

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

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. The licensed bed designation at Sinai Hospital of Baltimore (SHOB) is 529, which includes Adult, Pediatric, and Neonatal Intensive Care Unit beds. Inpatient admissions for FY 12 were 29,297.

Table I describes general characteristics of Sinai Hospital such as percentages of Medicaid recipients and uninsured persons delineated by primary service area zip code. The primary service areas listed below are ordered from largest to smallest number of discharges during the most recent 12-month period available (i.e. FY 12), as defined by the Health Services Cost Review Commission (HSCRC). Table 1 also lists Maryland hospitals that share one or more of SHOB’s ‘primary service area’ zip codes. In FY12, primary service area zip codes for SHOB accounted for 71% (10,785) of total admissions Emergency Department admissions and 41% (4,657) of total elective admissions.

Medicaid patients accounted for 5.5% of the total Sinai admissions in FY 12 and 36.6% of these Medicaid patients live in the 21215 zip code, the zip code in which the hospital is located. The total percentage of uninsured patients (i.e. ‘self pay’) admitted to SHOB in FY 12 was 4.7%. The zip code with the highest percentage of SHOB’s uninsured patients is 21215 at 31.6%. For more information about the socioeconomic characteristics of the community benefit service areas (CBSA), see Table II.

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes: ¹	All other Maryland Hospitals Sharing Primary Service Area:	Number and Percentage of Uninsured (Self-Pay) Patients, by County	Number and Percentage of Patients who are Medicaid Recipients, by County
529	Total: 29,297	21215	UMD St. Joseph’s Mercy Johns Hopkins St. Agnes Bon Secours Union Memorial Maryland General Northwest GBMC James Kernan	Baltimore City: 9,970 62.55% of all Uninsured Patients	Baltimore City: 3,386 59.65% of all Patients who are Medicaid Recipients
		21207			
		21208			
		21209			
		21117			
		21216			
		21133			
		21244			
		21136			

** 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.

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

¹ Health Services Cost Review Commission (HSCRC), FY2012

by the Baltimore Neighborhood Indicators Alliance (BNIA) as Southern Park Heights (SPH) and Pimlico/Arlington/Hilltop (PAH)². Sinai's community benefit activities primarily serve people living in 21215, 21207, and the northern areas of 21216 and 21217; however, zip code of residence does not determine eligibility for community benefit services. Together, the zip codes define the hospital's Community Benefit Service Area (CBSA) and constitute an area that is predominately African American with a below average median family income, but above average rates for unemployment, and other social determinants of poor health.

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

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

The racial composition and income distribution of the zip codes described below reflect the segregation and income disparity characteristic of the Baltimore metropolitan region. As indicated above, those zip codes that have a predominantly African American population, including 21215, in which the hospital is located, reflect the racial segregation and poverty representative of Baltimore City. This is in contrast to neighboring Baltimore County zip codes (21208 & 21209) in which the median household income is much higher, and in which the population is predominantly white.

² Baltimore Neighborhood Indicators Alliance (BNIA), 2011

³ American Community Survey, 2009

⁴ Baltimore City Health Department, Neighborhood Health Profiles, 2011

⁵ American Community Survey (ACS), 2010

Table II

Community Benefit Service Area (CBSA) Basic Demographics (Claritas, Inc. 2012)			
Community Benefit Service Area (CBSA): Zip Codes	21215		
	21216		
	21217		
	21207*		
Total Population within the CBSA:	174,918		
Sex:	Male:	79,019	
	Female:	95,899	
Age:	0-14:	35,022	20.0%
	15-17:	7,589	4.3%
	18-24:	18,512	10.6%
	25-34:	27,821	15.9%
	35-54:	42,914	24.5%
	55-64:	19,588	11.2%
	65+ :	23,472	13.4%
Race/Ethnicity:	White non-Hispanic:	16,723	9.6%
	Black non-Hispanic:	149,382	85.4%
	Hispanic:	4,053	2.3%
	Asian and Pacific Islander non-Hispanic:	1,549	0.9%
	All others:	3,211	1.8%

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

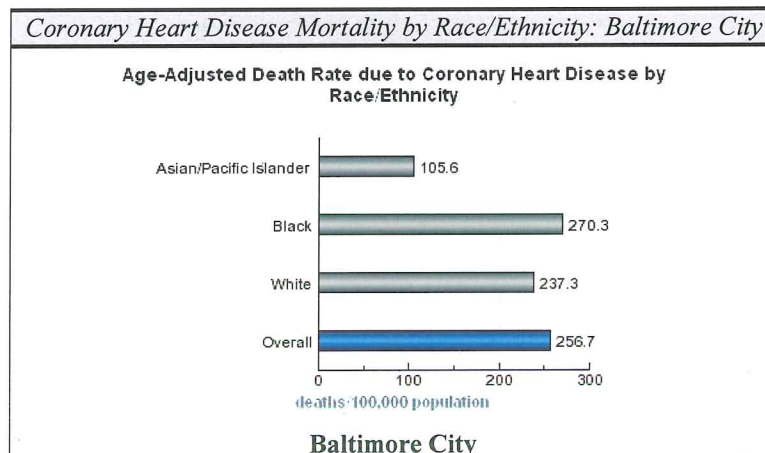
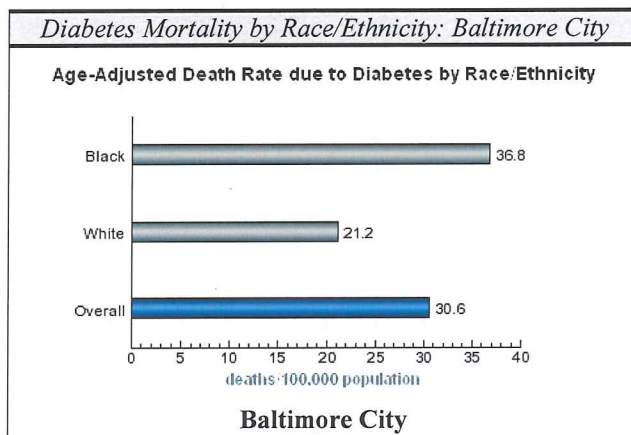
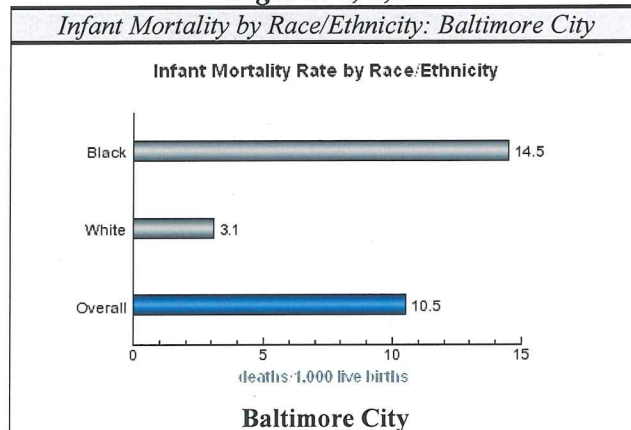
TABLE II, Continued

Community Benefit Service Area (CBSA): Community Characteristics (Baltimore Neighborhood Health Profiles, 2011)				
<i>Socioeconomic</i>				
	Zip Code	Median Household Income	% of households with incomes below federal poverty	Unemployment
Baltimore City		\$37,395	15.2%	11.1%
Pimlico /Arlington /Hilltop	21215	\$29,031	21.3%	17.0%
Southern Park Heights	21215	\$27,635	25.9%	17.5%
Howard Park/West Arlington	21207	\$36,622	15.2%	11.2%
Dorchester/Ashburton	21216	\$39,533	11.8%	11.2%
Greater Mondawmin	21216	\$34,438	12.2%	10.2%
Penn North/Reservoir Hill	21217	\$30,597	16.5%	19.0%
<i>Education</i>				
	Zip Code	% of Kindergartners 'ready to learn'	% of High School students missing 20+ days	% of residents with a high school diploma or less
Baltimore City		65.0%	39.2%	52.6%
Pimlico /Arlington /Hilltop	21215	76.8%	46.8%	69.5%
Southern Park Heights	21215	46.4%	47.8%	69.6%
Howard Park/West Arlington	21207	65.8%	38.6%	51.9%
Dorchester/Ashburton	21216	51.0%	36.0%	47.7%
Greater Mondawmin	21216	65.9%	39.4%	61.6%
Penn North/Reservoir Hill	21217	60.1%	47.8%	56.9%
<i>Access to Healthy Foods</i>				
	Zip Code	Corner Store Density (# corner stores per 10,000 residents), 09	Carryout Density (# carryouts per 10,000 residents), 09	
Baltimore City		9.0	12.7	
Pimlico /Arlington /Hilltop	21215	12.7	18.6	
Southern Park Heights	21215	6.0	7.5	
Howard Park/West Arlington	21207	1.8	9.2	
Dorchester/Ashburton	21216	5.1	6.8	
Greater Mondawmin	21216	10.7	11.8	
Penn North/Reservoir Hill	21217	9.3	9.3	

(TABLE II, Continued)		Housing		
	Zip Code	Vacant Building Density (# vacant buildings/10,000 units), 09	Energy Cut-off Rate (# of energy cut-offs/10,000 residents), 05-09	Lead Paint Violation Rate (# of violations per year/10,000 residents), 00-08
Baltimore City		567.2	39.1	11.8
Pimlico /Arlington /Hilltop	21215	918.7	73.2	17.7
Southern Park Heights	21215	1202.9	72.6	20.9
Howard Park/West Arlington	21207	128.2	61.9	9.3
Dorchester/Ashburton	21216	210.5	62.3	62.3
Greater Mondawmin	21216	844.9	62.6	23.3
Penn North/Reservoir Hill	21217	935.0	44.4	29.0
Community Built and Social Environment				
	Zip Code	Alcohol Store Density Rate (# stores/10,000 residents), 05-09	Homicide Incidence Rate (# homicides/10,000 residents), 05-09	Domestic Violence Rate (# reported incidents/1,000 residents), 05-09
Baltimore City		4.6	20.9	40.6
Pimlico /Arlington /Hilltop	21215	5.9	27.9	51.8
Southern Park Heights	21215	4.5	43.7	54.1
Howard Park/West Arlington	21207	0.9	15.6	34.7
Dorchester/Ashburton	21216	2.5	15.3	44.1
Greater Mondawmin	21216	5.4	31.1	52.8
Penn North/Reservoir Hill	21217	2.1	27.9	49.6
Life Expectancy & Mortality				
	Zip Code	Life Expectancy at birth (in years)	Age adjusted mortality (deaths per 10,000 residents)	
Baltimore City		71.8	110.4	
Pimlico /Arlington /Hilltop	21215	66.8	135.3	
Southern Park Heights	21215	66.7	135.3	
Howard Park/West Arlington	21207	72.9	98.7	
Dorchester/Ashburton	21216	72.4	109.1	
Greater Mondawmin	21216	69.6	116.2	
Penn North/Reservoir Hill	21217	68.1	137.1	

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

Figures 1, 2, 3⁶



⁶ Source: Healthy Communities Institute, 2012

Figure 4⁷

CAUSE OF DEATH (TENTH REVISION INTERNATIONAL CLASSIFICATION OF DISEASES, 1992)	ALL RACES ¹		
	BOTH SEXES	MALE	FEMALE
ALL CAUSES	6,099	3,128	2,971
DISEASES OF THE HEART	1,476	801	675
MALIGNANT NEOPLASMS	1,330	650	680
CEREBROVASCULAR DISEASES	303	124	179
CHRONIC LOWER RESPIRATORY DISEASE	220	105	115
ACCIDENTS	185	114	71
DIABETES MELLITUS	183	90	93
ASSAULT (HOMICIDE)	182	163	19
INFLUENZA AND PNEUMONIA	170	57	83
SEPTICEMIA	141	64	77
HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	127	51	46
NEPHRITIS, NEPHROTIC SYNDROME, AND NEPHROSIS	119	54	65
CHRONIC LIVER DISEASE AND CIRRHOSIS	79	52	27
ESSENTIAL (PRIMARY) HYPERTENSION AND HYPERTENSIVE RENAL DISEASE	67	30	37
ALZHEIMER'S DISEASE	62	17	45
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	56	26	30
INTENTIONAL SELF-HARM (SUICIDE)	47	40	7
PNEUMONITIS DUE TO SOLIDS AND LIQUIDS	39	18	21
PARKINSON'S DISEASE	25	10	15

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Identification of community health needs:

During FY12, Sinai 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 Sinai 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 also committed to aligning its priorities with local, state, and national health improvement initiatives (e.g. Maryland State Health Improvement Plan (SHIP), Healthy Baltimore 2015, the local action plan developed by the Baltimore City Health Department to implement the SHIP agenda, and Healthy People 2020).

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

⁷ Source: Maryland Vital Statistics, 2011

(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 Sinai 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 City and Baltimore County Health Departments around local health improvement plans to support the Maryland State Health Improvement Plan (SHIP). In Fall 2011, Sinai Hospital President, Neil Meltzer, invited Dr. Oxiris Barbot, Baltimore City Health Commissioner, to present on Healthy Baltimore 2015, the City's health policy agenda to the Sinai Hospital Board. This invitation sparked an early partnership between the Baltimore City Health Department and Sinai Hospital, leading to Sinai Hospital jointly hosting the City's first neighborhood community forum in Park Heights in January of 2012. A second community forum was held in June of 2012 in a more appropriate community location selected to increase community participation. Members of Sinai Hospital's Community Initiatives Department collaborated closely with the City and with its community residents to promote the forum.

In further support of our partnerships with the Baltimore City Health Department, LifeBridge Health, Inc. invited Baltimore City Health Department's Director of Policy and Planning to present the City's health improvement plan to LifeBridge Health, Inc.'s Community Mission Committee (CMC), a committee that guides and monitors community benefit programming. Sinai Hospital and the Baltimore City Health Department continue to build a strong partnership into FY13 as the hospital's needs assessment continues.

Another partner in our community health needs assessment process is the Park Heights Community Health Alliance (PHCHA), a partner that has held

meetings to engage community residents around important health issues. Sinai Hospital representatives attend PHCHA meetings and continue to collaborate to plan future meetings between community residents and the Baltimore City Health Department to prioritize identified community health needs.

(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,
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?

As described above, LifeBridge Health, Inc. and Sinai Hospital continue to collaborate extensively with other community groups and experts to assess community health needs and plan future coordinated interventions. Partners and informants include but are not limited to:

- Baltimore City Health Department
- Baltimore County Health Department
- Park Heights Community Health Alliance (PHCHA)
- Park Heights Renaissance (PHR)
- Youth programs sponsored by local churches
- The Zeta Center for Healthy and Active Aging
- Sinai Hospital's Community Advisory Panel of the Health Equity Initiative consisting of community leaders and residents representing a broad array of service areas as well as racial/ethnic groups served by the hospital

3. When was the most recent needs identification process or community health needs assessment completed? (this refers to your *current* identification process and may not be the CHNA required process)

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

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

a. Is Community Benefits planning part of your hospital's strategic plan?

Yes

No

In 2008, Sinai Hospital formed the Health Equity Task Force to decrease the consequences of health disparities and implement and monitor organizational changes to reduce such disparities. The task force created a Cultural Competency Strategic Plan to guide their work. One of 3 goals of the strategic plan is 'Building Community Partnerships and Awareness to Promote Health Equity'. This goal outlines efforts to develop strong strategic partnerships, build upon community awareness of the hospital's services, and capitalize upon existing community relationships to further the hospital's mission as it relates to eliminating health disparities. In addition, the plan cites a need for an infrastructure for community benefit resource distribution, which will ensure that identified health needs are matched with appropriate community benefit programming and that resources are leveraged and honed to strengthen community impact in areas of need.

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):

i. Senior Leadership

1. CEO

2. CFO

3. Other (Vice Presidents)

ii. Clinical Leadership

1. Physician

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

iii. Community Benefit Department/Team

1. Individual:
 - Dr. Pamela Young, Director of Community Initiatives
 - Danielle Marks, Program Coordinator, Health Equity & Community Benefit Operations
 - Julie Sessa, Director of Finance, LifeBridge Investments
 - Ida Samet, Vice President, Sinai Hospital

2. Committee (please list members)

- a. **Community Benefit Council, Sinai 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 Advisory Panel (CAP) of the Health Equity Initiative:** The CAP is a community-based advisory group that plans and develops community benefit programming to address health disparities and achieve health equity.
- c. **Community Mission Committee:** LifeBridge Health, Inc., the parent corporation that includes Sinai 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 Sinai, Northwest, and Levindale Board Members and Executives, President of LifeBridge Health, Inc., and Vice Presidents.

3. Other

Direct Service Staff: The M. Peter Moser Community Initiatives Department employs a staff of community health workers, social workers, community health educators, and counselors to implement and deliver community benefit

programming. The core function of Community Initiatives is to provide services to benefit the community at no charge.

Other clinical departments also provide community benefit programming in addition to regular clinical functioning (e.g. Psychiatry Department).

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

Spreadsheet Yes No

Narrative Yes No

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.

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

INITIATIVE 1: Field Instruction for Masters in Social Work Interns

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 Date	Outcome	Continuation of Initiative	Cost of Initiative for current FY
Field instruction requirement of MSW graduate students with concentration in healthcare	Field Instruction for MSW Students	Primary Objective: To provide quality and competent education for the graduate students in social work practice in a health care setting	Multi - Year	University of Maryland School of Social Work and Department of Case Management at Sinai Hospital	Annual evaluation completed by the University and the students	Successful completion of field instruction of two graduate students	Commitment to accept a minimum of 2 students per academic year	\$ 11,520 (average hourly salary for social worker at \$30.00 an hour; spent average of 384 hours with each student per academic year)

INITIATIVE 2: Patient Financial Assistance

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 Date	Outcome	Continuation of Initiative	Cost of Initiative for current FY
Financial assistance for indigent patients to ensure a safe discharge from the acute care hospital	Patient Financial Assistance Program	Primary Objective: To ensure indigent patients have the appropriate medications, transportation, home support services in order for them to make a healthy recovery	Hospital budgets patient financial assistance on an annual basis	Sinai Hospital senior leadership Department of Case Management	Annual accounting of expenditure	Over 1, 200 patients benefited from the financial assistance program	Based on available funding from Sinai Hospital	\$250,691

INITIATIVE 3: ED Rapid HIV Testing

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 Date	Outcome	Continuation of Initiative	Cost of Initiative for current FY
Routine rapid HIV testing in entry point of a healthcare facility	ED Rapid HIV Testing	Primary Objective: To provide free rapid HIV tests to any patients in the Emergency Room and to link HIV+ patients to care	Multi -Year, started in 2008 and continues through the present time	Baltimore City Health Department Sinai Hospital Emergency Department and Case Management Department	Monthly Progress Report and Annual Performance Report	<input type="checkbox"/> 3131 ED patients tested <input type="checkbox"/> 13 patients who tested positive <input type="checkbox"/> 13 patients were linked to care	Annual grant awarded by the Baltimore City Health Department	\$90,000

INITIATIVE 4: Women's Support Services, M. Peter Moser Community Initiatives Department

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>Intimate Partner Violence:</p> <hr/> <p>Perinatal Depression</p>	<p>M. Peter Moser Community Initiatives Program</p>	<p>A. Primary Objective: To increase the knowledge, safety and healing experiences for victims of intimate partner violence</p> <p>Services include: immediate, on-site crisis intervention, ongoing individual and group supportive counseling, services coordination, safety planning, and legal support and advocacy.</p> <hr/> <p>B. Primary Objective: To educate and support women during the perinatal period in order to enhance maternal infant bonding.</p> <p>Services include: perinatal depression risk assessment, psychosocial assessments, supportive counseling, services coordination, and mental health and community referrals</p>	<p>Multi-Year, dependent on continuation of grant funding</p>	<p>Baltimore City Police Department Sinai Hospital & Park West Medical Center Victims of Crime Act (VOCA) and Violence Against Women Act (VOWA) Park Heights Family Support Center OB/GYN Providers</p>	<p>Ongoing, including quarterly and annual reports</p>	<p>A. Improved mental health and general well-being for victims of IPV:</p> <ul style="list-style-type: none"> • 250 victims of domestic violence received services. • Women attending IPV Support Group report a reduction in their PTSD symptoms and also an increase in their knowledge surrounding safety planning. • Over 300 health care professionals have attended intimate partner training. • Clients are seeking and obtaining orders of protection. <hr/> <p>B. Increased maternal infant attachment and overall increased maternal and child well-being</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1497 screenings completed <input type="checkbox"/> 325 referrals made for social work assessment and home visiting services <input type="checkbox"/> 53% engaged in outreach services <input type="checkbox"/> 73% completed referrals to community resources 	<p>Dependent on continuation of grant funding</p>	<p>\$192,975</p>

INITIATIVE 5: Healthcare Careers Alliance Program

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative	Cost of initiative for current FY
<p>Meaningful employment and clear options for promotion for low-income "idle" youth</p>	<p>Healthcare Careers Alliance Project</p>	<p>Primary Objective: To provide opportunities for meaningful employment to 'idle' youth.</p> <p>Services include:</p> <ol style="list-style-type: none"> 1. Intake, career assessment, and program orientation 2. Job readiness training and life skills training 3. Paid internships – Each youth participant completes a 7-week paid internship and on-the-job training in an entry-level healthcare occupation. 4. Transition into permanent employment or entrance into post-secondary training 	<p>Fiscal Year 2012 was the second year of a two-year funded project.</p>	<p>VSP/Sinai Hospital of Baltimore Johns Hopkins Hospital University of Maryland Medical System Civic Works, Inc. Funded by the Mayor's Office of Employment Development (MOED)</p>	<p>Quarterly monitoring meetings with MOED</p>	<p>Of the 81 youth recruited for participation in this project, 55 were selected to participate in work-readiness training and entered the 7-week training component.</p> <p>Of the 55 entering training, 54 completed training and were placed in either full-time employment or higher education/training.</p>	<p>VSP was awarded a new 2-year grant with considerably reduced funding, which began on July 1, 2012.</p>	<p>\$133,246</p>

INITIATIVE 6: HIV SUPPORT SERVICES

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative	Cost of initiative for current FY
<p>HIV Support Services for HIV+ individuals</p>	<p>HIV Support Services of the M. Peter Moser Community Initiative Department</p>	<p>Primary Objective: To provide support services to HIV+ men, women, children and youth receiving care at Sinai Hospital.</p> <p>Services include: Social Work assessment, adherence and supportive counseling, rapid HIV testing to high risk population in the northwest Baltimore City, community referrals, outreach/home visiting to connect individuals to medical care, and supportive services needed to alleviate barriers to engaging in medical care.</p>	<p>Multi-year</p>	<p>DHMH/IDEHA Sinai's Community Initiatives Department</p>	<p>Quarterly Progress Reports Annual Client Satisfaction Surveys</p>	<p>243 HIV + /indeterminate individuals received support services. 248 Referrals for other community services/programs. 20 Support group sessions were held with 37 individuals participating in group. For those individuals receiving our most intense services, 80% had viral suppression. 203 persons were tested in the Sinai Hospital Addiction Recovery Program and at Sinai outpatient areas in honor of World AIDS Day 83 persons were tested at various locations in the northwest Baltimore City community</p>	<p>Part A through 2/28/13 Part D through 6/30/13 Part B through 6/30/13 and 6/30/14</p>	<p>\$508,488 including staff salary and in-kind donations from hospital.</p>

INITIATIVE 7: HIV Primary Care Services

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative	Cost of Initiative for Current Fiscal Year
Primary Care and Specialty Care for HIV+ patients	HIV Primary Care Services	Primary Objective: To provide medical care for HIV+ individuals without insurance or without adequate insurance.	Single-year	Baltimore City Health Department Sinai Department of Medicine Sinai Community Initiatives Department	Ongoing	<ul style="list-style-type: none"> • 32 patients received primary medical care through this program • Provision of primary and specialty care for uninsured and underinsured patients with HIV. • Improved continuity of care within the same provider group for patients who become uninsured during the course of their care • Prevention of duplication of testing etc and facilitates communication between care providers to ensure that patients have the best possible outcomes. 	Continuation funding will be applied for annually.	\$248,467

INITIATIVE 8: Community Support Specialist Position for Department of Psychiatry

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative	Cost of Initiative for Current Fiscal Year
<p>A Community Support Specialist position to relieve psychiatric clinicians from dealing with non-clinical issues complicating patients' ability to access and remain in psychiatric treatment.</p>	<p>Community Support Specialist position</p>	<p>Primary Objective: To improve access to treatment, and provide comprehensive service, and compassionate and respectful care.</p> <p>Services include: assistance with making primary care and other medical appointments; accessing entitlements; obtaining medication vouchers; obtaining transportation to and from psychiatric care setting; assistance with meeting basic needs such as suitable housing and utilities; etc.</p>	<p>Multi-year since 1999</p>	<p>n/a</p>	<p>Ongoing</p>	<p>Patients are able to access and remain in psychiatric treatment and negotiate other systems to obtain needed services.</p> <p>Psychiatric clinicians are freed up from dealing with these issues, thus creating additional capacity to serve more patients.</p>	<p>Ongoing</p>	<p>\$50,776</p>

INITIATIVE 9: Transportation Services for Department of Psychiatry

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative	Cost of Initiative for Current Fiscal Year
Client transportation to and from Adult Psychiatric Partial Hospitalization Program (PHP)	Transportation Services for Psychiatry Department patients	<p>Primary Objective: To enable patients to be treated in the least restrictive care setting by providing transportation assistance to access psychiatric partial hospitalization services.</p>	Multi-year since 2000	Rooney's Transportation	Ongoing	<p>The external transporter has become a partner in provision of care to these PHP patients.</p> <p>Improvements in patient compliance with attending treatment. Patients who would be otherwise unable to do so are able to access this needed level of care.</p>	Ongoing	\$94,348

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?

Sinai 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 we realized that stabilizing housing for residents in our perimeter neighborhoods was a method for improving neighborhood health, we sought out a community partner, *Healthy Neighborhoods, Inc.*, to implement an appropriate intervention of home improvement and loan assistance services because of their expertise.

In Park Heights, violence is consistently cited as a significant safety and community concern; however, when asked to host *Safe Streets*, a street violence intervention program, Sinai Hospital declined because this role was not consistent with the hospital's core purpose. Instead, Sinai Hospital supports community partners to take on such a role. Appropriate community benefit programs which address the community concern of violence includes our Family Violence Program in which social workers and outreach workers provide counseling and services coordination to victims of intimate partner violence.

V. PHYSICIANS

Gaps in availability of specialty providers: As a teaching hospital with its own accredited, non-university-affiliated residency training programs, Sinai Hospital employs a faculty of 140 physicians in several specialties including Internal Medicine, Obstetrics and Gynecology, and Pediatrics. 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 or 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 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.

Although we provide subsidized care for certain indigent patients, we do have other sources of information on specialty care gaps. These are those persons who are uninsured or who have Medicaid who use the Emergency Department for all of their medical needs. We find that uninsured persons and often also those who have Medicaid will seek care, both for primary and specialty care needs, in the Emergency Department because they do not have a medical home and they cannot afford specialty care, or physicians they seek help from are not Medicaid providers. Often those who use the Emergency Department for their sole

source of care are too ill for primary care and are in need of specialty care because they have delayed care for so long.

Another reason we see the gaps in specialty services is due to our partnership with a Federally Qualified Health Center (FQHC), Park West Health System, which provides primary care services to the uninsured and Medicaid recipients on Sinai Hospital's campus, with physician services provided by Sinai faculty members. Through this arrangement, 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 extensive and expensive interventions, which will not be paid for because of lack of or under-insurance. For example, urologists are reluctant to participate in prostate screenings because they do not want to be responsible for potential surgery that will be uncompensated.

Physician subsidies:

The OB/GYN, Pediatrics, Internal Medicine, House Staff and Department of Medicine's Hospitalists are employed physicians, who provide 24/7 services in the hospital. The hospitalists and house staff attend to unassigned admissions through the Emergency Department (ED) many of whom are uninsured. These services result in a negative profit margin. The hospital subsidizes payments to an external physician group to provide 24/7 coverage in the Emergency Room. Without this subsidy, these physicians would not be able to cover the cost of providing services to the uninsured and underinsured patients in the community.

APPENDIX I

Sinai Hospital of Baltimore
Financial Assistance Procedures 10/31/2011

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

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

**SINAI HOSPITAL OF BALTIMORE
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SUBJECT: Financial Assistance

SCOPE: Sinai Hospital of Baltimore

RESPONSIBILITY: Patient Financial Services; Patient Access

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

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

Financial Assistance information is made available to the public through multiple sources including:

1) HSCRC mandated Patient Information Sheet included in the admission packet, 2) signage and pamphlets located in Patient Access, the Emergency Department, Patient Financial Services (PFS), as well as other patient access points throughout the hospital, 3) patient statements and 4) Patient Financial Services, Patient Access and other registration area staff.

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

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

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

A. Unplanned, Emergent Services and Continuing Care Admissions

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

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

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300% does not apply due to the Hospital's application of Free Care up to 300% (regulation requires Free Care only up to 200%).

10. Financial Assistance is based upon the Federal Poverty Guidelines (FPG) published in the Federal Register. The poverty level guidelines are revised annually. It is the responsibility of Patient Financial Services to maintain current FPG as updates are made to the Federal Register. Free Care: Patients with an annual income up to 300% of the Federal Poverty Level may have 100% of their hospital bill(s) covered by Financial Assistance. Financial Hardship: Patients with an annual income greater than 300% but less than 500% of the Federal Poverty Level may be covered by Financial Assistance based on the HSCRC's Financial Hardship criteria, which is defined as medical debt incurred by a family (as defined in 9a. above) over a twelve-month period that exceeds 25% (twenty-five percent) of family income. Medical debt is defined as out-of-pocket expenses, including co-payment, coinsurance, and deductible amounts due the Hospital, as well as related LifeBridge Health physician out-of-pocket expenses. Note: the Hospital has chosen to include co-payment, coinsurance and deductible amounts for Financial Assistance consideration, although the regulation allows for their exclusion. The Hospital is not required to consider medical debt incurred from other healthcare providers.

11. Applications above 300% annual income will be considered on a case-by-case basis, which may include an asset test in addition to income test. The following interest-free payment options may be considered:
 - a) Standard installment options of three – six months in accordance with Installment Agreement Letter (Attachment #6).
 - b) Extended installment options greater than six months will be considered on a case-by-case basis.
 - c) Spend-down option to income level of 300% of the Federal Poverty Guidelines will also be considered on a case-by-case basis.
 - d) In accordance with HSCRC regulation, the following will be excluded from asset test consideration: 1) at a minimum, the first \$10,000 of monetary assets; 2) a 'safe harbor' equity of \$150,000 in a primary residence; and 3) retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including, but not limited to, deferred-compensation plans qualified under the Internal Revenue Code or nonqualified deferred compensation plans.

12. The Sinai Hospital Financial Assistance Calculation Sheet (Attachment #3) will be used to calculate eligibility as follows:
 - a) Financial Assistance Eligibility up to 300% of FPL -
 - Identify the annual household income based on the income tax form, W-2 or calculated annual income (A)
 - 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)

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- If the result is \$0.00 or less than \$0.00, the patient qualifies for 100% adjustment.
 - If the result is greater than \$0.00, apply the Financial Hardship test (next).
- b) Financial Hardship Eligibility between 300% - 500% of FPL -
- If annual household income is greater than 300% but less than 500% of FPL and the Financial Hardship percentage of income (E) is 25% or greater, the patient qualifies for reduced cost care as a result of Financial Hardship.
 - The patient is responsible to pay the calculated amount of 25% of the annual household income. The difference between the total charge and the calculated amount of 25% of the annual household income will be adjusted to Financial Assistance.
 - For example, the annual household income for a family of 5 is \$100,000. Medical bills total \$60,000. The Financial Hardship percentage of income (E) is 60%, which is greater than the required 25%, so the patient is eligible.
 - Patient responsibility under Financial Hardship eligibility equals 25% of the annual household income. In this example, the patient responsibility equals \$25,000 or 25% of the annual household income. The difference between the total medical bills (\$60,000) minus the patient liability (\$25,000) equals the Financial Assistance adjustment (\$35,000).
- Case-by-case considerations are subject to Management approval and may qualify the patient for full or partial Financial Assistance eligibility. To determine patient responsibility for partial Financial Assistance eligibility, one or more of the following may be utilized:
 - spend-down calculation
 - sliding scale
 - total assets
 - total indebtedness
 - other useful information helpful in determining eligibility
 - Financial Assistance allowances greater than 12% will be considered on a case-by-case basis.
 - If Financial Hardship percentage is less than 25%, the application may be considered on a case-by-case basis.
 - Failure to pay patient responsibility as agreed could result in reversal of the Financial Assistance adjustment. The patient may be liable for the balance in full.
13. The Director of Patient Financial Services or his/her designee approves or denies the application. The designee will sign as Reviewer and obtain appropriate Approver/Denial signature(s) as directed. Authorizing signatures are required for amounts \$10,000.00 and greater –

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\$10,000.00 – 24,999.99	Director, PFS
\$25,000.00 +	VP Revenue Cycle

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

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

B. Planned, Non-Emergent Services

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

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

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

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

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

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

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

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

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C. Presumptive Eligibility and Other Financial Assistance Considerations

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

Presumptive Eligibility:

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

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

Other Financial Assistance Considerations:

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

D. Collection Agency Procedures

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

E. Patient Refunds

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

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changes in financial status, which could impact the ability to honor the payment contract and qualify the patient for Financial Assistance.

- 4. The Hospital must refund amounts paid back-dated to the date of the financial status change, or the date the financial status change was made known to the Hospital, whichever is most favorable for the patient. Previous amounts paid in accordance with a payment contract will not be considered refundable.

DOCUMENTATION/APPENDICES:

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

STATEMENT OF COLLABORATION:

- Director, Patient Access
- Director, Professional Practice Operations

SOURCES:

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

Original Date: 7/92
 Review Date: 6/96
 Revised Date: 9/96, 5/98, 9/01, 12/02, 8/04, 2/05, 3/05, 6/08, 10/08, 01/09, 04/11

Sinai Hospital Board of Directors Approval

_____ Date

Neil M. Meltzer President/COO

_____ Date

Anthony K. Morris Vice President/Revenue Cycle

_____ Date



Maryland State Uniform Financial Assistance Application *Information About You*

Name _____
First Middle Last

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

Home Address _____ Phone _____
City State Zip Code County

Employer Name _____ Phone _____

Work Address _____
City State Zip Code

Household members:

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

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

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

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

Patient Financial Services
For Hospital / Department / Agency use only

Originator Name: _____

Department: _____ Ext _____

Agency Name: _____

I. Family Income

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

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

II. Liquid Assets

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

III. Other Assets

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

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

IV. Monthly Expenses

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

Do you have any other unpaid medical bills? Yes No

For what service? _____

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

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

X
Applicants signature

X
Date

X
Relationship to Patient



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 (2011)
3. If resident of Maryland please provide denial letter from Maryland Medical Assistance Program.
4. Notarized letter stating you presently have no income
5. **Presumptive Eligibility** If you are a beneficiary/recipient of the following means-tested social services programs, submit proof of enrollment with your application: households with children in the free or reduced lunch program; Supplemental Nutritional Assistance Program (SNAP); Low-income-household energy assistance program; Primary Adult Care Program (PAC); Women, Infants and Children (WIC). If you are eligible for any of the following means-tested Medicaid programs, submit eligibility identification with your application: Family Planning or Pharmacy Only Program(s); Qualified Medicare Beneficiary (QMB); Specified Low Income Medicare Beneficiary (SLMB); X02 Emergency Services Only. If you are eligible for any of the following other programs, please submit proof of eligibility with your application: State Grant Funded programs including Department of Vocational Rehabilitation (DVR), Intensive Outpatient Psychiatric Block Grant (IOP), Sinai Hospital Addictions Recovery Program (SHARP); Jewish Family Children Services (JFCS).

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

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

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

Sincerely,

Patient Financial Services
Customer Service

For Hospital / Department / Agency use only

Originator Name: _____

Department: _____ Ext. _____

Agency Name: _____

Sinai Hospital
Financial Assistance Calculation Sheet
ELEVATED CALCULATION

APPENDIX II
Attachment #3

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

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

E

x-ref to Policy

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

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

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

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

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

Financial Assistance % 91% \$ 12,000

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

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

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

Patient Signature

Date

Staff Signature

Date



Financial Assistance Eligibility Determination letter

Date: _____

Re: _____

Account #: _____

Date of Service: _____

Financial Assistance Eligibility Expiration Date: _____

Dear: _____

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

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

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

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

If you believe you are being billed for an amount due which falls within your Financial Assistance eligibility period, or if you have a complaint, or require additional assistance, please contact Customer Service at 410 601-1094 or 800 788-6995 Monday – Friday 9:00 a.m. - 3:30 p.m.

Sincerely,

Customer Service

Keep a copy of this letter for your records. Bring the copy with you when visiting any LifeBridge Health facility during your eligibility period.
If you receive hospital bills for service dates within your eligibility period contact Customer Service: 410 601-1094 or 800 788-6995.

Financial Assistance Presumptive Eligibility Determination letter

Date: _____

Re: _____

Account # : _____

Date of Service: _____

Financial Assistance Eligibility Expiration Date: _____

Dear: _____

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

This decision is based on your enrollment/eligibility in one or more of the following means-tested Social programs: households with children in the free or reduced lunch program; Supplemental Nutritional Assistance Program (SNAP); Low-income-household energy assistance program; Primary Adult Care Program (PAC); Women, Infants and Children (WIC) or means-tested Medicaid programs; Family Planning or Pharmacy Only Program(s); Qualified Medicare Beneficiary (QMB); Specified Low Income Medicare Beneficiary (SLMB); X02 Emergency Services only or other programs: State Grant Funded Programs including Department of Vocational Rehabilitation (DVR), Intensive Outpatient Psychiatric Block Grant (IOP), Sinai Hospital Additions 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 410 601-1094 or 800 788-6995 Monday – Friday 9:00 a.m. – 3:30 p.m.

Sincerely

Customer Service

Keep a copy of this letter for your records. Bring the copy with you when visiting any LifeBridge Health facility during your eligibility period.
If you receive hospital bills for service dates within your eligibility period, contact Customer Service: 410 601-1094 or 800 788-6995.



PATIENT NAME: _____

ACCOUNT NUMBER: _____

CONTRACT AMOUNT: \$ _____

DATES OF SERVICE: _____

CONTRACT DATE: _____

INSTALLMENT AGREEMENT

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

Shaded area for hospital use only

New contract amount: \$ _____

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

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

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

Date: X _____ Signed: X _____

Name: X _____

Address: X _____

(Please Print)

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

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

Employee Signature and Date

SINAI HOSPITAL AND NORTHWEST HOSPITAL
 QUALIFICATIONS FOR FINANCIAL ASSISTANCE

(PLEASE CIRCLE ONE)

Date: _____

1. **Health System Eligible:** Patient eligible as determined by Northwest, 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, QMB (Qualified Medicare Beneficiary, SLMB (Special Low Income Medicare Beneficiary), Maryland Breast and Cervical Cancer Diagnosis and Treatment program.
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 DORS (Division of Rehabilitation Services), 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) 521-5959
(800) 617-1803

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

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

SINAI HOSPITAL OF BALTIMORE PATIENT INFORMATION SHEET

Sinai 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

Sinai 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 Sinai 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). Sinai 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.

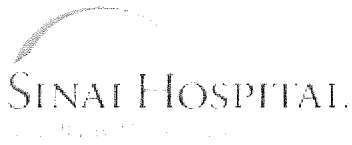
Contact Sinai Hospital Customer Service — Our representatives are available to assist you Monday through Friday between the hours of 9:00 a.m. – 3:30 p.m. at (410) 601-1094 or (800) 788-6995.

Sinai Hospital of Baltimore
Mission Statement

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

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

October, 1992



Sinai Core Purpose

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

Sinai's core purpose is:

Creating a healthier community one person at a time

Sinai's Values

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

Sinai's core values are:

Value every person

Show compassion and respect

Deliver excellence

Work together