

The MARYLAND
HEALTH SERVICES COST REVIEW COMMISSION

Sinai Hospital of Baltimore, 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 Sinai Hospital.	<input type="radio"/>	<input checked="" type="radio"/>	Sinai Hospital of Baltimore, Inc.
Your hospital's ID is: 210012	<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 370 beds during FY 2018.	<input type="radio"/>	<input checked="" type="radio"/>	504
Your hospital's primary service area includes the following zip codes: 21117, 21133, 21136, 21207, 21208, 21209, 21215, 21216, 21217, 21244	<input type="radio"/>	<input checked="" type="radio"/>	Additionally 21071
Your hospital shares some or all of its primary service area with the following hospitals: Bon Secours Baltimore Health System, Greater Baltimore Medical Center, Lifebridge Levindale Hebrew Geriatric Center and Hospital of Baltimore, Inc., Lifebridge Northwest Hospital, MedStar Union Memorial Hospital, Mercy Medical Center, Saint Agnes Hospital, UM St. Joseph Medical Center, UMMC Midtown Campus, University of Maryland Medical Center	<input checked="" type="radio"/>	<input type="radio"/>	

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

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

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

[Sinai Demo's and CBSA.pdf](#)
253KB
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.

- Allegany County
- Anne Arundel County
- Baltimore City
- Charles County
- Dorchester County
- Frederick County
- Prince George's County
- Queen Anne's County
- 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> 21071 | <input checked="" type="checkbox"/> 21133 | <input checked="" type="checkbox"/> 21208 | <input type="checkbox"/> 21237 |
| <input type="checkbox"/> 21082 | <input checked="" type="checkbox"/> 21136 | <input type="checkbox"/> 21219 | <input checked="" type="checkbox"/> 21244 |
| <input type="checkbox"/> 212087 | <input type="checkbox"/> 21152 | <input type="checkbox"/> 21220 | <input type="checkbox"/> 21286 |

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

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

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

Based on patterns of utilization. Please describe.

Please view full narrative in the other section that follows.

Other. Please describe.

Sinai Hospital of Baltimore is located in the northwest quadrant of Baltimore City, serving both its immediate neighbors and others from throughout the Baltimore City and County region. The neighborhoods surrounding Sinai are identified by the Baltimore Neighborhood Indicators Alliance as Southern Park Heights and Pimlico/Arlington/ Hilltop. These two neighborhoods make up the great majority of community health benefit activities, both by virtue of where the activities take place and because the majority of participants in those activities live in these neighborhoods. However, Sinai Hospital does not have an address requirement for participation in community benefit activity, so those activities serve people living in 21215, 21207, 21208, 21209, 21117, 21216, 21071 those zip codes include the following communities: Pimlico/Arlington/Hilltop; Southern Park Heights; Howard Park/ West Arlington; Dorchester/Ashburnton; Greater Mondawmin; and Penn North/Reservoir Hill. Together, these zip codes and community designations define the hospital's Community Benefit Service Area. This entire area is predominately African American with a below average median family income, above average rates for unemployment, and other social determining factors that contribute to poor health. The most vulnerable populations reside in 21215, 21207, 21208, 21209 and 21216. A majority of Sinai's interventions focus on the neighborhoods within 21215.

To further illustrate the social factors that influence the health of those in our CBSA, the following highlights many social determinants in the area closest to the hospital and in which the majority of community benefit participants live, Southern Park Heights (SPH) and Pimlico/Arlington/Hilltop (PAH). Relying on data from The 2017 Baltimore Neighborhood Health Profiles, the median household income for SPH was \$26,015 and PAH's median household income was \$32,410. This is compared to Baltimore City's median household income of \$41,819. The percentage of families with incomes below the federal poverty guidelines in SPH was 46.4% and in PAH, 28.4%; compared to 28.8% in Baltimore City. The average unemployment rates for SPH and PAH were 23.6% and 17.1% respectively while Baltimore City's unemployment rate recorded in 2017 was 13.1%.

The racial composition and income distribution of the above-indicated zip codes reflect the racial segregation and income disparity characteristic of the Baltimore metropolitan region. For example, SPH and PAH have a predominantly African American population at 94.5% and 96.3% respectively. This is in contrast to the neighboring Mount Washington/Cold Spring community in which the median household income is \$76,263 and the unemployment rate was 4.5%. The racial/ethnic composition of the MW/C community is much more complex but the population is predominantly (65.8%) white.

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/Sinai/AboutSinai.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?

Founded in 1866 as the Hebrew Hospital and Asylum, Sinai has evolved into a Jewish-sponsored health care organization providing care for all people. Today, Sinai is a 504-bed community teaching hospital that provides patient care in a variety of settings including inpatient, surgical, outpatient, as well as a trauma unit (Level II designation), a high risk Neonatal Unit, a state-of-the-art Emergency Department and responsive community outreach and community health improvement programs. Sinai has 16 Centers of Excellence, including the Lapidus Cancer Institute, Berman Brain & Spine Institute, and Samuelson Children's Hospital. Sinai is the most comprehensive and largest community hospital in Maryland, and is the state's third largest teaching hospital. Community teaching hospitals such as Sinai find one of their greatest strengths is their clinicians' commitment to direct patient care. The residents and medical students who train at Sinai have chosen a community-teaching setting over a classic academic medical center setting. Sinai provides medical education and training to 2,000 medical students, residents, fellows, nursing students, and others each year from the Johns Hopkins University, University of Maryland, and teaching institutions in the Baltimore/ Washington/ Southern Pennsylvania region. Sinai is a member of LifeBridge Health – a Baltimore-based health system composed of Sinai Hospital, Northwest Hospital, Carroll Hospital, and Levindale – and is a constituent agency of The ASSOCIATED: Jewish Community Federation of Baltimore.

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 was not displayed 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)

03/15/18

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.

In addition to the online publication of the CHNA, printed copies were also available upon request.

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

	N/A - Person or Organization was not involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	Fulfilled by the Board- Community Mission Committee
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 - If you selected "Other (explain)," please type your explanation below:	
Other Hospitals -- Please list the hospitals here: UMMC, Medstar Health, St. Agnes, Johns Hopkins Healthcare and Mercy Medical Center	<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"/>		

Local Health Department -- Please list the Local Health Departments here:

<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	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	

Other - If you selected "Other (explain)," please type your explanation below:

Local Health Improvement Coalition -- Please list the LHICs here:

<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	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of Health

<input checked="" type="checkbox"/>	<input type="checkbox"/>								
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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"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of Natural Resources

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of 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"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of 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"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of 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"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	

Other - If you selected "Other (explain)," please type your explanation below:

Area Agency on Aging -- Please list the agencies here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	

Other - If you selected "Other (explain)," please type your explanation below:

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	

Other - If you selected "Other (explain)," please type your explanation below:

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Service Organizations -- Please list the organizations here: Helping Up Mission, CHANA, Comprehensive Housing Assistance Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Post-Acute Care Facilities -- please list the facilities here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community/Neighborhood Organizations -- Please list the organizations here: Medstar Totla Elder Care, BaltimoreMedical System, Banner Neighborhoods Community Center, Chase Brexton, Zeta Healthy Aging Partnership, Mary Harwin Senior Center, League for People with Disabilities, Center for Urban Families, Park Heights Community Health Alliance, Park Heights Rennisance, Promise Heights, Green and Healthy Homes Initiative, Medstar Center for Successful Aging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Consumer/Public Advocacy Organizations -- Please list the organizations here: Disability Rights Maryland,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other -- If any other people or organizations were involved, please list them here: American Heart Association and American Diabetes Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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.

March 15, 2018

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

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

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 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 | | |

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

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input 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 type="checkbox"/>	<input 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 type="checkbox"/>	<input 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"/>	
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 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:
School - Nursing 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"/>	
School - Dental 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"/>	
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"/>	
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"/>	
Social Service Organizations -- Please list the organizations here: Helping Up Mission, CHANA and Comprehensive Housing Assistance, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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"/>	
Community/Neighborhood Organizations -- Please list the organizations here: Medstar Total Elder Care, Baltimore Medical System, Banner Neighborhoods Community Center, Chase Brexton, Zeta Healthy Aging Partnership, Mary Harwin Senior Center, League for People with Disabilities, Center for Urban Families, Park Heights Community Health Alliance, Park Heights Renaissance, Promise Heights, Green and Healthy Homes Initiative, Medstar Center for Successful Aging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Consumer/Public Advocacy Organizations -- Please list the organizations here: Disability Rights Maryland	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other -- If any other people or organizations were involved, please list them here: American Heart Association and American Diabetes Association	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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. <input type="text"/> |

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 HealthIntent, 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, • 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 • Liberty Grace Church of God/ Liberty Grace Foundation • Rev. Dr. Terris King - Wayland Baptist Church • Rev. Dr. Hoffman F Brown 3rd • Zata Center for Healthy and Active Aging • 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.

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.

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

\$42,950.00

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
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Blood Disorders and Blood Safety
- Cancer
- Chronic Kidney Disease
- Heart Disease and Stroke
- HIV
- Immunization and Infectious Diseases
- Injury Prevention
- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal and Infant Health
- Mental Health and Mental Disorders
- Nutrition and Weight Status
- Older Adults

- 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
- 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.

Youth Street Violence was identified as a top priority of 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

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

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

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

• Hospital Responders conducted Bedside Visits with 91 patients treated for street violence injuries. Most frequent patient ZIP codes were 21215, 21207, and 21216. 41% of these patients were treated for GSW, 20% knife wounds, 20% non-weapon assaults, 19% combination injury types. • 65 patients accepted SVIP services, resulting in 1,575 points of service actions for patients. • 87% of patients were African American, 10% multi-racial or no designation, 1% White • Most requested services were for Crisis Intervention (assist handling immediate post-injury needs), Housing assistance, and Mental Health assistance • Six SVIP patients completed a five-week Workforce Readiness Course • One patient earned his GED in less than 3-months under our GED Preparation System; this same participant went on to complete the NPower Technology Training course at University of Maryland BioPark • One patient and his partner were relocated to another part of the city after they were forced to abandon their residence that was the scene of a home invasion shooting in which both were injured • One patient obtained employment at Sinai Hospital and later at Mount Washington Tavern • SVIP Trauma Support Group successfully supports 8 patients as they return to the community

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

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.

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

\$31,953.48

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.

- 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
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
Heart Disease and Stroke
HIV
Immunization and Infectious Diseases
Injury Prevention
Lesbian, Gay, Bisexual, and Transgender Health
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.

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.

\$94,861.

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 mandatory 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/ph/index.aspx>. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

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

Reduce infant mortality	<input type="text"/>
Reduce rate of sudden unexpected infant deaths (SUIDs)	<input type="text"/>
Reduce the teen birth rate (ages 15-19)	<input type="text"/>
Increase the % of pregnancies starting care in the 1st trimester	<input type="text"/>
Increase the proportion of children who receive blood lead screenings	<input type="text"/>
Increase the % of students entering kindergarten ready to learn	<input type="text"/>
Increase the % of students who graduate high school	<input type="text"/>
Increase the % of adults who are physically active	<input type="text"/>
Increase the % of adults who are at a healthy weight	<input type="text"/>
Reduce the % of children who are considered obese (high school only)	<input type="text"/>
Reduce the % of adults who are current smokers	<input type="text"/>
Reduce the % of youths using any kind of tobacco product (high school only)	<input type="text"/>
Reduce HIV infection rate (per 100,000 population)	<input type="text"/>
Reduce Chlamydia infection rate	<input type="text"/>
Increase life expectancy	<input type="text"/>
Reduce child maltreatment (per 1,000 population)	<input type="text"/>
Reduce suicide rate (per 100,000)	<input type="text"/>
Reduce domestic violence (per 100,000)	<input type="text"/>
Reduce the % of young children with high blood lead levels	<input type="text"/>
Decrease fall-related mortality (per 100,000)	<input type="text"/>
Reduce pedestrian injuries on public roads (per 100,000 population)	<input type="text"/>
Increase the % of affordable housing options	<input type="text"/>
Increase the % of adolescents receiving an annual wellness checkup	<input type="text"/>
Increase the % of adults with a usual primary care provider	<input type="text"/>
Increase the % of children receiving dental care	<input type="text"/>
Reduce % uninsured ED visits	<input type="text"/>
Reduce heart disease mortality (per 100,000)	<input type="text"/>
Reduce cancer mortality (per 100,000)	<input type="text"/>
Reduce diabetes-related emergency department visit rate (per 100,000)	<input type="text"/>
Reduce hypertension-related emergency department visit rate (per 100,000)	<input type="text"/>
Reduce drug induced mortality (per 100,000)	<input type="text"/>
Reduce mental health-related emergency department visit rate (per 100,000)	<input type="text"/>
Reduce addictions-related emergency department visit rate (per 100,000)	<input type="text"/>
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	<input type="text"/>
Reduce dental-related emergency department visit rate (per 100,000)	<input type="text"/>
Increase the % of children with recommended vaccinations	<input type="text"/>
Increase the % vaccinated annually for seasonal influenza	<input type="text"/>
Reduce asthma-related emergency department visit rate (per 10,000)	<input type="text"/>

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

Q140. Section V - Physician Gaps & Subsidies

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

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

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

Hospital-Based Physicians	Physician subsidies have become necessary to ensure that all patients requiring anesthesia, pediatric, behavioral health, NICU, PICU, radiology, perinatology and general medicine care have the access they need both on an inpatient and outpatient basis, including 24/7 coverage. Sinai 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, pediatric, behavioral health, NICU, PICU, radiology, perinatology and general medicine care have the access they need both on an inpatient and outpatient basis, including 24/7 coverage. Sinai 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, Sinai Hospital contracts with various specialists to ensure 24/7 coverage in the ED.
Physician Provision of Financial Assistance	<input type="text" value="Hospital-employed physicians are required to see medical underserved, uninsured, Medicare and Medicaid patients."/>
Physician Recruitment to Meet Community Need	<input type="text" value="n/a"/>
Other (provide detail of any subsidy not listed above)	<input type="text" value="n/a"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>

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

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

Q145. Section VI - Financial Assistance Policy (FAP)

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

[Sinai FA 0118 \(003\).pdf](#)
300.7KB
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 SHOB 090117.doc](#)

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).

Sinai 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.

Sinai 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 question, 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: [\[39.456695556641, -76.969598862793\]](#)

Source: GeolIP Estimation

PART TWO: ATTACHMENTS

General Hospital & Community Demographic/Characteristics

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes: ¹	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:	Percentage of the Hospital's patients who are Medicare beneficiaries
480	Total: 18,750	21215 21207 21208 21209 21117 21216 21133 21244 21136	-University of Maryland Medical Center -Mercy Medical Center -Johns Hopkins Medical Center -St. Agnes Hospital -Bon Secours -MedStar Union Memorial -University of Maryland Midtown -Northwest Hospital -Greater Baltimore Medical Center -University of Maryland Rehab and Orthopedic -University of Maryland St. Joseph's -Levindale Hebrew Geriatric Center and Hospital	Total: 79 admissions or 0.4% of total admissions PSA: 42 admissions or 0.4% of PSA admissions	Total: 5,518 admissions or 29.4% of total admissions PSA: 3,600 admissions or 31.2% of PSA admissions	Total: 7,957 admissions or 42.4% of total admissions PSA: 5,316 admissions or 46.1% of PSA admissions

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

¹ Health Services Cost Review Commission (HSCRC), FY2015

To further illustrate the social factors that influence the health of those in our CBSA, the following highlights many social determinants in the area closest to the hospital and in which the majority of community benefit participants live, Southern Park Heights (SPH) and Pimlico/Arlington/Hilltop (PAH). Relying on data from The 2017 Baltimore Neighborhood Health Profiles, the median household income for SPH was \$26,015 and PAH's median household income was \$32,410. This is compared to Baltimore City's median household income of

\$41,819. The percentage of families with incomes below the federal poverty guidelines in SPH was 46.4% and in PAH, 28.4%; compared to 28.8% in Baltimore City. The average unemployment rates for SPH and PAH were 23.6% and 17.1% respectively while Baltimore City's unemployment rate recorded in 2017 was 13.1%.

The racial composition and income distribution of the above-indicated zip codes reflect the racial segregation and income disparity characteristic of the Baltimore metropolitan region. For example, SPH and PAH have a predominantly African American population at 94.5% and 96.3% respectively. This is in contrast to the neighboring Mount Washington/Coldspring community in which the median household income is \$76,263 and the unemployment rate was 4.5%. The racial/ethnic composition of the MW/C community is much more complex but the population is predominantly (65.8%) white.

Table II

Community Benefit Service Area (CBSA) Basic Demographics (2017 Estimates)*		
Community Benefit Service Area (CBSA) Zip Code	21215, 21207, 21208, 21209, 21117, 21216	
Median Household Income within the CBSA	21215: \$34,885	Avg within CBSA: \$56,047
Percentage of households with incomes below the federal poverty guidelines within the CBSA	21215: 25.3	Avg within CBSA: 14.85
For the counties within the CBSA, what is the percentage of uninsured for each county?	Baltimore City: 10.3	Baltimore County: 8.1
Percentage of Medicaid recipients by County within the CBSA	3,100 admissions or 31.6% of PSA admissions	
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).	Baltimore City: Females: 76.0; Males: 68.2	Baltimore County: Females: 81.7; Males: 77.1
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Baltimore City: Females: 929.4; Males: 1443.3	Baltimore County: 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 chart below for chart describing Sinai Hospital's Catchment Area as described by Baltimore City Health Department in 2017.	
Available detail on race, ethnicity, and language within CBSA.		

The following are estimates related to Race and Ethnicity in 21215, the zip code where Sinai implements the majority of its Community Benefit interventions.

2012-2016 American Community Survey 5-Year Estimates

Subject	ZCTA5 21215	
	Estimate	Percent
RACE		
Total population	61,019	100%
One race	60,274	98.8%
White	10,417	17.1%
Black or African American	48,999	80.3%
American Indian and Alaska Native	66	0.1%
Asian	326	0.5%
Native Hawaiian and Other Pacific Islander	16	0.0%
Some other race	450	0.7%
Two or more races	745	1.2%
White and Black or African American	225	0.4%
White and American Indian and Alaska Native	10	0.0%
White and Asian	81	0.1%
Black or African American and American Indian and Alaska Native	161	0.3%
Race alone or in combination with one or more other races		
Total population	61,019	100%
White	10,911	17.9%
Black or African American	49,643	81.4%
American Indian and Alaska Native	358	0.6%
Asian	470	0.8%
Native Hawaiian and Other Pacific Islander	27	0.0%
Some other race	531	0.9%
HISPANIC OR LATINO AND RACE		
Total population	61,019	61,019
Hispanic or Latino (of any race)	1,291	2.1%
Mexican	185	0.3%
Puerto Rican	170	0.3%
Cuban	19	0.0%
Other Hispanic or Latino	917	1.5%
Not Hispanic or Latino	59,728	97.9%
White alone	9,661	15.8%
Black or African American alone	48,883	80.1%
American Indian and Alaska Native alone	66	0.1%
Asian alone	318	0.5%
Native Hawaiian and Other Pacific Islander alone	16	0.0%
Some other race alone	69	0.1%

Two or more races	715	1.2%
Two races including Some other race	64	0.1%
Two races excluding Some other race, and Three or more races	651	1.1%

The following are estimates related to Language in 21215, the zip code where Sinai implements the majority of its Community Benefit interventions.

S1601: LANGUAGE SPOKEN AT HOME
2012-2016 American Community Survey 5-Year Estimates

Subject	ZCTA5 21215			
	Total	Percent	Percent of specified language speakers	
			Percent speak English only or speak English "very well"	Percent speak English less than "very well"
	Estimate	Estimate	Estimate	Estimate
Population 5 years and over	56,518	(X)	97.3%	2.7%
Speak only English	52,168	92.3%	(X)	(X)
Speak a language other than English	4,350	7.7%	64.9%	35.1%
SPEAK A LANGUAGE OTHER THAN ENGLISH				
Spanish	1,391	2.5%	57.2%	42.8%
5 to 17 years old	296	0.5%	51.4%	48.6%
18 to 64 years old	1,022	1.8%	58.9%	41.1%
65 years old and over	73	0.1%	57.5%	42.5%
Other Indo-European languages	1,826	3.2%	66.4%	33.6%
5 to 17 years old	263	0.5%	93.2%	6.8%
18 to 64 years old	1,113	2.0%	74.0%	26.0%
65 years old and over	450	0.8%	32.0%	68.0%
Asian and Pacific Island languages	265	0.5%	21.9%	78.1%
5 to 17 years old	88	0.2%	18.2%	81.8%
18 to 64 years old	151	0.3%	27.8%	72.2%
65 years old and over	26	0.0%	0.0%	100.0%
Other languages	868	1.5%	87.0%	13.0%
5 to 17 years old	304	0.5%	100.0%	0.0%
18 to 64 years old	518	0.9%	83.6%	16.4%
65 years old and over	46	0.1%	39.1%	60.9%

CHNA Metric Estimates for Baltimore City and Catchment Area			
Metric ¹	Year(s)	Baltimore City	Catchment Area*
Demographics and social determinants of health			
Percentage of adults 18 years and older without health insurance	2011-2015	11.7%	12.7%

Percentage of children under 18 years without health insurance	2011-2015	4.4%	4.6%
Unemployment rate	2011-2015	13.1%	15.3%
Family poverty rate	2011-2015	28.8%	27.5%
Percentage of 8th graders meeting or exceeding at reading ³	2013-2014	54.9%	54-85% (range)
Percentage of land area covered by food desert	2015	12.5%	12.3%
Liquor store density per 10,000 residents	2015	3.8	2.1
Homicide rate per 10,000 residents (based on location of event)	2011-2015	3.9	3.7
Health outcomes			
Life expectancy at birth, in years	2011-2015	73.6	75.6
Age-adjusted mortality rate per 10,000 - All causes of death	2011-2015	99.5	87.2
Age-adjusted mortality rate per 10,000 - Cardiovascular disease	2011-2015	24.4	20.9
Age-adjusted mortality rate per 10,000 - Cancer, all forms	2011-2015	21.2	17.5
Age-adjusted mortality rate per 10,000 - Drug- and/or alcohol-induced	2011-2015	4.4	3.5
Age-adjusted mortality rate per 10,000 - Homicide (based on victim's residence)	2011-2015	3.3	3.9
Age-adjusted mortality rate per 10,000 - Diabetes	2011-2015	3.0	2.5
Age-adjusted mortality rate per 10,000 - HIV/AIDS	2011-2015	1.8	1.5
Teen birth rate per 1,000 females 15 to 19 years	2010-2014	42.3	37.6
Infant mortality rate per 1,000 live births (IMR)	2011-2015	10.4	10.0
Additional metrics			
Percentage of children living in single-parent households	2011-2015	64.8%	55.0%
Hardship Index ⁴	2011-2015	51	23-73 (range)
Percentage of adults 25 years and older with a high school diploma/equivalent or less	2011-2015	47.2%	49.9%
Percentage of adults 25 years and older with a college degree	2011-2015	28.7%	25.2%
Carryout restaurant density per 10,000 residents	2016	11.4	9.4
Corner store density per 10,000 residents	2016	14.1	10.4
Non-fatal shooting rate per year per 10,000 residents (based on location of event)	2011-2015	6.9	5.7
Youth homicide rate per year per 100,000 youth under 25 years (based on residence of victim)	2010-2014	31.3	32.5
Birth rate per 1,000 residents	2011-2015	14.3	12.6
Percentage of women receiving prenatal care in the first trimester	2010-2014	54.7%	54.7%
Percentage of women who reported smoking while pregnant	2010-2014	10.7%	7.8%
Percentage of live births occurring preterm	2010-2014	12.4%	10.8%
Percentage of births classified as low birth weight	2010-2014	11.5%	10.3%

*Catchment area consists of the neighborhoods of Cross-Country/Cheswolde, Dorchester/Ashburton, Glen-Fallstaff, Howard Park/West Arlington, Mt. Washington/Coldspring, Pimlico/Arlington/Hilltop, and Southern Park Heights.

¹ All data are calculated from the Baltimore City Health Department's (BCHD's) 2017 Neighborhood Health Profiles (NHPs) unless otherwise noted. Please see the 2017 NHPs for a list of data sources, including year(s), and methodology. <https://goo.gl/GCEYKF>

² BCHD analysis of data provided by the Baltimore City Department of Planning.

³ Due to its agreement with the Baltimore City Public Schools, the Baltimore Neighborhood Indicators Alliance was unable to calculate education metrics for CHNA areas. BCHD does not have access to these education data.

⁴ The Hardship Index is a measure of comparison, weighing relative hardship of one CSA against another or against the City as a whole. The calculation methodology reflects this relativity by standardizing six socioeconomic components of Baltimore's 55 CSAs to a scale of 1 to 100, then averaging the component scores to provide a final index score. Aggregating CSAs into a single CHNA area and calculating a score using that discrete area can impact the scores of the remaining individual CSAs, thus changing the apparent relative hardship of the CHNA area. Therefore, a range of scores within a CHNA area is provided. In this way, we hope to show the range of socioeconomic conditions within the CHNA area.

**SINAI HOSPITAL OF BALTIMORE
HOSPITAL ADMINISTRATIVE POLICY**

SUBJECT: Financial Assistance

SCOPE: Sinai Hospital of Baltimore

RESPONSIBILITY: Patient Financial Services; Patient Access

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

POLICY: To provide Uniform Financial Assistance applications compliant with IRS Section 501 (r) and 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.

IRS Section 501 (r) requires Financial Assistance Policy 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 summarized in plain language, as well as verbally at points of registration. Third parties collecting debt on the behalf of the hospital are required to provide related information on billing statements.

Financial Assistance information is also made available to the public through multiple sources including: 1) HSCRC mandated Patient Information Sheet included in the admission packet, 2) signage and pamphlets located in Patient Access, the Emergency Department, Patient Financial Services (PFS), as well as other patient access points throughout the hospital, 3) patient statements and 4) Patient Financial Services, Patient Access and other registration area staff.

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

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

**SINAI HOSPITAL OF BALTIMORE
HOSPITAL ADMINISTRATIVE POLICY**

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

A. Unplanned, Emergent Services and Continuing Care Admissions

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

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- 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, Carroll Hospital, Levindale Hebrew Geriatric Center and Hospital. Patients approved for Financial Assistance through another facility within the LifeBridge Health System must notify the Hospital of their eligibility, which is validated prior to Financial Assistance adjustment. Validation can be made by contacting the approving Hospital's Patient Financial Services Department (Attachment #8).
 - c. The Financial Assistance Liaison will consider all hospital accounts within the consideration period for the patient. The approval or denial determination will apply to the patient as well as immediate family members listed on the application.
 - d. For dates of service October 1, 2010 and after, approved Medicare inpatients and outpatients are certified for one year from date of service or one year from approval date, whichever is greater. For yearly re-certification, Medicare patients are required to provide a copy of their Social Security Award Letter.
 - e. For dates of service October 1, 2010 and after, approved Non-Medicare inpatients and outpatients are certified for one year from date of service or one year from approval date, whichever is greater. However, if it is determined during the course of that period that the patient meets Medicaid eligibility requirements, we will assist the patient with this process while still considering requests for Financial Assistance.
 - f. Eligibility ends on the last calendar day of the last month of eligibility. For instance, a patient eligible May 15, 2016 will be eligible through May 31, 2017.
 - 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

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300% does not apply due to the Hospital's application of Free Care up to 300% (regulation requires Free Care only up to 200%).

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

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

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

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- If the result is greater than \$0.00, apply the Financial Hardship test (next).
 - b) Financial Hardship Eligibility between 300% - 500% of FPL -
 - If annual household income is greater than 300% but less than 500% of FPL and the Financial Hardship percentage of income (E) is 25% or greater, the patient qualifies for reduced cost care as a result of Financial Hardship.
 - The patient is responsible to pay the calculated amount of 25% of the annual household income. The difference between the total charge and the calculated amount of 25% of the annual household income will be adjusted to Financial Assistance.
 - For example, the annual household income for a family of 5 is \$100,000. Medical bills total \$60,000. The Financial Hardship percentage of income (E) is 60%, which is greater than the required 25%, so the patient is eligible.
 - Patient responsibility under Financial Hardship eligibility equals 25% of the annual household income. In this example, the patient responsibility equals \$25,000 or 25% of the annual household income. The difference between the total medical bills (\$60,000) minus the patient liability (\$25,000) equals the Financial Assistance adjustment (\$35,000).
 - Case-by-case considerations are subject to Management approval and may qualify the patient for full or partial Financial Assistance eligibility. To determine patient responsibility for partial Financial Assistance eligibility, one or more of the following may be utilized:
 - spend-down calculation
 - sliding scale
 - total assets
 - total indebtedness
 - other useful information helpful in determining eligibility
 - Financial Assistance allowances greater than 12% will be considered on a case-by-case basis.
 - If Financial Hardship percentage is less than 25%, the application may be considered on a case-by-case basis.
 - Failure to pay patient responsibility as agreed could result in reversal of the Financial Assistance adjustment. The patient may be liable for the balance in full.
13. The Director of Patient Financial Services or his/her designee approves or denies the application. The designee will sign as Reviewer and obtain appropriate Approver/Denial signature(s) as directed. Authorizing signatures are required for amounts \$10,000.00 and greater –
- | | |
|-------------------------|------------------|
| \$10,000.00 – 24,999.99 | Director, PFS |
| \$25,000.00 + | VP Revenue Cycle |

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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 Clearance Representative (FCR) 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 FCR 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, FCR will determine patient's ability to pay. Refer to #2 and #3 in this section.

If patient is unable to pay, FCR 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.) FCR will refer the case to Manager, Financial Clearance and/or Director, Patient Financial Services for case-by-case consideration.

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

The FCR will either complete the F.A. application on behalf of patient, or if time allows, send an application to the patient to complete. Patient must mail completed F.A. application and required documentation to Financial Assistance Liaison or bring completed F.A. application and required documentation on date of service. Completed

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F.A. application and required documentation must be delivered to Hospital F.A. Liaison for approval, formal notification to patient and necessary adjustment(s). If the patient is not cooperative and does not complete the application or provide the required documentation, Financial Assistance is denied.

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

2. Written estimates are provided on request from an active or scheduled patient made before or during treatment. The Hospital is not required to provide written estimates to individuals shopping for services. The Hospital shall provide to the patient a written estimate of the total charges for the hospital services, procedures, and supplies that are reasonably expected to be provided and billed to the patient by the hospital. The written estimate shall state clearly that it is only an estimate and actual charges could vary. The hospital may restrict the availability of a written estimate to normal business office hours. The Director of Patient Financial Services 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 Chief Financial Officer approval are required.
4. If an agreement is made, the patient must provide payment at least three (3) business days prior to service, and sign the Sinai Hospital Installment Agreement (Attachment #6). If the patient has the financial resources according to the Federal Poverty Guidelines, but fails to pay prior to service or sign the Sinai Hospital Installment Agreement, the Financial Clearance Representative 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 Chief Financial Officer. If an exception is requested, the Patient Financial Advisor will provide documented proof of income as stated in the emergent section of this procedure to Director, Patient Financial Services. The Vice President of Revenue Cycle and/or the Chief Financial Officer 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

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

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

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Other Financial Assistance Considerations:

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

D. Collection Agency Procedures

1. The hospital will ensure third parties collecting on its behalf provide statements that contain Financial Assistance information including how and where to apply, where to find information including: on-line, in person at the hospital and by telephone.
2. The hospital will ensure third parties collecting on its behalf do not initiate Extraordinary Collection Actions (ECAs) until at least 120 days from the date the first post-discharge billing statement is provided.
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 suspend collection activities (ECAs) until a determination of Financial Assistance eligibility has been made by the hospital and the agency has been notified accordingly. Agency will request status from hospital 45 days after sending the Financial Assistance application. Agency will resume its collection activity only after receiving notification from the hospital.

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.

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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.
- F. IRS Section 501 (r) requirements effective July 1, 2016
1. Hospital shall post on websites in PDF format the following documents:
 - a. Written summary of Financial Assistance information in plain language.
 - b. Financial Assistance Application and Cover Letter
 - c. Hospital Financial Assistance Policy
 - d. Hospital Debt Collection Policy
 2. Hospital's website will display on home page and main billing page the following message: "Need help paying your bill? You may be eligible for Financial Assistance. Click here for more information →". Clicking the link will display a web page that includes the information described in #1 above.
 3. The Hospital will provide on admission a plain language summary of the Financial Assistance Policy which provides eligibility criteria, how to apply and where to find information, including on-line, in person at points of Registration and in Customer Service and by telephone.
 4. The Hospital's Registration Staff will verbally offer a copy of the Financial Assistance Policy to patients as they present for service. This will comply with oral notification requirements, as the patient will be notified at least 30 days before Extraordinary Collection Actions (ECAs) are engaged,
 5. The Hospital's billing statements will explain where to find Financial Assistance information including how and where to apply and where to find information including: on-line, in person at points of Registration and in Customer Service and by telephone.
 6. The Hospital will advertise the Financial Assistance Plain Language Summary in local newspapers and will mail a cover letter and the summary to area churches and schools.
 7. The Hospital will ensure third parties collecting on its behalf provide statements that contain Financial Assistance information including how and where to apply, where to find information including: on-line, in person at the hospital and by telephone.
 8. The Hospital will ensure third parties collecting on its behalf do not initiate Extraordinary Collection Actions (ECAs) until at least 120 days from the date the first post-discharge billing statement is provided.
 9. The Hospital ensures the period allowed for submission of the Financial Assistance application is at least 240 days from the date the first post-discharge billing statement is provided.

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DOCUMENTATION/APPENDICES:

- Attachment #1 Maryland State Uniform Financial Assistance Application
- Attachment #2 Financial Assistance Cover Letter
- Attachment #3 Sinai Hospital Financial Assistance Calculation Sheet
- Attachment #4 Financial Assistance Eligibility Determination Letter
- Attachment #5 Financial Assistance Presumptive Eligibility Determination Letter
- Attachment #6 Sinai Hospital Installment Agreement
- Attachment #7 Sinai Hospital and Northwest Hospital Qualifications for Financial Assistance
- Attachment #8 LifeBridge Health Patient Financial Services Contact Telephone Numbers

STATEMENT OF COLLABORATION:

- Director, Patient Access
- Director, Professional Practice Operations

SOURCES:

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

Original Date: 7/92
Review Date: 6/96
Revised Date: 9/96, 5/98, 9/01, 12/02, 8/04, 2/05, 3/05, 6/08, 10/08, 01/09, 04/11, 03/13, 04/16, 01/18

Sinai Hospital Board of Directors Approval



Jonathon Ringo, M.D. President and COO, Sinai Hospital
Senior Vice President, LifeBridge Health

Jan 25, 2011
Date

Jan 25, 2018
Date



Anthony K. Morris Corporate Vice President
Chief Revenue Officer

1/3/2018
Date

SINAI HOSPITAL OF BALTIMORE PATIENT INFORMATION SHEET

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

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

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

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

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

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

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

Contact Sinai Hospital Customer Service — Our representatives are available to assist you Monday through Friday between the hours of 7:30 a.m. – 5:00 p.m. at (410) 601-1094 or (800) 788-6995.

PART THREE: AMENDMENTS

Question

(Question 64) In the section on community benefit participants, “Other Hospitals” are listed as both being involved in activities and not involved. Please clarify the activities of the other hospitals listed.

Answer

Request the removal of the checked box “organization not involved.” Please check Other; these organizations held some of the focus groups after the initial survey to get more community feedback

Question

(Question 118) Initiative 3 lists a CHNA need which was not previously identified as a CHNA need (Question 57). Did you intend to include “Physical Activity,” “Sexually Transmitted Diseases,” and “Substance Abuse” as CHNA needs in Question 57?

Answer

Yes, please include “Physical Activity,” “Sexually Transmitted Diseases”, and “Substance Abuse” as CHNA needs in Question 57.

Question

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

Answer

Creating partnerships with at least two schools in the service area, and with local Recreation and parks department. Also working with Senior Centers (4) 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.

Partnered with local Department of Aging to help provide education on sexually transmitted disease in the Older population (4), as well as with Youth programs in the area (2) 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).

Question

The question regarding whether all CHNA needs were addressed by initiatives of the hospital (Question 136) was left blank. Please provide a response. If you answer “yes,” please provide a list of those needs from Question 57 that were not addressed.

Answer

Yes, all of the identified needs were addressed. There was nothing that was identified that was not addressed.