

**Northwest Hospital of Baltimore, Inc.
FY 2012 Community Benefit Narrative Report**

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. The licensed bed designation at Northwest Hospital is 250, which includes 221 acute care beds and 29 sub-acute care beds. Inpatient admissions for FY 12 were 14,462.

Table I describes general characteristics about Northwest 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 2012), as defined by the Health Services Cost Review Commission (HSCRC). Table 1 also lists Maryland hospitals that share one or more of Northwest Hospital's 'primary service area' zip codes. In FY 12, primary service area zip codes for Northwest Hospital (21133, 21208, 21207, 21244, and 21117) accounted for 8,130, or 56% of total inpatient admissions.

Medicaid patients accounted for 2.1% of all Northwest Hospital encounters¹ in FY 12. Of the total Medicaid cases, 21% reside in the 21133 zip code where the hospital is located. The total percentage of uninsured cases (i.e. 'self pay') at Northwest in FY 12 was 15.9%. The zip code with the highest percentage of Northwest's uninsured patient encounters was 21133 (14%). 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 ² :	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured (Self-Pay) Patients/Cases, by Zip Code:		Percentage of Patients/Cases who received Medicaid, by Zip Code:	
				<i>15.9% of NW Total hospital cases are Self-Pay</i>		<i>2.1% of NW Total hospital cases are Medicaid</i>	
250	14,462	21133 21208 21207 21244 21117	University of Maryland Johns Hopkins Hospital Greater Baltimore Medical Center (GBMC) Sinai Hospital St. Agnes Hospital James L. Kernan Hospital St. Joseph's Hospital	54.1% of 'Self Pay' cases come from the hospital's Primary Service Area		66.0% of 'Medicaid' cases come from the hospital's Primary Service Area	
				21133	14%	21133	21%
				21208	7%	21208	9%
				21207	11%	21207	14%
				21244	12%	21244	13%
				21117	11%	21117	9%

** 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: Northwest Hospital is located in the Randallstown (21133) community of Baltimore County, serving both its immediate neighbors and others from

¹ encounters/cases include inpatient, outpatient, emergency room, and same day surgery visits.

² HSCRC, FY2012

throughout the Baltimore County region. Northwest’s primary service area as defined by the HSCRC consists of six zip codes: 21133 (Randallstown), 21208 (Pikesville), 21207 (Gwynn Oak), 21244 (Windsor Mill), and 21117 (Owings Mills). Due to the proximity of zip codes 21133, 212244, and 21207 to Northwest Hospital, and the high volume of residents from these zip codes receiving community benefit services, 21133, 21244 and the county portion of 21207 make up the hospital’s ‘community benefit service area’ (CBSA).

As a whole, the Northwest Hospital CBSA is home to 111,281 residents with an average household income of \$63,379 compared to the Baltimore County median household income of 62,543 and the Maryland state average of \$70,647. CBSA residents are 80.3% Black (Non-Hispanic) and 10.2% White (Non-Hispanic) while Baltimore county residents as a whole are 26.1% and 64.6% respectively. As shown in Table 1, 48% of Medicaid patients/cases came from the Northwest Hospital CBSA, further supporting the selection of 21133, 21244, and 21207 as zip codes representing the target area for community benefit services.

Table II

Community Benefit Service Area (CBSA) Basic Demographics (Claritas, 2012)			
Community Benefit Service Area (CBSA): Zip Codes	21133 21244 21207 ²		
Total Population within the CBSA:	111,281		
Sex:	Male:	51,315	
	Female:	59,966	
Age:	0-14:	22,959	20.6%
	15-17:	5,166	4.6%
	18-24:	10,127	9.1%
	25-34:	16,209	14.6%
	35-54:	31,732	28.5%
	55-64:	12,718	11.4%
	65+ :	12,370	11.1%
Race/Ethnicity:	White non-Hispanic:	11,308	10.2%
	Black non-Hispanic:	89,348	80.3%
	Hispanic:	4,465	4.0%
	Asian and Pacific Islander non-Hispanic:	3,385	3.0%
	All others:	2,775	2.5%

³21207 spans city/county lines; however, Northwest Hospital community benefit activities primarily serve the county-portion of the zip code. Data for 21207 represents the entire zip code.

Community Benefit Service Area (CBSA): Zip Code	21133	21207⁴	21244
Community Benefit Service Area (CBSA)	Randallstown, MD	Gwynn Oak, MD	Windsor Mill, MD
Total Population (U.S. Census, 2010)	29,998	48,133	34,611
ER Admissions from CBSA (% of Total ER Admissions) (Northwest Hospital Data)	39% of Inpatient Admissions through the Emergency Department came from zip codes 21133, 21207, and 21244.		
Gender (U.S. Census, 2010)	13,608 Males 16,390 Females	21,919 Males 26,214 Females	15,764 Males 18,847 Females
Primary Racial Composition, One Race (U.S. Census, 2010)	81.3% Black or African American	84.4% Black or African American	77.3% Black or African American
Median Age (years) (U.S. Census, 2010)	39.1 years	38.7 years	33.8 years
SOCIOECONOMIC			
Average Household Income within the CBSA (Claritas, Inc., 2012)	\$72,655	\$52,106	\$63,722
Percentage of households with incomes below the federal poverty guidelines within the CBSA (U.S. Census, 2011)	5.1%	8%	6.5%
Percentage of civilian, non-institutionalized 18-64 yr olds with any type of health insurance by County within the CBSA (Behavioral Risk Factor Surveillance System, 2008-2010)	Baltimore County: 87.8%; (12.2% uninsured)		
Average Number of all Medicaid Eligible Persons by Month by County within the CBSA (Maryland Medicaid eHealth Statistics, DHMH, 2012)	134,926 Medicaid Eligible Persons Per Month (Avg) Baltimore County		
Ratio of population to primary care physicians (County Health Rankings, 2012)	Baltimore County: One primary care physician to every 672 residents (672:1 ratio)		
Percentage of Medicaid recipients (excluding active duty service members and incarcerated persons) by County within the CBSA (BRFSS 2008-2010)	Baltimore County: 24.5%		

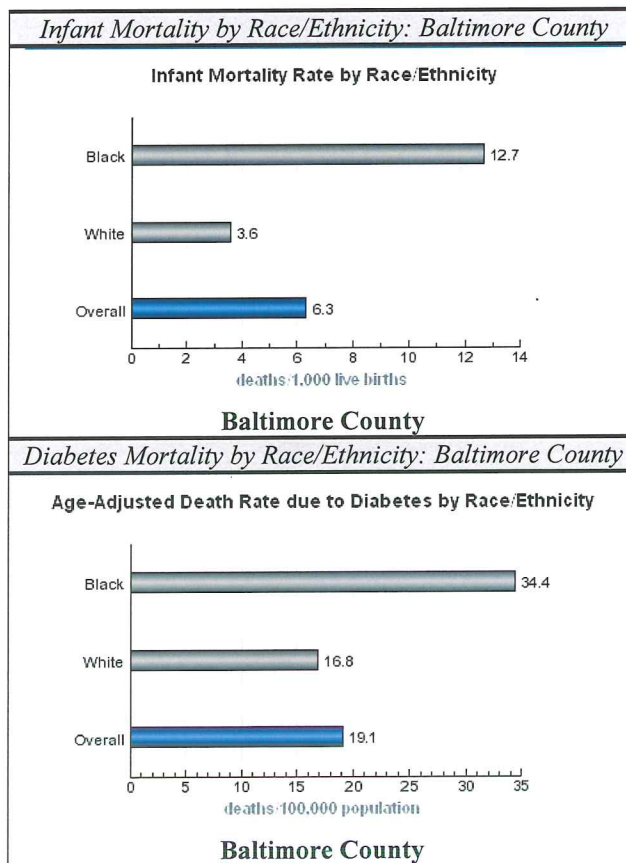
⁴ 21207 spans city/county lines; however, Northwest Hospital community benefit activities primarily serve the county-portion of the zip code. Data for 21207 represents the entire zip code.

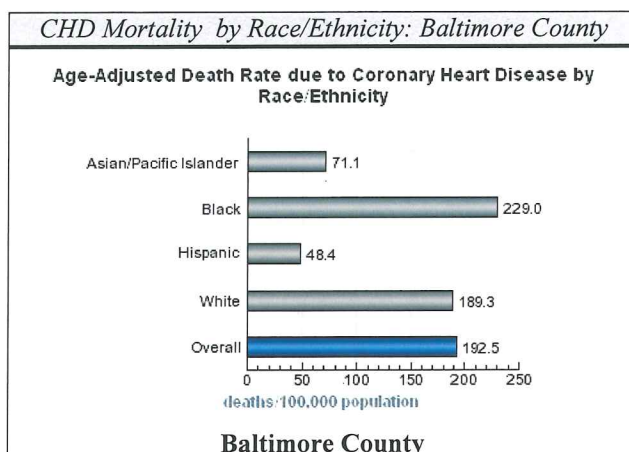
EDUCATION			
Percentage of Students who graduate 4 years after entering 9th grade (U.S. Census, 2011)	Baltimore County: 80.0%		
Highest Educational Attainment (Adults 25 or older) (DHMH, SHIP County Health Profiles)	35.3% Bachelors Degree or Greater	20.8% Bachelors Degree or Greater	27.5% Bachelors Degree or Greater
HOUSING			
Median Home Value (U.S. Census, 2011)	Baltimore County: \$273,600 (Randallstown CDP (Balt Co.): \$271,400)		
Percent of owner-occupied housing units (U.S. Census, 2011)	Baltimore County: 66.0% (Randallstown CDP (Balt Co.): 73.2%)		
ACCESS TO HEALTHY FOOD			
Percentage of restaurants that are fast food establishments (County Health Rankings, 2012)	Baltimore County: 64%		
Percentage of census tracts with food deserts (USDA, 2000)	Baltimore County: 4.9%		
TRANSPORTATION			
Percent commuting on public transit (U.S. Census, 2011)	Baltimore County: 4.3% (Randallstown CDP (Baltimore County): 9.2%)		
Mean travel time to work (minutes) (U.S. Census, 2011)	Baltimore County: 28.2 minutes (Randallstown CDP (Balt Co.): 33.2 minutes)		
BUILT AND SOCIAL ENVIRONMENT			
Rate of recreational facilities per 100,000 population (County Health Rankings, 2012)	Baltimore County: 15.1 facilities per 100,000 population		
Percent of children that live in household headed by single parent (County Health Rankings, 2012)	Baltimore County: 35%		
Rate ED visits related to domestic violence/abuse per 100,000 population (HSCRC, 2010)	Baltimore County: 70.2 visits per 100,000 population		
Health Concern Areas, Life Expectancy, and Mortality Rates			
Top 5 SHIP Challenge Areas (i.e. SHIP measures performing below State baseline (DHMH, SHIP County Health Profiles)	Baltimore County: Fall-related deaths, air quality, hospital admissions related to Alzheimer's or other dementias, drug-induced deaths, and pedestrian injuries on public roads		
	Baltimore City: Elevated blood lead levels in children, emergency department visits related to domestic violence, pedestrian injuries on public roads, new HIV infections, and Chlamydia infections		
Life Expectancy by County within the CBSA (DHMH, SHIP County Health Profiles)	Baltimore County: 77.8 years		

Age-Adjusted Death Rate per 100,000 risk population by county within the CBSA (Maryland Family Health Administration, 2009)	Baltimore County: 795 per 100,000 risk population
Years of potential life lost before age 75 per 100,000 population (age-adjusted premature death), (County Health Rankings, 2012)	Baltimore County: 7,365 per 100,000 population
Age-Adjusted Death Rate (Heart Disease as Cause of Death) per 100,000 risk population by county within the CBSA (Maryland Family Health Administration, 2009)	Baltimore County: 183.9 per 100,000 risk population

The presence of health disparities is another key factor in determining how best to serve our target population at Northwest Hospital. In *Figures 1, 2 and 3*, significant racial disparities are shown in Baltimore County for infant mortality and mortality due to diabetes and coronary heart disease. In addition, *Figure 4* shows the leading causes of death in Baltimore County for all races, by gender.

Figures 1, 2, 3





Source: Health Communities Institute, 2012

Figure 4

BALTIMORE COUNTY			
CAUSE OF DEATH (TENTH REVISION INTERNATIONAL CLASSIFICATION OF DISEASES, 1989)	ALL RACES ¹		
	BOTH SEXES	MALE	FEMALE
ALL CAUSES	7,561	3,554	4,027
DISEASES OF THE HEART	1,842	922	920
MALIGNANT NEOPLASMS	1,706	824	882
CEREBROVASCULAR DISEASES	443	155	288
CHRONIC LOWER RESPIRATORY DISEASE	374	149	225
ACCIDENTS	271	158	113
INFLUENZA AND PNEUMONIA	204	95	109
DIABETES MELLITUS	179	96	83
ALZHEIMER'S DISEASE	148	40	108
SEPTICEMIA	135	66	72
NEPHRITIS, NEPHROTIC SYNDROME, AND NEPHROSIS	119	61	58
PARKINSON'S DISEASE	95	54	41
INTENTIONAL SELF-HARM (SUICIDE)	93	79	14
ESSENTIAL (PRIMARY) HYPERTENSION AND HYPERTENSIVE RENAL DISEASE	62	27	35
CHRONIC LIVER DISEASE AND CIRRHOSIS	60	43	17
PNEUMONITIS DUE TO SOLIDS AND LIQUIDS	48	24	24
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD ..	45	20	25
ASSAULT (HOMICIDE)	43	37	6
HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	27	18	9

Source: Maryland Vital Statistics, 2011

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Identification of Community Health Needs:

During FY12, Northwest Hospital began a formal community health needs assessment as required and defined by the Patient Protection and Affordable Care Act and section 501(r)(3) of the Internal Revenue Code. It will be completed in the current fiscal year (FY13). LifeBridge Health, Inc., the hospital's parent corporation, performed its last complete assessment in FY 2005 and has since relied upon informal methods for

identifying community needs (e.g. consultation with community partners and residents, and review of hospital-level discharge data).

The current process used to identify health needs of Northwest Hospital's community includes analyzing primary and secondary data at both hospital and community levels, and involving community members and key community groups in further identification of priority concerns and needs. The hospital is committed to aligning its priorities with local, state, and national health improvement initiatives such as the Maryland State Health Improvement Plan (SHIP) and the local action plan developed by the Baltimore County Health Coalition to achieve SHIP.

The steps taken to build the foundation of an assessment included the following:

(a) Exploration of Data Collection Products

In Fall 2011, Community Benefit staff entered into discussions with the Baltimore County Health Department, Baltimore City Health Department, and other area hospital systems to explore mechanisms/methods for performing each system's required community health needs assessment. Possible methods included the use of data software platforms, of which there were multiple options, hiring an external consultant to conduct the assessment, or having hospital staff members conduct a community health needs assessment. LifeBridge Health, Inc. decided to explore the Healthy Communities Institute (HCI) product, a web-based platform offering over 130 community health indicators from reputable sources such as U.S. Census and American Community Survey. Although early discussions did not lead to collaboration around one single product, due primarily to different time lines, LifeBridge Health, Inc. contracted with HCI to use the hospital version of their product to support Northwest Hospital's community health needs assessment process. In order to supplement the public health data obtained from the HCI product, LifeBridge Health, Inc. staff began engaging with local public health partners and community residents to gather input from persons representing community interest.

(b) Engagement with Community and Local Public Health Partners

LifeBridge Health, Inc. initiated early talks with both Baltimore County and Baltimore City Health Departments around local health improvement plans to support the Maryland State Health Improvement Plan (SHIP). In support of our partnership with the Baltimore County Health Department, LifeBridge Health, Inc. invited representatives from the department to present their local health improvement plan to LifeBridge Health, Inc.'s Community Mission Committee (CMC), a LifeBridge board committee that guides and monitors community benefit programming. Northwest Hospital and representatives from the Baltimore County Health Department continue building strong partnerships into FY13 as the hospital's needs assessment continues.

Another partner in our community health needs assessment process is the Northwest Hospital Health Policy Advisory Board, a group of community residents whose purpose is to engage community leaders around important health issues. This group and Northwest Hospital representatives continue to collaborate to plan future community health forums to support the current community health needs assessment process.

(c) *Existing methods for identifying patient and community health needs*

While the Community Benefit team continues to move the formal needs assessment process forward with data collection and community partnership building, the departments providing community benefit services continue to conduct routine assessments of patient and community needs resulting from day-to-day experiences with population groups served by the hospital.

As featured in FY11 and FY12 Community Benefit Narratives, the following are several of those methods used by the hospital to identify community health needs:

1. Clinical department need recognition based on daily patient care and professional experience,
2. Identification through participation in a community coalition and/or collaboration with the Health Department and/or other partners, and,
3. Consultation with community residents, agencies, organizations, and health care providers.

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

During FY12, Northwest Hospital leadership invited the Baltimore County Health Department's Deputy Director to present Baltimore County's health improvement plan to LifeBridge Health, Inc.'s Community Mission Committee. This presentation marked the beginning of a commitment towards partnering on issues of health improvement in the community areas surrounding Northwest Hospital. In order to support the Maryland State Health Improvement Plan (SHIP), the Baltimore County Department of Health formed the Baltimore County Health Coalition to identify, prioritize, and respond to pressing health needs in Baltimore County. A Northwest Hospital representative is a member of this local coalition.

Northwest Hospital continues to consult and collaborate with public health and safety organizations, such as the Baltimore County Health and Fire Departments, private health providers and community residents, to better understand community health needs and priorities. Members of Northwest Hospital's Health Policy Advisory Board also represent key community groups including local government, sorority groups, etc. and provide the hospital with key guidance in the identification of local health needs and the development of appropriate hospital-led responses.

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

Northwest's parent organization, LifeBridge Health, performed a formal assessment that meets those requirements defined by ACA in FY 2005.

Northwest Hospital's federally required community health needs assessment is currently underway and will be complete by end of fiscal year 2013.

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 (In process)
 No

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 (Community Health Educators)

iii. Community Benefit Department/Team

1. Individual
 - a. Danielle Marks, Program Coordinator, Health Equity
 - b. Dr. Pamela Young, Director of Community Initiatives, LifeBridge Health
 - c. Julie Sessa, Director of Finance, LifeBridge Investments
2. Committee
 - a. **Community Benefit Council, Northwest Hospital:** In order to respond to the growing need for oversight of community

benefit programming, the Community Benefit Council formed in early fiscal year 2012. The council meets quarterly to review new Community Benefit guidelines and reporting instructions, discuss hospital programming, and finalize annual reports. As the hospital's community health needs assessment nears completion, this group will be integral in developing an implementation plan with community input to address community identified needs.

b. **Community Mission Committee:** LifeBridge Health, Inc., the parent corporation that includes Northwest Hospital, has a board committee for the 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 include Northwest, Sinai and Levindale board members and executives, President of LifeBridge Health, Inc., and Vice Presidents

c. **Northwest Hospital Health Policy Advisory Board:** This entity has provided key guidance to support the hospital's required community health needs assessment.

d. X Other:
Direct Service Staff: The LifeBridge Health Inc.'s Community Health Education Department grew out of a strong emphasis on health promotion and prevention efforts at Northwest Hospital. Although the department provides health education and screening services to both Northwest and Sinai Hospitals' surrounding communities, the department is physically located at Northwest Hospital and its health promotion focus continues to provide meaningful community benefit services to Northwest Hospital's community residents.

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

Spreadsheet X yes _____ no
 Narrative X yes _____ no

The LifeBridge Health Finance Department, Community Mission Committee, and the LifeBridge Health Board review and approve the Community Benefit Report prior to submission.

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

As mentioned above, the information included in this report is presented to the LifeBridge Health Finance Department, Community Mission Committee, and LifeBridge Health, Inc. Board. On November 8, the Community Mission Committee approved the FY12 Community Benefit Report and recommended it for approval by the LifeBridge Health, Inc. Board. On November 29, 2012, the LifeBridge Health Board approved the FY2012 Community Benefit Report.

INITIATIVE 1: FREEDOM TO SCREEN

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	Cost of initiative for current FY
Prevention of and Education about Breast Cancer Free Mammograms for uninsured or underinsured women	Education, Outreach and Screening Program	<p>Primary Objectives:</p> <ol style="list-style-type: none"> To increase awareness of mammogram services. To remove barriers to breast cancer screening, particularly among low-income, uninsured/underinsured women. To provide diagnostic and treatment services to screened women 	Multi-Year initiative: April 2011-Current	Herman and Walter Samuelson Breast Care Center at Northwest Hospital, a part of the LifeBridge Health Cancer Institute. LifeBridge Department of Community Health. Sisters Network Baltimore Metropolitan. Baltimore County Department of Health Cancer Programs.	Ongoing	150 Women screened for breast cancer via mammography 300 NCI Breast Cancer Risk Assessments completed 1000 Individuals educated on the importance of breast cancer screening and risk reduction 407 Outreach encounters	Dependent upon grant award from the Maryland Affiliate of the Susan G. Komen for the Cure grant for 2013-2014.	\$1,664

INITIATIVE 2: COMMUNITY HEALTH EDUCATION

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	Cost of initiative for current FY
<p>Information about disease and health maintenance</p>	<p>Professional health education and screenings</p>	<p>Primary Objectives</p> <ol style="list-style-type: none"> 1. To promote health information on the following: <ul style="list-style-type: none"> <input type="checkbox"/> Fall prevention <input type="checkbox"/> Diabetes management, prevention, and treatment <input type="checkbox"/> Health communication <input type="checkbox"/> Nutrition, healthy exercise, and obesity prevention/reduction <input type="checkbox"/> Seasonal safety <input type="checkbox"/> Brain and spine health <input type="checkbox"/> Stress management, depression, grief <input type="checkbox"/> Heart health, disease management, treatment of cardiac disorders, prevention and risk factors, etc. <input type="checkbox"/> Bone and joint health <input type="checkbox"/> Memory enhancement techniques, Alzheimer's disease treatment, risk, and signs and symptoms <input type="checkbox"/> Smoking cessation 2. To promote health information sharing at expos and health fairs 	<p>Multi-year</p>	<p>CHAI Senior Home Services of Baltimore, Jewish Community Services of Greater Baltimore, Harry and Jeanette Weinberg Properties, Zeta Center of Healthy and Active Aging, American Diabetes Association, Girl Scouts of America, Baltimore City/County Departments of Health, Recreation and Parks, and Education, LBH Departments, American Heart Association, Baltimore City Cardiovascular Disparities group, American Lung Association, etc. and various other churches, businesses and organizations within hospital service areas.</p>	<p>Immediate post-event evaluation</p> <p>Quarterly/Annual Review of Statistics</p>	<p>151 Total Educational Events (2,643 encounters)</p> <p>11 Total Health Expos/Fairs (678 attendees)</p>	<p>The initiatives will continue into the next FY based on expressed need of community, health priorities in Northwest service areas and health statistics for service areas</p>	<p>\$39,336</p>

INITIATIVE 3: HEART HEALTH AND LIFESTYLE SCREENINGS

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	Cost of initiative for current FY
<p>Health Education on disease prevention and management, and health and maintenance, and disease management with particular focus on heart disease and heart healthy lifestyles</p>	<p>Heart Health and Lifestyle Screenings, and Blood Pressure Screenings</p>	<p>Primary Objectives: 1. To provide screening of blood pressure, body composition, blood profiles, and individualized counseling sessions to community residents. 2. To provide screening and counseling related to blood pressure readings, disease prevention, stroke prevention, and individualized counseling.</p>	<p>Multi-year, multi-event initiative</p>	<p>American Heart Association, Silverstein Insurance, Baltimore City Cardiovascular Disparities group, CHAI Senior Home Services of Baltimore, Jewish Community Services of Greater Baltimore, Harry and Jeanette Weinberg Properties, Baltimore City's Zeta Center of Healthy and Active Aging, American Stroke Association, the LifeBridge Health Sandra and Malcolm Berman Brain and Spine Institute Stroke Programs, etc., and various other churches, businesses and organizations within hospital service areas.</p>	<p>Immediate post-even evaluation 3-6 month follow up</p>	<p>15 events in FY 12 for heart health and lifestyle screenings 10 events in FY 12 for blood pressure screenings 912 encounters</p>	<p>Initiative will continue</p>	<p>\$40,112</p>

INITIATIVE 4: NW DOMESTIC VIOLENCE PROGRAM (DOVE)

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	Cost of initiative for current FY
Intimate partner violence	Northwest Hospital's Domestic Violence Program (DOVE)	<p>Primary Objective: To provide immediate crisis response and follow up services to victims of intimate partner violence</p> <p>Services:</p> <ul style="list-style-type: none"> (a) Immediate crisis response (b) Court accompaniment (c) Individual therapy (d) Support group (e) Case management services 	Multi-year	<p>Northwest Hospital Medical Staff</p> <p>Baltimore County Police Dept</p> <p>Baltimore County Departments of Social Services, Family Violence Unit</p> <p>Baltimore County State's Attorney's Office</p>	As required by funders	<p>(a) A total of 868 victims were identified during FY12: 271 victims in hospital and 597 victims referred by police.</p> <p>All 271 victims in the hospital received crisis intervention.</p> <p>Of the 597 police referred victims 526 had home visits from the police and DOVE staff. The rest received information and phone calls from DOVE.</p> <p>(b) 87 victims received court accompaniment</p> <p>(c) 47 victims received individual therapy</p> <p>(d) 68 victims received support group</p> <p>(e) 1185 case management services were provided</p>	DOVE has received increased funding for FY13	\$256,770

**INITIATIVE 5: EMERGENCY MEDICAL SERVICES COMMUNITY EDUCATION &
HOSPITAL DISASTER READINESS**

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	Cost of Initiative for Current FY
Education on health issues and community concerns Potential for disasters	Emergency Medical Services Community Education Disaster Readiness Program	<p>Primary Objective: To enhance the ability for EMS providers to serve the community and to improve community health. Educational topics include stroke, acute coronary syndrome, as well as topics of interest to the community (e.g. gang awareness).</p> <p>Primary Objective: To prepare community members and hospital staff for potential disasters.</p>	Multi-Year	Hospitals and EMS from Region 3 Maryland Institute for Emergency Medical Services Systems (MIEMSS) Baltimore County Fire Department	None	Increased knowledge by educational programming participants. Improved readiness for disaster response.	Ongoing	\$52,240 (EMS Community Education) \$70,198 (Disaster Readiness)

INITIATIVE 6: COMMUNITY FLU VACCINE EVENT

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	Cost of initiative for current FY
Influenza vaccinations to persons who are not able to afford and/or access vaccination.	Free Community Flu Vaccine Clinics	Primary Objective: To increase access to influenza vaccinations as a way to improve health of the community.	November 10-15, 2011	Baltimore County Health Department The Restoring Life International Church	None	242 individuals received influenza vaccination free of charge.	Dependent on funding	\$7,052

2. 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?

When Northwest Hospital and Sinai Hospital merged in 1988 to form the LifeBridge Health, Inc. system, each hospital brought its own approach to community benefit programming. Northwest Hospital created community health education programs to help its residents stay healthy through health promotion and prevention efforts while Sinai Hospital built services to intervene with and treat symptoms of extreme poverty experienced by area residents. These philosophies continue to drive community benefit programming at each hospital.

Northwest Hospital recognizes that not all identified community needs can be addressed and that difficult choices must be made to preserve the hospital's core mission and properly allocate limited resources to the areas of greatest need. If an identified need is outside the purview of the hospital's key purpose of providing quality healthcare, we search for ways in which our community partners may be able to address our community's needs while the hospital plays a more secondary role. For example, when our partner, the Baltimore County Department of Health, identified infant mortality as a health priority for Baltimore County, Northwest Hospital deferred to other Baltimore County providers and to Sinai Hospital, the nearest birthing hospital, to address this important need. This decision was made because it is not in Northwest's core mission to provide maternity care, as the hospital is not a birthing hospital. However, it is in the best interest of Northwest Hospital to support infant mortality reduction efforts indirectly through partnership building and general health promotion efforts.

IV. PHYSICIANS

1. Gaps in the Availability of Specialist Providers:

Northwest is a community hospital with an attending staff of approximately 700 physicians, including several specialties. Those specialties include, but are not limited to, Cardiology, Pulmonary, General Surgery, Orthopedics, Vascular and Infectious Disease. While we have narrowed the gaps in Gynecology, Ophthalmology, Neurology, Neurosurgery, Vascular, and Colorectal Surgery, there are still gaps in Dermatology, Rheumatology, Infectious Diseases, Psychiatry and Orthopedic Specialties in hand and spine.

2. Physician Subsidies:

The hospital employs hospitalists, who provide 24/7 services in the hospital. They provide care for patients who do not have a primary care physician and who are admitted through the ER; many of these patients are uninsured. Because the hospitalists provide 24/7 coverage and these patients are often uninsured or underinsured these service results in a negative profit margin to the hospital.

When uninsured patients are admitted, their care is managed by either a hospitalist or a voluntary member of the medical staff who is on call for the Emergency Department. 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. If the hospital did not cover these fees, these specialists could not otherwise afford to provide this service to uninsured or under-insured patients.

Northwest Hospital
Financial Assistance Procedures

The following describes means used at Northwest 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 Patient Financial Services areas and in Patient Access areas, as well as, other Hospital points of entry.
- Patient Financial Services Brochure '*Freedom to Care*' is available to all inpatients; brochures are available in all outpatient registration and service areas.
- Northwest Hospital employs a 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. This information will be available in Spanish by the end of September 2009.
- A Patient Information Sheet is mailed to all inpatients with the Maryland Summary Statement..
- Northwest 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. Also, all of the contact information and Financial Assistance information is printed on our patient statements
- A message referencing the availability of Financial Assistance for those who are experiencing financial difficulty and contact information regarding Northwest's Financial Assistance Program is being added to our patient statements. Northwest Hospital outsources this process to contracted vendors. This process will be completed by the end of August.
- 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.
- Northwest Hospital hosts and participates in various Department of Health and Mental Hygiene and Maryland Hospital Association sponsored campaigns like 'Cover the Uninsured Week'.



POLICY MANUAL – SECTION I: LEADERSHIP, GOVERNANCE, MANAGEMENT AND PLANNING 1.36

SUBJECT: FINANCIAL ASSISTANCE

EFFECTIVE DATE: OCTOBER 1, 2010 SUPERSEDES: APRIL 7, 2010

APPROVALS: Final – President
Concurrence: Vice President, Finance
Vice President, Revenue Cycle

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.

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

The Northwest 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.

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 the Self Pay Account Manager or Collection Representative in Patient Financial Services.
3. For inpatient visits a Financial Counselor will work with the Medical Assistance Representative 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 Self Pay Account Manager or the Collection Representative 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 Self-Pay Account Manager or the Collection Representative 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 Self-Pay Account Manager or the Collection Representative will assist the patient with the Financial Assistance application process.
7. Patients may request Financial Assistance prior to treatment or after

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billing.

8. Patients must complete the Maryland State Uniform Financial Assistance Application (Attachment #1) and provide the Self Pay Account Manager 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 Northwest 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
 - 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 Self Pay Account Manager will consider all hospital

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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.
 - 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 HSCRC's Financial Hardship

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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 Northwest 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)
 - 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).

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- 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%, 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.
 - application If Financial Hardship percentage is less than 25%, the may be considered on a case-by-case basis.
 - patient may Failure to pay patient responsibility as agreed could result in reversal of the Financial Assistance adjustment. The be liable for the balance in full.
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 Approval/Denial signature(s) as directed. Authorizing signatures are required for amounts \$10,000 and greater –
- | | |
|-------------------------|------------------|
| \$10,000.00 – 24,999.99 | Director, PFS |
| \$25,000.00 + | VP Revenue Cycle |

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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 Financial Counselor 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 Financial Counselor 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, Financial Counselor will determine patient's ability to pay. Refer to #2 and #3 in this section.

If patient is unable to pay, Financial Counselor 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.) Financial Counselor will refer the case to Supervisor/Assistant Director Patient Access for case-by-case consideration.

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

The Financial Counselor working with the Self Pay Account Manger 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 Self Pay Account Manger or bring completed Financial Assistant application and required documentation on date of service. Completed Financial Assistant application and required documentation must be delivered to Self Pay Account Manager 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 reasonably are 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 Northwest Hospital

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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 Northwest Hospital Installment Agreement, the Financial Counselor 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 Finance. If an exception is requested, the Financial Counselor will provide documented proof of income as stated in the emergent section of this procedure to Director Patient Financial Services. 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

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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; Intensive Outpatient Psychiatric Block Grant; 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
- 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 Approval/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

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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.
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	Northwest Hospital Financial Assistance Calculation Sheet
Attachment #4	Financial Assistance Eligibility Determination Letter
Attachment #5	Financial Assistance Presumptive Eligibility Determination Letter

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Attachment #6 Northwest Hospital Installment Agreement
Attachment #7 Sinai Hospital and Northwest Hospital Qualifications for
Financial Assistance

STATEMENT OF COLLABORATION:

Director, Patient Financial Services

SOURCES:

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

Global/1.36

Revision 10/01/10 Administration



Attachment #1

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	and Date of Birth	Age	Relationship	<small>YES or NO</small> Northwest Patient?
				<small>YES or NO</small> Northwest Patient?
				<small>YES or NO</small> Northwest Patient?
				<small>YES or NO</small> Northwest Patient?
				<small>YES or NO</small> Northwest Patient?
				<small>YES or NO</small> Northwest Patient?

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: Northwest Hospital
 5401 Old Court Rd
 Patient Financial Services
 Attention: Robin Penn
 Randallstown MD 21133

Originator Name: _____
 Department: _____ Ext. _____
 Agency Name: _____



Attachment 2

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 410 521 2200, extension 55471 Monday – Friday 11:30 AM – 6:30 p.m.

Please return to Northwest Hospital 5401 Old Court Rd, Patient Financial Services Attn: Robin Penn, Randallstown, Maryland 21133

Sincerely,

Patient Financial Services
Customer Service

For Hospital / Department / Agency use only

Originator Name: _____

Department: _____ Ext. _____

Agency Name: _____

**Northwest Hospital
Financial Assistance Calculation Sheet**

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
x-ref to Policy		104.2%	If income is < 500% FPL and if % is greater than 25%, patient is eligible for Financial Assistance based on Financial Hardship.
A Annual Income	\$ 48,000	A-B	Financial Assistance based on Financial Hardship adjustment equals 75% of Patient Annual Income.
B 300% of Poverty Guidelines	\$ 43,710		
C Sliding Scale - Patient Responsibility	\$ 4,290		
D Patient Responsibility on Bill	\$ 50,000	C	Patient is responsible to pay the remaining 25% of Patient Annual Income below:
Sliding Scale - Patient Responsibility	\$ 4,290		
D Financial Assistance	\$ 45,710		
Financial Assistance %	91%	\$	12,000

E

Size of Family Unit			Annual Income Allowed * 300%	** 500%
1	\$ 10,830	Less than	\$ 32,490	\$ 54,150
2	\$ 14,570	Less than	\$ 43,710	\$ 72,850
3	\$ 18,310	Less than	\$ 54,930	\$ 91,550
4	\$ 22,050	Less than	\$ 66,150	\$ 110,250
5	\$ 25,790	Less than	\$ 77,370	\$ 128,950
6	\$ 28,400	Less than	\$ 85,200	\$ 142,000
7	\$ 33,270	Less than	\$ 99,810	\$ 166,350
8	\$ 37,010	Less than	\$ 111,030	\$ 185,050
For each additional person add	\$ 4,680		\$ 14,040	\$ 23,400

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



Attachment #4

Financial Assistance Eligibility Determination Letter

Date: _____

Re: _____

Account #: _____

Date of Service: _____

Financial Assistance Eligibility Expiration Date: _____

Dear: _____

Thank you for choosing Northwest Hospital. 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.

Northwest Hospital is continually working to meet the needs of our patients and our community. Northwest'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 Patient Financial Services at 410-521-2200 Monday – Friday 11:30 AM – 6:30 PM.

Sincerely,

Patient Financial Services

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



Attachment #5

Financial Assistance Presumptive Eligibility Determination Letter

Date: _____

Re: _____

Account #: _____

Date of Service: _____

Financial Assistance Eligibility Expiration Date: _____

Dear: _____

Thank you for choosing Northwest Hospital. 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 Department of Vocational Rehabilitation (DVR), 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 or 410 521 2200, ext. 55471 Monday – Friday 11:30:00 AM – 6:30 PM.

Customer Service

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



PATIENT NAME: _____

ACCOUNT NUMBER: _____

CONTRACT AMOUNT: \$ _____

DATES OF SERVICE: ____ / ____ / _____

CONTRACT DATE: _____

NORTHWEST HOSPITAL INSTALLMENT AGREEMENT

I, _____ agree to pay Norhtwest Hospital

_____ installments, beginning ____ / ____ / _____

Shaded area for hospital use only

New contract amount: \$ _____

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 actual charges could vary, 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 _____
Contract not valid without appropriate signature and agreed payment amount. If you have any questions please contact 410-521-2200, ext 55471.

Northwest Hospital
5401 Old Court Road
Patient Financial Services
Randallstown, Maryland 21133



SINAI HOSPITAL AND NORTHWEST HOSPITAL
QUALIFICATIONS FOR FINANCIAL ASSISTANCE

(PLEASE CIRCLE ONE)

Date: _____

1. **Health System Eligible:** Patient eligible as determined by Sinai, Levindale or Courtland Gardens.
2. **Bankrupt:** The patient/debtor has filed a petition of bankruptcy, either before or after placement. If applicable, vendor files a proof of claim in a Chapter 13 for a pro rata distribution to unsecured creditors.
3. **Expired:** The patient/debtor has died and an investigation for assets has revealed no estate exists.
4. **Eligible for non-reimbursable Medicaid Program:** (Copy of EVS website eligibility attached) including PAC (Primary Adult Care), family planning only pharmacy only, OMB (Qualified Medicare Beneficiary, SLMB (Special Low Income Medicare Beneficiary).
5. **Enrolled in means-tested social programs:** (proof of enrollment may be required) including WIC (Women, Infants and Children), SNAP (Supplemental Nutrition Assistance Program, Low-income-household energy assistance program, households with children in the free or reduced lunch program.
6. **Enrolled in State of Maryland grant funded program where reimbursement is less than the charge:** including DVR (Department of Vocational Rehabilitation), Intensive Outpatient Psychiatry Block Grant, SHARP (Sinai Hospital Addiction Recovery Program).
7. **Eligible under Jewish Family Children Services (JFCS) (Y Card) Program:** Sinai Hospital only.
8. **Out-of-State Medicaid Program:** to which the hospital is not a participating provider.
9. **Maryland Medicaid Eligible after Admission:** charges incurred prior to Maryland Medicaid eligibility
10. **Maryland Medicaid 216 (resource amount):** patient/debtor eligible for Maryland Medicaid with resource.
11. **Denied Medicaid for not meeting disability requirements:** with confirmed income that meets Federal Medicaid guidelines.
12. **Unknown/Unidentifiable Patient (John Doe, Jane Doe):** After sufficient attempts to identify

Patient Name: _____
Last First Middle Initial

Account #: _____ Date of Service: _____

Account #: _____ Date of Service: _____

Account #: _____ Date of Service: _____

Financial Assistance Write off reason: Reason #: _____

Financial Assistance Write off date: _____

Financial Assistance Write off amount: \$ _____

Reviewer signature: X _____ Date: _____

1st Approval signature: X _____ Date: _____

2nd Approval signature: X _____ Date: _____

(Director) > \$10,000.00 Approval Signature: X _____ Date: _____

(VP) > \$25,000 Approval Signature: X _____ Date: _____

Comments : _____

LifeBridge Health
Patient Financial Services
Contact Telephone Numbers

Sinai Hospital Customer Service
(410) 601-1094
(800) 788-6995

Northwest Hospital
(410) 521 2200 extension 55471

Levindale Hebrew Geriatric Center and Hospital
(410) 601-2213

Courtland Gardens Nursing and Rehabilitation Center
(410) 426-5138

**NORTHWEST HOSPITAL
PATIENT INFORMATION SHEET**

Northwest Hospital offers several programs to assist patients who are experiencing difficulty in paying their hospital bills. Our Patient Financial Services Department is available to assist patients who do not carry medical insurance (uninsured) or face significant co-payment, coinsurance and/or deductible charges, which may be challenging to manage due to personal hardship or financial distress. Depending on the specific financial situation, a patient may be eligible to receive Maryland Medical Assistance (Medicaid), Financial Assistance or take advantage of extended payment plans.

Maryland Medical Assistance (Medicaid) – For information, call the Department of Health and Mental Hygiene (DHMH) Recipient Relations Hotline at (800) 492-5231 or your local Department of Social Services at (800) 332-6347 or on the web at – www.dhr.state.md.us

Northwest Hospital patient representatives can also assist you with the Maryland Medical Assistance application process.

Financial Assistance — Based on your circumstances and program criteria, you may qualify for full or partial assistance from Northwest Hospital. To qualify for full assistance, you must show proof of income 300% or less of the federal poverty guidelines; income between 300% - 500% of the federal poverty guidelines may qualify you for Financial Hardship Reduced Cost Care, which limits your liability to 25% of your gross annual income. Eligibility is calculated based on the number of people in the household and extends to any immediate family member living in the household. The program covers uninsured patients and liability after all insurance(s) pay. Approvals are granted for twelve months. Patients are encouraged to re-apply for continued eligibility.

Extended Payment Plans — In the event that you do not qualify for Maryland Medicaid or Financial Assistance, you may be eligible for an extended payment plan for your outstanding hospital bill(s).

Patient's Rights and Obligations — As a patient, you will receive a uniform summary statement within thirty days of discharge. It is your responsibility to provide correct insurance information to the hospital. You have the right to receive an itemized statement and explanation of charges and to receive full information and necessary counseling on the availability of known financial resources for the care as requested. If you believe you have wrongly been referred to a collection agency, you have the right to contact the hospital to request assistance. You are obligated to pay the hospital in a timely manner. You must also take an active part in cooperating during the Medical Assistance and/or Financial Assistance application process. Additionally, you are responsible to contact the hospital if you are unable to pay your outstanding balance(s). Northwest Hospital offers flexible interest-free payment arrangements. Failure to pay or make satisfactory payment arrangements may result in your account being referred to a collection agency.

Physician and Other Charges — Physician and certain non-hospital charges are not included in the hospital bill and are billed separately.

Contact Northwest Hospital Customer Service — Our representatives are available to assist you Monday through Friday between the hours of 9:00 a.m. – 3:30 p.m. at (410) 601-1094 or (800) 788-6995.

REVIEWED WITH NO CHANGES – MARCH 2010

**POLICY MANUAL – SECTION I: LEADERSHIP, GOVERNANCE, MANAGEMENT AND
PLANNING** **1.00**

SUBJECT: MISSION, PHILOSOPHY, VISION

EFFECTIVE DATE: APRIL 2, 2007

SUPERSEDES: JULY 2, 2004

APPROVALS: Final – President

MISSION

Northwest Hospital Center's mission is to:

Northwest Hospital exists to improve the well-being of the community by nurturing relationships between the hospital, medical staff and our patients.

PHILOSOPHY

Northwest Hospital Center, a not-for-profit organization, is committed to creating and maintaining an environment where exceptional quality care and service is achieved and recognized by our patients and their families, members of the medical and allied health staffs, employees, volunteers and the communities we serve. Care and service are provided without regard to age, sex, race, religion, disability or financial status.

VISION

Northwest Hospital Center will be a recognized leader in customer care and clinical quality in the services we choose to offer by exceeding expectations of patients, physicians, employees and the community.

Global/1.00