FY2016

NORTHWEST HOSPITAL

Northwest Hospital of Baltimore, Inc.
FY 2016 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 it 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 Hospital 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 FY2016 was 238, which includes 199 acute care beds and 39 sub-acute care beds. Inpatient admissions for FY2016 were 11,610, 10,824 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 2016), as defined by the Health Services Cost Review Commission (HSCRC). In FY 2016, PSA zip codes for Northwest Hospital were 21133, 21207, 21208, 21244, & 21117 and together accounted for 6,793, or 63%, of total inpatient acute admissions.

Medicaid patients (including Medicaid and Medicaid HMO payers) accounted for 23.5% of all acute care admissions and 20.0% of Primary Service Area admissions[1] in FY 2016. Self-pay, often considered 'uninsured', patients accounted for 0.6% of acute care admissions and 0.5% of Primary Service Area admissions. Due to increased Medicaid coverage, the total number of uninsured patient encounters was significantly lower than in previous years. For more information about the socioeconomic characteristics of the community benefit service areas (CBSA), see Table II.

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.

[1] Health Services Cost Review Commission (HSCRC), FY2016.

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 PSA	Percentage of Patients who are Medicaid Recipients, by County:
238	Total: 11,610 Acute: 10,824 Sub-Acute: 786	21133 21207 21208 21244 21117	- University of Maryland Medical Center - University of Maryland Midtown - University of Maryland Rehabilitation and Orthopedic Institute - Johns Hopkins Hospital - Greater Baltimore Medical Center (GBMC) - Sinai Hospital - St. Agnes Hospital - St. Joseph's Hospital - Mercy Medical Center	33 uninsured (self-pay or payment unknown) patients accounted for 0.5% of all patients in FY16 living in the PSA	1,356 Medicaid patients (including those with Medicaid and Medicaid HMOs) accounted for 20.0% in FY16 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 originate[3]. Listed in order from largest to smallest number of discharges for FY 2013, Northwest's PSA includes the following zip codes: **21133** (Randallstown), **21244** (Windsor Mill), **21207** (Gwynn Oak), **21117** (Owings Mills), **and 21208** (Pikesville).

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. The five zip codes of Northwest Hospital's Primary Service Area make up Northwest Hospital's CBSA.

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

Table II

[2] HSCRC, FY2016

[3] Health Services Cost Review Commission (HSCRC), 2016.

Community Benefit Service Area (CBSA) Demographics and Community Characteristics			
CBSA Zip Codes	21133, 21244, 21207, 21117, 21208		
Total Population	206,888		
Sex:	Male:	51,423	
	Female:	60,799	
Age:	0-14:	38,857	18.78%
	15-17:	7,666	3.71%
	18-24:	18,289	8.84%
	25-34:	29,405	14.21%
	35-54:	54,793	26.49%
	55-64:	26,971	13.04%
	65+ :	30,907	14.93%
Ethnicity	Hispanic:	10,918	5.28%
	Non-Hispanic:	195,970	94.72%
Race/Ethnicity:	White Alone:	53,642	25.93%
	Black Alone:	132,753	64.17%
	American Indian and Alaska Native Alone:	582	0.28%
	Asian Alone:	9,587	4.63%
	Native Hawaiian and Other Pacific Islander Alone:	94	0.05%
	Some Other Race Alone:	4,653	2.25%
	Two or More Races:	5,577	2.70%
Estimated Population Age 5+ by Language Spoken At Home	Speak only English	166,044	85.66%
	Speak Asian or Pacific Island Language	3,755	1.94%
	Speak Indo-European Language	9,935	5.13%
	Speak Spanish	7,824	3.24%
	Speak Other Language	6,282	3.24%

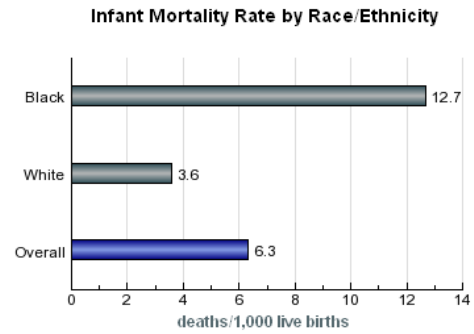
Additional Community Demographics			
Education	Residents with no diploma	7,834	5.51%
	Residents with a high school diploma	33,631	23.67%
	Residents with a bachelor's degree	31,321	22.05%
Economic	Median Household Income	$65,596	
	Families below poverty level	3,653	7.02%
	Unemployment residents	9,476	5.72%
Housing	Renter-occupied units	33,104	40.45%
	Owner-occupied units	48,731	59.55%
	Median Home Value	$245,987	
Social Environment	Rate of recreational facilities	15.1 per 1000,000	

	Domestic Violence related ED visits	70.2 visits per 100,000	
Transportation	Households with no vehicles	7,601	9.29%
	Households with one vehicle	34,080	41.64%
	Households with two vehicles	28,377	34.68%
Health Insurance (Baltimore County)	Uninsured residents	10.8%	
	Medicaid recipients	178,614	
Life Expectancy & Mortality	Life expectancy at birth	79.4 years	
	Age adjusted mortality	795 per 100,000	
	Age adjusted death rate due to heart disease	183.9 per 100,000	

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. (*Source: Health Communities Institute, 2012)*

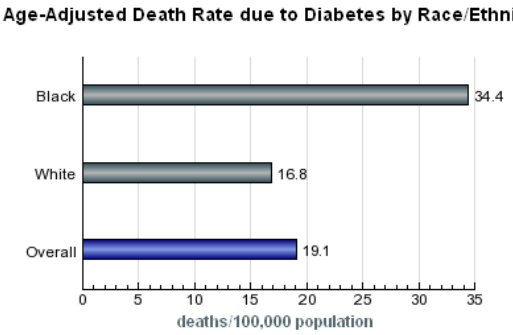
Figures 1, 2, 3

Infant Mortality by Race/Ethnicity: Baltimore County



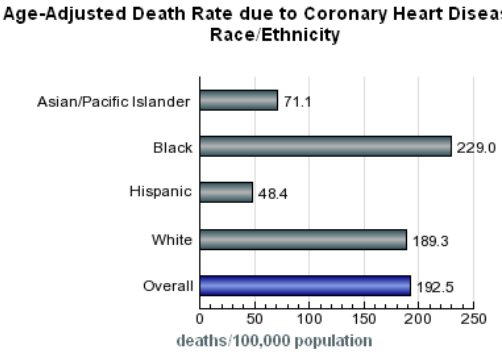
Baltimore County

Diabetes Mortality by Race/Ethnicity: Baltimore County



Baltimore County

CHD Mortality by Race/Ethnicity: Baltimore County



Baltimore County

II. COMMUNITY HEALTH NEEDS ASSESSMENT

The process used to identify health needs of LifeBridge Health's community included analyzing primary and secondary data at the community level and included public health experts, community members and key community groups in further prioritization of concerns and needs. The CHNA Team is listed below and included a host of employees across the LifeBridge Health system.

Employee Name	Department	Title
Karen Adams	Government Relations & Community Development	Administrative Assistant
Terrie Dashiell, RN	Office of Community Health Improvement (OCHI)	Program Manager
Ademola Ekulona	Community Initiatives	Program Supervisor
Joy Hall	Women's Health Education	Community Health Educator
Sharon Demarest	Government Relations & Community Development	Coordinator
Sharon Hendricks	Patient Experience at Northwest Hospital	Director
Livia Kessler	Population Health	Operations Manager
Martha Nathanson	Government Relations & Community Development	Vice President
Israel (Izzy) Patoka	Government Relations & Community Development	Director, Community Development
Jacquetta Robinson	Population Health	Health Ambassador
Carmera Thomas	Strategic Marketing & Communications	Community Outreach Coordinator
Garrick Williams	Community Initiatives	Community Outreach Worker
Darleen Won	Population Health	Director
Pamela Young	Independent Contractor	Consultant

Review of Public Health Data

The CHNA team used publicly available data sources from national, state and local government and private organizations. This included the U.S. Census information from 2014, State of Maryland Vital Statistics from 2013, the Baltimore City Health Department neighborhood profiles from 2013, and the Baltimore County Department of Health CHNA completed in 2015. In order to supplement the public health data obtained from publicly available sources and to complete the CHNA, the team engaged with local public health partners and community residents to gather input from persons representing community interests.

Engagement with Public Health Partners and Community Human Services Partners

LifeBridge Health, Inc. initiated early talks with both Baltimore City and Baltimore County Health Departments around local health improvement plans to support the Maryland State Health Improvement

Plan (SHIP). Members of the CHNA team met with the Public Health Nurse Administrator of the Baltimore County Health Department, Laura Culbertson, RN, MSN, as well as the Baltimore County Deputy Health, Officer Della J. Leister, RN. The discussion with Baltimore County focused on the County's recently completed needs evaluation, its availability to the public and potential programming that might be developed as a result of its findings. LifeBridge Health is now actively involved in the Baltimore City Health Department's revitalized Local Health Improvement Council (LHIC). LifeBridge Health also currently serves on the Baltimore County LHIC and the Baltimore County Accreditation Steering Committee.

Following LifeBridge Health's 2012 CHNA and the partnerships developed with both the Baltimore City and County Health Departments during that process, representatives of LifeBridge Health were invited to serve on the Local Health Improvement Councils of both public health departments. Involvement in those councils by hospital staff kept communication between the public health sector and LifeBridge Health active and fostered increased collaboration during the interval between the two CHNAs.

LifeBridge Health also continued and enhanced its routine practice of collaborating with community and human service partners in order to facilitate community involvement and input during the community health needs assessment process. Key partners representing the community stakeholders include: representatives from Baltimore County Recreation & Parks, Park Heights Renaissance Center, Park Heights Community Health Alliance, Liberty Road Business Association, CHAI, Manna Bible Baptist Church and a County Executive Official. Other community partners that assisted during the CHNA process or provide program support are identified in Section 6: LBH Resources and Partners. LifeBridge Health representatives attended meetings of each partner organization and sought support from each to facilitate the CHNA process. Assistance from partner organizations included spreading the word about the assessment, distributing and collecting community surveys, providing space and allocating meeting time for gathering community input on health needs and offering consistent support for other tasks as needed. In addition, partners contributed feedback and participated in the prioritization of community health needs.

Prior to the completion of the community health needs assessment, LifeBridge Health also identified clinical and community needs based on feedback from individual hospital departments. This practice continues and offers additional clinical input identifying and prioritizing needs. Clinical input is derived from the treatment of patients and interactions with both patients and their families or caregivers. For example, hospital departments providing community benefit services continue to conduct routine assessments of patient and community needs resulting from day-to-day experiences with population groups served by the hospital.

Data Collection: Surveys and In-person Feedback

In order to gather community input on health needs as well as stakeholder representatives, the CHNA team used a two-pronged approach yielding both a written survey and in-person feedback session data.

Surveys

During the 2012 CHNA process, the CHNA team identified an existing survey tool created and used by Tanner Health System (Carrollton, Georgia). With approval, the CHNA team adapted that survey to use in the Sinai CHNA in 2012 and repeated its use again in 2015. The survey has a total of 19 questions, including 18 multiple choice questions and one additional free response question to allow for feedback on the questionnaire and additional concerns. The first section of the survey asks questions about health concerns, barriers to seeking quality health care, community needs and health information sources. The second section asks eight demographic questions, including gender, age, race, ethnicity, highest level of education and insurance status in order to capture a snapshot of the survey respondents.

The CHNA team distributed paper surveys at community events, meetings and fairs, as well as in waiting rooms, lobbies and communal spaces around various community sites within the LifeBridge Health primary service areas (PSA). Sites included community centers, restaurants, pharmacies, places of worship, etc. The team also relied upon partners to spread awareness about the survey as well as to distribute surveys for completion. All completed surveys were returned to the CHNA team located at Sinai Hospital.

In total, 1,530 surveys were collected for the entire LifeBridge Health system. A single CHNA team conducted

Sinai, Levindale and Northwest Hospitals surveys, as all hospitals are in relatively close proximity and share certain PSA zip codes. Sinai and Levindale are directly across the street from each other and thus share the same geographic community in northwest Baltimore City and the bordering communities of Baltimore County; however due to the unique nature of the patients utilizing Levindale, separate PSA's were established and included from the state regulatory body known as the Health Services Cost Review Commission (HSCRC). Northwest Hospital is situated further north and west in Baltimore County. Due to this overlapping of Primary Service Area zip codes, the data analysis relied upon a second level of decision-making to categorize survey responses as 'Sinai, Levindale, or Northwest.'

When the survey respondent's residence was indicated to be in one of the overlapping zip codes, the respondent's answer to the question 'When seeking care, which [acute care] hospital would you visit first?' became the tiebreaker for categorizing responses from individuals living in a service area zip code shared by Sinai and Northwest Hospitals. If that question was not answered, then the location where the survey was collected was the final means of attribution to the appropriate hospital.

In-Person Feedback: Community Feedback Sessions

The CHNA team worked with local partners to participate in six face-to-face community feedback sessions. Feedback sessions were open to the general public including residents and representatives from local community-based organizations, places of worship, schools, etc. Community members and stakeholders learned about the feedback sessions through a variety of mechanisms including paper flyer distribution, e-mail notices, event postings on community calendars, announcements at community meetings and gatherings, and through word of mouth. Due to the fact that the feedback sessions were scheduled to occur during regularly scheduled community meetings at partner organizations, most participants heard about the meeting through attendance at previous meetings.

The feedback sessions were at least one hour in length. During each session, CHNA team members explained the CHNA process thus far and the reason for the meeting. The facilitator on the CHNA team also reviewed the 2012 CHNA outcomes and introduced the program managers of the two community health improvement projects that were developed in response to the findings of the 2012 CHNA. Each program manager then gave a report on the program's purpose, development and outcomes to date. Following those presentations, the facilitator reported on 2015 survey findings, asked participants for their opinions on what the surveys indicated and for input on how to prioritize and address identified needs. Participants offered ideas for resources, partners and community health improvement project strategies.

In order to prioritize community health needs, the CHNA team facilitated a multi-voting exercise at the community feedback sessions. Each participant used three Post-It notes as their ballots for the health needs that they perceived to be greatest. Participants were instructed to vote by placing the Post-It notes onto flip charts posted around the meeting room. Each flip chart was labeled with a different health concern, which had been selected based on preliminary survey results of the top 6 causes of death (survey question 1) and top 6 community health concerns (survey question 2) identified by survey respondents. The CHNA team decided to present the six health conditions representing either top cause of death or top health concern to meeting participants for the voting exercise. Participants were asked to place their three votes in any distribution, weighting any health concern with more than one vote, if they wished; they could also submit write-in votes for health concerns not posted. Through this process of multi-voting, the prioritization of health needs was clearly identified and endorsed by community stakeholders, partners, and residents.

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

Provide date here. Submitted to the IRS on 6/30/16

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

http://www.lifebridgehealth.org/uploads/public/documents/community%20health/2015/2015CHNAFINAL.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?

__X_Yes Enter date approved by governing body here: 11/10/16
_____No

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

http://www.lifebridgehealth.org/uploads/public/documents/community%20health/2015/2015CHNAFINAL.pdf

III. COMMUNITY BENEFIT ADMINISTRATION

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

__X__Yes
_____No

2. 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):

a) Senior Leadership

(1) _X_ CEO – Brian White, President

(2) _X_ CFO - David Krajewski

(3) X_ Other Martha Nathanson, Vice President of Government Affairs

Describe the role of Senior Leadership.
These members of the senior leadership team provide oversight and direction to the Population Health Department in identifying the interventions that are specifically helpful for the Northwest CBSA, including community benefit output and other Population Health-related initiatives.

b) Clinical Leadership

(1) _X_ Physician – Dr. Susan Mani, Chief Quality Officer

(2) _X_ Nurse – Sue Jalbert, RN, VP of Nursing

(3) ___ Social Worker

(4) __X_ Other (Community Health Nurse Educators, Community Health Workers)

These members of the clinical leadership team provide more directed oversight and direction to the Population Health Department in identifying the interventions that are specifically helpful for the Northwest CBSA, including community benefit output and other Population Health-related initiatives.

c) Population Health Leadership and Staff

(1) __X__ Population health VP or equivalent - Dr. Jonathan Ringo, VP of Clinical Transformation

(2) __X__ Darleen Won, Director of Population Health

(3) __X__ Dr. Joseph Wiley, Medical Director of Population Health

Describe the role of population health leaders and staff in the community benefit process.

Dr. Ringo leads the effort of the whole LifeBridge system to reorient its care model to focus on preventive health and to conform to increasingly value-based health care reimbursement environment. Darleen leads the Population Health department in creating, managing, tracking and reporting on all initiatives in the outpatient and community setting that are meant to address access to care, chronic and primary care, and social determinants of health. Dr. Wiley provides clinical expertise to the teams that are developing or running programs aimed at improving population health.

3. Community Benefit Operations

a) ___Individual (please specify FTE)

b) ___Committee (please list members)

c) _X__Department (Lane Levine, Population Health Project Manager, Livia Kessler, Population Health Operations Manager; Jacquetta Robinson, Health Ambassador; Reverend Domanic Smith, Pastoral Outreach Coordinator; Donielle White, Data Integration Analyst)

d) Community Mission Committee: LifeBridge Health, Inc., the parent corporation that includes Sinai Hospital, has a board committee for the oversight and guidance for all community services and programming. Community Mission Committee members include Sinai, Northwest, and Levindale Board Members and Executives, President of LifeBridge Health, Inc., and Vice Presidents. The Community Mission Committee is responsible for reviewing, reporting, and advising community benefit activities. This committee reviews specific programs on a regular basis, making recommendations to the program managers for improvements or new programming approaches. This is the committee that reviews the Community Benefit Report each year and makes recommendations for approval of the report at the full board level.

e) Direct Service Staff: In the department of Population Health, The M. Peter Moser Community Initiatives Department employs a staff of 40 full time equivalent community health workers, social workers, and counselors to implement and deliver community benefit programming. The core function of Community Initiatives is to provide services to benefit the community at no charge.

f) Community Health Improvement: 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.

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

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

Spreadsheet _____yes __X___no
Narrative _____yes __X__no

The activities within the report are audited through the process of creating the Population Health Infrastructure reports for the Health Services Cost Review Commission (HSCRC).

5. 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

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.

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners.

a. Does the hospital organization engage in external collaboration with the following partners:

__x___Other hospital organizations
__x___ Local Health Department
__x___ Local health improvement coalitions (LHICs)
__x___ Schools
__x___ Behavioral health organizations
__x___ Faith based community organizations
__x___ Social service organizations

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative activities with each partner (please add as many rows to the table as necessary to be complete)

Organization	**Name of Key Collaborator**	**Title**	**Collaboration Description**
Baltimore City Health Department	Darcy Phelan-Emrick, DrPH, MHS; , Shannon Mace Heller, JD, MPH; Sonia Sarkar	Chief of Epidemiology Services; Director of the Office of Policy and Planning; Chief Policy and Engagement Officer	Discussed recent health assessment updates to the 2011 citywide health assessment that resulted in the City's Healthy Baltimore 2015 report and Neighborhood Health Profiles. Participate in LHIC.
	Laura Culbertson, RN, MSN; Della J. Leister, RN	Public Health Nurse Administrator; Baltimore County Deputy Health Officer	Discussion focused on the County's recently completed needs evaluation, its availability to

			the public and potential programming that might be developed as a result of its findings. Participate in LHIC and Accrediation Steering Committee.
Park Heights Renaissance Center	Cheo Hurley	Executive Director	Facilitate community involvement and input during the community health needs assessment process
Park Heights Community Health Alliance	Willie Flowers	Executive Director	Facilitate community involvement and input during the community health needs assessment process
Liberty Road Business Association	Kelly Carter	Executive Director	Facilitate community involvement and input during the community health needs assessment process
CHAI	Mitchell Posner	Executive Director	facilitate community involvement and input during the community health needs assessment process

c. Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in the jurisdictions where the hospital organization is targeting community benefit dollars?

_____yes __X___no

d. Is there a member of the hospital organization that attends or is a member of the LHIC in the jurisdictions where the hospital organization is targeting community benefit dollars?

__x___yes _____no

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

<table>
<tr><td colspan="2">Initiative 1 -Changing Hearts Program at Northwest Hospital</td></tr>
<tr><td>Identified Need</td><td>Heart disease is the leading cause of death among the community. The program improves the cardiovascular health of individuals in the community that addresses prevention and wellness for clients that are pre-hypertensive. The nurse and community health worker-model enables CHP to help participants identify wellness strategies related not only to their clinical status, but also their social needs during in-home assessments. Participants are monitored based on an individualized and mutually agreed upon plan of care. They receive assistance in obtaining access to care, maintaining healthy lifestyles, and the clinical aspects of health maintenance.</td></tr>
<tr><td>Hospital Initiative</td><td>Office of Community Health Improvement – Changing Hearts</td></tr>
<tr><td># of people within target population (how many people in the target area are affected by the particular disease being addressed by the initiative)</td><td>4000 patients were flagged as pre-hypertensive based on primary blood pressure reports

*Source: Cerner HealtheIntent Comp Wellness Registry, BP Rescreen</td></tr>
<tr><td># of people reached by the initiative (how many people in the target population were served by the initiative)</td><td>70 patients were enrolled in the program</td></tr>
<tr><td>Primary Objective of the Initiative/Metrics that will be used to evaluate the results</td><td>The Changing Hearts Program includes:

• Live Heart health risk assessment (Cholesterol, glucose, etc. screenings work, blood pressure reading, body composition analysis)
• Health education counseling with a registered nurse
• 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
• Web-based links to resources to improve cardiac health</td></tr>
<tr><td>Single or Multi-Year Initiative
Time Period</td><td>Multi-year initiative that started in conjunction with the 2012 Community Health Needs Assessment- Community Health Improvement Project, but will continue to be funded by the hospital as well as enhanced to serve more clients.</td></tr>
<tr><td>Key Partners and/or Hospitals in initiative development and/or implementation</td><td>• 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 Community Health Alliance, and
• Assorted community churches & businesses within the CSA</td></tr>
<tr><td>Outcome (Include process and impact measures)</td><td>
<table>
<tr><td colspan="3">Biometrics Outcomes</td></tr>
<tr><td>N= 70 participants</td><td>% change</td><td>Direction of change</td></tr>
<tr><td>Blood pressure</td><td>79%</td><td>⬇</td></tr>
<tr><td>BMI</td><td>83%</td><td>⬇</td></tr>
</table>
</td></tr>
</table>

	Glucose measurement	29%	⬇
	LDL measurement*	89%	⬇
	HDL measurement*	100%	⬇
	Note: cumulative changes in maintaining and improving biometric outcomes applied *N=17		

Behavioral Outcomes		
N= 70 participants	% change	Direction of change
Smoking habits	94%	⬇
Physical activity	93%	⬆
Nutritional concerns	66%	⬇
Quality of Life response	91%	⬆
Health Education	96%	⬆
Note: cumulative changes in maintaining and improving behavioral outcomes applied		

How were the outcomes evaluated?	Outcomes are based on the ability to increase personal awareness and to exhibit an improved change in lifestyle over time.
Continuation of Initiative	Will continue to be funded by the hospital as well as enhanced to serve more clients.
Expense	$21,621

Initiative 2 –Community Health Education at Northwest Hospital	
Identified Need	One of the biggest concerns of the community during the CHNA performed in 2012 was health education. The program will provide a forum for the community to understand how to manage their chronic conditions and overcome barriers to self-care.
Hospital Initiative	Office of Community Health Improvement – Community Health Education
# of people within target population (how many people in the target area are affected by the particular disease being addressed by the initiative)	121,159 patients between the ages of 18 and 74 years
# of people reached by the initiative (how many people in the target population were served by the initiative)	1307 patients were educated through forums and health fairs
Primary Objective of	- Provide health educational offerings to the community to understand lab results,

the Initiative/Metrics that will be used to evaluate the results	managing medication, stress management, healthy eating and physical activity - Provide tools for dealing with hypertension and other components of metabolic syndrome - Create avenues for community members to request health education - Provide community based offerings that will render health-related services and information
Single or Multi-Year Initiative Time Period	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	• 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 Community Health Alliance, and • Assorted community churches & businesses within the CSA
Outcome (Include process and impact measures)	6 community-based forums were attended 260 hours of community health fair hours were attended and risk assessments were provided 200% CHNA community-based forums were provided
How were the outcomes evaluated?	Outcomes are based on improvement in participant's understanding of how to manage their health and their ability to exhibit an improved change in lifestyle
Continuation of Initiative	Initiative will continue and expand
Expense	$43,805

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 Hospital recognizes that not all identified community 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 community health needs assessment reveal that services offered by Northwest as well as its parent organization, LifeBridge Health, are well aligned with the following 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. During the feedback sessions in particular, participants cited cancer, specifically breast cancer, as both a top cause of death and top health concern 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 several disease conditions and provides supportive services and personal development and enrichment opportunities for patients undergoing cancer treatment. Integrated therapies designed to relieve anxiety and promote socialization are a few of the support services provided across LifeBridge Health. 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 as well as offer additional assistance to women who may need emotional support to deal with the new fears of a diagnosis and develop a road to recovery.

Alcohol/Substance Abuse and Behavioral Health

The CHNA's finding that drug and alcohol abuse is a top community health need in Northwest's community was consistent with concerns voiced by community residents during the 2012 CHNA process. Also at 2015 community feedback sessions participants spoke about their concern over the need for mental health services and community education to try to combat the bias and stigma against using such services.

LifeBridge Health's Department of Psychiatry has expertise in serving those with behavioral health diagnoses and is working with the Population Health department to integrate services in new settings to increase access for patients, as well as providers to create an integrated system to better serve the population. Several strategies include identified processes to improve care coordination for patients with behavioral health care needs and ensure that all patients with such needs are appropriately screened, diagnosed, referred to treatment, and monitored for compliance with treatment recommendations and recovery.

Ultimately, LBH aims to incorporate comprehensive quality of life assessment tools, in order to address the four quadrants of health identified by the World Health Organization: physical, psychological, social relationships, and the social determinants of health.[12] As a system-wide approach, the hope is to incorporate plans for Sinai Hospital at the sister hospitals to establish standardized pathways to appropriately follow-up on screening results to ensure that patients receive the care they need, including intensive care external to Northwest if necessary.

As part of the care coordination described above, the use of technology is being piloted to share a limited resource across multiple settings in order to provide access for patients in various settings. The telepsychiatry pilot is starting within the emergency departments at Sinai and Northwest Hospitals in mid-March 2016. Through video-based technology, patients (not in crisis but in need of psychiatric consults in the ED) will be able to use a web-based tool to connect directly with providers. Initial findings of this technology show a huge increase in patient satisfaction for this sub-population due to ease of use and accessibility of behavioral health providers. The second phase of the pilot will
expand these services into the primary care setting with plans for full implementation for a broader patient population by end of 2016 or early 2017.

Violence

Based on Northwest survey respondents' rankings, violence was the 5th highest health concern. However, feedback session participants did not think it is such a major concern in Northwest Hospital's communities but may be an artifact resulting from the general anxiety about youth violence following the Baltimore uprising in April 2015.

In response to domestic violence concerns, Northwest Hospital has supported the long standing DOVE Program (Domestic Violence Program) in order to provide support to victims of domestic violence. In 2015 the program was recognized by the Maryland Network Against Domestic Violence (MNADV)[13] and received the 2015 Lethality Assessment Program Hospital Award in recognition for performance in yielding high level safety, counseling, support services, and empowerment to people who may be in highly dangerous situations, providing nearly half of all lethality assessment screenings at participating Maryland hospitals. DOVE provides 24/7 accessibility and has formally connected with the Baltimore County and City law enforcement teams to provide support for those in the community, not necessarily seen within the hospital.

See Chart IV for details on programs addressing needs other than those prioritized through the CHNA process.

CHART IV: Other programs addressing needs not identified as Community Benefit Priorities

Identified Need	Managing chronic care in a medically underserved community	Intimate partner violence poses a significant risk to the physical and mental health of women and directly or indirectly results in health conditions.
Hospital Initiative	**Diabetes Medical Home Extender, M. Peter Moser Community Initiatives**	**Domestic Violence Program (DOVE), M. Peter Moser Community Initiatives**
# of people within target population (how many people in the target area are affected by the particular disease being addressed by the initiative)	Approximately 350 patients were identified with Diabetes	1046 patients were referred to the program
# of people reached by the initiative (how many people in the target population were served by the initiative)	59 patients were enrolled in the program	883 patients were enrolled in the program
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	To provide comprehensive care coordination for patients with chronically unmanaged diabetes and help resolve psychosocial barriers preventing patients from utilizing primary care.	To provide immediate crisis counseling to patients identified in the hospital and assist client with safety, legal and housing services to improve healing experiences for victims of intimate partner violence; to increase knowledge and awareness among supporting staff
Single or Multi-Year Initiative Time Period	Multi-year grant est. Jan 2014	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	• Sinai Hospital • JHU/Sinai Residency Program • Sinai Community Care • M. Peter Moser Community Initiatives • Sinai Care Transitions • Sinai Diabetes Resource Center	• Northwest hospital • M. Peter Moser Community Initiatives • Baltimore County Police Department
Outcome (Include process and impact measures)	38 participants per Community Health Worker Average case load of a CHW is	84% of the patients allowed staff to connect them to needed resources during time of crisis

	64%	
How were the outcomes evaluated?	Outcomes are based on increase in knowledge of diabetes and self-accountability, and reduction in barriers to medical and psychosocial needs as well as inpatient hospitalization and excessive ED utilization	Outcomes are based on qualitative measurement for increase in knowledge of actions to improve safety and dynamics of domestic violence, and healing experiences
Continuation of Initiative	Program to be continued	Program to be continued
Expense	$46,912	$280,982
Expected Outcome	*Positively affect care management behavior that will lead to improved clinical outcomes; increase participant knowledge of disease and interactivity with healthcare; expansion of program*	*Improve mental health and general well-being for victims of IPV; measure pre/post participant experience; improve referral mechanism*

Identified Need	Job readiness skills and employment	Financial barriers to smooth discharge and recovery
Hospital Initiative	**Vocational Services Program**	**Direct Financial Assistance for hospital patients**
# of people within target population (how many people in the target area are affected by the particular disease being addressed by the initiative)	347 Total Referrals to the program	--
# of people reached by the initiative (how many people in the target population were served by the initiative)	293 individuals were enrolled in the program in FY2016– across Sinai, Northwest, and Levindale	73 patients received direct financial assistance in FY 2016, not including those who received pharmacy assistance
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	To maximize the employability of persons with significant barriers to employment through an array of workforce development services. Annually, VSP provides career assessment, job training and placement services to close to 300 Baltimore area residents.	To provide the resources needed for a smooth transition out of a hospital stay, and to avoid readmission. This resource is not provided as a program, and therefore specific outcome measures are not recorded.
Single or Multi-Year Initiative Time Period	Multi-year	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	• Maryland Department of Education - Division of Rehabilitation Services • Department of Veterans Affairs – Vocational Rehabilitation and Employment unit • Baltimore City Mayor's Office	--

	of Employment Development • LifeBridge Health's Population Health department • Many local community agencies.	
Outcome (Include process and impact measures)	• 70% of trainees successfully completed services and acquiring soft and/or hard skills. • VSP assisted in placing nearly 40% of job seeking program graduates at local employers • Graduates earned an average wage of $10.66 per hour • Trainees were very satisfied with VSP training services, with an average 4.69 satisfaction score (on a 5-point scale, with a "1" rating equal to "very dissatisfied" and a "5" rating equal to "extremely satisfied") for the fiscal year	In FY 2016, a total of $86,362.44 was spent on direct financial assistance to patients at Northwest Hospital: Pharmacy: $40,326.50 Durable Medical Equipment: $17,837.01 Home Care: $3,200 Legal: $5,351.96 Group Home/Skilled Nursing: $10,703.34 Transportation: $8,641.63 Dialysis: $302
How were the outcomes evaluated?	Program effectiveness is measured via Efforts to Outcomes (ETO), a nationally recognized tracking and outcome management system. VSP measures performance through a variety of methods – including tracking of participant achievement on defined performance measures – through ETO's objective rating system, narrative observations, pre/post-testing, and satisfaction surveys. A variety of quantitative and qualitative data is collected through an initial intake process and during program participation to determine progress and achievement of milestones as well as a final report to document outcomes. Staff electronically administer and collect participant satisfaction surveys both during and following service provision. Data regarding participant success is documented via pre-and post-skills gains reports and training site personnel reviews. All data is included in a quarterly program evaluation report, and results from this analysis are used to make necessary adjustments to	As this does not qualify as a distinct program, no specific outcomes are evaluated for this form of community benefit.

	better serve participants and improve overall program quality. Staff share these results with stakeholders.	
Continuation of Initiative	This program will continue.	This resource will continue.
Expense	$162,557	$86,362
Expected Outcome	*Rehabilitate and prepare community members to play vital roles as workers in the local economy.*	*Patients will recover properly and avoid readmission for the same or related condition after a hospital stay.*

3.How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health? (see links below for more information on the State's various initiatives)
The ultimate goals of the Northwest Hospital's Community Benefit activities – as well as the other activities listed that do not fall squarely under the "community benefit" category – are fully contained within the Maryland State Health Improvement Process. The expected outcomes of Population Health, Community Initiatives, and the Office of Community Health Improvement address multiple categories within the Access to Health Care and Quality Preventive Care focus areas. As SHIP aims to improve outcomes for Maryland's most at-risk populations, so too do the programs enumerated in this report. In addition, through our variety of preventative interventions, these programs will allow Northwest Hospital to reduce readmission rates and high utilization of the emergency department for non-emergency services.

VI. 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:**

Table V – Physician Subsidies

Category of Subsidy	**Explanation of Need for Service**	**Amount**
Hospital-Based physicians	Anesthesia coverage	3,857,537
Non-Resident House Staff and Hospitalists	Hospitalists coverage	3,319,816
Coverage of Emergency Department Call	ER call in various specialties	957,311
Physician Provision of Financial Assistance	Charity care to match Hospital poilcy	100,714
Physician Recruitment to Meet Community Need	n/a	-
Other – (provide detail of any subsidy not listed above – add more rows if needed)	n/a	-

Appendix I

Northwest Hospital
Financial Assistance Procedures 06/30/2015

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 Business Office and Admitting, as well as at points of entry and registration throughout the Hospital.

- Patient Financial Services Brochure '*Freedom to Care*' is available to all inpatients; brochures are available in all outpatient registration and service areas.

- Northwest Hospital employs one FTE Financial Assistance Liaison who is available to answer questions and to assist patients and family members with the process of applying for Financial Assistance.

- A Patient Information Sheet is given to all inpatients prior to discharge.

- The Patient Information Sheet content is printed on every Maryland Summary Statement, which is mailed to all inpatients.

- The Patient Information Sheet content is provided on the Northwest Hospital and the LifeBridge Health web-sites.

- 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..

- All Hospital statements and active A/R outsource vendors include a message referencing the availability of Financial Assistance for those who are experiencing financial difficulty and provides contact information to discuss Northwest's Financial Assistance Program.

- Collection agencies initial statement references the availability of Financial Assistance for those who are experiencing financial difficulty and provides contact information to discuss Northwest's Financial Assistance Program.

- All Hospital Patient Financial Services staff, active A/R outsource vendors, collection agencies and Medicaid Eligibility vendors are trained to identify potential Financial Assistance eligibility and assist patients with the Financial Assistance application process.

- Patient Information Sheet is available in Spanish.

- 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

LifeBridge Health facility Financial Assistance Policies did not change as a result of the ACA Health Care Coverage Expansion Option in January 2014.

Insurance Exchange:

- LifeBridge Health facility Financial Assistance practices and adjustments saw little impact from the ACA Health Care Coverage Expansion of January 2014. We believe most uninsured patients serviced by LifeBridge Health facilities did not take advantage of the Health Insurance Exchange coverage and remained uninsured or qualified for Medical Assistance. We believe most Health Insurance Exchange activity involved previously insured patients selecting a new carrier through the exchange. Payer mix shifts from self-pay to Health Insurance Exchange carriers were minimal through fiscal year 2015.

Medicaid Expansion:

- Medicaid expansion, specifically the conversion of Primary Access to Care (PAC) recipients to full Community Medicaid coverage, significantly impacted LifeBridge Health facility Financial Assistance practices and adjustments. Prior to 2014, PAC recipients receiving hospital based services were presumptively eligible for Financial Assistance adjustment. In January 2014, after receiving full Community Medicaid coverage, hospitals were reimbursed for services provided to former PAC patients. The expansion of Medicaid eligibility significantly reduced hospital Financial Assistance adjustments through fiscal year 2015.

Appendix III

NORTHWEST HOSPITAL
a LifeBridge Health center

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

SUBJECT: FINANCIAL ASSISTANCE

EFFECTIVE DATE: FEBRUARY 25, 2013 SUPERSEDES: OCTOBER 1, 2010

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

PURPOSE:

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

POLICY:

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

Financial Assistance information is made available to the public through multiple sources including:
1) HSCRC mandated Patient Information Sheet included in the admission packet, 2) signage and pamphlets located in Patient Access, the Emergency Department, Patient Financial Services (PFS), as well as other patient access points throughout the hospital, 3) patient statements and 4) Patient Financial Services, Patient Access and other registration area staff.

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 Manger 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 patients and outpatients are certified for one year from date of service or one year from approval date, whichever is greater. For yearly re-certification, Medicare patients are required to provide a copy of their Social Security Award Letter.

e. For dates of service October 1, 2010 and after, approved Non-Medicare inpatients and outpatients are certified for one year from date of service or one year from approval date, whichever is greater. However, if it is determined during the course of that period that the patient meets Medicaid eligibility requirements, we will assist the patient with this process while still considering requests for Financial Assistance.

f. Eligibility ends on the last calendar day of the last month of eligibility. For instance, a patient eligible May 15, 2010 will be eligible through May 31, 2011.

g. Outpatient surgical procedures, including multiple procedures as part of a treatment plan, may be certified for one time only. Additional surgical procedures would require a new application.

h. At time of application, all open accounts within the consideration period are eligible. Consideration period is defined as beginning with the oldest date of service for which the application is intended and ending twelve months from that date. Accounts previously written-off to bad debt will be considered on a case-by-case basis.

i. Dates of service outside the Financial Assistance consideration period, prior to the approval date, will be considered on a case-by-case basis.

j. The Hospital must give the most favorable applicable reduction to the patient that is available: Free Care or Reduced Cost Care as a result of Financial Hardship qualification. Note that Reduced Cost Care for income greater than 200% through 300% does not apply due to the Hospital's application of Free Care up to 300% (regulation requires Free Care only up to 200%).

10. Financial Assistance is based upon the Federal Poverty Guidelines (FPG) published in the Federal Register. The poverty level guidelines are revised annually. It is the responsibility of Patient Financial Services to maintain current FPG as updates are made to the Federal Register. Free Care: Patients with an annual income up to 300% of the Federal Poverty Level may have 100% of their hospital bill(s) covered by Financial Assistance. Financial Hardship: Patients with an annual income greater than 300% but less than 500% of the Federal Poverty Level may be covered by Financial Assistance based on HSCRC's Financial Hardship 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% 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 +	VP Revenue Cycle

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

14. The Hospital will make every effort to identify patients previously approved and currently eligible for Financial Assistance both systematically and through available reports. However, it is ultimately the patient's responsibility to present the Financial Assistance Eligibility Determination Letter at each visit or notify the hospital by other means of Financial Assistance eligibility. Additionally, it is the responsibility of the patient to notify the hospital of material changes in financial status, which could impact the patient's eligibility for Financial Assistance. Such notification is

acceptable in the form of written correspondence by letter or e-mail to Patient Access or Patient Financial Services, in-person or by telephone.

B. Planned, Non-Emergent Services

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

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

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

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

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

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

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

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

3. For planned, non-emergent services, Self Pay patients who are United States citizens must pay at least 50% of estimated charges prior to service, with an agreement to pay the remaining 50% not to exceed two (2) years. For patients who are not United States citizens, 100% of the estimated charges must be paid prior to date of service. Financial Assistance eligibility may be considered on a case-by-case basis for non-emergent, yet medically necessary services, based on the policies documented herein. Vice President of Revenue Cycle and/or Vice President of Finance approval are required.

4. If an agreement is made, the patient must provide payment at least three (3) business days prior to service, and sign the Northwest Hospital Installment Agreement (Attachment #6). If the patient has the financial resources according to the Federal Poverty Guidelines, but fails to pay prior to service or sign the Northwest Hospital Installment Agreement, the Financial Counselor will contact the physician's office to request the planned service is cancelled due to non- payment.

5. If there are extenuating circumstances regarding the patient, the patient's clinical condition, or the patient's financial condition, the patient or the physician may seek an exception from the Vice President of Revenue Cycle and/or the Vice President of Finance. If an exception is requested, the Financial Counselor will provide documented proof of income as stated in the emergent section of this procedure to Director Patient Financial Services. The Vice President of Revenue Cycle and/or the Vice President of Finance will review the case, including clinical and financial information, business impact, and location of the patient's residence in determining whether Financial Assistance should be provided. Final determination will be made on a case-by-case basis.

C. Presumptive Eligibility and Other Financial Assistance Considerations

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

Presumptive Eligibility:

a. Eligibility covers services provided by all LifeBridge Health facilities (Health System Eligibility): Sinai Hospital, Northwest Hospital, Levindale Hebrew Geriatric Center and Hospital and Courtland Gardens Nursing and Rehabilitation Center. Patients approved for Financial Assistance through another facility within the LifeBridge Health System must notify the Hospital of their eligibility, which is validated prior to Financial Assistance adjustment. Validation can be made by contacting the approving Hospital's Patient Financial Services Department (Attachment #8).
b. Maryland Medicaid 216 (resource amount) will be adjusted for 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)

Original: May 10, 2006

Revised: March 4, 2009
April 7, 2010
October 1, 2010
February 25, 2013

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

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

E

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

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

☐ Patient found NOT ELIGIBLE

☐ Patient found ELIGIBLE - CALCULATION

☐ Patient found ELIGIBLE - FINANCIAL HARDSHIP

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. 55471Monday – 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

Attachment #6

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 410-521-2200, ext 55471.

Northwest Hospital
5401 Old Court Road
Patient Financial Services

Attachment #7

NORTHWEST HOSPITAL

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

Patient Name: _____ (Last / First / Middle Initial)

Account #: _____ Date of Service: _____

Account # : _____ Date of Service: _____

Account #: _____ Date of Service: _____

Financial Assistance Write off reason: Reason #: _____

Financial Assistance Write off date: _____

Financial Assistance Write off amount: $ _____

Reviewer signature: X _____ Date: _____

1st Approval signature: X _____ Date: _____

2nd Approval signature: X _____ Date: _____

(Director) > $10,000. 00 Approval Signature: X _____ Date: _____

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

Comments : _____

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

Appendix IV

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.

Original Date: 06/25/09
Revision Date: 10/01/10

Appendix V

NORTHWEST HOSPITAL
a Lifebridge Health center

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

5401 Old Court Road Randallstown, MD 21133 410-521-2200