

Northwest Hospital Center, Inc.

FY 2018 Community Benefit Narrative Report

PART ONE: ORIGINAL NARRATIVE SUBMISSION

Q1. Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

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

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

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

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

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

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Lifebridge Northwest Hospital.	<input type="radio"/>	<input checked="" type="radio"/>	Northwest Hospital Center, Inc.
Your hospital's ID is: 210040	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called LifeBridge Health.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital was licensed for 202 beds during FY 2018.	<input type="radio"/>	<input checked="" type="radio"/>	228
Your hospital's primary service area includes the following zip codes: 21117, 21133, 21136, 21207, 21208, 21215, 21244	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital shares some or all of its primary service area with the following hospitals: Greater Baltimore Medical Center, Lifebridge Levindale Hebrew Geriatric Center and Hospital of Baltimore, Inc., Lifebridge Sinai Hospital, MedStar Union Memorial Hospital, Mercy Medical Center, Saint Agnes Hospital, UM St. Joseph Medical Center, UMMC Midtown Campus	<input checked="" type="radio"/>	<input type="radio"/>	

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

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

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

[Northwest Demo's & CBSA.pdf](#)
266.4KB
application/pdf

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Charles County | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County |
| <input checked="" type="checkbox"/> Baltimore City | <input type="checkbox"/> Frederick County | <input type="checkbox"/> Somerset County |

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

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

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

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

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

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

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

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

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

Please view full narrative in the other section that follows.

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

Please view full narrative in the other section that follows.

Based on patterns of utilization. Please describe.

Please view full narrative in the other section that follows.

Other. Please describe.

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

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

As a not-for-profit organization, Northwest Hospital continues its commitment to creating and maintaining an environment where exceptional quality care and service is achieved and recognized by our patients and their families, members of the medical and allied health staffs, employees, volunteers and the communities that it serves. It remains steadfast in its mission to improve the well-being of the community it serves by nurturing relationships between the hospital, medical staff and our patients and their families.

Northwest Hospital is located in the Randallstown (21133) community of Baltimore County, serving both its immediate neighbors and others from throughout the Baltimore County region. The community served by Northwest Hospital can be defined by its (a) Primary Service Area (PSA) and (b) Community Benefit Service Area (CBSA), the area targeted for community health improvement.

a) The Primary Service Area (PSA) is comprised of zip codes from which the top 60% of patient discharges originate. Listed in order from largest to smallest number of discharges for FY 2013, Northwest's PSA includes the following zip codes: 21133 (Randallstown), 21244 (Windsor Mill), 21207 (Gwynn Oak), 21117 (Owings Mills), and 21208 (Pikesville).

The Community Benefit Service Area (CBSA) is comprised of zip codes, or geographic areas, targeted for Community Benefit programming due to the area's demonstration of need. The five zip codes of Northwest Hospital's Primary Service Area make up Northwest Hospital's CBSA.

There are significant demographic characteristics and social determinants impacting the health of the community served by Northwest Hospital.

Northwest Hospital's Community Benefit activities fit into the hospital strategic plan as well as the hospital Strategic Transformation Plan. In 2016, LifeBridge Health added a new pillar in its updated strategic plan, focusing on managing the total cost of care. Strategies within this pillar include "prioritizing population health and the continuum of care." Northwest Hospital's Community Benefit activities are administered by departments and staff within the Department of Population Health, and are considered crucial to this pillar of the hospital strategic plan.



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

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

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

<http://www.lifebridgehealth.org/Northwest/AboutNorthwest1.aspx>

Q37. Is your hospital an academic medical center?

- Yes
- No

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

Northwest Hospital is an acute care, 228-bed community hospital located in Randallstown, Maryland. It has 164 medical/surgical beds, 37 psychiatric beds, and 39 subacute care beds. The hospital was originally established in 1962 as the Liberty Court Rehabilitation Center. A year later, the center changed its name to the Baltimore County General Hospital, and in 1993, made a final change to Northwest Hospital. The merger of Sinai Health System, Inc. and Northwest Health System, Inc. formed LifeBridge Health System, its parent corporation, in October 1998. Today, Northwest Hospital maintains its mission to improve the well-being of the community by nurturing relationships between the hospital, medical staff and patients while providing the highest quality of care in a patient-centered environment. In keeping with Northwest Hospital's philosophy of patient-centered care, its facilities have been designed around the Friesen concept, with nurse alcoves outside each patient room that enable nurses to spend more time with their patients. The Friesen-design hospital functions differently from the traditional hospital in that it creates an environment conducive to direct patient care through smaller 20-bed units; private patient rooms; elimination of nursing stations; and placing supplies, medications, and charts in close proximity to patients. Northwest delivers a broad array of inpatient, emergency and outpatient services to residents throughout the northwest corridor of the state, including Baltimore County, southern and eastern Carroll County, Baltimore City, and northern Howard County. As a community-focused hospital center, Northwest's services respond to a broad continuum of health care needs and serves patients either directly, through joint programs with other providers and health related agencies, or as an advocate for alternate sources of care. Northwest operates 10 Centers of Excellence including the Sandra and Malcolm Berman Brain & Spine Institute and the Herman & Walter Samuelson Breast Care Center. In 2010, Northwest received the Silver Plus Award from the American Heart Association and the Primary Stroke designation from the American Stroke Association. In 2011, the hospital's subacute unit was named a U.S. News and World Report "Best Nursing Home." Northwest Hospital completed its formal community health needs assessment as required and defined by the Patient Protection and Affordable Care Act and Section 501(r)(3) of the Internal Revenue Code during fiscal year 2016 (FY16).

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

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

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

- Yes
- No

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

This question area is not applicable to the respondent.

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

06/30/2013

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

03/15/2018

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

<http://www.lifebridgehealth.org/uploads/public/documents/community%20health/2013/sinai.pdf>

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

- Yes
- No

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

The CHNA was primary developed as an online document; however a printed version was also made available.

Q48. Section II - CHNA Part 2 - Participants

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

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

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

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

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

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

	CHNA Activities										Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		
Other Hospitals -- Please list the hospitals here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:	
Local Health Department -- Please list the Local Health Departments here: Baltimore County Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:	
Local Health Improvement Coalition -- Please list the LHICs here: Baltimore County LHIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:	
Maryland Department of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:	
Maryland Department of Human Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:	
Maryland Department of Natural Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:	
Maryland Department of the Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:	
Maryland Department of Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:	
Maryland Department of Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Pharmacy School -- Please list the schools here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Behavioral Health Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Social Service Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Post-Acute Care Facilities -- please list the facilities here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Community/Neighborhood Organizations -- Please list the organizations here: Stevenswood Improvement Association, Liberty Road Business Association, Oakwood Village Community Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Consumer/Public Advocacy Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other -- If any other people or organizations were involved, please list them here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Q52. Section II - CHNA Part 3 - Follow-up

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

- Yes
- No

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

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

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Family Planning | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> Food Safety | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Genomics | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Global Health | <input type="checkbox"/> Preparedness |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Health Communication and Health Information Technology | <input checked="" type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input checked="" type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Blood Disorders and Blood Safety | <input type="checkbox"/> Hearing and Other Sensory or Communication Disorders | <input type="checkbox"/> Sleep Health |
| <input checked="" type="checkbox"/> Cancer | <input checked="" type="checkbox"/> Heart Disease and Stroke | <input checked="" type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Chronic Kidney Disease | <input checked="" type="checkbox"/> HIV | <input checked="" type="checkbox"/> Substance Abuse |
| <input checked="" type="checkbox"/> Community Unity | <input checked="" type="checkbox"/> Immunization and Infectious Diseases | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input checked="" type="checkbox"/> Injury Prevention | <input checked="" type="checkbox"/> Tobacco Use |
| <input checked="" type="checkbox"/> Diabetes | <input checked="" type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health | <input checked="" type="checkbox"/> Violence Prevention |
| <input checked="" type="checkbox"/> Disability and Health | <input type="checkbox"/> Maternal & Infant Health | <input type="checkbox"/> Vision |
| <input checked="" type="checkbox"/> Educational and Community-Based Programs | <input checked="" type="checkbox"/> Mental Health and Mental Disorders | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Emergency Preparedness | <input checked="" type="checkbox"/> Nutrition and Weight Status | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Environmental Health | | <div style="border: 1px solid black; width: 60px; height: 15px;"></div> |

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

The only significant change from the previous survey is there was greater attention to issues related to violence, mental health and substance abuse.

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

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

Q61. Section III - CB Administration Part 1 - Participants

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

	Activities										Other - If you selected "Other (explain)," please type your explanation below:	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px;"></div>

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

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

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

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

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
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Q65. Section III - CB Administration Part 2 - Process & Governance

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

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

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

- Yes
- No

Q68. Please describe the community benefit narrative review process.

This question was not displayed to the respondent.

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

- Yes
- No

Q70. Please explain:

This question was not displayed to the respondent.

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

- Yes
- No

Q72. Please explain:

This question was not displayed to the respondent.

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

- Yes
- No

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

The Community Health Needs Assessment results are prioritized by community leaders and system leadership. A Community Benefit plan is created from this prioritization process. The community benefit plan is used to identify needs and priorities for the organizational strategy.

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

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

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

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

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

Q80. Name of initiative.

Changing Hearts

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

- Yes
- No

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

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

Q83. When did this initiative begin?

Began in 2013

Q84. Does this initiative have an anticipated end date?

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

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

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

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

Other. Please explain. The initiative will continue to be funded by the hospital with a goal to provide program services to more individuals in the community. The program has identified methods to improve data collection and reporting, as well as use data analytics for program development and capacity building.

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

4,800 patients were identified as pre-hypertensive based on primary blood pressure screenings recorded across LifeBridge Health facilities during the fiscal year *Source: Cerner Healthelntent, Comp Wellness Registry, BP Re-Screen, LifeBridge Health facilities

Q86. Describe the characteristics of the target population.

According to the Baltimore City Health Department, Heart Disease is the No. 1 cause of death in Baltimore City with a 20 year life expectancy gap between high and low income neighborhoods. Similar statistics were reported by the Baltimore County Health Department as well. Heart Disease was identified as a top priority concern of the community during the 2012 and 2015 Community Health Needs Assessments and the Office of Community Health Improvement (OCHI) developed the Changing Hearts Program in response to the identified need. The program is focused on improving the cardiovascular health of pre-hypertensive individuals in the community. The collaborative nurse and community health worker model enables program participants to identify wellness strategies related not only to their clinical status, but also psychosocial needs. Participants receive focused attention to reduce risk factors that are important components of a cardiovascular health improvement plan.

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

59 participants were enrolled in the program across Sinai, Northwest, and Levindale service areas during FY18

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

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

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

Yes. Please describe who was involved in this initiative.

• American Heart Association, Kimberly Mays, Senior Director – Community and Multicultural Health • BCHD Cardiovascular Disparities Task Force, Emilie Glide, Director of Tobacco Use and Cardiovascular Disease Prevention • Baltimore City Dept of Aging, Reverend J. Worthy, Director of Forest Park Senior Center • American Stroke Association, Faye Elliott, RN (Stroke Ambassador) • Sandra and Malcolm Berman Brain and Spine Institute Stroke Programs at LBH, Lorraine Newborn-Palmer, RN Program Coordinator • Shop Rite Howard Park, Josh Thompson, Manager and Susan Tran, Pharmacist • Park Heights Community Health Alliance, Willie Flowers, Executive Director • Various community churches and local businesses

No.

Q90. Please describe the primary objective of the initiative.

The program is focused on improving cardiac health among pre-hypertensive patients. Staff provide Heart Risk Assessments in the community to identify pre-hypertensive patients (assessment includes cholesterol, glucose, blood pressure and body composition analysis).

Q91. Please describe how the initiative is delivered.

Based on the assessment, health education counseling is provided by a registered nurse. Patients receive ongoing support from staff to facilitate lifestyle changes. This includes follow-up calls and/or home visits by a community health worker with a focus on individualized care plans developed with patients, lifestyle classes to maintain long term change, and educational material and resources to improve health.

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

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

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

METRIC & MAINTAINED AND IMPROVED Blood pressure 86% Quality of life 80% Blood sugar 99% Smoking cessation 97% BMI 86% Physical Activity 70% Healthy Eating 77% .

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

to the Baltimore City Health Department, Heart Disease is the No. 1 cause of death in Baltimore City with a 20 year life expectancy gap between high and low income neighborhoods.

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

\$13,533.

Q96. (Optional) Supplemental information for this initiative.

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

Q98. Name of initiative.

Sinai Violence Intervention Program Kujichagulia Center, M. Peter Moser Community Initiatives

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

- Yes
- No

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

- Access to Health Services: Health Insurance
- Access to Health Services: Practicing PCPs
- Access to Health Services: Regular PCP Visits
- Access to Health Services: ED Wait Times
- Adolescent Health
- Heart Disease and Stroke
- HIV
- Immunization and Infectious Diseases
- Injury Prevention
- Lesbian, Gay, Bisexual, and Transgender Health

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

Q101. When did this initiative begin?

Multi-year plan started in 2013

Q102. Does this initiative have an anticipated end date?

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

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

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

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

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

Other. Please explain.

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

At present, we are defining "total number of people within the SVIP target population" as the number of people who walked through Sinai Hospital's doors to be treated for street violence (not Domestic Violence) injuries. This involves numerous treatment codes for those patients in the Trauma Patient Registry as well as patients treated and released from the Emergency Department for less serious violence injuries. We are in the process of assembling those numbers from available data sources.

Q104. Describe the characteristics of the target population.

Kujichagulia Center targets young adults in Northwest Baltimore for Workforce Readiness Services as well as patients qualified for SVIP services because they were injured in street violence incidents.

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

91 patients were approached at bedside with invitation to accept SVIP services. 65 accepted SVIP services. Kujichagulia Center was not operating a full Workforce Readiness/VSP Internship

program this year, but 23 Workforce Readiness participants from previous years approached us for assistance, advice, information, or to request support references for school or work activities in 2018.

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

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

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

Yes. Please describe who was involved in this initiative.

LifeBridge Vocation Services Program (VSP)
 Safe Streets
 LifeBridge Development
 Baltimore City Health Department
 Park Heights Renaissance
 Northwestern Police District
 Baltimore City Police Department (Headquarters)
 Langston Hughes Community and Business Center
 Northwest Employment Center
 Pimlico Merchants Association
 NPower
 Department of Probation and Parole
 Office of the Public Defender
 Baltimore City State's Attorney's Office
 Center for Urban Families
 Keys Development
 Mayor's Employ Baltimore Convention
 YO! Baltimore
 Bridge Park Healthcare Center
 Jai Medical
 Social Security office
 Maryland Vital Records
 Motor Vehicle Administration
 Baltimore City District Court
 Circuit Court for Baltimore City

No.

Q108. Please describe the primary objective of the initiative.

Prevent violent retaliation and reduce street violence by creating a venue to escape the cycle of violence.

Q109. Please describe how the initiative is delivered.

• Provide service coordination, advocacy, education and support • Address trauma through ongoing social work support 2) Provide services for male opportunity youth residing in 21215 to secure a viable future. This includes: • Internship and job placement services • Providing on-going wraparound social services 3) Mentoring middle school students from Grade 5 – Grade 8 in Park Heights community regarding bullying and violence in the African American/Black community.

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

- Count of participants/encounters Middle School Mentoring Program
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost reduction in Inpatient admissions within 30 days of the intervention
- Assessment of workforce development Workforce Readiness/Lifeskills program
- Other

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

The program outcomes are based on the reduction in violent retaliation, increase in workforce readiness and life skills training, and improved engagement in positive male development. Future short and mid-term targets will be se

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

Youth/Street Violence was identified as a top priority concern of the Park Heights community Kujichagulia Center is now fully staffed to provide SVIP for female as well as male victims of violence. Direct services now include relocation for safety, mental health services for secondary trauma victims (patient relatives and partners), and wraparound services specific to patient's post-discharge circumstances. Upon recognition of the need to provide services to more victims of street violence in the community, the program has been expanded to serve both men and women of all age groups

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

\$10,651.16

Q114. (Optional) Supplemental information for this initiative.

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

Q116. Name of initiative.

Community Health Education, Office of Community Health Improvement (OCHI)

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

- Yes
 No

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

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

Q119. When did this initiative begin?

Multi-year initiative started prior to 2013

Q120. Does this initiative have an anticipated end date?

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

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

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

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

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

Other. Please explain.

The initiative will continue to be funded by the hospital with a goal to provide program services to more individuals in the community. The program has identified methods to improve data collection and reporting as well as use data analytics for program development and capacity building. In addition, OCHI staff also plan to increase the educational offerings as part of efforts to prevent chronic disease and provide tools for dealing with hypertension and other components of metabolic syndrome.

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

153,424

Q122. Describe the characteristics of the target population.

Patients over 18 years, utilizing LifeBridge Health facilities qualified for comprehensive adult wellness.

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

1,780 individuals were educated through multiple forums and health fairs across Sinai, Northwest, and Levindale service areas

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

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

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

Yes. Please describe who was involved in this initiative.

American Heart Association, Kimberly Mays, Senior Director
– Community and Multicultural Health • BCHD
Cardiovascular Disparities Task Force, Emilie Gildie,
Director of Tobacco Use and Cardiovascular Disease
Prevention • Baltimore City Dept of Aging, Reverend J.
Worthy, Director of Forest Park Senior Center • American
Stroke Association, Faye Elliott, RN (Stroke Ambassador) •
Sandra and Malcolm Berman Brain and Spine Institute
Stroke Programs at LBH, Lorraine Newborn-Palmer, RN
Program Coordinator • Shop Rite Howard Park, Josh
Thompson, Manager and Susan Tran, Pharmacist • Park
Heights Community Health Alliance, Willie Flowers,
Executive Director • Various community churches and local
businesses
Impact

No.

Q126. Please describe the primary objective of the initiative.

The initiative is focused on improving health literacy

Q127. Please describe how the initiative is delivered.

Provide health education offerings to the community • Provide tools for dealing with hypertension and other components of metabolic syndrome • Provide community-based offerings focused on health-related services and information

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

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

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

Attended 379 community-based forums by Community Health Education Staff • Provided 1023 hours of community health fairs and risk assessments • Completed 28 community blood pressure screenings

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

This initiative provides a forum for the community to understand how to manage chronic conditions and overcome barriers to self-care.

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

\$94,860

Q132. (Optional) Supplemental information for this initiative.

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

Q134. Additional information about initiatives.

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

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

- Yes
- No

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

This question area not displayed to the respondent.

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

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

This question area not displayed to the respondent.

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

This question area not displayed to the respondent.

Q140. Section V - Physician Gaps & Subsidies

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

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

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

Hospital-Based Physicians	Physician subsidies have become necessary to ensure that all patients requiring anesthesia, behavioral health, radiology and general medicine care have the access they need both on an inpatient and outpatient basis, including 24/7 coverage. Northwest Hospital provides coverage in each of these areas through contracted physicians, House Staff or Hospitalists and allocates a significant amount of resources to sustain these programs.
Non-Resident House Staff and Hospitalists	Physician subsidies have become necessary to ensure that all patients requiring anesthesia, behavioral health, radiology and general medicine care have the access they need both on an inpatient and outpatient basis, including 24/7 coverage. Northwest Hospital provides coverage in each of these areas through contracted physicians, House Staff or Hospitalists and allocates a significant amount of resources to sustain these programs.
Coverage of Emergency Department Call	To help ease the effects of uncompensated care on physicians and address the gap in care for our patients, Northwest Hospital contracts with various specialists to ensure 24/7 coverage in the ED.
Physician Provision of Financial Assistance	Hospital-employed physicians are required to see medical underserved, uninsured, Medicare and Medicaid patients.
Physician Recruitment to Meet Community Need	n/a
Other (provide detail of any subsidy not listed above)	n/a
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	

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

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

Q145. Section VI - Financial Assistance Policy (FAP)

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

[Financial Assistance Policy NW PDF 0118.pdf](#)
348.3KB
application/pdf

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

[Patient Information Sheet NW 090117.pdf](#)
163.5KB
application/pdf

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

Northwest Hospital's household income threshold for medically necessary free care is 0% - 300% of the FPL.

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

Reduced cost care threshold is not applicable because free care is provided up to 300% of the FPL.

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

Reduced cost medically necessary care for financial hardship is provided for household income between 301% - 500% of the FPL or medical debt incurred over a 12-month period that exceeds 25% of the household income.

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

Northwest Hospital's FAP was updated in April 2016 to comply with IRS Section 501 (r), effective July 1, 2016, requiring the hospital's FAP and related information be made available to the public through hospital websites, on billing statements, through advertisements, via letters sent to churches and schools, in writing in plain language, as well as verbally at points of registration. Billing statements of third parties collecting on the behalf of the hospital were updated with related information as well.

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

With the exception of above, there have been no material changes to the hospital's FAP since April 2016.

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

Q154. Summary & Report Submission

Q155.

Attention Hospital Staff! IMPORTANT!

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

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

Location Data

Location: [\[39.456695556641, -76.969596862793\]](#)

Source: GeoIP Estimation

PART TWO: ATTACHMENTS

GENERAL HOSPITAL & COMMUNITY DEMOGRAPHICS/CHARACTERISTICS

Table I

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

** Please see Table II for a description of socioeconomic characteristics of the community benefit service areas which directly receive the majority of community benefit services.

Description of Community Served by Northwest Hospital

Northwest Hospital is located in the Randallstown (21133) community of Baltimore County, serving both its immediate neighbors and others from throughout the Baltimore County region. The community served by Northwest Hospital can be defined by its (a) Primary Service Area (PSA) and (b) Community Benefit Service Area (CBSA), the area targeted for community health improvement.

- a) The Primary Service Area (PSA) is comprised of zip codes from which the top 60% of patient discharges originate². Listed in order from largest to smallest number of discharges for FY 2013, Northwest's PSA includes the following zip codes: 21133 (Randallstown), 21244 (Windsor Mill), 21207 (Gwynn Oak), 21117 (Owings Mills), and 21208 (Pikesville).

¹ HSCRC, FY2015

- b) The Community Benefit Service Area (CBSA) is comprised of zip codes, or geographic areas, targeted for Community Benefit programming due to the area's demonstration of need. The five zip codes of Northwest Hospital's Primary Service Area make up Northwest Hospital's CBSA.

Table II below describes significant demographic characteristics and social determinants impacting the health of the community served by Northwest Hospital.

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

Subject	Baltimore County, Maryland			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	825,666	*****	825,666	(X)
Male	391,102	+/-72	47.4%	+/-0.1
Female	434,564	+/-72	52.6%	+/-0.1

Under 5 years	49,107	+/-37	5.9%	+/-0.1
5 to 9 years	51,038	+/-1,107	6.2%	+/-0.1
10 to 14 years	47,954	+/-1,109	5.8%	+/-0.1
15 to 19 years	53,311	+/-64	6.5%	+/-0.1
20 to 24 years	55,168	+/-95	6.7%	+/-0.1
25 to 34 years	113,906	+/-69	13.8%	+/-0.1
35 to 44 years	100,651	+/-89	12.2%	+/-0.1
45 to 54 years	114,038	+/-89	13.8%	+/-0.1
55 to 59 years	57,997	+/-863	7.0%	+/-0.1
60 to 64 years	52,043	+/-860	6.3%	+/-0.1
65 to 74 years	69,500	+/-31	8.4%	+/-0.1
75 to 84 years	39,312	+/-756	4.8%	+/-0.1
85 years and over	21,641	+/-755	2.6%	+/-0.1
Median age (years)	39.1	+/-0.2	(X)	(X)
18 years and over	647,052	*****	78.4%	*****
21 years and over	612,108	+/-629	74.1%	+/-0.1
62 years and over	160,553	+/-931	19.4%	+/-0.1
65 years and over	130,453	+/-19	15.8%	+/-0.1
18 years and over	647,052	*****	647,052	(X)
Male	300,191	+/-19	46.4%	+/-0.1
Female	346,861	+/-19	53.6%	+/-0.1
65 years and over	130,453	+/-19	130,453	(X)
Male	54,350	+/-15	41.7%	+/-0.1
Female	76,103	+/-11	58.3%	+/-0.1
RACE				
Total population	825,666	*****	825,666	(X)
One race	804,046	+/-1,648	97.4%	+/-0.2
Two or more races	21,620	+/-1,648	2.6%	+/-0.2
One race	804,046	+/-1,648	97.4%	+/-0.2
White	519,063	+/-1,226	62.9%	+/-0.1
Black or African American	226,879	+/-1,243	27.5%	+/-0.2
American Indian and Alaska Native	2,110	+/-271	0.3%	+/-0.1
Cherokee tribal grouping	163	+/-137	0.0%	+/-0.1
Chippewa tribal grouping	92	+/-114	0.0%	+/-0.1
Navajo tribal grouping	19	+/-32	0.0%	+/-0.1
Sioux tribal grouping	26	+/-33	0.0%	+/-0.1
Asian	47,772	+/-689	5.8%	+/-0.1
Asian Indian	13,318	+/-1,185	1.6%	+/-0.1
Chinese	7,938	+/-956	1.0%	+/-0.1
Filipino	7,579	+/-912	0.9%	+/-0.1
Japanese	655	+/-222	0.1%	+/-0.1
Korean	5,564	+/-877	0.7%	+/-0.1
Vietnamese	2,340	+/-583	0.3%	+/-0.1

Other Asian	10,378	+/-1,114	1.3%	+/-0.1
Native Hawaiian and Other Pacific Islander	394	+/-64	0.0%	+/-0.1
Native Hawaiian	64	+/-41	0.0%	+/-0.1
Guamanian or Chamorro	230	+/-99	0.0%	+/-0.1
Samoaan	19	+/-21	0.0%	+/-0.1
Other Pacific Islander	81	+/-61	0.0%	+/-0.1
Some other race	7,828	+/-1,117	0.9%	+/-0.1
Two or more races	21,620	+/-1,648	2.6%	+/-0.2
White and Black or African American	8,435	+/-1,214	1.0%	+/-0.1
White and American Indian and Alaska Native	2,160	+/-243	0.3%	+/-0.1
White and Asian	4,636	+/-671	0.6%	+/-0.1
Black or African American and American Indian and Alaska Native	1,092	+/-339	0.1%	+/-0.1
Race alone or in combination with one or more other races				
Total population	825,666	*****	825,666	(X)
White	536,961	+/-1,745	65.0%	+/-0.2
Black or African American	239,439	+/-922	29.0%	+/-0.1
American Indian and Alaska Native	7,086	+/-693	0.9%	+/-0.1
Asian	54,455	+/-403	6.6%	+/-0.1
Native Hawaiian and Other Pacific Islander	1,177	+/-258	0.1%	+/-0.1
Some other race	10,144	+/-1,204	1.2%	+/-0.1
HISPANIC OR LATINO AND RACE				
Total population	825,666	*****	825,666	(X)
Hispanic or Latino (of any race)	40,850	*****	4.9%	*****
Mexican	9,666	+/-1,171	1.2%	+/-0.1
Puerto Rican	5,147	+/-704	0.6%	+/-0.1
Cuban	1,181	+/-324	0.1%	+/-0.1
Other Hispanic or Latino	24,856	+/-1,471	3.0%	+/-0.2
Not Hispanic or Latino	784,816	*****	95.1%	*****
White alone	491,772	+/-312	59.6%	+/-0.1
Black or African American alone	223,862	+/-1,203	27.1%	+/-0.1
American Indian and Alaska Native alone	1,803	+/-210	0.2%	+/-0.1
Asian alone	47,557	+/-672	5.8%	+/-0.1
Native Hawaiian and Other Pacific Islander alone	347	+/-48	0.0%	+/-0.1
Some other race alone	1,515	+/-396	0.2%	+/-0.1
Two or more races	17,960	+/-1,345	2.2%	+/-0.2
Two races including Some other race	648	+/-237	0.1%	+/-0.1
Two races excluding Some other race, and Three or more races	17,312	+/-1,306	2.1%	+/-0.2
Total housing units	337,031	+/-393	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	605,359	+/-1,996	605,359	(X)

Male	279,046	+/-1,148	46.1%	+/-0.1
Female	326,313	+/-1,141	53.9%	+/-0.1

Access to Healthy Foods:

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

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

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

Education statistics:

SCHOOL ENROLLMENT				
Population 3 years and over enrolled in school	212,343	+/-2,201	212,343	(X)
Nursery school, preschool	13,647	+/-747	6.4%	+/-0.3
Kindergarten	9,894	+/-473	4.7%	+/-0.2
Elementary school (grades 1-8)	77,157	+/-787	36.3%	+/-0.5
High school (grades 9-12)	39,715	+/-866	18.7%	+/-0.4
College or graduate school	71,930	+/-1,898	33.9%	+/-0.6
EDUCATIONAL ATTAINMENT				
Population 25 years and over	569,088	+/-72	569,088	(X)
Less than 9th grade	18,308	+/-995	3.2%	+/-0.2
9th to 12th grade, no diploma	33,161	+/-1,463	5.8%	+/-0.3
High school graduate (includes equivalency)	154,724	+/-2,337	27.2%	+/-0.4
Some college, no degree	111,102	+/-2,048	19.5%	+/-0.4
Associate degree	40,101	+/-1,263	7.0%	+/-0.2
Bachelor's degree	121,891	+/-2,077	21.4%	+/-0.4
Graduate or professional degree	89,801	+/-1,902	15.8%	+/-0.3
Percent high school graduate or higher	(X)	(X)	91.0%	+/-0.3
Percent bachelor's degree or higher	(X)	(X)	37.2%	+/-0.4

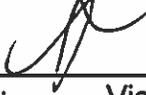


POLICY MANUAL – SECTION I: LEADERSHIP, GOVERNANCE, MANAGEMENT AND PLANNING 1.36

SUBJECT: FINANCIAL ASSISTANCE

EFFECTIVE DATE: JANUARY 22, 2018

SUPERSEDES: APRIL 25, 2016

APPROVALS: Final – President 

Concurrence:

Vice President, Finance *KK* 2/12/18

Vice President, Revenue Cycle *AKM* 1/22/18

Board Approval Date 1/22/18

PURPOSE:

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

POLICY:

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

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

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

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

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

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

A. Unplanned, Emergent Services and Continuing Care Admissions

1. Unplanned and Emergent services are defined as admissions through the Emergency Department. Continuing care admissions are defined as admissions related to the same diagnosis/treatment as a prior admission for the patient.
2. Patients who believe they will not be able to meet their financial responsibility for services received at the Hospital will be referred to the Self Pay Account Manager or Collection Representative in Patient Financial Services.
3. For inpatient visits a Financial Counselor will work with the Medical Assistance Representative to determine if the patient is eligible for Maryland Medical Assistance (Medicaid). The patient will provide information to make this determination.
4. If the patient does not qualify for Medicaid, the Self Pay Account Manager or the Collection Representative will determine if the patient has financial resources to pay for services rendered based on Federal Poverty Guidelines.
5. If the patient does have the financial resources according to the Guidelines, the Self-Pay Account Manager or the Collection Representative will arrange for payment from the patient following the Hospital's payment arrangement guidelines.
6. If the patient does not have the financial resources according to the Guidelines, the Self-Pay Account Manager or the Collection Representative will assist the patient with the Financial Assistance application process.
7. Patients may request Financial Assistance prior to treatment or after billing.
8. Patients must complete the Maryland State Uniform Financial Assistance Application (Attachment #1) and provide the Self Pay Account Manger documented proof of medical debt and household income for consideration as requested in the Financial Assistance Cover Letter

(Attachment #2). Medical debt is defined as debt incurred over the twelve (12) months preceding the date of the application at Northwest Hospital or other LifeBridge Health facility. Household income is defined as the patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of the immediate family residing in the household for the twelve (12) calendar months preceding the date of the application. At least one of the following items is required:

- a. Patient's recent paycheck stub
- b. Copy of the prior year's tax statement and/or W-2 form
- c. Verification of other household income, i.e. Social Security Award Letter, retirement/pension payment, etc.
- d. 'Letter of support' for patients claiming no income

9. Financial Assistance Eligibility:

- a. Eligibility includes any patient for which the Financial Assistance application was completed, as well as any immediate family member of the patient living at the same address and listed on the application as household members. Immediate family is defined as:
 - if patient is a minor: mother, father, unmarried minor siblings, natural or adopted, residing in the same household.
 - if patient is an adult: spouse, natural or adopted unmarried minor children residing in the same household.
 - any disabled minor or disabled adult living in the same household for which the patient is responsible.
- b. Eligibility covers services provided by all LifeBridge Health Facilities (Health System Eligibility): Sinai Hospital, Northwest Hospital, Levindale Hebrew Geriatric Center and Hospital and Courtland Gardens Nursing and Rehabilitation Center. Patients approved for Financial Assistance through another facility within the LifeBridge Health System must notify the Hospital of their eligibility, which is validated prior to Financial Assistance adjustment. Validation can be made by contacting the approving Hospital's Patient Financial Services Department (Attachment #8).
- c. The Self Pay Account Manager will consider all hospital accounts within the consideration period for the patient. The approval or denial determination will apply to the patient as well as immediate family members listed on the application.
- d. For dates of service October 1, 2010 and after, approved Medicare patients and outpatients are certified for one year from date of service or one year from approval date, whichever is greater. For yearly re-certification, Medicare patients are required to provide a copy of their Social Security Award Letter.

- e. For dates of service October 1, 2010 and after, approved Non-Medicare inpatients and outpatients are certified for one year from date of service or one year from approval date, whichever is greater. However, if it is determined during the course of that period that the patient meets Medicaid eligibility requirements, we will assist the patient with this process while still considering requests for Financial Assistance.
 - f. Eligibility ends on the last calendar day of the last month of eligibility. For instance, a patient eligible May 15, 2010 will be eligible through May 31, 2011.
 - g. Outpatient surgical procedures, including multiple procedures as part of a treatment plan, may be certified for one time only. Additional surgical procedures would require a new application.
 - h. At time of application, all open accounts within the consideration period are eligible. Consideration period is defined as beginning with the oldest date of service for which the application is intended and ending twelve months from that date. Accounts previously written-off to bad debt will be considered on a case-by-case basis.
 - i. Dates of service outside the Financial Assistance consideration period, prior to the approval date, will be considered on a case-by-case basis.
 - j. The Hospital must give the most favorable applicable reduction to the patient that is available: Free Care or Reduced Cost Care as a result of Financial Hardship qualification. Note that Reduced Cost Care for income greater than 200% through 300% does not apply due to the Hospital's application of Free Care up to 300% (regulation requires Free Care only up to 200%).
10. Financial Assistance is based upon the Federal Poverty Guidelines (FPG) published in the Federal Register. The poverty level guidelines are revised annually. It is the responsibility of Patient Financial Services to maintain current FPG as updates are made to the Federal Register. Free Care: Patients with an annual income up to 300% of the Federal Poverty Level may have 100% of their hospital bill(s) covered by Financial Assistance. Financial Hardship: Patients with an annual income greater than 300% but less than 500% of the Federal Poverty Level may be covered by Financial Assistance based on HSCRC's Financial Hardship criteria, which is defined as medical debt incurred by a family (as defined in 9a above) over a twelve month period that exceeds 25% (twenty-five percent) of family income. Medical debt is defined as out-of-pocket expenses, including co-payment, coinsurance, and deductible amounts due the Hospital, as well as related LifeBridge Health Physician out-of-pocket expenses. Note: the Hospital has chosen to include co-payment, coinsurance and deductible amounts for Financial Assistance consideration, although the regulation allows for their exclusion. The Hospital is not required to consider medical debt incurred from other healthcare providers.

11. Applications above 300% annual income will be considered on a case-by-case basis, which may include an asset test in addition to income test. The following interest-free payment options may be considered:
- a) Standard installment options of three – six months in accordance with Installment Agreement Letter (attachment #6).
 - b) Extended installment options greater than six months will be considered on a case-by-case basis.
 - c) Spend-down option to income level of 300% of the Federal Poverty Guidelines will also be considered on a case-by-case basis.
 - d) In accordance with HSCRC regulation, the following will be excluded from asset test consideration: 1) at a minimum, the first \$10,000 of monetary assets; 2) a 'safe harbor' equity of \$150,000 in a primary residence; and 3) retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including, but not limited to, deferred-compensation plans qualified under the Internal Revenue Code or nonqualified deferred compensation plans.
12. The Northwest Hospital Financial Assistance Calculation Sheet (Attachment #3) will be used to calculate eligibility as follows:
- a) Financial Assistance Eligibility up to 300% of FPL -
 - Identify the annual household income based on the income tax form, W-2 or calculated annual income (A)
 - Identify 300% of the Federal Poverty Level for the patient based on household size (B).
 - Annual Household Income (A) minus Federal Poverty Level (B) = Result (C)
 - If the result is \$0.00 or less than \$0.00, the patient qualifies for 100% adjustment.
 - If the result is greater than \$0.00, apply the Financial Hardship test (next).
 - b) Financial Hardship Eligibility between 300% - 500% of FPL –
 - If annual household income is greater than 300% but less than 500% FPL and the Financial Hardship percentage of income (E) is 25% or greater, the patient qualifies for reduced cost care as a result of Financial Hardship.
 - The patient is responsible to pay the calculated amount of 25% of the annual household income. The difference between the total charge and the calculated amount of 25% of the annual household income will be adjusted to Financial Assistance.
 - For example, the annual household income for a family of 5 is \$100,000. Medical bills total 60%, which is greater than the required 25%, so the patient is eligible.
 - Patient responsibility under Financial Hardship eligibility equals 25% of the annual household income. In this example, the

patient responsibility equals \$25,000 or 25% of the annual household income. The difference between the total medical bills (\$60,000) minus the patient liability (\$25,000) equals the Financial Assistance adjustment (\$35,000).

- Case-by-case considerations are subject to Management approval and may qualify the patient for full or partial Financial Assistance eligibility. To determine patient responsibility for partial Financial Assistance eligibility, one or more of the following may be utilized:
 - spend-down calculation
 - sliding scale
 - total assets
 - total indebtedness
 - other useful information helpful in determining eligibility
 - Financial Assistance allowances greater than 12% will be considered on a case-by-case basis.
 - If Financial Hardship percentage is less than 25%, the application may be considered on a case-by-case basis.
 - Failure to pay patient responsibility as agreed could result in reversal of the Financial Assistance adjustment. The patient may be liable for the balance in full.
13. The Director of Patient Financial Services or his/her designee approves or denies the application. The designee will sign as Reviewer and obtain appropriate Approval/Denial signature(s) as directed. Authorizing signatures are required for amounts \$10,000 and greater –
- | | |
|-------------------------|------------------|
| \$10,000.00 – 24,999.99 | Director, PFS |
| \$25,000.00 + | VP Revenue Cycle |

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

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

acceptable in the form of written correspondence by letter or e-mail to Patient Access or Patient Financial Services, in-person or by telephone.

B. Planned, Non-Emergent Services

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

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

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

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

Supervisor/Assistant Director of Patient Access or designee may contact physician's office for additional information to determine if approval will be granted. In certain instances, the Director, Patient Financial Services may refer a case to the Vice President of Revenue Cycle or Vice President of Finance for approval.

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

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

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

C. Presumptive Eligibility and Other Financial Assistance Considerations

1. The Hospital may apply Presumptive Eligibility when making Financial Assistance determinations on a case-by-case basis. Additionally, other scenarios may be considered. Note that a completed Financial Assistance application and/or supporting documentation may/may not be required. The Financial Assistance Presumptive Eligibility Determination Letter (Attachment #5) will be sent timely and include appeal process instructions. Appeals must be in written form describing the basis for reconsideration, including any supporting documentation. The Director of Patient Financial Services will review all appeals and make a final determination. The patient will subsequently be notified.

Presumptive Eligibility:

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

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

Other Financial Assistance Considerations

- a. Expired patients with no estate.
 - b. Confirmed bankrupt patients.
 - c. Unknown patients (John Doe, Jane Doe) after sufficient attempts to identify.
2. Financial Assistance adjustments based on other considerations must be documented completely on the affected accounts. When appropriate, form: Sinai Hospital and Northwest Hospital Qualifications for Financial Assistance (Attachment #7) must be completed. The Director of Patient Financial Services or designee will sign as Reviewer and obtain appropriate Approval/Denial signature(s) as directed. Authorizing signatures are required for amounts \$10,000.00 and greater –
- | | |
|-------------------------|--------------------|
| \$10,000.00 – 24,999.99 | Director, PFS |
| \$25,000.00 + | V.P. Revenue Cycle |

D. Collection Agency Procedures

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

E. Patient Refunds

1. Effective with dates of service October 1, 2010, the Hospital shall provide for a full refund of amounts exceeding \$25 in total, collected from a patient or the guarantor of a patient who, within a two-year period after the date of service, was found to be eligible for free care on the date of service.

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

DOCUMENTATION/APPENDICES:

Attachment #1	Maryland State Uniform Financial Assistance Application
Attachment #2	Financial Assistance Cover Letter
Attachment #3	Northwest Hospital Financial Assistance Calculation Sheet
Attachment #4	Financial Assistance Eligibility Determination Letter
Attachment #5	Financial Assistance Presumptive Eligibility Determination Letter
Attachment #6	Northwest Hospital Installment Agreement
Attachment #7	Sinai Hospital and Northwest Hospital Qualifications for Financial Assistance

STATEMENT OF COLLABORATION:

Director, Patient Financial Services

SOURCES:

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

Original: May 10, 2006

Revised: March 4, 2009
April 7, 2010
October 1, 2010
February 25, 2013
April 25, 2016

Reviewed: January 22, 2018

NORTHWEST HOSPITAL PATIENT INFORMATION SHEET

Northwest Hospital offers several programs to assist patients who have difficulty with paying their hospital bills. Our Patient Financial Services department can counsel patients who do not have medical insurance (those who are uninsured) and patients who are facing personal hardship or financial distress and have significant co-payment, coinsurance and/or deductible charges. Depending on the patient's specific situation, he or she may be eligible for Maryland Medical Assistance (Medicaid), financial assistance or 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 contact your local Department of Social Services at 800-332-6347 or via the web at www.dhr.state.md.us. Northwest Hospital representatives can also help you with applying for Maryland Medical Assistance.

Financial Assistance — Based on your circumstances and program criteria, you may qualify for partial or full assistance from Northwest Hospital. To qualify for full assistance, you must show proof of income of 300 percent or less of the federal poverty guidelines. Income between 300 and 500 percent of the federal poverty guidelines may qualify you for Financial Hardship Reduced Cost Care. This limits your costs to 25 percent of your gross annual income. Your level of eligibility is based on the number of people in your household and extends to any immediate family member living in your household. The program covers uninsured patients as well as patients who still have significant costs after their insurance companies pay. Approvals for financial assistance are granted for twelve months. Patients are encouraged to reapply for continued eligibility.

Extended Payment Plans — If you do not qualify for Maryland Medicaid or financial assistance, you might qualify for an extended payment plan for your outstanding hospital bill(s).

Patient Rights and Obligations

Patients 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. You have the right to request necessary counseling and receive full information about known financial resources that are available to you. You have the right to contact the hospital to request assistance if you believe you have wrongly been referred to a collection agency. You are obligated to pay the hospital in a timely manner. If you are applying for Medical Assistance and/or financial assistance, you must take an active role in this process. Additionally, you are responsible for contacting the hospital if you are unable to pay your outstanding balance(s). Northwest Hospital offers flexible, interest-free payment arrangements. Failure to pay or make satisfactory payment arrangements may result in your account being referred to a collection agency.

Physician and Other Charges

Physician and other non-hospital charges are not included in your hospital bill. They will be billed separately by the provider.



To contact Northwest Hospital Customer Service, call
410-521-5959 or **877-617-1803**,
Monday through Friday between 7:30 a.m. and 5:00 p.m.

Original Date: 06/25/09
Latest Revision: 09/01/17

PART THREE: AMENDMENTS

Question

(Question 51) In the section on CHNA participants, “Community/Neighborhood Organizations” appear by name but do not have any boxes checked. Did you intend to select any activities?

Answer

Yes. They participated in identifying priority health needs, Identifying community resources to meet the health needs and provided secondary health data.

Question

(Question 56) This question was left blank. Please provide a response.

Answer

Request Q53 be changed to Yes. The implementation strategy IS approved by our governing body. Q 56 then should be blank. The box was checked in correctly for question 53.

Question

(Question 111) For initiative 2, the response to the question about the initiative’s outcome appears to be a set of evaluation criteria. Please provide any available information about program outcomes achieved.

Answer

The middle school mentoring program at Northwest Hospital worked with the Kujichagulia Center in two main ways. First, some of the students attending middle schools and high schools in the Northwest area (Northwest Academy of Health Sciences formerly Old Court Middle, and Milford Mill Academy) actually lived in the primary service area of the Kujichagulia Center. Second as part of LifeBridge Health efforts to reach across territories to prevent violence and bullying, this effort was necessary to maintain safe environments for the children at school and at home once they returned from a ‘different’ school environment.

Health Care utilization and costs were affected because there were participants who presented in the ER at Northwest Hospital but due to the nature of their trauma had to be transferred to Sinai, where Kujichagulia Center strategies were implemented to provide not only medical care, but address social determinants to prevent further trauma.

Workforce development strategies from Kujichagulia Center initiatives and partnerships allowed those who suffered from violence to apply for jobs, create and finish resumes, and secure on-line access to resources. We anticipate that this collaborative initiative between both hospitals will expand throughout the Northwest service area.

Question

Initiative 3 is listed as addressing an identified need (Question 118) which was not identified under the CHNA section (Question 57). Did you intend to include “Physical Activity” and “Sexually Transmitted Diseases” as identified CHNA needs in Question 57?

Answer

Please add Physical Activity and Sexually Transmitted disease to Question 57.

Question

(Question 128) Also for Initiative 3, please provide examples of process metrics used to evaluate this initiative.

Answer

Created partnerships with youth groups in the service area, and with local Recreation and parks department holding events involving physical activity with youth. (Number of events held)

Worked with Senior apartment buildings and centers that offer Physical Activity programs for Older Adults in the area. Once relationships were established, Community Education held events at various locations to speak on the health benefits of Physical Activity. (Number of events held)

Partnered with local Department of Aging to help provide education on sexually transmitted disease in the Older population, as well as with schools in the area and provided at least six (6) education workshops related to sexually transmitted disease prevention.

Information on substance abuse was provided during workshops and Community Health Education on Stress Management and the dangers of self-medicating, as well as referring participants to free NARCAN training in the area(s) and providing space for two workshops at Northwest hospital held Baltimore County Department of Health and Human Services.