

**Northwest Hospital of Baltimore, Inc.**  
**FY 2011 Community Benefit Narrative Report**

**I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:**

1. The licensed bed designation at Northwest Hospital is 244, which includes 215 acute care beds and 29 sub-acute care beds. Inpatient admissions for FY 11 were 14,262.

Table I describes general characteristics about Northwest Hospital such as percentages of Medicaid recipients and uninsured persons delineated by primary service area zip code. The primary service areas listed below are ordered from largest to smallest number of discharges during the most recent 12-month period available (i.e. FY 2011), as defined by the Health Services Cost Review Commission (HSCRC). Table 1 also lists Maryland hospitals that share one or more of Northwest Hospital's 'primary service area' zip codes. In FY 11, primary service area zip codes for Northwest Hospital (21133, 21208, 21207, 21117, and 21244) accounted for 9,505, or 67% of total inpatient admissions.

Medicaid patients accounted for 2.8% (399 patients) of the total Northwest inpatient admissions in FY 11 and 36.5% of these Medicaid patients live in the 21133 zip code, the zip code in which the hospital is located. The total percentage of uninsured patients (i.e. 'self pay') admitted to Northwest in FY 11 was 4.5% (642 patients). The zip code with the highest percentage of Northwest's uninsured patients is 21207 (13.4%). For more information about the socioeconomic characteristics of the community benefit service areas (CBSA), see Table II.

**Table I**

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured (Self-Pay) Patients, by Zip Code:	Percentage of Patients who are Medicaid Recipients, by Zip Code:
				Self Pay in Zip Code divided by all Self Pay	Medicaid in Zip Code divided by all Medicaid
				<i>4.5% of NW Total Inpatient Admissions are Self-Pay</i> **	<i>2.8% of NW Total Inpatient Admissions are Medicaid Recipients</i> **
244	14,262*	21133	UMD Johns Hopkins Sinai GBMC	10.5% of Self Pay Total	36.5% of Medicaid Total
		21208	Sinai Hospital UMD Johns Hopkins Sinai GBMC	8.8% of Self Pay Total	6.7% of Medicaid Total
		21207	Mercy Johns Hopkins St. Agnes James L Kernan UMD Sinai GBMC	13.4% of Self Pay Total	11.7% of Medicaid Total
		21117	St. Joseph Johns Hopkins UMD Sinai GBMC James L Kernan	9.0% of Self Pay Total	5.4% of Medicaid Total
		21244	UMD GBMC Johns Hopkins Sinai	9.6% of Self Pay Total	9.1% of Medicaid Total

\* The primary service area zip codes for Northwest Hospital (21133, 21208, 21207, 21117, and 21244) account for 9,505, or 67% of total inpatient admissions in FY11.

\*\* 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.

**Community Description:** Northwest Hospital is located in the Randallstown community of Baltimore County, serving both its immediate neighbors and others from throughout the Baltimore County region. Northwest’s primary service area as defined by the HSCRC consists of six zip codes: 21133 (Randallstown), 21208 (Pikesville), 21207 (Gwynn Oak), 21117 (Owings Mills), and 21244 (Windsor Mill). As a whole, this primary service area is home to 181,023 residents with an average median household income ranging from \$41,375 in 21207 to \$60,005 in 21117 and an average of \$51,907.

Northwest Hospital's community benefit services are open to the broad public; however, due to the hospital's location within zip code 21133 (Randallstown), the majority of community benefit activities reach community members residing in 21133. As noted in Table 1, 36.5 % of Medicaid-receiving inpatients live in 21133 which shows that a significant portion of people living in the hospital's direct service area would benefit from community benefit activities. Some of Northwest activities center on community education and therefore reach beyond Randallstown and into more distant locations within our primary service area including Gwynn Oak (21207) and Windsor Mill (21244).

Notable is the high proportion of ER use by those living in 21133, 21207, and 21244, which together account for nearly half, 29,517 or 48% of Northwest's 61,838 ER encounters, reflecting the use of the ER for primary medical care. Of the hospital's total ER visits in FY11, 27% were Medical Assistance or Self Pay.

**Table II**

Community Benefit Service Area (CBSA): Zip Code	21133	21207*	21244
Community Benefit Service Area (CBSA)	Randallstown, MD	Gwynn Oak, MD	Windsor Mill, MD
Total Population <sup>1</sup>	28,526	47,955	31,634
ER encounters (% of Total)	18.1%	13.6%	16.0%
Gender <sup>1</sup>	45.7% Male	45.5% Male	46.2% Male
Primary Racial Composition <sup>1</sup>	71.8% Black or African American	80.0% Black or African American	73.3% Black or African American
Median Age (years) <sup>1</sup>	36.5	36.2	32.1
Median Household Income within the CBSA <sup>1</sup>	\$57,126	\$41,375	\$44,359
Percentage of households with incomes below the federal poverty guidelines within the CBSA <sup>1</sup>	5.1%	8%	6.5%
Percentage of uninsured people (excluding active duty service members and incarcerated persons) by County within by County the CBSA <sup>2</sup>	Baltimore County: 9.5% Baltimore City: 15.2%		

<sup>1</sup> American Factfinder, U.S. Census Bureau, 2000

<sup>2</sup> American Community Survey, 2005-2009

Community Benefit Service Area (CBSA): Zip Code	21133	21207*	21244
Percentage of Medicaid recipients (excluding active duty service members and incarcerated persons) by County within the CBSA <sup>2</sup>	Baltimore County: 24.5% Baltimore City: 37.7%		
Life Expectancy by County within the CBSA <sup>3</sup>	Baltimore County: 78.1 years  Baltimore City: 71.8 years		
Mortality Rates by County within the CBSA: Age-adjusted Mortality Rate <sup>3 4</sup>	Baltimore County: <b>811.4 per 100,000</b>  Baltimore City: <b>110.4 per 10,000</b>		

\*21207 spans city/county lines and we are unable to determine which section of 21207 admissions originate; therefore, when possible, both Baltimore County and Baltimore City data are provided.

## II. COMMUNITY HEALTH NEEDS ASSESSMENT

### 1. Identification of Community Health Needs:

During FY 2011, Northwest Hospital did not conduct a formal community health needs assessment as defined by the Patient Protection and Affordable Care Act. LifeBridge Health, the hospital's parent corporation, performed a formal assessment that meets those requirements defined by ACA in FY 2005. However, in the years since 2005, informal community health needs assessments have been done in a variety of ways, according to the hospital departments involved and the population groups they serve. Below are several of those methods used by the hospital to identify community health needs.

- A. Clinical department need recognition based on daily patient care and professional experience,
- B. Participation in community coalitions and/or collaboration with the Health Department and/or other partners, and,
- C. Consultation with community residents, agencies, organizations, and health care providers.

#### ***Method A: Clinical Department recognition based on daily patient care and professional experience.***

For many of the clinical departments, informal needs assessments are performed as a by-product of daily patient care as staff encounter the needs of those who seek services. For example, prior to the development of the Freedom to Screen Program, Northwest Hospital's Breast Center referred uninsured women to the Baltimore County Health

<sup>3</sup> Baltimore City Health Department, Neighborhood Health Profiles, 2011, Maryland State Vital Statistics Administration 2005-2009 & the 2010 US Census

<sup>4</sup> Age-Adjusted Death Rates: Maryland Department of Health and Mental Hygiene, Vital Statistics reports, 2007, 2005, 2003, and 2001.

Department or other local Breast and Cervical Cancer Screening Program facilities for free breast cancer screenings (clinical breast exam and mammography). In order to better serve those uninsured women who seek breast care at Northwest, we developed the Freedom to Screen Program. This program now provides culturally competent breast cancer education and access to screening services to underserved women in both Baltimore County and City. The program particularly benefits women who would otherwise be ineligible for free screenings. (See Table III, Initiative 1 for details.)

***Method B: Participation in community coalitions and/or collaboration with the Health Department and/or other partners***

Another way of participating in community needs assessment is when hospital staff serve on community coalitions that perform an assessment or planning function. The Emergency Medical Services (EMS) department at Northwest Hospital collaborates with the Baltimore County Fire Department to identify educational needs of those who provide direct assistance to the community during emergencies. Northwest staff conducted an informal needs assessment via in-person encounters and informational flyers to request input on topics to include in the educational curriculum of community education events. For example, local volunteer EMS companies requested information on local gangs and a ‘Gang Awareness’ event was developed. (See Table III, Initiative 2 for details.)

***Method C: Consultation with community residents, agencies, organizations, and health care providers.***

As a result of voluntary participation in The Leapfrog Group, an organization focused on helping hospitals to improve health care safety, quality and customer value, Northwest Hospital developed the Community-Based Patient Safety Advisory Council (CBPSAC). In FY2010, the CBPSAC began meeting to discuss how to involve the community to address quality and safety issues. They chose to focus on education related to patient safety and developed a ‘Community Health Assessment Survey’. The survey sought to better understand community residents’ need for education and information related to medication safety, in-home care giving, signs of decreased independence, community resources/services related to in-home health safety and chronic medical conditions, and information about specific chronic medical conditions (e.g. diabetes, hypertension, arthritis, etc). In addition to querying topics of interest, the survey attempted to make delivery of service optimally accessible and convenient for community members. During FY2011, the ‘Community Health Assessment Survey’ was distributed to 676 households within the Fieldstone, Hernwood, and Stevenswood communities that agreed to partner with Northwest for the community needs assessment. The CBPSAC received 107 completed surveys and as a result of the survey responses, in the Fall of 2010, Northwest held a community health fair that offered health education and resources identified by the community as important health topics. (See Table III, Initiative 3 for details.)

- 2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted?**

As noted in the three examples above, Northwest hospital consults and collaborates with public health and safety organizations, such as the Baltimore County Health and Fire Departments, private health providers and community residents.

3. **When was the most recent needs identification process or community health needs assessment completed?**

2005\*

4. **Although not required by federal law until 2013, has your hospital conducted a community health needs assessment that conforms to the definition on the previous page within the past three fiscal years?**

Yes

No

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

### III. **COMMUNITY BENEFIT ADMINISTRATION**

- a. **Does your hospital have a CB strategic plan?**

Yes

No

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

i. Senior Leadership

1.  CEO

2.  CFO

3.  Other (Vice Presidents)

ii. Clinical Leadership

1.  Physician

2.  Nurse

3.  Social Worker

4.  Other (Community Health Educators)

iii. Community Benefit Department/Team

1.  Individual

- a. Dr. Pamela Young, Director of Community Initiatives, LifeBridge Health
- b. Candace Hamner, Vice President, Northwest Hospital

2.  Committee

- a. Community Mission Committee: LifeBridge Health, the parent corporation that includes Sinai Hospital, has a board committee for the oversight and guidance for all community services and programming. The Community Mission Committee is responsible for reviewing, reporting, and advising community benefit activities. Community Mission Committee members include Board Members and Executives from Levindale, Sinai, and Northwest, President of Health System, and Vice Presidents
- b. Northwest Hospital Community Based Patient Safety Advisory Council (CBPSAC): The CBPSAC comprised of leadership from five local communities, addresses patient safety issues and education in the community.

3.  Other (Social Work Graduate Intern)

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

Spreadsheet     yes     no

Narrative     yes     no

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

Spreadsheet     yes     no

Narrative     yes     no

\*See III, b, iii, 2, a.

Although there is no official internal audit or approval process of the Community Benefit Report, the information included in the report is presented to the hospital board members. The Board provides oversight over the reporting of hospital community benefit activities.

TABLE III

## IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

## INITIATIVE 1: FREEDOM TO SCREEN

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
Breast health services for uninsured women or female Medicaid recipients in Northwest's service area.	Freedom to Screen – Breast Cancer Screening Program	<p><b>Primary Objective:</b> To address the increasing disparities in breast cancer morbidity and mortality in African American women.</p> <p><b>Description:</b> Freedom to Screen serves the northwest Baltimore County and City areas by increasing awareness and removing barriers to breast cancer screening among low-income, uninsured/underinsured women.</p>	Funded for a single year as a pilot program through LifeBridge BRAVO Funds (April 2011-March 2012).	Herman and Walter Samuelson Breast Care Center at Northwest Hospital, a part of the LifeBridge Health Cancer Institute.  LifeBridge Department of Community Health Education.  Sisters Network Baltimore Metropolitan Area.  Baltimore County Department of Health Cancer Programs.	November 2011  May 2012	40 uninsured women screened for breast cancer via mammography.  160 NCI Breast Cancer Risk Assessments completed.  300 Individuals educated on the importance of breast cancer screening and risk reduction.	Currently seeking funds through the Maryland Affiliate of the Susan G. Komen for the Cure grant for 2012-2013.



TABLE III

## INITIATIVE 2: EMERGENCY MEDICAL SERVICES COMMUNITY EDUCATION

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
Education on topics related to hospital services (i.e. stroke education and acute coronary syndrome education) as well as topics of interest to the community (i.e. gang awareness education)	Emergency Medical Services Community Education	<p><b>Primary Objective:</b> To provide education to community members who work or volunteer in Emergency Medical Services (EMS)</p> <p><b>Description:</b> The educational programming seeks to enhance the ability for EMS providers to serve the community and to improve community health.</p>	Multi-Year	Hospitals and EMS from Region 3 Maryland Institute for Emergency Medical Services Systems (MIEMSS) Baltimore County Fire Department	None	Increased knowledge by educational programming participants.	Ongoing

TABLE III

**INITIATIVE 3: COMMUNITY BASED PATIENT SAFETY ADVISORY COUNCIL (CBPSAC)**

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
<p>Better community knowledge on chronic conditions and medical and home safety.</p>	<p>Community Based Patient Safety Advisory Council (CBPSAC)</p>	<p><b>Primary Objective:</b> To organize community to assess educational needs and to provide education on health safety topics. <b>Description:</b> The CBPSAC developed a partnership with three selected community organizations to gather data related to safety issues centered on medical conditions and/or daily living activities. Through the partnership, a health fair was developed and implemented in the community.</p>	<p>Initially single with an evaluation at the end of the 1 year period Council ongoing</p>	<p>Community organizations in Stevenswood, Herwood and Fieldstone communities.</p>	<p>October 30<sup>th</sup>, 2010</p>	<p>107 Health Fair attendees</p>	<p>Advisory Council will plan future events.</p>

TABLE III

**INITIATIVE 4: DOVE PROGRAM**

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
To identify and respond to needs of victims of intimate partner violence (IPV).	DOVE Program	<p><b>Primary Objective:</b> To provide follow-up services including but not limited to therapy, support groups, case management, and court accompaniment for victims of IPV.</p> <p><b>Description:</b> The following projects provide specialized services to victims of IPV:</p> <ul style="list-style-type: none"> <li>A. Lethality Assessment Project: To provide home visits to victims identified during police response within 48 hours to assess whether a victim is at high risk for being murdered.</li> <li>B. Forensic Light Source Project: To use a forensic light source to view underlying bruising not visible with the naked eye and to photograph what is seen with the light source.</li> <li>C. Strangulation Response Project: To educate victims of the serious nature of strangulation, improve the medical treatment of victims, and increase charges to first degree assault or attempted murder.</li> </ul>	Multi-Year Initiatives	<p>Baltimore County Police Department</p> <p>Department of Social Services, Family Violence Unit and Family and Children's Services of Central MD</p> <p>Baltimore County State's Attorney's Office</p> <p>Northwest Hospital Emergency Room (ER) Professionals</p>	None	<ul style="list-style-type: none"> <li>A. Increased number of home visits and follow-up services to high danger victims.</li> <li>B. Increased usage of photographs taken in conjunction with the forensic light source to identify underlying injuries caused by strangulation in prosecution.</li> <li>C. An increasing number of strangulation victims identified.</li> </ul> <p>Increased number of strangulation cases charged and prosecuted as felony cases.</p>	Ongoing

TABLE III

## INITIATIVE 5: HEART HEALTH AND LIFESTYLE SCREENING

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
Early detection of heart disease	Heart Health and Lifestyle Screening	<p><b>Primary Objective:</b> To provide heart health and lifestyle screening and follow-up to individuals in the hospital's service area.</p> <p><b>Description:</b> The screening program consists of pre-screening self-administered questionnaire, assessment including lab work, blood pressure testing, and body composition assessment, written follow-up sent to all participants, and 3-month follow-up. For people at-risk, a registered nurse follows up and provides counseling via phone to encourage behavior change and necessary medical follow-up.</p>	Multi-Year initiative	Screenings performed at local businesses such as T. Rowe Price, and MGH Advertising	Evaluation of screenings is done at each screening event.	<p>184 people received screenings</p> <p>97.8% responded at 3-month follow-up</p> <p>8.9% shared results with their doctors</p> <p>37.8% made at least one behavior change relevant to improving health (e.g. quit smoking, lost weight, etc.)</p>	Continued into FY12

TABLE III

## INITIATIVE 6: COMMUNITY FLU VACCINE EVENT

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
Influenza vaccinations per CDC guidelines to persons who are not able to afford and/or access vaccination.	Community Flu Vaccine Events	<p><b>Primary Objective:</b> To increase access to influenza vaccinations as a way to improve health of the community.</p> <p><b>Description:</b> During the 2010-2011 influenza season, the program provided 557 vaccinations at five free clinics staffed by employee volunteers.</p>	11/10/10-2/4/11	Baltimore County Health Department The Restoring Life International Church	None	557 individuals received influenza vaccination free of charge.	Dependent on funding

TABLE III

**INITIATIVE 7: CRISTO REY INTERNSHIP PROGRAM**

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative
Career development opportunities for at-risk youth	Cristo Rey Internship Program	<p><b>Primary Objective:</b> To provide students from disadvantaged neighborhoods the opportunity to explore potential career opportunities post college-graduation.</p> <p><b>Description:</b> Students from this alternative school model that emphasizes academic rigor and career preparation, complete an internship with local businesses such as LifeBridge Health, Inc. At LifeBridge Health facilities, students are placed in Health Information Management and Patient Financial Services Departments to learn applicable skills necessary to work in these fields.</p>	Multi-Year	Cristo Rey Jesuit High School	End of School Year	Exposure to real-world career opportunities for students from disadvantaged neighborhoods	Yes

- 1. Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? If so, why not?**

N/A

## V. PHYSICIANS

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

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

### 2. Physician Subsidies:

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

When uninsured patients are admitted, their care is managed by either a hospitalist (50% of the time) or a voluntary member of the medical staff who is on call for the Emergency Department. We employ specialists in order to provide continuous care for patients admitted to the hospital through the Emergency Department. In these cases the hospital covers these specialists' consultation fees and fees for procedures for all indigent patients. If the hospital did not cover these fees, these specialists could not otherwise afford to provide this service to uninsured or under-insured patients.

Northwest Hospital  
Financial Assistance Procedures

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

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





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

SUBJECT: FINANCIAL ASSISTANCE

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

APPROVALS: Final – President  
Concurrence: 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.

## Appendix 2

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

## Appendix 2

billing.

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

## Appendix 2

- c. The Self Pay Account Manager will consider all hospital accounts within the consideration period for the patient. The approval or denial determination will apply to the patient as well as immediate family members listed on the application.
  - d. For dates of service October 1, 2010 and after, approved Medicare inpatients and outpatients are certified for one year from date of service or one year from approval date, whichever is greater. For yearly re-certification, Medicare patients are required to provide a copy of their Social Security Award Letter.
  - e. For dates of service October 1, 2010 and after, approved Non-Medicare inpatients and outpatients are certified for one year from date of service or one year from approval date, whichever is greater. However, if it is determined during the course of that period that the patient meets Medicaid eligibility requirements, we will assist the patient with this process while still considering requests for Financial Assistance.
  - f. Eligibility ends on the last calendar day of the last month of eligibility. For instance, a patient eligible May 15, 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

## Appendix 2

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).

## Appendix 2

- b) Financial Hardship Eligibility between 300% - 500% of FPL -
- If annual household income is greater than 300% but less than 500% of FPL and the Financial Hardship percentage of income (E) is 25% or greater, the patient qualifies for reduced cost care as a result of Financial Hardship.
  - The patient is responsible to pay the calculated amount of 25% of the annual household income. The difference between the total charge and the calculated amount of 25% of the annual household income will be adjusted to Financial Assistance.
  - For example, the annual household income for a family of 5 is \$100,000. Medical bills total 60%, which is greater than the required 25%, so the patient is eligible.
  - Patient responsibility under Financial Hardship eligibility equals 25% of the annual household income. In this example, the patient responsibility equals \$25,000 or 25% of the annual household income. The difference between the total medical bills (\$60,000) minus the patient liability (\$25,000) equals the Financial Assistance adjustment (\$35,000).
  
  - Case-by-case considerations are subject to Management approval and may qualify the patient for full or partial Financial Assistance eligibility. To determine patient responsibility for partial Financial Assistance eligibility, one or more of the following may be utilized:
    - spend-down calculation
    - sliding scale
    - total assets
    - total indebtedness
    - other useful information helpful in determining eligibility
  
  - Financial Assistance allowances greater than 12% will be considered on a case-by-case basis.
  
  - If Financial Hardship percentage is less than 25%, the application may be considered on a case-by-case basis.
  
  - Failure to pay patient responsibility as agreed could result in reversal of the Financial Assistance adjustment. The patient may be liable for the balance in full.
13. The Director of Patient Financial Services or his/her designee approves or denies the application. The designee will sign as Reviewer and obtain appropriate Approval/Denial signature(s) as directed. Authorizing signatures are required for amounts \$10,000 and greater –
- |                         |                  |
|-------------------------|------------------|
| \$10,000.00 – 24,999.99 | Director, PFS    |
| \$25,000.00 +           | VP Revenue Cycle |

## Appendix 2

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.

## Appendix 2

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 Assistant application and required documentation on date of service. Completed Financial Assistant application and required documentation must be delivered to Self Pay Account Manager for approval, formal notification to patient and necessary adjustment(s). If the patient is not cooperative and does not complete the application or provide the required documentation, Financial Assistance is denied.

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

2. Written estimates are provided on request from an active or scheduled patient made before or during treatment. The Hospital is not required to provide written estimates to individuals shopping for services. The Hospital shall provide to the patient a written estimate of the total charges for the hospital services, procedures, and supplies that reasonably are expected to be provided and billed to the patient by the hospital. The written estimate shall state clearly that it is only an estimate and actual charges could vary. The hospital may restrict the availability of a written estimate to normal business office hours. The Director of Patient Access and/or designee shall be responsible for providing all estimates (verbal and written).
3. For planned, non-emergent services, Self Pay patients who are United States citizens must pay at least 50% of estimated charges prior to service, with an agreement to pay the remaining 50% not to exceed two (2) years. For patients who are not United States citizens, 100% of the estimated charges must be paid prior to date of service. Financial Assistance eligibility may be considered on a case-by-case basis for non-emergent, yet medically necessary services, based on the policies documented herein. Vice President of Revenue Cycle and/or Vice President of Finance approval are required.
4. If an agreement is made, the patient must provide payment at least three



## Appendix 2

(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

## Appendix 2

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

## Appendix 2

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

**Appendix 2**

Attachment #6	Letter
Attachment #7	Northwest Hospital Installment Agreement
	Sinai Hospital and Northwest Hospital Qualifications for Financial Assistance

STATEMENT OF COLLABORATION:  
Director, Patient Financial Services

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

Global/1.36

Revision 10/01/10 Administration



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:

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

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





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

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

## 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

E

x-ref to Policy

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

A-B

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

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

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

C  
Income-C

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

Financial Assistance %	91%		\$	12,000
------------------------	-----	--	----	--------

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

**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





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.**



Attachment #5

## *Financial Assistance Presumptive Eligibility Determination Letter*

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

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

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

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

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

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

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

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

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

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

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

Customer Service

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



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	\$ _____	
<b>Monthly Payment due date</b>		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  
Randallstown, Maryland 21133**



SINAI HOSPITAL AND NORTHWEST HOSPITAL
QUALIFICATIONS FOR FINANCIAL ASSISTANCE

(PLEASE CIRCLE ONE)

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

- 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.
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)
5. Enrolled in means-tested social programs: (proof of enrollment may be required) including WIC
6. Enrolled in State of Maryland grant funded program where reimbursement is less than the charge:
7. Eligible under Jewish Family Children Services (JFCS) (Y Card) Program: Sinai Hospital only.
8. Out-of-State Medicaid Program: to which the hospital is not a participating provider.
9. Maryland Medicaid Eligible after Admission: charges incurred prior to Maryland Medicaid eligibility
10. Maryland Medicaid 216 (resource amount): patient/debtor eligible for Maryland Medicaid with resource.
11. Denied Medicaid for not meeting disability requirements: with confirmed income that meets Federal Medicaid guidelines.
12. Unknown/Unidentifiable Patient (John Doe, Jane Doe): After sufficient attempts to identify

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

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

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

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

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

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

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

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

1st Approval signature: X \_\_\_\_\_ Date: \_\_\_\_\_

2nd Approval signature: X \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Comments : \_\_\_\_\_

**LifeBridge Health  
Patient Financial Services  
Contact Telephone Numbers**

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

**Northwest Hospital**  
(410) 521 2200 extension 55471

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

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



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

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SUBJECT: MISSION, PHILOSOPHY, VISION

EFFECTIVE DATE: APRIL 2, 2007

SUPERSEDES: JULY 2, 2004

APPROVALS: Final – President

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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.

Global/1.00