

Northwest Hospital of Baltimore, Inc.
FY 2014 Community Benefit Narrative Report

Northwest Hospital (herein referred to as Northwest), is a hospital in northwest Baltimore County with a unique geographic construct, that splits its community-based footprint across northwest Baltimore City and the suburbs of Baltimore, Carroll and Howard counties. Owned and operated by LifeBridge Health, Northwest is full-service, with an emergency room and surgical facilities located at the intersection of Old Court Road and Carlson Lane, west of Liberty Road.

Northwest Hospital offers services that range of clinical services that care for medical, surgical, behavioral health, rehabilitative and hospice patients. Its unique facilities have been designed around the Friesen concept, with nursing at the center of care delivery, allowing nurses to spend more time with their patients. Founded in 1964 by Baltimore County residents, as a community hospital, Northwest functions by working to create an environment conducive to caring for its patients and neighbors.

As a not-for-profit organization, Northwest continues its commitment to creating and maintaining an environment where exceptional quality care and service is achieved and recognized by our patients and their families, members of the medical and allied health staffs, employees, volunteers and the communities that it serves. It remains steadfast in its mission to improve the well-being of the community it serves by nurturing relationships between the hospital, medical staff and our patients and their families.

I. GENERAL HOSPITAL & COMMUNITY DEMOGRAPHICS/CHARACTERISTICS

The licensed bed designation at Northwest Hospital for FY2014 was 272, which includes 243 acute care beds and 29 sub-acute care beds. Inpatient admissions for FY2014 were 13,783, 13,047 of which were acute care admissions.

Northwest's primary service area (PSA) includes zip codes from which came the top 60% of discharges during the most recent 12-month period available (i.e. FY 2013), as defined by the Health Services Cost Review Commission (HSCRC). In FY 2014, PSA zip codes for Northwest Hospital were 21133, 21207, 21208, 21244, 21117 & 21282 and together accounted for 8,704, or 63% of total inpatient admissions including acute, sub-acute and hospice admissions.

Medicaid patients (including Medicaid and Medicaid HMO payers) accounted for 12% of all acute care admissions and 10.6% of Primary Service Area admissions¹ in FY 2014. Self-pay, often considered 'uninsured', patients accounted for 5.1% of acute care admissions and 4.1% of Primary Service Area admissions. The total percentage of uninsured cases (i.e. 'self-pay') at Northwest in FY 14 was 5.1%. The zip code with the highest percentage of Northwest's uninsured patient encounters was 21244 (13%). For more information about the socioeconomic characteristics of the community benefit service areas (CBSA), see Table II.

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

Table I below describes general characteristics about Northwest Hospital such as inpatient admissions, Primary Service Area (PSA) zip codes, Maryland hospitals that share one or more of Northwest Hospital’s PSA zip codes and percentages of Medicaid recipients and uninsured persons by county.

Table I

| Bed Designation: | Total Inpatient Admissions: | Primary Service Area Zip Codes ² : | All other Maryland Hospitals Sharing Primary Service Area: | Percentage of Uninsured Patients, by County: | Percentage of Patients who are Medicaid Recipients, by County: |
|------------------|-----------------------------|--|--|---|---|
| 272 | 8,704 | 21133 21207 21208 21244 21117 21282 | University of Maryland Johns Hopkins Hospital Greater Baltimore Medical Center (GBMC) Sinai Hospital St. Agnes Hospital James L. Kernan Hospital St. Joseph’s Hospital | 359 Uninsured (self-pay or payment unknown) patients accounted for 4.1% of all patients in FY14 living in the PSA | 927 Medicaid patients (including those with Medicaid and Medicaid HMOs) accounted for 10.6% in FY14 living in the PSA |

** 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.

Description of Community Served by Northwest Hospital

Northwest Hospital is located in the Randallstown (21133) community of Baltimore County, serving both its immediate neighbors and others from throughout the Baltimore County region. The community served by Northwest Hospital can be defined by its (a) Primary Service Area (PSA) and (b) Community Benefit Service Area (CBSA), the area targeted for community health improvement.

- a) The **Primary Service Area (PSA)** is comprised of zip codes from which the top 60% of patient discharges originate³. Listed in order from largest to smallest number of discharges for FY 2013, Northwest’s PSA includes the following zip codes: **21133** (Randallstown), **21208** (Pikesville), **21207** (Gwynn Oak), **21244** (Windsor Mill), and **21117** (Owings Mills).
- b) The **Community Benefit Service Area (CBSA)** is comprised of zip codes, or geographic areas, targeted for Community Benefit programming due to the area’s demonstration of need. Due to the proximity of zip codes 21133, 21244, and 21207 to Northwest, and the high volume of residents from these zip codes in need of community benefit services, 21133, 21244 and the county portion of 21207 make up the hospital’s ‘community benefit service area’ (CBSA).

Located in Baltimore County, the Northwest Hospital CBSA is home to an estimated 823,015 residents in 2014 with an estimated median household income of \$66,486

² HSCRC, FY2013

³ Health Services Cost Review Commission (HSCRC), 2012.

compared to the Maryland state average of \$ \$73,538. Baltimore County residents are 27.5% Black (Non-Hispanic) and 64.1% White (Non-Hispanic) while Maryland residents as a whole are 30.1% Black or African American alone and 60.5% White alone.

Table II below describes significant demographic characteristics and social determinants impacting the health of the community served by Northwest Hospital.

Table II

| Community Benefit Service Area (CBSA) Demographics and Community Characteristics | | | |
|---|---|---------|-------|
| CBSA Zip Codes | 21133, 21244, 21207 ⁴² | | |
| Total Population | 111,489 | | |
| Sex: | Male: | 50,922 | |
| | Female: | 60,567 | |
| Age: | 0-14: | 21,803 | 19.6% |
| | 15-17: | 4,697 | 4.2% |
| | 18-24: | 10,323 | 9.3% |
| | 25-34: | 15,066 | 13.5% |
| | 35-54: | 30,914 | 27.7% |
| | 55-64: | 14,323 | 12.8% |
| | 65+ : | 14,363 | 12.9% |
| Ethnicity | Hispanic: | 4,644 | 4.2% |
| | Non-Hispanic: | 106,845 | 95.8% |
| Race/Ethnicity: | White Alone: | 11,781 | 10.6% |
| | Black Alone: | 91,221 | 81.8% |
| | American Indian and Alaska Native Alone: | 334 | 0.3% |
| | Asian Alone: | 3,313 | 3.0% |
| | Native Hawaiian and Other Pacific Islander Alone: | 34 | .03% |
| | Some Other Race Alone: | 2,019 | 1.8% |
| | Two or More Races: | 2,787 | 2.5% |
| Estimated Population Age 5+ by Language Spoken At Home | Speak only English | 92,628 | 89.0% |
| | Speak Asian or Pacific Island Language | 1,030 | 1.0% |
| | Speak Indo-European Language | 3,537 | 3.4% |
| | Speak Spanish | 3,766 | 3.6% |
| | Speak Other Language | 3,145 | 3.0% |

⁴²21207 spans city/county lines; however, Northwest Hospital community benefit activities primarily serve the county-portion of the zip code. Data for 21207 represents the entire zip code.

| Community Benefit Service Area (CBSA): Zip Code | 21133 | 21207⁵ | 21244 |
|---|---|--|--|
| Community Benefit Service Area (CBSA) | Randallstown, MD | Gwynn Oak, MD | Windsor Mill, MD |
| Total Population (U.S. Census, 2010) | 28,147 | 48,226 | 34,637 |
| Inpatient Admissions from CBSA (% of Total Inpatient Admissions) (Northwest Hospital Data) | 40% of Inpatient Admissions came from zip codes 21133, 21207, and 21244. | | |
| Gender (U.S. Census, 2010) | 12,935 Males 15,480 Females | 21,890 Males 25,861 Females | 16,097 Males 19,226 Females |
| Primary Racial Composition, One Race (U.S. Census, 2010) | 81.6% Black or African American Alone | 84.8% Black or African American Alone | 78.0% Black or African American Alone |
| Estimated Median Age (years) (U.S. Census, 2013) | 39.1 years | 39.0 years | 35.0 years |
| SOCIOECONOMIC | | | |
| Estimated Average Household Income (PCensus, LifeBridge, 2013) | \$82,236 | \$58,674 | \$69,478 |
| Estimated Median Household Income (PCensus, LifeBridge, 2013) | \$70,210 | \$49,079 | \$61,575 |
| Estimated Percentage of Families Below Poverty (PCensus, LifeBridge, 2013) | 4.7% | 10.2% | 5.6% |
| Percentage of civilian, non-institutionalized 18-64 yrs. olds without health insurance by County within the CBSA (American Community Survey, 2009) | Baltimore County: 9.5% | | |
| Average Number of all Medicaid Eligible Persons by Month by County within the CBSA (Maryland Medicaid eHealth Statistics, DHMH, FY 2013) | 104,481 | | |
| Ratio of population to primary care physicians (County Health Rankings, 2012) | Baltimore County: One primary care physician to every 672 residents (672:1 ratio) | | |
| Percentage of Uninsured by County within the CBSA (SHIP County Health Profiles, 2012) | Baltimore County: 12.1% Baltimore City: 15.7% | | |

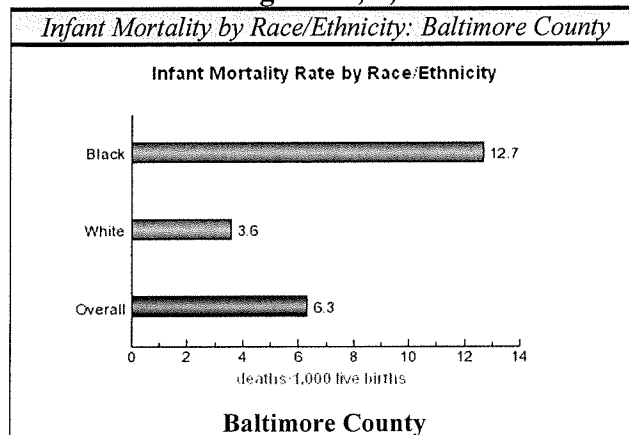
⁵ 21207 spans city/county lines; however, Northwest Hospital community benefit activities primarily serve the county-portion of the zip code. Data for 21207 represents the entire zip code.

| Community Benefit Service Area (CBSA): Zip Code | 21133 | 21207⁵ | 21244 |
|---|---|------------------------------------|------------------------------------|
| Percentage of Medicaid recipients (excluding active duty service members and incarcerated persons) by County within the CBSA (BRFSS 2008-2010) | Baltimore County: 24.5% | | |
| EDUCATION | | | |
| Percentage of Students who graduate 4 years after entering 9th grade (U.S. Census, 2011) | Baltimore County: 80.0% | | |
| Highest Educational Attainment (Adults 25 or older) (DHMH, SHIP County Health Profiles) | 35.3% Bachelor's Degree or Greater | 20.8% Bachelor's Degree or Greater | 27.5% Bachelor's Degree or Greater |
| HOUSING | | | |
| Median Home Value (U.S. Census, 2011) | Baltimore County: \$273,600 (Randallstown CDP (Balt Co.): \$271,400) | | |
| Percent of owner-occupied housing units (U.S. Census, 2011) | Baltimore County: 66.0% (Randallstown CDP (Balt Co.): 73.2%) | | |
| ACCESS TO HEALTHY FOOD | | | |
| Percentage of restaurants that are fast food establishments (County Health Rankings, 2012) | Baltimore County: 64% | | |
| Percentage of census tracts with food deserts (USDA, 2000) | Baltimore County: 4.9% | | |
| TRANSPORTATION | | | |
| Percent commuting on public transit (U.S. Census, 2011) | Baltimore County: 4.3% (Randallstown CDP (Baltimore County): 9.2%) | | |
| Mean travel time to work (minutes) (U.S. Census, 2011) | Baltimore County: 28.2 minutes (Randallstown CDP (Balt Co.): 33.2 minutes) | | |
| BUILT AND SOCIAL ENVIRONMENT | | | |
| Rate of recreational facilities per 100,000 population (County Health Rankings, 2012) | Baltimore County: 15.1 facilities per 100,000 population | | |
| Percent of children that live in household headed by single parent (County Health Rankings, 2012) | Baltimore County: 35% | | |
| Rate ED visits related to domestic violence/abuse per 100,000 population (HSCRC, 2010) | Baltimore County: 70.2 visits per 100,000 population | | |

| Health Concern Areas, Life Expectancy, and Mortality Rates | |
|--|--|
| Top 5 SHIP Challenge Areas (i.e. SHIP measures performing below State baseline (DHMH, SHIP County Health Profiles) | Baltimore County: Fall-related deaths, air quality, hospital admissions related to Alzheimer’s or other dementias, drug-induced deaths, and pedestrian injuries on public roads |
| | Baltimore City: Elevated blood lead levels in children, emergency department visits related to domestic violence, pedestrian injuries on public roads, new HIV infections, and Chlamydia infections |
| Life Expectancy by County within the CBSA (DHMH, SHIP County Health Profiles, 2012) | Baltimore County: 78.1 years Black: 75.4 years White: 78.6 years |
| Age-Adjusted Death Rate per 100,000 risk population by county within the CBSA (Maryland Family Health Administration, 2009) | Baltimore County: 795 per 100,000 risk population |
| Years of potential life lost before age 75 per 100,000 population (age-adjusted premature death), (County Health Rankings, 2012) | Baltimore County: 7,365 per 100,000 population |
| Age-Adjusted Death Rate (Heart Disease as Cause of Death) per 100,000 risk population by county within the CBSA (Maryland Family Health Administration, 2009) | Baltimore County: 183.9 per 100,000 risk population |

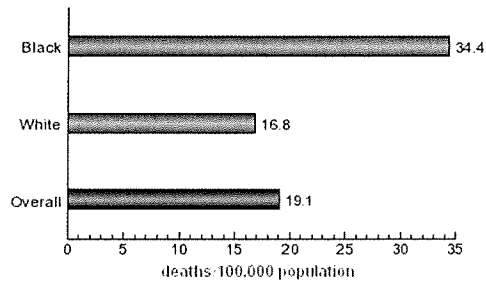
The presence of health disparities is another key factor in determining how best to serve our target population at Northwest Hospital. In *Figures 1, 2 and 3*, significant racial disparities are shown in Baltimore County for infant mortality and mortality due to diabetes and coronary heart disease. In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

Figures 1, 2, 3



Diabetes Mortality by Race/Ethnicity: Baltimore County

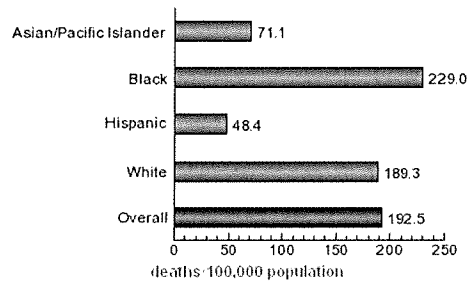
Age-Adjusted Death Rate due to Diabetes by Race/Ethnicity



Baltimore County

CHD Mortality by Race/Ethnicity: Baltimore County

Age-Adjusted Death Rate due to Coronary Heart Disease by Race/Ethnicity



Baltimore County

Source: Health Communities Institute, 2012

II. COMMUNITY HEALTH NEEDS ASSESSMENT

Executive Summary

Northwest Hospital (“Northwest”) conducted its first federally required Community Health Needs Assessment (CHNA) in fiscal year 2013 (July 1, 2012 – June 30, 2013). In an effort to foster collaboration between the stakeholders, Northwest involved residents, stakeholders, and vital community partners as critically necessary components of the CHNA process. Northwest’s CHNA complies with the new Internal Revenue Service (IRS) mandate requiring all not-for-profit 501(c) (3) hospitals to conduct a CHNA and implement a community health improvement project once every three years.

The process used to identify health needs of Northwest’s community included analyzing primary and secondary health data at both the hospital and community level, and involving public health experts, community members and key community groups in further identification of priority concerns and needs. The CHNA team collected and analyzed 339 surveys from individuals living in Northwest’s primary service area zip codes and held a community feedback session attended by community residents and stakeholders.

The CHNA team evaluated results from surveys, one community feedback session and public health experts’ recommendations to prioritize Northwest’s top community health needs. An assessment of hospital resources, expertise and capacity led to a decision to focus the resulting community health improvement project on the ‘**Heart Disease Cluster**’ (including heart disease, diabetes and stroke). Throughout the assessment process, the hospital worked to align its priorities with local, state, and national health improvement initiatives including the Baltimore County Health Improvement Plan, Maryland State Health Improvement Plan (SHIP), and Healthy People 2020.

On April 22, 2013 and May 22, 2013 respectively, the Boards of Northwest Hospital and Lifebridge Health, Inc., Northwest’s parent organization, approved Northwest’s plan (Implementation Strategy) for a community health improvement project focused on the heart disease cluster.

Visit the link below to access more information about the Community Health Needs Assessment Process and Implementation Strategy for a Community Health Improvement Project focused on the heart disease cluster.

[http://www.lifebridgehealth.org/uploads/public/documents/community%20health/Northwest%20Hospital%20CommunityHealthNeedsAssessmentImplementationStrategy June%202013.pdf](http://www.lifebridgehealth.org/uploads/public/documents/community%20health/Northwest%20Hospital%20CommunityHealthNeedsAssessmentImplementationStrategy%20June%202013.pdf) (please cut and paste into a browser; if you click on the link directly, you may not get proper text)

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. Submitted to the IRS on 6/30/13

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

http://www.lifebridgehealth.org/uploads/public/documents/community%20health/Northwest%20Hospital_CommunityHealthNeedsAssessmentImplementationStrategy_June%202013.pdf (please cut and paste into a browser; if you click on the link directly, you may not get proper text)

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

Yes 5 /22/13 was approved by Northwest Hospital 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/Northwest%20Hospital_CommunityHealthNeedsAssessmentImplementationStrategy_June%202013.pdf

III.COMMUNITY BENEFIT ADMINISTRATION

1. The following questions describe the decision making process of determining which needs in the community are addressed through hospital community benefits activities.

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

Yes
 No

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 – Brian White, President
2. CFO - David Krajewski
3. Other Martha Nathanson, Vice President of Government Affairs

ii. Clinical Leadership

1. Physician - Ron Ginsberg, M.D.
2. Nurse – Sue Jalbert, RN, VP of Nursing
3. Social Worker
4. Other (Community Health Nurse Educators, Community Health Workers)

iii. Community Benefit Department/Team

1. Individual
 - a. Steven K. Ragsdale
Administrator of Health Equity Programs
 - b. Julie Sessa
Director of Finance, LifeBridge Investments
 - c. Martha Nathanson, Esq.
Vice President, Government Relations , LBH
2. Committee (please list members)
 - a. **Community Benefit Council, Northwest Hospital:** In order to respond to the growing need for oversight of community benefit programming, the Community Benefit Council formed in early fiscal year 2012. The council meets biannually to review new Community Benefit guidelines and reporting instructions, discuss hospital programming and finalize annual reports.

- b. **Community Mission Committee:** LifeBridge Health, Inc., the parent corporation that includes Northwest Hospital, has a board committee for the oversight and guidance for all community services and programming. The Community Mission Committee is responsible for reviewing, reporting, and advising community benefit activities. Community Mission Committee members include Northwest, Sinai and Levindale board members and executives, President of LifeBridge Health, Inc., and Vice Presidents
- c. **Northwest Hospital Health Policy Advisory Board:** This entity has provided key guidance to support the hospital's required community health needs assessment and for community health improvement projects.

3. Other (please describe)

a. Other:

Direct Service Staff: LifeBridge Health Inc. created the Office of Community Health Improvement to implement community health improvement projects. This department replaced the Community Health Education Department that was responsible for health promotion and prevention efforts at Northwest Hospital. Although the department provides services to individuals living in or around Northwest, Sinai and Levindale Hospitals' surrounding communities, the department is physically located at Northwest Hospital and its health promotion focus continues to provide meaningful community benefit services to Northwest Hospital's community residents.

b. 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 (of the LifeBridge Health Board), and the LifeBridge Health Board review and approve the Community Benefit Report prior to submission.

c. 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 FY2014 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.

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. *Hospital Initiatives (See Chart III)*

Table III – FOR HOSPITAL COMPLETION
 FY13Initiative 1 -Changing Hearts/ Health Hearts Initiative at Northwest 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"> 1. help individuals understand their identified risk(s) for heart disease, 2. demonstrate how to minimize/modify those risk factors, and 3. provide education on how to maintain a healthy lifestyle to prevent heart disease. <p>The Changing Hearts Program includes:</p> <ul style="list-style-type: none"> • Live Heart health risk assessment • Cholesterol, glucose, etc. screenings work • Blood pressure reading • Body composition analysis • Health education counseling with a | Initially three-year period in conjunction with the CHNA cycle. | <ul style="list-style-type: none"> • American Heart Association • BCHD Cardiovascular Disparities Task Force • Baltimore City’s Department of Aging • Forest Park Senior Center American Stroke Association • Sandra and Malcolm Berman Brain and Spine Institute Stroke Programs at LBH • Shop Rite Howard Park, • Park Heights | 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: 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 demonstrated a decrease in overall BMI</p> <p>100% of participants will demonstrate an</p> | Likely depending on hospital funding for next FY | \$9,339 | 0 |

| 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 |
|-----------------|---------------------|--|---|---|----------------------------------|--|----------------------------|---------------------------------------|---|
| | | <p>registered nurse</p> <ul style="list-style-type: none"> • Educational materials to help facilitate lifestyle change • Follow-up calls and/or home visits with a CHW focusing on an individualized plan developed with participants • Lifestyle classes to help maintain a long-term e change <ul style="list-style-type: none"> • Web-based links to resources to improve cardiac health | | <p>Community Health Alliance, and</p> <ul style="list-style-type: none"> • assorted community churches & businesses within the CSA | | <p>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> | | | |

2. Description of Primary Community Health Needs Not Addressed by the Hospital

Although the following health needs were not prioritized by the Community Health Needs Assessment and subject for *new* Community Health Improvement Projects (CHIP), they remain an important concern for community residents and stakeholders. As such, Northwest Hospital will continue to address those needs using existing programs and resources. **See description below.**

CHNA Implementation Strategy Excerpt

Northwest recognizes that not all identified community health needs can be addressed and that difficult choices must be made to properly allocate limited resources to the areas of greatest need. Fortunately, the results of the CHNA reveal that services offered by Northwest as well as its parent organization, LifeBridge Health, Inc., are already well-aligned with the following prioritized community health needs that were *not* selected as the focus of the CHIP.

Cancer

Cancer is the second leading cause of death in Baltimore County and a significant health concern in the Randallstown community surrounding Northwest Hospital according to survey respondents and feedback session participants. Just over a quarter of all survey respondents (n = 295) selected '*cancer*' as the top health cause that most people in their community die from. In community feedback sessions, participants cited cancer as both a top cause of death and top health concern. In particular, breast cancer was cited as a type of cancer for which screenings and education was needed.

The LifeBridge Health *Alvin & Lois Lapidus Cancer Institute* offers advanced specialized care in all areas of cancer diagnosis and treatment. Cancer treatment centers and programs address the following conditions: breast, gynecologic, hematologic, lung/thoracic, gastroenterologic and urologic cancers, as well as bone, soft tissue and endocrine tumors. In addition to diagnosis and treatment, the Institute provides supportive services and personal development and enrichment opportunities for patients undergoing cancer treatment. Integrated therapies designed to relieve anxiety and promote socialization include stress reduction techniques for patients and families, art workshops, writing workshops, and music and beading therapy classes. Programs such as the American Cancer Society's Look and Feel Better Program, which provides makeup demonstrations, skin care therapies and special products, are also available to patients.

The *Freedom to Screen* program at Northwest Hospital provides community outreach, breast cancer education, screenings and exams, mammograms, and follow-up diagnostic procedures for lower-income, uninsured and under-insured women in Baltimore County and City. The goal of the program is to provide women with the resources they need to increase breast cancer awareness and prevention. Additional assistance is offered to women who need help with patient navigation services. Patient navigators help women who have received a breast cancer diagnosis deal with their medical fears and develop a road to recovery.

HIV/AIDS

Survey respondents and community feedback session participants ranked HIV/AIDS as the fifth greatest health concern and fifth top cause of death in their communities. Northwest's sister hospital, Sinai, the Baltimore County Health Department and Chase Brexton provide important resources and services to residents living in Northwest's service area who are impacted by HIV.

Sinai's HIV Support Services aim to address the social and economic barriers that impair the health and well-being of individuals and families affected by HIV who live in Baltimore City and Baltimore County. Services are provided by Clinical Social Workers and Community Health Workers who use interventions that enhance access to care and facilitate integration of medical and psychosocial services. The overall goal is to improve HIV-positive persons' health by enhancing access to and utilization of care, and enhancing emotional and social well-being through psychosocial support and counseling.

Although Sinai is equipped to offer case management services to Baltimore County residents, the Baltimore County Health Department's own case management services offer additional resources. Their client-centered services link clients with medically appropriate health care and provide supportive services to ensure that the clients' assessed needs are met and that clients remain in care.

Chase Brexton, a federally qualified health center located in Randallstown, MD, also supports uninsured and under-insured residents of Northwest's service area who are impacted by HIV/AIDS. They provide HIV/AIDS medical care services including physical exams, diagnostic tests, intensive educational and adherence support for HIV medications and ongoing follow-up visits. Services of Chase Brexton's case management and outreach program include assessments, care planning, referrals, client advocacy, education, supportive counseling, etc.

Drug/Alcohol Abuse

Drug/Alcohol Abuse arose as the fourth top health concern according to survey results. Although Northwest does not directly address this health need, its sister hospital Sinai offers outpatient substance abuse treatment services to uninsured and under-insured individuals who are opioid-dependent and living in Baltimore City through the Sinai Hospital Addictions Recovery Program (SHARP). SHARP uses a comprehensive model of treatment that combines methadone maintenance with comprehensive treatment services. Services include: individual, group and family counseling; substance abuse education for patients and families; primary medical care (assessment and referral) for uninsured patients until connected with a provider; fully integrated dual diagnosis services for patients with co-existing psychiatric disorders; on-site testing and counseling for HIV and sexually transmitted diseases; and linkages with adjunctive services as needed.

For residents of Baltimore County in need of drug/alcohol abuse treatment services, Northwest defers to its partners at the Baltimore County Health Department who provide treatment services for adult and youth substance abusers and their families, as well as

prevention services, most of which target Baltimore County youth.

Infant Mortality

Although results of the survey and community feedback session did not reveal significant concern of participating residents for infant mortality, the Baltimore County Health Department identified the reduction of infant mortality as one of the top priorities to be addressed by its Local Health Improvement Coalition. Due to the fact that Northwest does not offer obstetric services or pediatric care, the reduction of infant mortality is a health priority better suited for its sister hospital, Sinai Hospital and Baltimore City and County Health Departments

Due to the availability of these already rich services, we decided to focus attention elsewhere on the top priority identified, the heart disease cluster, consisting of heart disease, stroke and diabetes, to develop a community health improvement project, Changing Hearts. Having recognized the great risks of heart disease and associated conditions as major risks to health in Baltimore County and beyond, the former Community Health Education department had developed a heart risk screening program. We recognized that the main shortcoming of such screening programs is that when risks are identified there must be follow up and referral for treatment. Because of limited resources, we had not been able to provide adequate follow up to those identified at potential risk. We used this knowledge of how to identify those at risk to provide the foundation for Changing Hearts, a community health improvement program that could screen for risk, and provide intensive follow up to those with identified risks and need for lifestyle change. (See Chart III for details.)

V. PHYSICIANS

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

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

2. **Physician Subsidies:**

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

When uninsured patients are admitted, their care is managed by either a hospitalist or a voluntary member of the medical staff who is on call for the Emergency Department. We employ specialists in order to provide continuous care for patients admitted to the hospital through the Emergency Department. In these cases the hospital covers these specialists' consultation fees and fees for procedures for all indigent patients. If the hospital did not cover these fees, these specialists could not otherwise afford to provide this service to uninsured or under-insured patients.

Northwest Hospital
Financial Assistance Procedures

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

- Financial Assistance notices, including contact information, are posted in the Patient Financial Services areas and in Patient Access areas, as well as, other Hospital points of entry.
- Patient Financial Services Brochure '*Freedom to Care*' is available to all inpatients; brochures are available in all outpatient registration and service areas.
- Northwest Hospital employs a Financial Assistance Liaison who is available to answer questions and to assist patients and family members with the process of applying for Financial Assistance.
- A Patient Information Sheet is given to all inpatients prior to discharge. This information will be available in Spanish by the end of September 2009.
- A Patient Information Sheet is mailed to all inpatients with the Maryland Summary Statement..
- Northwest Hospital's uninsured (self-pay) and under-insured (Medicare beneficiary with no secondary) Medical Assistance Eligibility Program screens, assists with the application process and ultimately converts patients to various Medical Assistance coverages and includes eligibility screening and assistance with completing the Financial Assistance application as part of that process. Also, all of the contact information and Financial Assistance information is printed on our patient statements
- A message referencing the availability of Financial Assistance for those who are experiencing financial difficulty and contact information regarding Northwest's Financial Assistance Program is being added to our patient statements. Northwest Hospital outsources this process to contracted vendors. This process will be completed by the end of August.
- All Hospital Patient Financial Services staff, active A/R outsource vendors, collection agencies and Medicaid Eligibility vendors are trained to identify potential Financial Assistance eligibility and assist patients with the Financial Assistance application process.
- Northwest Hospital hosts and participates in various Department of Health and Mental Hygiene and Maryland Hospital Association sponsored campaigns like 'Cover the Uninsured Week'.

Appendix II



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

SUBJECT: FINANCIAL ASSISTANCE

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

APPROVALS: Final – President

Concurrence: CFO/Senior Vice President

Vice President, Revenue Cycle

PURPOSE:

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

POLICY:

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

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

1) HSCRC mandated Patient Information Sheet included in the admission packet, 2) signage and pamphlets located in Patient Access, the Emergency Department, Patient

Financial Services (PFS), as well as other patient access points throughout the hospital, 3) patient statements and 4) Patient Financial Services, Patient Access and other registration area staff.

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

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

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

A. Unplanned, Emergent Services and Continuing Care Admissions

1. Unplanned and Emergent services are defined as admissions through the Emergency Department. Continuing care admissions are defined as admissions related to the same diagnosis/treatment as a prior admission for the patient.
2. Patients who believe they will not be able to meet their financial responsibility for services received at the Hospital will be referred to the Self Pay Account Manager or Collection Representative in Patient Financial Services.
3. For inpatient visits a Financial Counselor will work with the Medical Assistance Representative to determine if the patient is eligible for Maryland Medical Assistance (Medicaid). The patient will provide information to make this determination.
4. If the patient does not qualify for Medicaid, the Self Pay Account Manager or the Collection Representative will determine if the patient has financial resources to pay for services rendered based on Federal Poverty Guidelines.
5. If the patient does have the financial resources according to the Guidelines, the Self-Pay Account Manager or the Collection Representative will arrange for payment from the patient following the Hospital's payment arrangement guidelines.
6. If the patient does not have the financial resources according to the Guidelines, the Self-Pay Account Manager or the Collection

Representative will assist the patient with the Financial Assistance application process.

7. Patients may request Financial Assistance prior to treatment or after billing.
8. Patients must complete the Maryland State Uniform Financial Assistance Application (Attachment #1) and provide the Self Pay Account Manager documented proof of medical debt and household income for consideration as requested in the Financial Assistance Cover Letter (Attachment #2). Medical debt is defined as debt incurred over the twelve (12) months preceding the date of the application at Northwest Hospital or other LifeBridge Health facility. Household income is defined as the patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of the immediate family residing in the household for the twelve (12) calendar months preceding the date of the application. At least one of the following items is required:
 - a. Patient's recent paycheck stub
 - b. Copy of the prior year's tax statement and/or W-2 form
 - c. Verification of other household income, i.e. Social Security Award Letter, retirement/pension payment, etc.
 - d. 'Letter of support' for patients claiming no income
9. Financial Assistance Eligibility:
 - a. Eligibility includes any patient for which the Financial Assistance application was completed, as well as any immediate family member of the patient living at the same address and listed on the application as household members. Immediate family is defined as:
 - if patient is a minor: mother, father, unmarried minor siblings, natural or adopted, residing in the same household.
 - if patient is an adult: spouse, natural or adopted unmarried minor children residing in the same household.
 - any disabled minor or disabled adult living in the same household for which the patient is responsible.
 - b. Eligibility covers services provided by all LifeBridge Health Facilities (Health System Eligibility): Sinai Hospital, Northwest Hospital, Levindale Hebrew Geriatric Center and Hospital and Courtland Gardens Nursing and Rehabilitation Center. Patients

approved for Financial Assistance through another facility within the LifeBridge Health System must notify the Hospital of their eligibility, which is validated prior to Financial Assistance adjustment.

Validation can be made by contacting the approving Hospital's Patient Financial Services Department (Attachment #8).

- c. The Self Pay Account Manager will consider all hospital 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, 2012 will be eligible through May 31, 2013.
 - g. Outpatient surgical procedures, including multiple procedures as part of a treatment plan, may be certified for one time only. Additional surgical procedures would require a new application.
 - h. At time of application, all open accounts within the consideration period are eligible. Consideration period is defined as beginning with the oldest date of service for which the application is intended and ending twelve months from that date. Accounts previously written-off to bad debt will be considered on a case-by-case basis.
 - i. Dates of service outside the Financial Assistance consideration period, prior to the approval date, will be considered on a case-by-case basis.
 - j. The Hospital must give the most favorable applicable reduction to the patient that is available: Free Care or Reduced Cost Care as a result of Financial Hardship qualification. Note that Reduced Cost Care for income greater than 200% through 300% does not apply due to the Hospital's application of Free Care up to 300% (regulation requires Free Care only up to 200%).
10. Financial Assistance is based upon the Federal Poverty Guidelines (FPG) published in the Federal Register. The poverty level guidelines are

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

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

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

- household size (B).
 - Annual Household Income (A) minus Federal Poverty Level (B) = Result (C)
 - If the result is \$0.00 or less than \$0.00, the patient qualifies for 100% adjustment.
 - If the result is greater than \$0.00, apply the Financial Hardship test (next).
- b) Financial Hardship Eligibility between 300% - 500% of FPL -
- If annual household income is greater than 300% but less than 500% of FPL and the Financial Hardship percentage of income (E) is 25% or greater, the patient qualifies for reduced cost care as a result of Financial Hardship.
 - The patient is responsible to pay the calculated amount of 25% of the annual household income. The difference between the total charge and the calculated amount of 25% of the annual household income will be adjusted to Financial Assistance.
 - For example, the annual household income for a family of 5 is \$100,000. Medical bills total 60%, which is greater than the required 25%, so the patient is eligible.
 - Patient responsibility under Financial Hardship eligibility equals 25% of the annual household income. In this example, the patient responsibility equals \$25,000 or 25% of the annual household income. The difference between the total medical bills (\$60,000) minus the patient liability (\$25,000) equals the Financial Assistance adjustment (\$35,000).
 - Case-by-case considerations are subject to Management approval and may qualify the patient for full or partial Financial Assistance eligibility. To determine patient responsibility for partial Financial Assistance eligibility, one or more of the following may be utilized:
 - spend-down calculation
 - sliding scale
 - total assets
 - total indebtedness
 - other useful information helpful in determining eligibility
 - Financial Assistance allowances greater than 12% will be considered on a case-by-case basis.
 - 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 Approval/Denial signature(s) as directed. Authorizing signatures are required for amounts \$10,000 and greater –
\$10,000.00 – 24,999.99 Director, PFS
\$25,000.00 + V.P. 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 Financial Counselor will contact the patient to confirm the patient is uninsured, provide a verbal estimate (written upon request), screen for potential Medicaid eligibility and/or determine ability to pay and establish payment arrangements with the patient.

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

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

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

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

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

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

2. Written estimates are provided on request from an active or scheduled patient made before or during treatment. The Hospital is not required to provide written estimates to individuals shopping for services. The Hospital shall provide to the patient a written estimate of the total charges for the hospital services, procedures, and supplies that reasonably are expected to be provided and billed to the patient by the hospital. The written estimate shall state clearly that it is only an estimate and actual charges could vary. The hospital may restrict the availability of a written estimate to normal business office hours. The Director of Patient Access and/or designee shall be responsible for providing all estimates (verbal and written).
3. For planned, non-emergent services, Self Pay patients who are United

States citizens must pay at least 50% of estimated charges prior to service, with an agreement to pay the remaining 50% not to exceed two (2) years. For patients who are not United States citizens, 100% of the estimated charges must be paid prior to date of service. Financial Assistance eligibility may be considered on a case-by-case basis for non-emergent, yet medically necessary services, based on the policies documented herein. Vice President of Revenue Cycle and/or 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 Northwest 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 Northwest Hospital Installment Agreement, the Financial Counselor will contact the physician's office to request the planned service is cancelled due to non-payment.
5. If there are extenuating circumstances regarding the patient, the patient's clinical condition, or the patient's financial condition, the patient or the physician may seek an exception from the Vice President of Revenue Cycle and/or the CFO/Senior Vice President. If an exception is requested, the Financial Counselor will provide documented proof of income as stated in the emergent section of this procedure to Director Patient Financial Services. The Vice President of Revenue Cycle and/or the 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 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; Intensive Outpatient Psychiatric Block Grant; Sinai Hospital Addictions Recovery Program – SHARP) where reimbursement received from the State is less than the charge.
- f. Patients denied Medicaid for not meeting disability requirements with confirmed income that meets Federal Medicaid guidelines.
- g. Patients eligible under the Jewish Family Children Services (JFCS) (Y Card) program
- h. Households with children in the free or reduced lunch program (proof of enrollment within 30 days is required).
- i. Eligibility for Supplemental Nutritional Assistance Program (SNAP) (proof of enrollment within 30 days is required).
- j. Eligibility for low-income-household energy assistance program (proof of enrollment within 30 days is required).
- k. Eligibility for Women, Infants and Children (WIC) (proof of enrollment within 30 days is required).

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

Other Financial Assistance Considerations

- a. Expired patients with no estate.
- b. Confirmed bankrupt patients.
- c. Unknown patients (John Doe, Jane Doe) after sufficient attempts to identify.

2. Financial Assistance adjustments based on other considerations must be

documented completely on the affected accounts. When appropriate, form: Sinai Hospital and Northwest Hospital Qualifications for Financial Assistance (Attachment #7) must be completed. The Director of Patient Financial Services or designee will sign as Reviewer and obtain appropriate Approval/Denial signature(s) as directed. Authorizing signatures are required for amounts \$10,000.00 and greater –

| | |
|-------------------------|--------------------|
| \$10,000.00 – 24,999.99 | Director, PFS |
| \$25,000.00 + | V.P. Revenue Cycle |

D. Collection Agency Procedures

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

E. Patient Refunds

1. Effective with dates of service October 1, 2010, the Hospital shall provide for a full refund of amounts exceeding \$25 in total, collected from a patient or the guarantor of a patient who, within a two-year period after the date of service, was found to be eligible for free care on the date of service.
2. The Hospital may reduce the two-year period to no less than 30 days after the date the hospital requests information from a patient, or the guarantor of a patient, to determine the patient's eligibility for free care at the time of service, if the hospital documents the lack of cooperation of the patient or the guarantor of a patient in providing the required information.
3. If the patient or the guarantor of the patient has entered into a payment contract, it is the responsibility of the patient or guarantor of the patient to notify the hospital of material changes in financial status, which could impact the ability to honor the payment contract and qualify the patient for Financial Assistance.
4. The Hospital must refund amounts paid back-dated to the date of the financial status change, or the date the financial status change was made

known to the Hospital, whichever is most favorable for the patient. Previous amounts paid in accordance with a payment contract will not be considered refundable.

DOCUMENTATION/APPENDICES:

- Attachment #1 Maryland State Uniform Financial Assistance Application
- Attachment #2 Financial Assistance Cover Letter
- Attachment #3 Northwest Hospital Financial Assistance Calculation Sheet
- Attachment #4 Financial Assistance Eligibility Determination Letter
- Attachment #5 Financial Assistance Presumptive Eligibility Determination Letter
- Attachment #6 Northwest Hospital Installment Agreement
- Attachment #7 Sinai Hospital and Northwest Hospital Qualifications for Financial Assistance

STATEMENT OF COLLABORATION:

Director, Patient Financial Services

SOURCES:

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

Global/1.36

**NORTHWEST
HOSPITAL**

Attachment #1

**Maryland State Uniform Financial Assistance Application
Information About You**

Name _____
First Middle Last

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

Home Address _____ Phone _____
City State Zip Code County

Employer Name _____ Phone _____

Work Address _____
City State Zip Code

Household members:

| Name and Date of Birth | Age | Relationship | YES or NO Northwest Patient? |
|------------------------|-------|--------------|---------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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

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

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

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

I. Family Income

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

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

| II. Liquid Assets | | Current Balance |
|--|-----------------------|-------------------------|
| Checking account | | _____ |
| Savings account | | _____ |
| Stocks, bonds, CD, or money market | | _____ |
| Other accounts | | _____ |
| Total: | | _____ |
| | | |
| III. Other Assets | | |
| If you own any of the following items, please list the type and approximate value. | | |
| Home | Loan Balance _____ | Approximate value _____ |
| Automobile | Make _____ Year _____ | Approximate value _____ |
| Additional vehicle | Make _____ Year _____ | Approximate value _____ |
| Additional vehicle | Make _____ Year _____ | Approximate value _____ |
| Total: | | _____ |
| | | |
| IV. Monthly Expenses | | Amount |
| Rent or Mortgage | | _____ |
| Utilities | | _____ |
| Car Payment(s) | | _____ |
| Health Insurance | | _____ |
| Other medical expenses | | _____ |
| Other expenses | | _____ |
| Total: | | _____ |
| Do you have any other unpaid medical bills? Yes No | | |
| For what service? _____ | | |
| If you have arranged a payment plan, what is your monthly payment? _____ | | |

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

X _____
Applicants signature
X _____
Relationship to Patient

X _____
Date

NORTHWEST HOSPITAL

Attachment 2

Date: _____ Account #: _____
 Patient Name: _____ Account #: _____

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

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

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

If you have further questions regarding this application, which to appeal or make a complaint, please contact Customer Service at 410 521 2200, extension 55471 Monday - Friday 11:30 AM - 6:30 p.m.

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

Sincerely,

Patient Financial Services
 Customer Service

| |
|--|
| Originator Name: _____ Department: _____ Ext: _____ Agency Name: _____ |
|--|

**Northwest Hospital
Financial Assistance Calculation Sheet**

Appendix 2

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

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

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

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

NORTHWEST
HOSPITAL

Attachment #4

Financial Assistance Eligibility Determination Letter

Date: _____

Re: _____

Account #: _____

Date of Service: _____

Financial Assistance Eligibility Expiration Date: _____

Dear: _____

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

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

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

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

If you believe you are being billed for an amount due which falls within your Financial Assistance eligibility period, or if you have a complaint, or require additional assistance, please contact Patient Financial Services at 410-521-2200 Monday – Friday 11:30 AM – 6:30 PM.

Sincerely,

Patient Financial Services

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

NORTHWEST
HOSPITAL

Attachment #5

Financial Assistance Presumptive Eligibility Determination Letter

Date: _____

Re: _____

Account #: _____

Date of Service: _____

Financial Assistance Eligibility Expiration Date: _____

Dear: _____

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

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

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

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

If you believe you are being billed for an amount due which falls within your Financial Assistance eligibility period, or if you have a complaint, or require additional assistance, please contact Customer Service at (800)-788-6995 or 410 521 2200, ext. 55471 Monday – Friday 11:30:00 AM – 6:30 PM.

Customer Service

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

NORTHWEST HOSPITAL

PATIENT NAME: _____
ACCOUNT NUMBER: _____
CONTRACT AMOUNT: \$ _____
DATES OF SERVICE: ____/____/____
CONTRACT DATE: _____

NORTHWEST HOSPITAL INSTALLMENT AGREEMENT

I, _____ agree to pay Northwest Hospital

_____ installments, beginning ____/____/____
Shaded area for hospital use only

New contract amount: \$ _____

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

Monthly Payment due date _____ Final payment of \$ _____

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

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

Date: X _____ Signed: X _____
Name: X _____
Address: X _____

(Please Print)

This signed agreement must be accompanied with payment and in our office by _____
Contract not valid without appropriate signature and agreed payment amount. If you have any
questions please contact 410 571-2200, ext 55-471.

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



SINAI HOSPITAL AND NORTHWEST HOSPITAL
QUALIFICATIONS FOR FINANCIAL ASSISTANCE

Date: _____

(PLEASE CIRCLE ONE)

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

Patient Name: _____
Last First Middle Initial

Account #: _____ Date of Service: _____

Account #: _____ Date of Service: _____

Account #: _____ Date of Service: _____

Financial Assistance Write off reason: Reason #: _____

Financial Assistance Write off date: _____

Financial Assistance Write off amount: \$ _____

Reviewer signature: X _____ Date: _____

1st Approval signature: X _____ Date: _____

2nd Approval signature: X _____ Date: _____

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

Appendix 2

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

Appendix 2

Attachment #8

LifeBridge Health
Patient Financial Services
Contact Telephone Numbers

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

Northwest Hospital
(410) 521 2200 extension 55471

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

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

**NORTHWEST HOSPITAL
PATIENT INFORMATION SHEET**

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

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

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

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

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

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

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

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



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

SUBJECT: MISSION, PHILOSOPHY, VISION

EFFECTIVE DATE: APRIL 24, 2013

SUPERSEDES: March 2010

APPROVALS: Final – President

MISSION

Northwest Hospital Center's mission is to:

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

PHILOSOPHY

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

VISION

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

Original: August 1, 1998

Reviewed: September 2003
April 2006
March 2010
April 24, 2013

Revised: July 2, 2004
April 2, 2007

Global/1.00