

Mt. Washington Pediatric Hospital

FY 2018 Community Benefit Narrative Report

PART ONE: ORIGINAL NARRATIVE SUBMISSION

Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Mount Washington Pediatric Hospital	<input type="radio"/>	<input checked="" type="radio"/>	Mt. Washington Pediatric Hospital
Your hospital's ID is: 5034	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called Johns Hopkins Medicine, University of Maryland Medical System.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital was licensed for 102 beds during FY 2018.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's primary service area includes the following zip codes: 21030, 21061, 21075, 21093, 21117, 21122, 21133, 21136, 21157, 21206, 21207, 21208, 21209, 21212, 21213, 21214, 21215, 21216, 21217, 21218, 21220, 21221, 21222, 21224, 21225, 21227, 21228, 21229, 21230, 21234, 21236, 21237, 21239, 21244	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital shares some or all of its primary service area with the following hospitals: Bon Secours Baltimore Health System, Carroll Hospital Center, Greater Baltimore Medical Center, Howard County General Hospital, Johns Hopkins Bayview Medical Center, Johns Hopkins Hospital, Lifebridge Levindale Hebrew Geriatric Center and Hospital of Baltimore, Inc., Lifebridge Northwest Hospital, Lifebridge Sinai Hospital, MedStar Franklin Square Medical Center, MedStar Good Samaritan Hospital, MedStar Harbor Hospital, MedStar Union Memorial Hospital, Mercy Medical Center, Saint Agnes Hospital, UMMC Midtown Campus, UM St. Joseph Medical Center, University of Maryland Baltimore Washington Medical Center, University of Maryland Medical Center	<input checked="" type="radio"/>	<input type="radio"/>	

Q4. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find [these community health statistics](#) useful in preparing your responses.

Q5. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q7. Section I - General Info Part 2 - Community Benefit Service Area

Q8. Please select the county or counties located in your hospital's CBSA.

- Allegany County
- Anne Arundel County
- Charles County
- Dorchester County
- Prince George's County
- Queen Anne's County

- Baltimore City
- Baltimore County
- Calvert County
- Caroline County
- Carroll County
- Cecil County

- Frederick County
- Garrett County
- Harford County
- Howard County
- Kent County
- Montgomery County

- Somerset County
- St. Mary's County
- Talbot County
- Washington County
- Wicomico County
- Worcester County

Q9. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q10. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q11. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> 21201 | <input checked="" type="checkbox"/> 21212 | <input checked="" type="checkbox"/> 21222 | <input type="checkbox"/> 21231 |
| <input type="checkbox"/> 21202 | <input checked="" type="checkbox"/> 21213 | <input type="checkbox"/> 21223 | <input type="checkbox"/> 21233 |
| <input checked="" type="checkbox"/> 21205 | <input type="checkbox"/> 21214 | <input checked="" type="checkbox"/> 21224 | <input checked="" type="checkbox"/> 21234 |
| <input checked="" type="checkbox"/> 21206 | <input checked="" type="checkbox"/> 21215 | <input checked="" type="checkbox"/> 21225 | <input type="checkbox"/> 21236 |
| <input checked="" type="checkbox"/> 21207 | <input checked="" type="checkbox"/> 21216 | <input type="checkbox"/> 21226 | <input type="checkbox"/> 21237 |
| <input checked="" type="checkbox"/> 21208 | <input checked="" type="checkbox"/> 21217 | <input checked="" type="checkbox"/> 21227 | <input type="checkbox"/> 21239 |
| <input checked="" type="checkbox"/> 21209 | <input checked="" type="checkbox"/> 21218 | <input checked="" type="checkbox"/> 21229 | <input type="checkbox"/> 21240 |
| <input checked="" type="checkbox"/> 21210 | <input type="checkbox"/> 21219 | <input type="checkbox"/> 21230 | <input type="checkbox"/> 21287 |
| <input type="checkbox"/> 21211 | | | |

Q12. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

- | | | | |
|---------------------------------|---|---|---|
| <input type="checkbox"/> 21013 | <input type="checkbox"/> 21093 | <input type="checkbox"/> 21153 | <input checked="" type="checkbox"/> 21221 |
| <input type="checkbox"/> 21030 | <input type="checkbox"/> 21111 | <input type="checkbox"/> 21155 | <input checked="" type="checkbox"/> 21222 |
| <input type="checkbox"/> 21031 | <input type="checkbox"/> 21117 | <input type="checkbox"/> 21156 | <input checked="" type="checkbox"/> 21227 |
| <input type="checkbox"/> 21051 | <input type="checkbox"/> 21120 | <input type="checkbox"/> 21162 | <input checked="" type="checkbox"/> 21228 |
| <input type="checkbox"/> 21053 | <input type="checkbox"/> 21128 | <input type="checkbox"/> 21204 | <input type="checkbox"/> 21234 |
| <input type="checkbox"/> 21057 | <input type="checkbox"/> 21131 | <input checked="" type="checkbox"/> 21207 | <input type="checkbox"/> 21236 |
| <input type="checkbox"/> 21071 | <input checked="" type="checkbox"/> 21133 | <input type="checkbox"/> 21208 | <input type="checkbox"/> 21237 |
| <input type="checkbox"/> 21082 | <input checked="" type="checkbox"/> 21136 | <input checked="" type="checkbox"/> 21219 | <input checked="" type="checkbox"/> 21244 |
| <input type="checkbox"/> 212087 | <input type="checkbox"/> 21152 | <input type="checkbox"/> 21220 | <input type="checkbox"/> 21286 |

Q13. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Carroll County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q16. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q23. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q25. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q26. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q32. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

Based on ZIP codes in your Financial Assistance Policy. Please describe.

Based on ZIP codes in your global budget revenue agreement. Please describe.

Based on patterns of utilization. Please describe.

The Mt. Washington Pediatric Hospital serves a large portion of Baltimore County and Baltimore City; 59% of the discharges from a defined market areas with four subareas within the Baltimore County and Baltimore City drew 54% of our discharges--this included 13 zip codes. These 13 targeted zip codes are the primary community benefit service area.

Other. Please describe.

Q34. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Not included on the above zip code list and was served by MWPH 21203

Q35. **Section I - General Info Part 3 - Other Hospital Info**

Q36. Provide a link to your hospital's mission statement.

<https://www.mwph.org/about/mission>

Q37. Is your hospital an academic medical center?

- Yes
- No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

Q39. (Optional) Please upload any supplemental information that you would like to provide.

Q40. **Section II - CHNA Part 1 - Timing & Format**

Q41. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- Yes
- No

Q42. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question area not displayed to the respondent.

Q43. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

June 2012

Q44. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

June 2018

Q45. Please provide a link to your hospital's most recently completed CHNA.

<https://www.mwph.org/about/community-advocacy>

Q46. Did you make your CHNA available in other formats, languages, or media?

- Yes
- No

Q47. Please describe the other formats in which you made your CHNA available.

Both written and online formats were made available.

Q48. Section II - CHNA Part 2 - Participants

Q49. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Clinical Leadership (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit Task Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Hospital Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	N/A - Person or Organization was not involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other (specify) _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q50. Section II - CHNA Part 2 - Participants (continued)

Q51. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities										Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: UMMS, MedStar Health Hospital (Baltimore regions), Mercy Medical, Sinai, Lifebridge Health, Johns Hopkins Health System (Baltimore regions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Baltimore City Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Safe Kids Baltimore/Maryland Kids in Safety Seats	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
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Q52. Section II - CHNA Part 3 - Follow-up

Q53. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
- No

Q54. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

June 14, 2018

Q55. Please provide a link to your hospital's CHNA implementation strategy.

<https://www.mwph.org/about/community-advocacy>

Q56. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q57. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Family Planning | <input type="checkbox"/> Older Adults |
| <input checked="" type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> Food Safety | <input type="checkbox"/> Oral Health |
| <input checked="" type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Genomics | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Global Health | <input type="checkbox"/> Preparedness |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Health Communication and Health Information Technology | <input checked="" type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Cancer | <input checked="" type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> HIV | <input checked="" type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Immunization and Infectious Diseases | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input checked="" type="checkbox"/> Injury Prevention | <input type="checkbox"/> Tobacco Use |
| <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Disability and Health | <input checked="" type="checkbox"/> Maternal & Infant Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Mental Health and Mental Disorders | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Emergency Preparedness | <input checked="" type="checkbox"/> Nutrition and Weight Status | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Environmental Health | | <input checked="" type="checkbox"/> Health Literacy, Health Outreach, Lead Poisoning |

Q58. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

Community Benefit Needs Assessment (CHNA) were conducted in 2015 and again in 2018. Analysis of all quantitative and qualitative data identified seven priorities in 2015, including, health literacy, education and outreach, access to healthcare, chronic disease (obesity /diabetes), maternal child health, lead poisoning, asthma and injury prevention. In 2018, however, the priorities shifted slightly to health literacy, chronic disease prevention education, violence and child maltreatment, transportation, behavioral health and substance abuse, access to healthcare, mental health, obesity and access to healthy foods. Causes for this shift in the unmet need (identified by the survey results) were attributed to barriers such as, lack of access to healthcare due to transportation, unfamiliarity with MCO's, limited access to physicians in their surrounding living areas, lack of insurance as well as knowledge of where to obtain insurance. Behavioral and mental health was identified as a priority health need by the Office of Chronic Disease Prevention of the Baltimore City Department of Health and was also added as major area of focus for community benefit.

Q59. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q60. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q61. Section III - CB Administration Part 1 - Participants

Q62. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	Activities										Other (explain) Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
CB/ Community Health/Population Health Director (facility level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Community Benefit staff (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Workers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Benefit Task Force	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospital Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Q63. Section III - CB Administration Part 1 - Participants (continued)

Q64. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities										Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	
Other Hospitals -- Please list the hospitals here: University of Maryland System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Consumer/Public Advocacy Organizations -- Please list the organizations here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other -- If any other people or organizations were involved, please list them here: St. Vincent DePaul Catholic Charities, Catholic Charies Head Start, Our House Early Head Start, Union Baptist Head Start, Day Spring Head Strat, Judy Center Head Start	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Q65. Section III - CB Administration Part 2 - Process & Governance

Q66. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- Yes, by the hospital's staff
- Yes, by the hospital system's staff
- Yes, by a third-party auditor
- No

Q67. Does your hospital conduct an internal audit of the community benefit narrative?

- Yes
- No

Q68. Please describe the community benefit narrative review process.

CB is completed by the hospital CB staff member and then shared with the VP of Development, president and hospital foundation board.

Q69. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- Yes
- No

Q70. Please explain:

This question area is not mandatory to the respondent.

Q71. Does the hospital's board review and approve the annual community benefit narrative report?

- Yes
- No

Q72. Please explain:

Q73. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
- No

Q74. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

Q75. (Optional) If available, please provide a link to your hospital's strategic plan.

Q76. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q77. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q78. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q79. Section IV - CB Initiatives Part 1 - Initiative 1

Q80. Name of initiative.

Parent Mentor Program (For newly admitted patient parents/families)

Q81. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q82. Select the CHNA need(s) that apply.

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input checked="" type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input checked="" type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input checked="" type="checkbox"/> Mental Health and Mental Disorders |
| <input type="checkbox"/> Cancer | <input checked="" type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Preparedness |
| <input checked="" type="checkbox"/> Disability and Health | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Emergency Preparedness | <input checked="" type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Environmental Health | <input checked="" type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Family Planning | <input checked="" type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Genomics | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Vision |
| <input checked="" type="checkbox"/> Health-Related Quality of Life and Well-Being | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders | <input type="checkbox"/> Other. Please specify.
<div style="border: 1px solid black; width: 80px; height: 15px; margin-left: 20px;"></div> |

Q83. When did this initiative begin?

October 2017

Q84. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

- The initiative will end when external grant money to support the initiative runs out. Please explain.

- The initiative will end when a contract or agreement with a partner expires. Please explain.

- Other. Please explain.

The initiative will end if the yearly evaluation of CHNA deems that the need is no longer present.

Q85. Enter the number of people in the population that this initiative targets.

204

Q86. Describe the characteristics of the target population.

New and/or returning patient parents. Parents and families of children receiving post acute care. Usually, the population being served is under emotional, physical and at times financial distress due to the traumatic experience with their loved one (child or otherwise). Approximately 52% of parents are low-income and/or underserved families.

Q87. How many people did this initiative reach during the fiscal year?

63

Q88. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Program aims to provide a critically important source of support for parent patients of MWPH who are going through a traumatic experience by a former parent who have gone through a similar experience and is knowledgeable in the available resources and programs that will assist them with stress management, financial support, advocacy, transition and more. In addition they share practical strategies to help families more comfortable and secure.

Q89. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

No.

Q90. Please describe the primary objective of the initiative.

The primary objective of the initiative is to provide peer support for patient families by mentors (former parent) who have been through similar experiences. Mentors assist patient's parents navigate through their loved one's care by providing hospital and community resources to assist with physical, mental, emotional, financial and psychological stressors.

Q91. Please describe how the initiative is delivered.

The Parent Mentoring Program, launched in October 2017, consists of two trained former parent mentors who meet with patient parents on a flexible schedule. Parent mentors visit the bedside of inpatient families to listen, provide emotional support, let families know about available resources, help families formulate questions to ask to care team, share practical strategies, and help to make families feel like they are not alone.

Q92. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

Count of participants/encounters The more families that are willing to participate, the better equipped they are with the knowledge they need to take care of their child/family member.

Other process/implementation measures (e.g. number of items distributed)

Surveys of participants

Biophysical health indicators

Assessment of environmental change

Impact on policy change

Effects on healthcare utilization or cost

Assessment of workforce development

Other Number of families use the resources provided

Q93. Please describe the outcome(s) of the initiative.

From its launch in October 2017, the parent mentor program has helped 63 families. Talking to families, the feedback was that, "knowing that the parent mentor is someone who has walked down the same road really empathizes with what we're going through—it is an immense source of stress relief, support and comfort. It has been a great support to know they are there when we're going through something as scary and confusing as having a child in the hospital. Additionally, 98% of patient parents surveyed (verbally) feel connecting with a Parent Mentor gave them a sense of hope, encouragement, and validated their feelings.

Q94. Please describe how the outcome(s) of the initiative addresses community health needs.

MWPH was able to enhance social interactions within community members, provide education and resources on weight management, nutrition, fitness, wellness, and mental health awareness. In addition the program was able to instill healthier habits while provide a safe place for community members to have fun. The program and outcomes addresses the following MWPH CHNA priorities: - Health literacy/education - Access to healthcare - Maternal and child / health - Injury prevention

Q95. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$6,782

Q96. (Optional) Supplemental information for this initiative.

Q97. Section IV - CB Initiatives Part 2 - Initiative 2

Q98. Name of initiative.

PREP - Program (Providing Resources to Empower Parents)

Q99. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q100. Select the CHNA need(s) that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input checked="" type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input checked="" type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input checked="" type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input checked="" type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input checked="" type="checkbox"/> Mental Health and Mental Disorders |
| <input type="checkbox"/> Cancer | <input checked="" type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Preparedness |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Emergency Preparedness | <input checked="" type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Environmental Health | <input checked="" type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Family Planning | <input checked="" type="checkbox"/> Substance Abuse |
| <input checked="" type="checkbox"/> Food Safety | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Genomics | <input checked="" type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Vision |
| <input checked="" type="checkbox"/> Health-Related Quality of Life and Well-Being | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders | <input type="checkbox"/> Other. Please specify.
<input checked="" type="checkbox"/> Asthma, Lead Poisoning, Medication Safety for Parents/Family Members |

Q101. When did this initiative begin?

July 2017

Q102. Does this initiative have an anticipated end date?

The initiative will end on a specific end date. Please specify the date.

The initiative will end when a community or population health measure reaches a target value. Please describe.

The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

The initiative will end when external grant money to support the initiative runs out. Please explain.

The initiative will end when a contract or agreement with a partner expires. Please explain.

Other. Please explain. The program will end if there is no longer a need within the community we serve

Q103. Enter the number of people in the population that this initiative targets.

204

Q104. Describe the characteristics of the target population.

New and or returning parents. Parents and families of children receiving post acute care. Mainly female (age range from late teens to mid 40's), low-income, underserved population. Age range from late teens to mid 40's.

Q105. How many people did this initiative reach during the fiscal year?

45

Q106. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Empty text box for specifying other intervention categories.

Q107. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Maryland Poison Control, Safe Kids, KISS/Car Seat Safety, Share Baby

No.

Q108. Please describe the primary objective of the initiative.

PREP is a program that aims to provide patient information, education, resources, support to family members of MWPH patients (inpatient and outpatient) in a relaxed setting. The program also acts as a support group bringing like experiences together.

Q109. Please describe how the initiative is delivered.

Program meets once a month and provides one-on-one support to patient parent/family

Q110. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q111. Please describe the outcome(s) of the initiative.

From the start date of July 2017, the program has reached nearly 50 patient parents/families.

Q112. Please describe how the outcome(s) of the initiative addresses community health needs.

The program and outcomes addresses the following MWPB CHNA priorities: - Health literacy/education - Access to healthcare - Maternal and child health - Injury prevention. When verbally interviewed, 95% of parents found the resources and staff to be very helpful in learning how to better navigate systems of care for their child. Including, understanding development milestones, medication dosage, infection prevention, bonding and attachment, environment safety, feeding, and how to organize their children's medical information. Each family is given a Care Binder at the completion of the program.

Q113. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$3,612

Q114. (Optional) Supplemental information for this initiative.

Q115. Section IV - CB Initiatives Part 3 - Initiative 3

Q116. Name of initiative.

Fitness Can Be Fun

Q117. Does this initiative address a need identified in your CHNA?

- Yes
 No

Q118. Select the CHNA need(s) that apply.

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input checked="" type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input checked="" type="checkbox"/> Adolescent Health | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input checked="" type="checkbox"/> Mental Health and Mental Disorders |
| <input type="checkbox"/> Cancer | <input checked="" type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input checked="" type="checkbox"/> Physical Activity |
| <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Preparedness |
| <input checked="" type="checkbox"/> Disability and Health | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Genomics | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Vision |
| <input checked="" type="checkbox"/> Health-Related Quality of Life and Well-Being | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders | <input type="checkbox"/> Other. Please specify. |

Q119. When did this initiative begin?

2014

Q120. Does this initiative have an anticipated end date?

The initiative will end on a specific end date. Please specify the date.

The initiative will end when a community or population health measure reaches a target value. Please describe.

The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

The initiative will end when external grant money to support the initiative runs out. Please explain.

The initiative will end when a contract or agreement with a partner expires. Please explain.

Other. Please explain.

No anticipated end date- when the need is no longer there, program will be re-evaluated

Q121. Enter the number of people in the population that this initiative targets.

500

Q122. Describe the characteristics of the target population.

Children ages 2 to 17 years of age (school age children) with physical and/or developmental disability both active patients of MWPH as well as community members who are not patients of MWPH (with and without developmental/physical disability) and their family members. Many of the patients and community members are of low social economic status and/or are within the underserved population in the zip codes served by MWPH. Additionally, the program targeted children with BMI in the overweight and obese range (above 95 percentile).

Q123. How many people did this initiative reach during the fiscal year?

1500

Q124. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

Q125. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

MWPH partnered with Baltimore City Community College Physical Therapist Assistant Program.

No.

Q126. Please describe the primary objective of the initiative.

Primary objective was to educate patients, family and the community with developmental and physical disabilities that fitness is possible at all levels, no matter the disability or barrier. The program aimed to instill five pillars of fitness: precision, agility, power, flexibility, and balance. In addition the program also aimed to introduce and provide resources to underserved community on nutrition, fitness, safety, and wellness.

Q127. Please describe how the initiative is delivered.

The Fitness Can Be Fun games take place in May of each year. The PTA students create a fun game environment, making fitness and rehabilitation playful and appealing. Each year has a different theme, with a mix of new games and fan favorites. The program's goal is for the PTA class to apply their clinical skills creatively to create a fun experience for kids that still focuses on rehabilitation and fitness. More than 100 people participated in this year's games, including MWPH patients as well as community members. This year's theme was the five pillars of fitness: precision, agility, power, flexibility, and balance. Each of the five pillars had dedicated games, including a football toss, limbo, an egg-on-a-spoon race over different surfaces, and a fun obstacle course. Each game is modified for participants in wheelchairs, ensuring that the games are accessible for everyone. "It's such a fantastic collaboration, everyone who comes always has a good time," said Michelle Demeule-Hayes, MS, RD, LDN, director of MWPH's Center for Nutritional Rehabilitation. "The PTA students do an excellent job with guiding the kids through each game. It's a great activity for getting the heart rate up, and it's also a lot of fun."

Q128. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q129. Please describe the outcome(s) of the initiative.

More than 100 children, including those with physical and/or developmental disabilities participated in the Fitness Can be Fun Program. Parents and family members also participated. Participants learned about the five pillars of fitness including: precision, agility, power, flexibility and balance through exercise and activities and games. Participants and their family members also learned preventative education on obesity, nutrition, exercise, healthy habits, safety and more.

Q130. Please describe how the outcome(s) of the initiative addresses community health needs.

MWPH was able to enhance social interactions within community members, provide education and resources on weight management, nutrition, fitness, wellness, and mental health awareness. In addition the program was able to instill healthier habits while provide a safe place for community members to have fun.

Q131. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$968

Q132. (Optional) Supplemental information for this initiative.

Q133. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q134. Additional information about initiatives.

Q135. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q136. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

- Yes
- No

Q137. Please check all of the needs that were NOT addressed by your community benefit initiatives.

Q138. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: <http://ship.md.networkofcare.org/ph/index.aspx>. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

Reduce infant mortality	MWPH CHNA Implementation Strategy Priority - Maternal Child Health, Trauma Prevention and Reduction in Child Mal Treatment. These priorities/needs were assessed by implementing the following programs. Including, monthly safety baby showers (12) that addresses all things safety for parents, family members and caregivers of patients, partnerships with safe kids/ KISS in providing 294 car seat safety checks throughout Maryland, pre and post natal education, attendance at various community health fairs and events and partnership and program outreach to targeted community.
Reduce rate of sudden unexpected infant deaths (SUIDs)	MWPH CHNA Implementation Strategy Priority - Injury /Trauma/Violence Prevention, Maternal/Child Health, Lead Poisoning Education and Health Literacy /Education and Outreach. Programs implemented to address these needs include monthly safety baby showers for parent/families of patients, pre and post natal education at community events, head start program parent workshops, B'More Safe and trauma prevention programs-- Total of 7 events were hosted, reaching more than 2500 people.
Reduce the teen birth rate (ages 15-19)	<input type="text"/>
Increase the % of pregnancies starting care in the 1st trimester	<input type="text"/>
Increase the proportion of children who receive blood lead screenings	MWPH CHNA Implementation Strategy Priority -Reduce Blood Lead Levels addressed this SHIP goal. Programs implemented include, safety baby showers, health seminars and education sessions at community events, parent meetings at head start programs, education at local elementary and middle schools. Education was provided to parents, families and teachers on importance of blood lead level screenings, possible reasons for high blood lead levels, prevention and treatment options.
Increase the % of students entering kindergarten ready to learn	<input type="text"/>
Increase the %of students who graduate high school	<input type="text"/>
Increase the % of adults who are physically active	Mt. Washington serves adult children ages 18-21 yrs. MWPH CHNA Implementation Strategy Priority -Health Literacy /Education/Outreach, Access to Healthcare, Obesity /Heart Disease/Diabetes Prevention addressed this SHIP goal. Programs implemented include safety baby showers, implementing a community wide Fitness Can Be Fun program that reached more than 1500 people and had 150 attendees. Fun interactive fitness demos at community health fairs such as B'More Healthy Expo (reaching 2500 people), Fall into Health community events. Partnering with USDA, provided healthy food education and tips for both children and adults on portion sizes and food choices at community events (reaching 250 people).
Increase the % of adults who are at a healthy weight	MWPH CHNA Implementation Strategy Priority -Health Literacy /Education/Outreach, Access to Healthcare, Obesity /Heart Disease/Diabetes Prevention addressed this SHIP goal. Programs implemented include safety baby showers, implementing a community wide Fitness Can Be Fun program that reached more than 1500 people and had 150 attendees. Fun interactive fitness demos at community health fairs such as B'More Healthy Expo, Spring into Health community events. Partnering with USDA, provided healthy food education and tips for both children and adults on portion sizes and food choices at community events.
Reduce the % of children who are considered obese (high school only)	MWPH CHNA Implementation Strategy Priority -Obesity & Access to Healthy Foods. Programs include weight smart/weigh Smart Jr. (for children but focuses on the family), partnerships with local farmer's markets, WIC, chronic disease prevention and healthy eating cooking demos at local health fairs and community events. Yearly Fintless Can Be Fun program in partnership with BCCC PT program.
Reduce the % of adults who are current smokers	<input type="text"/>
Reduce the % of youths using any kind of tobacco product (high school only)	<input type="text"/>
Reduce HIV infection rate (per 100,000 population)	<input type="text"/>
Reduce Chlamydia infection rate	<input type="text"/>
Increase life expectancy	See below <input type="text"/>
Reduce child maltreatment (per 1,000 population)	<input type="text"/>
Reduce suicide rate (per 100,000)	For active families that are receiving services and who may be experiencing depression are encouraged/allowed to meet with MWPH psychologist for therapeutic counseling as statistics show that parents of children with severe medical needs can experience depression. Implementation programs such as community-wide substance abuse education program-360, hosting parent education groups and improving prescribing practices for providers continues have assisted in meeting CHNA priorities as well as align the priorities with SHIP.
Reduce domestic violence (per 100,000)	MWPH CHNA Implementation Strategy Priority -Health Literacy /Outreach & Education, Trauma Prevention. These unmet needs were addressed by partnering with the Baltimore City Health Dept., The Family Tree, Roberta's House, House of Ruth, Traumatic Brain Injury Society, Johns Hopkins School of Public Health and Injury Prevention Program, Balto City Public Schools and Dress for Success. Implementation was provided by offering educational workshops at various partner provided events, educational literatures, attendance at health and community events.
Reduce the % of young children with high blood lead levels	Through partnerships with the local head start programs, Catholic Charities, St. Vincent DePaul and many others in the Baltimore City, multiple educational workshops were held with parents and family members on dangers of lead poisoning and how to prevent it. In addition, on-going monthly Safety Baby Showers held at MWPH provides education on dangers of lead to patient families, how to identify them, when to seek help and how to inquire about home lead reduction programs from providers.
Decrease fall-related mortality (per 100,000)	<input type="text"/>
Reduce pedestrian injuries on public roads (per 100,000 population)	Through partnerships with the Johns Hopkins School of Public Health Injury Prevention Program, MWPH was able to provide educational materials, safety tips and pedestrian reflective lights to more than 3000 community members at various health fairs and community evetns, including the Balt. City Dept of Transportation Safety City Day (1000 + participants). This increased pedestrian safety awareness in the community in both adults and children.
Increase the % of affordable housing options	<input type="text"/>
Increase the % of adolescents receiving an annual wellness checkup	<input type="text"/>
Increase the % of adults with a usual primary care provider	<input type="text"/>
Increase the % of children receiving dental care	<input type="text"/>
Reduce % uninsured ED visits	By focusing on prevention as the first step to wellness and good health, MWPH partnered with UMMS City Hospital, local area schools (Mt. Washington Elementary, Arlington Elementary) in brining heart health, asthma, lead poisoning, child maltreatment and maternal child health education to the Baltimore City and surrounding areas. Thousands of area residents provided education on these topics, proving knowledge and education--which in turn helped the uninsured understand the cause of illenss. In addition, the community was also provided resources on primary prevention clinics that could assist in addressing their health concerns to reduce ED visits.
Reduce heart disease mortality (per 100,000)	<input type="text"/>
Reduce cancer mortality (per 100,000)	<input type="text"/>
Reduce diabetes-related emergency department visit rate (per 100,000)	Partnering with the Weigh Smart, Weigh Smart Jr. and Outpatient Diabetes Center programs at MWPH (the program provides education, resources, one-on-one sessions with a multidisciplinary team of clinicians in weight management, diabetes education/prevention/treatment), in providing cooking demos, educational workshops and handouts, MWPH was able to reach the community we serve in preventing and better managing diabetes to reduce ED visits.
Reduce hypertension-related emergency department visit rate (per 100,000)	<input type="text"/>
Reduce drug induced mortality (per 100,000)	<input type="text"/>
Reduce mental health-related emergency department visit rate (per 100,000)	<input type="text"/>
Reduce addictions-related emergency department visit rate (per 100,000)	<input type="text"/>

Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	<input type="text"/>
Reduce dental-related emergency department visit rate (per 100,000)	<input type="text"/>
Increase the % of children with recommended vaccinations	<input type="text"/>
Increase the % vaccinated annually for seasonal influenza	<input type="text"/>
Reduce asthma-related emergency department visit rate (per 10,000)	<input type="text"/>

Q139. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Increase Life Expectancy SHIP GOAL (taken from above as the space provided did not permit enough room for the entire paragraph: MWPH CHNA Implementation Strategy Priorities Maternal/Child Health, Reduction in Child Maltreatment, Trauma Prevention, Reduction in Pedestrian Injuries Reduction in Childhood Obesity, Reduction in Death Increase life expectancy from Heart Disease and Health Literacy and Outreach addressed these unmet needs. MWPH incorporated multiple strategic community programs to address these priorities, including, partnering with community organizations addressing the same concerns, implementing programs such as violence intervention program, safety baby showers, parent mentor program which provide mentorship from former patient parent to current parent on everything from transitioning home, safe sleep, mental to name a few. To date, this program has served nearly 50 families. The PREP program has served 63 families. The car seat safety program has impacted 294 families. Additionally, mental health education at health fairs and events, clinical education for MWPH associates on prescribing best practices, Weigh Smart/Weigh Smart Jr. addressing heart disease and diabetes in both adults and children were also programs that aligned with this SHIP goal.

Q140. Section V - Physician Gaps & Subsidies

Q141. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- No gaps
- Primary care
- Mental health
- Substance abuse/detoxification
- Internal medicine
- Dermatology
- Dental
- Neurosurgery/neurology
- General surgery
- Orthopedic specialties
- Obstetrics
- Otolaryngology
- Other. Please specify.

Q142. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	<input type="text"/>
Non-Resident House Staff and Hospitalists	<input type="text"/>
Coverage of Emergency Department Call	We do not have an emergency department - we are a post acute care rehabilitation hospital for sick children
Physician Provision of Financial Assistance	<input type="text"/>
Physician Recruitment to Meet Community Need	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q145. Section VI - Financial Assistance Policy (FAP)

Q146. Upload a copy of your hospital's financial assistance policy.

Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[Financial Assistance -Patient Sheet.pdf](#)
99.3KB
application/pdf

Q148. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

0%-200% of FPL

Q149. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

200% - 300% of FPL

Q150. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

Combined household income less than 500% of FPL; having incurred collective family hospital medical debt at MWPH exceeding 25% of combines household income during a 12 month period, starting the date the application was submitted.

Q151. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

It hasn't changed, as coverage for children was not significantly affected by this expansion.

Q152. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

The following additional changes were also made to the hospital's financial assistance policy pursuant to the most recent 501(r) regulatory requirements: 1. LANGUAGE TRANSLATIONS a. Requirement: The new 501(r) regulations lowered the language translation threshold for limited English proficient (LEP) populations to the lower of 5% of LEP individuals in the community served/1000-LEP individuals. University of Maryland Medical Center translated its financial assistance policy into the following languages: English, Spanish, French, and Chinese. 2. PLAIN LANGUAGE SUMMARY a. Requirement: The new 501(r) regulations require a plain language summary of the FAP that is clear, concise, and easy for a patient to understand. University of Maryland Medical Center created a new plain language summary of its financial assistance policy in addition to its already-existing patient information sheet. 3. PROVIDER LISTS a. Requirement: The new 501(r) regulations require each hospital to create and maintain a list of all health care providers (either attached to the FAP or maintained as a separate appendix) and identify which providers on that list are covered under the hospital's FAP and which providers are not. University of Maryland Medical Center maintains that list which is available for review.

Q153. (Optional) Please attach any files containing further information about your hospital's FAP.

Q154. Summary & Report Submission

Q155.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Once you proceed to the next screen using the right arrow button below, you cannot go backward. For that reason, we strongly recommend that you use the Table of Contents to return to the beginning and double-check your answers.

When you click the right arrow button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes.

Location Data

Location: [\(39.285598754883, -76.689903259277\)](#)

Source: GeoIP Estimation

PART TWO: ATTACHMENTS

Patient Financial Assistance

1. POLICY

- a. This policy applies to Mt. Washington Pediatric Hospital ("MWPH"). MWPH is committed to providing financial assistance to children who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual and family financial situation.
- b. It is the policy of MWPH to provide Financial Assistance based on indigence or high medical expenses for patients whose families meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.
- c. MWPH will publish the availability of Financial Assistance on its website and will post notices of availability at appropriate intake locations as well as the Inpatient Welcome Center. Notice of availability will also be sent to patients on patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided to patients/families receiving inpatient services with their welcome packet and made available to all patients/families upon request.
- d. Financial Assistance may be extended when a review of a patient's individual and family financial circumstances has been conducted and documented. This may include the patient's existing medical expenses, including any accounts having gone to bad debt, as well as projected medical expenses.
- e. MWPH retains the right in its sole discretion to determine a patient's or family's ability to pay.

2. PROGRAM ELIGIBILITY

- a. Consistent with our mission to deliver compassionate and high quality healthcare services and to advocate for children, MWPH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.
- b. Physician charges related to dates of service are included in MWPH's financial assistance policy. Both hospital and physician charges will be considered during the application process.
- c. Specific exclusions to coverage under the Financial Assistance program include the following:
 - i. Services provided by healthcare providers not affiliated with MWPH (e.g., home health services)
 - ii. Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, Workers Compensation, or Medicaid), are

not eligible for the Financial Assistance Program without approval of senior leadership.

1. Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made considering medical and programmatic implications.
- iii. Unpaid balances resulting from non-medically necessary services
- d. Patients may become ineligible for Financial Assistance for the following reasons:
- i. Refusal of family to provide requested documentation or providing incomplete information.
 - ii. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to MWPH due to insurance plan restrictions/limits.
 - iii. Failure of parent/guardian/guarantor to pay co-payments as required by the Financial Assistance Program.
 - iv. Failure of parent/guardian/guarantor to keep current on existing payment arrangements with MWPH.
 - v. Failure of parent/guardian/guarantor to make appropriate arrangements on past payment obligations owed to MWPH (including those patients who were referred to an outside collection agency for a previous debt).
 - vi. Refusal of parent/guardian/guarantor to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program.
- e. Parent/guardian/guarantor of patients who become ineligible for the program will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.
- f. Parents/guardians/guarantors who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance (See Section 3 below) eligibility criteria. If patient qualifies for COBRA coverage, parent's/guardian's/guarantor's financial ability to pay COBRA insurance premiums shall be reviewed by appropriate personnel and recommendations shall be made to Senior Leadership. Families with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.
- g. Coverage amounts will be calculated based upon 200-300% of income as defined by federal poverty guidelines and will generally follow the sliding scale included in Attachment A, with MWPH reserving the right to increase aid where it is deemed necessary.

3. PRESUMPTIVE FINANCIAL ASSISTANCE

- a. Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for Financial Assistance, but there is no Financial Assistance form and/or supporting documentation on file. Often there is adequate information provided by the patient family or through other sources, which could provide sufficient evidence to provide the patient with Financial Assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, MWPH reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining Financial Assistance eligibility and potential reduced care rates. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
 - i. Medical Assistance coverage
 - ii. Homelessness
 - iii. Family participation in Women, Infants and Children Programs ("WIC")
 - iv. Family food Stamp eligibility
 - v. Eligibility for other state or local assistance programs
 - vi. Patient is deceased with no known estate
 - vii. Family members unavailable to provide information

4. MEDICAL HARDSHIP

- a. Patients falling outside of conventional income or presumptive Financial Assistance criteria are potentially eligible for bill reduction through the Medical Hardship program.
 - i. Uninsured Medical Hardship criteria is State defined:
 - 1. Combined household income less than 500% of federal poverty guidelines
 - 2. Having incurred collective family hospital medical debt at MWPH exceeding 25% of the combined household income during a 12 month period. The 12 month period begins with the date the Medical Hardship application was submitted.
 - 3. The medical debt excludes co-payments, co-insurance and deductibles
 - b. Patient balance after insurance
 - i. MWPH applies the same criteria to patient balance after insurance applications as it does to self-pay applications
 - c. Coverage amounts will be calculated based upon 0 - 500% of income as defined by federal poverty guidelines and follow the sliding scale included in Attachment A , with MWPH reserving the right to increase aid where it is deemed necessary.
 - d. If determined eligible, patients and their immediate family are certified for a 12 month

period effective with the date on which the reduced cost medically necessary care was initially received

- e. Individual patient situation consideration:
 - i. MWPH reserves the right to consider individual patient and family financial situation to grant reduced cost care in excess of State established criteria.
 - ii. The eligibility duration and discount amount is patient-situation specific.
 - iii. Patient balance after insurance accounts may be eligible for consideration.
 - iv. Cases falling into this category require management level review and approval.
- f. In situations where a patient is eligible for both Medical Hardship and the standard Financial Assistance programs, MWPH is to apply the greater of the two discounts.
- g. Parent/guardian/guarantor is required to notify MWPH of their potential eligibility for this component of the financial assistance program.

5. ASSET CONSIDERATION

- a. Assets are generally not considered as part of Financial Assistance eligibility determination unless they are deemed substantial enough to cover all or part of the patient/family responsibility without causing undue hardship. Individual patient/family financial situation such as the ability to replenish the asset and future income potential are taken into consideration whenever assets are reviewed.
- b. Under current legislation, the following assets are exempt from consideration:
 - i. The first \$10,000 of monetary assets for individuals, and the first \$25,000 of monetary assets for families.
 - ii. Up to \$150,000 in primary residence equity.
 - iii. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the IRS code or nonqualified deferred compensation plans. Generally this consists of plans that are tax exempt and/or have penalties for early withdrawal.

6. APPEALS

- a. Patients whose financial assistance applications are denied have the option to appeal the decision.
- b. Appeals can be initiated verbally or in writing.
- c. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
- d. Appeals are documented. They are then reviewed by the next level of management above the representative who denied the original application.

- e. The escalation can progress up to the V.P. of Finance who will render a final decision.
- f. A letter or email (according to family preference) of final determination will be submitted to each patient who has formally submitted an appeal.

7. PATIENT REFUND

- a. Patients applying for Financial Assistance up to 2 years after the service date who have made account payment(s) greater than \$5 are eligible for refund consideration
- b. Collector notes, and any other relevant information, are deliberated as part of the final refund decision. In general, refunds are issued based on when the patient was determined unable to pay compared to when the payments were made.
- c. Patients documented as uncooperative within 30 days after initiation of a financial assistance application are ineligible for refund.

8. JUDGEMENTS and Extraordinary Collection Actions

A. With approval from the Director of Patient Accounting or CFO, Extraordinary Collection Actions (ECAs) may be taken on accounts that have not been disputed or are not on a payment arrangement. These actions will occur no earlier than 120 days from submission of first bill to the patient and will be preceded by notice 30 days prior to commencement of the action. Availability of financial assistance will be communicated to the patient and a presumptive eligibility review will occur prior to any action being taken.

- Legal action may be initiated in order to collect on the debt

- a. If a patient is later found to be eligible for Financial Assistance after a judgment has been obtained, MWPH shall seek to vacate the judgment.
- b. Financial Assistance may be withdrawn if:
 - i. Parent/guardian/guarantor fails to pay co-payments as required by the Financial Assistance Program.
 - ii. Parent/guardian/guarantor fails to keep current on existing payment arrangements with MWPH.
 - iii. Parent/guardian/guarantor fails to make appropriate arrangements on past payment obligations owed to MWPH (including those patients who were referred to an outside collection agency for a previous debt).

9. PROCEDURES

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

- b. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
 - i. Each applicant must provide information about family size and income (as defined by Medicaid regulations). To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility (Attachment B).
 - ii. MWPH will not require documentation beyond that necessary to validate the information on the Maryland State Uniform Financial Assistance Application.
 - iii. A letter or email (according to family preference) of final determination will be submitted to each patient that has formally requested financial assistance.
 - iv. Patients/families will have thirty (30) days to submit required documentation to be considered for eligibility. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to.
 - v. The financial assistance application process will be open up to at least 240 days after the first post-discharge patient bill is sent.
- c. In addition to a completed Maryland State Uniform Financial Assistance Application, patient families may be required to submit:
 - i. A copy of parent/guardians/guarantor' most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations); proof of disability income (if applicable).
 - ii. A copy of parent/guardians/guarantors' most recent pay stubs (if employed), other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations or documentation of how they are paying for living expenses.
 - iii. Proof of social security income (if applicable)
 - iv. A Medical Assistance Notice of Determination (if applicable).
 - v. Proof of U.S. citizenship or lawful permanent residence status (green card).
 - vi. Reasonable proof of other declared expenses.
 - vii. If parents/guardians/guarantors are unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc .
 - viii. Written request for missing information will be sent to the patient. Where appropriate, oral submission of needed information will be accepted.

- d. A patient family can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient family has submitted all the required information, appropriate personnel will review and analyze the application and forward it to the Patient Accounting or Finance Department for final determination of eligibility based on MWPH guidelines.
 - i. If the patient's application for Financial Assistance is determined to be complete and appropriate, appropriate personnel will recommend the patient's level of eligibility.
 - 1. If the patient does qualify for financial clearance, appropriate personnel will notify the treating department who may then schedule the patient for the appropriate service.
 - 2. If the patient does not qualify for financial clearance, appropriate personnel will notify the clinical staff of the determination and the non-emergent/urgent services will not be scheduled.
 - a. A decision that the patient may not be scheduled for non-emergent/urgent services may be reconsidered upon request.
- e. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. With the exception of Presumptive Financial Assistance cases which are date of service specific eligible and Medical Hardship who have twelve (12) calendar months of eligibility. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance.
- f. The following may result in the reconsideration of Financial Assistance approval:
 - i. Post approval discovery of an ability to pay
 - ii. Changes to the patient's income, assets, expenses or family status which are expected to be communicated to MWPH
- g. MWPH will track patients with 6 or 12 month certification periods. However, it is ultimately the responsibility of the patient or guarantor to advise of their eligibility status for the program at the time of registration or upon receiving a statement.
- h. If patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.

Appendix A Sliding Scale

Appendix B Financial Assistance Application

Disclaimer Notice: The information contained in PolicyStat (the "Information") is confidential and proprietary to Mt. Washington Pediatric Hospital (the "Hospital"). It is intended solely for the staff of the Hospital and access to this

Information by anyone else is unauthorized. No part of the Information may be copied, distributed or disclosed to any third party for any reason without the express written permission of the Hospital. Mt. Washington Pediatric Hospital, 1708 West Rogers Avenue, Baltimore, Maryland, 21209-4596.

Attachments:

[Attachment A- Sliding Scale](#)

[Attachment B- Patient Financial Assistance Application](#)

x

Assign Acknowledgments

Select Users or User Groups

Note Acknowledgments have not yet been assigned. Clicking the button below will assign them.

Assign Acknowledgments



Only assign this policy version

612157

Financial Assistance Information

If you cannot pay for all or part of your care from our hospital, you may be eligible to get free or lower cost services.

When you visit us for your child's care, we can help explain how much of the cost is covered by insurance and how much of the cost you will have to pay. You must give us all of the information about your health insurance, and we will do our best to help you. You may still need to talk to your insurance company directly about the health care services they cover. Only your insurance company can confirm what is covered. You need to be certain you completely understand your child's insurance coverage. The hospital cannot make any promises about what your insurance company covers. If your health insurance changes, you must give us the new information as soon as possible.

You will receive one bill for hospital services and a second bill for doctor services. We can offer patient financial help for hospital bills and doctor services. If you do not have insurance, we will not charge you more for hospital services than we charge people with health insurance. Usually, we will ask you to pay 1/2 of any expected costs on the first day of care, then we will divide up the rest to be paid while your child is being treated.

If you cannot pay what you owe for the health care costs of your child's care, you can apply to Mt. Washington for financial help with those costs. We will:

1. Give you information about our financial assistance policy and/or
2. Offer you help with a counselor, who will help you with the application.

How We Review Your Application

We will look at your ability to pay for hospital care. We look at your income and family size. You may receive free or lower costs of care if:

1. Your income or your family's total income is low for the area where you live, or
2. Your income falls below the federal poverty level if you had to pay for the full cost of your hospital care, minus any health insurance payments.

We offer free care if your/your family income is below a certain amount and lower cost care if your income is a little bit higher. We also give cost discounts based on special family factors. You may receive help in the following ways:

1. **Payment Plan:** You pay the full cost of care, but this option lets you make smaller payments over a longer period of time; or
2. **Patient Financial Assistance:** You will not pay any costs or you will pay less than the full cost of care.

Please Note: If you can get financial help, we will tell you just how much you can get. If you are not eligible to get financial help, we will tell you why not. The hospital must verify that all patients qualify for Medicaid before offering financial help.

How To Apply For Financial Help

1. Fill out a Financial Assistance Application Form.
2. Give us all of the information we need to understand your financial situation.
 - A. We will need information from each responsible parent/guardian of the child, including:
 - i. Your last two pay stubs, and
 - ii. Your most recent bank statement from any/all of your bank accounts.
3. Turn the Application Form into us at 1708 W. Rogers Ave., Baltimore, MD 21209.

Other Helpful Information

You can get a free copy of our Financial Assistance Policy and Application Form:

- Online at www.mwph.org
- In person at:
 - i. The Admissions Office or Outpatient Registration desk at our main location at 1708 W. Rogers Ave., Baltimore, MD 21209 or
 - ii. The Nursing Station or Outpatient Registration desk at our unit in Prince George's Hospital Center, located at 3001 Hospital Dr., Cheverly, MD 20785.
- By mail (by sending a request to: Patient Accounting Office, MWPH, 1708 W. Rogers Ave., Baltimore, MD 21209.

You can call the following resources if you have questions or need help applying. You can also call if you need help in another language.

Mary Miller, Vice President of Finance, 410-578-5163

Linda Ryder, Manager of Patient Accounting, 410-578-5206

Denise Pudinski, Director of Collaborative Care, 410-578-2669
(inpatient only)

Debbie Fike, Credentialing & Payer Relations, 410-578-5334

Joanne Carper, Outpatient Manager, 410-578-5281

Kristin Dorsey, Outpatient Financial Counselor, 410-578-7859



PART THREE: AMENDMENTS

Question

(Question 33) Please describe how the hospital uses the ZIP codes in the financial assistance policy to identify its CBSA. Please also describe the “Other” method the hospital uses to identify its CBSA.

Answer

In addition to patient utilization, the hospital also reviewed the characteristics of population and service area served by Mt. Washington Pediatric Hospital, including percentage of Medicaid recipients and uninsured persons assisted through the financial assistance policy.

Other: MWPH reviewed multiple other data to determine the CBSA including socioeconomic characteristics, education, access to healthy foods, housing, community built and social environment, life expectancy and mortality to name a few.

MWPH determined that hospital’s Community Benefit Service Area (CBSA) constitute an area that is predominantly African American with below average median family income, but above average rates for unemployment, and other social determinants of poor health.

Question

(Question 72) This question was left blank. Please provide an explanation.

Answer

The report is shared with the hospital foundation board, and the report reviewed by the hospital foundation board.

Question

(Question 74) This question was left blank. Please provide a description.

Answer

The hospital foundation board and leadership review the CHNA priorities and programming along with its expected outcomes and they are approved by the hospital foundation board/hospital leadership.

Question

(Question 82, 100) Initiative 1 and Initiative 2 addressed needs that weren’t selected in the CHNA section (Question 57). Did you intend to select these needs as having been identified in your CHNA in Question 57? Adolescent Health, Disability and Health, Food Safety, Health-Related Quality of Life and Well-Being, Immunization and Infectious Diseases, Mental Health

and Mental Disorders, Physical Activity, Sleep Health, Social Determinants of Health, and Tobacco Use, and Other – Asthma, Medication Safety for Parents/Family Members

Answer

Yes, in Q57, additional needs adolescents health, disability and health, food safety, health-related quality of life and well-being, immunization and infectious disease, mental health and mental health disorders, physical activity, sleep health, social determinants of health, tobacco use and other-asthma, medication safety for parents/family members should have been selected.

Furthermore, because Initiatives 1 & 2 focused offered a multidisciplinary approach to addressing the parent population needs, it covered an array of CHNA needs.