I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. The licensed bed designation of Mt Washington Pediatric Hospital (MWPH) is 102, which includes pediatric specialty, pediatric chronic illness, and neonatal transitional care. Inpatient admissions for FY 15 were 801 admissions.

   Table 1 describes general characteristics of MWPH such as percentages of Medicaid recipients and uninsured persons delineated by primary service area zip code. The primary service areas listed below are ordered from largest to smallest number of discharges during the most recent 12-month period available (i.e. FY15), as defined by the Health Services Cost Review Commission (HSCRC). Medicaid patients accounted for 79.11% of the total MWPH admissions in FY15 and 5% of these Medicaid patients live in the 21215 zip code which is a target area of the hospital's community benefit service area (CBSA). The socioeconomic criteria of this zip code will be discussed in greater detail in Table II.

Table I

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:**
102 ***Type*** **86**- Pediatric Specialty **16**-CARF Accredited Rehabilitation ***Location*** **84**-West Rogers (Baltimore) Campus **15**- Prince George's Hospital Center	801	21215 21223 21213 21217 21206 21061 21218 21222 21136 21224 21207 21244 21040	UMD St. Joseph's Mercy Johns Hopkins St. Agnes Union Memorial UMD Midtown Northwest GBMC Kennedy Krieger Prince Georges Community Hospital Sinai	0% Uninsured Patients	**79.11% of all Patients were Medicaid recipients** Baltimore City 40% Baltimore County 29% Anne Arundel County 12% Prince Georges County 8.3% Harford County 6.1% Howard County 4.4% Montgomery County .2%

2. Community Description:

a. MWPH is located in the northwest quadrant of Baltimore City, serving both its immediate neighbors and others from throughout Baltimore City, County and several other counties in the region. The neighborhoods surrounding MWPH are identified by the Baltimore Neighborhood Indicators Alliance (BNIA) as Southern Park Heights (SPH) and Pimlico/Arlington/Hiltop (PAH)[1]. The primary service area zip codes does not necessarily determine eligibility for community benefit services, because we are specialty pediatric facility, our patients residence span the state of Maryland and many from out of the state. MWPH determined that the specific zip codes of 21215 & 21216 defines the hospital's Community Benefit Service Area (CBSA) and constitute an area that is predominantly African American with below average median family income, but above average rates for unemployment, and other social determinants of poor health.

Relying on data from the 2009 American Community Survey[2], SPH's median household income was $27,365 and PAH's median household was $29,031. This is compared to Baltimore City's median household income of $37,395 in 2009. The percentage of families had incomes below the federal poverty guidelines[3] in SPH was 25.9% ; in PAH, 21.3% of rates for SPH and PAH, were 17.5% and 17.0% respectively while the Baltimore City unemployment rate recorded in 2010 was 10.9%.[4]

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

The Baltimore City Health Department uses the Community Statistical Areas (CSA) when analyzing health outcomes and risk factors. The CSAs represent clusters of neighborhoods based on census track data rather than zip code and were developed by Baltimore City Planning Department based on recognizable city neighborhood perimeters. In the chart below, we represent the community benefit activities at MWPH. One zip code (21207) spans city and county lines (see footnote below chart). Baltimore County does not provide CSAs

[1] Baltimore Neighborhood Indicators Alliance (BNIA), 2011
[2] American Community Survey, 2009
[3] Baltimore City Health Department, Neighborhood Health Profiles, 2011
[4] American Community Survey (ACS), 2010

Table II

Community Benefit Service Area(CBSA)[5] ***Target Population (by sex, race, ethnicity, and average age)***			
CBSA Zip Codes	21215 21216 21217 21207* 21209[6]		
Total Population within the CBSA	174,918		
Sex	*Male*		79,019
	Female		95,899
Age	*0-14 yrs.*	35,022	20.0%
	15-17yrs.	7,589	4.3%
	18-24yrs.	18,512	10.6%
	25-34yrs.	27,821	15.9%
	35-54yrs.	42,914	24.5%
	55-64yrs.	19,588	11.2%
	65+yrs.	23,472	13.4%
Race/Ethnicity	*White Non-Hispanic*	16,723	9.6%
	Black Non-Hispanic	149,382	85.4%
	Hispanic	4,053	2.3%
	Asian and Pacific Islander non-Hispanic	1,549	0.9%
	All others	3,211	1.8%

CBSA Community Characteristics ***Socioeconomic***				
Baltimore City Neighborhood	**Zip Code**	**Median Household Income**	**% of households with incomes below federal poverty**	**Unemployment**
Baltimore City		$37,395	15.2%	11.1%
Pimlico/Arlington/Hilltop	21215	$29,031	21.3%	17.0%
Southern Park Heights	21215	$27,635	25.9%	17.5%
Howard Park/West Arlington	21207	$36,622	15.2%	11.2%
Dorchester/ Ashburton	21216	$39,533	11.8%	11.2%
Greater Mondawmin	21216	$34,438	12.2%	10.2%
Penn North/ Reservoir Hill	21217	$30,597	16.5%	19.0%

[5] Baltimore Neighborhood Health Profiles 2011

[*]21207 & 21209 span city/county lines; however, MWPH community benefit activities primarily serve the city-portion of the zip code. The Howard Park/West Arlington is the Baltimore City portion of the 21207 CBSA, this data is included in Table II.

(Table II Cont.) Education				
Baltimore City Neighborhood	**Zip Code**	**% of Kindergartners "ready to learn**	**% of High School Students missing 20+ days**	**% of residents with a high school diploma or less**
Baltimore City		65.0%	39.2%	52.6%
Pimlico/Arlington/Hilltop	21215	76.8%	46.8%	69.5%
Southern Park Heights	21215	46.4%	47.8%	69.6%
Howard Park/West Arlington	21207	65.8%	38.6%	51.9%
Dorchester/ Ashburton	21216	51.0%	36.0%	47.7%
Greater Mondawmin	21216	65.9%	39.4%	61.4%
Penn North/ Reservoir Hill	21217	60.1%	47.8%	56.9%

Access to Healthy Foods			
Baltimore City Neighborhood	**Zip Code**	**Corner Store Density (# of corner stores per 10,000 residents)**	**Carryout Density (# of carryouts per 10,000 residents)**
Baltimore City		9.0	12.7
Pimlico/Arlington/Hilltop	21215	12.7	18.6
Southern Park Heights	21215	6.0	7.5
Howard Park/West Arlington	21207	61.8	9.2
Dorchester/ Ashburton	21216	5.1	6.8
Greater Mondawmin	21216	10.7	11.8
Penn North/ Reservoir Hill	21217	9.3	9.3

Housing				
Baltimore City Neighborhood	**Zip Code**	**Vacant Building Density (# vacant buildings/10,000 units)**	**Energy Cut-off rate (#of energy cut-offs/10,000 residents)**	**Lead Paint Violation Rate (# of violations per year/10,000 residents)**
Baltimore City		567.2	39.1	11.8
Pimlico/Arlington/ Hilltop	21215	918.7	73.2	17.7
Southern Park Heights	21215	1202.9	72.6	20.9
Howard Park/West Arlington	21207	128.2	61.9	9.3
Dorchester/ Ashburton	21216	210.5	62.3	62.3
Greater Mondawmin	21216	844.9	62.6	23.3
Penn North/ Reservoir Hill	21217	935.0	44.4	29.0

(Table II Cont.)	*Community Built and Social Environment*			
Baltimore City Neighborhood	**Zip Code**	**Alcohol Store Density Rate (# stores/10,000 residents)**	**Homicide Incidence Rate (#homicides/ 10,000 residents**	**Domestic Violence Rate (# reported incidents/10,000 residents)**
Baltimore City		4.6	20.9	40.6
Pimlico/Arlington/ Hilltop	21215	5.9	27.9	51.8
Southern Park Heights	21215	4.5	43.7	54.1
Howard Park/West Arlington	21207	0.9	15.6	34.7
Dorchester/ Ashburton	21216	2.5	15.3	44.1
Greater Mondawmin	21216	5.4	31.1	52.8
Penn North/ Reservoir Hill	21217	2.1	27.9	49.6

Life Expectancy & Mortality			
Baltimore City Neighborhood	**Zip Code**	**Life Expectancy at birth (in years)**	**Age-adjusted mortality (deaths per 10,000 residents)**
Baltimore City		71.8	110.4
Pimlico/Arlington/ Hilltop	21215	66.8	135.3
Southern Park Heights	21215	66.7	135.3
Howard Park/West Arlington	21207	72.9	98.7
Dorchester/ Ashburton	21216	72.4	109.1
Greater Mondawmin	21216	69.6	116.2
Penn North/ Reservoir Hill	21217	68.1	137.1

Percentage of Uninsured people by County within the CBSA (Baltimore City)				
Health Insurance Coverage	**Estimate**	**Margin of Error (+/-)**	**Percent**	**Margin of Error (+/-)**
Civilian Noninstitutionalized Population	**712,999**	**10,422**	**712,999**	**(X)**
With health insurance coverage	646,300	10,414	90.6%	0.8
With private health insurance coverage	564,262	11,439	79.1%	1.2
With public health coverage	186,337	7,005	26.1%	1
No health insurance coverage	66,699	6,013	9.4%	0.8
Civilian Noninstitutionalized Population Under 18 years	**167,033**	**4,756**	**167,033**	**(X)**

Life Expectancy, Infant Deaths, Low Birth Weights, Sudden Infant Death, Child Maltreatment, by County within the CBSA (Baltimore City[7])					
Measure Description	**Baltimore City Baseline**	**Baltimore City Update**	**Maryland Update**	**Race/Ethnicity City Update**	**Race/Ethnicity State Update**
Life Expectancy (at birth)	72.9	73.3	79.3	Black-- 71.5 White-- 76.5	Black-- 76.4 White-- 80.2
Infant Mortality (per 1,000 births)	12.3	12.2	6.7	Black-- 15.8 Non-Hispanic (NH) White-- 5.3	Black-- 11.8 Hispanic-- 4.1 NH White-- 4.2
Low Birth Weight (percentage)	12.3%	12.5%	8.8%	API-- 8.9%* Black-- 14.8% Hispanic-- 6.4% White—8.0%	API-- 8.9% Black-- 12.1% Hispanic-- 7.0% NH White-- 6.9%
Sudden Infant Death Syndrome (per 1,000 births)	2.07	2.10	0.93	***	NH Black—1.68 NH White—0.69
Child Maltreatment (per 1,000 children <18 yrs. With cases reported to social services)	13.8	13.8	5.3	N/A	4.8

The presence of health disparities is a major key factor in determining who the target population for our CBSA is and how MWPH might serve it best as a pediatric specialty hospital. Unlike most other hospitals that share one or more of our primary service area zip codes and because of the specialty services we provide, our patients come to us from all over the state of Maryland and Pennsylvania. MWPH is also located in the 21209 zip code which is one of the most wealthy and healthy neighborhoods in the city of Baltimore. Interestingly enough, MWPH is within walking distance from the 21215 zip code and Pimlico/Arlington /Hilltop neighborhood which as the aforementioned data demonstrates has several health disparities, poverty, and vulnerable populations.

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?

   X Yes
   ____No

[7] Maryland Health Improvement Process 2012

*Asian Pacific Islander

MWPH completed its second Community Health Needs Assessment in conjunction with other University of Maryland Medical Systems hospitals in June 2015. It is available for viewing at this link:

Provide date here. 06/28/15 (mm/dd/yy)

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

http://www.mwph.org/about/community-advocacy

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

__X__ Yes
_____ No

The MWPH implementation strategy is at the end of the CHNA document and can be viewed using the same link

http://www.mwph.org/about/community-advocacy

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

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?
__X__ Yes

In 2010, MWPH developed the Community Advocacy & Injury Prevention Program which included a FTE whose primary responsibility includes the operation, administration, reporting, record-keeping, and overall management of all community benefit activity and initiatives. This individual developed a 3 year strategic plan to guide their work. One of the 3 goals was to develop strong partnerships, build upon community awareness of the hospital's services, and capitalize upon existing community relationships to further the hospital's mission as it relates to eliminating health disparities. In addition, the plan cites a need for infrastructure for community benefit resource distribution, which will ensure that identified needs are matched with appropriate community benefit programming and that resources are leveraged and honed to strengthen community impact in areas of need.

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

i. Senior Leadership
_X_ CEO (Sheldon Stein, CEO, President of Mt Washington Pediatric Hospital)
_X_ CFO (Mary Miller, CFO, Vice President of Finance & Business Development)
_X_ Other (Vice President Development & External Relations Tom Paullin, Vice President Outpatient Services Justina Starobin, Vice President of Human Resources Tom Ellis)

Senior Leadership works very closely with the Community Advocacy Manager at all levels of the Community Benefit Operations, Community Benefit Reporting Process, and Community Health Needs Assessment.

All of the aforementioned participate in focus groups during the Community Health Needs Assessment process, as well as volunteering their time at various outreach events to the community. Our VP of Human Resources advocated for proper reimbursement of staff who participated in weekend and night activities outside of standard business hours

ii. Clinical Leadership
_X_ Physician (Vice President of Medical Affairs Dr. Richard Katz)
_X_ Nurse (Director of Nursing Education Sharon Meadows, Chief Nurse Executive Jenny Bowie, Nurse Educator Linda Morrison)
_X_ Social Worker (Denise Pudinski, Lois Bowers, Tamara Aviles)
_X_ Other (Susan Dubroff, Director Rehab Services, Child Life Specialists, Weigh Smart Program Manager, Angie Wenman Volunteer Coor., Michelle Hanover Patient & Family Liaison)

Clinical Leadership participates in the MWPH Community Advocacy Coalition to ensure that the program stays on target with regards to implementation and strategy of Community Benefit Programming. They are also the facilitators of many of the Community Benefit Programs and Services at MWPH.

iii. Community Benefit Department/Team:
1. _X_ Department
Melissa S. Beasley (Community Advocacy & Injury Prevention Manager)
Michelle Hanover (Patient Family Liaison)
Kyra Crafton (Community Advocacy Program Assistant)

Community Advocacy Manager is responsible for the overall reporting, operations, and implementation at MWPH. Provides necessary training on CBISA, the community benefit monitoring software, completes the CHNA to identify needs of the community and then creates strategic impactful programming to rectify to problems.

Patient Family Liaison, trained as a Clinical social workers acts as the eyes and ears of patients we serve, effectively communicates their needs to other staff and then facilitates many of those programs to meet their needs

Community Advocacy Program Assistant acts as a community benefit reporting coordinator, collecting data throughout the year and monitoring expenditures. Also provides education and outreach as needed (this is part time employee)

2. __X__ Committees
MWPH is an active participant in many committees and coalitions that support vast benefits initiatives throughout the city of Baltimore. This includes but is not limited to:

UMMS Community Benefits Team- This group meets bi-weekly to plan major Community Benefit Activities in the West Baltimore City neighborhoods.

Members include:

Donna L. Jacobs, Senior Vice President Government and Regulatory Affairs and Community Health UMMS
Mary Jo Adams, Nurse Coordinator, St. Joseph Medical Center
Kristen Artes Health Educator, St Joseph Medical Center
Rhonda Boozer-Yeary, Community Health Educator, Baltimore City Cancer Program
Karen Warmkessel, Media Relations Manager, UMMS
Angela Ginn-Meadows, Education Coordinator, University of Maryland Midtown Campus
Michelle Larsey, Senior Director, UM Rehabilitation Orthopedics Institute
Yvette Rooks, M.D., C.A.Q., Vice Chair, Asst. Professor of Family & Community Medicine, Director, Residency Program, Dept. of Family & Community Medicine Dept. (UMMS)
Mariellan Synan, Community Outreach Manager, UM Medical Center
Anne D. Williams, DNP, RN, Director, Community Empowerment & Health Education, UMMC
Jo-Ann Williams, Manager, Career Development Programs

UMMS Community Needs Assessment Team- This group meets quarterly to collaborate and identify best practices in Community Benefit programming and implementation. Members include representatives of each of the University of Maryland Medical System hospitals who have the primary responsibility of administration in community benefits.

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

Spreadsheet	__X__	yes	_____	no
Narrative	__X__	yes	_____	no

Because we are a part of the University of Maryland Medical System (UMMS) an internal audit is completed by Donna Jacobs, Senior Vice President Government, Regulatory Affairs and Community Health.

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

Spreadsheet	__X__	yes	_____	no
Narrative	__X__	yes	_____	no

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

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

a.) _X_ Other hospital organizations (co-affiliated with University of Maryland Medical System Hospital and Johns Hopkins Medicine
b.) _X__ Local Health Department (Baltimore City Department of Health, several offices at the state level (Department of Mental Health and Hygiene)
c.) _X_ Local Health Improvement Coalitions (Baltimore City)
d.) _X_ Schools (Arlington Elementary Middle, Mt.Washington School, Rosemount Elementary, Medfield Heights Elementary to name a few)
e) _X___ Behavioral Health Organizations (Family Tree, Autism Speaks)
f) _X__ Faith Based Community Organizations
g.) _X__ Social Service organizations.

Organization	Name of Collaborator	Title	Collaboration Description
University of MD Medical Systems	Anne Williams	Director, Community Health Improvement	CHNA Surveys/Focus Groups/ Outreach Activities
Park Heights Renaissance	Jimmy Mitchell	Community Coordinator Arlington Elementary Middle	Focus Groups/ Healthy Living Academy/ Success For All Program/ Violence-Prevention Youth Program
B'more for Healthy Babies	Stacey Stephens	Director	Safety Baby Showers/ Focus Groups/ Pass It On Initiatives
University of MD	Renee Fox, M.D. Retired Physician	Board Member	CHNA Focus Group, Implementation and Strategy Planning
MWPH Foundation Board	Kevin Hollins, MD	Board Member	MWPH Community Advocacy Coalition
Safe Kids Baltimore	Karen Hardingham	Coordinator	Injury Prevention Initiatives
Traumatic Brain Injury Society	Susan Dubroff	Advisor	Injury Prevention Initiatives

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INTIATIVES

This Information should come from the implementation strategy developed through the CHNA process.

1. Please see Table III

MWPH FY15 Table III- Initiative 1- Safety Baby Showers

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? (See Instructions)	B. Amount of Direct Offsetting Revenue from Restricted Grants
Encourage safe physical environments for children Reduce the percentage of births that are low birth weight	Support evidenced-based innovative Pre-natal programs that reduce LBW in West Baltimore Communities	Partner with existing agencies in Community Benefit Service Area that are currently providing services for pre/post natal women and provide safety baby showers to women and/or their families to educate them about injury prevention topics such as choking, poisoning, child passenger safety, burning/scalding, infant sleep safety and falls and other residential injuries. Provide materials on proper nutrition, physical activity, and stress management to	Multiyear initiative	B'More Healthy Babies, Baltimore Healthy Start Programs and Promise Heights Program	Participants took Pre and Post test that focused on various injury prevention topics which also included safe sleep and shaken baby syndrome. The B'More Healthy program provided parents with a 15 min. video about sleep safety and a talk about nutrition physical activity and stress management.	A total of sixteen 2-hour talks were conducted with a total of 306 participants. On the pre-talk test, 179 of the participants answered at least one of the 12 questions wrong. 121 of the participants answered enough questions correctly to earn a passing score on the post-talk survey. Six (6) of the participants answered four or fewer questions correctly. On the post-talk test 298 of the participants answered all 12 questions correctly and 8 participants	Yes.	$15,000	10,000

		encourage healthy full-term pregnancies Provide talks on behavior management, appropriate toys/play, baby signing, and a resource guide to parents of free resources in the community to provide parents with skills and tools required to be better and more engaged parents				answered 11 of 12 correctly All participants earned a passing score on the post test. Safety Baskets were provided with prevention materials (latches, bath hot water thermometers, poisoning control magnets) and educational materials on how to safety proof home provided to 226 participants (please note ALL family members are encouraged to attend, many just come for education and not a gift. i.e. grandparents, spouses, siblings)			

MWPH FY15 Table III- Initiative 2- Weigh Smart (Ages 8-17yrs.) /Weigh Smart Jr. (ages 2-7 yrs.)

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? (See Instructions)	B. Amount of Direct Offsetting Revenue from Restricted Grants
Reduce the proportion of youth who are obese Increase the proportion of adults who are at a health weight	Weigh Smart & Weigh Smart Jr. Jump Start Healthy Living Academy	Investigating diet quality before and after participation in a pediatric weight management program. Identifying poor diet quality that is associated with obesity such as inadequate fruit and vegetable intake, excessive sugar-sweetened beverages (SSB)and fast food intake. Provide an inter-professional psycho-educational weight management program involving medicine, nutrition, physical therapy, and psychology	Multi-year initiative (ongoing)	Klein's Shop Rite Grocery Stores YWCA Baltimore The League for People with Disabilities	Children's Dietary Questionnaire (CDQ) was administered to caregivers of patients ages 2-17 years during initial consultation. Change in body composition-weight, height, BMI, body fatness. Change in quality of life by parent and child self report, change in dietary quality, change in behaviors by child and parent report	A total of 3753 participants, 78% show decreased Body Mass Index z score at 1 yr 21% ↓ mean insulin levels 4% ↓ mean cholesterol level 14% ↓ mean triglyceride level Diet changes French fries ↓ from 1.06 to 0.49 (p=0.023) over last 7 days Fast food ↓ from 1.55 to 0.75 (p=0.000) over last 7 days Fruit juice/fruit drink ↓ from 2.15 to 1.53 (p=0.021) in the past 24 hours Soft drink/sweet tea/koolaid/lemonade (not diet) ↓ 1.77 to 1.23 per wk (p=0.073) Potato chips, other chips (e.g. Fritos, Doritos) or crackers ↓ 1.49 to 1.05 per wk (p=0.096) Ice-cream/Popsicles ↓	Ongoing	$1,321,302	$518,980

		Establish a coordinated holistic approach to management of diagnoses that have a nutritional component. Engage targeted communities on healthy lifestyles: - Sponsor community meetings - Advocacy - Food Label Sessions - Cooking Demos/Tastings Develop & distribute healthy food information at various health fairs				1.14 to 0.69 per wk (p=0.069) Also statistically significant improvements in quality of life measurements. Attended 56 health fairs and distributed materials as well as provided demonstration of proper food portions with food models.			

HEALTHY LIVING ACADEMY

Mt. Washington Pediatric Hospital Healthy Living Academy (HLA), a wellness program for children enrolled in kindergarten through grade three at the Mt Washington School (MWS). HLA utilizes a health curriculum called the OrganWise Guys (OWG) which uses characters shaped like organs of the body to teach that lifestyle choices can have either a positive or negative effect on the body. The goals of the project are 1) to increase healthy behaviors in enrolled children and therefore decrease the risk of developing obesity and associated illnesses, and 2) to increase visibility of MWPH in the community.

HLA sessions included **267** students in ten classes of kindergarten through third grade students. Classes were taught by the psychologist, psychology post doctoral student, physical therapy assistant, and dietitian who work within MWPH's Weigh Smart® program.

The program also utilized Yuba, the hospital's therapy dog, during sessions. Materials including folders, pedometers, water bottles and healthy snacks were provided to the children. Feedback from school administration and teachers was very positive, and the children were very excited to see MWPH staff return this year. Comparison of scores for a pre/post test administered showed an average 11 percent increase on test scores.

MWPH FY15 Table III- Initiative 3- Community Advocacy & Injury Prevention Program

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? (See Instructions)	B. Amount of Direct Offsetting Revenue from Restricted Grants
Increase the proportion of pregnant women seeking prenatal care starting within the 1st Trimester	Prenatal Health Education Community Advocacy & Outreach	Educate women in Northwest Baltimore to navigate the health care system to utilize resources in the community that promotes healthy pregnancies Create innovative patient education materials to educate women on importance and benefits of starting prenatal care within 1st Trimester materials to empower women to seek care as soon as possible via health fairs, MCOs, and MWPH communication channels Provide talks to prenatal women about navigating the health care system. Three types of educational materials/campaigns developed; encouraging proper health and nutrition technique for prenatal women.	Multi-year initiative	Baltimore City Healthy Start St. Jerome's Head Start St. Bernadine's Head Start Union Baptist Head Start	A pre/post survey was provided to 47 participants at four 2-hour talks. The MWPH Education Team developed materials for the resource guide. The inter-professional group of educators, clinicians, and administrators met to ensure that the materials were appropriate and met literacy standards. 2500 copies were printed and distributed by the outpatient staff, social work staff, and community outreach program	There were 39 participants in the program. The average pre-test survey score was over 10 correct out of 16 questions (62.8%) and the average post-test score was a little over 14 correct answers (88.4%). The average score improvement approximately 25.6% was very significant (<0.002), indicating that the program was effective in knowledge improvement. On the post test 36 of the participants improved her score. Three participants score did not change at all. Approximately 550 resource guides were distributed at 76 health fairs and at the hospital. The education team meets quarterly to ensure materials are still up-to-date and appropriate.	Yes	$1200	$0

MWPH FY15 Table III- Initiative 4- Youth Non-Violence Initiative

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? (See Instructions)	B. Amount of Direct Offsetting Revenue from Restricted Grants
Reduce the rate of recidivism due to child maltreatment	Community Advocacy & Outreach Program	Provide talks on behavior management, appropriate toys/play, baby signing, and a resource guide to parents of free resources in the community to provide parents with skills and tools required to be better and more engaged parents Educate community youth in Northwest Baltimore zip code 21215 on the importance of violence prevention. Provide anti-bullying talks twice a month as a community benefit. Print resource guide. Present Healthy Self Image Curriculum to program at Baltimore City middle and high schools that is focused of positive self esteem and identifying bullying behaviors Attend community events.	Multi	Infant Education Development Team: Rehabilitation Therapists Community Outreach Coordinator Child Life Specialists Physical Therapists Psychologist Middle Schools in NW Baltimore	The MWPH Education Team developed materials for the resource guide. The inter-professional group of educators, clinicians, and administrators met to ensure that the materials were appropriate and met literacy standards Edit and evaluate after 6 months to ensure accuracy.	Partnership was established with the schools in the 21215 & 21216 zip codes (Arlington Elementary, Rosemont, Windsor Hill, and Grove Park). Each school was requested to select 10 students who excelled academically and would be willing to meet twice a month to provide in put in the Healthy Self Image Curriculum and to start an Anti-Bullying group at their schools. Community Outreach Coordinator acted as a facilitator and then provided a summary of the information to the Education Team. Currently there are 25 active participants. 200 copies of materials distributed and a little 40 events attended Curriculum is still in development stage will be available for the following fiscal year.	Yes.	$1,300	$0

MWPH FY15 Table III- Initiative 5- CAMP N.O.A.H

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? (See Instructions)	B. Amount of Direct Offsetting Revenue from Restricted Grants
Increase the number of minority allied health care professionals (specifically pediatric nurses).	CAMP N.O.A.H. (Nursing and Other Allied Health Professions)	CAMP NOAH to spark interest in nursing and Allied Health in the high school students of Baltimore City. Increase the number of college graduates from Northwest Baltimore City who enter into professions in Nursing or other Allied Health Sciences. Increase potential career opportunities for underserved residents of Northwest Baltimore. Provide training, coaching and employment for program participants Provide participants with experience and the opportunity to observe care practices working directly with premature infants, toddlers & adolescents, under the guidance of respiratory therapists, and child life specialists.	Multi	Baltimore City Public Schools Baltimore Alliance for Careers in Healthcare Nursing Education Department Community Advocacy & Outreach Program	High school students to interact with health care professionals while gaining real world experiences. All students receive education in First Aid & CPR, nursing observation experiences, and all necessary equipment such as stethoscopes, scrubs, and breakfast and lunch	16 “campers” annually participate in week long program. Program evaluation by the "campers" are all very positive. Campers provided feedback that they were grateful and didn’t anticipate how “hands-on” the camp was and how much time they actually provided service to patients. MWPH had student campers from 5 different area high schools.	Yes.	$1530	$0

2. Several additional topic areas were justified by the MWPH during the CHNA including mental health, safe housing, transportation, and substance abuse. In table 3.1, MWPH outlines its needs assessment priorities & outcomes.

Table 3.1 MWPH Community Needs Assessment Priorities & Outcomes FYs '13-15

Maryland SHIP Vision Area	MWPH Priorities (IN ORDER OF PRIORITY)	SHIP Outcome Objectives
Healthy Babies	**Maternal/Child Health**	1) Reduce low birth weight (LBW) & very low birth weight (VLBW) 2) Reduce sudden unexpected infant deaths (SUIDS) 3) Increase the proportion of pregnant women starting prenatal care in the first trimester
Healthy Social Environments	**Trauma/Violence Prevention**	1) Decrease rate of alcohol-impaired driving fatalities 2) Decrease rate of distracted driving fatalities 3) Reduce rate of recidivism due to violent injury
Safe Physical Environments	**Trauma Prevention** **Safe Kids**	1) Decrease fall-related deaths 2) Reduce pedestrian injuries on public roads 3) Increase access to healthy foods (See below: Obesity)
Infectious Disease	**HIV Prevention/Treatment**	1) Reduce new HIV infections among adults & adolescents
	Influenza	1) Increase percentage of people vaccinated annually against seasonal influenza

Chronic Disease	**Obesity/Heart Disease/ Diabetes**	1) Increase the proportion of adults who are at a healthy weight 2) Reduce the proportion of children & who are considered obese 3) Increase access to healthy foods 4) Reduce deaths from heart disease 5) Reduce diabetes-related emergency room visits
	Cancer	1) Reduce overall cancer death rate 2) Reduce the proportion of adults who are current smokers

Table 3.2 MWPH Community Needs Assessment Priorities & Outcomes FYs '15-18

Maryland SHIP Vision Area	**MWPH Priorities (IN ORDER OF PRIORITY)**	**SHIP Outcome Objectives**
Healthy Beginnings	**Maternal/Child Health** **Lead Poisoning**	1) Reduce low birth weight (LBW) & very low birth weight (VLBW) 2) Reduce sudden unexpected infant deaths (SUIDS) 3) Increase the proportion of pregnant women starting prenatal care in the first trimester. 4) Increase the proportion of children who receive blood lead screenings
Healthy Social Environments **Healthy Living**	**Childhood Obesity/Chronic Disease/CVD/Diabetes** **Injury/Trauma/Violence Prevention**	1) Reduce the % of children who considered obese 2) Increase life expectancy 3) Decrease rate of alcohol-impaired driving fatalities 4) Decrease rate of distracted driving fatalities 5) Reduce rate of recidivism due to violent injury

Safe Physical Environments **Healthy Communities**	**Injury/Trauma/Violence Prevention** **Lead Poisoning** **Childhood Obesity/Chronic Disease/CVD/Diabetes**	1) Decrease fall-related deaths 2) Reduce pedestrian injuries on public roads 3) Increase access to healthy foods (See below: Obesity) 4) Reduce child maltreatment 5) Reduce the % of young children with high blood levels 6) Decrease fall related deaths
Access to Health Care	**Health Literacy/Education/Outreach Access to Health Care**	1) Increase the proportion of persons with health insurance 2) Increase general health literacy and the general populations ability to navigate the healthcare system
Chronic Disease	**Obesity/Heart Disease/ Diabetes**	1) Increase the proportion of adults who are at a healthy weight 2) Reduce the proportion of children & who are considered obese 3) Increase access to healthy foods 4) Reduce deaths from heart disease 5) Reduce diabetes-related emergency room visits

Based on the above assessment, findings, and priorities, the MWPH agreed to incorporate our identified priorities with Maryland's State Health Improvement Plan (SHIP). Using the SHIP as a framework, the following matrix was created to show the integration of our identified priorities and their alignment with the SHIP's Vision Areas. MWPH will also track the progress with long-term outcome objectives measured through the Maryland's Department of Health & Mental Hygiene (DHMH).

Short-term programmatic objectives, including process and outcome measures will be measured annually by MWPH for each priority areas through the related programming. Adjustments will be made to annual plans as other issues emerge or through our annual program evaluation.

In addition to the identified strategic priorities from the CHNA, MWPH employs the following prioritization framework which is stated in the MWPH Community Outreach Plan. Because MWPH, serves the region and state, priorities may need to be adjusted rapidly to address an urgent or emergent need in the community, (i.e. disaster response or infectious disease issue). The CHNA prioritized needs for the Sustained and Strategic Response Categories and the Rapid and Urgent Response Categories' needs will be determined on an as-needed basis.

MWPH will provide leadership and support within the communities served at variety of response levels. Rapid and Urgent response levels will receive priority over sustained and strategic initiatives as warranted.

While the MWPH will focus the majority of our efforts on the identified priorities outlined in the table above, we will review the complete set of needs identified in the CHNA for future collaboration and work. These areas, while still important to the health of the community, will be met through other health care organizations with our assistance as available.

The unmet needs not addressed by MWPH will also continue to be addressed by key Baltimore City governmental agencies and existing community- based organizations. The MWPH identified core priorities target the intersection of the identified community needs and the organization's key strengths and mission. The following table summarizes the programs either currently in use or to be developed to address the identified health priorities.

VI. PHYSICIANS

1. MWPH received no physician subsidies and there are no gaps in the provision of care because we are a specialty hospital.

VII. APPENDICES

APPENDICES

Appendix 1.

a.) **Description of Patient Charity Care Policy**

The Patient Financial Assistance Policy at Mt. Washington Pediatric Hospital is a comprehensive policy designed to assess the needs of patients and families that have expressed concerns about their ability to pay for needed medical services.

Mt. Washington Pediatric Hospital makes every effort to make financial assistance information available to our patients/families. These efforts include signage at our outpatient desks and inpatient welcome areas, notices on patient bills and admissions documents, and information on our web site.

Description of how MWPH informs Patients of the Charity Care Policy

Notices informing the patient about the availability of financial assistance have been posted in certain locations within the Hospital. Notices were posted on the outpatient registration desk at Rogers Avenue, the outpatient registration desk at PG Hospital, the inpatient family welcome room at Rogers Avenue, and the inpatient nurse's station at PG Hospital. The posted notices state the following:

"Mount Washington Pediatric Hospital has a Patient Financial Assistance Program established to help patients obtain financial aid when it is beyond their ability to pay for services. An application and further information is available from the financial counselor in the admissions office."

Other means of informing the patients of availability of financial assistance include handouts, notification by the admissions office, social work staff, and patient accounting representatives, and/or billing company staff.

Also, an information sheet is provided to the patients, the patient's family, or the patient's authorized representative before discharge, with hospital bill, or on request.

The information sheet included the following items:

a. A description of the Hospital's financial assistance policy;
b. A description of the patient's rights and obligations with regard to Hospital billing and collection;

c. Contact information for the individual or office at the Hospital that is available to assist the patient or the patient representative in understanding the hospital bill and how to apply for free and reduced cost care;
d. Contact information for the Maryland Medical Assistance Program;
e. A statement that physician charges are not included in the Hospital bill and are billed separately.

B. There has not been a change since the ACA's expansion of coverage because MWPH was proactive in meeting those requirements prior to the expansion.

APPENDIX III

1. POLICY

   a. This policy applies to Mt. Washington Pediatric Hospital ("MWPH"). MWPH is committed to providing financial assistance to children who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual and family financial situation.

   b. It is the policy of MWPH to provide Financial Assistance based on indigence or high medical expenses for patients whose families meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.

   c. MWPH will publish the availability of Financial Assistance on its website and will post notices of availability at appropriate intake locations as well as the Inpatient Welcome Center. Notice of availability will also be sent to patients on patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided to patients/families receiving inpatient services with their welcome packet and made available to all patients/families upon request.

   d. Financial Assistance may be extended when a review of a patient's individual and family financial circumstances has been conducted and documented. This may include the patient's existing medical expenses, including any accounts having gone to bad debt, as well as projected medical expenses.

   e. MWPH retains the right in its sole discretion to determine a patient's or family's ability to pay.

2. PROGRAM ELIGIBILITY

   a. Consistent with our mission to deliver compassionate and high quality healthcare services and to advocate for children, MWPH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

   b. Physician charges related to dates of service are included in MWPH's financial assistance policy. Both hospital and physician charges will be considered during the application process.

   c. Specific exclusions to coverage under the Financial Assistance program include the following:

      i) Services provided by healthcare providers not affiliated with MWPH (e.g., home health services)

      ii) Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, Workers Compensation, or Medicaid), are not eligible for the Financial Assistance Program without approval of senior leadership.

         (1) Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made considering medical and programmatic implications.

      iii) Unpaid balances resulting from non-medically necessary services

   d. Patients may become ineligible for Financial Assistance for the following reasons:

i) Refusal of family to provide requested documentation or providing incomplete information.

ii) Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to MWPH due to insurance plan restrictions/limits.

iii) Failure of parent/guardian/guarantor to pay co-payments as required by the Financial Assistance Program.

iv) Failure of parent/guardian/guarantor to keep current on existing payment arrangements with MWPH.

v) Failure of parent/guardian/guarantor to make appropriate arrangements on past payment obligations owed to MWPH (including those patients who were referred to an outside collection agency for a previous debt).

vi) Refusal of parent/guardian/guarantor to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program.

e. Parent/guardian/guarantor of patients who become ineligible for the program will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.

f. Parents/guardians/guarantors who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance (See Section 3 below) eligibility criteria. If patient qualifies for COBRA coverage, parent's/guardian's/guarantor's financial ability to pay COBRA insurance premiums shall be reviewed by appropriate personnel and recommendations shall be made to Senior Leadership. Families with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

g. Coverage amounts will be calculated based upon 200-300% of income as defined by federal poverty guidelines and will generally follow the sliding scale included in Attachment A, with MWPH reserving the right to increase aid where it is deemed necessary.

3. PRESUMPTIVE FINANCIAL ASSISTANCE

a. Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for Financial Assistance, but there is no Financial Assistance form and/or supporting documentation on file. Often there is adequate information provided by the patient family or through other sources, which could provide sufficient evidence to provide the patient with Financial Assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, MWPH reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining Financial Assistance eligibility and potential reduced care rates. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

i) Active Medical Assistance coverage

ii) Homelessness

iii) Family participation in Women, Infants and Children Programs ("WIC")

iv) Family food Stamp eligibility

v) Eligibility for other state or local assistance programs

vi) Patient is deceased with no known estate

4. MEDICAL HARDSHIP

a. Patients falling outside of conventional income or presumptive Financial Assistance criteria are potentially eligible for bill reduction through the Medical Hardship program.

i) Uninsured Medical Hardship criteria is State defined:

(1) Combined household income less than 500% of federal poverty guidelines

(2) Having incurred collective family hospital medical debt at MWPH exceeding 25% of the combined household income during a 12 month period. The 12 month period begins with the date the Medical Hardship application was submitted.

(3) The medical debt excludes co-payments, co-insurance and deductibles

b. Patient balance after insurance

i) MWPH applies the same criteria to patient balance after insurance applications as it does to self-pay applications

c. Coverage amounts will be calculated based upon 0 - 500% of income as defined by federal poverty guidelines and follow the sliding scale included in Attachment A , with MWPH reserving the right to increase aid where it is deemed necessary.

d. If determined eligible, patients and their immediate family are certified for a 12 month period effective with the date on which the reduced cost medically necessary care was initially received

e. Individual patient situation consideration:

i) MWPH reserves the right to consider individual patient and family financial situation to grant reduced cost care in excess of State established criteria.

ii) The eligibility duration and discount amount is patient-situation specific.

iii) Patient balance after insurance accounts may be eligible for consideration.

iv) Cases falling into this category require management level review and approval.

f. In situations where a patient is eligible for both Medical Hardship and the standard Financial Assistance programs, MWPH is to apply the greater of the two discounts.

g. Parent/guardian/guarantor is required to notify MWPH of their potential eligibility for this component of the financial assistance program.

5. ASSET CONSIDERATION

a. Assets are generally not considered as part of Financial Assistance eligibility determination unless they are deemed substantial enough to cover all or part of the patient/family responsibility without causing undue hardship. Individual patient/family financial situation such as the ability to replenish the asset and future income potential are taken into consideration whenever assets are reviewed.

b. Under current legislation, the following assets are exempt from consideration:

i) The first $10,000 of monetary assets for individuals, and the first $25,000 of monetary assets for families.

ii) Up to $150,000 in primary residence equity.

iii) Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the IRS code or nonqualified deferred compensation plans. Generally this consists of plans that are tax exempt and/or have penalties for early withdrawal.

6. APPEALS

   a. Patients whose financial assistance applications are denied have the option to appeal the decision.

   b. Appeals can be initiated verbally or in writing.

   c. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.

   d. Appeals are documented. They are then reviewed by the next level of management above the representative who denied the original application.

   e. The escalation can progress up to the V.P. of Finance who will render a final decision.

   f. A letter or email (according to family preference) of final determination will be submitted to each patient who has formally submitted an appeal.

7. PATIENT REFUND

   a. Patients applying for Financial Assistance up to 2 years after the service date who have made account payment(s) greater than $25 are eligible for refund consideration

   b. Collector notes, and any other relevant information, are deliberated as part of the final refund decision. In general, refunds are issued based on when the patient was determined unable to pay compared to when the payments were made.

   c. Patients documented as uncooperative within 30 days after initiation of a financial assistance application are ineligible for refund.

8. JUDGEMENTS

   a. If a patient is later found to be eligible for Financial Assistance after a judgment has been obtained, MWPH shall seek to vacate the judgment.

9. PROCEDURES

   a. MWPH admissions staff, outpatient registrars, authorization specialists, patient accounting staff and social workers are trained to offer Financial Assistance applications to those who express concern regarding their ability to pay. Applications should be submitted to the Director of Patient Accounting, the Manager of Patient Accounting, or to the V.P. of Finance.

   b. Within two business days following a patient's request for charity care services, application for medical assistance, or both, MWPH will make a determination of probable eligibility.

c. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.

   i) If patient indicated that they have Medical Assistance, staff will complete an eligibility check with the Medicaid program to verify whether the patient has current coverage.

   ii) Each applicant must provide information about family size and income (as defined by Medicaid regulations). To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility (Attachment B).

   iii) MWPH will not require documentation beyond that necessary to validate the information on the Maryland State Uniform Financial Assistance Application.

   iv) A letter or email (according to family preference) of final determination will be submitted to each patient that has formally requested financial assistance.

   v) Patients/families will have thirty (30) days to submit required documentation to be considered for eligibility. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to.

d. In addition to a completed Maryland State Uniform Financial Assistance Application, patient families may be required to submit:

   i. A copy of parent/guardians/guarantor' most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations); proof of disability income (if applicable).

   ii. A copy of parent/guardians/guarantors' most recent pay stubs (if employed), other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations or documentation of how they are paying for living expenses.

   iii. Proof of social security income (if applicable)

   iv. A Medical Assistance Notice of Determination (if applicable).

   v. Proof of U.S. citizenship or lawful permanent residence status (green card).

   vi. Reasonable proof of other declared expenses.

   vii. If parents/guardians/guarantors are unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...

e. A patient family can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient family has submitted all the required information, appropriate personnel will review and analyze the application and forward it to the Patient Accounting or Finance Department for final determination of eligibility based on MWPH guidelines.

   i. If the patient's application for Financial Assistance is determined to be complete and appropriate, appropriate personnel will recommend the patient's level of eligibility.

(1) If the patient does qualify for financial clearance, appropriate personnel will notify the treating department who may then schedule the patient for the appropriate service.

(2) If the patient does not qualify for financial clearance, appropriate personnel will notify the clinical staff of the determination and the non-emergent/urgent services will not be scheduled.

(a) A decision that the patient may not be scheduled for non-emergent/urgent services may be reconsidered upon request.

f. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. With the exception of Presumptive Financial Assistance cases which are date of service specific eligible and Medical Hardship who have twelve (12) calendar months of eligibility. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance.

g. The following may result in the reconsideration of Financial Assistance approval:

i. Post approval discovery of an ability to pay

ii. Changes to the patient's income, assets, expenses or family status which are expected to be communicated to MWPH

h. MWPH will track patients with 6 or 12 month certification periods. However, it is ultimately the responsibility of the patient or guarantor to advise of their eligibility status for the program at the time of registration or upon receiving a statement.

i. If patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.

Appendix A Sliding Scale
Appendix B Financial Assistance Application

Original: Revised: 2/2000, 2/2002, 3/2005, 5/2005, 12/2006, 3/2007, 1/2009, 11/2009 1/2010, 12/2010

Approved by: Mary Miller
Mary Miller
Vice President of Finance

Approved by: Sheldon J. Stein
Sheldon J. Stein
President/CEO

ATTACHMENT A

Sliding Scale

Size of Family Unit	FPL Income	% of Federal Poverty Level Income										
		200%	210%	220%	230%	240%	250%	260%	270%	280-290%	300% - 499%	
		Approved % of Financial Assistance										
		100%	90%	80%	70%	60%	50%	40%	30%	20%	25% of Income	
1	$10,830	$21,660	$22,743	$23,826	$24,909	$25,992	$27,075	$28,158	$29,241	$30,324	$32,490	(3) $54,150
2	$14,570	$29,140	$30,597	$32,054	$33,511	$34,968	(2) $36,425	$37,882	$39,339	$40,796	$43,710	$72,850
3	$18,310	$36,620	$38,451	$40,282	$42,113	$43,944	$45,775	$47,606	$49,437	$51,268	$54,930	$91,550
4	$22,050	$44,100	$46,305	$48,510	$50,715	$52,920	$55,125	$57,330	$59,535	$61,740	$66,150	$110,250
5	$25,790	(1) $51,580	$54,159	$56,738	$59,317	$61,896	$64,475	$67,054	$69,633	$72,212	$77,370	$128,950
6	$29,530	$59,060	$62,013	$64,966	$67,919	$70,872	$73,825	$76,778	$79,731	$82,684	$88,590	$147,650
7	$33,270	$66,540	$69,867	$73,194	$76,521	$79,848	$83,175	$86,502	$89,829	$93,156	$99,810	$166,350
8	$37,010	$74,020	$77,721	$81,422	$85,123	$88,824	$92,525	$96,226	$99,927	$103,628	$111,030	$185,050

Patient Income and Eligibility Examples:

Example #1	Example #2	Example #3
- Patient earns $53,000 per year - There are 5 people in the patient's family - The % of potential Financial Assistance coverage would equal 90% (they earn more than $51,580 but less than $54,159)	- Patient earns $37,000 per year - There are 2 people in the patient's family - The % of potential Financial Assistance coverage would equal 40% (they earn more than $36,425 but less than $37,882)	- Patient earns $54,000 per year - There is 1 person in the family - The balance owed is $20,000 - This patient qualifies for Hardship coverage, owed 25% of $54,000 ($13,500)

Notes: FPL = Federal Poverty Levels

ATTACHMENT B
Please return form along with:

1. **Two most recent pay stubs**
2. **Most recent statements from any/all bank accounts**

Information should be submitted from each custodial parent/guardian.
Thank you.

Maryland State Uniform Financial Assistance Application

Patient Name _____ ***Date(s) of Service*** _____ ***Acct #: F*** _____

Information About Guarantor

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 Country

Employer Name _____ Phone _____

Work Address _____

_____
City State Zip code

Household members:

Name	Age	Relationship

Have you applied for Medical Assistance for the patient? 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 form to:
Mt. Washington Pediatric Hospital, 1708 W. Rogers Avenue, Baltimore, Maryland 21209
Attention: V.P. of Finance

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 _____
Other property				Approximate value _____
			Total	_____

IV. Monthly Expenses

	Amount
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
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 the 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.

_____ _____

Guarantor signature Date

_____

Relationship to Patient

D. Patient Information Sheet

Patient Financial Assistance Information for Patients/Families

Mt. Washington Pediatric Hospital has a Patient Financial Assistance program to help families with the costs of their child's medical care.

When you schedule care here for your child, our authorization or admissions staff will help determine how much of the cost is covered by insurance, and how much of the cost will be your responsibility. (We do this as a courtesy - it is each family's responsibility to understand their own coverage and benefits.) It is your responsibility to provide us with correct and complete information about your health insurance. If your coverage changes, it is your responsibility to promptly provide us with the new information. Physician services are billed separately but are discussed as part of the total estimated cost.

Unless other arrangements are made in advance, we require that 1/2 of any estimated self-pay balance be paid on the first day of care, and that the rest be paid weekly over the course of treatment.

If you are concerned about paying the self-pay portion of your child's care, you have the right to apply to Mt. Washington for patient financial assistance. We provide full assistance to families at or below 150% of the federal poverty guidelines; partial assistance to families with incomes up to 200% of the federal poverty guidelines; and assistance on a case-by-case basis to families with incomes above the 200% level.

You may be eligible for one or both of these programs:

Payment Plan Payment plans requires that you pay the full self-pay balance, but allow you to pay over a longer period of time.

Patient Financial Assistance Patient financial assistance can reduce the amount of money that you pay for your child's care. To apply for patient financial assistance, you will be asked to provide information about your family's income and assets. You may also be asked for other information, such as pay stubs or tax returns. Assistance can provide free or reduced-cost care.

Contacts:

For questions regarding these programs, or an application for financial assistance, call:

Mary Miller, Vice President of Finance, at 410-578-5163
Linda Ryder, Manager of Patient Accounting, at 410-578-5206
Joanne Carper, Outpatient Manager, at 410-578-5281 (outpatient only)
Denise Pudinski, Director of Collaborative Care at 410-578-2669 (inpatient only).

For any questions regarding hospital bills or payment, call the Patient Accounting office at 410-578-2614. To apply for Maryland Medical Assistance, call the Maryland Department of Human Resources at 1-800-332-6347; TTY: 1-800-925-4434.

Read more: http://www.mwph.org/hospital_info/financial_assistance.htm#form#ixzz2mRnjRhge

Appendix V

MISSION

Mt. Washington Pediatric Hospital is dedicated to maximizing the health and independence of the children we serve.

VISION

Mt. Washington Pediatric Hospital will be a premier leader in providing specialty health care for children, as distinguished by our:

- Quality of care
- Service excellence
- Innovation
- Multidisciplinary approach
- Family focus
- Outstanding workforce

VALUES STATEMENT

Mt. Washington Pediatric Hospital will act in a manner consistent with these values:

- Quality - Adhere to the highest standards of care in a safe environment
- Integrity - Act with honesty and truthfulness in all patient care and business activities
- Respect - Treat all individuals with compassion, dignity and courtesy
- Education - Promote lifelong learning