

Saint Agnes Hospital

FY 2018 Community Benefit Narrative Report

PART ONE: ORIGINAL NARRATIVE SUBMISSION

Q1. 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. 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. 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: Saint Agnes Hospital. | <input checked="" type="radio"/> | <input type="radio"/> | |
| Your hospital's ID is: 210011. | <input checked="" type="radio"/> | <input type="radio"/> | |
| Your hospital is part of the hospital system called N/A. | <input type="radio"/> | <input checked="" type="radio"/> | Ascension |
| Your hospital was licensed for 254 beds during FY 2018. | <input checked="" type="radio"/> | <input type="radio"/> | |
| Your hospital's primary service area includes the following zip codes: 21042, 21043, 21075, 21207, 21223, 21227, 21228, 21229, 21244, 21250. | <input type="radio"/> | <input checked="" type="radio"/> | 21227, 21225, 21228, 21226, 21229, 21215, 21216, 21217, 21223, 21230, 21207 |
| Your hospital shares some or all of its primary service area with the following hospitals: Bon Secours Baltimore Health System, Howard County General Hospital, Lifebridge Levindale Hebrew Geriatric Center and Hospital of Baltimore, Inc., Lifebridge Northwest Hospital, Lifebridge Sinai Hospital, MedStar Harbor Hospital, Mercy Medical Center, UMMC Midtown Campus, University of Maryland Medical Center. | <input checked="" type="radio"/> | <input type="radio"/> | |

Q3. 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.

Q4. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Percentage of Hospital's Patients who are Uninsured: Balt. City – 53.7% Balt. County – 34.5% Anne Arundel – 4.6% Howard Cnty – 4.5% Other – 2.7% Source: Hospital discharge data

Q5. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q6. Please select the county or counties located in your hospital's CBSA.

- | | | |
|---|--|---|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Charles County | <input type="checkbox"/> Prince George's County |
| <input checked="" type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County |
| <input checked="" type="checkbox"/> Baltimore City | <input type="checkbox"/> Frederick County | <input type="checkbox"/> Somerset County |
| <input checked="" type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett County | <input type="checkbox"/> St. Mary's County |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Harford County | <input type="checkbox"/> Talbot County |
| <input type="checkbox"/> Caroline County | <input type="checkbox"/> Howard County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Carroll County | <input type="checkbox"/> Kent County | <input type="checkbox"/> Wicomico County |
| <input type="checkbox"/> Cecil County | <input type="checkbox"/> Montgomery County | <input type="checkbox"/> Worcester County |

Q7. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q8. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> 20701 | <input type="checkbox"/> 20764 | <input type="checkbox"/> 21060 | <input type="checkbox"/> 21144 |
| <input type="checkbox"/> 20711 | <input type="checkbox"/> 20776 | <input type="checkbox"/> 21061 | <input type="checkbox"/> 21146 |
| <input type="checkbox"/> 20714 | <input type="checkbox"/> 20778 | <input type="checkbox"/> 21076 | <input checked="" type="checkbox"/> 21226 |
| <input type="checkbox"/> 20724 | <input type="checkbox"/> 20779 | <input type="checkbox"/> 21077 | <input type="checkbox"/> 21240 |
| <input type="checkbox"/> 20733 | <input type="checkbox"/> 20794 | <input type="checkbox"/> 21090 | <input type="checkbox"/> 21401 |
| <input type="checkbox"/> 20736 | <input type="checkbox"/> 21012 | <input type="checkbox"/> 21108 | <input type="checkbox"/> 21402 |
| <input type="checkbox"/> 20751 | <input type="checkbox"/> 21032 | <input type="checkbox"/> 21113 | <input type="checkbox"/> 21403 |
| <input type="checkbox"/> 20754 | <input type="checkbox"/> 21035 | <input type="checkbox"/> 21114 | <input type="checkbox"/> 21405 |
| <input type="checkbox"/> 20755 | <input type="checkbox"/> 21037 | <input type="checkbox"/> 21122 | <input type="checkbox"/> 21409 |
| <input type="checkbox"/> 20758 | <input type="checkbox"/> 21054 | <input type="checkbox"/> 21140 | |

Q9. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

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

Q10. 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 type="checkbox"/> 21221 |
| <input type="checkbox"/> 21030 | <input type="checkbox"/> 21111 | <input type="checkbox"/> 21155 | <input 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 type="checkbox"/> 21133 | <input type="checkbox"/> 21208 | <input type="checkbox"/> 21237 |
| <input type="checkbox"/> 21082 | <input type="checkbox"/> 21136 | <input type="checkbox"/> 21219 | <input type="checkbox"/> 21244 |
| <input type="checkbox"/> 212087 | <input type="checkbox"/> 21152 | <input type="checkbox"/> 21220 | <input type="checkbox"/> 21286 |

Q11. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q26. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q31. How did your hospital identify its CBSA?

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

Closely aligns with Total Cost of Care patient attribution as determined in the Medicare Performance Adjustor methodology.

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

Based on patterns of utilization. Please describe.

Other. Please describe.

| | 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Community Benefit 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"/> | |
| Physician(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Nurse(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Social Workers | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Community Benefit Task Force | <input type="checkbox"/> | <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 type="checkbox"/> | |
| Hospital Advisory Board | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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"/> | |
| | <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"/> | |

Q44. Please use the table below to tell us about the external participants involved in your most recent CHNA.

| | 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: |
|--|---|--------------------------|---|-------------------------------------|---|---|--|--------------------------------|--------------------------|--|
| School - Pharmacy School -- Please list the schools here: University of Maryland Baltimore, School of Pharmacy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Behavioral Health 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"/> | |
| Social Service Organizations -- Please list the organizations here: Jewish Community Services, CHANA, Comprehensive Housing Assistance, Inc., Lifebridge Sinai: Vocational Services | <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"/> | |
| Post-Acute Care Facilities -- please list the facilities 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"/> | |
| Community/Neighborhood Organizations -- Please list the organizations here: Promise Heights | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Consumer/Public Advocacy Organizations -- Please list the organizations here: Disability Rights Maryland, Green and Healthy Homes Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other -- If any other people or organizations were involved, please list them here: Chase Brexton Health Services, Inc., Baltimore Medical System, Inc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Q45. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
- No

Q46. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

Q47. Please provide a link to your hospital's CHNA implementation strategy.

https://www.stagnes.org/wp-content/uploads/2017/11/FY18-CHNA_FINAL-6-15-18.pdf

Q48. 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.

Q49. 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 type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> Food Safety | <input type="checkbox"/> Oral Health |
| <input 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 checked="" type="checkbox"/> Cancer | <input checked="" type="checkbox"/> Heart Disease and Stroke | <input checked="" type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Chronic Kidney Disease | <input checked="" 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 checked="" type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Injury Prevention | <input checked="" type="checkbox"/> Tobacco Use |
| <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health | <input checked="" type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Maternal & Infant Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Educational and Community-Based Programs | <input checked="" 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="text"/> |
| <input type="checkbox"/> Environmental Health | | |

Q50. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

Many of the top community health concerns remain unchanged from the FY16 Community Needs Assessment with obesity & diabetes and cardiovascular issues amongst greatest priorities. Similar to the rest of the county with the exponential rise of the opioid epidemic, this assessment highlighted much greater concern regarding the issue of substance use disorder and Mental Health needs in the community. The top three Community Health Need Priorities that Saint Agnes identified for FY19-21, which have been approved by the Saint Agnes Executive Team and Board of Directors include: Address Mental Health/Substance Abuse (shared priority with all Baltimore City hospitals), Reduce Obesity and impact of Chronic Diseases and, Create Person-Centered Healthy Neighborhoods to Address Social Determinants of Health. This is in comparison to the FY16 Community Needs Assessment which prioritized the top three health needs as: Address Obesity and Diabetes Prevalence, Reduce Cardiovascular Disease Burden and, Create Person-Centered Healthy Neighborhoods.

Q51. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q52. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q53. 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) |
|--|---|---|--|--|---|-------------------------------------|---|-------------------------------------|--|--------------------------|--|
| | 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 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 type="checkbox"/> | <input type="checkbox"/> | 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: |
| 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"/> | 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: |

| | | | | | | | | | | |
|---|---|--|--|---|-------------------------------------|---|-------------------------------------|--|--------------------------|--|
| 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 | 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: |
| Maryland Department of the Environment | <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 | 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: |
| Maryland Department of Transportation | <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 | 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: |
| Maryland Department of Education | <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 | 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: |
| Area Agency on Aging -- Please list the agencies 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"/> | |
| | 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: |
| Local Govt. 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"/> | |
| | 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: |
| Faith-Based Organizations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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: |
| School - K-12 -- Please list the schools 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"/> | |
| | 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: |
| School - Colleges and/or Universities -- Please list the schools here: University of Baltimore, University of Maryland Baltimore, UMBC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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: |
| School of Public Health -- Please list the schools here: Towson University College of Health Professions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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: |
| School - Medical School -- Please list the schools 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"/> | |
| | 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: |

Q57. Please describe the community benefit narrative review process.

A qualitative and quantitative review of information reported in both the CBR and schedule H of the IRS 990 is reviewed by Deloitte. There is no sign off of the review by Deloitte.

Q58. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- Yes
- No

Q59. Please explain:

This question area not displayed to the respondent.

Q60. Does the hospital's board review and approve the annual community benefit narrative report?

- Yes
- No

Q61. Please explain:

This question area not displayed to the respondent.

Q62. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
- No

Q63. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

As part of its FY19-21 Integrated Strategic, Operating and Financial Plan, Saint Agnes must highlight its high level strategies to deliver on Ascension's Advanced Strategic Direction Transformation Objectives. Implementation of the CHNA is addressed in several sections includes Community Engagement, Population Health and Managing Utilization of the Patient Community.

Q64. (Optional) If available, please provide a link to your hospital's strategic plan.

Q65. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q66. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q67. 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.

Q68. Initiative 1

Q69. Name of initiative.

Cardiovascular Disease Risk Reduction (Reducing Impact of Chronic Disease)

Q70. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q71. 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 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 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 checked="" 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 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 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 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 type="text"/> |

Q72. When did this initiative begin?

07/16/2016

Q73. 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.

Q74. Enter the number of people in the population that this initiative targets.

This initiative targets 289,787 people

Q75. Describe the characteristics of the target population.

Target population is adults who have not had a prior heart attack or stroke, do not have ESRD and who are not receiving hospice care.

Q76. How many people did this initiative reach during the fiscal year?

728

Q77. 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.

Q78. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Individuals: Cardiologists, Nurse Practitioners, Certified Health Coaches and Certified Fitness Instructors
Organizations: Churches and Maryland Cardiovascular Specialists

No.

Q79. Please describe the primary objective of the initiative.

Saint Agnes' primary objective is to stratify 10 year risk of heart attack or stroke and provide clinical care, health education, fitness classes to improve participant's health status and reduce 10 year risk.

Q80. Please describe how the initiative is delivered.

One-on-one clinical intervention and small group classes providing a risk assessment, stratification and intervention program featuring team-based care delivery. It provides wellness, disease and chronic care management and preventive care, and provides health literacy and lifestyle self-management tools to individuals with or at risk for CVD. It targets individuals identified as rising or at high risk for CVD, heart attack, heart failure or stroke, predominately from the West Baltimore Collaborative and high-poverty communities surrounding Saint Agnes Hospital. Patients experiencing chest pain, but not heart attack, or who have persistent high blood pressure are referred to the program.

Q81. 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

Reduction in participant 10-year risk score for heart attack or stroke.
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q82. Please describe the outcome(s) of the initiative.

Outcomes expected are 1.) Reduction in 10 year risk of heart attack, 2.) Systolic blood pressure: 10 point decrease or decrease to 2017 ACC/AHA Guidelines and 3.) LDL Cholesterol: 10% reduction or to 2017 ACC/AHA Guidelines, 4.) increased participant health literacy and self-management skills.

Q83. Please describe how the outcome(s) of the initiative addresses community health needs.

Community health needs are addressed through identification and assessment of underserved, low-income individuals at high-risk for CVD and the impact of CVD as a chronic disease. It provides an evidence and team-based intervention program including clinical care, medication management, healthy lifestyle and nutrition education and physical activity to reduce risk for heart disease as measured by clinically significant improvements in LDL cholesterol and blood pressure control.

Q84. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Hospital Funds \$24,596

Q85. (Optional) Supplemental information for this initiative.

Q86. Initiative 2

Q87. Name of initiative.

The Diabetes Prevention Program (Reducing the Impact of Chronic Disease)

Q88. Does this initiative address a need identified in your CHNA?

- Yes
 No

Q89. 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 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 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 checked="" 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 type="checkbox"/> Disability and Health | <input type="checkbox"/> Respiratory Diseases |
| <input checked="" 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 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 type="text"/> |

Q90. When did this initiative begin?

01/23/2013

Q91. 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.

Q92. Enter the number of people in the population that this initiative targets.

101,909 adults in Baltimore City and Baltimore County experience diabetes and its comorbidities (BRFSS 2016).

Q93. Describe the characteristics of the target population.

The target population for the Diabetes Prevention Program is individuals who are: at least 18 years old and overweight (with a body mass index ≥ 25 ; ≥ 23 if Asian) and have no previous diagnosis of type 1 or type 2 diabetes and have a blood test result in the prediabetes range within the past year (Hemoglobin A1C: 5.7%–6.4% or Fasting plasma glucose: 100–125 mg/dL or Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL) or were previously diagnosed with gestational diabetes.

Q94. How many people did this initiative reach during the fiscal year?

484

Q95. 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.

Q96. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Saint Agnes Hospital Diabetes and Endocrinology Center
Ascension Medical Group
Maryland Department of Health, Office of Minority Health and Health Disparities
Baltimore Medical System, Inc.
Bon Secours Hospital, Baltimore, MD
Trinity Baptist Church, Baltimore, MD
Kingdom Life Church, Baltimore, MD
New Shiloh Baptist Church, Baltimore, MD
Future Care of Irvington, Baltimore, MD (community health fair)
Marlborough Apartments (low income senior housing)
Keller Williams (sponsored community health fair), Baltimore County
Central Church of Christ, Baltimore, MD
Masjid Al Rahman - Islamic Society of Baltimore, Baltimore, MD
Bethel AME Church, Baltimore, MD

No.

Q97. Please describe the primary objective of the initiative.

The primary objective is prevent or delay the onset of type 2 diabetes in individuals participating in the program by providing an evidence-based and high-quality lifestyle change program to reduce their risk of type 2 diabetes and improve their overall health.

Q98. Please describe how the initiative is delivered.

Individuals complete a six month core program of 26 weekly small group sessions utilizing the US Centers for Disease Control's evidence based curriculum followed by six months of post-core sessions, eight bi-weekly sessions and two monthly sessions for 10 sessions total. The sessions are taught by Certified DPP Lifestyle Coaches and each class consists of a healthy lifestyle topic and a 60 minute group fitness class that supports the goal of 150 minutes of brisk physical activity each week. One-on-one telephonic coaching sessions are conducted for participants who miss a session.

Q99. 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

Q100. Please describe the outcome(s) of the initiative.

A 5% reduction in weight loss is the key outcome sought for all participants.

Q101. Please describe how the outcome(s) of the initiative addresses community health needs.

Community health needs are addressed through identification and assessment of underserved, low-income individuals at high-risk for diabetes and the impact of diabetes as a chronic disease. Education on healthy lifestyle and nutrition education and physical activity provide a basis for reduced risk for diabetes and further complications from this chronic disease by encouraging weight-loss reduction.

Q102. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Hospital Funds \$50,878

Q103. (Optional) Supplemental information for this initiative.

Q104. Initiative 3

Q105. Name of initiative.

Obesity Program (Reducing the Impact of Chronic Disease)

Q106. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q107. 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 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 type="checkbox"/> Mental Health and Mental Disorders |

- Cancer
- Chronic Kidney Disease
- Community Unity
- Dementias, Including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Emergency Preparedness
- Environmental Health
- Family Planning
- Food Safety
- Genomics
- Global Health
- Health Communication and Health Information Technology
- Health-Related Quality of Life and Well-Being
- Hearing and Other Sensory or Communication Disorders
- Nutrition and Weight Status
- Older Adults
- Oral Health
- Physical Activity
- Preparedness
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Social Determinants of Health
- Substance Abuse
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Other. Please specify.

Q108. When did this initiative begin?

01/01/2018

Q109. 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.

Q110. Enter the number of people in the population that this initiative targets.

268,436 individuals in Baltimore City and Baltimore County suffer from obesity (BRFSS 2016).

Q111. Describe the characteristics of the target population.

Morbid obesity: Individuals with BMI greater than or equal to 40 or BMI greater than or equal to 35 with Type 2 diabetes, High blood pressure and severe sleep apnea.

Q112. How many people did this initiative reach during the fiscal year?

1209

Q113. 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.

Q114. Did you work with other individuals, groups, or organizations to deliver this initiative?

- Yes. Please describe who was involved in this initiative.

- No.

Q115. Please describe the primary objective of the initiative.

Reduce morbid obesity and improve health outcomes for individuals by reduction of BMI by at least 20% within one year of bariatric surgery.

Q116. Please describe how the initiative is delivered.

Participants in bariatric seminars received education on obesity as a disease state, how to access medical, nutritional and surgical care for morbid obesity. In follow-up to the educational session 37% of participants scheduled and kept a clinical appointment for bariatric care.

Q117. 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

Q118. Please describe the outcome(s) of the initiative.

Within one year of intervention decrease BMI by 20% for patients engaging in medical weight loss techniques and/or bariatric surgery. Impact/Outcomes: a. 527 bariatric surgery procedures were performed. b. 53.4% of bariatric surgery patients lowered their BMI by at least 20% in one year from surgery.

Q119. Please describe how the outcome(s) of the initiative addresses community health needs.

Participants in bariatric seminars received education on obesity as a disease state, how to access medical, nutritional and surgical care for morbid obesity. In follow-up to the educational session 28.6% of participants scheduled and kept a clinical appointment for bariatric care.

Q120. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Hospital Funds \$75,080

Q121. (Optional) Supplemental information for this initiative.

Q122. (Optional) Additional information about initiatives.

Q123. (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.

Q124. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

- Yes
- No

Q125. Please check all of the needs that were NOT addressed by your community benefit initiatives.

- | | |
|---|---|
| <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 checked="" 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 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 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 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 checked="" type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Vision |
| <input 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 type="text"/> |

Q126. 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 | <input type="text"/> |
| Reduce rate of sudden unexpected infant deaths (SUIDs) | <input type="text"/> |
| 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 | <input type="text"/> |
| 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 | Diabetes prevention programs and cardiovascular programs promote physical activity |
| Increase the % of adults who are at a healthy weight | Diabetes and Bariatric programs promote healthy weight |
| Reduce the % of children who are considered obese (high school only) | <input type="text"/> |
| Reduce the % of adults who are current smokers | Promotion of smoking cessation through CVD programs. |
| 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 | <input type="text"/> |
| Reduce child maltreatment (per 1,000 population) | <input type="text"/> |
| Reduce suicide rate (per 100,000) | <input type="text"/> |
| Reduce domestic violence (per 100,000) | <input type="text"/> |
| Reduce the % of young children with high blood lead levels | <input type="text"/> |
| Decrease fall-related mortality (per 100,000) | <input type="text"/> |
| Reduce pedestrian injuries on public roads (per 100,000 population) | <input type="text"/> |
| 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 | <input type="text"/> |
| Reduce heart disease mortality (per 100,000) | Through work in CVD programming including heart failure clinic |
| Reduce cancer mortality (per 100,000) | <input type="text"/> |
| Reduce diabetes-related emergency department visit rate (per 100,000) | Diabetes prevention programming |
| Reduce hypertension-related emergency department visit rate (per 100,000) | CVD programming |
| 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) | SBIRT initiation in E.D. |
| 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"/> |

Q127. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q128. 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.

Q129. 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 | There are gaps in care for a number of specialties including obstetrical, perinatal, neonatal, psychiatry and radiology that Saint Agnes must subsidize. Given Saint Agnes' urban, low income service area especially for emergency and obstetrical services, financial support of the specialties is critical to ensure these services are available to patients in the community. |
| Non-Resident House Staff and Hospitalists | Hospitalist and Intensivist coverage of medical/surgical patients is another service for which Saint Agnes provides physician subsidies. As primary care physicians become more focused on operating their own practices in the community, less of these physicians are available for house coverage of patients meaning hospitals must provide financial support to physicians able to provide this needed coverage to patients. |
| Coverage of Emergency Department Call | Subsidies are necessary for specialty care in the emergency department given Saint Agnes' number of uninsured patients and low reimbursement levels for its insured patients. On-call stipends are provided for the following surgical subspecialties: general, ENT, hand, neuro, orthopedic, pediatric, plastics, podiatry, urology, vascular, and thoracic. |
| 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"/> |

Q130. (Optional) Is there any other information about physician gaps that you would like to provide?

Q131. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q132. Upload a copy of your hospital's financial assistance policy.

[SAH Financial Assistance policy_fy18.pdf](#)
874.3KB
application/pdf

Q133. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[Saint Agnes Plain Language Summary.pdf](#)
20.8KB
application/pdf

Q134. 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).

Q135. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

Q136. 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.

Q137. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

Q138. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q139. (Optional) Please attach any files containing further information about your hospital's FAP.

Q140. You have reached the end of the questions, but you are not quite finished. When you click the 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. Your report will not be submitted to HSCRC until you have clicked the button at the bottom of the next page, the one with all your answers.

Location Data

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

Source: GeoIP Estimation

PART TWO: ATTACHMENTS

| | | |
|---|---|------------------|
| Saint Agnes Healthcare System Policy and Procedure Manual | Page 1 of 20 | SYS FI 05 |
| Subject: Charity Care/Financial Assistance | Effective Date: 2/05 | |
| | Reviewed: Revised: 11/90, 1/91, 6/91, 4/98, 3/01, 3/03, 6/08, 9/09, 6/16, 7/17, 7/18 | |
| <p>Approvals:</p> <p>Final - President/CEO: _____ Date: _____</p> <p>Concurrence: _____ Date _____</p> <p style="text-align: center;"><i>(Policies become effective 30 days after CEO signs.)</i></p> | | |

POLICY/PRINCIPLES

It is the policy of Saint Agnes Healthcare (the “Organization”) to ensure a socially just practice for providing emergency or other medically necessary care at the Organization’s facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization.

1. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.
2. This policy applies to all emergency and other medically necessary services provided by the Organization, including employed physician services and behavioral health. This policy does not apply to payment arrangements for elective procedures or other care that is not emergency care or otherwise medically necessary.
3. The List of Providers Covered by the Financial Assistance Policy provides a list of any providers delivering care within the Organization’s facilities that specifies which are covered by the financial assistance policy and which are not.

SCOPE

This policy applies to all entities of the Saint Agnes HealthCare system.

DEFINITIONS

For the purposes of this Policy, the following definitions apply:

- “**501(r)**” means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.
- “**Amount Generally Billed**” or “**AGB**” means, with respect to emergency or other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- “**Community**” means patients residing in the following zip codes consistent with the Organization’s Community Health Needs Assessment (CHNA):

- Arbutus 21227
- Brooklyn/Linthicum, 21225
- Catonsville 21250, 21228
- Curtis Bay 21226
- Gwynn Oak 21207
- South Baltimore City 21223, 21230
- Southwest Baltimore City 21229
- West Baltimore City 21215, 21216, 21217
- **“Emergency Care”** means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in either:
 - a. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or
 - b. Serious impairment to bodily functions, or
 - c. Serious dysfunction of any bodily organ or part.
- **“Hospital Markup”** means the markup included in hospital rates as calculated by the Health Services Cost Review Commission (uncompensated care in rates plus payer differential).
- **“Medically Necessary Care”** means care that is determined to be medically necessary following a determination of clinical merit by a licensed provider. In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.
- **“Organization”** means Saint Agnes Healthcare.
- **“Patient”** means those persons who receive emergency or medically necessary care at the Organization and the person who is financially responsible for the care of the patient.

Financial Assistance Provided

Financial assistance described in this section is limited to Patients that live in the Community:

1. Patients with income less than or equal to 250% of the Federal Poverty Level (“FPL”), will be eligible for 100% charity care write off on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any.
2. At a minimum, Patients with incomes above 250% of the FPL but not exceeding 400% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any. A Patient eligible for the sliding scale discount will not be charged more than the lesser of (1) charges minus hospital markup, (2) the calculated AGB charges. The sliding scale discount(s) can be found at Exhibit A.
3. The Organization will provide reduced-cost, medically necessary care to patients with family income below 500% of the FPL and medical debt that exceeds 25% of the family income. Eligible patients shall remain eligible for reduced cost, medically necessary care during the 12-month period beginning on the date on which the reduced-cost, medically necessary care was initially received. The patient and any immediate family member of the patient living in the same household may be eligible.
4. Eligibility for financial assistance may be determined at any point in the revenue cycle and may include the use of presumptive scoring to determine eligibility notwithstanding an applicant’s failure to complete a financial assistance application (“FAP Application”).

5. Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the following means-tested social service programs are deemed eligible for charity care, provided that the patient submits proof or enrollment within 30 days unless the patient or the patient's representative requests an additional 30 days:
 - a. Households with children in the free or reduced lunch program;
 - b. Supplemental Nutritional Assistance Program (SNAP);
 - c. Low-income household energy assistance Program;
 - d. Women, Infants and Children (WIC);
 - e. Other means-tested social services program deemed eligible for hospital free care by the Department of Health and Mental Hygiene and the HSCRC.
6. Eligibility for financial assistance must be determined for any balance for which the patient with financial need is responsible.
7. The process for Patients and families to appeal an Organization's decisions regarding eligibility for financial assistance is as follows:
 - a. Patients will be notified of ineligibility of financial assistance through the hospital's financial assistance denial letter. Patients or families may appeal decisions regarding eligibility for financial assistance by contacting the Director of Patient Financial Services either via phone call or in writing mailed to 900 Caton Ave., Baltimore, Md. 21229.
 - b. All appeals will be considered by Saint Agnes Healthcare's charity care and financial assistance appeals committee, and decisions of the committee will be sent in writing to the Patient or family that filed the appeal.

Other Assistance for Patients Not Eligible for Financial Assistance (applicable to non-hospital services only)

Patients, who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by the Organization. In the interest of completeness, these other types of assistance are listed here, although they are not need-based and are not intended to be subject to 501(r) but are included here for the convenience of the community served by Saint Agnes Healthcare.

1. Uninsured Patients receiving services at Seton Imaging, Lab Outreach or Professional Services who are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payor for that Organization. The highest paying payor must account for at least 3% of the Organization's population as measured by volume or gross patient revenues. If a single payor does not account for this minimum level of volume, more than one payor contract should be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of the Organization's business for that given year.
2. Uninsured and insured Patients receiving services at Seton Imaging, Lab Outreach or Professional Services who are not eligible for financial assistance may receive a prompt pay discount. The prompt pay discount may be offered in addition to the uninsured discount described in the immediately preceding paragraph.

Uninsured Discounts Available to Patients (applicable to hospital services only)

An uninsured patient receiving regulated hospital services will receive a 2-percent discount if payment is made at the earlier of the end of each regular billing period or upon discharge from the hospital. Payment within 30 days of the earlier of the end of each regular billing period or discharge entitles the patient to a 1-percent discount.

Limitations on Charges for Patients Eligible for Financial Assistance

Patients eligible for Financial Assistance will not be charged more than the lesser of (1) charges minus hospital markup, (2) the calculated AGB charges for emergency and other medically necessary care and not more than gross charges for all other medical care. The Organization calculates one or more AGB percentage using the “look-back” method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with 501(r). A free copy of the AGB calculation description and percentage(s) may be obtained by contacting Patient Financial Services at 667-234-2140.

Applying for Financial Assistance and Other Assistance

A Patient may qualify for financial assistance through presumptive scoring eligibility or by applying for financial assistance by submitting a completed FAP Application. A Patient may be denied financial assistance if the Patient provides false information on a FAP Application or in connection with the presumptive scoring eligibility process. The FAP Application and FAP Application Instructions are available online at stagnes.org or through request by calling Patient Financial Assistance at 667-234-2140. FAP applications are also available at various Registration Locations throughout the hospital.

Billing and Collections

The actions that the Organization may take in the event of nonpayment are described in a separate billing and collections policy. A free copy of the billing and collections policy may be obtained by contacting Patient Financial Services at 667-234-2140.

Interpretation

This policy is intended to comply with 501(r), except where specifically indicated. This policy, together with all applicable procedures, shall be interpreted and applied in accordance with 501(r) except where specifically indicated.

Exhibit A

Saint Agnes Healthcare

FINANCIAL ASSISTANCE SCALE

As of July 1, 2018

For Hospital Facility Services Only (Regulated)

| Household Size | Charity Care | | | | Financial Assistance Program | | | | | |
|-----------------------------|--------------|----------|----------|----------|------------------------------|----------|----------|----------|-----------|-----------|
| | 100% | to 200% | to 225% | to 250% | to 275% | to 300% | to 325% | to 350% | to 375% | to 400% |
| 1 | \$13,860 | \$27,720 | \$31,190 | \$34,650 | \$38,120 | \$41,580 | \$45,050 | \$48,510 | \$51,980 | \$55,440 |
| 2 | \$18,670 | \$37,340 | \$42,010 | \$46,680 | \$51,340 | \$56,010 | \$60,680 | \$65,350 | \$70,010 | \$74,680 |
| 3 | \$23,480 | \$46,960 | \$52,830 | \$58,700 | \$64,570 | \$70,440 | \$76,310 | \$82,180 | \$88,050 | \$93,920 |
| 4 | \$28,290 | \$56,580 | \$63,650 | \$70,730 | \$77,800 | \$84,870 | \$91,940 | \$99,020 | \$106,090 | \$113,160 |
| Saint Agnes Discount | 100% | 100% | 100% | 100% | 75% | 50% | 25% | 15% | 12% | 10.0% |

For Professional Services (Deregulated)*

| Household Size | Charity Care | | | | Financial Assistance Program | | | | | |
|-----------------------------|--------------|----------|----------|----------|------------------------------|----------|----------|----------|-----------|-----------|
| | 100% | to 200% | to 225% | to 250% | to 275% | to 300% | to 325% | to 350% | to 375% | to 400% |
| 1 | \$13,860 | \$27,720 | \$31,190 | \$34,650 | \$38,120 | \$41,580 | \$45,050 | \$48,510 | \$51,980 | \$55,440 |
| 2 | \$18,670 | \$37,340 | \$42,010 | \$46,680 | \$51,340 | \$56,010 | \$60,680 | \$65,350 | \$70,010 | \$74,680 |
| 3 | \$23,480 | \$46,960 | \$52,830 | \$58,700 | \$64,570 | \$70,440 | \$76,310 | \$82,180 | \$88,050 | \$93,920 |
| 4 | \$28,290 | \$56,580 | \$63,650 | \$70,730 | \$77,800 | \$84,870 | \$91,940 | \$99,020 | \$106,090 | \$113,160 |
| Saint Agnes Discount | 100% | 100% | 100% | 100% | 90% | 80% | 70% | 60% | 50% | 46.1% |

* Includes the following services:

- Seton Imaging*
- Lab Outreach*
- Seton Medical Group*
- Ascension Medical Group*
- Saint Agnes Medical Group*
- Integrated Specialist Group*
- Radiologists Professional Services*
- Anesthesia Professional Services*

Exhibit B

Saint Agnes Healthcare

AMOUNT GENERALLY BILLED CALCULATION

As of 3/31/18

Saint Agnes Healthcare calculates two AGB percentages – one for hospital facility charges and one for professional fees – both using the “look-back” method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with IRS Reg. Sec. 1.501(r)-5(b)(3), 1.501(r)-5(b)(3)(ii)(B) and 1.501(r)-5(b)(3)(iii). The details of those calculations and AGB percentages are described below.

The AGB percentages for Saint Agnes Healthcare are as follows:

AGB for hospital facility charges: 92.0%*

AGB for physicians’ professional fees: 53.9%

These AGB percentages are calculated by dividing the sum of the amounts of all of the hospital facility’s claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility (separately for facility charges and professional services) by the sum of the associated gross charges for those claims. The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12-month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months).

***Notwithstanding the foregoing AGB calculation, Saint Agnes Health Care has chosen to apply a lower AGB percentage for hospital facility charges as follows:**

AGB: 90.0%

Exhibit C

Saint Agnes Healthcare

LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY

As of July 1, 2018

Per Reg. Sec. 1.504(r)-4(b)(1)(iii)(F) and Notice 2015-46, this list specifies which providers of emergency and medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP). Elective procedures and other care that is not emergency care or otherwise medically necessary are not covered by the FAP for any providers

| <u>Providers covered by FAP</u> | <u>Providers not covered by FAP</u> |
|---|--|
| Seton Medical Group Ascension Medical Group Integrated Specialist Group Saint Agnes Medical Group Vituity | ABBOTT,JOEL E DO ABDULKADIR,TOLANI F MD ABDUR-RAHMAN,NAJLA MD ABELL,DAVID PA ABERNATHY,THOMAS MD ACEBEY,MAURICIO MD ADAMS,SCOTT MD ADEAGBO,TEMITAYO O NP ADEBAYO,DAVID A PA-C ADHIKARLA,ROHINI MD AFZAL,MUHAMMAD MD AHLUWALIA,GURDEEP S MD AHMAD,ISHTIAQ MD AHMED,AZRA MD AHUJA,GURMINDER MD AHUJA,NAVNEET K MD AKHTAR,YASMIN DO ALBUERNE,MARCELINO D MD AL-BUSTANI,SAIF S MD, DDS ALDRIDGE,DIONNE F LCSWC ALEX,BIJU K MD ALI,LIAQAT MD ALI,ZULFIQAR MD ALLEN,DANISHA MD ALONSO,ADOLFO M MD AMERI,MARIAM MD AMIN,SHAHRIAR MD ANANDAKRISHNAN,RAVI K MD ANDRADE,JORGE R MD |

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|--|---|
| | ANGLE,EMILY PA-C ANGLIN,DELROY MD ANSARI,MOHSIN MD ANTHONY,JAMES D MD ANTONIADES,SPIRO B MD APGAR,LESLIE MD APOSTOLIDES,GEORGE Y MD APOSTOLO,PAUL M MD AREGAWI,ABIY MD ARSHAD,RAJA R MD ASHLEY JR,WILLIAM W MD ASHRUF,SYED S M.D. AUGUSTINE,SHARON M CRNP AWAN,HASAN A MD AWAN,MATEEN A MD AYENE,ADAMU D MD AZEREFEGN,HAILEMICHAEL A PA-C AZIZ,SHAHID MD BAAKO,MICHAEL MD BAJAJ,BHAVANDEEP MD BAJAJ,HARJIT S MD BALZER-COSTIN,AMANDA CRNP BAMC/JONES MW, BANEGURA,ALLEN T MD BANERJEE,CHANDRALEK MD BARBOUR,WALID K MD BARTH,ROLF N MD BASKARAN,DEEPAK MD BASKARAN,SAMBANDAM MD BASSI,ASHWANI K MD BASTACKY,DAVID C DMD BECK,CLAUDIA MD BEHRENS,MARY T MD BELTRAN,JUAN A MD BERGER,LESLY MD BERNIER,MEGHAN M.D. BETHI,SIDDHARTH MD BEZANKENG,CONSTANCE N PA-C BEZIRDJIAN,LAWRENCE C MD BHARGAVA,NALINI MD BHASIN,SUSHMA MD BHATIA,PRIMALJYOT MD BHATTI,NASIR I MD |
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|--|--|
| | BIEDLINGMAIER,JOHN F MD BIRCHESSE,DAMIAN E MD BLAM,OREN G MD BLANK,MICHAEL DDS BLUM,AUDRA H MD BLUVAS,PETER J MD BODDETI,ANURADHA MD BOWLIN,DENEEN MD BOYD,CHRISTINA M MD BOYER,MATTHEW J MD BRAUN,CAROLINE E PA-C BRISSETT,PATRICIA CRNA BRITT,CHRISTOPHER J MD BROUILLET, JR.,GEORGE H MD BROWN,CHRISTINA M MD BROWN,JACQUELINE A MD BROWN-KARAPELOU,MARIA K MD BRUNO,DAVID A MD BUDI,ATCHUTHANAND MD BUICK,MELISSA MD BUNDESEN., III,WILLIAM LCSW BURROWS,WHITNEY MD CAHILL,EDWARD H MD CAMPBELL,CATHERINE MD CARPENTER,MYLA MD CARR,SHAMUS R MD CARTER,MIHAELA M.D. CERRATO,DARLING MD CHAIKEN,MARC L MD CHANG,HENRY MD CHARLES,LYSA M MD CHATTERJEE,CHANDANA MD CHEIKH,ELIE MD CHEIKH,EYAD MD CHEUNG,AMY M MD CHOUDHRY,SHABBIR A MD CHOWDARY-MUPPURI,VINUTHA MD CHRIST,JOHN J CRNA CLINTON,ESTHER PA-C COHEN,BERNARD MD COHEN,BONNIE E MD COHEN,GORDON MD COHEN,NERI MD |
|--|--|

| | |
|--|--|
| | COLANDREA,JEAN MD COLLINS,KALONJI MD COMMERFORD,CHRISTINE MD COOMBS,VICKIE RN COOPER,JANET MD CROSSON,JANE E MD CROWLEY,HELENA M MD CURTIS,DEBORAH CRNA DAMIEN,GLORIA MD DANG,KOMAL K MD DATLA,RAVI MD DAVALOS,JULIO MD DEBORJA,LILIA L MD DEJARNETTE,JUDITH MD DEOL,DILRAJ MD DESAI,KIRTIKANT I MD DESAI,SHAUN C MD DEY,RUBY MD DIAS,MICHAEL MD DIAZ-MONTES,TERESA P MD DICKERT,BRITTANY CRNP DICKSTEIN,RIAN MD DIDOLKAR,MUKUND S MD DIXON,TEKEEMA A MD DOHERTY,BRENDAN MD DONAHUE,JAMES M MD DOVE,JOSEPH DPM DROSSNER,MICHAEL N MD DUA,VINEET MD DUBOIS,BENJAMIN MD DUONG,BICH T MD DUSON,SIRA M MD DZIUBA,SYLWESTER MD EGERTON,WALTER E MD EGLSEDER, JR,W ANDREW MD EISENMAN,DAVID J MD ELMAN,MICHAEL J MD EMARIEVBE,ADA U MD EMERSON,CAROL MD ENELOW,THOMAS MD ERAS,JENNIFER L MD ESSIEN-LEWIS,IME DO FADAHUNSI,NWAMAKA MD |
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|--|--|
| | <p> FAGBEMI,ADEOLA P PA-C FARSAIL,ALIREZA P MD FASIHUDDIN,QUADEER M MD FATTERPAKER,ANIL MD FATUSIN,OLUWATOSIN MD FENIG,DAVID MD FEREJA,OMAR D PA-C FERNANDEZ,RODOLFO E MD FERRADA,MARCELA A MD FILDERMAN,PETER S MD FITCH-ALEXANDER,LINDSAY V MD FLOYD,DEBORA M LCPC FLYNN,LAUREN LCSW-C FOLGUERAS,ALBERT J MD FOSTER,JEAN PA-C FOXWORTH,KAREN LCPC FRIEDBERG,JOSEPH S MD FROST,CATHERINE W FNP GAMBEL,JEFFREY MD GANTI,AVINASH MD GARG,PRADEEP MD GARY,NADER G MD GATDULA,CRISTETA L MD GEBEYEHU,AMLAKIE D CRNA GEBREWOLD,HIRUT A MD GEORGIA,JEFFREY MD GERSH,STEVEN DPM GERSTENBLITH,DANIEL DPM GHEBA,MOHAMMED R MD GHOSH,MAYURIKA MD GLUBO,STEVEN M DPM GOBRIAL,EVEIT E MD GOLDFARB,ROBERT A MD GOLDMAN,MICHAEL H MD GOMA,MONIQUE L MD GRAHAM, JR.,CHARLES R MD GRANT,CARRON R DPM GRATZ,EDWARD S MD GREEN-SU,FRANCES M MD GREYWOODE,JEWEL D MD GROCHMAL,JAY C MD GROSSO,NICHOLAS MD GROSS,SHARON C MD </p> |
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|--|--|
| | <p>GRUNEBERG,SHERRI L MD GUARDIANI,ELIZABETH A MD GUPTA,DEEPAK MD GUPTA,NIDHI MD HAMLETT,BRITTNEY C PA-C HAMMOND,NANCY MD HANISH,STEVEN I MD HANSEN,CHRISTIAN H MD HAROUN,RAYMOND I MD HARRIS,TRACI L LCSW HATTEN,KYLE M MD HAYWARD,GERALD MD HEBERT,ANDREA M MD HEMP,SALLIE A LCSW HENNESSY,ROBERT G MD HENRY,GAVIN MD HERTZANO,RONNA MD HESS,CHRISTINE LCSW HICKEN,WILLIAM J MD HICKS,BRYAN J PA HILL,SHARON E PA-C HILL,TERRI MD HOCHULI,STEPHAN U MD HONG-NGUYEN,YUGENIA K MD HORMOZI,DARAB MD HUANG,JAMES L MD HUDES,RICHARD MD IFECHUKWU,CHINYERE PA-C IM,DWIGHT D MD IMIRU,ABEBE MD IONESCU,ALIN MD ISAAH,AMAL MD JACKSON,PRUDENCE MD JACOB,ASHOK C MD JACOBS,JERALYN M.D. JENSEN,ATIF K MD JOHNSON,GLEN E MD JOHNSON,KELLY MD JULKA,SURJIT S MD KACHROO,SONAL MD KAHL,LAUREN MD KALRA,KAVITA B MD KAMARA,KELVINDA CRNP-F</p> |
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KANNO,METTASSEBIA MD
KANTAK,NEELES A MD
KANTER,MITCHEL A MD
KANTER,WILLIAM R MD
KASHYAP,SMRITI MD
KELLEY,SANDRA L PA-C
KHALID,MIAN KAMAL MD
KHAN,JAVEED MD
KHAN,RAO A MD
KHURANA,ARUNA Y MD
KIM,CHRISTOPHER MD
KIM,EMERY MD
KIM,KYUNG S MD
KIM,LISA MD
KIM,SOON JA MD
KIM,SUNGJOO B MD
KINNARD,RICHARD MD
KLEBANOW,KENNETH M MD
KLEINMAN,BENJAMIN DPM
KLEWIN,KRISTIN L CRNA
KNOTT,KATE P CRNP
KONITS,PHILIP H MD
KOPACK,ANGELA M MD
KRATZ,KATHERINE MD
KREJCI,KATHLEEN S MD
KRIZAN,DEANA LCSW-C
KUMAR,RAMESH MD
KUMOLUYI,OLUWAFOYINSAYOMI F MD
KUNKLE,CYNELLE MD
KUPPUSAMY,TAMIL S MD
KUSHNER,ROCHELLE K MD
LAFFERMAN,JEFFREY MD
LALA,PADMA M MD
LANCELOTTA,CHARLES J MD
LANDIS,JEFFREY T MD
LANDRUM,B. MARK MD
LANDRUM,DIANNE J MD
LANDSMAN,JENNIFER MD
LANE,ANNE D MD
LANGER,KENNETH F MD
LANGLOIS,SCOTT CRNA
LANTZ,JENNIFER MS, CCC/A
LATHOM,LISA CRNA

| | |
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| | LATIMORE,PIERRETTE CNM LEBLANC,DIANA M.D. LEDER,HENRY MD LEITZEL,AMY L CNM LEMMA,SIRAK H MD LENOX-KRIMMEL,JANE SW LEVIN,BRIAN M MD LIANG,DANNY MD LIEPINSH,DMITRY MD LIN,ANNIE Z MD LIPMAN,JENNIFER A DPM LI,QING PA-C LI,ROBIN Z MD LI,RUNG-CHI DO LIU,JIA MD LONG,ADRIAN E MD LONG,JACK M LCSW LOTLIKAR,JEFFREY P MD LOWDER,GERARD M MD LUMPKINS,KIMBERLY M. M.D. MACHIRAN,NORBERTO M MD MACIEJEWSKI,SHARON PT MADDEN,JOSHUA S MD MAKONNEN,ZELALEM MD MALIK,KASHIF Z MD MALLALIEU,JARED DO MALONEY,PATRICK MD MAMO,GEORGE J MD MANDIR,ALLEN S MD MANGER,VICTORIA CRNA MARKWELL,JAMES K MD MATHEW,ALEYAMMA MD MATIVO,CHRISTINE S MD MATSUNAGA,MARK T MD MAUNG,TIN O MD MAVROPHILIPOS,DIMITRIOS MD MAVROPHILIPOS,ZACHARIAS MD MAYO,LINDA D OTS MCCALL,SERENA LCSW MCCARUS,DAVID MD MCCLELLAND,PAUL A MD MCCORMACK,SHARON J MD MCEWAN,MICHELE M MD |
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MEDWIN,IRINA MD
MEININGER,GLENN R MD
MELLER-AZRIELI,FIONA F MD
MERCHANT,DEEPAK P MD
MIDDLETON,JEFFREY G MD
MILLER,KAREN MD
MILLER,PAUL R MD
MINAHAN,ROBERT E M.D., JR
MIRANDA,JOSILANE M MD
MISHRA,TANUJA MD
MITCHERLING,JOHN J DDS
MITCHERLING,WILLIAM W DDS
MODI,KULWANT S MD
MOHAMED,ASIF A MD
MOORE,JAMES T MD
MORGAN,ATHOL W MD
MUDON,MARLA PA-C
MUMTAZ,M. ANWAR MD
MURPHY,ANNE MD
MURTHY,KALPANA MD
MYDLARZ,WOJCIECH MD
MYERS,RACHEL J PA-C
NAKAZAWA,HIROSHI MD
NARAYEN,GEETANJALI MD
NARAYEN,VIJAY MD
NAVIDI,TINA MD
NEGUSSIE,ADANE T PA
NEGUSSE,YODIT MD
NELSON III,SIDNEY MD
NEUBAUER,KATHRYN MD
NEUNER,GEOFFREY MD
NEUZIL,DANIEL F MD
NGOUMGNA,ETIENNE T PA
NGUYEN,HUONG MD
NGWU,OGUNDU MD
NI,MINGWEI MD
NUCKOLS,JOSEPH MD
O'CONNELL,EMILY CRNA
O'CONNOR,MEGHAN P MD
OLASIMBO,YEWANDE PA-C
OLLAYOS,CURTIS MD
OLUMBA,KENNETH C MD
OMITOWOJU,IFEOLUWA Y MD

OTTLEY,JUNE CRNP
OTTO,DAVID I MD
OTTO,JAMES MD
OUELLETTE,SUSAN CRNP
OWUSU-ANTWI,KOFI MD
OWUSU-SAKYI,JOSEPHINE MD
PA,GENERAL
PAIVANAS,BRITTANY M MD
PALMER,SHANIQUE R MD
PANDEY,DAMODAR MD
PHYSICIAN,ASSISTANTOB
PHYSICIAN,ASSISTANTORTHO
PARIKH,JYOTIN MD
PARK,CHARLES MD
PASS,CAROLYN J MD
PASUMARTHY,ANITA MD
PATAKI,ANDREW M MD
PATEL,ALPEN MD
PATEL,CHIRAG Y MD
PATEL,DIMPLE A MD
PATEL,KRUTI N MD
PATEL,MINESH R MD
PELLEGRINI,JOSEPH E CRNA
PERVAIZ,KHURRAM MD
PETERS-GILL,SHILLENA MD
PETIT,LISA MD
PICKETT,CICELY M MD
PIEPRZAK,MARY A MD
PIZARRO-DUPUY,NOEMI PA-C
POLSKY,MORRIS B MD
POON,THAW MD
PORTER,AMANDA L PA-C
POULTON,SCOTT C MD
PULLMAN,RUDOLF MD
PURDY,ANGEL MD
QUINLAN,PAMELA M DO
RAJA,GEETHA MD
RAMANATHAN JR,MURUGAPPAN M MD
RANKIN,ROBERT MD
RAO,MEGHANA G MD
RAO,PRAVIN K MD
RASHKIN,JASON MD
RAVEKES,WILLIAM MD

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| | RAVENDHRAN,NATARAJAN MD RECKORD,MARGARET M RN REDDY,ANURADHA MD REED,ANN MD REHMAN,MALIK A MD REILLY,CHRISTINE MD REINER,BARRY J MD REISINGER,ALAN MD RIAZ,AWAIS MD RICHARDSON,LEONARD A MD RINGEL,RICHARD E MD ROBERTSON,KAISER MD ROBINSON,STACEY L LCSW-C RODNEY,NATASHA A MD ROSENBERG,JASON MD ROSS,ROBERT W MD ROTH,JOHN DPM RUSSELL,JONATHON O MD RYU,HYUNG MD SAFAIE,NIKA H MD SAIEDY,SAMER MD SAINI,ANJALI MD SAINI,RUMNEET K MD SALAHUDDIN,SYED MD SALARI,PARVIN PA-C SALAS,LOUIS MD SALAZAR,ANDRES E MD SALENGER,RAWN V MD SALIM,MUBADDA MD SALVO,EUGENE C MD SANARIZ,JOSE RICO CRNA SANDERS,BRIANA MD SANDERSON,SEAN O M.D. SANGHAVI,MILAN MD SANTOS,MARIA L MD SARDANA,NEERAJ MD SARKAR,RAJABRATA MD SAVAGE,ANGELA Y DPM SCHNEE,CHARLES MD SCHNEYER,MARK MD SCHWARTZBAUER,GARY M.D. SCHWENGEL,DEBORAH A MD SCOTT,KATHLEEN M PA-C |
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| | <p> SCOTT,LAURA MD SEIBEL,JEFFREY L MD SEKAR,PRIYA MD SHAH,RAJESH M MD SHAH,SANJAY P MD SHAIKH,NAOMI N MD SHAKESPEARE,AARON PA SHAMS-PIRZADEH,ABDOLLAH MD SHAPIRO ,BRUCE K SHEKITKA,KRIS M MD SHETH,NIKHIL MD SHIN,JOHN MD SHISIALI,KIMBERLY V CRNP SHORTS,ALISON MSCCC-SLP SHUBIN,CHARLES I MD SIDDIQUI,AHSAN B MD SILHAN,LEANN MD SILVA,MARK V MD SILVERSTEIN,SCOTT MD SIMMONS,SHELTON MD SINGH,KULDEEP MD SINNO,FADY MD SISBARRO,MEGAN M PA-C SKINNER,GAYLE V MD SKLAR,GEOFFREY MD SLOANE,DANA MD SMITH,RACHELLE MD SMITH,WARREN J MD SOILEAU-BURKE,MONIQUE J MD SOLOMON,MISSALE MD SOM,DEBORAH MD SPEVAK,PHILIP J MD ST.MARTIN,DORIAN S MD STAIMAN,VICTORIA MD STERN,MELVIN S MD STEVENS,HOLLY PRN OT STEWART,SHELBY J MD STRAUCH,ERIC MD STROME,SCOTT E MD SUBASIC,WENDY J PA-C SUNDEL,ERIC M.D. SUSEL,RICHARD M MD SUSSMAN,ALICIA MD </p> |
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| | <p> SWALLOW,LINDA CRNP SWANTON,EDWARD MD SWETT,JEFFREY T DO SYDNEY,SAM V MD SYDNEY,STEPHANIE L PA-C TAHERKHANI,SARA MD TAMAYO,ANGELA MD TANSINDA,JAMES MD TAXIN,EVAN W PA-C TAYLOR,RODNEY J MD TESHOME,TATEK S MD TESTANI,ROBERT B DDS THATTASSERY,EMIL MD THOMAS,RADCLIFFE MD THOMPSON III,WILLIAM R MD TIGNOR,APRIL S MD TRAMBADIA,MITESH MD TUCHMAN,DAVID N MD TURAKHIA,BIPIN K MD TUUR-SAUNDERS,SYLVANA MD TWIGG,AARON MD UDOCHI,NJIDEKA MD VAKHARIA,KALPESH T MD VALLECILLO,JORGE MD VAN DEN BROEK,JEFFREY W DO VAN-LARE,SUZZETTE C PA-C VANROON,DIANA C CRNP VASANTHAKUMAR,MUTHUKRISHNAN MD VASWANI,SURENDER K MD VERNON,NATALIA T MD VOIGT,ROGER W MD VOLIKAS,LAZAROS T MD WAEELTERMANN,JOANNE M MD WALKER,MARK A MD WALLACE,MICHAEL MD WALTROUS,JUSTIN D MD WARD,FRANCISCO A DO WARD,KRISTIN CRNA WASKOW,LARRY PA-C WHEELER,CARL CRNP WHITE,PATRICK W MD WHITTINGTON,PAULA J MD </p> |
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| | WICKRAMARATNE,KANTHI MD WILLIAMS,SAMUEL R MD WILLIAMSON,SAMANTHA L MD WINIK,MARK A MD WINIKOFF,STEPHEN E MD WOLFF,JORDAN H MD WOLF,JEFFREY S MD WOLLNEY,DANA E MD WOODARD,EBONI MD WOOD,DAVID DPM WRIGHT,DAKARA R MD WYNN, JR,HENRY PA-C XIE,KE MD XI,MINGXIA CRNA YADAV,RAJ N MD YI,MING MD YIM,KENNETH MD YOON,TIMOTHY S MD ZAIM,BULENT R MD ZHANG,DOU ALVIN MD-PHD ZHEUTLIN,LYNNE M MD ZHU,WEIMIN MD ZOS,NKEM D CRNP ZULU,SAMANA H M.D. ZUNIGA,LUIS M MD |
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SAINT AGNES HOSPITAL

Summary of Financial Assistance Policy

Saint Agnes Hospital has a commitment to and respect for each person's dignity with a special concern for those who struggle with barriers to access healthcare services. Saint Agnes Hospital has an equal commitment to manage its healthcare resources as a service to the entire community. In furtherance of these principles, Saint Agnes Hospital provides financial assistance for certain individuals who receive emergency or other medically necessary care from Saint Agnes Hospital. This summary provides a brief overview of Saint Agnes Hospital's Financial Assistance Policy.

We offer a number of financial assistance programs to help qualified patients honor the uninsured portion of your bill.

Who Is Eligible?

You may be able to get financial assistance. Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 250% of the Federal Poverty Level, you will receive a 100% charity care write-off on the portion of the charges for which you are responsible. If your income is above 250% of the Federal Poverty Level but does not exceed 400% of the Federal Poverty Level, you may receive discounted rates on a sliding scale. If your income is between 400% and 500% of the Federal Poverty Level and you request assistance, a payment plan will be made available to you. Patients who are eligible for financial assistance will not be charged more for eligible care than the lesser of (1) amounts generally billed to patients with insurance coverage, or (2) charges minus the hospital's mark-up.

Please call 1-667-234-2140 for more information or visit our website @ <http://www.stagnes.org/patients-visitors/financial-assistance>.

You may be eligible for Maryland Medical Assistance. Medical Assistance is a program that will pay for your health coverage. If you wish to apply with the State please call 1-855-642-8572 or apply online @ www.marylandhealthconnection.gov or you can call 1-667-234-3314 or 1-667-234-2188 and we can assist.

What Services Are Covered?

The Financial Assistance Policy applies to emergency and other medically necessary care. These terms are defined in the Financial Assistance Policy. Elective services and physician charges to both hospital inpatients and outpatients are billed separately and are not generally covered by the Financial Assistance Policy.

How Can I Apply?

To apply for financial assistance, you typically will complete a written application and provide supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Policy application.

How Can I Get Help with an Application?

For help with a Financial Assistance Policy application, you may contact a Financial Counselor at Saint Agnes Hospital at 1-667-234-2140 or visit our website at <http://www.stagnes.org/patients-visitors/financial-assistance>.

How Can I Get More Information?

Copies of the Financial Assistance Policy and Financial Assistance Policy application form are available at <http://www.stagnes.org/patients-visitors/financial-assistance> and at Patient Financial Services Offices at Saint Agnes Hospital. Free copies of the Financial Assistance Policy and Financial Assistance Policy application also can be obtained by mail by calling 1-667-234-2140.

What If I Am Not Eligible?

If you do not qualify for financial assistance under the Financial Assistance Policy, you may ask Saint Agnes Hospital to reconsider the denial of free or reduced cost care and you may qualify for other types of assistance including a payment plan. For more information, please contact a Financial Counselor by calling 1-667-234-2140 or Customer Service @ 1-667-234-2175.

Translations of the Financial Assistance Policy, the Financial Assistance Policy application, and this plain language summary are available in the following languages upon request:

Arabic
Chinese
French
Gujarati
Italian
Korean
Persian
Russian
Spanish
Tagalog
Urdu
Vietnamese