Sinai Hospital of Baltimore, Inc.

FY 2010 Community Benefit Narrative Report

1. The licensed bed designation at Sinai Hospital of Baltimore (SHOB) is 528. Inpatient admissions for FY 10 were 28,028.

2. **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). Together they 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.

In data from the 2000 census, BNIA's statistical information for Baltimore City and its neighborhoods indicates SPHs' median household income was $21,218 and PAH's median household income was $26,012. This is compared to Baltimore City's median household income of $30,078. The percent of families earning less than the federal self-sufficiency standard in SPH was 56% for married couples with 1-5 children and 85% for "other" families with 1-5 children; in PAH these indicators were 59% for married couples and 83% for "other" families. The unemployment rate for Baltimore City was 10.9 % while SPH had an unemployment rate of 15.5% and PAH 13.8%.

The five zip codes that represent the largest number of admissions to the hospital or Emergency Room in calendar year 2009 are, in descending order of admissions 21215, 21207, 21216, 21208, 21209. The Baltimore City Health Department uses Community Statistical Areas (CSA) when analyzing health outcomes and risk factors. The CSAs are based on census track data and do not follow zip code boundaries. In the chart below we have identified the CS that are contained within the zip codes of the primary service area for Sinai Hospital. Two of the zip codes (21207 and 21208) span city/county lines (see footnotes below chart). Baltimore County does not provide CSA's.

The data provided in the chart below for the primary racial composition, median income and households below poverty level was obtained from the US Census Bureau, based on census data from 2000. The life expectancy data, unless otherwise noted, was obtained from the Baltimore City Health Department's 2008 CSA health profiles.

Zip Code	21215	21207	21216	21208*	21209
Community Statistical Area	Southern Park Heights (SPH) and Pimlico/ Arlington/ Hilltop (PAH)	Howard Park/ W. Arlington	Greater Modawin (GM) and Dorchester/ Ashburton (DA)	NA (Baltimore County does not designate CSA)	Mt. Washington/ Coldspring
Total admission %	23.1%	7.16%	4.04%	6.33%	5.3%
ER %	36.51%	10.1%	7.17%	4.25%	3.71%
Primary racial Composition	80.9% African American	80% African American	97.4% African American	64.2% White	83.2% White
Median income	$28,687	$41,375	$26,946	$56,671	$51,531
% households below poverty level	19.5%	8%	21.4%	2.2%	3.6%
Life Expectancy in years	PAH 65.6 SPH 67.1	70.8*	GM – 69.5 DA- 70.2	78.1**	76.5

*The life expectancy provided for the 21207 zip code is not for the entire zip code, but for the CSA Howard Park/W. Arlington, the city segment of that zip code. Life expectancy is not available at the zip code level in Baltimore County.

** 21208 spans city/county lines but a majority (over 90%) of the zip code is within Baltimore County. The city CSA that contains the small portion of this zip code is not representative of the zip code. The life expectancy provided for 21208 is the life expectancy for all of Baltimore County, since county zip code specific data is not available.

The racial composition and income distribution of these zip codes 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 in the 3 city zip codes, which together account for over half, 33,740 or 56% of Sinai's 60,718 ER encounters, reflecting the use of the ER for primary medical care. Of the hospital's total 60,718 ER visits in FY2010 58%, or 35,401, were Medical Assistance or self pay.

3. Identification of Community Needs:

3a.) Hospitals process for identifying community needs:
Community needs assessments are done in a variety of ways, according to the hospital departments involved and the constituencies they serve. Below are several of the methods used by the hospital to identify community needs. Examples and application of the methods are described in further detail in questions 4, 5, and 6 below.

Method A: Clinical department recognition based on daily patient care.
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, when the Department of Psychiatry developed an Intensive Outpatient/Partial Hospitalization program, it identified needs beyond clinical treatment of mental illness for patients living in poverty.

Method B: Identification through participation in a community coalition.
Another way the hospital has identified community needs is through participating in or serving on community coalitions that perform a planning function. For example, the Director of Community Initiatives represented Sinai on the Baltimore City Babies Born Healthy Leadership in Action Program. This group performed a comprehensive needs assessment on the health needs of women of childbearing age to improve birth outcomes in Baltimore. The resulting recommendations of this group then became the basis for the Strategy to Improve Birth Outcomes adopted in 2009 by the Baltimore City Health Department.

Method C: Assessment by an external consultant.
An external consultant performed a needs assessment in FY 05. We used this means to conduct a needs assessment necessary to identify a priority community health need and develop an intervention in response, as charged by the health system's Board and President. As part of that assessment process, the consultant interviewed key informants including hospital staff and leadership, community service providers and other community representatives. The consultant also performed an extensive review of public health data from City, County, and State health departments. In addition, she interviewed

the Health Commissioners of both Baltimore City and Baltimore County to determine their priorities, existing programs, and potential for partnerships.

Method D: Collaboration with the Health Department and/or other partners.
During FY 2009 Sinai representatives from both the Finance and Community Initiatives departments participated in a series of meetings for hospital representatives convened by the Baltimore City Health Commissioner to collaborate on the Community Benefit reporting process and possible collaborative community benefit activities. Since the conclusion of those meetings we have been holding discussions with representatives from the Health Department and another hospital to develop collaboration on two specific programs. We have also used the results of the latest formal needs assessment commissioned by the Baltimore City Health Department to guide our planning in our health equity initiatives.

Method E: Consultation with community residents, agencies, organizations, and health care providers.
In FY 2010 Sinai implemented the community component of its Health Equity initiative by convening a Community Advisory Panel. The purpose of this group is to advise the hospital on priority health needs in our community, and to partner to develop a community-based project to respond to the social determinants of poor health affecting Sinai's neighbors and patients. This group consists of community residents (representing Russian, Hispanic and Caribbean immigrants, Orthodox Jews, and African American residents) and representatives of various organizations that either provide services in the Park Heights community (such as Park West Medical Center, a community physician, an addictions counselor, the Park Heights Renaissance), or operate on a city or state level (Baltimore City Public Schools, HUD, DHMH Office of Minority Health and Health Disparities, Baltimore City Health Department, Morgan State University, University of Maryland, Baltimore City Council and State of Maryland House of Delegates). This group began meeting in January 2010 and has met eight times since then.

3b) Consultation with local health department.

As mentioned above, in Method D, Sinai participated in a series of meetings with the Baltimore City Health Department. The health department has identified several community needs and Sinai Hospital is working in collaboration with the Health Department to address these. Additionally, as noted in Method C, when performing a formal needs assessment, we use publicly available health data compiled by local and State health departments. Also with Method E, on our Community Advisory Panel we have representatives from both the Baltimore City Health Department and the State DHMH Office of Minority Health and Health Disparities. Both have made presentations to that Panel using their departments' data and representative programming to illustrate health needs and solutions.

4. **Health needs identified by assessment processes:** Using the methods described above the following major community needs were identified:

Method A: Clinical department recognition based on daily patient care.
As a result of recognizing that patients living in poverty have barriers to care beyond the identified mental illness, the Department of Psychiatry identified psychosocial issues that were affecting their patients, these include:

1) Transportation to access care

2) Nutritional deficits

Method B: Need identification through participation in a community coalition
The Babies Born Healthy Leadership in Action Program, the process identified the following needs:

1) Reducing unintended (unplanned and mistimed) pregnancy

2) Improving pregnancy outcomes among women with a previous adverse pregnancy outcome

3) Improving pregnancy outcomes among women who enter pregnancy with poor health, including mental health issues and/or substance abuse

4) Improving pregnancy outcomes among women who experience barriers to accessing prenatal care

5) Reducing sleep-related infant deaths

Method C: Assessment by an external consultant.
The consultant's formal needs assessment process identified:

1) Pediatric obesity leading to adult cardiovascular disease

2) Depression in the elderly

Method D: Collaboration with the Health Department and/or other partners.
The Baltimore City Health Department identified priority needs and invited hospital collaboration on these issues:

1) Substance abuse

2) Cardiovascular disease

3) Violence

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

The Community Advisory Panel identified priority needs including:

1) Youth programs needed to address education, health, violence, social programs

2) Reduce obesity, asthma, minority infant mortality

3) Address language and cultural barriers, and substance abuse

5. **Those involved in decisions re: community needs addressed through community benefit activities:** Decisions regarding the selection of community needs to address depend on the hospital departments involved and the constituencies they serve. Decisions may also involve how the community assessment was done, and for what purpose.

Method A - Clinical Department recognition based on daily patient care and professional experience.

In the process done on a regular basis by clinical departments as a by-product of daily patient care when staff encounter the needs of those who seek services, decisions are made within those departments by the caregivers and departmental administrators. If additional resources are required to support a new community benefit program, then ultimately those decisions must be made by executive management.

Method B - Participation in community coalitions.

In the second method of needs assessment, Sinai participates in community coalitions that provide a planning or program development function. If that participation reaps opportunities for program development in response to the needs identified in that process, then the hospital's representative to that group brings suggestions back to executive management for planning discussions. Once management determines that a community benefit program should be developed, then the specific clinical department that can appropriately provide the planned community benefit services will make decisions about the specific services, based on assessed needs and departmental resources.

For example, in the Baltimore Babies Born Healthy Leadership in Action process, home visiting was identified as a key intervention to improved birth outcomes for at-risk and under-resourced pregnant women. Sinai's Department of Community Initiatives has had good experience providing such services since 1992 as a participant in a major federal infant mortality reduction initiative. We were able to further develop our capacity to provide home visiting services as a result of a partnership with the Baltimore Mayor's Office in which we were selected to be the home visiting services provider in the Park Heights Human Development Zone, our immediate community and an area of high rates of poverty and poor pregnancy outcomes.

Method C- Formal needs assessment conducted by an external consultant

When a formal needs assessment by a consultant is commissioned by the hospital, the intent is to respond to identified needs with a new community benefit program. For example the most recent consultant needs assessment (FY 05) discussed above, was a result of a charge by the health system's Board and President to identify a priority community health need and develop an intervention in response. In that case, the highest level of decision makers drove the process through their charge. However, the specific health problem selected to focus on was driven by the information the consultant gathered from key informant interviews and from public health data from City, County, and State health departments. The consultant then made recommendations of priority areas. Finally, the executive management and Community Mission Committee of the Board made the selection of the specific need to focus on and community benefit services to develop.

Method D: Collaboration with the Health Department and/or other partners

In this example, Sinai's representatives to the group convened by the Baltimore City Health Commissioner brought back ideas and the Health Department's priority needs to the hospital's president. After consultation with others in the hospital, the hospital president decided on which of the identified community needs the hospital would collaborate. Because the community in which Sinai is located has high levels of street violence resulting in its consequences being seen regularly in our Emergency Department, we have chosen to collaborate with the city on its violence intervention programs.

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

As this is the most recent example, this process has not yet been completed. As described above, the Community Advisory Panel (CAP) for Sinai's Health Equity Initiative was convened in January 2010 and has met eight times. The priority setting process was completed in November, 2010. The priorities established by the CAP will now go to the hospital's internal group that guides this initiative, the Health Equity Task Force, for a decision on what programming should be developed in response to these priorities. Members of the Health Equity Task Force, which is chaired by the President of the hospital, include representatives of key departments such as Community Initiatives, Community Health Education, Nursing, Quality, Staff Education, Guest Relations, Medical Education and the Chief Medical Officer.

6. **Community Benefit program initiatives to address needs in #4:** As noted above, we develop community benefit programming based on identified needs and hospital resources available to address those needs.

Example A – With recognition of poor nutrition and accessibility to care for mentally ill patients living in poverty, Sinai's Department of Psychiatry now provides free hot lunches and transportation to patients enrolled in the Intensive Outpatient/Partial

Hospitalization program. This community benefit is at a cost to the hospital of $80,000 annually.

Example B – Sinai's Department of Community Initiatives has a long history of reaching out to women at risk for poor pregnancy outcomes using home visiting as a critical intervention. We have specifically focused some of our interventions on women who are at risk due to poverty and conditions that often accompany it such as substance abuse, depression, and intimate partner violence. While these conditions may be the initial focus of selection for service eligibility, our home visitors then provide education and interventions surrounding other identified risk factors such as unintended pregnancy or infant sleep-related deaths. This program, home visiting to improve birth outcomes and health care access for at-risk and under-resourced pregnant women and new mothers, has been one of our largest and longest standing community benefit programs.

Example C - The consultant identified a major need in Sinai's community, high rates of cardiovascular disease. Because Sinai has a strong Department of Pediatrics and a pediatric outpatient service that serves a large Medicaid patient group, we decided to approach the cardiovascular health needs from a prevention perspective, targeting pediatric obesity as a precursor and cause of later cardiovascular disease. For three years (FY05-08) we provided an obesity reduction initiative in three community locations, two schools and a JCC. However, we found that we were not able to achieve the outcomes we anticipated because of the nature of the program, operating in a host setting and not able to provide the intensity and duration of services needed, so we terminated that intervention at the end of FY08.

Example D - our collaboration with the Baltimore City Health Department and other hospital partners has resulted in several community benefit activities. The programs that the Baltimore City Health Commissioner proposed as having potential for hospitals to participate in were the Baltimore Buprenorphine Initiative, a home visiting program for patients with heart disease, and the Violence Intervention Program developed at the University of Maryland's Shock Trauma. Sinai Hospital's Addictions Recovery Program had already begun the process of becoming a provider for the Baltimore Buprenorphine Initiative, so we decided to focus on the violence intervention initiative. We have held several discussions with the staff at the Violence Intervention Program (VIP) about extension of that program into the Park Heights community and the Sinai emergency department, a designated trauma center.

Simultaneous to our discussions with the VIP, we have also engaged in a discussion with the Baltimore City Health Department about the extension into Park Heights of the Safe Streets initiative, another street violence intervention that has been sponsored by the health department. While Sinai does not intend to be a provider for Safe Streets, we hope to sponsor a Safe Streets intervention in Park Heights.

We are currently planning a proposal to the to fund both the VIP model in the Sinai ER and the Safe Streets model through a community organization, the Park Heights Renaissance..

Example E – As noted above, our convening of a Community Advisory Panel is a recent needs assessment process about which decisions for resulting community benefit programming have not yet been made. However, as an initial step in our endeavor to engage our community in awareness of the impact the social determinants of health have on health status and outcomes, we are planning, in conjunction with a community health organization, the Park Heights Community Health Alliance, a public screening of *Unnatural Causes: Is Inequality Making Us Sick?* This screening was suggested by a member of the CAP who is also a member of the Place Matters initiative in Baltimore. A representative from Place Matters will facilitate the program with the intent of follow up leading to social action and advocacy to improve health in Park Heights.

7. **Evaluation efforts:** We have used various measures to evaluate community benefit programs over the years. When funds are available through grant funding, we have hired outside program evaluation consultants from local universities or private practice. For example, in the mid 1990's we hired the evaluation team from the Johns Hopkins School of Public Health & Hygiene that was evaluating the Baltimore Healthy Start initiative to also evaluate our home visiting initiative, New Bridges to Improved Child Health. That evaluation measured rates of compliance with prenatal care visits, preterm birth, and improvement in social or behavioral determinants of health among our home visiting clients. The positive outcomes this evaluation found in over 140 women enabled us to receive subsequent funding from multiple funders to continue the program until the present. This program was also evaluated by another Johns Hopkins evaluation team when it became a component of the Baltimore Success by Six Partnership in 2001-4.

Another of our community benefit programs, our domestic violence intervention program, has had regular evaluations by domestic violence experts from the Johns Hopkins University School of Nursing. We no longer have funds available to contract with an evaluator, but we continue to gather data on changes in attitudes, knowledge and behavior in the relationship violence prevention and treatment groups that we provide in the community and in the hospital. The previous evaluator set up the evaluation to gather such data so that we could continue to evaluate our community benefit efforts in this area after her contract terminated.

When we do not have funds to hire a consultant evaluator, the department that provides the community benefit services does its own measurement of performance and outcomes for the program. As a rule we measure outcomes for success using a Results Accountability framework.[1] The Results Accountability framework asks three questions: 1).How much work did we do? 2). How well did we do that work? 3). What effect did we make (ie how are our clients better off for our service?) We then answer each question with a performance measurement. For example:

1. <u>How much work did we do?</u> For example: number of clients served, assessments and service plans done, referrals made, or group sessions provided. Indicates volume of work and demand for services.

2. <u>How well did we do that work?</u> For example: percent of service goals met, referrals and follow-up completed, improvement in group participants' knowledge on post-tests over pre-tests. Indicates how well the staff is performing in terms of facilitating access to and utilizing services, or in educating group members.

Participant reaction to staff's performance is also measured by a Participant Satisfaction survey.

3. <u>What effect did we make?</u> For example the measurement is the percent of clients accessing and receiving services, changes in attitudes of group participants, and life changes such as obtaining employment, leaving an abuser, or attaining sobriety. These measurements indicate the effect the program is having on the lives of those served.

8. 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 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.

9. **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 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 ER. Without this subsidy, these physician would not be able to cover the cost of providing services to the uninsured and underinsured patients in the community.

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[1] Friedman, M. (2005). Trying Hard is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities. Victoria, BC: Trafford Publishing.

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.

- A Patient Information Sheet is mailed to all inpatients with the Maryland Summary Statement.

- 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; translation to Spanish is in process with an expected completion date of September 30, 2009.

- Sinai Hospital hosts and participates in various Department of Health and Mental Hygiene and Maryland Hospital Association sponsored campaigns like 'Cover the Uninsured Week'.

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SINAI HOSPITAL OF BALTIMORE

HOSPITAL ADMINISTRATIVE POLICY   **Financial Assistance**

PURPOSE: To assist patients who do not qualify for Financial Assistance from State, County or Federal Agencies, but may qualify for uncompensated care under Federal Poverty Guidelines.

POLICY: To provide Financial Assistance applications to patients experiencing financial difficulty paying for their hospital bill(s). Eligibility is based on gross income and family size according to current Federal Poverty Guidelines.

Financial Assistance information is made available to the public through multiple sources including: 1) the admission packet, 2) signage and pamphlets located in Admitting, the Emergency Room, Patient Accounting, as well as other patient access points throughout the hospital, and 3) registration and Patient Accounting staff.

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

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

Approvals:
Name: Title: Date:
Neil M. Meltzer   President/COO   03/01/2005
Charles Orlando   Senior Vice President/CFO   03/01/2005

Neil M. Meltzer   _____
                     President/COO   _____

Anthony K. Morris   Vice President/Revenue Cycle   _____

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SINAI HOSPITAL OF BALTIMORE

HOSPITAL ADMINISTRATIVE POLICY   **Financial Assistance**

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 Sinai 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. The patient will provide information to make this determination. The Patient Financial Advisor or Medical Assistance Liaison will determine probable Medicaid eligibility within two (2) business days of initial application.

    4.   If the patient does not qualify for Maryland Medical Assistance 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 Sinai'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 Financial Assistance application and provide the Patient Financial Advisor or the Customer Service Technician documented proof of income for consideration. 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
        c.   Verification of income with employer via telephone

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HOSPITAL ADMINISTRATIVE POLICY   **Financial Assistance**

       d.   Verification of other household income, i.e. Social Security Award Letter, retirement/pension payment, etc

9.   Financial Assistance Eligibility:

       a.   Approved Medicare inpatients and outpatients are certified for one year from approval date. Medicare patients are required to provide a copy of their Social Security Award Letter on a yearly basis.

       b.   Non-Medicare inpatients and outpatients are certified for six months from approval date, with the exception of outpatient psychiatry services, which are certified for one year from approval date. However, if it is determined during the course of that period that the patient meets Maryland Medical Assistance eligibility requirements, we will assist the patient with this process while still considering requests for Financial Assistance.

       c.   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.

       d.   Dates of service outside the Financial Assistance consideration period, prior to the approval date, will be considered on a case-by-case basis.

At time of application, all open accounts are eligible for consideration including accounts previously written-off to bad debt, which are reviewed on a case-by-case basis.

10.   Financial Assistance is based upon the Federal Poverty Guidelines published in the Federal Register. The poverty level guidelines are revised annually. Patients with an annual income up to 200% of the Federal Poverty Level may have 100% of their hospital bill(s) covered by Financial Assistance.

11.   Patients slightly above 200% annual income may have a portion of their medical bill covered by Financial Assistance based on a sliding scale. The Financial Assistance amount is calculated as follows:

     -     Identify the annual income based on the income tax form or W-2 (A)
     -     Identify 200% of the Federal Poverty Level for the patient based on household size (B).
     -     Subtract B from A. This is the maximum amount for which the patient would be responsible (C). Failure to pay the patient responsibility will result in a reversal of the Financial Assistance adjustment resulting in the patient being responsible for total charges.
     -     Subtract C from the patient liability on the hospital bill(s). This is the approved Financial Assistance amount.

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SINAI HOSPITAL OF BALTIMORE

HOSPITAL ADMINISTRATIVE POLICY   **Financial Assistance**

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12. The Director of Patient Financial Services or his/her designee approves or denies the application.

13. Patients will receive determination of probable eligibility of Financial Assistance within two (2) business days from application receipt date.

B. Planned, Non-Emergent Services

1. Prior to an admission, the physician's office or hospital scheduler will determine if a patient has medical insurance. If the patient does not have medical insurance, the physician's office or hospital scheduler will call a Patient Financial Advisor in Admitting. The Patient Financial Advisor will work with the Medical Assistance Liaison to screen the patient for Maryland Medical Assistance eligibility. The Patient Financial Advisor will determine probable eligibility within two (2) business days from initial application.

2. The Patient Financial Advisor will obtain information from the patient to determine Maryland Medical Assistance eligibility. If the patient qualifies, the appointment is confirmed and the patient will receive service as scheduled.

3. If the patient is scheduled for service prior to Maryland Medical Assistance probable eligibility determination, the Patient Financial Advisor will contact the physician's office to postpone the service. If the physician does not want to postpone the service, the Patient Financial Advisor will inform the physician that the Vice President of Revenue Cycle and/or Vice President of Finance will review and determine whether the case will be postponed, provided, or denied. The Vice President of Revenue Cycle and/or Vice President of Finance will contact the physician regarding the case. The Vice President of Revenue Cycle and/or 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.

4. If the patient does not qualify for Maryland Medical Assistance, the Patient Financial Advisor will determine an estimate of charges for services to be provided. The Patient Financial Advisor will contact the patient for payment.

5. 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

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HOSPITAL ADMINISTRATIVE POLICY   **Financial Assistance**

medically necessary services, based on the policies documented herein. Vice President of Revenue Cycle and/or Vice President of Finance approval are required.

6.   If an agreement is made, the patient must provide payment at least three (3) business days prior to service, and sign the LifeBridge Health Installment Agreement Form. If the patient has the financial resources according to the Federal Poverty Guidelines, but fails to pay prior to service or sign the Self Pay Agreement Form, the Patient Financial Advisor will contact the physician's office to request that the planned service be cancelled due to non- payment.

7.   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 Finance. If an exception is requested, the Patient Financial Advisor will gather documented proof of income as stated in the emergent section of this procedure. 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.

Appendix 3

Sinai Hospital of Baltimore

Description of Mission Statement

Sinai Hospital's mission statement includes two references to its responsibility to its community. The first reference is in relation to Sinai's educational mission which includes both professional education, and a broader educational responsibility "to the community at large." The second reference invokes Sinai's founding as a Jewish sponsored organization committed to Jewish values including "community concern for all." These two statements in Sinai's mission statement provide a historical and value-based framework to guide Sinai's provision of services to the patients and communities we serve.

Description of Value Statement

Sinai has recently had a hospital-wide initiative to identify the hospital's Core Purpose and Values. The hospital's Executive Leadership Team held a retreat where they identified the hospital's as "Creating a healthier community one person at a time." This choice clearly indicates Sinai's commitment to our communities and the health of their residents. Then in a series of special staff meetings, hospital staff defined the following four core values:
- ❖ Value every person
- ❖ Show compassion and respect
- ❖ Deliver excellence
- ❖ Work together

SINAI HOSPITAL
a LifeBridge Health center

Sinai Core Purpose
- Our reason for being
- It reflects employee's idealistic motivations for dong 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