

**LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL OF BALTIMORE, INC.**  
**FY 2014 COMMUNITY BENEFIT NARRATIVE REPORT**

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Levindale Hebrew Geriatric Center and Hospital was founded in Baltimore City in 1890 as the Hebrew Friendly Inn and Aged Home, giving temporary shelter to the waves of incoming Jewish immigrants fleeing the pogroms of Europe. In 1927, the residents of the Hebrew Friendly Inn and Aged Home moved to a 22-acre lot at Greenspring and Belvedere Avenues in Baltimore, the former home of The Jewish Children's Society orphanage. The facility was renamed Levindale, in honor of Louis Levin, secretary of the Children's Society and first executive director of the Associated Jewish Charities.

Today, Levindale has evolved into a 330-bed multi-denominational geriatric hospital and long term care facility that offers a complete range of quality health care programs for the elderly and disabled. Programs include a nursing home, a chronic specialty hospital that provides complex/chronic care, high intensity care, medical/behavioral health services and acute rehabilitation services, a sub-acute care unit, a partial hospitalization program (PHP), an outpatient mental health clinic and adult day services at two locations.

Levindale is a member of LifeBridge Health – a Baltimore-based health system composed of Sinai Hospital, Northwest Hospital, and Levindale – and is a constituent agency of The ASSOCIATED: Jewish Community Federation of Baltimore.

**Reporting Requirements**

*I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:*

1. Table I describes general characteristics of Levindale Hospital. During FY 2014, Levindale served 1,939 patients in the following settings: Chronic Specialty Hospital 1,315, Partial Hospitalization Program (PHP) 174, Adult Day Services at Levindale 110, Adult Day Services at Pikesville 87, outpatient mental health clinic 113, Medical Clinic 57 and Outpatient Rehab 83.

Primary Service Area

a) *Race and Ethnicity*

During the reporting period, 638 of the patients were White (54%), 529 were African American (45)% and 18 were Asian and 1.5% could otherwise be defined. In regard to ethnicity, the majority of patients (98%) identified as 'Non-Hispanic'.

The racial breakdown of *all* Levindale patients does not mirror that of the surrounding community because many patients who do not live in the local 21215 zip code come to Levindale to receive long-term or specialty care services not available in the patient's home zip code. However, the racial breakdown of older adults and elders served by the Adult Day Care Center on the Levindale campus *more closely* matches the racial breakdown of the local community. In FY 2014, the Adult Day Services at Levindale served 76 individuals, 65 patients (85%) of whom were African

American and 11 patients (15%) were White. This reflects the racial composition of the combined communities constituting zip code 21215 in which Levindale is located, Pimlico/Arlington Hilltop (PAH) and Southern Park Heights (SPH) (Baltimore Neighborhood Indicators Alliance (BNIA), 2012) which is 80.7% Black and 15.3% White (Healthy Communities Institute, 2012). This is in contrast to the Adult Day Services at Pikesville located in the nearby Baltimore County zip code 21208 that served 80 individuals, 45 patients (56%) of whom were White and 35 African Americans (44%)

b) *Age*

Approximately 1,133 (96%) of Levindale's patient population were 55 or older with very few (two) patients under age 25. Of the 52 patients aged 55 and younger who were treated at Levindale in FY14, 30 patients or 38 % received care in the Chronic Hospital.

c) *Gender*

Women comprised 736 (62%) of the patient population, while men accounted for 449 patients (38%).

For more information about the socioeconomic characteristics of the community benefit service area (CBSA), see Table II.

**Table I (Top 60% of FY2014 Discharges as defined by HSCRC)**

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
120 Specialty Care Beds	790	21207 21208 21215 21133 21234 21117 21214 21239 21093 21136	UMD St. Joseph's Mercy Johns Hopkins St. Agnes Bon Secours Union Memorial Maryland General Northwest GBMC James Kernan	<1% of all patients in FY14 living in the PSA	Medicaid patients (including those with Medicare and Medicaid HMOs accounted for 13% in FY14 living in the PSA

*2. Description of the Community Service Area*

Levindale is located in the northwest quadrant of Baltimore City, serving both its immediate neighbors and others from throughout the Baltimore City and County region. However, solely for the purpose of local community benefit reporting, the neighborhoods surrounding Levindale are identified by the Baltimore Neighborhood Indicators Alliance (BNIA) as Southern Park Heights (SPH) and Pimlico/Arlington/Hilltop (PAH). These two neighborhoods make up the great majority of community health benefit activities. Since Levindale does not have an address requirement for community benefit activity, we use the zip code 21215 as the primary CBSA designation. This area is predominately African American with a below average median family income, above average rates for unemployment, and other social determining factors that contribute to poor health.

For further description of the area, we rely on the data from the 2012 American Community Survey, which indicates SPHs' median household income was \$28,815 and PAH's median household income was \$25,397. This is compared to Baltimore City's median household income of \$40,803 in 2012. The percentage of families with incomes below the federal poverty guidelines in SPH was 34.4%; in PAH, 22.6% of families had incomes below the federal poverty guidelines. The average unemployment rates for SPH and PAH, were 26.5% and 19.6% respectively, while the Baltimore City unemployment rate recorded in 2012 was

13.9 %. National trends in the United States during the same period saw a decrease in the unemployment rate from 8.3% to 7.9%.

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.

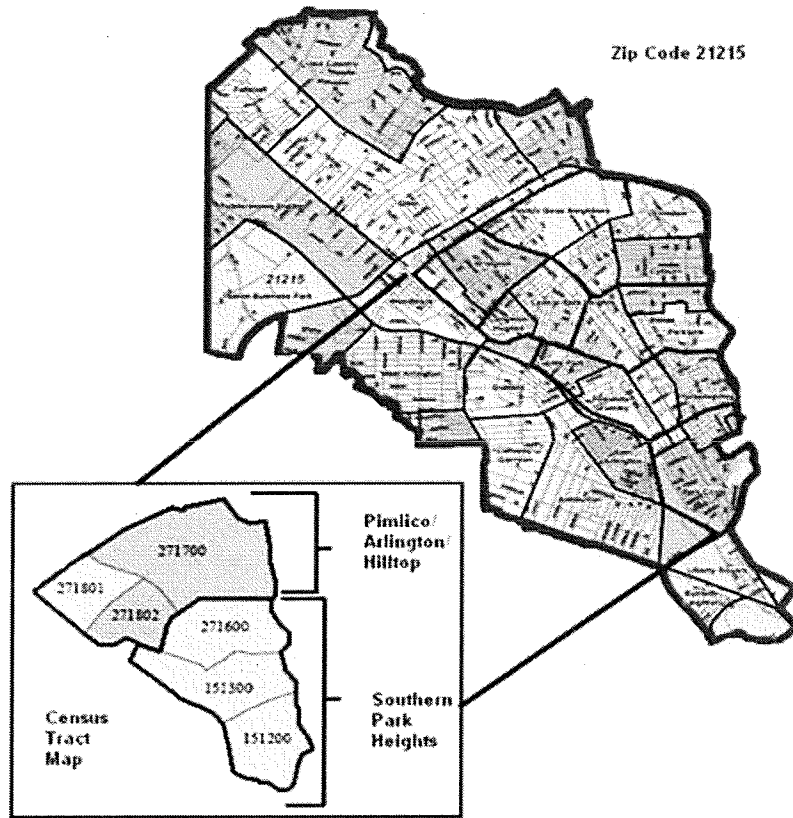
The racial composition and income distribution of the zip code described below reflect the segregation and income disparity characteristic of the Baltimore metropolitan region. As indicated above, PAH and Southern Park Heights have a predominantly African American population at 94.4% and 95.7% respectively, reflect the racial segregation and poverty representative of Baltimore City. This is in contrast to neighboring Mount Washington/Coldspring (MW/C) community in which the median household income is \$85,406 and the unemployment rate was 4.7%. The racial/ethnic composition of the MW/C community is much more complex but the population is predominantly white.

**Table II**

<b>Community Benefit Service Area (CBSA) Basic Demographics (2013 Estimates)</b>			
<b>Community Benefit Service Area (CBSA) Zip Code</b>	21207; 21215; 21216; 21217 inclusive of Community Statistical Areas of Pimlico/Arlington/Hilltop and Southern Park Heights		
<b>Total Population within the CBSA:</b>	<b>59,522</b>		
<b>Sex:</b>	Male:	27,103	45.53%
	Female:	32,419	54.47%
<b>Age:</b>	0-14:	11,684	19.6%
	15-17:	2,308	3.8%
	18-24:	5,585	9.4%
	25-34:	7,116	12.0%
	35-54:	14,546	24.4%
	55-64:	7,856	13.1%
	65+ :	10,427	17.5%
<b>Ethnicity:</b>	Hispanic or Latino:	1,599	2.69%
	Not Hispanic or Latino:	57,923	97.31%
<b>Race:</b>	White Alone:	9,111	15.3%
	Black Alone:	48,028	80.7%
	American Indian and Alaska Native Alone:	170	0.3%
	Asian Alone:	464	0.8%

<b>Community Benefit Service Area (CBSA) Basic Demographics (2013 Estimates)</b>			
<b>Community Benefit Service Area (CBSA) Zip Code</b>	<b>21207; 21215; 21216; 21217 inclusive of Community Statistical Areas of Pimlico/Arlington/Hilltop and Southern Park Heights</b>		
	Native Hawaiian and Other Pacific Islander Alone:	40	0.1%
	Some Other Race Alone:	828	1.4%
	Two or More Races:	881	1.5%
<b>Language Spoken At Home (Age 5+)</b>	Speak only English	50,686	91.50%
	Speak Asian or Pacific Island Language	350	0.63%
	Speak Indo-European Language	2,234	4.03%
	Speak Spanish	1,482	2.68%
	Speak Other Language	640	1.16%

In an effort to create better healthcare alignment and to focus attention where it is most needed, Levindale has further narrowed its 'community served' definition from the entire 21215 zip code where socially determining factors have more of an impact. Those neighborhoods are located below Northern Parkway and nearby Levindale Hospital, excluding more affluent neighborhoods above Northern Parkway. Prior to the designation of Baltimore City Health Department's Community Service Areas, local residents referred to the geographic area above Northern Parkway as Upper Park Heights, while south of the major thoroughfare was considered "Lower Park Heights" However, for the sake of reporting, we have defined, Pimlico, Arlington, Hilltop and Southern Park Heights will be considered the Park Heights community.



Park Heights, (SPH and PAH) represent six census tracts that make up a Northwest Baltimore City area categorized as a “medically underserved area/population designation” (MUA/P) according to the U.S. Department of Health and Human Services. This MUA/P received a score of 48.80 out of 100 possible points on the Index of Medical Underservice (IMU). The IMU is based on four variables including infant mortality, poverty rate, age of population, and rate of primary medical care physicians per 1,000 population. (Citation) Maryland Medically Underserved Area/Population Designation (MUA/Ps).

In addition to using demographic data that describes the general characteristics of the community, Levindale also included in its queries, social determining variables as recommended by the World Health Organization, including income, education and access to healthy foods. When including these factors, these communities exhibit other environment factors such as, high dropout rates, household income levels below the federal poverty guidelines, high unemployment rates that far exceed the national level and much less access to healthy and whole foods.

<b>Community Characteristics: Park Heights Community Statistical Areas (CSAs) compared to Baltimore City</b>				
<b><i>Socioeconomic</i></b>				
	<b>Zip Code</b>	<b>Median Household Income, 05-09</b>	<b>% of households with incomes below federal poverty, 05-09</b>	<b>Unemployment, 05-09</b>
<b>Baltimore City</b>		\$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%
<b><i>Education</i></b>				
	<b>Zip Code</b>	<b>% of Kindergartners 'fully ready' to learn', 07-08, 08-09</b>	<b>% of High School students missing 20+ days, 08-09</b>	<b>% of Residents with a high school degree or less, 05-09</b>
<b>Baltimore City</b>		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%
<b><i>Access to Healthy Foods</i></b>				
	<b>Zip Code</b>	<b>Corner Store Density (# corner stores per 10,000 residents), 09</b>	<b>Carryout Density (# carryouts per 10,000 residents), 09</b>	
<b>Baltimore City</b>		9.0	12.7	
Pimlico /Arlington /Hilltop	21215	12.7	18.6	
Southern Park Heights	21215	6.0	7.5	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

Yes

No

Provide date here. 6/30 /2013 submitted to IRS.

If you answered yes to this question, provide a link to the document here.

<http://www.lifebridgehealth.org/uploads/public/documents/community%20health/2013/L evindale.pdf> (please cut and paste into a browser; if you click on the link directly, you may not get proper text)

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

Yes 5/22/13 was approved by Levindale's governing body  
 No

If you answered yes to this question, provide the link to the document here.

<http://www.lifebridgehealth.org/uploads/public/documents/community%20health/2013/Levindale.pdf> (please cut and paste into a browser; if you click on the link directly, you may not get proper text)

### 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

Two objectives in the LifeBridge Health Strategic Plan refer to community benefits planning and implementation. They are:

1. Build Population-Based Strategies, Programs and Tools: Through population health management, develop a plan to optimize community programs to ensure care access.
2. Community Outreach: Meet all program goals of Community Health Benefits and community Health Needs Assessment--ensuring timely completion, implementation and reporting.

- 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.  COO Barry Eisenberg,
3.  CFO David Krajewski, Vice President at LifeBridge
4.  Other (Michelle Mills, Director of Adult Day Services and Care Management)



ii. Clinical Leadership

1.  Physician
2.  Nurse - Candace Hamner, Vice President of Nursing Operations
3.  Social Worker - Michelle Mills, Director Adult Day Services and Case Management
4.  Other (please specify)

iii. Community Benefit Department/Team

1.  Individuals (please specify FTE) (Narrative: Steven K. Ragsdale, Administrator of Health Equity Program, with assistance from Dominick Saraceno, Senior Systems Analyst and Pamela Young, Health Equity Consultant. Financial: Julie Sessa, Director, Finance)
2.  Committee
  - i. Community Mission Committee of LifeBridge Health
  - ii. Health Equity Task Force of LifeBridge Health
  - iii. Community Advisory Panel of Health Equity Initiative

In order to address the growing need for oversight, LifeBridge Health cultivated a series of key committees and councils that help oversee, measure and provide tactical guidance on developing and aligning community needs.

3.  Other (please describe)

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

Spreadsheet  yes  no

Narrative  yes  no

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

Spreadsheet  yes  no

Narrative  yes  no

The information included in this report is presented to the LifeBridge Health Finance Department, Community Mission Committee, and LifeBridge Health, Inc. Board. On November 12, 2014, the Community Mission Committee approved the FY14 Community Benefit Report and recommended it for approval

by the LifeBridge Health, Inc. Board. On November 20, 2014, the LifeBridge Health Board approved the FY2014 Community Benefit Report.

If you answered no to this question, please explain why.

#### *IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES*

Please use Table III (see attachment) or, as an alternative, use Table IIIA, to provide a clear and concise description of the primary needs identified in the CHNA,

1. In an effort to focus attention on the much needed areas, Levindale engaged qualitative and quantitative methods of discovery. The processes used to identify health needs of Levindale's community included analyzing primary and secondary data at both hospital and community levels, and involving public health experts, community members and key community groups in further identification of priority concerns and needs. Throughout the assessment process, the hospital worked to align its priorities with local, state and national health improvement initiatives: Healthy Baltimore 2015, the local action plan developed by the Baltimore City Health Department to implement the state of Maryland's health improvement plan, the Maryland State Health Improvement Plan (SHIP) and Healthy People 2020.

Analysis of all data sources, discussions with local public health experts, surveying community residents and holding community forums to hear further detail from community residents, all identified heart disease as the primary health concern and the main cause of death for people in the Park Heights community. In addition community residents also identified violence as a major concern. Through examination of all the above sources of information, Levindale arrived at the decision to focus its Community Health Improvement Projects (CHIP) on the 'HEART DISEASE CLUSTER' (including heart disease, diabetes and stroke) while addressing the additional prioritized health need, 'VIOLENCE' (i.e. domestic violence in the elderly population), via partnership with local community-based organizations.

For several years LifeBridge's community health education department had provided a heart risk screening program. The main shortcoming of that screening program was that when risks are identified there must be follow up and referral for treatment. Because of limited resources, that program had not been able to provide adequate follow up to those identified at potential risk. In planning the new community health improvement program, we used this knowledge of how to identify those at risk to provide the foundation for Changing Hearts, an expanded and improved program that can screen for risk, and provide intensive follow up to those with identified risks and need for lifestyle change. (See Table III for details of Changing Hearts.)

For the second project, responding to violence as the identified need, Levindale, an institution primarily serving patients 55 or older, has a different experience of 'violence' from that of Sinai Hospital, its Park Heights neighbor, a hospital with an Emergency

Department and one of only four Level II Trauma Centers in the state of Maryland. While Sinai Hospital focuses on manifestations of violence on the street, a result of the rampant drug trade and gang presence in Park Heights, Levindale learned through discussions with community partner agencies, that a different form of violence is affecting the Levindale patient community—elder abuse. Thus Levindale’s design for its response to the need identified as violence became an elder abuse prevention and treatment project in partnership with CHANA and Jewish Family Services to provide services to elder abuse victims in need of emergency shelter and follow up. (See Table IIIA for details of Stop Abuse of Elders (SAFE)).

(Attachment)

FY 13. Initiative 1 -Changing Hearts/ Health Hearts Initiative at Levindale Hebrew Geriatric Center and Hospital

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (include process and impact measures)	Continuation of Initiative	A. Cost of initiative for current FY?	B. Amount of Direct Offsetting Revenue from Restricted Grants
Prevention of Heart Disease	Community Health Improvement Project (CHIP) – Changing Hearts	<p>Changing Hearts cost free initiative to its patients designed to improve the cardiovascular health of individuals in the surrounding community. The program is designed to:</p> <ol style="list-style-type: none"> <li>1. help individuals understand their identified risk(s) for heart disease,</li> <li>2. demonstrate how to minimize/modify those risk factors, and</li> <li>3. provide education on how to maintain a healthy lifestyle to prevent heart disease.</li> </ol> <p>The Changing Hearts Program includes:</p> <ul style="list-style-type: none"> <li>• Live Heart health risk assessment</li> </ul>	Initially three-year period in conjunction with the CHNA cycle.	<ul style="list-style-type: none"> <li>• American Heart Association</li> <li>• BCHD Cardiovascular Disparities Task Force</li> <li>• Baltimore City's Department of Aging</li> <li>• Forest Park Senior Center</li> <li>• American Stroke Association</li> <li>• Sandra and Malcolm Berman Brain and Spine Institute</li> <li>• Stroke Programs at LBH</li> <li>• Shop Rite</li> </ul>	Outcomes are based on the ability to increase personal awareness and to exhibit an improved change in lifestyle over time. Outcomes are base-lined and evaluated at defined periods	<p>During FY 14:</p> <p>Total encounters at Levindale = 67</p> <p>Active program participants = 20</p> <p>Home visits = 19</p> <p>Workshop Participants = 13</p> <p>100% participants presenting with high blood pressure will demonstrate at least a 10 pt. drop in systolic and a min drop of five pts. drop diastolic readings</p> <p>75 % participants</p>	Likely depending on hospital funding for next FY	\$4,891	\$0

	<ul style="list-style-type: none"> <li>• Cholesterol, glucose, etc. screenings work</li> <li>• Blood pressure reading</li> <li>• Body composition analysis</li> <li>• Health education counseling with a registered nurse</li> <li>• Educational materials to help facilitate lifestyle change</li> <li>• Follow-up calls and/or home visits with a CHW focusing on an individualized plan developed with participants</li> <li>• Lifestyle classes to help maintain a long-term e change</li> <li>• Web-based links to resources to improve cardiac health</li> </ul>		<p>Howard Park,</p> <ul style="list-style-type: none"> <li>• Park Heights Community Health Alliance, and</li> <li>• assorted community churches &amp; businesses within the CSA</li> </ul>		<p>demonstrated a decrease in overall BMI</p> <p>100% of participants will demonstrate an improved a measured quality of life.= 100%</p> <p>100% have demonstrated the adaptation of lifestyle changes that minimize and/or decrease risk of heart disease.=100%</p> <p>75% have demonstrated an increased rate of accessing health care and other resources as evidenced by attendance at 75% of organized appointments.</p>			
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FY 13. Initiative 2. Elder Abuse at Levindale Hebrew Geriatric Center and Hospital

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative  Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	A. Cost of initiative for current FY?	B. Amount of Direct Offsetting Revenue from Restricted Grants
Prevention and Treatment of Elder Abuse	Stop Abuse of Elders (SAFE)	<p>To establish an interagency response to elder abuse in the Jewish community by creating a SAFE Program for the treatment and prevention of elder abuse. This collaboration assures the community of an effective and coordinated response for victims, perpetrators, and their families and provides prevention education for the entire community.</p> <p>To provide a comprehensive approach will include: crisis intervention, shelter, psychotherapy, advocacy, service coordination and community education.</p>	Multi Year	<ul style="list-style-type: none"> <li>• CHANA</li> <li>• Jewish Community Services?</li> <li>• Maryland Department of Aging</li> </ul>	<p>Outcomes will be based on:</p> <p>1) The ability to increase awareness in the community of elder abuse and how to access services.</p> <p>2) The number of clients who receive services including crisis management, services coordination and shelter.</p>	<p>FY 14 was the startup year for the SAFE initiative. CHANA hired a program coordinator who has worked with the key partners in developing the policies and procedures as well as the screening process for referrals.</p> <p>A majority of the coordinator's time has been spent on community presentations to increase public awareness.</p> <p>Three cases were referred to the program from</p>	Projected to continue for next FY.	\$25,000	

						DOVE at Northwest Hospital; 3 from the House of Ruth; 2 from Senior Legal Services. Each of the clients received assistance with access to services.			
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2. Were there any primary community health needs that were identified through the CHNA that were not addressed by the hospital? If so, why not?

Because Levindale is designated as a geriatric center, does not provide acute care services and serves a much older population compared to its sister hospitals, Sinai and Northwest Hospitals, that provide acute care services and serve a more age-diverse population, many responses to community health needs will be addressed at the system level, involving all three LifeBridge Health hospitals. The following health needs that were identified as priorities by the CHNA can already be addressed within the LifeBridge Health System:

- Cancer - The Alvin & Lois Lapidus Cancer Institute at Sinai and Northwest is a comprehensive cancer center providing treatment and support to patients and families as well as community education. The Freedom to Screen program at Northwest Hospital in nearby Baltimore County provides community outreach, breast cancer education, screenings and exams, mammograms, and follow-up diagnostic procedures for lower income, uninsured and under-insured women in both hospitals' catchment areas (e.g. Baltimore County and City).
- Drug & Alcohol Abuse - Sinai Hospital Addiction Recovery Program provides outpatient treatment and education to those uninsured and under-insured individuals with addictions to drugs and alcohol.
- HIV/AIDS - Sinai's Infectious Disease Ambulatory Center provides treatment to HIV+ persons, including those who are uninsured, and the HIV support services provide outreach & access to care, counseling and other support services to HIV+ adults, children and youth.
- Mental Health – Levindale provides outpatient behavioral health services including a Partial Hospitalization Program (PHP) and Outpatient Services (OPS) dedicated to providing effective, outpatient geropsychiatric treatment to older adults (usually 60 or older) who are experiencing behavioral or emotional difficulties.

## V. PHYSICIANS

### 1. Gaps in the Availability of Specialist Providers:

Levindale, a chronic hospital and part of the LifeBridge Health System benefits from its affiliation with Sinai and Northwest Hospitals. As a teaching hospital, Sinai has accredited, non-university-affiliated residency training programs and employs a faculty of 140 physicians in several specialties. Northwest hospital has an attending staff of approximately 700 physicians. As a result, specialist services at Levindale are readily available in cardiology, pulmonary, neurology and infectious disease. Additionally, in those specialties in which those hospitals do not have staff, such as Dentistry, Levindale contracts with a community provider to offer on-site clinic services based on patient needs.



Although Levindale does not have an Emergency Department through which to accept admissions, patients from the LBH affiliated hospitals are routinely transferred to Levindale for additional care and services. These transfers and patient care decisions are made without consideration of ability to pay for services.

## 2. Physician Subsidies

Again, this is an area whereby Levindale benefits from its affiliation with Sinai and Northwest Hospitals. In particular, Sinai's 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.

## VI. APPENDICES

## **LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL**

### **FINANCIAL ASSISTANCE PROCEDURE**

Financial Assistant information sheet is given on all new admissions. Financial Assistance information signs are posted in the Patient Access areas. Brochures are available in PFS.

#### WHEN CAN THE PATIENT APPLY:

The patient can apply at any time before or after they receive care or upon receipt of Insurance denials that meet medical necessity.

Levindale's referrals that are uninsured or under-insured are screened by PFS FC for Financial Assistance.

Patient Billing that not paid are screened by PFS CC for Financial Assistance.

#### US Department of Health and Human Services Revised Poverty Guidelines- effective January 24, 2014

Size of Family	Income
1	\$11,670
2	\$15,730
3	\$19,790
4	\$23,850
5	\$27,910
6	\$31,970
7	\$36,030
8	\$40,090

For family units with more than 8 members, add \$4,060 for each additional member.

#### **ELIGIBILITY:**

- If resident's income is less than the current Poverty guidelines, facility services may be free.
- A copy of the Poverty Guidelines issued by the Dept. of Health and human Services will tell the patient what income levels qualify for free care.
- Levindale request information to verify eligibility, such as proof of income.
- Levindale facilities will make a determination of patient eligibility within a set time frame. The time frames will depend on when a request is made and on whether the services are provided in the hospital, nursing home, Adult Day Care or Partialization Program.
- Levindale provides applicants verification which says either when the patient may obtain reduced or free care or why they have been denied.

REASONS FOR DENYING CHARITY CARE:

- Levindale may deny a patient's request upon receipt of income verification and the income exceeds the Poverty Guidelines
- If the patient does not provide Levindale with proof of income, such as a pay stub or Social Security Award Letter.
- If the services requested or received is to be paid by Medicare/Medicaid, Insurance or other financial assistance programs

IMPLEMENTATION PROCEDURES:

Pre-admission Interviews

- Prior to admission the Admission Department will contact the Financial Counselor on residents being admitted without an insurance.
- Within 10 days of the admission the Financial Counselor meets the Responsible Party/Patient to review the Financial Packet. The Financial Packet is a questionnaire to determine assets/income.
- When its determined that Medical Assistance is needed the Responsible Party/Patient will meet with the Medicaid Coordinator and an appointment for DSS will be completed.
- If the patient does not qualify for Medical Assistance, the Medicaid Coordinator will determine the charge for services based on day x rate and bill as self-pay until spend down is accomplished. Process for Medical Assistance will start again
- When it is determined that no Insurance is available for the inpatient services the Financial packet will be completed and will then follow the Poverty Guidelines.

**LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL  
POLICIES AND PROCEDURE MANUAL**

<b>POLICY/PROCEDURE NUMBER:</b>	<b>6.2.1</b>
<b>POLICY/PROCEDURE NAME:</b>	<b>Financial Assistance</b>
<b>APPROVED BY:</b>	<b>Maggie Morgan-Lamb/Anthony K. Morris</b>
<b>EFFECTIVE DATE:</b>	<b>October 2010</b>

**RESPONSIBLE PARTY:**

The Patient Accounting and Patient Access Departments at Levindale

**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, Patient Accounting, as well as other patient access points throughout the facilities within Levindale, and 3) patient statements.

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

The Board of Directors shall review and approve the Financial Assistance Policy every two years. The Hospital may not alter its Financial Assistance Policy in any 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/Nursing Home will be referred to a the Financial Coordinator (FC), or Billing Coordinator (BC) or the Patient Account Manager (PAM) in the Patient Accounting Department.
3. For inpatient visits the FC, BC and PAM will work with the Medicaid Coordinators to determine if the patient is eligible for Maryland Medical Assistance (Medicaid). The patient will provide information to make this determination.

## Appendix II

4. If the patient does not qualify for Medicaid, the Medicaid Coordinator 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 case will be referred to the PAM to arrange for payment from the patient following the Hospital's/Nursing Home's payment arrangement guidelines.
6. If the patient does not have the financial resources according to the Guidelines, the PAM 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 PAM 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 Levindale or other LifeBridge Health facility. Household income is defined as the patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of the immediate family residing in the household for the twelve (12) calendar months preceding the date of the application. At least one of the following items is required:
  - a. Patient's recent paycheck stub
  - b. Copy of the prior year's tax statement and/or W-2 form
  - c. Verification of other household income, i.e. Social Security Award Letter, retirement/pension payment, etc
  - d. 'Letter of support' for patients claiming no income
9. Financial Assistance Eligibility:
  - a. Eligibility includes any patient for which the Financial Assistance application was completed, as well as any immediate family member of the patient living at the same address and listed on the application as household members.

Immediate family is defined as –

    - if patient is a minor: mother, father, unmarried minor siblings, natural or adopted, residing in the same household.
    - if patient is an adult: spouse, natural or adopted unmarried minor children residing in the same household.
    - any disabled minor or disabled adult living in the same household for which the patient is responsible.
  - b. Eligibility covers services provided by all LifeBridge Health facilities (Health System Eligibility): Sinai Hospital, Northwest Hospital, Levindale, 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.
  - c. The PAM 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 on or after October 1, 2010, 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.

## Appendix II

- e. For dates of service on or after October 1, 2010, 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, 2012, will be eligible through May 31, 2013.
  - g. Outpatient procedures, including multiple procedures as part of a treatment plan, may be certified for one time only.
  - 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/Nursing Home must give the most favorable applicable reduction to the patient that is available: Free Care or Reduced Cost Care as a result of Financial Hardship qualification. Note that Reduced Cost Care for income greater than 200% through 300% does not apply due to the Hospital's application of Free Care up to 300% (regulation requires Free Care only up to 200%).
10. Financial Assistance is based upon the Federal Poverty Guidelines (FPG) published in the Federal Register. The poverty level guidelines are revised annually. It is the responsibility of Patient Financial Services to maintain current FPG as updates are made to the Federal Register. Free Care: Patients with an annual income up to 300% of the Federal Poverty Level may have 100% of their hospital bill(s) covered by Financial Assistance. Financial Hardship: Patients with an annual income greater than 300% but less than 500% of the Federal Poverty Level may be covered by Financial Assistance based on the HSCRC's Financial Hardship criteria, which is defined as medical debt incurred by a family (as defined in 9a. above) over a twelve month period that exceeds 25% (twenty-five percent) of family income. Medical debt is defined as out-of-pocket expenses, including co-payment, coinsurance, and deductible amounts due the Hospital/Nursing Home, 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/Nursing Home 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 Financial Assistance Calculation Sheet (Attachment #3) will be used to calculate eligibility as follows:

- a) Financial Assistance Eligibility up to 300% of FPL -
  - Identify the annual household income based on the income tax form, W-2 or calculated annual income (A).
  - Identify 300% of the Federal Poverty Level for the patient based on household size (B).
  - Annual Household Income (A) minus Federal Poverty Level (B) = Result (C)
  - If the result is \$0.00 or less than \$0.00, the patient qualifies for 100% adjustment.
  - If the result is greater than \$0.00, apply the Financial Hardship test (next).
  
- 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 –
- |                         |                               |
|-------------------------|-------------------------------|
| \$10,000.00 – 24,999.99 | Director, Patient Accounting  |
| \$25,000.00 +           | Vice President, 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/Nursing Home 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, patient access registers at all areas of Levindale 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 patient access registers at all areas of Levindale will schedule the services as a self-pay. The Financial Counselor for inpatient and the designee for outpatient 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 registrars within all areas of Levindale will determine if the patient is currently pending Medicaid as defined with 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, the PAM will determine patient's ability to pay. Refer to #2 and #3 in this section.

Admissions are referred to the Vice President/CNO for approval

Outpatient services are referred to the Director of the Outpatient Program for approval

The Financial application must be completed upon admission or prior to receiving outpatient services and sent to the Director of Patient Accounting. If the patient is unable to complete the application it is mailed to the patient at their home. If the patient is not cooperative and does not complete the application or provide the required documentation, Financial Assistance is denied.

2. Written estimates are provided on request from an active or scheduled patient made before or during treatment. The Hospital/Nursing Home is not required to provide written estimates to individuals shopping for services. The Hospital/Nursing Home shall provide to the patient a written estimate of the total charges for the inpatient and outpatient 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/Nursing Home may restrict the availability of a written estimate to normal business office hours. The Patient Account Manager or the designee for the outpatient areas 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 CFO/Senior Vice President 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 Installment Agreement Letter (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 Installment Agreement Letter, the Director of Patient Accounting is to be notified to determine next steps.
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 CFO/Senior Vice President. 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 CFO/Senior Vice President will review the case, including clinical and financial information, business impact, and location of the patient's residence in determining whether Financial Assistance should be provided. Final determination will be made on a case-by-case basis.

C. Presumptive Eligibility and Other Financial Assistance Considerations

1. The Hospital/Nursing Home 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 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; Intensive Outpatient Psychiatric Block Grant; Sinai Hospital Addictions Recovery Program – SHARP) where reimbursement received from the State is less than the charge.
- f. Patients denied Medicaid for not meeting disability requirements with confirmed income that meets Federal Medicaid guidelines.
- g. Patients eligible under the Jewish Family Children Services (JFCS) (Y Card) program.
- h. Households with children in the free or reduced lunch program (proof of enrollment within 30 days is required).

## Appendix II

- i. Eligibility for Supplemental Nutritional Assistance Program (SNAP) (proof of enrollment within 30 days is required).
- j. Eligibility for low-income-household energy assistance program (proof of enrollment within 30 days is required).
- k. Eligibility for Women, Infants and Children (WIC) (proof of enrollment within 30 days is required).

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

### Other Financial Assistance Considerations:

- a. Expired patients with no estate.
  - b. Confirmed bankrupt patients.
  - c. Unknown patients (John Doe, Jane Doe) after sufficient attempts to identify.
2. Financial Assistance adjustments based on other considerations must be documented completely on the affected accounts. When appropriate, form: Qualifications for Financial Assistance (Attachment #7) must be completed. The Director of Patient Accounting 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, Patient Accounting  |
| \$25,000.00 +           | Vice President, Revenue Cycle |

### D. Collection Agency Procedures

1. Written communication to Early Out Self-Pay (EOS) patients contains language regarding the Hospital's/Nursing Home's Financial Assistance Program and contact information.
2. The initial communication to Bad Debt referrals contains language regarding the Hospital's/Nursing Home'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/Nursing Home 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/Nursing Home 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/nursing home 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/nursing home of material changes in financial status, which could impact the ability to honor the payment contract and qualify the patient for Financial Assistance.

Appendix II

4. The Hospital/Nursing Home 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/nursing home, 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 Financial Assistance Calculation Sheet
- Attachment #4 Financial Assistance Eligibility Determination Letter
- Attachment #5 Financial Assistance Presumptive Eligibility Determination Letter
- Attachment #6 Installment Agreement Letter
- Attachment #7 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: 7/99

Revised Date: 1/04, 1/05, 10/05, 1/06, 1/07, 11/07, 1/08, 1/09, 1/10, 10/10, 4/13, 6/14

Approvals:

Name:	Title:	
Barry Eisenberg	Executive Director/COO	
David Krajewski	CFO/Senior Vice President	
Anthony K. Morris	Vice President/Revenue Cycle	
Barry Eisenberg	_____	_____
	Executive Director/COO	Date
David Krajewski	_____	_____
	CFO/Senior Vice President	Date
Anthony K. Morris	_____	_____
	Vice President, Revenue Cycle	Date
Board of Directors Approval	_____	_____
		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	and Date of Birth	Age	Relationship	YES or NO Have you ever been a patient at Sinai?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: Levindale Hebrew Geriatric  
Center and Hospital  
2434 West Belvedere Avenue  
Patient Financial Services

Baltimore, MD 21215

*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	_____
<b>Total:</b>	_____

**II. Liquid Assets**

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

**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 _____
		<b>Total:</b> _____

**IV. Monthly Expenses**

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

Do you have any other unpaid medical bills? Yes No

For what service? \_\_\_\_\_

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

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

X \_\_\_\_\_  
 Applicants signature  
X \_\_\_\_\_  
 Relationship to Patient

X \_\_\_\_\_  
 Date



Date: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Account #: \_\_\_\_\_

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

1. The following is required as proof of income. Please provide proof of income for any household members considered in this application process. (Please check source of income)
  - A. Recent paystub \_\_\_\_\_
  - B. Bank statement showing interest \_\_\_\_\_
  - C. Award letter, Social Security Administration, (If Citizen of US) \_\_\_\_\_
  - D. Award letter, pension fund \_\_\_\_\_
  - E. Award letter, Maryland Depart. Social Service, (If resident of Maryland) \_\_\_\_\_
  - F. Proof of unemployment compensation \_\_\_\_\_
2. Please provide copies of the following tax information
  - A. W-2 Forms
  - B. Previous year Tax Forms (2009)
3. **If resident of Maryland** please provide denial letter from Maryland Medical Assistance Program.
4. **Notarized letter** stating you presently have no income
5. **Presumptive Eligibility** If you are a beneficiary/recipient of the following means-tested social services programs, submit proof of enrollment with your application: households with children in the free or reduced lunch program; Supplemental Nutritional Assistance Program (SNAP); Low-income-household energy assistance program; Primary Adult Care Program (PAC); Women, Infants and Children (WIC). If you are eligible for any of the following means-tested Medicaid programs, submit eligibility identification with your application: Family Planning or Pharmacy Only Program(s); Qualified Medicare Beneficiary (QMB); Specified Low Income Medicare Beneficiary (SLMB); X02 Emergency Services Only. If you are eligible for any of the following other programs, please submit proof of eligibility with your application: State Grant Funded programs including Department of Vocational Rehabilitation (DVR), Intensive Outpatient Psychiatric Block Grant (IOP), Sinai Hospital Addictions Recovery Program (SHARP); Jewish Family Children Services (JFCS).

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

If you have further questions regarding this application, which to appeal or make a complaint, please contact Customer Service at 410-601-2209 Monday – Friday 9:00 a.m. - 3:30 p.m.

Please return to **Levindale Hospital 2434 West Belvedere Avenue, Patient Financial Services**  
**Attention: Patient Accounting Baltimore, Maryland 21215**

Sincerely,

Patient Financial Services  
 Customer Service

<i>For Hospital / Department / Agency use only</i>	
Originator Name: _____	
Department: _____	Ext. _____
Agency Name: _____	

## *Financial Assistance Eligibility Determination Letter*

Date: \_\_\_\_\_

Re: \_\_\_\_\_

Account #: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Financial Assistance Eligibility Expiration Date: \_\_\_\_\_

Dear: \_\_\_\_\_

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

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

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

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

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

Sincerely,

Customer Service

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



## *Financial Assistance Presumptive Eligibility Determination Letter*

Date: \_\_\_\_\_

Re: \_\_\_\_\_

Account #: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Financial Assistance Eligibility Expiration Date: \_\_\_\_\_

Dear: \_\_\_\_\_

Thank you for choosing Levindale 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 Addictions Recovery Program (SHARP); Jewish Family Children Services (JFCS).

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

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

If you believe you are being billed for an amount due which falls within your Financial Assistance eligibility period, or if you have a complaint, or require additional assistance, please contact Customer Service at 410-601-2209 Monday – Friday 9:00 AM – 3:30 PM.

Customer Service

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



PATIENT NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

CONTRACT AMOUNT: \$ \_\_\_\_\_

DATES OF SERVICE: / / \_\_\_\_\_

CONTRACT DATE: \_\_\_\_\_

**LEVINDALE HOSPITAL INSTALLMENT AGREEMENT**

I, \_\_\_\_\_ agree to pay Sinai Hospital of  
Baltimore, Inc. \_\_\_\_\_ installments, beginning / / \_\_\_\_\_

**Shaded area for hospital use only**

**New contract amount: \$** \_\_\_\_\_

3 Months	50% first month	\$ _____	and then 2 payments of \$ _____
3 Months	3 payments of	\$ _____	
4 Months	50% first month	\$ _____	and then 3 payments of \$ _____
4 Months	4 payments of	\$ _____	
5 Months	20% first month	\$ _____	and then 4 payments of \$ _____
5 Month	5 payments of	\$ _____	
6 month	20% first month	\$ _____	and then 5 payments of \$ _____
	6 payments of	\$ _____	
<b>Monthly Payment due date</b>		_____	<b>Final payment of \$</b> _____

I understand that the above balance is an estimated amount, and actual charges could vary, and the payment arrangement may change accordingly.

I understand that if I do not make payments as agreed, the installment agreement will be canceled and the full balance becomes due immediately.

Date: X \_\_\_\_\_ Signed: X \_\_\_\_\_

Name: X \_\_\_\_\_

Address: X \_\_\_\_\_

(Please Print)

This signed agreement must be accompanied with payment and in our office by \_\_\_\_\_  
Contract not valid without appropriate signature and agreed payment amount. If you have any questions please contact 410-601-2209.

Levindale Hospital  
2434 W, Belvedere avenue  
Patient Accounting  
Baltimore, Maryland 21215



**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, OMB (Qualified Medicare Beneficiary, SLMB (Special Low Income Medicare Beneficiary).
5. **Enrolled in means-tested social programs:** (proof of enrollment may be required) including WIC (Women, Infants and Children), SNAP (Supplemental Nutrition Assistance Program, Low-income-household energy assistance program, households with children in the free or reduced lunch program.
6. **Enrolled in State of Maryland grant funded program where reimbursement is less than the charge:** including DVR (Department of Vocational Rehabilitation), Intensive Outpatient Psychiatry Block Grant, SHARP (Sinai Hospital Addiction Recovery Program).
7. **Eligible under Jewish Family Children Services (JFCS) (Y Card) Program:** Sinai Hospital only.
8. **Out-of-State Medicaid Program:** to which the hospital is not a participating provider.
9. **Maryland Medicaid Eligible after Admission:** charges incurred prior to Maryland Medicaid eligibility
10. **Maryland Medicaid 216 (resource amount):** patient/debtor eligible for Maryland Medicaid with resource.
11. **Denied Medicaid for not meeting disability requirements:** with confirmed income that meets Federal Medicaid guidelines.
12. **Unknown/Unidentifiable Patient (John Doe, Jane Doe):** After sufficient attempts to identify

Patient Name: \_\_\_\_\_  
Last First Middle Initial

Account #: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Account #: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Account #: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Financial Assistance Write off reason: Reason #: \_\_\_\_\_

Financial Assistance Write off date: \_\_\_\_\_

Financial Assistance Write off amount: \$ \_\_\_\_\_

Reviewer signature: X \_\_\_\_\_ Date: \_\_\_\_\_

1<sup>st</sup> Approval signature: X \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Approval signature: X \_\_\_\_\_ Date: \_\_\_\_\_

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

Comments :

\_\_\_\_\_

## **LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL PATIENT INFORMATION SHEET**

Levindale 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](http://www.dhr.state.md.us)

Levindale Hospital Patient Accounting department can also assist you with the Maryland Medical Assistance application process. Please contact April Todd Medicaid Manager at 410-601-2396 for further information

**Financial Assistance** — Based on your circumstances and program criteria, you may qualify for full or partial assistance from Levindale 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). Levindale 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 Levindale Hospital Patient Accounting Department** — Our representatives available to assist you Monday through Friday between the hours of 9:00 a.m. – 3:30 p.m. at (410) 601- 2399 or (410) 601 – 2182 or (410) 601-2213.

## Mission Values Vision

### Our Mission

Levindale is a geriatric center and hospital dedicated to providing superior service for the aged, frail and ill in institutional, community and home settings. As an advocate for the elderly, Levindale accepts a leadership role in defining and developing, in collaboration with other agencies, a comprehensive continuum of nursing, medical and social services within the Jewish community of the Baltimore metropolitan area. Programs are operated within the values inherent in Judaism pursuant to Levindale's charter. As part of our Eden Alternative and Neighborhood Model programs, we are committed to creating an environment that promotes the celebration of life. L'Chaim (to Life).

### Our Vision

Levindale will expand upon our capacities to be the leader of the community's post-acute and elder care service continuum. We will continue to be committed to developing and providing innovative services for residents and their families in organizational and community settings.

As part of our vision, we embraced the ten principles of the Eden Alternative philosophy and continue to turn the Neighborhood Model into a reality. We will continue to find fresh, inventive ways to bring variety, spontaneity, empowerment and companionship into the daily life of our community.

### Our Values

- Our existence is built on Judaic values and beliefs.
- We are committed to the highest standards of quality care and excellence in service.
- We hold respect for people.
- We deliver care in a cost-effective manner.
- We will serve the needs of the community.
- We are dedicated to advancement through education and research.