the date of the application at Sinai Hospital or other LifeBridge Health facility. Household income is defined as the patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of the immediate family residing in the household for the twelve (12) calendar months preceding the date of the application. At least one of the following items is required:
 - a. Patient's recent paycheck stub
 - b. Copy of the prior year's tax statement and/or W-2 form

**SINAI HOSPITAL OF BALTIMORE
HOSPITAL ADMINISTRATIVE POLICY**

- c. Verification of other household income, i.e. Social Security Award Letter, retirement/pension payment, etc
 - d. 'Letter of support' for patients claiming no income
9. Financial Assistance Eligibility:
- a. Eligibility includes any patient for which the Financial Assistance application was completed, as well as any immediate family member of the patient living at the same address and listed on the application as household members.
Immediate family is defined as –
 - if patient is a minor: mother, father, unmarried minor siblings, natural or adopted, residing in the same household.
 - if patient is an adult: spouse, natural or adopted unmarried minor children residing in the same household.
 - any disabled minor or disabled adult living in the same household for which the patient is responsible.
 - b. Eligibility covers services provided by all LifeBridge Health facilities (Health System Eligibility): Sinai Hospital, Northwest Hospital, Levindale Hebrew Geriatric Center and Hospital and Courtland Gardens Nursing and Rehabilitation Center. Patients approved for Financial Assistance through another facility within the LifeBridge Health System must notify the Hospital of their eligibility, which is validated prior to Financial Assistance adjustment. Validation can be made by contacting the approving Hospital's Patient Financial Services Department (Attachment #8).
 - c. The Financial Assistance Liaison will consider all hospital accounts within the consideration period for the patient. The approval or denial determination will apply to the patient as well as immediate family members listed on the application.
 - d. For dates of service October 1, 2010 and after, approved Medicare inpatients and outpatients are certified for one year from date of service or one year from approval date, whichever is greater. For yearly re-certification, Medicare patients are required to provide a copy of their Social Security Award Letter.
 - e. For dates of service October 1, 2010 and after, approved Non-Medicare inpatients and outpatients are certified for one year from date of service or one year from approval date, whichever is greater. However, if it is determined during the course of that period that the patient meets Medicaid eligibility requirements, we will assist the patient with this process while still considering requests for Financial Assistance.
 - f. Eligibility ends on the last calendar day of the last month of eligibility. For instance, a patient eligible May 15, 2010 will be eligible through May 31, 2011.
 - g. Outpatient surgical procedures, including multiple procedures as part of a treatment plan, may be certified for one time only. Additional surgical procedures would require a new application.
 - h. At time of application, all open accounts within the consideration period are eligible. Consideration period is defined as beginning with the oldest date of service for which the application is intended and ending twelve months from that date. Accounts previously written-off to bad debt will be considered on a case-by-case basis.
 - i. Dates of service outside the Financial Assistance consideration period, prior to the approval date, will be considered on a case-by-case basis.

**SINAI HOSPITAL OF BALTIMORE
HOSPITAL ADMINISTRATIVE POLICY**

- j. The Hospital must give the most favorable applicable reduction to the patient that is available: Free Care or Reduced Cost Care as a result of Financial Hardship qualification. Note that Reduced Cost Care for income greater than 200% through 300% does not apply due to the Hospital's application of Free Care up to 300% (regulation requires Free Care only up to 200%).
10. Financial Assistance is based upon the Federal Poverty Guidelines (FPG) published in the Federal Register. The poverty level guidelines are revised annually. It is the responsibility of Patient Financial Services to maintain current FPG as updates are made to the Federal Register. Free Care: Patients with an annual income up to 300% of the Federal Poverty Level may have 100% of their hospital bill(s) covered by Financial Assistance. Financial Hardship: Patients with an annual income greater than 300% but less than 500% of the Federal Poverty Level may be covered by Financial Assistance based on the HSCRC's Financial Hardship criteria, which is defined as medical debt incurred by a family (as defined in 9a. above) over a twelve-month period that exceeds 25% (twenty-five percent) of family income. Medical debt is defined as out-of-pocket expenses, including co-payment, coinsurance, and deductible amounts due the Hospital, as well as related LifeBridge Health physician out-of-pocket expenses. Note: the Hospital has chosen to include co-payment, coinsurance and deductible amounts for Financial Assistance consideration, although the regulation allows for their exclusion. The Hospital is not required to consider medical debt incurred from other healthcare providers.
11. Applications above 300% annual income will be considered on a case-by-case basis, which may include an asset test in addition to income test. The following interest-free payment options may be considered:
- a) Standard installment options of three – six months in accordance with Installment Agreement Letter (Attachment #6).
 - b) Extended installment options greater than six months will be considered on a case-by-case basis.
 - c) Spend-down option to income level of 300% of the Federal Poverty Guidelines will also be considered on a case-by-case basis.
 - d) In accordance with HSCRC regulation, the following will be excluded from asset test consideration: 1) at a minimum, the first \$10,000 of monetary assets; 2) a 'safe harbor' equity of \$150,000 in a primary residence; and 3) retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including, but not limited to, deferred-compensation plans qualified under the Internal Revenue Code or nonqualified deferred compensation plans.
12. The Sinai Hospital Financial Assistance Calculation Sheet (Attachment #3) will be used to calculate eligibility as follows:
- a) Financial Assistance Eligibility up to 300% of FPL -
 - Identify the annual household income based on the income tax form, W-2 or calculated annual income (A)

**SINAI HOSPITAL OF BALTIMORE
HOSPITAL ADMINISTRATIVE POLICY**

- Identify 300% of the Federal Poverty Level for the patient based on household size (B).
 - Annual Household Income (A) minus Federal Poverty Level (B) = Result (C)
 - If the result is \$0.00 or less than \$0.00, the patient qualifies for 100% adjustment.
 - If the result is greater than \$0.00, apply the Financial Hardship test (next).
- b) Financial Hardship Eligibility between 300% - 500% of FPL -
- If annual household income is greater than 300% but less than 500% of FPL and the Financial Hardship percentage of income (E) is 25% or greater, the patient qualifies for reduced cost care as a result of Financial Hardship.
 - The patient is responsible to pay the calculated amount of 25% of the annual household income. The difference between the total charge and the calculated amount of 25% of the annual household income will be adjusted to Financial Assistance.
 - For example, the annual household income for a family of 5 is \$100,000. Medical bills total \$60,000. The Financial Hardship percentage of income (E) is 60%, which is greater than the required 25%, so the patient is eligible.
 - Patient responsibility under Financial Hardship eligibility equals 25% of the annual household income. In this example, the patient responsibility equals \$25,000 or 25% of the annual household income. The difference between the total medical bills (\$60,000) minus the patient liability (\$25,000) equals the Financial Assistance adjustment (\$35,000).
- Case-by-case considerations are subject to Management approval and may qualify the patient for full or partial Financial Assistance eligibility. To determine patient responsibility for partial Financial Assistance eligibility, one or more of the following may be utilized:
 - spend-down calculation
 - sliding scale
 - total assets
 - total indebtedness
 - other useful information helpful in determining eligibility
 - Financial Assistance allowances greater than 12% will be considered on a case-by-case basis.
 - If Financial Hardship percentage is less than 25%, the application may be considered on a case-by-case basis.
 - Failure to pay patient responsibility as agreed could result in reversal of the Financial Assistance adjustment. The patient may be liable for the balance in full.

**SINAI HOSPITAL OF BALTIMORE
HOSPITAL ADMINISTRATIVE POLICY**

13. The Director of Patient Financial Services or his/her designee approves or denies the application. The designee will sign as Reviewer and obtain appropriate Approver/Denial signature(s) as directed. Authorizing signatures are required for amounts \$10,000.00 and greater –
- | | |
|-------------------------|------------------|
| \$10,000.00 – 24,999.99 | Director, PFS |
| \$25,000.00 + | VP Revenue Cycle |

The Financial Assistance Eligibility Determination Letter (Attachment #4) will be sent timely and include appeal process instructions. Appeals must be in written form describing the basis for reconsideration, including any supporting documentation. The Director of Patient Financial Services will review all appeals and make a final determination. The patient is notified in writing.

14. The Hospital will make every effort to identify patients previously approved and currently eligible for Financial Assistance both systematically and through available reports. However, it is ultimately the patient’s responsibility to present the Financial Assistance Eligibility Determination Letter at each visit or notify the hospital by other means of Financial Assistance eligibility. Additionally, it is the responsibility of the patient to notify the hospital of material changes in financial status, which could impact the patient’s eligibility for Financial Assistance. Such notification is acceptable in the form of written correspondence by letter or e-mail to Patient Access or Patient Financial Services, in-person or by telephone.

B. Planned, Non-Emergent Services

1. Prior to an admission, the physician’s office or hospital scheduler will determine if the patient has medical insurance and if so, provide complete insurance information at time of scheduling. If the patient does not have medical insurance, the physician’s office or hospital scheduler will schedule the services as a self-pay. The Patient Financial Advisor (PFA) will contact the patient to confirm the patient is uninsured, provide a verbal estimate (written upon request), screen for potential Medicaid eligibility and/or determine ability to pay and establish payment arrangements with the patient.

The PFA will determine if the patient is currently pending Medicaid (defined as a complete application under consideration at the Department of Health and Mental Hygiene (DHMH), or if patient has potential for Medicaid eligibility permitting the patient to receive services as scheduled.

If patient is not potentially eligible for Medicaid, PFA will determine patient’s ability to pay. Refer to #2 and #3 in this section.

If patient is unable to pay, PFA will contact physician’s office and attempt to postpone the service. If unable to postpone, the case will be considered for Financial Assistance (F.A.) PFA will refer the case to Manager, Patient Access and/or Director, Patient

**SINAI HOSPITAL OF BALTIMORE
HOSPITAL ADMINISTRATIVE POLICY**

Access for case-by-case consideration.

Manager/Director may contact physician's office for additional information to determine if approval will be granted. In certain instances, the Director may refer a case to the Vice President of Revenue Cycle or Vice President of Finance for approval.

The PFA will either complete the F.A. application on behalf of patient, or if time allows, send an application to the patient to complete. Patient must mail completed F.A. application and required documentation to Financial Assistance Liaison or bring completed F.A. application and required documentation on date of service. Completed F.A. application and required documentation must be delivered to Hospital F.A. Liaison for approval, formal notification to patient and necessary adjustment(s). If the patient is not cooperative and does not complete the application or provide the required documentation, Financial Assistance is denied.

Note: Procedures, including multiple procedures as part of a treatment plan, will be certified for one time only. Additional procedures would require a new application and consideration.

2. Written estimates are provided on request from an active or scheduled patient made before or during treatment. The Hospital is not required to provide written estimates to individuals shopping for services. The Hospital shall provide to the patient a written estimate of the total charges for the hospital services, procedures, and supplies that are reasonably expected to be provided and billed to the patient by the hospital. The written estimate shall state clearly that it is only an estimate and actual charges could vary. The hospital may restrict the availability of a written estimate to normal business office hours. The Director of Patient Access and/or designee shall be responsible for providing all estimates (verbal and written).
3. For planned, non-emergent services, Self Pay patients who are United States citizens must pay at least 50% of estimated charges prior to service, with an agreement to pay the remaining 50% not to exceed two (2) years. For patients who are not United States citizens, 100% of the estimated charges must be paid prior to date of service. Financial Assistance eligibility may be considered on a case-by-case basis for non-emergent, yet medically necessary services, based on the policies documented herein. Vice President of Revenue Cycle and/or Vice President of Finance approval are required.
4. If an agreement is made, the patient must provide payment at least three (3) business days prior to service, and sign the Sinai Hospital Installment Agreement (Attachment #6). If the patient has the financial resources according to the Federal Poverty Guidelines, but fails to pay prior to service or sign the Sinai Hospital Installment Agreement, the Patient Financial Advisor will contact the physician's office to request the planned service is cancelled due to non- payment.
5. If there are extenuating circumstances regarding the patient, the patient's clinical condition, or the patient's financial condition, the patient or the physician may seek an exception from the Vice President of Revenue Cycle and/or the Vice President of

**SINAI HOSPITAL OF BALTIMORE
HOSPITAL ADMINISTRATIVE POLICY**

Finance. If an exception is requested, the Patient Financial Advisor will provide documented proof of income as stated in the emergent section of this procedure to Director, Patient Access. The Vice President of Revenue Cycle and/or the Vice President of Finance will review the case, including clinical and financial information, business impact, and location of the patient's residence in determining whether Financial Assistance should be provided. Final determination will be made on a case-by-case basis.

C. Presumptive Eligibility and Other Financial Assistance Considerations

1. The Hospital may apply Presumptive Eligibility when making Financial Assistance determinations on a case-by-case basis. Additionally, other scenarios may be considered. Note that a completed Financial Assistance application and/or supporting documentation may/may not be required. The Financial Assistance Presumptive Eligibility Determination Letter (Attachment #5) will be sent timely and include appeal process instructions. Appeals must be in written form describing the basis for reconsideration, including any supporting documentation. The Director of Patient Financial Services will review all appeals and make a final determination. The patient will subsequently be notified.

Presumptive Eligibility:

- a. Eligibility covers services provided by all LifeBridge Health facilities (Health System Eligibility): Sinai Hospital, Northwest Hospital, Levindale Hebrew Geriatric Center and Hospital and Courtland Gardens Nursing and Rehabilitation Center. Patients approved for Financial Assistance through another facility within the LifeBridge Health System must notify the Hospital of their eligibility, which is validated prior to Financial Assistance adjustment. Validation can be made by contacting the approving Hospital's Patient Financial Services Department (Attachment #8).
- b. Maryland Medicaid 216 (resource amount) will be adjusted for patients eligible for Medicaid during their eligibility period.
- c. Patients eligible for non-reimbursable Medicaid eligibility programs such as PAC (Primary Adult Care), family planning only, pharmacy only, QMB (Qualified Medicare Beneficiary) and SLMB (Specified Low Income Medicare Beneficiary), X02 Emergency Services Only.
- d. Patients eligible for an out-of-state Medicaid program to which the hospital is not a participating provider.
- e. Patients enrolled in State of Maryland grant funded programs (Department of Vocational Rehabilitation – DVR; Sinai Hospital Addictions Recovery Program – SHARP) where reimbursement received from the State is less than the charge.
- f. Patients denied Medicaid for not meeting disability requirements with confirmed income that meets Federal Medicaid guidelines.
- g. Patients eligible under the Jewish Family Children Services (JFCS) (Y Card) program

**SINAI HOSPITAL OF BALTIMORE
HOSPITAL ADMINISTRATIVE POLICY**

- h. Households with children in the free or reduced lunch program (proof of enrollment within 30 days is required).
- i. Eligibility for Supplemental Nutritional Assistance Program (SNAP) (proof of enrollment within 30 days is required).
- j. Eligibility for low-income-household energy assistance program (proof of enrollment within 30 days is required).
- k. Eligibility for Women, Infants and Children (WIC) (proof of enrollment within 30 days is required).

Note: An additional 30 days to provide proof of enrollment will be granted at the request of the patient or patient's representative.

Other Financial Assistance Considerations:

- a. Expired patients with no estate.
 - b. Confirmed bankrupt patients.
 - c. Unknown patients (John Doe, Jane Doe) after sufficient attempts to identify.
2. Financial Assistance adjustments based on other considerations must be documented completely on the affected accounts. When appropriate, form: Sinai Hospital and Northwest Hospital Qualifications for Financial Assistance (Attachment #7) must be completed. The Director of Patient Financial Services or designee will sign as Reviewer and obtain appropriate Approver/Denial signature(s) as directed. Authorizing signatures are required for amounts \$10,000.00 and greater –
- | | |
|-------------------------|--------------------|
| \$10,000.00 – 24,999.99 | Director, PFS |
| \$25,000.00 + | V.P. Revenue Cycle |

D. Collection Agency Procedures

- 1. Written communication to Early Out Self-Pay (EOS) patients contains language regarding the Hospital's Financial Assistance Program and contact information.
- 2. The initial communication to Bad Debt referrals contains language regarding the Hospital's Financial Assistance Program and contact information.
- 3. Upon patient request and/or agency determination of inability to pay, agency will mail cover letter and Financial Assistance application with instructions to complete and return to the Hospital Patient Financial Services Department. Agency will resume its collection activity if patient is non-compliant with timely completion and return of the application. Agency will be notified upon the Hospital's determination of approval or denial.

E. Patient Refunds

- 1. Effective with dates of service October 1, 2010, the Hospital shall provide for a full refund of amounts exceeding \$25 in total, collected from a patient or the guarantor of a patient who, within a two-year period after the date of service, was found to be eligible for free care on the date of service.

**SINAI HOSPITAL OF BALTIMORE
HOSPITAL ADMINISTRATIVE POLICY**

2. The Hospital may reduce the two-year period to no less than 30 days after the date the hospital requests information from a patient, or the guarantor of a patient, to determine the patient's eligibility for free care at the time of service, if the hospital documents the lack of cooperation of the patient or the guarantor of a patient in providing the required information.
3. If the patient or the guarantor of the patient has entered into a payment contract, it is the responsibility of the patient or guarantor of the patient to notify the hospital of material changes in financial status, which could impact the ability to honor the payment contract and qualify the patient for Financial Assistance.
4. The Hospital must refund amounts paid back-dated to the date of the financial status change, or the date the financial status change was made known to the Hospital, whichever is most favorable for the patient. Previous amounts paid in accordance with a payment contract will not be considered refundable.

DOCUMENTATION/APPENDICES:

- Attachment #1 Maryland State Uniform Financial Assistance Application
- Attachment #2 Financial Assistance Cover Letter
- Attachment #3 Sinai Hospital Financial Assistance Calculation Sheet
- Attachment #4 Financial Assistance Eligibility Determination Letter
- Attachment #5 Financial Assistance Presumptive Eligibility Determination Letter
- Attachment #6 Sinai Hospital Installment Agreement
- Attachment #7 Sinai Hospital and Northwest Hospital Qualifications for Financial Assistance
- Attachment #8 LifeBridge Health Patient Financial Services Contact Telephone Numbers

STATEMENT OF COLLABORATION:

- Director, Patient Access
- Director, Professional Practice Operations

SOURCES:

- Health Services Cost Review Commission
- Federal Register (Current Federal Poverty Guidelines)

Original Date: 7/92

Review Date: 6/96

Revised Date: 9/96, 5/98, 9/01, 12/02, 8/04, 2/05, 3/05, 6/08, 10/08, 01/09, 04/11



Maryland State Uniform Financial Assistance Application Information About You

Name _____
First Middle Last

Social Security Number _____ - _____ - _____ Marital Status: Single Married Separated
 US Citizen: Yes No Permanent Resident: Yes No

Home Address _____ Phone _____

City State Zip Code County _____

Employer Name _____ Phone _____

Work Address _____

City State Zip Code

Household members:

_____ Name	_____ Date of Birth	_____ Age	_____ Relationship	_____ Have you ever been a patient at Sinai?	Yes <input type="radio"/>	No <input type="radio"/>
_____ Name	_____ Date of Birth	_____ Age	_____ Relationship	_____ Have you ever been a patient at Sinai?	Yes <input type="radio"/>	No <input type="radio"/>
_____ Name	_____ Date of Birth	_____ Age	_____ Relationship	_____ Have you ever been a patient at Sinai?	Yes <input type="radio"/>	No <input type="radio"/>
_____ Name	_____ Date of Birth	_____ Age	_____ Relationship	_____ Have you ever been a patient at Sinai?	Yes <input type="radio"/>	No <input type="radio"/>
_____ Name	_____ Date of Birth	_____ Age	_____ Relationship	_____ Have you ever been a patient at Sinai?	Yes <input type="radio"/>	No <input type="radio"/>
_____ Name	_____ Date of Birth	_____ Age	_____ Relationship	_____ Have you ever been a patient at Sinai?	Yes <input type="radio"/>	No <input type="radio"/>

Have you applied for Medical Assistance? Yes No
 If yes, what was the Date you applied? _____
 If yes, What was the determination? _____

Do you receive any type of state or county assistance ? Yes No

Return application to: Sinai Hospital of Baltimore
 2401 W. Belvedere Avenue
 Attention: Customer Service
 Baltimore, MD 21215

Patient Financial Services	
<i>For Hospital / Department / Agency use only</i>	
Originator Name: _____	
Department: _____	Ext _____
Agency Name: _____	

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social Security benefits	_____
Public Assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike Benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
Total:	_____

II. Liquid Assets

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
Total:	_____

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Total:		_____

IV. Monthly Expenses

	Amount
Rent or Mortgage	_____
Utilities	_____
Car Payment(s)	_____
Health Insurance	_____
Other medical expenses	_____
Other expenses	_____
Total:	_____

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is your monthly payment? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

X _____

Applicants signature

X _____

Relationship to Patient

X _____

Date



Date: _____ Account #: _____

Patient Name: _____ Account #: _____

In order to determine your eligibility for Financial Assistance, please complete the enclosed application and forward the following items:

1. The following is required as proof of income. Please provide proof of income for any household members considered in this application process. (Please check source of income)
 - A. Recent paystub _____
 - B. Bank statement showing interest _____
 - C. Award letter, Social Security Administration, (If Citizen of US) _____
 - D. Award letter, pension fund _____
 - E. Award letter, Maryland Depart. Social Service, (If resident of Maryland) _____
 - F. Proof of unemployment compensation _____
2. Please provide copies of the following tax information
 - A. W-2 Forms
 - B. Previous year Tax Forms (2010)
3. If resident of Maryland please provide denial letter from Maryland Medical Assistance Program.
4. Notarized letter stating you presently have no income
5. **Presumptive Eligibility** If you are a beneficiary/recipient of the following means-tested social services programs, submit proof of enrollment with your application: households with children in the free or reduced lunch program; Supplemental Nutritional Assistance Program (SNAP); Low-income-household energy assistance program; Primary Adult Care Program (PAC); Women, Infants and Children (WIC). If you are eligible for any of the following means-tested Medicaid programs, submit eligibility identification with your application: Family Planning or Pharmacy Only Program(s); Qualified Medicare Beneficiary (QMB); Specified Low Income Medicare Beneficiary (SLMB); X02 Emergency Services Only. If you are eligible for any of the following other programs, please submit proof of eligibility with your application: State Grant Funded programs including Department of Vocational Rehabilitation (DVR), Intensive Outpatient Psychiatric Block Grant (IOP), Sinai Hospital Addictions Recovery Program (SHARP); Jewish Family Children Services (JFCS).

You must return the completed application and all applicable documents within 14 days of receipt. Your application will not be reviewed without the above information. Please return this letter with your application. Your personal information will be kept confidential. The Hospital's Financial Assistance Program covers hospital/facility charges only. Professional physician fees are not covered under this program.

If you have further questions regarding this application, which to appeal or make a complaint, please contact Customer Service at (800) 788-6995 Monday – Friday 9:00 a.m. - 3:30 p.m.

Please return to **Sinai Hospital 2401 West Belvedere Avenue, Patient Financial Services Attention: Customer Service, Baltimore, Maryland 21215**

Sincerely,

Patient Financial Services
Customer Service

For Hospital / Department / Agency use only

Originator Name: _____

Department: _____ Ext. _____

Agency Name: _____

Sinai Hospital
Financial Assistance Calculation Sheet
ELEVATED CALCULATION

Attachment #3

Pt Name: John Smith
123456789-1234
 Acct #: 234567890-4321

	Calculation	Financial Hardship Calculation **	Is income < 500% of FPL? Y or N	
Patient Responsibility on Bill	\$ 50,000	\$ 50,000	Patient Responsibility on Bill	
Patient Annual Income	\$ 48,000	\$ 48,000	Patient Annual Income	
Family Size	2	104.2%	% of Income	E

x-ref to Policy

A	Annual Income	\$ 48,000
B	300% of Poverty Guidelines	\$ 43,710
C	Sliding Scale - Patient Responsibility	\$ 4,290

104.2% If income is < 500% FPL and if % is greater than 25%, patient is eligible for Financial Assistance based on Financial Hardship.

A-B Financial Assistance based on Financial Hardship adjustment equals 75% of Patient Annual Income.

	Patient Responsibility on Bill	\$ 50,000
	Sliding Scale - Patient Responsibility	\$ 4,290
D	Financial Assistance	\$ 45,710

C Income-C Patient is responsible to pay the remaining 25% of Patient Annual Income below:

Financial Assistance % 91% \$ 12,000

Size of Family Unit	FPL - 2011		Annual Income Allowed * 300%	** 500%
1	\$ 10,890	Less than	\$ 32,670	\$ 54,450
2	\$ 14,710	Less than	\$ 44,130	\$ 73,550
3	\$ 18,530	Less than	\$ 55,590	\$ 92,650
4	\$ 22,350	Less than	\$ 67,050	\$ 111,750
5	\$ 26,170	Less than	\$ 78,510	\$ 130,850
6	\$ 29,990	Less than	\$ 89,970	\$ 149,950
7	\$ 33,810	Less than	\$ 101,430	\$ 169,050
8	\$ 37,630	Less than	\$ 112,890	\$ 188,150
For each additional person add	\$ 3,820		\$ 11,460	\$ 19,100

Annual Income Allowed * is based on 300% of FPL
 Use ** 500% to qualify under Financial Hardship Calculation

- Patient found NOT ELIGIBLE
- Patient found ELIGIBLE - CALCULATION
- Patient found ELIGIBLE - FINANCIAL HARDSHIP

 Patient Signature Date

 Staff Signature Date



Financial Assistance Eligibility Determination Letter

Date: _____

Re: _____

Account #: _____

Date of Service: _____

Financial Assistance Eligibility Expiration Date: _____

Dear: _____

Thank you for choosing Sinai Hospital of Baltimore. We have processed your Financial Assistance application and after careful review, are providing a _____% reduction to the hospital bill(s) listed above. As a result, you are receiving \$ _____ in Financial Assistance, reducing your financial responsibility to \$ _____. You must re-apply when your eligibility expires.

The Financial Assistance approval covers only hospital fees. Physicians and non-hospital-based providers may require that you complete a separate Financial Assistance eligibility process.

Sinai Hospital of Baltimore is continually working to meet the needs of our patients and our community. Sinai's Financial Assistance Program is an example of our commitment.

If you wish to appeal this decision, please submit in writing the basis for reconsideration, including any supporting documentation. Include a copy of this document with your appeal.

If you believe you are being billed for an amount due which falls within your Financial Assistance eligibility period, or if you have a complaint, or require additional assistance, please contact Customer Service at (800)-788-6995 Monday – Friday 9:00 AM – 3:30 PM.

Sincerely,

Patient Financial Services
Customer Service

Keep a copy of this letter for your records. Bring the copy with you when visiting Sinai Hospital for future services.



Financial Assistance Presumptive Eligibility Determination Letter

Date: _____

Re: _____

Account #: _____

Date of Service: _____

Financial Assistance Eligibility Expiration Date: _____

Dear: _____

Thank you for choosing Sinai Hospital of Baltimore. We have processed your Financial Assistance application and after careful review, are providing a _____% reduction to the hospital bill(s) listed above. As a result, you are receiving \$ _____ in Financial Assistance, reducing your financial responsibility to \$ _____. You must re-apply when your eligibility expires.

This decision is based on your enrollment/eligibility in one or more of the following means-tested social programs: households with children in the free or reduced lunch program; Supplemental Nutritional Assistance Program (SNAP); Low-income-household energy assistance program; Primary Adult Care Program (PAC); Women, Infants and Children (WIC) or means-tested Medicaid programs: Family Planning or Pharmacy Only Program(s); Qualified Medicare Beneficiary (QMB); Specified Low Income Medicare Beneficiary (SLMB); X02 Emergency Services Only or other programs: State Grant Funded programs including Division of Rehabilitation Services (DORS), Intensive Outpatient Psychiatric Block Grant (IOP), Sinai Hospital Addictions Recovery Program (SHARP); Jewish Family Children Services (JFCS).

The Financial Assistance approval covers only hospital fees. Physicians and non-hospital-based providers may require that you complete a separate Financial Assistance eligibility process.

If you wish to appeal this decision, please submit in writing the basis for reconsideration, including any supporting documentation. Include a copy of this document with your appeal.

If you believe you are being billed for an amount due which falls within your Financial Assistance eligibility period, or if you have a complaint, or require additional assistance, please contact Customer Service at (800)-788-6995 Monday – Friday 9:00 AM – 3:30 PM.

Sincerely,
Patient Financial Service, Customer Service

Keep a copy of this letter for your records. Bring the copy with you when visiting Sinai Hospital for future services.



PATIENT NAME: _____

ACCOUNT NUMBER: _____

CONTRACT AMOUNT: \$ _____

DATES OF SERVICE: _____

CONTRACT DATE: _____

INSTALLMENT AGREEMENT

I, _____ agree to pay Sinai Hospital of Baltimore, Inc. _____ installments, beginning _____

Shaded area for hospital use only

New contract amount: \$ _____

2 month	50% first month	\$ _____	and final payment of	\$ _____
3 Months	50% first month	\$ _____	and then 2 payments of	\$ _____
3 Months	3 payments of	\$ _____		
4 Months	50% first month	\$ _____	and then 3 payments of	\$ _____
4 Months	4 payments of	\$ _____		
5 Months	20% first month	\$ _____	and then 4 payments of	\$ _____
5 Month	5 payments of	\$ _____		
6 month	20% first month	\$ _____	and then 5 payments of	\$ _____
	6 payments of	\$ _____		

Monthly Payment due date _____ **Final payment of** \$ _____

- I understand that the above balance is an estimated amount, and the payment arrangement may change accordingly.
- I understand that if I do not make payments as agreed, the Installment Agreement will be canceled and the full balance becomes due immediately.

Date: X _____ Signed: X _____

Name: X _____

Address: X _____

(Please Print)

This signed agreement must be accompanied with payment and in our office by _____
Installment agreement not valid without appropriate signature and agreed payment amount. If you have any questions please contact Customer Service at 800-788-6995.

Sinai Hospital
2401 W. Belvedere Avenue
Hoffberger Bldg. Suite G-10
Patient Financial Services/Customer Service
Baltimore, Maryland 21215

Employee Signature and Date

Appendix 2

Attachment #8

LifeBridge Health
Patient Financial Services
Contact Telephone Numbers

Sinai Hospital Customer Service

(410) 601-1094
(800) 788-6995

Northwest Hospital

(410) 521-5959
(800) 617-1803

Levindale Hebrew Geriatric Center and Hospital

(410) 601-2213

Courtland Gardens Nursing and Rehabilitation Center

(410) 426-5138

Sinai Hospital of Baltimore
Mission Statement

Sinai Hospital of Baltimore provides a broad array of high quality, cost effective health and health related services to the people of Greater Baltimore. Central to its role is the provision of undergraduate and graduate medical education and educational programs to other health professionals, employees, and the community at large.

As an organization founded and supported by the Jewish community, it carries out its mission with sensitivity to the needs of Jewish patients and staff, and asserts traditional Jewish values of excellence, compassion and community concern for all.

October, 1992



Sinai Core Purpose

- Our reason for being
- It reflects employee's idealistic motivations for doing the organization's work
- It captures the "soul" of the organization

Sinai's core purpose is:

Creating a healthier community one person at a time

Sinai's Values

- They support our core purpose
- They provide the filter through which we make decisions and determine goals and strategies
- They provide continuity through change
- They are sacred, deep rooted and don't change very often

Sinai's core values are:

Value every person

Show compassion and respect

Deliver excellence

Work together