

Q1. COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission (HSCRC or Commission) is required to collect community benefit information from individual hospitals in Maryland and compile it into an annual statewide, publicly available report. The Maryland General Assembly updated §19-303 of the Health General Article in the 2020 Legislative Session (HB1169/SB0774), requiring the HSCRC to update the community benefit reporting guidelines to address the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals in relation to community health needs assessments. The reporting is split into two components, a Financial Report and a Narrative Report. This reporting tool serves as the narrative report. Detailed reporting instructions have been distributed to your hospital's community benefit contacts, and additional copies can be requested at the email below.

In this reporting tool, responses are mandatory unless specifically marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact [HCBHelp@hilltop.umbc.edu](mailto:HCBHelp@hilltop.umbc.edu).

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

Q3. Please confirm the information we have on file about your hospital for the fiscal year.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Mt Washington Pediatric Hospital	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 5034	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called Johns Hopkins Health System, University of Maryland Medical System	<input checked="" type="radio"/>	<input type="radio"/>	
The primary hospital community benefit (HCB) Narrative contact at your hospital is Jill Feinberg and Amy Gyau-Moyer	<input type="radio"/>	<input checked="" type="radio"/>	Tamara England Wilson and Amy Gyau-Moyer
The primary HCB Narrative contact email address at your hospital is JFeinberg@MWPH.ORG, Amy.GyauMoyer@umm.edu	<input type="radio"/>	<input checked="" type="radio"/>	Tamara.EnglandWilson@mwph.org and AmyGyauMoyer@umms.edu
The primary HCB Financial report contact at your hospital is Marneli Laguardia	<input checked="" type="radio"/>	<input type="radio"/>	
The primary HCB Financial report contact email at your hospital is Marneli.Laguardia@MWPH.ORG	<input checked="" type="radio"/>	<input type="radio"/>	

Q4. Please select the community health statistics that your hospital uses in its community benefit efforts.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Median household income                      | <input type="checkbox"/> Race: percent White                   |
| <input checked="" type="checkbox"/> Percentage below federal poverty level (FPL) | <input type="checkbox"/> Race: percent Black                   |
| <input checked="" type="checkbox"/> Percent uninsured                            | <input type="checkbox"/> Ethnicity: percent Hispanic or Latino |
| <input type="checkbox"/> Percent with public health insurance                    | <input type="checkbox"/> Life expectancy                       |
| <input checked="" type="checkbox"/> Percent with Medicaid                        | <input type="checkbox"/> Crude death rate                      |
| <input type="checkbox"/> Mean travel time to work                                | <input type="checkbox"/> Other                                 |
| <input type="checkbox"/> Percent speaking language other than English at home    |  |

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

Attached CHNA and Implementation Strategy outlines all statistics and data used.

Q6. Attach any files containing community health statistics that your hospital uses in its community benefit efforts.

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

Q8. The next group of questions asks 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.

Q9. 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 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       |

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

- |   |   |   |                                |
|---|---|---|--------------------------------|
| <input type="checkbox"/> 21201            | <input checked="" type="checkbox"/> 21212 | <input checked="" type="checkbox"/> 21225 | <input type="checkbox"/> 21237 |
| <input type="checkbox"/> 21202            | <input checked="" type="checkbox"/> 21213 | <input type="checkbox"/> 21226            | <input type="checkbox"/> 21239 |
| <input checked="" type="checkbox"/> 21203 | <input type="checkbox"/> 21214            | <input checked="" type="checkbox"/> 21227 | <input type="checkbox"/> 21251 |
| <input checked="" type="checkbox"/> 21205 | <input checked="" type="checkbox"/> 21215 | <input type="checkbox"/> 21228            | <input type="checkbox"/> 21263 |
| <input checked="" type="checkbox"/> 21206 | <input checked="" type="checkbox"/> 21216 | <input checked="" type="checkbox"/> 21229 | <input type="checkbox"/> 21270 |
| <input checked="" type="checkbox"/> 21207 | <input checked="" type="checkbox"/> 21217 | <input type="checkbox"/> 21230            | <input type="checkbox"/> 21278 |
| <input checked="" type="checkbox"/> 21208 | <input checked="" type="checkbox"/> 21218 | <input type="checkbox"/> 21231            | <input type="checkbox"/> 21281 |
| <input checked="" type="checkbox"/> 21209 | <input checked="" type="checkbox"/> 21222 | <input type="checkbox"/> 21233            | <input type="checkbox"/> 21287 |
| <input checked="" type="checkbox"/> 21210 | <input type="checkbox"/> 21223            | <input checked="" type="checkbox"/> 21234 | <input type="checkbox"/> 21290 |
| <input type="checkbox"/> 21211            | <input checked="" type="checkbox"/> 21224 | <input type="checkbox"/> 21236            |                                |

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

- |                                |   |   |   |
|--------------------------------|---|---|---|
| <input type="checkbox"/> 21013 | <input type="checkbox"/> 21092            | <input type="checkbox"/> 21156            | <input type="checkbox"/> 21225            |
| <input type="checkbox"/> 21020 | <input type="checkbox"/> 21093            | <input type="checkbox"/> 21161            | <input checked="" type="checkbox"/> 21227 |
| <input type="checkbox"/> 21022 | <input type="checkbox"/> 21094            | <input type="checkbox"/> 21162            | <input checked="" type="checkbox"/> 21228 |
| <input type="checkbox"/> 21023 | <input type="checkbox"/> 21102            | <input type="checkbox"/> 21163            | <input type="checkbox"/> 21229            |
| <input type="checkbox"/> 21027 | <input type="checkbox"/> 21104            | <input type="checkbox"/> 21204            | <input type="checkbox"/> 21234            |
| <input type="checkbox"/> 21030 | <input type="checkbox"/> 21105            | <input type="checkbox"/> 21206            | <input type="checkbox"/> 21235            |
| <input type="checkbox"/> 21031 | <input type="checkbox"/> 21111            | <input checked="" type="checkbox"/> 21207 | <input type="checkbox"/> 21236            |
| <input type="checkbox"/> 21043 | <input checked="" type="checkbox"/> 21117 | <input type="checkbox"/> 21208            | <input type="checkbox"/> 21237            |
| <input type="checkbox"/> 21051 | <input type="checkbox"/> 21120            | <input type="checkbox"/> 21209            | <input type="checkbox"/> 21239            |
| <input type="checkbox"/> 21052 | <input type="checkbox"/> 21128            | <input type="checkbox"/> 21210            | <input type="checkbox"/> 21241            |
| <input type="checkbox"/> 21053 | <input type="checkbox"/> 21131            | <input type="checkbox"/> 21212            | <input checked="" type="checkbox"/> 21244 |
| <input type="checkbox"/> 21057 | <input checked="" type="checkbox"/> 21133 | <input type="checkbox"/> 21215            | <input type="checkbox"/> 21250            |
| <input type="checkbox"/> 21065 | <input type="checkbox"/> 21136            | <input type="checkbox"/> 21219            | <input type="checkbox"/> 21252            |

- |                                |                                |   |                                |
|--------------------------------|--------------------------------|---|--------------------------------|
| <input type="checkbox"/> 21071 | <input type="checkbox"/> 21139 | <input type="checkbox"/> 21220            | <input type="checkbox"/> 21282 |
| <input type="checkbox"/> 21074 | <input type="checkbox"/> 21152 | <input checked="" type="checkbox"/> 21221 | <input type="checkbox"/> 21284 |
| <input type="checkbox"/> 21082 | <input type="checkbox"/> 21153 | <input checked="" type="checkbox"/> 21222 | <input type="checkbox"/> 21285 |
| <input type="checkbox"/> 21085 | <input type="checkbox"/> 21155 | <input type="checkbox"/> 21224            | <input type="checkbox"/> 21286 |
| <input type="checkbox"/> 21087 |                                |   |                                |

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q26. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q33. Please check all Worcester County ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

Q34. How did your hospital identify its CBSA?

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

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

Based on patterns of utilization. Please describe.

To specify the geographic focus and population characteristics for the scope of the assessment and implementation strategies, MWPH accessed data by zip code (top 60% of admissions/outpatient visits)

Other. Please describe.

Q35. Provide a link to your hospital's mission statement.

<https://www.mwph.org/about-us/mission-vision-values>

Q36. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q37. Section II - CHNAs and Stakeholder Involvement Part 1 - Timing & Format

Q38. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- Yes
- No

Q39. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a

Q40. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

05/01/2021

Q41. Please provide a link to your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.

<https://www.mwph.org/-/media/files/mwph/community/community-health-needs-assessment/chna-2021.pdf?upd=20210630172125>

Q42. Please upload your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.

[MwPH\\_CHNA\\_2021.pdf](#)  
2.7MB  
application/pdf

Q43. Section II - CHNAs and Stakeholder Involvement Part 2 - Internal CHNA Partners

Q44. Please use the table below to tell us about the internal partners involved in the development of your most recent CHNA.

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

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









Other State Agencies -- Please list the agencies here:

Jewish Volunteer Services, The Associated, CHAI, Park Heights Neighborhood Association, BCPSS, BCPS, Y of Central MD, St. Vincent de Paul, Catherine's Family and Youth Serv, Family Tree, Share Baby, H.E.Y. Hub, At the House, Inc., Share Baby, MD State/Vaccines for Children

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress

Local Govt. Organizations -- Please list the organizations here:

Baltimore City Council (Dist. 4 and 5). City Delegate Dist 41

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress

Faith-Based Organizations

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress

School - K-12 -- Please list the schools here:

Arlington Elem, Pimlico Elm/Middle, Park Heights Academy, Cross Country School, Fall Staff Elem, Lakewood Elem. John Ruah Elem/Middl

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress

School - Colleges, Universities, Professional Schools -- Please list the schools here:

UMD, BCCC, Towson State Univ., Stevenson Univ, Coppin State

<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress

Behavioral Health Organizations -- Please list the organizations here:

Black Mental Health Alliance, Baltimore City Health Dept.

<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Social Service Organizations -- Please list the organizations here: MD WIC	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Acute Care Facilities -- please list the facilities here: N/A	<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"/>
Community/Neighborhood Organizations -- Please list the organizations here: Park Heights Neighborhood Assoc. Park Heights Renaissance	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer/Public Advocacy Organizations -- Please list the organizations here: Children's Hospital Association	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other -- If any other people or organizations were involved, please list them here: N/A	<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"/>	<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"/>

Q50. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
- No

Q51. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

June 24, 2021

Q52. Please provide a link to your hospital's CHNA implementation strategy.

<https://www.mwph.org/-/media/files/mwph/community/community-health-needs-assessment/chna-implementation-strategy-2021.pdf?upd=20210630172745>

Q53. Please upload your hospital's CHNA implementation strategy.

[MwPH\\_CHNA\\_2021.pdf](#)  
2.7MB  
application/pdf

Q54. 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.*

Q55. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q56. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

[MwPH\\_CHNA\\_Implementation\\_Strategy\\_2021.pdf](#)  
423.1KB  
application/pdf

## Q57. Section II - CHNAs and Stakeholder Involvement Part 6 - Initiatives

Q58. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- Yes
- No

Q59. Using the checkboxes below, select the Community Health Needs identified in your most recent CHNA that were NOT addressed by your community benefit initiatives.

*This question was not displayed to the respondent.*

Q60. Why were these needs unaddressed?

*This question was not displayed to the respondent.*

Q61. Please describe the hospital's efforts to track and reduce health disparities in the community it serves.

Through the CHNA findings and the implementation strategy, MWPH plans, executes and measures programs to reduce health disparities in the underserved communities. MWPH Community benefits report outlines some of the more notable programs. They can be found in the various narratives and reports outlined here: <https://www.mwph.org/community/community-health-needs-assessment-and-reports>

Q62. If your hospital reported rate support for categories other than Charity Care, Graduate Medical Education, and the Nurse Support Programs in the financial report template, please select the rate supported programs here:

- None
- Regional Partnership Catalyst Grant Program
- The Medicare Advantage Partnership Grant Program
- The COVID-19 Long-Term Care Partnership Grant
- The COVID-19 Community Vaccination Program
- The Population Health Workforce Support for Disadvantaged Areas Program
- Other (Describe)

Q63. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail.

### Q64. Section III - CB Administration

Q65. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

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

Q66. Please describe the third party audit process used.

*This question was not displayed to the respondent.*

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

- Yes
- No

Q68. Please describe the community benefit narrative audit process.

The community benefit narrative is completed by the MWPH Community Benefits Dept. staff. Then, it is reviewed by the VP of Development and External Affairs (MWPH), reviewed by the Chief Financial Officer (MWPH), and UMMS. The narrative is also shared with the Hospital and Foundation Board, along with the Hospital President and CEO.

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

- Yes
- No

Q70. Please explain:

*This question was not displayed to the respondent.*

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

- Yes

No

Q72. Please explain:

*This question was not displayed to the respondent.*

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

Yes

No

Q74. Please describe how community benefit planning and investments were included in your hospital's internal strategic plan during the fiscal year.

The Hospital Foundation Board and leadership both review the CHNA, CHNA priorities and programming along with its expected outcomes. They are also approved by the Hospital and Foundation Board before submission. The report is also thoroughly reviewed by the Hospital President and Chief Medical Officer. Details of the report are also presented to the Executive Leadership of the Hospital before submission.

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

Q76. Do any of the hospital's community benefit operations/activities align with the Statewide Integrated Health Improvement Strategy (SIHIS)? Please select all that apply and describe how your initiatives are targeting each SIHIS goal. [More information about SIHIS may be found here.](#)

Diabetes - Reduce the mean BMI for Maryland residents

Through the hospital's outpatient services diabetes education program. Through the hospital's Weigh Smart - pediatric weight management program. Through outreach education, Ht/Wt/BMI screenings in the Baltimore City Public Schools and partner Head Start Programs.

Opioid Use Disorder - Improve overdose mortality

Through the hospital's drug use/abuse and school-based education/outreach program.

Maternal and Child Health - Reduce severe maternal morbidity rate

Through the hospital's WIC partnership and partnership with the Y Head Start, St. Vincent de Paul Head Start, Judy Center partnership programs.

Maternal and Child Health - Decrease asthma-related emergency department visit rates for children aged 2-17

Through the hospital's asthma education and lead prevention programs.

None of the Above

Q77. (Optional) Did your hospital's initiatives during the fiscal year address other state health goals? If so, tell us about them below.

Q78. Section IV - Physician Gaps & Subsidies

Q79. (Optional) Please attach any files containing further information and data justifying physician subsidies at your hospital.

(This year, all information on physician gap subsidies is collected on the financials. However, if you have additional information on these subsidies to report, you may do so through attachments here.)

## Q80. Section V - Financial Assistance Policy (FAP)

Q81. Upload a copy of your hospital's financial assistance policy.

[MWPH Patient Financial Assistance policy 2023.pdf](#)  
136KB  
application/pdf

Q82. Provide the link to your hospital's financial assistance policy.

<https://www.mwph.org/-/media/files/mwph/patients-and-guests/financial-information-and-assistance/patient-financial-assistance-policy-2023.pdf?upd=20230815181605>

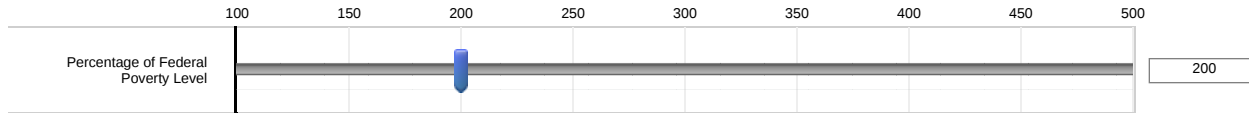
Q83. Has your FAP changed within the last year? If so, please describe the change.

No, the FAP has not changed.

Yes, the FAP has changed. Please describe:

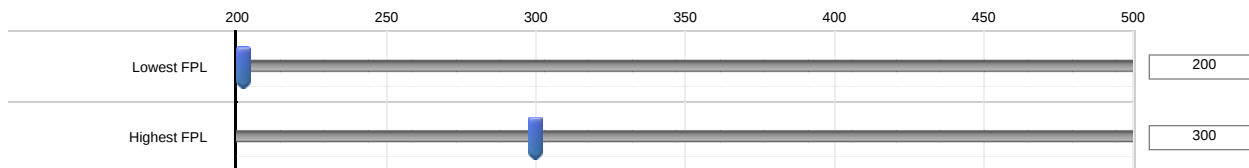
Q84. Maryland acute care and chronic care hospitals are required under Health General §19-214.1(b)(2)(i) COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL).

Please select the percentage of FPL below which your hospital's FAP offers free care.



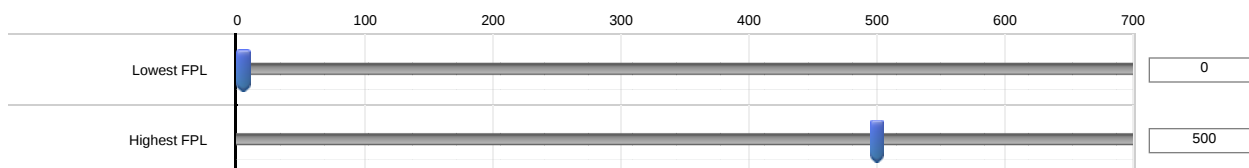
Q85. Maryland acute care and chronic care hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level.

Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

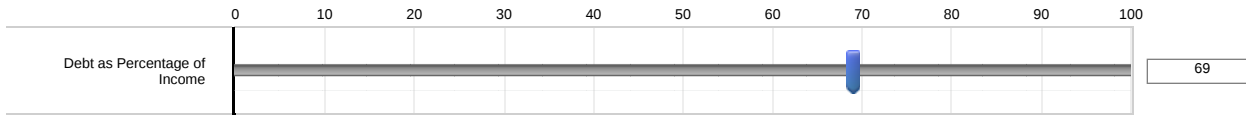


Q86. Maryland acute care and chronic care hospitals are required under Health General §19-214.1(b)(2)(iii) COMAR 10.37.10.26(A-2)(3)(a) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined in Health General §19-214.1(a)(2) and COMAR 10.37.10.26(A-2)(1)(b)(i) as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income.

Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship.



Q87. Please select the threshold for medical debt as a percentage of family income above which qualifies as a financial hardship.



## Q88. Section VI - Tax Exemptions

Q89. Per Health General Article §19-303 (c)(4)(ix), list each tax exemption your hospital claimed in the preceding taxable year (select all that apply)

- Federal corporate income tax
- State corporate income tax
- State sales tax
- Local property tax (real and personal)
- Other (Describe)

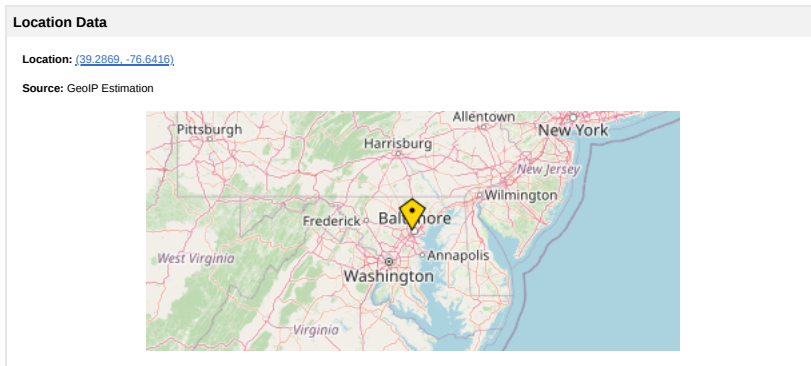
## Q90. Summary & Report Submission

Q91. **Attention Hospital Staff! IMPORTANT!**

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

We strongly urge you to contact us at [hcbhelp@hilltop.umbc.edu](mailto:hcbhelp@hilltop.umbc.edu) to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.







Effective 02/2000  
Approved 06/2023  
Last Revised 11/2020  
Next Review 06/2024

Owner **Mary Miller: Vice President Finance**  
Policy Chapter **Leadership**  
References **Reviewed by MWPB Board of Trustees**

## Patient Financial Assistance

**KEY WORDS:** Financial Assistance

**OBJECTIVE/BACKGROUND:**

Mt. Washington Pediatric Hospital ("MWPB") is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

**APPLICABILITY:**

**PROGRAM ELIGIBILITY**

Consistent with its mission to deliver compassionate and high quality healthcare services and to advocate for those who do not have the means to pay for medically necessary care, MWPB strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

**Specific exclusions to coverage under the Financial Assistance Program:**

**The Financial Assistance Program generally applies to all medically necessary care provided by MWPB; however, the Financial Assistance Program does not apply to any of the following:**

1. Services provided by healthcare providers not affiliated with MWPB (e.g., durable medical equipment, home health services).
2. Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, or Workers Compensation), are not eligible for the Financial Assistance Program.
  - a. Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made on a

case by case basis considering medical and programmatic implications.

3. Cosmetic or other non-medically necessary services.
4. Patient convenience items.
5. Patient meals and lodging.
6. Physician charges related to the date of service **are** included in this MWPH financial assistance policy.
  - a. A list of providers covered by this policy may be obtained on the hospital's website

**Patients may be ineligible for Financial Assistance for the following reasons:**

1. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to MWPH due to insurance plan restrictions/limits.
2. Refusal to be screened for other assistance programs prior to submitting an application to the Financial Clearance Program.
3. Refusal to divulge information pertaining to a pending legal liability claim.
4. Foreign-nationals traveling to the United States seeking elective, non-emergent medical care. Patients/guarantors/guardians who become ineligible for the program will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.

Unless they meet Presumptive Financial Assistance Eligibility criteria, patients/guarantors/guardians shall be required to submit a complete Financial Assistance Application (with all required information and documentation) and determined to be eligible for financial assistance in order to obtain financial assistance. Patients/guarantors/guardians who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application before receiving non-emergency medical care unless they meet Presumptive Financial Assistance Eligibility criteria. If the patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor/Coordinator and recommendations shall be made to Senior Leadership. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health. Patient families with income up to 200% of Maryland State Department of Health and Mental Hygiene Medical Assistance Planning Administration Income Eligibility Limits for a Reduced Cost of Care ("MD DHMH") are eligible for free care. Those between 200% to 300% of MD DHMH are eligible for discounts on a sliding scale, as set forth in Attachment A. All patients/families are eligible to spread their self-pay balances over the period of one year through a payment plan.

***Presumptive Financial Assistance***

Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. There is adequate information provided by the patient or through other sources, which provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, MWPH reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only

financial assistance that can be granted is a 100% write-off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances of the patient or parent/guarantor/guardian that may include:

- a. Active Medical Assistance pharmacy coverage
- b. Homelessness
- c. Medical Assistance and Medicaid Managed Care patients for services provided beyond the coverage of these programs
- d. Medical Assistance spend down amounts
- e. Eligibility for other state or local assistance programs
- f. Patient is deceased with no known estate
- g. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
- h. Non-US Citizens deemed non-compliant
- i. Non-Eligible Medical Assistance services for Medical Assistance eligible patients
- j. Unidentified patients (Doe accounts that we have exhausted all efforts to locate and/or ID)
- k. Bankruptcy, by law, as mandated by the federal courts
- l. Specific medical and/or behavioral needs of the patient/family

**POLICY:**

It is the policy of MWPH to provide Financial Assistance based on indigence or high medical expenses for patients/families who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.

MWPH will post notices of financial assistance availability in inpatient admissions areas, and outpatient registration areas. Notice of availability will also be sent to the patient with patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided before discharge, and it (along with this policy and the Financial Assistance Application) will be available to all patients upon request and without charge, both by mail and in admissions areas. This policy, the Patient Billing and Financial Assistance Information Sheet, and the Financial Assistance Application will also be conspicuously posted on the MWPH website ([www.mwph.org](http://www.mwph.org)).

Financial Assistance may be extended when a review of a patient's/family's financial circumstances has been conducted and documented. This should include a review of the patient's existing medical expenses and obligations (including any accounts having gone to bad debt except those accounts that have gone to lawsuit and a judgment has been obtained) and any projected medical expenses. Financial Assistance Applications may be offered to patients whose accounts are with a collection agency.

MWPH retains the right in its sole discretion to determine a patient's ability to pay. All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent/urgent services,

applications to the Financial Clearance Program will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

**PROCEDURE:**

There are designated persons who will be responsible for taking Financial Assistance applications. These staff can be Patient Accounting staff, Outpatient Registration staff, or the Financial Assistance Coordinator.

1. When possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients/families who request Financial Assistance to determine if they meet preliminary criteria for assistance.
  - a. Staff will complete an eligibility check with the Medicaid program for Self Pay patients to verify whether the patient has current coverage.
  - b. A letter of final determination will be submitted to each patient that has formally requested financial assistance. Determination of Probable Eligibility will be provided within two business days following a patient's request for charity care services.
  - c. If a patient submits a Financial Assistance Application without the information or documentation required for a final determination of eligibility, a written request for the missing information or documentation will be sent to the patient. This written request will also contain the contact information (including telephone number and physical location) of the office or department that can provide information about the Financial Assistance Program and assistance with the application process.
  - d. The patient will have thirty (30) days from the date this written request is provided to submit the required information or documentation to be considered for eligibility. If no data is received within the 30 days, a letter will be sent notifying the patient that the case is now closed for lack of the required documentation. The patient may re-apply to the program and initiate a new case by submitting the missing information or documentation 30 days after the date of the written request for missing information/documentation.
  - e. For any episode of care, the Financial Assistance Application process will be open up to at least 240 days after the first post-discharge patient bill for the care is sent.
  - f. Individual notice regarding the hospital's Financial Assistance Policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital.
2. The patient/parent/guarantor/guardian is required to provide a completed Financial Assistance Application orally or in writing. In addition, the following may be required:
  - a. A copy of the most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return); proof of disability income (if applicable), proof of social security income (if applicable). If parent/guarantor/guardian is unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc .
  - b. A copy of their most recent pay stubs (if employed) or other evidence of income.

- c. A Medical Assistance Notice of Determination (if applicable).
  - d. Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.  
If a family submits both a copy of their most recent Federal Income Tax Return and a copy of their most recent pay stubs (or other evidence of income), and only one of the two documents indicates eligibility for financial assistance, the most recent document will dictate eligibility. Oral submission of needed information will be accepted, where appropriate.
3. In addition to qualify for Financial Assistance based on income, a patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses based on the Financial Hardship criteria discussed below. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Assistance Coordinator for final determination of eligibility based on MWPH guidelines.
- a. If the patient's application for Financial Assistance is determined to be complete and appropriate, the Financial Assistance Coordinator will:
    - i. If the patient does qualify for Financial Assistance, the Financial Assistance Coordinator will notify clinical staff who may then schedule the patient for the appropriate hospital-based service.
    - ii. If the patient does not qualify for Financial Assistance, the Financial Assistance Coordinator will notify the clinical staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled pending consultation with the patient/parent/guarantor/guardian
      - 1. A decision that the patient may not be scheduled for hospital-based, non-emergent/urgent services may be reconsidered by the MWPH CFO, upon the request of a Clinical leader.
4. Once a patient is approved for Financial Assistance, Financial Assistance coverage is effective for six months following the determination and a year prior to the determination. However, MWPH may decide to extend the Financial Assistance eligibility period further into the past or the future on a case-by-case basis. If additional healthcare services are provided beyond the eligibility period, patients must reapply to the program for clearance. In addition, changes to the family's income, assets, expenses or family status are expected to be communicated to the Financial Assistance Coordinator. All Extraordinary Collections Action activities, as defined below, will be terminated once the patient is approved for financial assistance and all the patient responsible balances are paid.
5. Account balances that have not been paid may be transferred to Bad Debt (deemed uncompensated care) and referred to an outside collection agency or to the MWPH hospital's attorney for legal and/or collection activity. Collection activities taken on behalf of the hospital by a collection agency or the hospital's attorney may include the following Extraordinary Collection Actions (ECAs):
- a. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.

- b. Commencing a civil action against the individual.
  - c. Placing a lien on an individual's property. A lien will be placed by the Court on primary residences within Baltimore City. The hospital will not pursue foreclosure of a primary residence but may maintain its position as a secured creditor if a property is otherwise foreclosed upon.
  - d. Attaching or seizing an individual's bank account or any other personal property.
  - e. Garnishing an individual's wage.
6. ECAs may be taken on accounts that have not been disputed or are not on a payment arrangement. ECAs will occur no earlier than 120 days from submission of first post-discharge bill to the patient and will be preceded by a written notice 30 days prior to commencement of the ECA. This written notice will indicate that financial assistance is available for eligible individuals, identify the ECAs that the hospital (or its collection agency, attorney, or other authorized party) intends to obtain payment for the care, and state a deadline after which such ECAs may be initiated. It will also include a Patient Billing and Financial Assistance Information Sheet. In addition, the hospital will make reasonable efforts to orally communicate the availability of financial assistance to the patient and tell the patient how he or she may obtain assistance with the application process. A presumptive eligibility review will occur prior to any ECA being taken. Finally, no ECA will be initiated until approval has been obtained from the Director of Patient Accounting. MWPH will not engage in the following ECAs:
  - a. Selling debt to another party.
  - b. Charge interest on bills incurred by patients before a court judgement is obtained
7. If prior to receiving a service, a patient is determined to be ineligible for financial assistance for that service, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.
8. A letter of final determination will be submitted to each patient who has formally submitted an application. The letter will notify the patient in writing of the eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for the determination. If the patient is determined to be eligible for assistance other than free care, the patient will also be provided with a billing statement that indicates the estimated amount the patient owes for the care after financial assistance is applied.
9. Refund decisions are based on when the patient was determined unable to pay compared to when the patient payments were made. Refunds will be issued back to the patient for credit balances, due to patient payments, resulting from approved financial assistance on considered balance(s). Payments received for care rendered during the financial assistance eligibility window will be refunded, if the amount exceeds the patient's determined responsibility by \$5.00 or more.
10. If a patient is determined to be eligible for financial assistance, the hospital (and/or its collection agency or attorney) will take all reasonably available measures to reverse any ECAs taken against the patient to obtain payment for care rendered during the financial assistance eligibility window. Such reasonably available measures will include measures to vacate any judgment against the patient, lift levies or liens on the patient's property, and remove from the patient's credit report any adverse information that was reported to a consumer reporting

agency or credit bureau.

11. Patients who have access to other medical coverage (e.g., primary and secondary insurance coverage or a required service provider, also known as a carve-out), must utilize and exhaust their network benefits before applying for the Financial Assistance Program.
12. Where there is a compelling educational and/or humanitarian benefit, Clinical staff may request that the CFO consider exceptions to the Financial Assistance Program guidelines, on a case-by-case basis, for Financial Assistance approval.
  - a. Clinical leaders requesting Financial Clearance/Assistance on an exception basis must submit appropriate justification to the CFO in advance of the patient receiving services.
  - b. The Chief Medical Officer will notify the attending physician and the Financial Assistance staff of the CFO determination.

### ***Financial Hardship***

The amount of uninsured medical costs incurred at other hospitals will be considered in determining a patient's eligibility for the Financial Assistance Program. The following guidelines are outlined as a separate, supplemental determination of Financial Assistance, known as Financial Hardship. Financial Hardship will be offered to all patients who apply for Financial Assistance and are determined to be eligible.

Medical Financial Hardship Assistance is available for patients who otherwise do not qualify for Financial Assistance under the primary guidelines of this policy, but for whom:

1. Their medical debt incurred at other hospitals exceeds 25% of the Family Annual Household Income, which is creating Medical Financial Hardship.

For the patients who are eligible for both, the Reduced Cost Care under the primary Financial Assistance criteria and also under the Financial Hardship Assistance criteria, MWPH will grant the reduction in charges, which is balance owed that is greater than 25% of the total annual household income.

Financial Hardship is defined as facility charges incurred at other hospitals for medically necessary treatment by a family household over a twelve (12) month period that exceeds 25% of that family's annual income.

Medical Debt is defined as out of pocket expenses for the facility charges incurred at other hospitals for medically necessary treatment.

Once a patient is approved for Financial Hardship Assistance, coverage will be effective for six months after the first qualifying date of service and a year prior to the determination. However, MWPH may decide to extend the Financial Hardship eligibility period further into the past or the future on a case-by-case basis according to their spell of illness/episode of care. It will cover the patient and the eligible family members living in the household for the approved reduced cost and eligibility period for medically necessary care.

All other eligibility, ineligibility, and procedures for the primary Financial Assistance program criteria apply for the Financial Hardship Assistance criteria, unless otherwise stated above.

## **Appeals**

- Patients whose financial assistance applications are denied have the option to appeal the decision.
- Appeals can be initiated verbally or written.
- Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
- Appeals are documented within the PFA Data Spreadsheet. They are then reviewed by the CFO.
- A letter of final determination will be submitted to each patient who has formally submitted an appeal.
- The Health Education and Advocacy Unit is available to assist the patient or the patient's authorized representative in filing and mediating a reconsideration request.
  - The Health Education and Advocacy Unit can be reached through the following:
    - Phone:410-528-1840
    - Fax:410-576-6571
    - email:[heau@oag.state.md.us](mailto:heau@oag.state.md.us)

Address:200 Saint Paul Place, 16<sup>th</sup> Floor, Baltimore, MD 21202-2021

### **ATTACHMENTS:**

#### **ATTACHMENT A**

##### **Sliding Scale – Reduced Cost of Care**

- All discounts stated above shall be applied to the amount the patient is personally responsible for paying after insurance reimbursements.
- Amounts billed to patients who qualify for Reduced-Cost of Care on a sliding scale (or for Financial Hardship Assistance) will be less than the amounts generally billed to those with insurance (AGB), which in Maryland is the charge established by the Health Services Cost Review Commission (HSCRC). UMMS determines AGB by using the amount Medicare would allow for the care (including the amount the beneficiary would be personally responsible for paying, which is the HSCRC amount; this is known as the "prospective Medicare method".

### **Effective 7/1/20**

#### **POLICY OWNER:**

MWPH CFO

#### **APPROVED:**

UMMS Executive Compliance Committee Approved Initial Policy: 09/18/19

UMMS Executive Compliance Committee Approved Revisions: 10/19/2020



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## Attachments

[MWPH FPL and Sliding Scale Guidelines 2023.pdf](#)

[MWPH Patient Financial Assistance Policy Attachment B \(Maryland State Uniform Financial Assistance Application\)](#)

## Approval Signatures

Step Description	Approver	Date
Chief Executive Officer	Mary Miller: Vice President Finance	06/2023