

FY2016

Sinai Hospital of Baltimore

[A LIFEBRIDGE HEALTH HOSPITAL]

FY 2016 COMMUNITY BENEFIT NARRATIVE REPORT

Sinai Hospital of Baltimore, Inc.
FY 2016 Community Benefit Narrative Report

Founded in 1866 as the Hebrew Hospital and Asylum, Sinai has evolved into a Jewish -sponsored health care organization providing care for all people. Today, Sinai is a 505-bed community teaching hospital that provides patient care in a variety of settings including inpatient, surgical, outpatient, as well as a trauma unit (Level II designation), a high risk Neonatal Unit, a state-of-the-art Emergency Department and responsive community outreach and community health improvement programs. Sinai has 16 Centers of Excellence, including the Lapidus Cancer Institute, Berman Brain & Spine Institute, and Samuelson Children's Hospital.

Sinai is the most comprehensive and largest community hospital in Maryland, and is the state's third largest teaching hospital. Community teaching hospitals such as Sinai find one of their greatest strengths is their clinicians' commitment to direct patient care. The residents and medical students who train at Sinai have chosen a community-teaching setting over a classic academic medical center setting. Sinai provides medical education and training to 2,000 medical students, residents, fellows, nursing students, and others each year from the Johns Hopkins University, University of Maryland, and teaching institutions in the Baltimore/ Washington/ Southern Pennsylvania region.

Sinai is a member of LifeBridge Health – a Baltimore-based health system composed of Sinai Hospital, Northwest Hospital, Carroll Hospital, and Levindale – and is a constituent agency of The ASSOCIATED: Jewish Community Federation of Baltimore.

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

- 1.** The licensed bed designation at Sinai Hospital of Baltimore (SHOB) is 505, which includes Adult, Pediatric, and Neonatal Intensive Care Unit beds. Inpatient admissions for FY16 were 20,912.

Table I describes general characteristics of Sinai Hospital such as percentages of Medicaid recipients and uninsured persons delineated by primary service area zip code. The primary service area zip codes listed below are ordered from largest to smallest number of discharges during the most recent 12-month period available (i.e. FY 16), as defined by the Health Services Cost Review Commission (HSCRC). Table 1 also lists Maryland hospitals that share one or more of SHOB's 'primary service area' zip codes. In FY16, primary service zipcodes for SHOB accounted for 61% of inpatient admissions. Patients who live in our primary service area zipcodes had a higher rate of inpatient admissions from the ED than did the overall population of inpatients (65% compared to 54%).

Medicaid patients accounted for 5,911 (28.3%) of the total Sinai admissions in FY16 and 30.4% of these Medicaid patients (1,798) live in the 21215 zip code, the zip code in which the hospital is located. The total number of uninsured patients (i.e. 'self pay') admitted to SHOB in FY16 was 98 patients (0.5%). The zip code with the highest percentage of SHOB's uninsured patients is 21215 at 0.1%. For more information about the socioeconomic characteristics of the community benefit service areas (CBSA), see Table II.

Table I

Bed Designation:	Inpatient (PSA) Admissions:	Primary Service Area Zip Codes: ¹	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:	Percentage of the Hospital's patients who are Medicare beneficiaries
505	Total: 12,823	21215	- University of Maryland Medical Center - St. Joseph's - Mercy - Johns Hopkins Hospital - St. Agnes - Bon Secours - Maryland General - Union Memorial - Northwest - GBMC - James L. Kernan	54 Uninsured (self-pay or payment unknown) patients accounted for 0.4% of all patients living in the PSA; the total number of uninsured admissions is 98 (0.5%)	3,857 Medicaid patients (including those with Medicaid and Medicaid HMOs) accounted for 30.1% living in the PSA; the total number of Medicaid admissions is 5,911 (28.3%)	5,989 Medicare patients (including those with Medicare and Medicare HMOs) accounted for 46.7% living in the PSA; the total number of Medicare admissions is 8,913 (42.6%)
		21207				
		21208				
		21209				
		21117				
		21216				
		21133				
		21136				
		21244				

2. Community Benefit Service Area Description: Sinai Hospital of Baltimore (SHOB) is located in the northwest quadrant of Baltimore City, serving both its immediate neighbors and others from throughout the Baltimore City and County region. The neighborhoods surrounding Sinai are identified by the Baltimore Neighborhood Indicators Alliance (BNIA) as Southern Park Heights (SPH) and Pimlico/Arlington/Hilltop (PAH). These two neighborhoods make up the great majority of community health benefit activities, both by virtue of where the activities take place and because the majority of participants in those activities live in these neighborhoods. However Sinai Hospital does not have an address requirement for participation in community benefit activity, so those activities serve people living in 21215, 21207, 21208, 21209, 21117 and 21216. Those portions of those zip codes include the following communities: Pimlico/Arlington/Hilltop; Southern Park Heights; Howard Park/West Arlington; Dorchester/Ashburton; Greater Mondawmin; and Penn North/Reservoir Hill. Together, these zip codes and community designations define the hospital's Community Benefit Service Area (CBSA). This entire area is predominately African American with a below average median family income, above average rates for unemployment, and other social determining factors that contribute to poor health.

To further illustrate the social factors that influence the health of those in our CBSA, the following highlights many social determinants in the area closest to the hospital and in which the majority of community benefit participants live, Southern Park Heights (SPH) and Pimlico/Arlington/Hilltop (PAH). (Relying on data from The 2011 American Community Survey, the median household income for SPH was \$27,635 and PAH's median household income was \$25,397. This is compared to Baltimore City's median household income of \$53,889. The percentage of families with incomes below the federal poverty guidelines in SPH was 25.9% and in PAH, 22.6%; compared to 13.5% in Baltimore City. The average unemployment rates for SPH and PAH were 26.5% and 19.6% respectively while the Baltimore City's unemployment rate recorded in 2015 was 7.4%.

The Baltimore City Health Department uses Community Statistical Areas (CSA) when analyzing health outcomes and risk factors. The CSAs represent clusters of neighborhoods based on census track data rather than zip code and were developed by the City's Planning Department based on

¹ Health Services Cost Review Commission (HSCRC), FY2015

recognizable city neighborhood perimeters. In the chart below, we identified CSAs contained within the zip codes of the primary service areas that best represent the communities served by the community benefit activities at Sinai Hospital. One zip code (21207) spans city/county lines (see footnote below chart). Baltimore County does not provide CSAs.

The racial composition and income distribution of the above-indicated zip codes reflect the racial segregation and income disparity characteristic of the Baltimore metropolitan region. For example, PAH and SPH have a predominantly African American population at 94.4% and 95.7% respectively. This is in contrast to the neighboring Mount Washington/Coldspring community in which the median household income is \$72,348 and the unemployment rate was 4.9%. The racial/ethnic composition of the MW/C community is much more complex but the population is predominantly white.

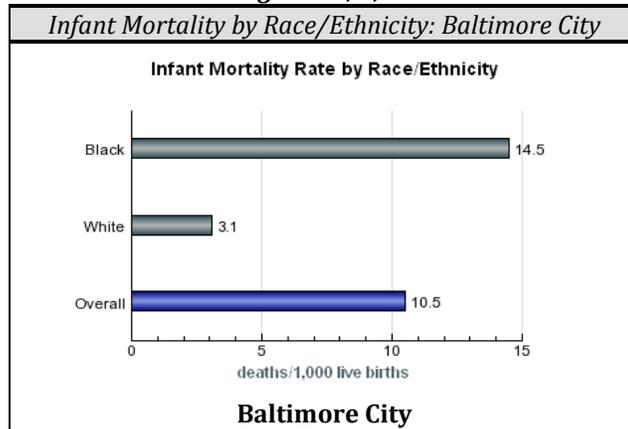
Table II

Community Benefit Service Area (CBSA) Basic Demographics (2013 Estimates)*			
Community Benefit Service Area (CBSA) Zip Code	21215, 21207, 21208, 21209, 21117, 21216		
Total Population within the CBSA:	253,917		
Sex:	Male:	116,038	45.70%
	Female:	137,879	54.30%
Age:	0-14:	49,234	19.06%
	15-17:	9,244	3.58%
	18-24:	12,853	4.97%
	25-34:	36,089	13.96%
	35-54:	31,330	12.12%
	55-64:	34,414	13.31%
	65+ :	42,628	16.49%
Ethnicity:	Hispanic or Latino:	10,571	4.09%
	Not Hispanic or Latino:	247,913	95.91%
Race:	White Alone:	76,222	29.49%
	Black Alone:	161,748	62.58%
	American Indian and Alaska Native Alone:	660	0.26%
	Asian Alone:	9,495	3.67%
	Native Hawaiian and Other Pacific Islander Alone:	166	0.06%
	Some Other Race Alone:	4,504	1.74%
	Two or More Races:	5,689	2.2%
Language Spoken At Home (Age 5+)	Speak only English	211,155	87.46%
	Speak Asian or Pacific Island Language	4,552	1.89%
	Speak Indo-European Language	12,392	5.13%
	Speak Spanish	8,000	3.31%
	Speak Other Language	5,334	2.21%

Additional Community Demographics			
Education (CBSA)	Residents with no diploma	117,982	19%
	Residents with a high school diploma	502,357	80.9%
	Residents with a bachelor's degree	172,006	27.7%
Economic (Sinai CBSA)	Median Household Income	\$55,276	
	Unemployment rate	46,036	7.4%
Housing	Vacant units	44,381	43.01%
	Renter-occupied units	58,803	57%
	Owner-occupied units	129,819	20.9%
Social Environment	Homicide incidence rate	252,184	40.6%
	Domestic Violence rate	1.1	4.6%
	Alcohol store density rate	117,982	19%
Transportation	Households with no vehicles	18,047	17.49%
	Households with one vehicle	42,884	41.56%
	Households with two vehicles	31,491	30.52%
Health Insurance (Baltimore City)	Uninsured residents	24,883	9.8%
	Medicaid recipients		
Life Expectancy & Mortality	Life expectancy at birth	71.8	
	Age adjusted mortality	110.4	

The presence and continuous evaluation of health disparities is another critical factor in determining how best to serve our target population at Sinai Hospital. In *Figures 1, 2 and 3*, significant racial disparities are shown in Baltimore City for infant mortality and mortality due to diabetes and coronary heart disease. In addition, *Figure 4* shows the leading causes of death in Baltimore City for all races, by gender.

Figures 1, 2, 3²



² Source: Healthy Communities Institute, 2012

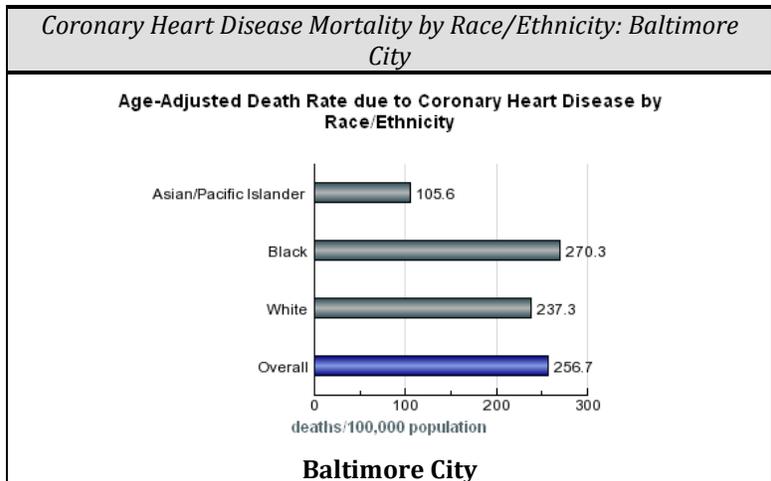


Figure 4³

CAUSE OF DEATH (TENTH REVISION INTERNATIONAL CLASSIFICATION OF DISEASES, 1992)	ALL RACES ¹		
	BOTH SEXES	MALE	FEMALE
ALL CAUSES	6,099	3,128	2,971
DISEASES OF THE HEART	1,476	801	675
MALIGNANT NEOPLASMS	1,330	650	680
CEREBROVASCULAR DISEASES	303	124	179
CHRONIC LOWER RESPIRATORY DISEASE	220	105	115
ACCIDENTS	185	114	71
DIABETES MELLITUS	183	90	93
ASSAULT (HOMICIDE)	182	163	19
INFLUENZA AND PNEUMONIA	170	87	83
SEPTICEMIA	141	64	77
HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	127	81	46
NEPHRITIS, NEPHROTIC SYNDROME, AND NEPHROSIS	119	54	65
CHRONIC LIVER DISEASE AND CIRRHOSIS	79	52	27
ESSENTIAL (PRIMARY) HYPERTENSION AND HYPERTENSIVE RENAL DISEASE	67	30	37
ALZHEIMER'S DISEASE	62	17	45
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD ..	56	26	30
INTENTIONAL SELF-HARM (SUICIDE)	47	40	7
PNEUMONITIS DUE TO SOLIDS AND LIQUIDS	39	18	21
PARKINSON'S DISEASE	25	10	15

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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

Yes Provide date here. 06/30 /2016 submitted to IRS

No

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

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

³ Source: Maryland Vital Statistics, 2011

The process used to identify health needs of LifeBridge Health’s community included analyzing primary and secondary data at the community level and included public health experts, community members and key community groups in further prioritization of concerns and needs. The CHNA Team is listed below and included a host of employees across the LifeBridge Health system.

Employee Name	Department	Title
Karen Adams	Government Relations & Community Development	Administrative Assistant
Terrie Dashiell, RN	Office of Community Health Improvement (OCHI)	Program Manager
Ademola Ekulona	Community Initiatives	Program Supervisor
Joy Hall	Women’s Health Education	Community Health Educator
Sharon Demarest	Government Relations & Community Development	Coordinator
Sharon Hendricks	Patient Experience at Northwest Hospital	Director
Livia Kessler	Population Health	Operations Manager
Martha Nathanson	Government Relations & Community Development	Vice President
Israel (Izzy) Patoka	Government Relations & Community Development	Director, Community Development
Jacquetta Robinson	Population Health	Health Ambassador
Carmera Thomas	Strategic Marketing & Communications	Community Outreach Coordinator
Garrick Williams	Community Initiatives	Community Outreach Worker
Darleen Won	Population Health	Director
Pamela Young, PhD*	Independent Contractor	Consultant

Review of Public Health Data

The CHNA team used publicly available data sources from national, state and local government and private organizations. This included the U.S. Census information from 2014, State of Maryland Vital Statistics from 2013, the Baltimore City Health Department neighborhood profiles from 2013, and the Baltimore County Department of Health CHNA completed in 2015. In order to supplement the public health data obtained from publicly available sources and to complete the CHNA, the team engaged with local public health partners and community residents to gather input from persons representing community interests.

Engagement with Public Health Partners and Community Human Services Partners

LifeBridge Health, Inc. initiated early talks with both Baltimore City and Baltimore County Health Departments around local health improvement plans to support the Maryland State Health Improvement Plan (SHIP). In summer 2015, a representative of the CHNA team met with Baltimore City Health Department’s Chief of Epidemiology Services, Darcy Phelan-Emrick, DrPH, MHS and the Director of the Office

of Policy and Planning, Shannon Mace Heller, JD, MPH to discuss recent health assessment updates to the 2011 citywide health assessment that resulted in the City's Healthy Baltimore 2015 report and Neighborhood Health Profiles. The Neighborhood Health Profiles represented the city's public health sector's own assessment of community needs throughout Baltimore City. LifeBridge Health is now actively involved in the Baltimore City Health Department's revitalized Local Health Improvement Council (LHIC).

Additionally, because LifeBridge Health hospitals are located in both Baltimore City and Baltimore County, members of the CHNA team also met with the Public Health Nurse Administrator of the Baltimore County Health Department, Laura Culbertson, RN, MSN, as well as the Baltimore County Deputy Health, Officer Della J. Leister, RN. The discussion with Baltimore County focused on the County's recently completed needs evaluation, its availability to the public and potential programming that might be developed as a result of its findings. LifeBridge Health also currently serves on the Baltimore County LHIC and the Baltimore County Accreditation Steering Committee.

Following LifeBridge Health's 2012 CHNA and the partnerships developed with both the Baltimore City and County Health Departments during that process, representatives of LifeBridge Health were invited to serve on the Local Health Improvement Councils of both public health departments. Involvement in those councils by hospital staff kept communication between the public health sector and LifeBridge Health active and fostered increased collaboration during the interval between the two CHNAs.

LifeBridge Health also continued and enhanced its routine practice of collaborating with community and human service partners in order to facilitate community involvement and input during the community health needs assessment process. Key partners representing the community stakeholders include: representatives from Baltimore County Recreation & Parks, Park Heights Renaissance Center, Park Heights Community Health Alliance, Liberty Road Business Association, CHAI, Manna Bible Baptist Church and a County Executive Official. Other community partners that assisted during the CHNA process or provide program support are identified in Section 6: LBH Resources and Partners. LifeBridge Health representatives attended meetings of each partner organization and sought support from each to facilitate the CHNA process. Assistance from partner organizations included spreading the word about the assessment, distributing and collecting community surveys, providing space and allocating meeting time for gathering community input on health needs and offering consistent support for other tasks as needed. In addition, partners contributed feedback and participated in the prioritization of community health needs.

Prior to the completion of the community health needs assessment, LifeBridge Health also identified clinical and community needs based on feedback from individual hospital departments. This practice continues and offers additional clinical input identifying and prioritizing needs. Clinical input is derived from the treatment of patients and interactions with both patients and their families or caregivers. For example, hospital departments providing community benefit services continue to conduct routine assessments of patient and community needs resulting from day-to-day experiences with population groups served by the hospital.

Data Collection: Surveys and In-person Feedback

In order to gather community input on health needs as well as stakeholder representatives, the CHNA team used a two-pronged approach yielding both a written survey and in-person feedback session data.

Surveys

During the 2012 CHNA process, the CHNA team identified an existing survey tool created and used by Tanner Health System (Carrollton, Georgia). With approval, the CHNA team adapted that survey to use in the Sinai CHNA in 2012 and repeated its use again in 2015. The survey has a total of 19 questions, including 18 multiple choice questions and one additional free response question to allow for feedback on the questionnaire and additional concerns. The first section of the survey asks questions about health concerns, barriers to seeking quality health care, community needs and health information sources. The second section asks eight demographic questions, including gender, age, race, ethnicity, highest level of education and insurance status in order to capture a snapshot of the survey respondents.

The CHNA team distributed paper surveys at community events, meetings and fairs, as well as in waiting

rooms, lobbies and communal spaces around various community sites within the LifeBridge Health primary service areas (PSA). Sites included community centers, restaurants, pharmacies, places of worship, etc. The team also relied upon partners to spread awareness about the survey as well as to distribute surveys for completion. All completed surveys were returned to the CHNA team located at Sinai Hospital.

In total, 1,530 surveys were collected for the entire LifeBridge Health system. A single CHNA team conducted Sinai, Levindale and Northwest Hospitals surveys, as all hospitals are in relatively close proximity and share certain PSA zip codes. Sinai and Levindale are directly across the street from each other and thus share the same geographic community in northwest Baltimore City and the bordering communities of Baltimore County; however due to the unique nature of the patients utilizing Levindale, separate PSA's were established and included from the state regulatory body known as the Health Services Cost Review Commission (HSCRC). Northwest Hospital is situated further north and west in Baltimore County. Due to this overlapping of Primary Service Area zip codes, the data analysis relied upon a second level of decision-making to categorize survey responses as 'Sinai, Levindale, or Northwest.'

When the survey respondent's residence was indicated to be in one of the overlapping zip codes, the respondent's answer to the question 'When seeking care, which [acute care] hospital would you visit first?' became the tiebreaker for categorizing responses from individuals living in a service area zip code shared by Sinai and Northwest Hospitals. If that question was not answered, then the location where the survey was collected was the final means of attribution to the appropriate hospital.

In-Person Feedback: Community Feedback Sessions

The CHNA team worked with local partners to participate in six face-to-face community feedback sessions. Feedback sessions were open to the general public including residents and representatives from local community-based organizations, places of worship, schools, etc. Community members and stakeholders learned about the feedback sessions through a variety of mechanisms including paper flyer distribution, e-mail notices, event postings on community calendars, announcements at community meetings and gatherings, and through word of mouth. Due to the fact that the feedback sessions were scheduled to occur during regularly scheduled community meetings at partner organizations, most participants heard about the meeting through attendance at previous meetings.

The feedback sessions were at least one hour in length. During each session, CHNA team members explained the CHNA process thus far and the reason for the meeting. The facilitator on the CHNA team also reviewed the 2012 CHNA outcomes and introduced the program managers of the two community health improvement projects that were developed in response to the findings of the 2012 CHNA. Each program manager then gave a report on the program's purpose, development and outcomes to date. Following those presentations, the facilitator reported on 2015 survey findings, asked participants for their opinions on what the surveys indicated and for input on how to prioritize and address identified needs. Participants offered ideas for resources, partners and community health improvement project strategies.

In order to prioritize community health needs, the CHNA team facilitated a multi-voting exercise at the community feedback sessions. Each participant used three Post-It notes as their ballots for the health needs that they perceived to be greatest. Participants were instructed to vote by placing the Post-It notes onto flip charts posted around the meeting room. Each flip chart was labeled with a different health concern, which had been selected based on preliminary survey results of the top 6 causes of death (survey question 1) and top 6 community health concerns (survey question 2) identified by survey respondents. The CHNA team decided to present the six health conditions representing either top cause of death or top health concern to meeting participants for the voting exercise. Participants were asked to place their three votes in any distribution, weighting any health concern with more than one vote, if they wished; they could also submit write-in votes for health concerns not posted. Through this process of multi-voting, the prioritization of health needs was clearly identified and endorsed by community stakeholders, partners, and residents.

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

Yes Enter date approved by governing body here: 11/10/16
 No

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

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

III. COMMUNITY BENEFIT ADMINISTRATION

1. Are Community Benefits planning and investments part of your hospital's internal strategic plan?

Yes
 No

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

ii. Senior Leadership

1. CEO – Amy Perry, President
2. CFO - David Krajewski
3. Other Martha Nathanson, Vice President of Government Affairs

Describe the role of Senior Leadership.

These members of the senior leadership team provide oversight and direction to the Population Health Department in identifying the interventions that are specifically helpful for the Sinai CBSA, including community benefit output and other Population Health-related initiatives.

iii. Clinical Leadership

1. Physician – Dr. Michelle Gourdine, Medical Director, Sinai Community Care
2. Nurse – Diane Johnson, RN, VP of Nursing
3. Social Worker
4. Other (Community Health Nurse Educators, Community Health Workers)

These members of the clinical leadership team provide more directed oversight and direction to the Population Health Department in identifying the interventions that are specifically helpful for the Sinai CBSA, including community benefit output and other Population Health-related initiatives.

iv. Population Health Leadership and Staff

1. Population health VP or equivalent - Dr. Jonathan Ringo, VP of Clinical Transformation
2. Darleen Won, Director of Population Health
3. Dr. Joseph Wiley, Medical Director of Population Health

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

Dr. Ringo leads the effort of the whole LifeBridge system to reorient its care model to focus on preventive health and to conform to increasingly value-based health care reimbursement environment. Darleen leads the Population Health department in creating, managing, tracking and reporting on all initiatives in the outpatient and community setting that are meant to address access to care, chronic and primary care, and social determinants of health. Dr. Wiley provides clinical expertise to the teams that are developing or running programs aimed at improving population health.

v. Community Benefit Operations

1. Individual (please specify FTE)
2. Committee (please list members)
3. Department (Lane Levine, Population Health Project Manager, Livia Kessler, Population Health Operations Manager; Jacquetta Robinson, Health Ambassador; Reverend Domanic Smith, Pastoral Outreach Coordinator; Donielle White, Data Integration Analyst)
4. **Community Mission Committee:** LifeBridge Health, Inc., the parent corporation that includes Sinai Hospital, has a board committee for the oversight and guidance for all community services and programming. Community Mission Committee members include Sinai, Northwest, and Levindale Board Members and Executives, President of LifeBridge Health, Inc., and Vice Presidents. The Community Mission Committee is responsible for reviewing, reporting, and advising community benefit activities. This committee reviews specific programs on a regular basis, making recommendations to the program managers for improvements or new programming approaches. This is the committee that reviews the Community Benefit Report each year and makes recommendations for approval of the report at the full board level.
5. **Direct Service Staff:** In the department of Population Health, The M. Peter Moser Community Initiatives Department employs a staff of 40 full time equivalent community health workers, social workers, and counselors to implement and deliver community benefit programming. The core function of Community Initiatives is to provide services to benefit the community at no charge.
6. **Community Health Improvement:** LifeBridge Health Inc. created the Office of Community Health Improvement to implement community health improvement projects. This department replaced the Community Health Education Department that was responsible for health promotion and prevention efforts at Northwest Hospital. Although the department provides services to individuals living in or around Northwest, Sinai and Levindale Hospitals' surrounding communities, the department is physically located at Northwest Hospital.
7. Other clinical departments also provide community benefit programming in addition to regular clinical functioning.

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

Spreadsheet Yes No

Narrative Yes No

The activities within the report are audited through the process of creating the Population Health Infrastructure reports for the Health Services Cost Review Commission (HSCRC).

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

Spreadsheet Yes No
 Narrative Yes No

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners.

a. Does the hospital organization engage in external collaboration with the following partners:

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

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative activities with each partner (please add as many rows to the table as necessary to be complete)

Organization	Name of Key Collaborator	Title	Collaboration Description
Baltimore City Health Department	Darcy Phelan-Emrick, DrPH, MHS; , Shannon Mace Heller, JD, MPH; Sonia Sarkar	Chief of Epidemiology Services; Director of the Office of Policy and Planning; Chief Policy and Engagement Officer	Discussed recent health assessment updates to the 2011 citywide health assessment that resulted in the City’s Healthy Baltimore 2015 report and Neighborhood Health Profiles. Participated in Health Department’s LHIC.
Baltimore County Health Department	Laura Culbertson, RN, MSN; Della J. Leister, RN	Public Health Nurse Administrator; Baltimore County Deputy Health Officer	Discussion focused on the County’s recently completed needs evaluation, its availability to the public and potential programming that

			might be developed as a result of its findings. Participate in County LHIC and Accreditation Steering Committee.
Park Heights Renaissance Center	Cheo Hurley	Executive Director	Facilitate community involvement and input during the community health needs assessment process
Park Heights Community Health Alliance	Willie Flowers	Executive Director	Facilitate community involvement and input during the community health needs assessment process
Liberty Road Business Association	Kelly Carter	Executive Director	Facilitate community involvement and input during the community health needs assessment process
CHAI	Mitchell Posner	Executive Director	facilitate community involvement and input during the community health needs assessment process
Manna Bible Baptist Church	Reverend David Gaines	Pastor	facilitate community involvement and input during the community health needs assessment process

c. Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in the jurisdictions where the hospital organization is targeting community benefit dollars?

___yes __X__no

d. Is there a member of the hospital organization that attends or is a member of the LHIC in the jurisdictions where the hospital organization is targeting community benefit dollars?

__x__yes ___no

V. HOSPITAL COMMUNITY BENEFIT PROGRAMS AND INITIATIVES

1. Hospital Initiatives Identified by the CHNA

Initiative 1 -Changing Hearts Program at Sinai Hospital	
Identified Need	Heart disease is the leading cause of death among the community. The program improves the cardiovascular health of individuals in the community that addresses prevention and wellness for clients that are pre-hypertensive. The nurse and community health worker-model enables CHP to help participants identify wellness strategies related not only to their clinical status, but also their social needs during in-home assessments. Participants are monitored based on an individualized and mutually agreed upon plan of care. They receive assistance in obtaining access to care, maintaining healthy lifestyles, and the clinical aspects of health maintenance.
Hospital Initiative	Office of Community Health Improvement – Changing Hearts
# of people within target population (how many people in the target area are affected by the particular disease being addressed by the initiative)	4500 patients were flagged as pre-hypertensive based on primary blood pressure reports *Source: Cerner HealthIntent Comp Wellness Registry, BP Rescreen
# of people reached by the initiative (how many people in the target population were served by the initiative)	70 patients were enrolled in the program
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	The Changing Hearts Program includes: <ul style="list-style-type: none"> • Live Heart health risk assessment (Cholesterol, glucose, etc. screenings work, blood pressure reading, body composition analysis) • Health education counseling with a registered nurse • Educational materials to help facilitate lifestyle change • Follow-up calls and/or home visits with a CHW focusing on an individualized plan developed with participants • Lifestyle classes to help maintain a long-term e change • Web-based links to resources to improve cardiac health
Single or Multi-Year Initiative Time Period	Multi-year initiative that started in conjunction with the 2012 Community Health Needs Assessment- Community Health Improvement Project, but will continue to be funded by the hospital as well as enhanced to serve more clients.
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> • American Heart Association • BCHD Cardiovascular Disparities Task Force • Baltimore City’s Department of Aging • Forest Park Senior Center American Stroke Association • Sandra and Malcolm Berman Brain and Spine Institute Stroke Programs at LBH • Shop Rite Howard Park, • Park Heights Community Health Alliance, and • Assorted community churches & businesses within the CSA

Continued: Initiative 1 -Changing Hearts Program at Sinai Hospital

Outcome (Include process and impact measures)	Biometrics Outcomes		
	N= 70 participants	% change	Direction of change
	Blood pressure	79%	↓
	BMI	83%	↓
	Glucose measurement	29%	↓
	LDL measurement*	89%	↓
	HDL measurement*	100%	↓
	Note: cumulative changes in maintaining and improving biometric outcomes applied *N=17		
	Behavioral Outcomes		
	N= 70 participants	% change	Direction of change
	Smoking habits	94%	↓
	Physical activity	93%	↑
	Nutritional concerns	66%	↓
	Quality of Life response	91%	↑
Health Education	96%	↑	
Note: cumulative changes in maintaining and improving behavioral outcomes applied			
How were the outcomes evaluated?	Outcomes are based on the ability to increase personal awareness and to exhibit an improved change in lifestyle over time.		
Continuation of Initiative	This initiative will continue.		
Expense	\$91,843		

Initiative Identified by CHNA Initiative 2 – Kujichagulia Center (Youth Center) at Sinai Hospital	
Identified Need	Youth/Street Violence was a top priority concern of the Park Heights Community. The program reduces street violence by creating a venue to escape the cycle of youth violence through self-determination and maximizing employability of youth with significant barriers.
Hospital Initiative	Kujichagulia Center (Youth Center)
# of people within target population (how many people in the target area are affected by the particular disease being addressed by the initiative)	55 patients between the age groups of 18 and 25 years were admitted for an incident of violence
# of people reached by the initiative (how many people in the target population were served by the initiative)	24 active clients are enrolled in the Kuji center programs
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Provide services for male opportunity youth residing in Baltimore to secure a viable future including: - youth development and violence prevention services to residents of 21215 ranging between 18 and 25 years - mentoring services for middle schools students; - YouthWorks Summer jobs program for youth ranging between 14 to 21 years - Violence intervention services for local youth 18 to 25 years of age upon admission to the Trauma Unit and suffering injuries due to street violence.
Single or Multi-Year Initiative Time Period	The multi-year grant has been extended to fiscal year 2016 and half year funding period for 2017
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> • Sinai M. Peter Moser Community Initiatives • Sinai Vocational Services Program • Sinai Emergency Medicine Department • South Baltimore Learning Center • Park Heights Renaissance • Pimlico Elementary/Middle School • KIPP Ujima Elementary/Middle School Academy • Baltimore City YouthWorks
Outcome (Include process and impact measures)	24 participants were enrolled in the Kujichagulia program 17 clients completed the Workforce Readiness/Life Skills training; 71% participants completed Workforce training 14 clients completed Internship 11 clients received assistance with job placement 22 clients received mentoring
How were the outcomes evaluated?	Outcomes are based on increase in workforce readiness and life skills training, and improved engagement in positive male development.
Continuation of Initiative	Funded through June 2017
Expense	\$83,082

Initiative 3 –Community Health Education at Sinai Hospital	
Identified Need	One of the biggest concerns of the community during the CHNA performed in 2012 was health education. The program will provide a forum for the community to understand how to manage their chronic conditions and overcome barriers to self-care.
Hospital Initiative	Office of Community Health Improvement – Community Health Education
# of people within target population (how many people in the target area are affected by the particular disease being addressed by the initiative)	121,159 patients between the ages of 18 and 74 years
# of people reached by the initiative (how many people in the target population were served by the initiative)	1307 patients were educated through forums and health fairs
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	<ul style="list-style-type: none"> - Provide health educational offerings to the community to understand lab results, managing medication, stress management, healthy eating and physical activity - Provide tools for dealing with hypertension and other components of metabolic syndrome - Create avenues for community members to request health education - Provide community based offerings that will render health-related services and information
Single or Multi-Year Initiative Time Period	Multi-year grant
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> • American Heart Association • BCHD Cardiovascular Disparities Task Force • Baltimore City’s Department of Aging • Forest Park Senior Center American Stroke Association • Sandra and Malcolm Berman Brain and Spine Institute Stroke Programs at LBH • Shop Rite Howard Park, • Park Heights Community Health Alliance, and • Assorted community churches & businesses within the CSA
Outcome (Include process and impact measures)	<p>6 community-based forums were attended</p> <p>260 hours of community health fair hours were attended and risk assessments were provided</p> <p>200% CHNA community-based forums were provided</p>
How were the outcomes evaluated?	Outcomes are based on improvement in participant’s understanding of how to manage their health and their ability to exhibit an improved change in lifestyle
Continuation of Initiative	This initiative will continue and expand.
Expense	\$188,388

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

Alcohol/Substance Abuse and Behavioral Health

The CHNA's finding that drug and alcohol abuse is a top community health need in Sinai's surrounding community is not a new concern. Indeed, Sinai has endeavored to respond to this need through the services of Sinai Hospital's Addictions Recovery Program (SHARP), an outpatient substance abuse treatment program that has provided treatment services to opiate-addicted patients for over 20 years. SHARP's mission is to serve the uninsured and under-insured individuals who are opioid-dependent in Baltimore City.

SHARP currently has 350 treatment slots to serve many individuals at any one time. Through this program, medication assisted treatment utilizing methadone is provided to patients 18 years of age and older. SHARP uses a comprehensive model of treatment that combines methadone maintenance with the following services including: individual, group and family counseling; substance abuse education for patients and families; primary medical care (assessment and referral) for uninsured patients until connected with a provider; fully integrated dual diagnosis services for patients with co-existing psychiatric disorders; on-site testing and counseling for HIV and sexually transmitted diseases; and linkages with adjunctive services as needed.

Sinai's Department of Psychiatry is currently working closely with the Population Health department to implement LBH's population health strategy for those with behavioral health needs. This includes several strategies to improve care coordination for patients with behavioral health care needs and ensure that all patients with such needs are appropriately screened, diagnosed, referred to treatment, and monitored for compliance with treatment recommendations and recovery.

Finally, Sinai has introduced telepsychiatry through a pilot in the Emergency Department during overnight hours, which began in March 2016, thus providing patients 24/7 access to behavioral health care. The second phase of the pilot will expand these services into the primary care setting with plans for full implementation for a broader patient population in 2017.

Cancer

Cancer is the second leading cause of death in Baltimore City. Survey respondents selected 'cancer' as the third top cause of death in their community, and the third biggest health concern. In community feedback sessions, participants rated cancer as the fifth prioritized health concern.

The LifeBridge Health Alvin & Lois Lapidus Cancer Institute located at Sinai Hospital offers advanced specialized care in all areas of cancer diagnosis and treatment. Cancer treatment centers and programs address the following conditions: breast, gynecologic, hematologic, lung/thoracic, gastroenterological and urologic cancers, as well as bone, soft tissue and endocrine tumors. In addition to diagnosis and treatment, the Institute provides supportive services and personal development and enrichment opportunities for patients undergoing cancer treatment. Integrated therapies designed to relieve anxiety and promote socialization include stress reduction techniques for patients and families, art workshops, music therapy classes, guided imagery, meditation and chair yoga. Programs such as the American Cancer Society's Look and Feel Better Program, which provides makeup demonstrations, skin care therapies and special products, are also available to patients.

In addition, the Institute also provides outreach and screening services to its communities, in an effort to raise awareness to certain cancer risks and provide secondary prevention for those whose cancer may be found through screening. The Freedom to Screen program at Sinai's sister hospital, Northwest Hospital in nearby Baltimore County, provides community outreach, breast cancer education, screenings and exams, mammograms, and follow-up diagnostic procedures for lower-income, uninsured and under-insured women in both hospitals' catchment areas (e.g. Baltimore County and City). The goal of the program is to provide women with the resources they need to increase breast cancer awareness and prevention. Additional assistance is offered to women who need help with patient navigation services. Patient navigators help women who have received a breast cancer diagnosis deal with their medical fears and develop a road to recovery.

In November 2015 LifeBridge Health implemented a Lung Cancer Screening Program, targeted to certain high risk smokers, those ages 55-74 years of age who smoked either a pack a day for 30 years or more, or two packs a day for 15 years or more. Those eligible for the program receive a lung cancer screening using CT scanning. If there is a positive or abnormal finding, a nurse navigator helps guide the patient through the process of selecting physicians, understanding treatment plans, and communication with the primary care physician.

HIV/AIDS

HIV/AIDS is among the community's top health concerns identified through the CHNA. This need is being addressed by current hospital programming both for primary and specialty medical care through the hospital's Infectious Disease Ambulatory Clinic (IDAC) and for psychosocial needs through Community Initiatives HIV Support Services.

The IDAC serves HIV+ adults in a comprehensive medical setting with attention to patients' primary medical care as well as specialty services for HIV infection needs. The HIV Support Services program began in 1989 and addresses the social and economic barriers that impact the health and well-being of individuals and families affected by HIV. Sinai's HIV Support Services is more robust than typical HIV support or "case management" services in that it serves several groups simultaneously: women with children, women of childbearing age, pregnant women, infants, children, and youth, a growing number of women of menopausal/post-menopausal age, and men. Services are provided by clinical social workers and community health workers who use interventions which enhance access to care and facilitate integration of medical and psychosocial services.

Other Hospital Initiatives

Although there are several health needs that were not prioritized by the Community Health Needs Assessment and subject for new Community Health Improvement Projects, they remain an important concern for community residents, stakeholders and Sinai Hospital.

Sinai Hospital has a long history of providing community outreach services to residents of its neighboring communities for the purpose of improvement of their health and well-being. Such services have been developed in response to expressions of need by patients and their families when they have sought Sinai's care or because of health improvement initiatives by public health experts from local, state or national governments. In addition, in 2005 Sinai participated in a consultant-led community health needs assessment with other LifeBridge hospitals. The department that has been responsible for the development and management of most such community health improvement programs is the M. Peter Community Initiatives (CI). The model that CI uses to provide services free-of-charge to community residents whose health is impaired or at risk of impairment because of social determinants uses a team of community health workers paired with social workers and counselors. The current CI services include:

- Family Violence Program – hospital-wide domestic violence identification and follow up counseling
- Perinatal Mood Disorders – identification of women at-risk for perinatal depression or anxiety at delivery with follow-up counseling and referrals
- Diabetes Medical Home Extender – follow up home visiting and education following an inpatient admission
- Healthy Families America – as part of the BCHD B'more for Healthy Babies infant mortality prevention home visiting for in-home education on pregnancy, infant development and parenting
- HIV Support Services – provide counseling, information & referrals to HIV+ men, women, children and youth receiving care at Sinai Hospital.

Other departments have developed services specific to the department's area of expertise such as Human Resources partnering with other hospitals in a workforce development effort, the Healthcare Careers Alliance Program, or Case Management's Patient Financial Assistance and Psychiatry's Community Support Specialist. All of these services predated the recent CHNA and its mandate to develop services in response to the CHNA's findings. Further description of them can be found in the attached Table IV.

Table IV: ADDITIONAL SINAI HOSPITAL COMMUNITY BENEFIT PROGRAMS AND INITIATIVES

Identified Need	Managing chronic care in a medically underserved community	Financial assistance for indigent patients to ensure a safe discharge from the acute care hospital
Hospital Initiative	Diabetes Medical Home Extender, M. Peter Moser Community Initiatives	Financial Assistance, Case Management Department
# of people within target population (how many people in the target area are affected by the particular disease being addressed by the initiative)	Approximately 350 patients were identified with Diabetes	--
# of people reached by the initiative (how many people in the target population were served by the initiative)	59 patients were enrolled in the program	3,421 patients received direct financial assistance in FY2016
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	To provide comprehensive care coordination for patients with chronically unmanaged diabetes and help resolve psychosocial barriers preventing patients from utilizing primary care.	To ensure indigent patients have the appropriate medications, transportation, home support services in order for them to make a healthy recovery
Single or Multi-Year Initiative Time Period	Multi-year grant est. Jan 2014	Multi-year
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> • Sinai Hospital • JHU/Sinai Residency Program • Sinai Community Care • M. Peter Moser Community Initiatives • Sinai Care Transitions • Sinai Diabetes Resource Center 	Sinai Hospital senior leadership and Department of Case Management
Outcome (Include process and impact measures)	<p>38 participants per Community Health Worker</p> <p>Average case load of a CHW is 64%</p>	<p>In FY 2016, a total of \$445,836.63 was spent on direct financial assistance to patients at Sinai Hospital:</p> <p>Cab Transportation: 2,400 people Medication Assistance: 520 people County Ride: 71 people Inpatient rehabilitation placement: 25 people Assisted Living Facility: 17 people Homecare: 34 people Medical Equipment/Infusion services: 352 people Zoll Life Vest: 2 people</p>

How were the outcomes evaluated?	Outcomes are based on increase in knowledge of diabetes and self-accountability, and reduction in barriers to medical and psychosocial needs as well as inpatient hospitalization and excessive ED utilization	As this does not qualify as a distinct program, no specific outcomes are evaluated for this form of community benefit.
Continuation of Initiative	This program will continue.	This resource will continue.
Expense	\$153,756	\$445,836.63
Expected Outcome	<i>Positively affect care management behavior that will lead to improved clinical outcomes; increase participant knowledge of disease and interactivity with healthcare; expansion of program</i>	<i>Patients will recover properly and avoid readmission for the same or related condition after a hospital stay.</i>

Identified Need	Routine rapid HIV testing in entry point of a healthcare facility	Intimate partner violence poses a significant risk to the physical and mental health of women and directly or indirectly results in health conditions.
Hospital Initiative	ED Rapid HIV Testing, Case Management Department	Family Violence Program, M. Peter Moser Community Initiatives
# of people within target population (how many people in the target area are affected by the particular disease being addressed by the initiative)	--	214 patients were referred to the program
# of people reached by the initiative (how many people in the target population were served by the initiative)	2,023	56 patients were supported with extra follow up by the initiative
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	To provide free rapid HIV tests to any patients in the Emergency Room and to link HIV+ patients to care	To increase the knowledge, safety and healing experiences for victims of intimate partner violence; to increase knowledge and awareness among supporting staff
Single or Multi-Year Initiative Time Period	Multi-year	Multi-year grant renewed for 24 months in October 2016
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> • Baltimore City Health Department • Sinai Hospital Emergency Department • Sinai Hospital Case Management Department 	<ul style="list-style-type: none"> • Baltimore City Police Department • Sinai Community Care (VOCA) and (VAWA) • Park Heights Family Support Center • OB/GYN Providers
Outcome (Include process and		26% of the patients allowed staff to

impact measures)		connect them to needed resources during time of crisis
How were the outcomes evaluated?	Baltimore City Health Dept. has compliance targets and we report on an annual basis, the degree to which we met the target set for Sinai Hospital	Outcomes are based on qualitative measurement for increase in knowledge of actions to improve safety and dynamics of domestic violence, and healing experiences
Continuation of Initiative	This resource will continue	This program will continue.
Expense	\$80,000	\$242,263
Expected Outcome	<i>Great detection and treatment, and ultimately reduced viral loads and rates of infection, of HIV</i>	<i>Improve mental health and general well-being for victims of IPV; measure pre/post participant experience; improve referral mechanism</i>

Identified Need	Job readiness skills and employment	The health and wellbeing of young families is threatened by general poverty and associated social, economic and health disparities
Hospital Initiative	Vocational Services Program	Healthy Families America, M. Peter Moser Community Initiatives Department
# of people within target population (how many people in the target area are affected by the particular disease being addressed by the initiative)	347 Total Referrals to the program	100 families will be served* *Source: Family League of Baltimore grant
# of people reached by the initiative (how many people in the target population were served by the initiative)	293 individuals were enrolled in the program in FY2016- across Sinai, Northwest, and Levindale	96 families were reached by the initiative
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	To maximize the employability of persons with significant barriers to employment through an array of workforce development services. Annually, VSP provides career assessment, job training and placement services to close to 300 Baltimore area residents.	To provide support to at risk families in nurturing children and prevent the abuse and neglect of children
Single or Multi-Year Initiative Time Period	Multi-year	
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> • Maryland Department of Education - Division of Rehabilitation Services • Department of Veterans 	<ul style="list-style-type: none"> • Baltimore City Health Department • Sinai Hospital • Family League of Baltimore

	<p>Affairs – Vocational Rehabilitation and Employment unit</p> <ul style="list-style-type: none"> • Baltimore City Mayor’s Office of Employment Development • LifeBridge Health’s Population Health department • Many local community agencies. 	
Outcome (Include process and impact measures)	<ul style="list-style-type: none"> • 70% of trainees successfully completed services and acquiring soft and/or hard skills. • VSP assisted in placing nearly 40% of job seeking program graduates at local employers • Graduates earned an average wage of \$10.66 per hour • Trainees were very satisfied with VSP training services, with an average 4.69 satisfaction score (on a 5-point scale, with a “1” rating equal to “very dissatisfied” and a “5” rating equal to “extremely satisfied”) for the fiscal year 	<p>51 clients (90%) practiced safe sleeping</p> <p>49 clients (91%) are up to date childhood immunizations</p> <p>1190 home visits were conducted</p>
How were the outcomes evaluated?	<p>Program effectiveness is measured via Efforts to Outcomes (ETO), a nationally recognized tracking and outcome management system. VSP measures performance through a variety of methods – including tracking of participant achievement on defined performance measures – through ETO’s objective rating system, narrative observations, pre/post-testing, and satisfaction surveys. A variety of quantitative and qualitative data is collected through an initial intake process and during program participation to determine progress and achievement of milestones as well as a final report to document outcomes. Staff electronically administer and collect participant satisfaction surveys both during and following service provision. Data regarding participant success is documented via pre-and post-skills gains reports and training site personnel reviews. All data is</p>	<p>Outcomes are based on increase in knowledge about safe sleeping and child growth/ development and improved care at home through home visits</p>

	included in a quarterly program evaluation report, and results from this analysis are used to make necessary adjustments to better serve participants and improve overall program quality. Staff share these results with stakeholders.	
Continuation of Initiative	This program will continue.	
Expense	\$162,557	\$312,000
Expected Outcome	<i>Rehabilitate and prepare community members to play vital roles as workers in the local economy.</i>	<i>Enhance parenting and health behaviors; decrease infant mortality and illness</i>

Identified Need	HIV infected men, women and children who lack insurance or are underinsured need support and advocacy to maintain their health	Screening pregnant and new mothers with history of poor social support to reduce the risk of perinatal depression
Hospital Initiative	HIV Support Services, M Peter Moser Community Initiatives Department	Perinatal Depression Outreach program, M Peter Moser Community Initiatives Department
# of people within target population (how many people in the target area are affected by the particular disease being addressed by the initiative)	325 HIV positive clients are provided with medical and non-medical case management * *Source: Ryan White State Special Funds	2,000 mothers that give birth at Sinai hospital each year
# of people reached by the initiative (how many people in the target population were served by the initiative)	337 HIV positive individuals were served	727 women were screened after giving birth at Sinai
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	To help individuals adjust to HIV diagnosis and to provide support and resources necessary to improve and maintain their health	To increase awareness and treatment of depression among new mothers
Single or Multi-Year Initiative Time Period	The grant has been extended to fiscal year 2017	
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> • Maryland Department of Health and Mental Hygiene • Sinai Infectious Disease Ambulatory Center • Johns Hopkins WICY Partnership • Sinai ED rapid HIV testing 	<ul style="list-style-type: none"> • Postpartum Progress • Sinai Hospital • Sinai Ob/Gyn Department

Outcome (Include process and impact measures)	198 clients with viral load under 200 copies 90% of the referrals were accepted into the program	120 active program participants received one on one services and completed assessments 509 women were reached directly by phone call or email follow up 41 active participants in 50 group sessions
How were the outcomes evaluated?	Outcomes are based on increased treatment adherence, and ability to reduce and maintain a low viral load as well as increased patient knowledge and utilization of available resources	Outcomes are measures based on the number of women who engaged in the program and improved maternal functioning
Continuation of Initiative	This initiative will continue.	This initiative will continue.
Expense	\$399,838	\$35,468
Expected Outcomes	<i>Increase access to HIV care and support services; support newly diagnosed/new to care patients with HIV</i>	<i>Enhance family functioning by reducing risk and building protective factors for new mothers; increase awareness through group sessions</i>

Identified Need	Senior citizens need assistance with housing upgrades to improve their health and safety
Hospital Initiative	Housing Upgrades for Benefit Seniors (HUBS), Community Development
# of people within target population (how many people in the target area are affected by the particular disease being addressed by the initiative)	75 clients living within the Baltimore city area
# of people reached by the initiative (how many people in the target population were served by the initiative)	76 clients were helping with housing upgrades
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	To help provide application assistance to older adults for home-related service and modifications that will improve their health and safety, preserve the integrity of their properties, and extend the time that they can remain in their homes. HUBS serves Baltimore city residents who are 65 years and older and fall below 80% Baltimore Metro Area Median Income.
Single or Multi-Year Initiative Time Period	The grant has been extended to fiscal year 2017
Key Partners and/or Hospitals in initiative development and/or implementation	<ul style="list-style-type: none"> • Department of Aging • Sinai Hospital • CHAI
Outcome (Include process and impact measures)	102% clients were successfully provided with home improvement renovations

How were the outcomes evaluated?	Outcomes are based on increased awareness about the program and
Continuation of Initiative	This initiative will continue.
Expense	\$210,972
Expected Outcomes	<i>Increase access to home-related services and modifications;</i>

VI. How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health? (see links below for more information on the State's various initiatives)

The ultimate goals of the Sinai Hospital's Community Benefit activities – as well as the other activities listed that do not fall squarely under the “community benefit” category – are fully contained within the Maryland State Health Improvement Process. The expected outcomes of Population Health, Community Initiatives, and the Office of Community Health Improvement address multiple categories within the Access to Health Care and Quality Preventive Care focus areas. As SHIP aims to improve outcomes for Maryland's most at-risk populations, so too do the programs enumerated in this report. In addition, through our variety of preventative interventions, these programs will allow Sinai Hospital to reduce readmission rates and high utilization of the emergency department for non-emergency services.

VI. PHYSICIANS

1. Gaps in availability of specialty providers: As a teaching hospital with its own accredited, non-university-affiliated residency training programs, Sinai Hospital employs a faculty of 140 physicians in several specialties including Internal Medicine, Obstetrics and Gynecology, and Pediatrics. Faculty physicians provide services to patients through a faculty practice plan. When patients request appointments in the faculty practice offices, they are not screened on their ability to pay for services. Physician fees for uninsured patients are determined on a sliding scale based on income. Fees may be waived if a patient has no financial resources or health insurance.

Additionally, in those specialties in which the hospital does not have a faculty, such as Dentistry, Otolaryngology, Vascular and Neuro-surgery, we employ specialists in order to provide continuous care for patients admitted to the hospital through the Emergency Department. In these cases, the hospital covers these specialists' consultation fees and fees for procedures for indigent patients. Because of these two arrangements for providing specialty care for uninsured patients, we are not able to document gaps in specialist care for uninsured patients.

Although we provide subsidized care for certain indigent patients, we do have other sources of information on specialty care gaps. These are those persons who are uninsured or who have Medicaid who use the Emergency Department for all of their medical needs. We find that uninsured persons and often also those who have Medicaid will seek care, both for primary and specialty care needs, in the Emergency Department because they do not have a medical home and they cannot afford specialty care, or physicians they seek help from are not Medicaid providers. Often those who use the Emergency Department for their sole source of care are too ill for primary care and are in need of specialty care because they have delayed care for so long.

Finally, we do health promotion activities as a community benefit. When we do screening programs we must have a physician to whom we can refer those who demonstrate risk factors upon screening. However, specialists are often reluctant to participate in those screenings because they fear that they will discover conditions that require extensive and expensive interventions, which will not be paid for because of lack of or under-insurance. For example, urologists are reluctant to participate in prostate screenings because they do not want to be responsible for potential surgery that will be uncompensated.

2.Physician subsidies:

Category of Subsidy	Explanation of Need for Service	Amount
Hospital-Based physicians	Anesthesia, Radiology and NICU coverage	10,096,069
Non-Resident House Staff and Hospitalists	Hospitalists and Perinatology	1,305,085
Coverage of Emergency Department Call	ER call in various specialties	558,136
Physician Provision of Financial Assistance	Charity care to match Hospital policy	351,415
Physician Recruitment to Meet Community Need	n/a	
Other - (provide detail of any subsidy not listed above - add more rows if needed)	Sinai Community Care	3,851,552

Appendix 1

Sinai Hospital of Baltimore Financial Assistance Procedures 06/30/2015

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

- Financial Assistance notices, including contact information, are posted in the Business Office and Admitting, as well as at points of entry and registration throughout the Hospital.
- Patient Financial Services Brochure '*Freedom to Care*' is available to all inpatients; brochures are available in all outpatient registration and service areas.
- Sinai Hospital employs one FTE Financial Assistance Liaison who is available to answer questions and to assist patients and family members with the process of applying for Financial Assistance.
- A Patient Information Sheet is given to all inpatients prior to discharge.
- The Patient Information Sheet content is printed on every Maryland Summary Statement, which is mailed to all inpatients.
- The Patient Information Sheet content is provided on the Sinai Hospital and the LifeBridge Health web-sites.
- Sinai Hospital's uninsured (self-pay) and under-insured (Medicare beneficiary with no secondary) Medical Assistance Eligibility Program screens, assists with the application process and ultimately converts patients to various Medical Assistance coverages and includes eligibility screening and assistance with completing the Financial Assistance application as part of that process.
- Sinai Hospital participates with local Associated Jewish Charities to provide Financial Assistance eligibility for qualifying patients.
- All Hospital statements and active A/R outsource vendors include a message referencing the availability of Financial Assistance for those who are experiencing financial difficulty and provides contact information to discuss Sinai's Financial Assistance Program.
- Collection agencies initial statement references the availability of Financial Assistance for those who are experiencing financial difficulty and provides contact information to discuss Sinai's Financial Assistance Program.
- All Hospital Patient Financial Services staff, active A/R outsource vendors, collection agencies and Medicaid Eligibility vendors are trained to identify potential Financial Assistance eligibility and assist patients with the Financial Assistance application process.
- Financial Assistance application and instruction cover sheet is available in Russian
- Patient Information Sheet is available in Spanish.
- Sinai Hospital hosts and participates in various Department of Health and Mental Hygiene and Maryland Hospital Association sponsored campaigns like 'Cover the Uninsured Week'.

Appendix II

LifeBridge Health facility Financial Assistance Policies did not change as a result of the ACA Health Care Coverage Expansion Option in January 2014.

Insurance Exchange:

- LifeBridge Health facility Financial Assistance practices and adjustments saw little impact from the ACA Health Care Coverage Expansion of January 2014. We believe most uninsured patients serviced by LifeBridge Health facilities did not take advantage of the Health Insurance Exchange coverage and remained uninsured or qualified for Medical Assistance. We believe most Health Insurance Exchange activity involved previously insured patients selecting a new carrier through the exchange. Payer mix shifts from self-pay to Health Insurance Exchange carriers were minimal through fiscal year 2015.

Medicaid Expansion:

- Medicaid expansion, specifically the conversion of Primary Access to Care (PAC) recipients to full Community Medicaid coverage, significantly impacted LifeBridge Health facility Financial Assistance practices and adjustments. Prior to 2014, PAC recipients receiving hospital based services were presumptively eligible for Financial Assistance adjustment. In January 2014, after receiving full Community Medicaid coverage, hospitals were reimbursed for services provided to former PAC patients. The expansion of Medicaid eligibility significantly reduced hospital Financial Assistance adjustments through fiscal year 2015.

SUBJECT: Financial Assistance

SCOPE: Sinai Hospital of Baltimore

RESPONSIBILITY: Patient Financial Services; Patient Access

PURPOSE: For medically necessary care, to assist uninsured and underinsured patients or any immediate family member of the patient living in the same household who do not qualify for Financial Assistance from State, County or Federal Agencies, but may qualify for uncompensated care under Federal Poverty Guidelines. Medically necessary care is defined as medical treatment that is absolutely necessary to protect the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient. Medically necessary care for purposes of this policy does not include elective or cosmetic procedures.

POLICY: To provide Uniform Financial Assistance applications in the manner prescribed by the Health Services Cost Review Commission (HSCRC) to patients experiencing financial difficulty paying for their hospital bill(s). Eligibility is based on gross household income and family size according to current Federal Poverty Guidelines or Financial Hardship Guidelines, as defined by the HSCRC.

Financial Assistance information is made available to the public through multiple sources including:

1) HSCRC mandated Patient Information Sheet included in the admission packet, 2) signage and pamphlets located in Patient Access, the Emergency Department, Patient Financial Services (PFS), as well as other patient access points throughout the hospital, 3) patient statements and 4) Patient Financial Services, Patient Access and other registration area staff.

Financial Assistance eligibility determinations cover hospital/facility patient charges only. Physicians and ancillary service providers outside the Hospital are not covered by this policy.

The Sinai Hospital Board of Directors shall review and approve the Financial Assistance Policy every two years. The Hospital may not alter its Financial Assistance Policy in a material way without approval by the Board of Directors.

IMPLEMENTATION/PROCEDURE: Implementation procedures are different for non-emergent and emergent services.

A. Unplanned, Emergent Services and Continuing Care Admissions

1. Unplanned and Emergent services are defined as admissions through the Emergency Department. Continuing care admissions are defined as admissions related to the same diagnosis/treatment as a prior admission for the patient.
2. Patients who believe they will not be able to meet their financial responsibility for services received at the Hospital will be referred to a Patient Financial Advisor or Customer Service Technician in Patient Financial Services.
3. For inpatient visits the Patient Financial Advisor or Customer Service Technician will work with the Medical Assistance Liaison to determine if the patient is eligible for Maryland Medical Assistance (Medicaid). The patient will provide information to make this determination.
4. If the patient does not qualify for Medicaid, the Patient Financial Advisor or Customer Service Technician will determine if the patient has financial resources to pay for services rendered based on Federal Poverty Guidelines.
5. If the patient does have the financial resources according to the Guidelines, the Patient Financial Advisor or Customer Service Technician will arrange for payment from the patient following the Hospital's payment arrangement guidelines.
6. If the patient does not have the financial resources according to the Guidelines, the Patient Financial Advisor or Customer Service Technician will assist the patient with the Financial Assistance application process.
7. Patients may request Financial Assistance prior to treatment or after billing.
8. Patients must complete the Maryland State Uniform Financial Assistance Application (Attachment #1) and provide the Patient Financial Advisor or the Customer Service Technician documented proof of medical debt and household income for consideration as requested in the Financial Assistance Cover Letter (Attachment #2). Medical debt is defined as debt incurred over the twelve (12) months preceding the date of the application at Sinai Hospital or other LifeBridge Health facility. Household income is defined as the patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of the immediate family residing in the household for the twelve (12) calendar months preceding the date of the application. At least one of the following items is required:
 - a. Patient's recent paycheck stub
 - b. Copy of the prior year's tax statement and/or W-2 form
 - c. Verification of other household income, i.e. Social Security Award Letter, retirement/pension payment, etc

- d. 'Letter of support' for patients claiming no income

9. Financial Assistance Eligibility:

- a. Eligibility includes any patient for which the Financial Assistance application was completed, as well as any immediate family member of the patient living at the same address and listed on the application as household members.
Immediate family is defined as –
 - if patient is a minor: mother, father, unmarried minor siblings, natural or adopted, residing in the same household.
 - if patient is an adult: spouse, natural or adopted unmarried minor children residing in the same household.
 - any disabled minor or disabled adult living in the same household for which the patient is responsible.
- b. Eligibility covers services provided by all LifeBridge Health facilities (Health System Eligibility): Sinai Hospital, Northwest Hospital, Levindale Hebrew Geriatric Center and Hospital and Courtland Gardens Nursing and Rehabilitation Center. Patients approved for Financial Assistance through another facility within the LifeBridge Health System must notify the Hospital of their eligibility, which is validated prior to Financial Assistance adjustment. Validation can be made by contacting the approving Hospital's Patient Financial Services Department (Attachment #8).
- c. The Financial Assistance Liaison will consider all hospital accounts within the consideration period for the patient. The approval or denial determination will apply to the patient as well as immediate family members listed on the application.
- d. For dates of service October 1, 2010 and after, approved Medicare inpatients and outpatients are certified for one year from date of service or one year from approval date, whichever is greater. For yearly re-certification, Medicare patients are required to provide a copy of their Social Security Award Letter.
- e. For dates of service October 1, 2010 and after, approved Non-Medicare inpatients and outpatients are certified for one year from date of service or one year from approval date, whichever is greater. However, if it is determined during the course of that period that the patient meets Medicaid eligibility requirements, we will assist the patient with this process while still considering requests for Financial Assistance.
- f. Eligibility ends on the last calendar day of the last month of eligibility. For instance, a patient eligible May 15, 2012 will be eligible through May 31, 2013.
- g. Outpatient surgical procedures, including multiple procedures as part of a treatment plan, may be certified for one time only. Additional surgical procedures would require a new application.
- h. At time of application, all open accounts within the consideration period are eligible. Consideration period is defined as beginning with the oldest date of service for which the application is intended and ending twelve months from that date. Accounts previously written-off to bad debt will be considered on a case-by-case basis.
- i. Dates of service outside the Financial Assistance consideration period, prior to the approval date, will be considered on a case-by-case basis.
- j. The Hospital must give the most favorable applicable reduction to the patient that is available: Free Care or Reduced Cost Care as a result of Financial Hardship qualification. Note that Reduced Cost Care for income greater than 200% through 300% does not apply due to the Hospital's application of Free Care up to 300% (regulation requires Free Care only up to 200%).

10. Financial Assistance is based upon the Federal Poverty Guidelines (FPG) published in the Federal Register. The poverty level guidelines are revised annually. It is the responsibility of Patient Financial Services to maintain current FPG as updates are made to the Federal Register. Free Care: Patients with an annual income up to 300% of the Federal Poverty Level may have 100% of their hospital bill(s) covered by Financial Assistance. Financial Hardship: Patients with an annual income greater than 300% but less than 500% of the Federal Poverty Level may be covered by Financial Assistance based on the HSCRC's Financial Hardship criteria, which is defined as medical debt incurred by a family (as defined in 9a. above) over a twelve-month period that exceeds 25% (twenty-five percent) of family income. Medical debt is defined as out-of-pocket expenses, including co-payment, coinsurance, and deductible amounts due the Hospital, as well as related LifeBridge Health physician out-of-pocket expenses. Note: the Hospital has chosen to include co-payment, coinsurance and deductible amounts for Financial Assistance consideration, although the regulation allows for their exclusion. The Hospital is not required to consider medical debt incurred from other healthcare providers.

11. Applications above 300% annual income will be considered on a case-by-case basis, which may include an asset test in addition to income test. The following interest-free payment options may be considered:
 - a) Standard installment options of three – six months in accordance with Installment Agreement Letter (Attachment #6).
 - b) Extended installment options greater than six months will be considered on a case-by-case basis.
 - c) Spend-down option to income level of 300% of the Federal Poverty Guidelines will also be considered on a case-by-case basis.
 - d) In accordance with HSCRC regulation, the following will be excluded from asset test consideration: 1) at a minimum, the first \$10,000 of monetary assets; 2) a 'safe harbor' equity of \$150,000 in a primary residence; and 3) retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including, but not limited to, deferred-compensation plans qualified under the Internal Revenue Code or nonqualified deferred compensation plans.

12. The Sinai Hospital Financial Assistance Calculation Sheet (Attachment #3) will be used to calculate eligibility as follows:
 - a) Financial Assistance Eligibility up to 300% of FPL -
 - Identify the annual household income based on the income tax form, W-2 or calculated annual income (A)
 - Identify 300% of the Federal Poverty Level for the patient based on household size (B).
 - Annual Household Income (A) minus Federal Poverty Level (B) = Result (C)
 - If the result is \$0.00 or less than \$0.00, the patient qualifies for 100% adjustment.
 - If the result is greater than \$0.00, apply the Financial Hardship test (next).

- b) Financial Hardship Eligibility between 300% - 500% of FPL -
 - If annual household income is greater than 300% but less than 500% of FPL and the Financial Hardship percentage of income (E) is 25% or greater, the patient qualifies for reduced cost care as a result of Financial Hardship.
 - The patient is responsible to pay the calculated amount of 25% of the annual household income. The difference between the total charge and the calculated amount of 25% of the annual household income will be adjusted to Financial Assistance.
 - For example, the annual household income for a family of 5 is \$100,000. Medical bills total \$60,000. The Financial Hardship percentage of income (E) is 60%, which is greater than the required 25%, so the patient is eligible.
 - Patient responsibility under Financial Hardship eligibility equals 25% of the annual household income. In this example, the patient responsibility equals \$25,000 or 25% of the annual household income. The difference between the total medical bills (\$60,000) minus the patient liability (\$25,000) equals the Financial Assistance adjustment (\$35,000).
- Case-by-case considerations are subject to Management approval and may qualify the patient for full or partial Financial Assistance eligibility. To determine patient responsibility for partial Financial Assistance eligibility, one or more of the following may be utilized:
 - spend-down calculation
 - sliding scale
 - total assets
 - total indebtedness
 - other useful information helpful in determining eligibility
- Financial Assistance allowances greater than 12% will be considered on a case-by-case basis.
- If Financial Hardship percentage is less than 25%, the application may be considered on a case-by-case basis.
- Failure to pay patient responsibility as agreed could result in reversal of the Financial Assistance adjustment. The patient may be liable for the balance in full.

13. The Director of Patient Financial Services or his/her designee approves or denies the application. The designee will sign as Reviewer and obtain appropriate Approver/Denial signature(s) as directed. Authorizing signatures are required for amounts \$10,000.00 and greater –

\$10,000.00 – 24,999.99	Director, PFS
\$25,000.00 +	V.P. Revenue Cycle

The Financial Assistance Eligibility Determination Letter (Attachment #4) will be sent timely and include appeal process instructions. Appeals must be in written form describing the basis for reconsideration, including any supporting documentation. The Director of Patient Financial Services will review all appeals and make a final

determination. The patient is notified in writing.

14. The Hospital will make every effort to identify patients previously approved and currently eligible for Financial Assistance both systematically and through available reports. However, it is ultimately the patient's responsibility to present the Financial Assistance Eligibility Determination Letter at each visit or notify the hospital by other means of Financial Assistance eligibility. Additionally, it is the responsibility of the patient to notify the hospital of material changes in financial status, which could impact the patient's eligibility for Financial Assistance. Such notification is acceptable in the form of written correspondence by letter or e-mail to Patient Access or Patient Financial Services, in-person or by telephone.

B. Planned, Non-Emergent Services

1. Prior to an admission, the physician's office or hospital scheduler will determine if the patient has medical insurance and if so, provide complete insurance information at time of scheduling. If the patient does not have medical insurance, the physician's office or hospital scheduler will schedule the services as a self-pay. The Patient Financial Advisor (PFA) will contact the patient to confirm the patient is uninsured, provide a verbal estimate (written upon request), screen for potential Medicaid eligibility and/or determine ability to pay and establish payment arrangements with the patient.

The PFA will determine if the patient is currently pending Medicaid (defined as a complete application under consideration at the Department of Health and Mental Hygiene (DHMH), or if patient has potential for Medicaid eligibility permitting the patient to receive services as scheduled.

If patient is not potentially eligible for Medicaid, PFA will determine patient's ability to pay. Refer to #2 and #3 in this section.

If patient is unable to pay, PFA will contact physician's office and attempt to postpone the service. If unable to postpone, the case will be considered for Financial Assistance (F.A.) PFA will refer the case to Manager, Patient Access and/or Director, Patient Access, for case-by-case consideration.

Manager/Director may contact physician's office for additional information to determine if approval will be granted. In certain instances, the Director may refer a case to the Vice President of Revenue Cycle or CFO/Senior Vice President for approval.

The PFA will either complete the F.A. application on behalf of patient, or if time allows, send an application to the patient to complete. Patient must mail completed F.A. application and required documentation to Financial Assistance Liaison or bring completed F.A. application and required documentation on date of service. Completed F.A. application and required documentation must be delivered to Hospital F.A. Liaison for approval, formal notification to patient and necessary adjustment(s). If the patient is not cooperative and does not complete the application or provide the required documentation, Financial Assistance is denied.

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

2. Written estimates are provided on request from an active or scheduled patient made before or during treatment. The Hospital is not required to provide written estimates to individuals shopping for services. The Hospital shall provide to the patient a written estimate of the total charges for the hospital services, procedures, and supplies that are reasonably expected to be provided and billed to the patient by the hospital. The written estimate shall state clearly that it is only an estimate and actual charges could vary. The hospital may restrict the availability of a written estimate to normal business office hours. The Director of Patient Access and/or designee shall be responsible for providing all estimates (verbal and written).
3. For planned, non-emergent services, Self Pay patients who are United States citizens must pay at least 50% of estimated charges prior to service, with an agreement to pay the remaining 50% not to exceed two (2) years. For patients who are not United States citizens, 100% of the estimated charges must be paid prior to date of service. Financial Assistance eligibility may be considered on a case-by-case basis for non-emergent, yet medically necessary services, based on the policies documented herein. Vice President of Revenue Cycle and/or CFO/Senior Vice President approval are required.
4. If an agreement is made, the patient must provide payment at least three (3) business days prior to service, and sign the Sinai Hospital Installment Agreement (Attachment #6). If the patient has the financial resources according to the Federal Poverty Guidelines, but fails to pay prior to service or sign the Sinai Hospital Installment Agreement, the Patient Financial Advisor will contact the physician's office to request the planned service is cancelled due to non-payment.
5. If there are extenuating circumstances regarding the patient, the patient's clinical condition, or the patient's financial condition, the patient or the physician may seek an exception from the Vice President of Revenue Cycle and/or the CFO/Senior Vice President. If an exception is requested, the Patient Financial Advisor will provide documented proof of income as stated in the emergent section of this procedure to Director, Patient Access. The Vice President of Revenue Cycle and/or the CFO/Senior Vice President will review the case, including clinical and financial information, business impact, and location of the patient's residence in determining whether Financial Assistance should be provided. Final determination will be made on a case-by-case basis.

C. Presumptive Eligibility and Other Financial Assistance Considerations

1. The Hospital may apply Presumptive Eligibility when making Financial Assistance determinations on a case-by-case basis. Additionally, other scenarios may be considered. Note that a completed Financial Assistance application and/or supporting documentation may/may not be required. The Financial Assistance Presumptive Eligibility Determination Letter (Attachment #5) will be sent timely and include appeal process instructions. Appeals must be in written form describing the basis for reconsideration,

including any supporting documentation. The Director of Patient Financial Services will review all appeals and make a final determination. The patient will subsequently be notified.

Presumptive Eligibility:

- a. Eligibility covers services provided by all LifeBridge Health facilities (Health System Eligibility): Sinai Hospital, Northwest Hospital, Levindale Hebrew Geriatric Center and Hospital and Courtland Gardens Nursing and Rehabilitation Center. Patients approved for Financial Assistance through another facility within the LifeBridge Health System must notify the Hospital of their eligibility, which is validated prior to Financial Assistance adjustment. Validation can be made by contacting the approving Hospital's Patient Financial Services Department (Attachment #8).
- b. Maryland Medicaid 216 (resource amount) will be adjusted for patients eligible for Medicaid during their eligibility period.
- c. Patients eligible for non-reimbursable Medicaid eligibility programs such as PAC (Primary Adult Care), family planning only, pharmacy only, QMB (Qualified Medicare Beneficiary) and SLMB (Specified Low Income Medicare Beneficiary), X02 Emergency Services Only.
- d. Patients eligible for an out-of-state Medicaid program to which the hospital is not a participating provider.
- e. Patients enrolled in State of Maryland grant funded programs (Department of Vocational Rehabilitation – DVR; Sinai Hospital Addictions Recovery Program – SHARP) where reimbursement received from the State is less than the charge.
- f. Patients denied Medicaid for not meeting disability requirements with confirmed income that meets Federal Medicaid guidelines.
- g. Patients eligible under the Jewish Family Children Services (JFCS) (Y Card) program
- h. Households with children in the free or reduced lunch program (proof of enrollment within 30 days is required).
- i. Eligibility for Supplemental Nutritional Assistance Program (SNAP) (proof of enrollment within 30 days is required).
- j. Eligibility for low-income-household energy assistance program (proof of enrollment within 30 days is required).
- k. Eligibility for Women, Infants and Children (WIC) (proof of enrollment within 30 days is required).

Note: An additional 30 days to provide proof of enrollment will be granted at the request of the patient or patient's representative.

Other Financial Assistance Considerations:

- a. Expired patients with no estate.
 - b. Confirmed bankrupt patients.
 - c. Unknown patients (John Doe, Jane Doe) after sufficient attempts to identify.
2. Financial Assistance adjustments based on other considerations must be documented completely on the affected accounts. When appropriate, form: Sinai Hospital and Northwest Hospital Qualifications for Financial Assistance (Attachment #7) must be completed. The Director of Patient Financial Services or designee will sign as Reviewer

and obtain appropriate Approver/Denial signature(s) as directed. Authorizing signatures are required for amounts \$10,000.00 and greater –

\$10,000.00 – 24,999.99	Director, PFS
\$25,000.00 +	V.P. Revenue Cycle

D. Collection Agency Procedures

1. Written communication to Early Out Self-Pay (EOS) patients contains language regarding the Hospital's Financial Assistance Program and contact information.
2. The initial communication to Bad Debt referrals contains language regarding the Hospital's Financial Assistance Program and contact information.
3. Upon patient request and/or agency determination of inability to pay, agency will mail cover letter and Financial Assistance application with instructions to complete and return to the Hospital Patient Financial Services Department. Agency will resume its collection activity if patient is non-compliant with timely completion and return of the application. Agency will be notified upon the Hospital's determination of approval or denial.

E. Patient Refunds

1. Effective with dates of service October 1, 2010, the Hospital shall provide for a full refund of amounts exceeding \$25 in total, collected from a patient or the guarantor of a patient who, within a two-year period after the date of service, was found to be eligible for free care on the date of service.
2. The Hospital may reduce the two-year period to no less than 30 days after the date the hospital requests information from a patient, or the guarantor of a patient, to determine the patient's eligibility for free care at the time of service, if the hospital documents the lack of cooperation of the patient or the guarantor of a patient in providing the required information.
3. If the patient or the guarantor of the patient has entered into a payment contract, it is the responsibility of the patient or guarantor of the patient to notify the hospital of material changes in financial status, which could impact the ability to honor the payment contract and qualify the patient for Financial Assistance.
4. The Hospital must refund amounts paid back-dated to the date of the financial status change, or the date the financial status change was made known to the Hospital, whichever is most favorable for the patient. Previous amounts paid in accordance with a payment contract will not be considered refundable.

DOCUMENTATION/APPENDICES:

- Attachment #1 Maryland State Uniform Financial Assistance Application
- Attachment #2 Financial Assistance Cover Letter
- Attachment #3 Sinai Hospital Financial Assistance Calculation Sheet
- Attachment #4 Financial Assistance Eligibility Determination Letter

- Attachment #5 Financial Assistance Presumptive Eligibility Determination Letter
- Attachment #6 Sinai Hospital Installment Agreement
- Attachment #7 Sinai Hospital and Northwest Hospital Qualifications for Financial Assistance
- Attachment #8 LifeBridge Health Patient Financial Services Contact Telephone Numbers

STATEMENT OF COLLABORATION:

Director, Patient Access
Director, Professional Practice Operations

SOURCES:

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

Original Date: 7/92
Review Date: 6/96
Revised Date: 9/96, 5/98, 9/01, 12/02, 8/04, 2/05, 3/05, 6/08, 10/08, 01/09, 04/11, 03/13

Sinai Hospital Board of Directors Approval

_____ Date

Amy Perry President, Sinai Hospital
 Executive Vice President,
 LifeBridge Health

_____ Date

Anthony K. Morris Vice President/Revenue Cycle

_____ Date



Maryland State Uniform Financial Assistance Application
Information About You

Name _____
First Middle Last

Social Security Number _____ - _____ - _____ Marital Status: Single Married Separated
 US Citizen: Yes No Permanent Resident: Yes No

Home Address _____ Phone _____
City State Zip Code County

Employer Name _____ Phone _____

Work Address _____
City State Zip Code

Household members:

_____ Name	_____ Date of Birth	_____ Age	_____ Relationship	_____ Have you ever been a patient at Sinai?	Yes <input type="radio"/>	No <input type="radio"/>
_____ Name	_____ Date of Birth	_____ Age	_____ Relationship	_____ Have you ever been a patient at Sinai?	Yes <input type="radio"/>	No <input type="radio"/>
_____ Name	_____ Date of Birth	_____ Age	_____ Relationship	_____ Have you ever been a patient at Sinai?	Yes <input type="radio"/>	No <input type="radio"/>
_____ Name	_____ Date of Birth	_____ Age	_____ Relationship	_____ Have you ever been a patient at Sinai?	Yes <input type="radio"/>	No <input type="radio"/>
_____ Name	_____ Date of Birth	_____ Age	_____ Relationship	_____ Have you ever been a patient at Sinai?	Yes <input type="radio"/>	No <input type="radio"/>
_____ Name	_____ Date of Birth	_____ Age	_____ Relationship	_____ Have you ever been a patient at Sinai?	Yes <input type="radio"/>	No <input type="radio"/>

Have you applied for Medical Assistance? Yes No

If yes, what was the Date you applied? _____

If yes, What was the determination? _____

Do you receive any type of state or county assistance ? Yes No

Return application to: Sinai Hospital of Baltimore
 2401 W. Belvedere Avenue
 Attention: Customer Service
 Baltimore, MD 21215

Patient Financial Services	
Originator Name:	_____
Department:	_____ Ext _____
Agency Name:	_____

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social Security benefits	_____
Public Assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike Benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
Total:	_____

II. Liquid Assets		Current Balance
Checking account		_____
Savings account		_____
Stocks, bonds, CD, or money market		_____
Other accounts		_____
Total:		_____
III. Other Assets		
If you own any of the following items, please list the type and approximate value.		
Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Total:		_____
IV. Monthly Expenses		Amount
Rent or Mortgage		_____
Utilities		_____
Car Payment(s)		_____
Health Insurance		_____
Other medical expenses		_____
Other expenses		_____
Total:		_____
Do you have any other unpaid medical bills? <input type="radio"/> Yes <input type="radio"/> No		
For what service? _____		
If you have arranged a payment plan, what is your monthly payment? _____		

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

X _____
Applicants signature
X
Relationship to Patient _____

X _____
Date



Date: _____ Account #: _____

Patient Name: _____ Account #: _____

In order to determine your eligibility for Financial Assistance, please complete the enclosed application and forward the following items:

1. The following is required as proof of income. Please provide proof of income for any household members considered in this application process. (Please check source of income)
 - A. Recent paystub _____
 - B. Bank statement showing interest _____
 - C. Award letter, Social Security Administration, (If Citizen of US) _____
 - D. Award letter, pension fund _____
 - E. Award letter, Maryland Depart. Social Service, (If resident of Maryland) _____
 - F. Proof of unemployment compensation _____
2. Please provide copies of the following tax information
 - A. W-2 Forms
 - B. Previous year Tax Forms (2011)
3. If resident of Maryland please provide denial letter from Maryland Medical Assistance Program.
4. Notarized letter stating you presently have no income
5. **Presumptive Eligibility** If you are a beneficiary/recipient of the following means-tested social services programs, submit proof of enrollment with your application: households with children in the free or reduced lunch program; Supplemental Nutritional Assistance Program (SNAP); Low-income-household energy assistance program; Primary Adult Care Program (PAC); Women, Infants and Children (WIC). If you are eligible for any of the following means-tested Medicaid programs, submit eligibility identification with your application: Family Planning or Pharmacy Only Program(s); Qualified Medicare Beneficiary (QMB); Specified Low Income Medicare Beneficiary (SLMB); X02 Emergency Services Only. If you are eligible for any of the following other programs, please submit proof of eligibility with your application: State Grant Funded programs including Department of Vocational Rehabilitation (DVR), Intensive Outpatient Psychiatric Block Grant (IOP), Sinai Hospital Addictions Recovery Program (SHARP); Jewish Family Children Services (JFCS).

You must return the completed application and all applicable documents within 14 days of receipt. Your application will not be reviewed without the above information. Please return this letter with your application. Your personal information will be kept confidential. The Hospital's Financial Assistance Program covers hospital/facility charges only. Professional physician fees are not covered under this program.

If you have further questions regarding this application, which to appeal or make a complaint, please contact Customer Service at (800) 788-6995 Monday - Friday 9:00 a.m. - 3:30 p.m.

Please return to Sinai Hospital 2401 West Belvedere Avenue, Patient Financial Services Attention: Customer Service, Baltimore, Maryland 21215

Sincerely,

Patient Financial Services
Customer Service

Originator Name: _____	
Department: _____	Ext. _____
Agency Name: _____	

Agency Name: _____

**Sinai Hospital
Financial Assistance Calculation Sheet
ELEVATED CALCULATION**

Pt Name: John Smith
123456789-1234
 Acct #: 234567890-4321

Attachment #3

	Calculation	Financial Hardship Calculation **	Is income < 500% of FPL? Y or N
Patient Responsibility on Bill	\$ 50,000	\$ 50,000	Patient Responsibility on Bill
Patient Annual Income	\$ 48,000	\$ 48,000	Patient Annual Income
Family Size	2	104.2%	% of Income E

x-ref to Policy

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

104.2% If income is < 500% FPL and if % is greater than 25%, patient is eligible for Financial Assistance based on Financial Hardship.

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

Income-C Patient is responsible to pay the remaining 25% of Patient Annual Income below: \$ 12,000

Financial Assistance % 91%

Size of Family Unit	FPL - 2011		Annual Income Allowed * 300%	** 500%
1	\$ 10,890	Less than	\$ 32,670	\$ 54,450
2	\$ 14,710	Less than	\$ 44,130	\$ 73,550
3	\$ 18,530	Less than	\$ 55,590	\$ 92,650
4	\$ 22,350	Less than	\$ 67,050	\$ 111,750
5	\$ 26,170	Less than	\$ 78,510	\$ 130,850
6	\$ 29,990	Less than	\$ 89,970	\$ 149,950
7	\$ 33,810	Less than	\$ 101,430	\$ 169,050
8	\$ 37,630	Less than	\$ 112,890	\$ 188,150
For each additional person add	\$ 3,820		\$ 11,460	\$ 19,100

Annual Income Allowed * is based on 300% of FPL
 Use ** 500% to qualify under Financial Hardship Calculation

- Patient found NOT ELIGIBLE
- Patient found ELIGIBLE - CALCULATION
- Patient found ELIGIBLE - FINANCIAL HARDSHIP

 Patient Signature Date

 Staff Signature Date

Financial Assistance Eligibility Determination letter

Date: _____

Re: _____

Account #: _____

Date of Service: _____

Financial Assistance Eligibility Expiration Date: _____

Dear: _____

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

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

Sinai Hospital of Baltimore is continually working to meet the needs of our patients and our community. Sinai's Financial Assistance Program is an example of our commitment.

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

If you believe you are being billed for an amount due which falls within your Financial Assistance eligibility period, or if you have a complaint, or require additional assistance, please contact Customer Service at 410 601-1094 or 800 788-6995 Monday – Friday 9:00 a.m. - 3:30 p.m.

Sincerely,

Customer Service

Keep a copy of this letter for your records. Bring the copy with you when visiting any LifeBridge Health facility during your eligibility period. If you receive hospital bills for service dates within your eligibility period contact Customer Service: 410 601-1094 or 800 788-6995.

Financial Assistance Presumptive Eligibility Determination letter

Date: _____

Re: _____

Account # : _____

Date of Service: _____

Financial Assistance Eligibility Expiration Date: _____

Dear: _____

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

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

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

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

If you believe you are being billed for an amount due which falls within your Financial Assistance eligibility period, or if you have a complaint, or require additional assistance, please Contact Customer Service at 410 601-1094 or 800 788-6995 Monday – Friday 9:00 a.m. – 3:30 p.m.

Sincerely

Customer Service

Keep a copy of this letter for your records. Bring the copy with you when visiting any LifeBridge Health facility during your eligibility period.
If you receive hospital bills for service dates within your eligibility period, contact Customer Service: 410 601-1094 or 800 788-6995.



PATIENT NAME: _____
 ACCOUNT NUMBER: _____
 CONTRACT AMOUNT: \$ _____
 DATES OF SERVICE: _____
 CONTRACT DATE: _____

INSTALLMENT AGREEMENT

I, _____ agree to pay Sinai Hospital of
 Baltimore, Inc. _____ installments, beginning _____

Shaded area for hospital use only

New contract amount: \$ _____

2 month	50% first month	\$ _____	and final payment of \$ _____
3 Months	50% first month	\$ _____	and then 2 payments of \$ _____
3 Months	3 payments of	\$ _____	
4 Months	50% first month	\$ _____	and then 3 payments of \$ _____
4 Months	4 payments of	\$ _____	
5 Months	20% first month	\$ _____	and then 4 payments of \$ _____
5 Month	5 payments of	\$ _____	
6 month	20% first month	\$ _____	and then 5 payments of \$ _____
	6 payments of	\$ _____	
Monthly Payment due date		_____	Final payment of \$ _____

- I understand that the above balance is an estimated amount, and the payment arrangement may change accordingly.
- I understand that if I do not make payments as agreed, the Installment Agreement will be canceled and the full balance becomes due immediately.

Date: X _____ Signed: X _____

Name: X _____

Address: X _____

(Please Print)

This signed agreement must be accompanied with payment and in our office by _____
 Installment agreement not valid without appropriate signature and agreed payment amount. If you
 have any questions please contact Customer Service at 800-788-6995.

Sinai Hospital
 2401 W. Belvedere Avenue
 Hoffberger Bldg. Suite G-10
 Patient Financial Services/Customer Service
 Baltimore, Maryland 21215

Employee Signature and Date

SINAI HOSPITAL AND NORTHWEST HOSPITAL
QUALIFICATIONS FOR FINANCIAL ASSISTANCE

(PLEASE CIRCLE ONE)

Date: _____

1. **Health System Eligible:** Patient eligible as determined by Northwest, Levindale or Courtland Gardens.
2. **Bankrupt:** The patient/debtor has filed a petition of bankruptcy, either before or after placement. If applicable, vendor files a proof of claim in a Chapter 13 for a pro rata distribution to unsecured creditors.
3. **Expired:** The patient/debtor has died and an investigation for assets has revealed no estate exists.
4. **Eligible for non-reimbursable Medicaid Program:** (Copy of EVS website eligibility attached) including PAC (Primary Adult Care), family planning only pharmacy only, QMB (Qualified Medicare Beneficiary, SLMB (Special Low Income Medicare Beneficiary), Maryland Breast and Cervical Cancer Diagnosis and Treatment program.
5. **Enrolled in means-tested social programs:** (proof of enrollment may be required) including WIC (Women, Infants and Children), SNAP (Supplemental Nutrition Assistance Program, Low-income-household energy assistance program, households with children in the free or reduced lunch program.
6. **Enrolled in State of Maryland grant funded program where reimbursement is less than the charge:** including DORS (Division of Rehabilitation Services), Intensive Outpatient Psychiatry Block Grant, SHARP (Sinai Hospital Addiction Recovery Program).
7. **Eligible under Jewish Family Children Services (JFCS) (Y Card) Program:** Sinai Hospital only.
8. **Out-of-State Medicaid Program:** to which the hospital is not a participating provider.
9. **Maryland Medicaid Eligible after Admission:** charges incurred prior to Maryland Medicaid eligibility
10. **Maryland Medicaid 216 (resource amount):** patient/debtor eligible for Maryland Medicaid with resource.
11. **Denied Medicaid for not meeting disability requirements:** with confirmed income that meets Federal Medicaid guidelines.
12. **Unknown/Unidentifiable Patient (John Doe, Jane Doe):** After sufficient attempts to identify

Patient Name: _____
Last First Middle Initial

Account #: _____ Date of Service: _____

Account #: _____ Date of Service: _____

Account #: _____ Date of Service: _____

Financial Assistance Write off reason: Reason #: _____

Financial Assistance Write off date: _____

Financial Assistance Write off amount: \$ _____

Reviewer signature: X _____ Date: _____

1st Approval signature: X _____ Date: _____

2nd Approval signature: X _____ Date: _____

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

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

Comments: _____

LifeBridge Health
Patient Financial Services
Contact Telephone Numbers

Sinai Hospital Customer Service

(410) 601-1094

(800) 788-6995

Northwest Hospital

(410) 521-5959

(800) 617-1803

Levindale Hebrew Geriatric Center and Hospital

(410) 601-2213

Courtland Gardens Nursing and Rehabilitation Center

(410) 426-5138

**SINAI HOSPITAL OF BALTIMORE
PATIENT INFORMATION SHEET**

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

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

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

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

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

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

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

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

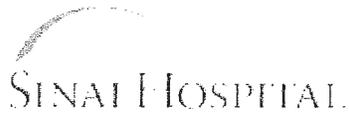


Mission Statement

Sinai Hospital of Baltimore provides a broad array of high quality, cost effective health and health related services to the people of Greater Baltimore. Central to its role is the provision of undergraduate and graduate medical education and educational programs to other health professionals, employees, and the community at large.

As an organization founded and supported by the Jewish community, it carries out its mission with sensitivity to the needs of Jewish patients and staff, and asserts traditional Jewish values of excellence, compassion and community concern for all.

October, 1992



Core Purpose

- Our reason for being
- It reflects employee's idealistic motivations for doing the organization's work
- It captures the "soul" of the organization

Core Purpose Defined

Creating a healthier community one person at a time

Core Values

- Support our core purpose
- Provide the filter through which we make decisions and determine goals and strategies
- Provide continuity through change
- Sacred, deep rooted and don't change very often

Core Values Defined

Value every person

Show compassion and respect

Deliver excellence

Work together