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 the fiscal year.

| | Is this information correct? | | If no, please provide the correct information here: |
	Yes	No	
The proper name of your hospital is: Mt. Washington Pediatric Hospital	◉	○	
Your hospital's ID is: 5034	◉	○	
Your hospital is part of the hospital system called Johns Hopkins Health System and University of Maryland Medical System.	◉	○	

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.

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	☐ Charles County	☐ Prince George's County
☐ Anne Arundel County	☐ Dorchester County	☐ Queen Anne's County
☑ Baltimore City	☐ Frederick County	☐ Somerset County
☑ Baltimore County	☐ Garrett County	☐ St. Mary's County
☐ Calvert County	☐ Harford County	☐ Talbot County
☐ Caroline County	☐ Howard County	☐ Washington County

| ☐ Carroll County | ☐ Kent County | ☐ Wicomico County |
| ☐ Cecil County | ☐ Montgomery 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.

☐ 21201	☑ 21212	☑ 21225	☐ 21237
☐ 21202	☑ 21213	☐ 21226	☐ 21239
☑ 21203	☐ 21214	☑ 21227	☐ 21251
☑ 21205	☑ 21215	☐ 21228	☐ 21263
☑ 21206	☑ 21216	☑ 21229	☐ 21270
☑ 21207	☑ 21217	☐ 21230	☐ 21278
☑ 21208	☑ 21218	☐ 21231	☐ 21281
☑ 21209	☑ 21222	☐ 21233	☐ 21287
☑ 21210	☐ 21223	☑ 21234	☐ 21290
☐ 21211	☑ 21224	☐ 21236	

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

☐ 21013	☐ 21092	☐ 21156	☐ 21225
☐ 21020	☐ 21093	☐ 21161	☑ 21227
☐ 21022	☐ 21094	☐ 21162	☑ 21228
☐ 21023	☐ 21102	☐ 21163	☐ 21229
☐ 21027	☐ 21104	☐ 21204	☐ 21234
☐ 21030	☐ 21105	☐ 21206	☐ 21235
☐ 21031	☐ 21111	☑ 21207	☐ 21236
☐ 21043	☐ 21117	☐ 21208	☐ 21237
☐ 21051	☐ 21120	☐ 21209	☐ 21239
☐ 21052	☐ 21128	☐ 21210	☐ 21241
☐ 21053	☐ 21131	☐ 21212	☑ 21244
☐ 21057	☑ 21133	☐ 21215	☐ 21250
☐ 21065	☑ 21136	☑ 21219	☐ 21252
☐ 21071	☐ 21139	☐ 21220	☐ 21282
☐ 21074	☐ 21152	☑ 21221	☐ 21284
☐ 21082	☐ 21153	☑ 21222	☐ 21285
☐ 21085	☐ 21155	☐ 21224	☐ 21286
☐ 21087			

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Q33. How did your hospital identify its CBSA?

☑

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

> In addition to patient utilization, the hospital also reviewed the characteristics of population and service area served by Mt. Washington Pediatric Hospital, including percentage of Medicaid recipients and uninsured persons assisted through the financial assistance policy.

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

☑ Based on patterns of utilization. Please describe.

> The Mt. Washington Pediatric Hospital serves a large portion of Baltimore County and Baltimore City; 59% of the discharges from a defined market areas with four subareas within the Baltimore County and Baltimore City drew 54% of our discharges--this included 13 zip codes. These 13 targeted zip codes are the primary community benefit service area. The hospital also reviewed the characteristics of population and service area served by Mt. Washington Pediatric Hospital, including percentage of Medicaid recipients and uninsured persons assisted through the financial assistance policy.

☑ Other. Please describe.

> MWPH reviewed multiple other data to determine the CBSA including socioeconomic characteristics, education, access to healthy foods, housing, community built and social environment, life expectancy and mortality to name a few. MWPH determined that hospital's Community Benefit Service Area (CBSA) constitute an area that is predominantly African American with below average median family income, but above average rates for unemployment, and other social determinants of poor health.

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.

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

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?

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 most recent CHNA completed? (MM/DD/YYYY)

June 2018

Q44. Please provide a link to your hospital's most recently completed CHNA.

https://www.mwph.org/community

Q45. Did you make your CHNA available in other formats, languages, or media?

- ⦿ Yes
- ◯ No

Q46. Please describe the other formats in which you made your CHNA available.

Both written and online formats were made available.

Q47. Section II - CHNA Part 2 - Internal Participants

Q48. 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 expla 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)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	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 expla below:
CB/ Community Health/ Population Health Director (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	

	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)	☐	☐	☑	☐	☐	☐	☑	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☐	☑	☐	☐	☑	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☑	☑	☐	☐	☑	☐	☐	☐	
Board of Directors or Board Committee (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☑	☑	☐	☐	☑	☐	☐	☐	
Clinical Leadership (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	

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

Q49. Section II - CHNA Part 2 - External Participants

Q50. 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:

Organization	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: UMMS, MedStar Health Hospital (Baltimore regions), Mercy Medical, Sinai Lifebridge Health, Johns Hopkins Health System (Baltimore Region).	☐	☑	☑	☑	☑	☑	☑	☐	☐	
Local Health Department -- Please list the Local Health Departments here: Baltimore City Health Dept.	☐	☑	☑	☑	☑	☑	☑	☐	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Safe Kids Baltimore/Maryland Kids in Safety Seats	☐	☑	☑	☐	☐	☑	☑	☐	☐	
Maryland Department of Health	☐	☑	☑	☐	☐	☑	☑	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☐	☑	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☐	☑	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here: Baltimore City Dept. of Aging	☐	☑	☐	☐	☐	☐	☐	☐	☐	

Organization	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: B'More Healthy Babies	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Faith-Based Organizations	☐	☑	☐	☐	☐	☐	☐	☐	☐	
School - K-12 -- Please list the schools here: Medfield Elem/Middle Schools	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - Colleges and/or Universities -- Please list the schools here: Coppin State Univ	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here: Towson University -School of Nursing/Univ of MD School of Nursing	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	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:
Behavioral Health Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Social Service Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Share Baby	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

◉ Yes
◯ No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

06/14/2018

Q54. Please provide a link to your hospital's CHNA implementation strategy.

https://www.mwph.org/community

Q55. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q56. 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.

☑ Access to Health Services: Health Insurance	☐ Environmental Health	☑ Oral Health
☑ Access to Health Services: Practicing PCPs	☐ Family Planning	☑ Physical Activity
☑ Access to Health Services: Regular PCP Visits	☑ Food Safety	☑ Respiratory Diseases
☐ Access to Health Services: ED Wait Times	☐ Global Health	☐ Sexually Transmitted Diseases
☑ Access to Health Services: Outpatient Services	☐ Health Communication and Health Information Technology	☑ Sleep Health
☑ Adolescent Health	☑ Health Literacy	☑ Telehealth
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☑ Health-Related Quality of Life & Well-Being	☑ Tobacco Use
☑ Behavioral Health, including Mental Health and/or Substance Abuse	☑ Heart Disease and Stroke	☑ Violence Prevention
☐ Cancer	☐ HIV	☑ Vision
☑ Children's Health	☑ Immunization and Infectious Diseases	☐ Wound Care
☐ Chronic Kidney Disease	☑ Injury Prevention	☑ Housing & Homelessness
☑ Community Unity	☑ Lesbian, Gay, Bisexual, and Transgender Health	☑ Transportation
☐ Dementias, Including Alzheimer's Disease	☑ Maternal & Infant Health	☐ Unemployment & Poverty
☑ Diabetes	☑ Nutrition and Weight Status	☑ Other Social Determinants of Health
☐ Disability and Health	☐ Older Adults	☑ Other (specify) Health outreach, lead poisoning, medication safety
☑ Educational and Community-Based Programs		

Q57. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

Community Benefit Needs Assessment (CHNA) were conducted in 2015 and again in 2018. Analysis of all quantitative and qualitative data identified seven priorities in 2015, including, health literacy, education and outreach, access to healthcare, chronic disease (obesity /diabetes), maternal child health, lead poisoning, asthma and injury prevention. In 2018, however, the priorities shifted slightly to health literacy, chronic disease prevention education, violence and child maltreatment, transportation, behavioral health and substance abuse, access to healthcare, mental health, obesity and access to healthy foods. Causes for this shift in the unmet need (identified by the survey results) were attributed to barriers such as, lack of access to healthcare due to transportation, unfamiliarity with MCO's, limited access to physicians in their surrounding living areas, lack of insurance as well as knowledge of where to obtain insurance. Behavioral and mental health was identified as a priority health need by the Office of Chronic Disease Prevention of the Baltimore City Department of Health and was also added as major area of focus for community benefit.

Q58. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q59. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q60. Section III - CB Administration Part 1 - Internal Participants

Q61. 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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	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	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)										☑	Provided expertise on the initiatives being targeted, evaluated and made suggestions for improvement
Senior Executives (CEO, CFO, VP, etc.) (facility level)			☑	☑		☑	☑				
Senior Executives (CEO, CFO, VP, etc.) (system level)	☑										
Board of Directors or Board Committee (facility level)				☑		☑	☑				
Board of Directors or Board Committee (system level)	☑										
Clinical Leadership (facility level)					☑						
Clinical Leadership (system level)	☑										
Population Health Staff (facility level)		☑									
Population Health Staff (system level)	☑										
Community Benefit staff (facility level)			☑	☑	☑		☑	☑	☑		
Community Benefit staff (system level)			☑		☑						

Q61 (continued) — Internal Participants

	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	☐	☐	✔	✔	✔	☐	☐	☐	☐	☐	
Nurse(s)	☐	☐	✔	✔	✔	☐	☐	☐	☐	☐	
Social Workers	☐	☐	☐	✔	☐	☐	☐	☐	☐	☐	
Community Benefit Task Force	☐	☐	✔	✔	✔	☐	☐	✔	☐	☐	
Hospital Advisory Board	☐	☐	✔	✔	☐	☐	☐	☐	☐	☐	
Other (specify) _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q62. Section III - CB Administration Part 1 - External Participants

Q63. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities									
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: **Univ of Maryland System**	☐	☐	✔	✔	☐	☐	☐	✔	☐	
Local Health Department -- Please list the Local Health Departments here: **Baltimore City Health Dept.**	☐	✔	✔	✔	☐	☐	☐	☐	☐	
Local Health Improvement Coalition -- Please list the LHICs here: **Safe Kids of Baltimore, Maryland Kids in Safety Seats, Maryland Poison Control**	☐	✔	✔	☐	☐	☐	✔	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	☐	✔	✔	☐	☐	☐	✔	☐	☐	
Maryland Department of Human Resources	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☐	☐	✔	✔	☐	☐	✔	☐	☐	
Area Agency on Aging -- Please list the agencies here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here: Baltimore City Health Department	☐	✔	✔	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	✔	☐	☐	☐	☐	☐	☐	☐	☐	
School - K-12 -- Please list the schools here: Arlington Elem, Pimlico Elem/Middle, Edgecomb Circle Elem, Fallstaff Elem, Lakewood Elem	☐	☐	✔	☐	☐	☐	✔	☐	☐	
School - Colleges and/or Universities -- Please list the schools here: Coppin State Univ.	☐	☐	✔	☐	☐	☐	✔	☐	☐	

Organization	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here: Towson, Univ. of Maryland, Stevenson Univ.	☐	☐	☑	☐	☐	☐	☑	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Social Service Organizations -- Please list the organizations here: B'More Healthy Babies, Center for Urban Families, The Family Tree, Jewish Volunteer Connection	☐	☑	☑	☐	☐	☐	☑	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here: St. Vincent DePaul, Catholic Charities Head Start, Our House Early Head Start, Union Baptist Head Start, Day Spring Head Start, Y of Central MD Baltimore City and County Head Start	☐	☑	☐	☐	☐	☐	☑	☐	☐	

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:

Q64. Section III - CB Administration Part 2 - Process & Governance

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

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

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

- ◉ Yes
- ○ No

Q67. Please describe the community benefit narrative audit process.

CB is completed by the hospital CB staff member and then shared with the VP of Dev, President and Hospital Foundation Board. CB is also revised at the system level.

Q68. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- ◉ Yes
- ○ No

Q69. Please explain:

This question was not displayed to the respondent.

Q70. Does the hospital's board review and approve the annual community benefit narrative report?

- ◉ Yes
- ○ No

Q71. Please explain:

This question was not displayed to the respondent.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

- ◉ Yes
- ○ No

Q73. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

The hospital foundation board and leadership review the CHNA priorities and programming along with its expected outcomes and they are approved by the hospital foundation board/hospital leadership.

Q74. (Optional) If available, please provide a link to your hospital's strategic plan.

[   ]

Q75. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

[   ]

Q76. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q77. 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.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1

Q79. Name of initiative.

[Weekend Backpack and Fresh Produce Program   ]

Q80. Does this initiative address a community health need that was identified in your most recently completed CHNA?

- ◉ Yes
- ○ No

Q81. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Children's Health, Community Unity, Diabetes, Educational and Community-Based Programs, Food Safety, Health Literacy, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Maternal & Infant Health, Nutrition and Weight Status, Oral Health, Physical Activity, Respiratory Diseases, Sleep Health, Telehealth, Tobacco Use, Violence Prevention, Vision, Housing & Homelessness, Transportation, Other Social Determinants of Health, Other (specify)
Other: Health outreach, lead poisoning, medication safety

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

☐ Access to Health Services: Health Insurance	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Access to Health Services: Outpatient Services	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Adolescent Health	☐ Maternal and Infant Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☑ Nutrition and Weight Status
☐ Behavioral Health, including Mental Health and/or Substance Abuse	☐ Older Adults
☐ Cancer	☐ Oral Health
☑ Children's Health	☐ Physical Activity
☐ Chronic Kidney Disease	☐ Respiratory Diseases
☑ Community Unity	☐ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☐ Diabetes	☐ Telehealth
☐ Disability and Health	☐ Tobacco Use
☑ Educational and Community-Based Programs	☐ Violence Prevention

☐ Environmental Health		☐ Vision
☐ Family Planning		☐ Wound Care
☐ Food Safety		☐ Housing & Homelessness
☐ Global Health		☐ Transportation
☐ Health Communication and Health Information Technology		☐ Unemployment & Poverty
☑ Health Literacy		☐ Other Social Determinants of Health
☑ Health-Related Quality of Life & Well-Being		☑ Other (specify) [Access to healthy foods/food insecurities]

Q82. When did this initiative begin?

> Fall 2019

Q83. Does this initiative have an anticipated end date?

- ◉ No, the initiative has no 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.

Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

> This initiative targets low-income, underserved, underinsured and uninsured children in elementary and middle schools served by the hospital.

Q85. Enter the estimated number of people this initiative targets.

> 4,800

Q86. How many people did this initiative reach during the fiscal year?

> 2,700

Q87. 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.

Q88. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

  ```
  Arlington Elem, Pimlico Elm/Middle,
  Fallstaff Elem, Lakewood Elem,
  Edgecomb Circle Elem, Barean Baptist
  Church, Pimlico Baptist Church,
  Catherine's Family and Youth Services.
  ```

- ○ No.

Q89. Please describe the primary objective of the initiative.

The primary objective of the initiative was to meet the food insecurities experienced by children and families of the communities served by the hospital. To provide access to both fresh fruits and vegetables as well as non perishable staples to meet the gap in available access to food during week and weekend days.

Q90. Please describe how the initiative is delivered.

MWPH partnered with local schools, community service organizations, faith-based organizations, elected officials, community associations to organize food pantries to distribute the fresh and non perishable foods. In addition, MWPH worked closely with school coordinators who identified families in need to ensure the families in need.

Q91. 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 [   ]

Q92. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

We found that schools and faith-based organizations were an exceptional place to hold food pantries as they were an essential part of the community. Communities relied on them beyond educational and faith needs and trusted them for their social, emotional and physical well-being. We also noticed an increase in need as COVID pandemic impacted our communities severely and many elderly and families with children experienced job loss and barriers accessing health.

Q93. Please describe how the outcome(s) of the initiative addresses community health needs.

Many communities already experienced barriers to accessing food. The initiative was able to bring fresh food markets and necessary food items to them providing greater access--at no cost. In addition to the food we were also able to provide valuable COVID prevention and hand hygiene education for disease prevention.

Q94. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$ 30,499

Q95. (Optional) Supplemental information for this initiative.

Q96. Section IV - CB Initiatives Part 2 - Initiative 2

Q97. Name of initiative.

Flu Vaccinations and Education

Q98. Does this initiative address a need identified in your most recently completed CHNA?

- ◉ Yes
- ○ No

Q99. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Children's Health, Community Unity, Diabetes, Educational and Community-Based Programs, Food Safety, Health Literacy, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Maternal & Infant Health, Nutrition and Weight Status, Oral Health, Physical Activity, Respiratory Diseases, Sleep Health, Telehealth, Tobacco Use, Violence Prevention, Vision, Housing & Homelessness, Transportation, Other Social Determinants of Health, Other (specify)
Other: Health outreach, lead poisoning, medication safety

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

☐ Access to Health Services: Health Insurance	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☑ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☑ Access to Health Services: Outpatient Services	☐ Lesbian, Gay, Bisexual, and Transgender Health
☑ Adolescent Health	☐ Maternal and Infant Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Nutrition and Weight Status
☐ Behavioral Health, including Mental Health and/or Substance Abuse	☐ Older Adults
☐ Cancer	☐ Oral Health
☑ Children's Health	☐ Physical Activity
☐ Chronic Kidney Disease	☐ Respiratory Diseases
☐ Community Unity	☐ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☐ Diabetes	☐ Telehealth
☐ Disability and Health	☐ Tobacco Use
☑ Educational and Community-Based Programs	☐ Violence Prevention
☐ Environmental Health	☐ Vision
☐ Family Planning	☐ Wound Care
☐ Food Safety	☐ Housing & Homelessness
☐ Global Health	☐ Transportation
☐ Health Communication and Health Information Technology	☐ Unemployment & Poverty
☐ Health Literacy	☐ Other Social Determinants of Health
☐ Health-Related Quality of Life & Well-Being	☐ Other (specify)

Q100. When did this initiative begin?

Winter 2019

Q101. Does this initiative have an anticipated end date?

- ⦿ No, the initiative does not 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.

Q102. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

This initiative targets low-income, underserved communities with barriers to accessing health care.

Q103. Enter the estimated number of people this initiative targets.

300

Q104. How many people did this initiative reach during the fiscal year?

198

Q105. 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.

[text box]

Q106. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

[text box]

○ No.

Q107. Please describe the primary objective of the initiative.

> To prevent the spread and on-set of the influenza virus.

Q108. Please describe how the initiative is delivered.

> MWPH partnered with two community partners (community service and faith-based organizations) in providing flu vaccinations. Vaccinations were provided for children 2 to adults (below 100) years of age. Volunteer nurses and physicians administered the vaccines as well as provide important health education on preventing flu and other respiratory diseases.

Q109. 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 [____]

Q110. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

> Communities served were benefited by this cost-free event as well as learned a great deal on proper hand hygiene.

Q111. Please describe how the outcome(s) of the initiative addresses community health needs.

> Initiative helped prevent flu especially in vulnerable underserved population who experience multiple barriers to accessing health care.

Q112. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

> $2,100

Q113. (Optional) Supplemental information for this initiative.

Q114. Section IV - CB Initiatives Part 3 - Initiative 3

Q115. Name of initiative.

Injury Prevention in Children

Q116. Does this initiative address a need identified in your most recently completed CHNA?

☉ Yes
◯ No

Q117. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Children's Health, Community Unity, Diabetes, Educational and Community-Based Programs, Food Safety, Health Literacy, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Maternal & Infant Health, Nutrition and Weight Status, Oral Health, Physical Activity, Respiratory Diseases, Sleep Health, Telehealth, Tobacco Use, Violence Prevention, Vision, Housing & Homelessness, Transportation, Other Social Determinants of Health, Other (specify)
Other: Health outreach, lead poisoning, medication safety

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

☐ 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
☐ Access to Health Services: Outpatient Services
☐ Adolescent Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions
☐ Behavioral Health, including Mental Health and/or Substance Abuse
☐ Cancer
☑ Children's Health
☐ Chronic Kidney Disease
☐ Community Unity
☐ Dementias, including Alzheimer's Disease
☐ Diabetes
☑ Disability and Health
☑ Educational and Community-Based Programs
☐ Environmental Health
☐ Family Planning
☐ Food Safety
☐ Global Health
☐ Health Communication and Health Information Technology
☑ Health Literacy
☑ Health-Related Quality of Life & Well-Being

☐ Heart Disease and Stroke
☐ HIV
☐ Immunization and Infectious Diseases
☑ Injury Prevention
☐ Lesbian, Gay, Bisexual, and Transgender Health
☑ Maternal and Infant Health
☐ Nutrition and Weight Status
☐ Older Adults
☐ Oral Health
☐ Physical Activity
☐ Respiratory Diseases
☐ Sexually Transmitted Diseases
☐ Sleep Health
☐ Telehealth
☐ Tobacco Use
☐ Violence Prevention
☐ Vision
☐ Wound Care
☐ Housing & Homelessness
☐ Transportation
☐ Unemployment & Poverty
☐ Other Social Determinants of Health
☐ Other (specify) [_____]

Q118. When did this initiative begin?

July 2016

Q119. Does this initiative have an anticipated end date?

◉ No, the initiative does not 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.

[text box]

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

[text box]

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

[text box]

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

[text box]

○ Other. Please explain.

[text box]

Q120. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Parents and families of children receiving post acute care at MWPH and Community: Low-income, underserved communities in Baltimore City and surrounding areas served by MWPH.

Q121. Enter the estimated number of people this initiative targets.

10,000

Q122. How many people did this initiative reach during the fiscal year?

5600

Q123. 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.

[text box]

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

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Safe Kids, KISS/Care Seat Safety,
Local Schools, including Pimlico
Elem/Middle and Arlington Elem.
```

○ No.

Q125. Please describe the primary objective of the initiative.

Accidents (unintentional injuries are the leading cause of death among children and teens. 87% (nearly three out of four) car seats are either used or installed incorrectly. The primary objective of the initiative is to increase awareness of proper car seat selection, installation, positioning and harnessing by either providing a hands-on installation training or education on proper car seat usage. In addition, the program also provides low-cost car seat to MWPH patient population who is unable to afford a car seats.

Q126. Please describe how the initiative is delivered.

For MWPH inpatient/outpatient, the program works with physicians, nursing, social work, patient education and care management in identifying new and returning patients. The patient parent/family is contacted by the Lead Car Seat Tech to schedule a car seat installation and to ensure the family has the proper car seat when it is time for discharge. Prior to the appointment with the car seat tech, the family reviews educational videos on the importance utilizing a car seat. Multiple attempts are made to ensure the family has enough time to learn about car seat safety as well as car seat needs for their specific need (for example, some of the families may have children with complex medical conditioning requiring a unique special needs car seat). An appointment is scheduled and a certified child passenger safety tech provides a hands-on demonstrations of on how to properly install a car sat to the family. In addition, the tech also ensures the family can install the car seat correctly on their own (should they ever need to). When the appointment is scheduled, the certified tech also ensures the family can afford a proper car seat. If they cannot, a low-cost car seat is provided for them. If the family needs a unique special needs car seat, the tech works with their social worker/case manager to ensure they are able to get a medical special needs car seat. Twice a year, the program also holds free Community Car Seat Checks on MWPH campus as well as participate in Safe Kids Community Car Seat Checks. Here, free car seat checks are provided to underserved communities surrounding MWPH and Baltimore City. While the free community car seat checks are open to the public, the lowcost car seats are provided only to MWPH patients and their families in need. For this, the program works with Safe Kids and KISS/Car Seat Safety to purchase the car seats.

Q127. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters | based on the number of car seats installed, provided at low-cost, encounters for education/outreah/educatio nal materials provided/people reached via various mediums including social media (education purpose only). |

☑ Other process/implementation measures (e.g. number of items distributed) | Educational materials 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 [   ]

Q128. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

While the program was offered to all the families served by MWPH, for the fiscal year, total of 426 car seats were installed and/or education and outreach was provided.

Q129. Please describe how the outcome(s) of the initiative addresses community health needs.

The program and outcomes addresses the following MWPH CHNA priorities: - Health literacy/education - Access to healthcare - Maternal and child health - Injury prevention. Pre and post test provided at community car seat checks event revealed that 99 % of the individuals who participated in the hands-on demonstration/education were more knowledgeable in the proper selection, installation, positioning and harnessing the car seat for their child/children.

Q130. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$ 3000

Q131. (Optional) Supplemental information for this initiative.

Q132. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q133. Additional information about initiatives.

Q134. (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.

Q135. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- ◉ Yes
- ○ No

Q136.
In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Children's Health, Community Unity, Diabetes, Educational and Community-Based Programs, Food Safety, Health Literacy, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Maternal & Infant Health, Nutrition and Weight Status, Oral Health, Physical Activity, Respiratory Diseases, Sleep Health, Telehealth, Tobacco Use, Violence Prevention, Vision, Housing & Homelessness, Transportation, Other Social Determinants of Health, Other (specify)
Other: Health outreach, lead poisoning, medication safety

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

This question was not displayed to the respondent.

Q138. Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx

	Select Yes or No	
	Yes	No
Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate	◉	○
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	◉	○
Healthy Communities - includes measures such as domestic violence and suicide rate	◉	○
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	◉	○
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	◉	○

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. Emergency Care Services

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	
Non-Resident House Staff and Hospitalists	
Coverage of Emergency Department Call	
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	

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

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

Q145. Section VI - Financial Assistance Policy (FAP)

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

Patient Financial Assistance PolicyNov2019.pdf
809.7KB
application/pdf

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

Financial Assistance -Patient Sheet.pdf
99.3KB
application/pdf

Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.

	100	150	200	250	300	350	400	450	500
Percentage of Federal Poverty Level			●						

200
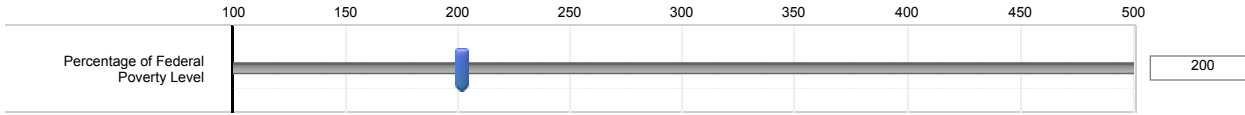
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

	200	250	300	350	400	450	500
Lowest FPL	●						
Highest FPL			●				

200

300
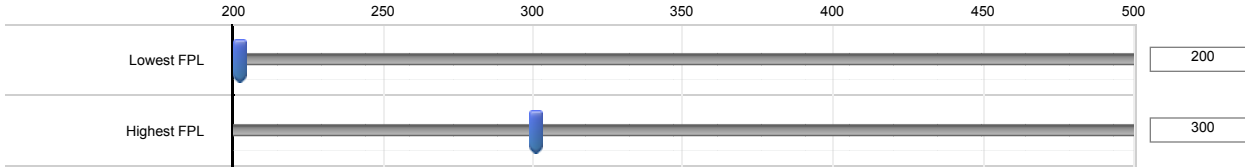
Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

	100	200	300	400	500	600	700
Lowest FPL	●						
Highest FPL					●		

100

500

Q151. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

	0	10	20	30	40	50	60	70	80	90	100
Debt as Percentage of Income			●								

25
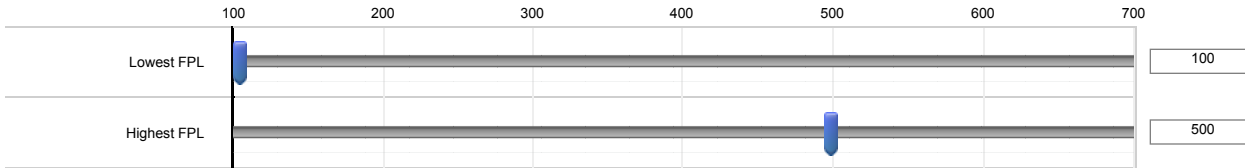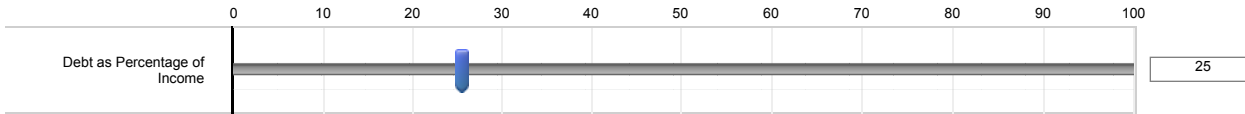
Q152. Has your FAP changed within the last year? If so, please describe the change.

○ No, the FAP has not changed.

○ Yes, the FAP has changed. Please describe: [   ]

Q153. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

[   ]

Q154. (Optional) Please attach any files containing further information about your hospital's FAP.

Q155. Summary & Report Submission

Q156.

Attention Hospital Staff! IMPORTANT!

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

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

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

Location Data

Location: (39.33610534668, -76.538902282715)

Source: GeoIP Estimation

MT. WASHINGTON PEDIATRIC HOSPITAL (MWPH) FY20 Community Benefit Report Clarifying Questions/Answers- June 2021

- In Question 48 on page 5 of the attached, you indicated that "Population Health Staff (facility level)" were not involved in your hospital's most recently completed CHNA. In Question 60 on page 12, you indicated that the same group, "Population Health Staff (facility level)" does not exist. Please clarify the status of this category of participants and whether or not they exist at your hospital.

  Please note that Population Health Staff does not exist at the facility level.

- In Question 81 on page 17, you indicated that the "Weekend Backpack and Fresh Produce Program" initiative addressed the CHNA-identified need of "Other – Access to healthy foods/food insecurities." In Question 56 on page 11, however, you did not indicate that "Other – Access to healthy foods/food insecurities" was identified in the CHNA. This need should either be included in Question 56 or excluded from Question 81. Please clarify which is correct.

  Please note that in Question 56 on page 11, Access to healthy foods/food insecurity needs to added (under other) as identified in the CHNA. Additionally, the program addressed not only the CHNA identified need but also the need due to the worldwide COVID-19 pandemic.

- In Questions 102 and 103 on page 21, reviewers were unable to link the description of the targeted population, "low-income, underserved communities with barriers to accessing health care," with the targeted population size of 300. Please clarify how the hospital arrived at a target population size of 300 given the broad description in Question 102.

  The flu vaccination clinics were conducted in two locations. Both locations serves low income, underserved communities who have barrier to accessing health care. Both were ran at small churches in impoverished neighborhoods whose residents fall well below the federal poverty guidelines and have Medical Assistance or uninsured. Churches have approximately 200 members—other 100 + individuals came from non-members and community. The locations were strategically chosen so that the vaccines would reach impoverished communities who have barriers to accessing health such as transportation. Additionally, while the clinic was open to ages 2 and up, the majority of the vaccines were received by elderly, higher risk individuals.

- Question 106 on page 22 had no answer. Please respond.

  Yes, we worked with faith-based organizations, community associations and schools who helped us spread the word regarding the event. Additionally, we distributed education surrounding vaccinations and handwashing by the CDC.

- In Question 110 on page 22, please provide more detail on the observed outcomes of the initiative. Please clearly describe the benefit to the community and provide evidence of the claim that participants "learned a great deal on proper hand hygiene."

MWPH was able to offer 200 flu vaccines. The flu vaccination/education clinic emphasized not only the importance and benefits of the flu vaccines, but was also supplemented by education and demonstration on handwashing. Systemic racism has been an on-going concern in the communities of color and in the underserved communities. By providing education and vaccinations, we were able to reach the underserved, communities of color where vaccine hesitancy is a major concern. We worked with the senior pastor of the church, who received the flu vaccine and encouraged the congregation to receive it as well. He emphasized not only the safety but also that medicine also supplements the faith and beliefs. We saw that many elderly who were initially hesitant, received the flu vaccines. 108 in one location and 90 community members at another received the vaccine. Additional benefit included education on stopping the flu virus through proper handwashing. Many community members were unaware that the easiest way to prevent the spread of the flu was through proper (at least 20 sec, with soap and warm water) handwashing was necessary. Three question survey was given before : 1. When do you need to wash your hands? 2. How long should you wash your hands 3. Are hand sanitizers okay to use in place of handwashing? 100% of the participants answered the post survey questions correctly after the hands on handwashing demonstration.

- In Question 117 on page 23, you indicated that the "Injury Prevention in Children" initiative addressed the CHNA-identified need of "Disability and Health." In Question 56 on page 11, however, you did not indicate that "Disability and Health" was identified in the CHNA. This need should either be included in Question 56 or excluded from Question 117. Please clarify which is correct.

  Question 56 on page 11 omitted Disability and Health. MWPH is a specialty hospital for children that specializes in treating and educating children and their families with complex medical conditions.
  The Injury Prevention in Children also provided education for children with disabilities as the hospital serves a numerous number of this population. It needs to be included in Question 57, page 11.

- In Question 120 on page 24, please clarify whether the initiative targets two distinct populations: "Parents and families of children receiving post-acute care at MWPH" and "Community: Low-income, underserved communities in Baltimore City and surrounding areas served by MWPH." If these are distinct populations, please clarify which is estimated to include 10,000 people.

  Yes, the program serves the parents and families of children at MWPH who also happen to be from our primary service area of Baltimore City Communities in the identified zip codes. Please update the response to Baltimore City and surrounding communities served by MWPH. Please reference the zip codes provided in Questions 8 and 11 as the communities the program served.

- In Question 127 on page 25, you selected "Assessment of environmental change" as a category of evidence used to judge the initiative's effectiveness. Please provide a description of that assessment of environmental change.

  Please note that this field was incorrectly marked. Only 'Count of participants/encounters and number of Educational materials distributed' are evidence of the success or effectiveness of this initiative.

- You did not answer Question 152 on page 28. Please respond.

  The answer to Question 152 is 'no.'

Mt. Washington Pediatric Hospital *Where Children Go to Heal & Grow®*		
Effective:	02/2000
Approved:	01/2019
Last Revised:	01/2019
Next Review:	01/2020
Owner:	*Sheldon Stein: President/CEO*
Policy Chapter:	*Leadership*
References:	

An affiliate of University of Maryland Medical Center & Johns Hopkins Medicine

Patient Financial Assistance

1. **POLICY**

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

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

   c. MWPH will publish the availability of Financial Assistance on its website and will post notices of availability at appropriate intake locations as well as the Inpatient Welcome Center. Notice of availability will also be sent to patients on patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided to patients/families receiving inpatient services with their welcome packet and made available to all patients/families upon request.

   d. Financial Assistance may be extended when a review of a patient's individual and family financial circumstances has been conducted and documented. This may include the patient's existing medical expenses, including any accounts having gone to bad debt, as well as projected medical expenses.

   e. MWPH retains the right in its sole discretion to determine a patient's or family's ability to pay.

2. **PROGRAM ELIGIBILITY**

   a. Consistent with our mission to deliver compassionate and high quality healthcare services and to advocate for children, MWPH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

   b. Physician charges related to dates of service are included in MWPH's financial assistance policy. Both hospital and physician charges will be considered during the application process.

   c. Specific exclusions to coverage under the Financial Assistance program include the following:

      i. Services provided by healthcare providers not affiliated with MWPH (e.g., home health services)

      ii. Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, Workers Compensation, or Medicaid), are not eligible for the Financial Assistance Program without approval of senior leadership.

1. Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made considering medical and programmatic implications.

   iii. Unpaid balances resulting from non-medically necessary services

   d. Patients may become ineligible for Financial Assistance for the following reasons:

   i. Refusal of family to provide requested documentation or providing incomplete information.

   ii. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to MWPH due to insurance plan restrictions/limits.

   iii. Failure of parent/guardian/guarantor to pay co-payments as required by the Financial Assistance Program.

   iv. Failure of parent/guardian/guarantor to keep current on existing payment arrangements with MWPH.

   v. Failure of parent/guardian/guarantor to make appropriate arrangements on past payment obligations owed to MWPH (including those patients who were referred to an outside collection agency for a previous debt).

   vi. Refusal of parent/guardian/guarantor to be screened or apply for other assistance programs prior to submitting an application to the Financial Assistance Program.

   e. Parent/guardian/guarantor of patients who become ineligible for the program will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.

   f. Parents/guardians/guarantors who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance (See Section 3 below) eligibility criteria. If patient qualifies for COBRA coverage, parent's/guardian's/guarantor's financial ability to pay COBRA insurance premiums shall be reviewed by appropriate personnel and recommendations shall be made to Senior Leadership. Families with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

   g. Coverage amounts will be calculated based upon the family's income as a % of the federal poverty guidelines and will generally follow the sliding scale included in Attachment A, with MWPH reserving the right to increase aid where it is deemed necessary. Families with combined income of less than 200% of the guidelines generally qualify for free care; families with combined income of between 200% and 300% generally qualify for discounted care.

3. **PRESUMPTIVE FINANCIAL ASSISTANCE**

   a. Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for Financial Assistance, but there is no Financial Assistance form and/or supporting documentation on file. Often there is adequate information provided by the patient family or through other sources, which could provide sufficient evidence to provide the patient with Financial Assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, MWPH reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining Financial Assistance eligibility and potential reduced care rates. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

i. Medical Assistance coverage

    ii. Homelessness

    iii. Family participation in Women, Infants and Children Programs ("WIC")

    iv. Family food Stamp eligibility

    v. Eligibility for other state or local assistance programs

    vi. Patient is deceased with no known estate

    vii. Family members unavailable to provide information

4. **MEDICAL HARDSHIP**

    a. Patients falling outside of conventional income or presumptive Financial Assistance criteria are potentially eligible for bill reduction through the Medical Hardship program.

        i. Uninsured Medical Hardship criteria is State defined:

            1. Combined household income less than 500% of federal poverty guidelines

            2. Having incurred collective family hospital medical debt at MWPH exceeding 25% of the combined household income during a 12 month period. The 12 month period begins with the date the Medical Hardship application was submitted.

            3. The medical debt excludes co-payments, co-insurance and deductibles

    b. Patient balance after insurance

        i. MWPH applies the same criteria to patient balance after insurance applications as it does to self-pay applications

    c. Coverage amounts will be calculated based upon 0 - 500% of income as defined by federal poverty guidelines and follow the sliding scale included in Attachment A with MWPH reserving the right to increase aid where it is deemed necessary.

    d. If determined eligible, patients and their immediate family are certified for a 12 month period effective with the date on which the reduced cost medically necessary care was initially received

    e. Individual patient situation consideration:

        i. MWPH reserves the right to consider individual patient and family financial situation to grant reduced cost care in excess of State established criteria.

        ii. The eligibility duration and discount amount is patient-situation specific.

        iii. Patient balance after insurance accounts may be eligible for consideration.

        iv. Cases falling into this category require management level review and approval.

    f. In situations where a patient is eligible for both Medical Hardship and the standard Financial Assistance programs, MWPH is to apply the greater of the two discounts.

    g. Parent/guardian/guarantor is required to notify MWPH of their potential eligibility for this component of the financial assistance program.

5. **ASSET CONSIDERATION**

    a. Assets are generally not considered as part of Financial Assistance eligibility determination unless they are deemed substantial enough to cover all or part of the patient/family responsibility without causing undue hardship. Individual patient/family financial situation such as the ability to replenish

the asset and future income potential are taken into consideration whenever assets are reviewed.

b. Under current legislation, the following assets are exempt from consideration:

   i. The first $10,000 of monetary assets for individuals, and the first $25,000 of monetary assets for families.

   ii. Up to $150,000 in primary residence equity.

   iii. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the IRS code or nonqualified deferred compensation plans. Generally this consists of plans that are tax exempt and/or have penalties for early withdrawal.

6. **APPEALS**

   a. Patients whose financial assistance applications are denied have the option to appeal the decision.

   b. Appeals can be initiated verbally or in writing.

   c. Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.

   d. Appeals are documented. They are then reviewed by the next level of management above the representative who denied the original application.

   e. The escalation can progress up to the V.P. of Finance who will render a final decision.

   f. A letter or email (according to family preference) of final determination will be submitted to each patient who has formally submitted an appeal.

7. **PATIENT REFUND**

   a. Patients applying for Financial Assistance up to 2 years after the service date who have made account payment(s) greater than $5 are eligible for refund consideration

   b. Collector notes, and any other relevant information, are deliberated as part of the final refund decision. In general, refunds are issued based on when the patient was determined unable to pay compared to when the payments were made.

   c. Patients documented as uncooperative within 30 days after initiation of a financial assistance application are ineligible for refund.

8. **JUDGEMENTS and EXTRAORDINARY COLLECTION ACTIONS**

   a. With approval from the Director of Patient Accounting or CFO, Extraordinary Collection Actions (ECAs) may be taken on accounts that have not been disputed or are not on a payment arrangement. These actions will occur no earlier than 120 days from submission of first bill to the patient and will be preceded by notice 30 days prior to commencement of the action. Availability of financial assistance will be communicated to the patient and a presumptive eligibility review will occur prior to any action being taken.

      i. Legal action may be initiated in order to collect on the debt:

         a. If a patient is later found to be eligible for Financial Assistance after a judgment has been obtained, MWPH shall seek to vacate the judgment.

      ii. Financial Assistance may be withdrawn if:

         a. Parent/guardian/guarantor fails to pay co-payments as required by the Financial Assistance Program.

   b. Parent/guardian/guarantor fails to keep current on existing payment arrangements with MWPH.

  iii. Parent/guardian/guarantor fails to make appropriate arrangements on past payment obligations owed to MWPH (including those patients who were referred to an outside collection agency for a previous debt).

9. PROCEDURES

 a. MWPH admissions staff, outpatient registrars, authorization specialists, patient accounting staff and social workers are trained to offer Financial Assistance applications to those who express concern regarding their ability to pay. Applications should be submitted to the Director of Patient Accounting, the Manager of Patient Accounting, or to the V.P. of Finance.

 b. Every possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.

  i. Each applicant must provide information about family size and income (as defined by Medicaid regulations). To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility (Attachment B).

  ii. MWPH will not require documentation beyond that necessary to validate the information on the Maryland State Uniform Financial Assistance Application.

  iii. A letter or email (according to family preference) of final determination will be submitted to each patient that has formally requested financial assistance.

  iv. Patients/families will have thirty (30) days to submit required documentation to be considered for eligibility. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to.

  v. The financial assistance application process will be open up to at least 240 days after the first post-discharge patient bill is sent.

 c. In addition to a completed Maryland State Uniform Financial Assistance Application, patient families may be required to submit:

  i. A copy of parent/guardians/guarantor' most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations); proof of disability income (if applicable).

  ii. A copy of parent/guardians/guarantors' most recent pay stubs (if employed), other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations or documentation of how they are paying for living expenses.

  iii. Proof of social security income (if applicable)

  iv. A Medical Assistance Notice of Determination (if applicable).

  v. Proof of U.S. citizenship or lawful permanent residence status (green card).

  vi. Reasonable proof of other declared expenses.

  vii. If parents/guardians/guarantors are unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...

    viii. Written request for missing information will be sent to the patient. Where appropriate, oral submission of needed information will be accepted.

d. A patient family can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient family has submitted all the required information, appropriate personnel will review and analyze the application and forward it to the Patient Accounting or Finance Department for final determination of eligibility based on MWPH guidelines.

    i. If the patient's application for Financial Assistance is determined to be complete and appropriate, appropriate personnel will recommend the patient's level of eligibility.

      1. If the patient does qualify for financial clearance, appropriate personnel will notify the treating department who may then schedule the patient for the appropriate service.

      2. If the patient does not qualify for financial clearance, appropriate personnel will notify the clinical staff of the determination and the non-emergent/urgent services will not be scheduled.

        a. A decision that the patient may not be scheduled for non-emergent/urgent services may be reconsidered upon request.

e. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. With the exception of Presumptive Financial Assistance cases which are date of service specific eligible and Medical Hardship who have twelve (12) calendar months of eligibility. If additional healthcare services are provided beyond the approval period, patients must reapply to the program for clearance.

f. The following may result in the reconsideration of Financial Assistance approval:

    i. Post approval discovery of an ability to pay

    ii. Changes to the patient's income, assets, expenses or family status which are expected to be communicated to MWPH

g. MWPH will track patients with 6 or 12 month certification periods. However, it is ultimately the responsibility of the patient or guarantor to advise of their eligibility status for the program at the time of registration or upon receiving a statement.

h. If patient is determined to be ineligible, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.

Attachment A MWPH Patient Financial Assistance Policy FPL and Sliding Scale Guidelines

Attachment B MWPH Patient Financial Assistance Policy Maryland State Uniform Financial Assistance Application

Attachments:

MWPH Patient Financial Assistance Policy Attachment A FPL and Sliding Scale Guidelines.pdf

Approval Signatures

Approver	Date
Sheldon Stein: President/CEO	01/2019

Financial Assistance Information

If you cannot pay for all or part of your care from our hospital, you may be eligible to get free or lower cost services.

When you visit us for your child's care, we can help explain how much of the cost is covered by insurance and how much of the cost you will have to pay. You must give us all of the information about your health insurance, and we will do our best to help you. You may still need to talk to your insurance company directly about the health care services they cover. Only your insurance company can confirm what is covered. You need to be certain you completely understand your child's insurance coverage. The hospital cannot make any promises about what your insurance company covers. If your health insurance changes, you must give us the new information as soon as possible.

You will receive one bill for hospital services and a second bill for doctor services. We can offer patient financial help for hospital bills and doctor services. If you do not have insurance, we will not charge you more for hospital services than we charge people with health insurance. Usually, we will ask you to pay 1/2 of any expected costs on the first day of care, then we will divide up the rest to be paid while your child is being treated.

If you cannot pay what you owe for the health care costs of your child's care, you can apply to Mt. Washington for financial help with those costs. We will:

1. Give you information about our financial assistance policy and/or
2. Offer you help with a counselor, who will help you with the application.

How We Review Your Application

We will look at your ability to pay for hospital care. We look at your income and family size. You may receive free or lower costs of care if:

1. Your income or your family's total income is low for the area where you live, or
2. Your income falls below the federal poverty level if you had to pay for the full cost of your hospital care, minus any health insurance payments.

We offer free care if your/your family income is below a certain amount and lower cost care if your income is a little bit higher. We also give cost discounts based on special family factors. You may receive help in the following ways:

1. Payment Plan: You pay the full cost of care, but this option lets you make smaller payments over a longer period of time; or
2. Patient Financial Assistance: You will not pay any costs or you will pay less than the full cost of care.

Please Note: If you can get financial help, we will tell you just how much you can get. If you are not eligible to get financial help, we will tell you why not. The hospital must verify that all patients qualify for Medicaid before offering financial help.

How To Apply For Financial Help

1. Fill out a Financial Assistance Application Form.
2. Give us all of the information we need to understand your financial situation.
   A. We will need information from each responsible parent/guardian of the child, including:
      i. Your last two pay stubs, and
      ii. Your most recent bank statement from any/all of your bank accounts.
3. Turn the Application Form into us at 1708 W. Rogers Ave., Baltimore, MD 21209.

Other Helpful Information

You can get a free copy of our Financial Assistance Policy and Application Form:

- Online at www.mwph.org
- In person at:
  i. The Admissions Office or Outpatient Registration desk at our main location at 1708 W. Rogers Ave., Baltimore, MD 21209 or
  ii. The Nursing Station or Outpatient Registration desk at our unit in Prince George's Hospital Center, located at 3001 Hospital Dr., Cheverly, MD 20785.
- By mail (by sending a request to: Patient Accounting Office, MWPH, 1708 W. Rogers Ave., Baltimore, MD 21209.

You can call the following resources if you have questions or need help applying. You can also call if you need help in another language.

Mary Miller, Vice President of Finance, 410-578-5163

Linda Ryder, Manager of Patient Accounting, 410-578-5206

Denise Pudinski, Director of Collaborative Care, 410-578-2669 *(inpatient only)*

Debbie Fike, Credentialing & Payer Relations, 410-578-5334

Joanne Carper, Outpatient Manager, 410-578-5281

Kristin Dorsey, Outpatient Financial Counselor, 410-578-7859