

FY2017

NORTHWEST HOSPITAL

**Northwest Hospital of Baltimore, Inc.
FY 2017 Community Benefit Narrative Report**

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

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

As a not-for-profit organization, Northwest 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

Table I

Bed Designation:	Total Inpatient Admissions:	Primary Service Area Zip Codes ¹ :	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients	Percentage of Patients who are Medicaid Recipients	Percentage of Hospital's patients who are Medicare beneficiaries
221	Total: 11,360 Acute: 10,625 Sub-Acute: 735	21133 21207 21244 21117 21208	University of Maryland Medical Center Mercy Medical Center Johns Hopkins Medical Center St. Agnes Hospital Sinai Hospital of Baltimore Greater Baltimore Medical Center University of Maryland Rehab and Orthopedic Center University of Maryland St. Joseph's Levindale Hebrew Geriatric Center and Hospital	Total: 41 admissions or 0.4% of total admissions PSA: 24 admissions or 0.4% of PSA admissions	Total: 2,652 admissions or 25.0% of total admissions PSA: 1,450 admissions or 21.3% of PSA admissions	Total: 5,987 admissions or 56.4% of total admissions PSA: 4,179 admissions or 61.5% of PSA admissions

¹ HSCRC, FY2015

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 originate². 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.

Community Benefit Service Area (CBSA) Basic Demographics (2017 Estimates)* - REPORTING FOR BALTIMORE COUNTY	
Community Benefit Service Area (CBSA) Zip Code	21133 (Randallstown), 21244 (Windsor Mill), 21207 (Gwynn Oak), 21117 (Owings Mills), and 21208 (Pikesville)
Median Household Income within the CBSA	\$68,989
Percentage of households with incomes below the federal poverty guidelines within the CBSA	6.1%
For the counties within the CBSA, what is the percentage of uninsured for each county?	8.1%
Percentage of Medicaid recipients by County within the CBSA	CBSA: 1,450 admissions or 21.3% of CBSA admissions
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).	Females: 81.7; Males: 77.1
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Females: 632.4; Males: 893.6
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)	See tables below.
Available detail on race, ethnicity, and language within CBSA.	

Subject	Estimate	Percent
SEX AND AGE		
Total population	825,666	825,666
Male	391,102	47.4%
Female	434,564	52.6%
Under 5 years	49,107	5.9%
5 to 9 years	51,038	6.2%
10 to 14 years	47,954	5.8%
15 to 19 years	53,311	6.5%
20 to 24 years	55,168	6.7%
25 to 34 years	113,906	13.8%
35 to 44 years	100,651	12.2%
45 to 54 years	114,038	13.8%
55 to 59 years	57,997	7.0%
60 to 64 years	52,043	6.3%
65 to 74 years	69,500	8.4%
75 to 84 years	39,312	4.8%
85 years and over	21,641	2.6%
18 years and over	647,052	647,052
Male	300,191	46.4%
Female	346,861	53.6%
65 years and over	130,453	130,453
Male	54,350	41.7%
Female	76,103	58.3%
RACE		
Total population	825,666	825,666
One race	804,046	97.4%
Two or more races	21,620	2.6%
One race	804,046	97.4%
White	519,063	62.9%
Black or African American	226,879	27.5%
American Indian and Alaska Native	2,110	0.3%
Asian	47,772	5.8%
Native Hawaiian and Other Pacific Islander	394	0.0%
Some other race	7,828	0.9%
Two or more races	21,620	2.6%
HISPANIC OR LATINO AND RACE		
Hispanic or Latino (of any race)	40,850	4.9%
Not Hispanic or Latino	784,816	95.1%

Access to Healthy Foods:

Food Access Statistics

When compared to other counties in America, **Baltimore County** has:

- A very high percentage of residents with low access to grocery stores (3.3% vs. 19.7%).
- A very high amount of grocery stores per 1,000 residents (0.452 vs. 0.197).
- A very high general poverty rate (24.7% vs. 15.9%).
- A low median household income (\$38,186 USD.00 vs. \$41,248.00 United States dollars).
- A very high percentage of school children that qualify for free lunches (76.4% vs. 41.8%).
- A very high amount of fast food restaurants per 1,000 residents (1.127 vs. 0.583).

Note: Stats above are listed as (County Number vs. National Average).

Education statistics:

SCHOOL ENROLLMENT		
Population 3 years and over enrolled in school	212,343	212,343
Nursery school, preschool	13,647	6.4%
Kindergarten	9,894	4.7%
Elementary school (grades 1-8)	77,157	36.3%
High school (grades 9-12)	39,715	18.7%
College or graduate school	71,930	33.9%
EDUCATIONAL ATTAINMENT		
Population 25 years and over	569,088	569,088
Less than 9th grade	18,308	3.2%
9th to 12th grade, no diploma	33,161	5.8%
High school graduate (includes equivalency)	154,724	27.2%
Some college, no degree	111,102	19.5%
Associate's degree	40,101	7.0%
Bachelor's degree	121,891	21.4%
Graduate or professional degree	89,801	15.8%
Percent high school graduate or higher	(X)	91.0%
Percent bachelor's degree or higher	(X)	37.2%

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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

Yes
 No

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

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

<http://www.lifebridgehealth.org/uploads/public/documents/community%20health/2015/2015CHNAFINA L.pdf>

(please cut and paste into a browser; if you click on the link directly, you may not get proper text)

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

Yes 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/2015/2015CHNAFINA L.pdf>

III. COMMUNITY BENEFIT ADMINISTRATION

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

Yes
 No

Northwest Hospital's Community Benefit activities fit into the hospital strategic plan as well as the hospital Strategic Transformation Plan. In 2016, LifeBridge Health added a new pillar in its updated strategic plan, focusing on managing the total cost of care. Strategies within this pillar include "prioritizing population health and the continuum of care." Northwest Hospital's Community Benefit activities are administered by departments and staff within the Department of Population Health, and are considered crucial to this pillar of the hospital strategic plan. In the 2016 Strategic Transformation Plan, Northwest Hospital commits to a series of strategies to support alignment with the Maryland Global Budget. One strategy is "Ensuring continued and expanded community outreach, education, and programming." This strategy includes the hospital's Community Benefit initiatives, as well as those additional initiatives reported in this Community Benefit Report.

Please see below for relevant excerpts from these plans:

LifeBridge Health Strategic Plan – Pillar on Total Cost of Care

"Prioritize population health and the continuum of care

- Provide care to patients in convenient and cost efficient locations
- Strengthen integration across continuum
- Expand standardized clinical pathways
- Expanded post-acute offerings
- Continue to find new ways to address the needs of underserved patients"

LifeBridge Health Strategic Transformation Plan – strategy for community programming

“Ensuring continued and expanded community outreach, education, and programming:

As part of our overall population health strategy we will be expanding and integrating our existing community outreach programs and partnering with other entities to provide new services for our community.

Our outreach programs in the **M. Peter Moser Community Initiatives** Department are designed to attend to not only the health but also the social well-being of the people in our surrounding neighborhoods. The Diabetes Medical Home Extender program focuses on helping people with poorly controlled diabetes who live in the communities surrounding the hospital. Clients, who are identified during their inpatient stay, are then provided nursing and community health worker services in their homes post-hospitalization to connect with support services and receive education. **Perinatal Mood Disorders** identifies women at-risk for perinatal depression or anxiety at delivery and provides follow-up counseling and referrals to educate and support women during the perinatal period in order to improve maternal mental health, thereby enhancing maternal infant bonding. Services include: perinatal depression risk assessment, psychosocial assessments, supportive counseling, services coordination, and mental health and community referrals. **The Kujichagulia Center** is a youth development and violence prevention intervention with the goal to reduce street violence, create a venue for youth to escape the cycle of violence, and increase youth employment. Services include: youth development and violence prevention services to residents of 21215, mentoring services for middle schools students; facilitation of a **YouthWorks Summer jobs** program for students 14 to 21 years old; violence intervention services for local youth 16 to 25 years old who have been admitted to the Trauma Unit after suffering injuries due to street violence. **HIV Support Services** provides counseling, information & referrals to HIV+ men, women, children and youth receiving care at Sinai Hospital. Referrals of newly identified HIV+ individuals or patients who have been lost to care come from providers in the hospital's infectious disease specialty clinic or the OB/GYN service. Staff provide psychosocial assessment, supportive counseling, services coordination and home visiting. **Perinatal Home Visiting** is a partner with the Baltimore City Health Department's **B'more for Healthy Babies** infant mortality prevention initiative. Its primary objective is to prevent the abuse and neglect of children through intensive home visiting through in-home education, using an evidence-based program model and curriculum from **Healthy Families America**, on pregnancy, infant development and parenting. The **Family Violence Program** is a hospital-wide domestic violence identification and follow-up and counseling program with the goal of increasing the knowledge, safety and healing experiences for victims of intimate partner violence. All patients ages 14 and over are screened for intimate partner violence upon entry into the hospital. Those acknowledging violence are referred to the program. Staff provide crisis intervention, lethality assessment, safety counseling, psychotherapy and referral to shelter, and legal assistance.

Our **Community Improvement Department** will provide expanded health education and screenings in addition to administering the **Changing Hearts Program**. This program is designed to help individuals understand their identified risk(s) for heart disease, demonstrate how to minimize/modify those risk factors, and provide education on how to maintain a healthy lifestyle to prevent heart disease. The **Changing Hearts Program** includes: heart health risk assessment, screenings, body composition analysis, health education counseling with a registered nurse, educational materials, follow-up calls and/or home visits with a CHW focusing on an individualized plan developed with participant, lifestyle classes to help maintain a long-term change, and web-based links to resources to improve cardiac health. Sinai Hospital and **Comprehensive Housing Assistance Inc.** (CHAI) have been awarded a grant from Civic Works to be a service site for the **Housing Upgrades to Benefit Seniors (HUBS)** initiative to serve older residents in the communities of northwest Baltimore City. In addition CHAI is working collaboratively with Sinai Hospital to house a **Sinai NP in CHAI's Independent Living facility** across the street from Sinai, to help reduce PAU's.

Finally, we are embarking on a new partnership and piloting the **Maryland Faith Community Health Network (MFCHN)** with **Maryland Health Care For All** and numerous faith communities. MFCHN is designed to promote health, maximize enrollment in health care coverage and support Maryland's health care system transformation under the waiver. Through our efforts, we aim to

serve hundreds of residents in the LifeBridge Health communities through their congregations and health care providers. Timely evaluation of our efforts will contribute to the professional knowledge base regarding potential impact of faith/health partnerships on promoting access to timely, primary care. This model is characterized by deep faith leader engagement and agreements between individual congregations and hospitals that commit to working with appointed congregation-based liaisons to support congregant network members and their caregiver(s) before, during and after a hospital stay. This project has garnered the attention of the **American Hospital Association's Health Research and Educational Trust and the Robert Wood Johnson Foundation through their Culture of Health Learning Collaborative**. LifeBridge Health has been identified as an industry leader that is taking an innovative approach to collaboration. LifeBridge Health will participate in site visits and collaborative webinars to foster learning, networking and sharing of expertise and resources among other industry leaders participating in the collaborative. These learnings will inform case studies we will embed in a Roadmap Guide that provides resources for community partnerships. The Roadmap Guide will be a publicly available tool to help hospitals and community partners learn how to develop and implement effective partnerships."

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) CEO – Brian White, President
- (2) CFO - David Krajewski
- (3) 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) Physician – Dr. Susan Mani, Chief Quality Officer
- (2) Nurse – Kevin Inman, RN, VP of Nursing
- (3) Social Worker
- (4) 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) Darleen Won, Assistant Vice President of Population Health

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

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.

3. Community Benefit Operations

1. Individual (please specify FTE)

2. Committee (please list members)

3. Department (Lane Levine, Population Health Project Manager, Livia Kessler, Population Health Director of Business Intelligence; Susan Westgate, Director of Community Care Coordination; Jacquetta Robinson, Health Ambassador; Reverend Domanic Smith, Pastoral Outreach Coordinator;)

4. 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.

5. Direct Service Staff: In the department of Population Health, The M. Peter Moser Community Initiatives Department employs a staff of 36 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.

6. Community Health Improvement: LifeBridge Health Inc. created the Office of Community Health Improvement to implement community health improvement projects, as well as provide community health education. 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.

7. 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 no
Narrative yes no

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

Spreadsheet yes ___no
 Narrative yes ___no

The 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:

- Other hospital organizations
- Local Health Department
- Local health improvement coalitions (LHICs)
- Schools
- Behavioral health organizations
- Faith based community organizations
- 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 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?

yes no

LifeBridge Health's AVP of Population Health, Darleen Won, participates on the LHIC in Baltimore City as well as in Baltimore County.

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

Identified Need	<p>According to the Maryland Department of Health and Mental Hygiene, diseases of the heart account for the highest age-adjusted death rate across Maryland (2015, Vital Statistics DHMH). Heart Disease was identified as a top priority concern of the community during the 2012 and 2015 Community Health Needs Assessments and the Office of Community Health Improvement (OCHI) developed the Changing Hearts Program in response to the identified need. The program is focused on improving the cardiovascular health of pre-hypertensive individuals in the community. The collaborative nurse and community health worker model enables the program participants to identify wellness strategies related not only to their clinical status, but also psychosocial needs. The participants receive assistance with reducing risk factors that are important components of a cardiovascular health improvement plan.</p>																								
Name of hospital initiative	Changing Hearts Program, Office of Community Health Improvement																								
Total number of people within the target population	<p>4,800 patients were flagged as pre-hypertensive based on primary blood pressure reports of patients that have utilized LifeBridge services during the fiscal year <i>*Source: Cerner HealthIntent, Comp Wellness Registry, BP Re-Screen</i></p>																								
Total number of people reached by the initiative	74 participants were enrolled in the program during FY17																								
Primary Objective of the Initiative	<p>The program is focused on improving cardiac health among pre-hypertensive patients. Staff provides Live Heart Risk Assessments in the community to identify pre-hypertensive patients (assessment includes cholesterol, glucose, blood pressure and body composition analysis). Based on the assessment, health education counseling is provided by a registered nurse. Patients receive on-going support from staff to facilitate lifestyle changes. This includes follow-up calls and/or home visits by a CHW with a focus on individualized care plans developed with patients, lifestyle classes to maintain a long term change, and educational material and resources to improve health.</p>																								
Single or Multi-Year Plan	Multi-year plan started in 2013																								
Key Collaborators in Delivery	<ul style="list-style-type: none"> • American Heart Association, Kimberly Mays, Senior Director – Community and Multicultural Health • BCHD Cardiovascular Disparities Task Force, Emilie Glide, Director of Tobacco use and Cardiovascular Disease Prevention • Forest Park Senior Center, Reverend J. Worth, Director • American Stroke Association, Faye Elliot, RN (Stroke Ambassador) • Sandra and Malcolm Berman Brain and Spine Institute Stroke Programs at LBH, Lorraine Newborn-Palmer, RN Program Coordinator • Shop Rite Howard Park, Josh Thompson, Manager and Susan Tran, Pharmacist • Park Heights Community Health Alliance, Willie Flowers, Executive Director • Assorted community churches and businesses 																								
Impact of Hospital Initiative	<p>Cumulative changes in maintaining and improving behavioral and biometric outcomes are below:</p> <table border="1" data-bbox="560 1486 1375 1772"> <thead> <tr> <th>Metric</th> <th>% Improvement</th> <th>Metric</th> <th>% Improvement</th> </tr> </thead> <tbody> <tr> <td>Blood pressure</td> <td>74%</td> <td>Quality of life</td> <td>73%</td> </tr> <tr> <td>Blood sugar</td> <td>95%</td> <td>Smoking cessation</td> <td>99%</td> </tr> <tr> <td>BMI</td> <td>93%</td> <td>Physical Activity</td> <td>81%</td> </tr> <tr> <td>HDL</td> <td>92%</td> <td>Healthy Eating</td> <td>82%</td> </tr> <tr> <td>LDL</td> <td>76%</td> <td></td> <td></td> </tr> </tbody> </table>	Metric	% Improvement	Metric	% Improvement	Blood pressure	74%	Quality of life	73%	Blood sugar	95%	Smoking cessation	99%	BMI	93%	Physical Activity	81%	HDL	92%	Healthy Eating	82%	LDL	76%		
Metric	% Improvement	Metric	% Improvement																						
Blood pressure	74%	Quality of life	73%																						
Blood sugar	95%	Smoking cessation	99%																						
BMI	93%	Physical Activity	81%																						
HDL	92%	Healthy Eating	82%																						
LDL	76%																								
Evaluation of outcome	<p>Changing Hearts has been able to pilot successfully with a subgroup of participants in need. Future short-term and mid-term targets will be set during FY18 with the support of the Population Health Business Intelligence team to identify attainable goals.</p>																								

Continuation of Initiative	<i>The initiative will continue to be funded by the hospital with a goal to provide program services to more individuals in the community. The program has identified methods to improve data collection and reporting, as well as, use data analytics for program development and capacity building.</i>
Expense	<i>1.Hospital's costs= \$19,222 2.Amount provided through restricted grant or donation= \$0</i>
Identified Need	<i>Health education was identified as a top priority concern during the 2012 Community Health Needs Assessments (CHNA). Based on the question "What health screenings or education services are needed in your community" during the 2015 CHNA, the top five responses were Blood pressure, HIV/Sexually transmitted diseases, Diabetes, Mental Health and Heart Disease. In addition, diabetes and hypertension are two of the leading indicators of heart disease, the leading cause of death in Baltimore City. The initiative will provide a forum for the community to understand how to manage chronic conditions and overcome barriers to self-care.</i>
Name of hospital initiative	<i>Community Health Education, Office of Community Health Improvement</i>
Total number of people within the target population	<i>120,818 patients over 18 years, residing in Northwest primary service areas and utilizing LifeBridge Health Services are qualified for comprehensive adult wellness. *Source: Cerner HealtheIntent, Comp Wellness Registry</i>
Total number of people reached by the initiative	<i>3,804 individuals were educated through multiple forums and health fairs during FY17</i>
Primary Objective of the Initiative	<i>The initiative is focused on improving health literacy. Primary goals include:</i> <ul style="list-style-type: none"> • <i>Provide health education offerings to the community</i> • <i>Provide tools for dealing with hypertension and other components of metabolic syndrome</i> • <i>Provide community-based offerings focused on health-related services and information</i>
Single or Multi-Year Plan	<i>Multi-year plan</i>
Key Collaborators in Delivery	<ul style="list-style-type: none"> • <i>American Heart Association, Kimberly Mays, Senior Director – Community and Multicultural Health</i> • <i>BCHD Cardiovascular Disparities Task Force, Emilie Glide, Director of Tobacco use and Cardiovascular Disease Prevention</i> • <i>Forest Park Senior Center, Reverend J. Worth, Director</i> • <i>American Stroke Association, Faye Elliot, RN (Stroke Ambassador)</i> • <i>Sandra and Malcolm Berman Brain and Spine Institute Stroke Programs at LBH, Lorraine Newborn-Palmer, RN Program Coordinator</i> • <i>Shop Rite Howard Park, Josh Thompson, Manager and Susan Tran, Pharmacist</i> • <i>Park Heights Community Health Alliance, Willie Flowers, Executive Director</i> • <i>Assorted community churches and businesses</i>
Impact of Hospital Initiative	<i>Process metrics to support the program include:</i> <ul style="list-style-type: none"> • <i>Attended 342 community-based forums by Community Health Education Staff</i> • <i>Provided 651 hours of community health fairs and risk assessments</i> • <i>Completed 25 community blood pressure screenings</i>
Evaluation of outcome	<i>Outcomes are based on the participants understanding of how to manage health and the ability to exhibit an improved change in lifestyle. Future short term and mid-term targets will be set during FY18 with the support of the Population Health Business Intelligence team to identify attainable goals.</i>
Continuation of Initiative	<i>The initiative will continue to be funded by the hospital with a goal to provide program services to more individuals in the community. The program has identified methods to improve data collection</i>

	<i>and reporting as well as, use data analytics for program development and capacity building. In addition, OCHI staff also plan to increase the educational offerings as part of efforts to prevent chronic disease and provide tools for dealing with hypertension and other components of metabolic syndrome.</i>
Expense	1.Hospital's costs= \$142,177.95 across Sinai Hospital and Northwest Hospital 2.Amount provided through restricted grant or donation= \$0

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.

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, how need was identified	<i>Intimate partner violence poses a significant risk to the physical and mental health of women and directly or indirectly results in adverse health conditions. According to the Uniform Crime Report in 2014 and 2015, Baltimore County had more domestically related crimes than Baltimore City. The Woodlawn district, where Northwest Hospital is located, has the highest number of police-involved domestic violence incidents.</i>
Name of Hospital Initiative	<i>Domestic Violence Program (DOVE)</i>
Total number of people within the target population	<i>1,224 individuals were referred to DOVE by medical staff at Northwest Hospital, the Baltimore County Police, and other community agencies.</i>
Total number of people reached by the initiative	<i>886 victims of domestic violence received services from DOVE. Services vary from in-person meetings and phone calls focused on crisis counseling, education about dynamics of abusive relationships, risk assessment, safety planning, and education about options for legal intervention, and other local resources. DOVE also provides court accompaniment, immediate short-term emergency shelter, assistance with basic needs, advocacy, and individual and support group counseling.</i>
Primary Objective of the Initiative	<i>To increase knowledge and awareness among hospital staff and community partners who identify and refer victims to DOVE, and to engage as many victims in services as possible so they develop new ways to keep themselves and their children safe, increase knowledge of available resources, and reduce PTSD symptoms.</i>
Single or Multi-Year Plan	<i>Multi-year, established 2004</i>
Key Collaborators in Delivery	<i>All departments in Northwest Hospital and other programs throughout LBH (e.g., Brain and Spine Institute, M. Peter Moser Community Initiatives), Baltimore County Police Department, Baltimore County District Court, Baltimore County State’s Attorney’s Office, other domestic violence related service agencies in the community</i>

Impact of Hospital Initiative	<i>Clients are asked if they learned of new ways to keep themselves safe and if they learned of new resources, with 95% answering yes. Using a validated measurement tool, the Social Worker has found that victims who are removed from the abusive relationship, and attend regular counseling sessions, show a decrease in PTSD symptoms, sometimes within three months. However, clients who remain with their abusive partner tend to fluctuate in response to the abuser. The majority of surveyed clients reported they strongly agreed with the statement "I am satisfied with the services that I received," 91% strongly agreed with the statement, "This program has helped me to feel safe," and 95% strongly agreed that "DOVE staff made me feel like I could trust them."</i>
Evaluation of outcome	<i>Outcomes for domestic violence are challenging to assess. For example, a Protective Order may help one victim, but place another in danger. Leaving an abuser may place the victim in grave danger, and may lead to financial instability and homelessness. Becoming safer is a process that may take years, as an abuser continues to harass and stalk their victim. Victims may also change their contact information frequently, making it more difficult for their abuser to find them, but also making it difficult to follow up with victims in the long term. Clients have provided feedback that safety planning ideas have prevented more serious injury or death, and research suggests victims who are connected with services are less likely to be killed. No clients seen by DOVE were killed by their abuser.</i>
Continuation of Initiative	<i>DOVE continually assesses the needs of clients, and monitors trends in services through participation in various local and statewide committees. This is how the program has grown the range of services from its beginning in late 2004. For example, when clients were referred to other agencies for counseling, they frequently reported long waiting lists, so DOVE hired Social Workers to provide counseling at the hospital. In Western Baltimore County, there is no domestic violence shelter; there was also a decrease in transitional housing available for domestic violence victims throughout the Baltimore Metropolitan area. DOVE partnered with a local hotel and secured funding for emergency short term sheltering, as well as funds for security deposit, rent and other basic needs. DOVE constantly seeks to improve the percentage of clients who engage in services and improve those services. Currently, DOVE is planning a chart audit to review how and when clients receive follow up after an initial referral. Depending on results, DOVE will reassess its procedures and methods for following up and look at changes For example, would text messaging or emails be more effective than phone calls; are evening phone calls more successful than day time.</i>
Expense:	<i>Hospital cost: \$224,488 Amount provided through restricted grant or donation: \$303,655</i>

Identified Need	<i>Within Baltimore County, approximately 10% of adults have been diagnosed with diabetes (2017 County Health Rankings, Robert Wood Johnson Foundation). The surrounding community around Northwest Hospital within a recent (2015) Community Health Needs Assessment also has indicated diabetes as a significant health concern (ranked second after cancer) indicating a need for more health screenings and education surrounding diabetes for those served by the hospital. (55% of respondents). The Diabetes Medical Home Extender program is designed to achieve measurable improvement for the high-risk diabetic population by enhancing health and healthy behaviors among persons who experience chronic disease and whose poor health status is influenced by the poverty in which they live.</i>
Name of hospital initiative	<i>Diabetes Medical Home Extender, M. Peter Moser Community Initiatives</i>
Total number of people within the target population	<i>During FY17, approximately 2,800 patients were admitted to Northwest Hospital with a Diabetes diagnosis. Of these patients, 161 were identified as high risk and referred to the program.</i>

Total number of people reached by the initiative	<i>During FY17, 84 people were active in the program.</i>
Primary Objective of the Initiative	<p><i>The program has two primary objectives:</i></p> <ul style="list-style-type: none"> <i>• Provide comprehensive care coordination for patients with chronically unmanaged diabetes and help resolve psychosocial barriers preventing patients from utilizing primary care.</i> <i>• To ensure patients have appropriate medications, transportation, and home support services in order for them to make a healthy recovery</i>
Single or Multi-Year Plan	<i>Multi-year plan started in 2013</i>
Key Collaborators in Delivery	<ul style="list-style-type: none"> <i>• Sinai Hospital Endocrinology Practice</i> <i>• JHU/Sinai Residency Program</i> <i>• Sinai Community Care Practice</i> <i>• Sinai Diabetes Resource Center</i> <i>• Northwest Hospital</i>
Impact of Hospital Initiative	<p><i>The program includes process measures focused on ongoing monitoring of patient behaviors (e.g., medication compliance) and outcome measures focused on changes in patient health status and the likelihood of hospital readmittances and emergency room visits. Process measures focus on more short-term changes while outcome measures focus on longer-term health changes. Key outcomes are below:</i></p> <ul style="list-style-type: none"> <i>• At least 53% of participants showed improvement on a clinical measure (e.g., decrease in A1C value over time during FY17)</i> <i>• At least 32% of participants showed improvement on a behavioral measure (e.g., Response change for “Taking Medications” from “Rarely” to “Most Times”) after beginning the DMHE program during FY17.</i> <p><i>Participants showed a 24.1% reduction in inpatient admissions and a 47.2% reduction in ER visits 90 days pre- and post- intervention during FY17.</i></p>
Evaluation of outcome	<i>Hospital utilization, measured by inpatient admissions and ER visits, declined for participants during FY17.</i>
Continuation of Initiative	<p><i>The program recognized the need to expand services to a larger geographic area (many of Sinai’s patients also seek care at Northwest Hospital) and now include nine different zip codes that surround both hospitals. Also, the number of eligible referrals accepting services was low therefore; the position of Community Health Worker Intake Specialist was piloted to increase recruitment of eligible clients. Given the success of expanding service areas and incorporating a specialized position to garner participant enrollment, the program will continue to be supported by the hospital with the hopes to continue to scale up for a greater impact in the community. Steps include:</i></p> <ul style="list-style-type: none"> <i>• Reviewing acceptance rates of patients who accept services</i> <i>• Reviewing retention rates of patients who accept services but do not participate as anticipated</i> <p><i>Increase the program’s participation in educational outreach events for diabetes.</i></p>
Expense	<p><i>1.Hospital’s costs = \$129,176.69 across Sinai and Northwest Hospitals</i></p> <p><i>2.Amount provided through restricted grant or donation = \$230,331.00</i></p>

Identified Need, how need was identified	Financial barriers to smooth discharge and recovery
Name of Hospital Initiative	Direct Financial Assistance for hospital patients
Total number of people within the target population	--
Total number of people reached by the initiative	85 patients received direct financial assistance in FY 2017, not including those who received pharmacy assistance
Primary Objective of the Initiative	To provide the resources needed for a smooth transition out of a hospital stay, and to avoid readmission.
Single or Multi-Year Plan	Multi-year
Key Collaborators in Delivery	--
Impact of Hospital Initiative	This resource is not provided as a program, and therefore specific outcome measures are not recorded. In FY 2017, a total of \$72,272 was spent on direct financial assistance to patients at Northwest Hospital: Pharmacy: \$41,561 Assisted Living Facility Housing: \$6,210 Durable Medical Equipment: \$8,165 Nephrology Outpatient: \$7,986 Transportation: \$800 Home Care: \$7,550
Evaluation of outcome	As this does not qualify as a distinct program, no specific outcomes are evaluated for this form of community benefit.
Continuation of Initiative	This resource will continue.
Expense: Hospital's Cost Amount provided through restricted grant or donation	Hospital's cost: \$72,272

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:

Category of Subsidy	Explanation of Need for Service	Amount
Hospital-Based physicians	Anesthesia, Radiology and NICU coverage	2,867,253
Non-Resident House Staff and Hospitalists	Hospitalists and Perinatology	4,144,067
Coverage of Emergency Department Call	ER call in various specialties	590,951
Physician Provision of Financial Assistance	Charity care to match Hospital policy	105,386
Physician Recruitment to Meet Community Need	n/a	N/A
Other – (provide detail of any subsidy not listed above – add more rows if needed)		N/A

Northwest Hospital
Financial Assistance Procedures 06/30/2017

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:


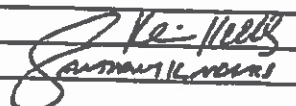
- Medicaid expansion, specifically the conversion of Primary Access to Care (PAC) recipients to full Community Medicaid coverage, significantly impacted LifeBridge Health facility Financial Assistance practices and adjustments. Prior to 2014, PAC recipients receiving hospital based services were presumptively 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.



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

SUBJECT: FINANCIAL ASSISTANCE

EFFECTIVE DATE: APRIL 25, 2016 **SUPERSEDES:** FEBRUARY 25, 2013

APPROVALS: Final – President 
 Vice President/Chief Financial Officer 
 Vice President, Revenue Cycle
 Board Approval Date 4/25/16

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 a period of at least 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/ Chief Financial Officer 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/Chief Financial Officer 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/Chief Financial Officer. 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/Chief Financial Officer 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
April 25, 2016

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

Date: _____

Account #: _____

Patient Name: _____

Account #: _____

Dear: _____

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. Two most recent pay stub _____
 - 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 _____
 - C. _____
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 program, 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 Addiction 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, wish to appeal or make a complaint, please Contact Customer Service at 410-521-5959 Monday- Friday 7:30 a.m. 5:00 p.m.

Please return to Northwest Hospital 5401 Old Court Road, Patient Financial Services Attention: Rhonda Tillman Randallstown, Maryland 21133

Yours truly,

Patient Accounting
 Customer Service

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

A-3

Sinai Hospital Financial Assistance Calculation Sheet

Pt Name: Ocean Eleven

Acct #: 012345678 - 7000

	Calculation
Patient Responsibility on Bill	\$ 10,540
Patient Annual Income	\$ 26,000
Family Size	1

x-ref to Policy

A	Annual Income	\$ 26,000
B	300% Poverty Guidelines	\$ 36,180
C	Sliding Scale - Patient Responsibility	\$ -

	Patient Responsibility on Bill	\$ 10,540
	Sliding Scale - Patient Responsibility	\$ -
D	Financial Assistance	\$ 10,540

Financial Assistance % 100%

2017

300%

Size of Family Unit	Annual Income		Annual Income
1	\$ 12,060	Less than	\$ 36,180
2	\$ 16,240	Less than	\$ 48,720
3	\$ 20,420	Less than	\$ 61,260
4	\$ 24,600	Less than	\$ 73,800
5	\$ 28,780	Less than	\$ 86,340
6	\$ 32,960	Less than	\$ 98,880
7	\$ 37,140	Less than	\$ 111,420
8	\$ 41,320	Less than	\$ 123,960
9	\$ 49,230	Less than	\$ 147,690
10	\$ 53,390	Less than	\$ 160,170
For each additional person add	\$ 4,180		\$ 12,540

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

If you receive hospital bills for service dates within your eligibility period contact Customer Service: 410-601-1094 or 800-788-6995.

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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

If you receive hospital bills for service dates within your eligibility period contact Customer Service: 410-601-1094 or 800-788-6995.



NORTHWEST HOSPITAL

a LifeBridge Health center

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
 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, Carroll, 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: _____

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

NORTHWEST HOSPITAL PATIENT INFORMATION SHEET

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

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

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

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

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

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

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

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



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

SUBJECT: MISSION, VISION, VALUES

EFFECTIVE DATE: MARCH 21, 2016

SUPERSEDES: APRIL 24, 2013

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.

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.

VALUES

Innovation, Compassion, Accountability, Respect, Teamwork

Original: August 1, 1998

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

Revised: July 2, 2004
April 2, 2007
March 21, 2016

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