

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: Saint Agnes Hospital	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Your hospital's ID is: 210011	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Your hospital is part of the hospital system called Ascension.	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

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.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Allegany County                | <input type="checkbox"/> Charles County    | <input type="checkbox"/> Prince George's County |
| <input checked="" type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County    |
| <input checked="" type="checkbox"/> Baltimore City      | <input type="checkbox"/> Frederick County  | <input type="checkbox"/> Somerset County        |
| <input checked="" type="checkbox"/> Baltimore County    | <input type="checkbox"/> Garrett County    | <input type="checkbox"/> St. Mary's County      |
| <input type="checkbox"/> Calvert County                 | <input type="checkbox"/> Harford County    | <input type="checkbox"/> Talbot County          |
| <input type="checkbox"/> Caroline County                | <input type="checkbox"/> Howard County     | <input type="checkbox"/> Washington County      |
| <input type="checkbox"/> Carroll County                 | <input type="checkbox"/> Kent County       | <input type="checkbox"/> Wicomico County        |

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.

- |                                |                                |                                |   |
|--------------------------------|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> 20701 | <input type="checkbox"/> 20776 | <input type="checkbox"/> 21062 | <input type="checkbox"/> 21146            |
| <input type="checkbox"/> 20711 | <input type="checkbox"/> 20778 | <input type="checkbox"/> 21076 | <input checked="" type="checkbox"/> 21225 |
| <input type="checkbox"/> 20714 | <input type="checkbox"/> 20779 | <input type="checkbox"/> 21077 | <input checked="" type="checkbox"/> 21226 |
| <input type="checkbox"/> 20724 | <input type="checkbox"/> 20794 | <input type="checkbox"/> 21090 | <input type="checkbox"/> 21240            |
| <input type="checkbox"/> 20733 | <input type="checkbox"/> 21012 | <input type="checkbox"/> 21106 | <input type="checkbox"/> 21401            |
| <input type="checkbox"/> 20736 | <input type="checkbox"/> 21032 | <input type="checkbox"/> 21108 | <input type="checkbox"/> 21402            |
| <input type="checkbox"/> 20751 | <input type="checkbox"/> 21035 | <input type="checkbox"/> 21113 | <input type="checkbox"/> 21403            |
| <input type="checkbox"/> 20754 | <input type="checkbox"/> 21037 | <input type="checkbox"/> 21114 | <input type="checkbox"/> 21404            |
| <input type="checkbox"/> 20755 | <input type="checkbox"/> 21054 | <input type="checkbox"/> 21122 | <input type="checkbox"/> 21405            |
| <input type="checkbox"/> 20758 | <input type="checkbox"/> 21056 | <input type="checkbox"/> 21123 | <input type="checkbox"/> 21409            |
| <input type="checkbox"/> 20764 | <input type="checkbox"/> 21060 | <input type="checkbox"/> 21140 | <input type="checkbox"/> 21411            |
| <input type="checkbox"/> 20765 | <input type="checkbox"/> 21061 | <input type="checkbox"/> 21144 | <input type="checkbox"/> 21412            |

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

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

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

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

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.

Closely aligns with Total Cost of Care patient attribution as determined in the Medicare Performance Adjustor methodology.

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

Based on patterns of utilization. Please describe.

Other. Please describe.

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://ascension.org/Our-Mission/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)

06/15/2018

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

[https://www.stagnes.org/wp-content/uploads/2017/11/FY18-CHNA\\_FINAL-6-15-18.pdf](https://www.stagnes.org/wp-content/uploads/2017/11/FY18-CHNA_FINAL-6-15-18.pdf)

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.

*This question was not displayed to the respondent.*

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





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

<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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	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"/>	<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 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"/>
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"/>
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"/>
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"/>
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"/>
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:  
Baltimore City Health Department, Division on Aging and CARE Services

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





Social Service Organizations -- Please list the organizations here:  
 Jewish Community Services, CHANA, Comprehensive Housing Assistance, Inc., Lifebridge Sinai: Vocational Services

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Post-Acute Care Facilities -- please list the facilities 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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Community/Neighborhood Organizations -- Please list the organizations here:  
 Promise Heights

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)
<input type="checkbox"/>	<input 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"/>

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

Consumer/Public Advocacy Organizations - Please list the organizations here:  
 Disability Rights Maryland, Green and Healthy Homes Initiative

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)
<input type="checkbox"/>	<input 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"/>

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

Other -- If any other people or organizations were involved, please list them here:  
 Chase Brexton Health Services, Inc., Baltimore Medical System, Inc.

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)
<input type="checkbox"/>	<input 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"/>

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)
<input type="checkbox"/>	<input 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"/>

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

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.

11/19/2018

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

[https://healthcare.ascension.org/-/media/Healthcare/Compliance-Documents/Maryland/2019-2021-Ascension-St-Agnes-Implementation-Strategy.pdf?\\_ga=2.16815921.949015445.1575917767-1034141271.1529330082](https://healthcare.ascension.org/-/media/Healthcare/Compliance-Documents/Maryland/2019-2021-Ascension-St-Agnes-Implementation-Strategy.pdf?_ga=2.16815921.949015445.1575917767-1034141271.1529330082)

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
- 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 & 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)

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

Many of the top community health concerns remain unchanged from the FY16 Community Needs Assessment with obesity & diabetes and cardiovascular issues amongst greatest priorities. Similar to the rest of the county with the exponential rise of the opioid epidemic, this assessment highlighted much greater concern regarding the issue of substance use disorder and Mental Health needs in the community. The top three Community Health Need Priorities that Saint Agnes identified for FY19 - 21, which have been approved by the Saint Agnes Executive Team and Board of Directors include: Address Mental Health/Substance Abuse (shared priority with all Baltimore City hospitals), Reduce Obesity and impact of Chronic Diseases and, Create Person - Centered Healthy Neighborhoods to Address Social Determinants of Health. This is in comparison to the FY16 Community Needs Assessment which prioritized the top three health needs as: Address Obesity and Diabetes Prevalence, Reduce Cardiovascular Disease Burden and, Create Person - Centered Healthy Neighborhoods.

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 - 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 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 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"/>	
	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:



Nurse(s)	<input type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	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			
Social Workers	<input type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	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			
Community Benefit Task Force	<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"/>	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			
Hospital Advisory Board	<input type="checkbox"/>	<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"/>	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 (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"/>	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			

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 MD School of Dentistry, UMMS, LifeBridge, MedStar, Johns Hopkins, Mercy	<input 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"/>	
	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:
Local Health Department -- Please list the Local Health Departments here: Baltimore City Health Dept, Baltimore Co. Health Dept., Howard Co Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:
Local Health Improvement Coalition -- Please list the LHICs here: Howard Co. LHIC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	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 Human Resources

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 Natural Resources

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 the Environment

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 Transportation

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 Education

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:

Area Agency on Aging -- Please list the agencies here:  
Division of Aging and CARE services, Balt. City Health Dep

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:

Local Govt. Organizations -- Please list the organizations here:  
City Council of Baltimore

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:

Faith-Based Organizations

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 - K-12 -- Please list the schools here:  
North Bend Elementary

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 - Colleges and/or Universities -- Please list the schools here:  
Towson Univ., Univ of MD Balt Co., Univ of MD School of Social Work

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:

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 - Medical School -- Please list the schools 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	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:  
Univ of MD

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 - Dental School -- Please list the schools here:  
Univ of MD

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	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 - Pharmacy School -- Please list the schools here:  
Notre Dame

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	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:

Behavioral Health Organizations -- Please list the organizations here:  
Behavioral Health System Baltimore

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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:

Social Service Organizations -- Please list the organizations here:  
Southwest Partnership, Goodwill Industries of the Chesapeake

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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:

Post-Acute Care Facilities -- please list the facilities here:  
Caton Manor, Catonsville Commons, Charlestown, Forest Haven, Frederick Villa, Future Care Irvington, Little Sisters of the Poor, Meadow Park, Ridgeway Manor, St. Elizabeth's, Summit Park, Westgate Hills

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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:

Community/Neighborhood Organizations -- Please list the organizations here:  
Village of Violetville; Violetville/St Agnes Comm. Assoc.

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	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:

Consumer/Public Advocacy Organizations - Please list the organizations here:  
Pro Bono Resource Ctr

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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:

Other -- If any other people or organizations were involved, please list them here:

<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"/>
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:

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.

A qualitative and quantitative review of information reported in both the CBR and schedule H of the IRS 990 is reviewed by Deloitte. There is no sign off of the review by Deloittee.

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.

As part of its FY19-21 Integrated Strategic Operating and Financial Plan, Saint Agnes must highlight its high level strategies to deliver on Ascension's Advanced Strategic Direction Transformation Objectives. Implementation of the CHNA is addressed in several sections including Community Engagement, Population Health and Managing Utilization of the patient community.

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.

Addressing Chronic Disease

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, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Heart Disease and Stroke, HIV, Nutrition and Weight Status, Respiratory Diseases, Violence Prevention, Other Social Determinants of Health**  
**Other:**

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

- |  |   |
|--|---|
| <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"/> Access to Health Services: Outpatient Services                    | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health   | <input type="checkbox"/> Maternal and Infant Health                     |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions              | <input checked="" type="checkbox"/> Nutrition and Weight Status         |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults                                   |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Oral Health                                    |
| <input type="checkbox"/> Children's Health   | <input type="checkbox"/> Physical Activity                              |
| <input type="checkbox"/> Chronic Kidney Disease  | <input type="checkbox"/> Respiratory Diseases                           |
| <input type="checkbox"/> Community Unity   | <input type="checkbox"/> Sexually Transmitted Diseases                  |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease                          | <input type="checkbox"/> Sleep Health                                   |
| <input checked="" type="checkbox"/> Diabetes   | <input type="checkbox"/> Telehealth                                     |
| <input type="checkbox"/> Disability and Health   | <input type="checkbox"/> Tobacco Use                                    |
| <input type="checkbox"/> Educational and Community-Based Programs                          | <input type="checkbox"/> Violence Prevention                            |
| <input type="checkbox"/> Environmental Health  | <input type="checkbox"/> Vision   |
| <input type="checkbox"/> Family Planning   | <input type="checkbox"/> Wound Care                                     |
| <input type="checkbox"/> Food Safety   | <input type="checkbox"/> Housing & Homelessness                         |
| <input type="checkbox"/> Global Health   | <input type="checkbox"/> Transportation                                 |
| <input type="checkbox"/> Health Communication and Health Information Technology            | <input type="checkbox"/> Unemployment & Poverty                         |
| <input type="checkbox"/> Health Literacy   | <input type="checkbox"/> Other Social Determinants of Health            |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being                       | <input type="checkbox"/> Other (specify) <input type="text"/>           |

Q82. When did this initiative begin?

2013

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 our Diabetes Prevention Program (DPP) Adults 18 years of age and older with pre-diabetes or metabolic syndrome including BMI above 24 (or 22 if Asian), not diagnosed with type 1 or type 2 diabetes, with recent blood test in prediabetes range or with a history of gestational diabetes. All insurance status' accepted as insurance status is not a barrier to participation in the DPP. Additional programming targets those adults medically diagnosed with any form of diabetes and also persons with diabetes and high blood pressure who may also lack access to fresh produce.

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

555

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

775

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.

Ascension Medical Group,  
Payne Memorial AME Church,  
St James Episcopal Church,  
Omega Psi Phi Fraternity,  
MDH Office of Minority Health  
Broken Wall Church,  
Village Baptist Church

No.

Q89. Please describe the primary objective of the initiative.

One key objective is to prevent or delay onset of type 2 diabetes in individuals participating in the program by providing an evidence-based and high-quality lifestyle change program to reduce their risk of type 2 diabetes and improve their overall health. The primary objective of Diabetes management programming is to provide an evidence-based foundation to empower people with diabetes with the knowledge, decision-making, and skills mastery necessary for optimal diabetes self-care and improve their health behaviors and health outcomes. Lastly, another primary objective is to provide disease education and management and provision of fresh vegetables to a subset of the targeted participants.

Q90. Please describe how the initiative is delivered.

The initiative is delivered primarily in-person through small group sessions, with telephonic make-up sessions. Program sessions are also conducted through one-on-one sessions. Delivery of fresh produce to targeted participants is through in-person home delivery.

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).

Participant re-engagement with routine primary care resulting from active connection to diabetes prevention and support programs.

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

Community health needs are addressed through identification and assessment of underserved, low-income individuals at high-risk for diabetes and the impact of diabetes as a chronic disease. Diabetes in the surrounding St. Agnes community shows a significantly higher rate 3.9/10,000 compared to the City rate of 3.0/10,000. Education on healthy lifestyle and nutrition education and physical activity provide a basis for reduced risk for diabetes and further complications from this chronic disease by encouraging healthy eating, weight loss and physical activity. Community health needs are addressed through provision of evidence and team-based intervention including clinical care, medication management, healthy lifestyle coaching, diabetes self-management education, nutrition education and the provision of healthy produce to reduce risk for complications of diabetes and its comorbidities.

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

Hospital funds = \$299,988 Grant Funds = \$40,000

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Substance Use Disorder Intervention

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, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Heart Disease and Stroke, HIV, Nutrition and Weight Status, Respiratory Diseases, Violence Prevention, Other Social Determinants of Health**  
**Other:**

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

- |   |   |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance                                  | <input 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"/> Access to Health Services: Outpatient Services                               | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health  | <input type="checkbox"/> Maternal and Infant Health                     |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions                         | <input type="checkbox"/> Nutrition and Weight Status                    |
| <input checked="" type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults                                   |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Oral Health                                    |
| <input type="checkbox"/> Children's Health  | <input type="checkbox"/> Physical Activity                              |
| <input type="checkbox"/> Chronic Kidney Disease   | <input type="checkbox"/> Respiratory Diseases                           |
| <input type="checkbox"/> Community Unity  | <input type="checkbox"/> Sexually Transmitted Diseases                  |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease                                     | <input type="checkbox"/> Sleep Health                                   |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Telehealth                                     |
| <input type="checkbox"/> Disability and Health  | <input type="checkbox"/> Tobacco Use                                    |
| <input type="checkbox"/> Educational and Community-Based Programs                                     | <input type="checkbox"/> Violence Prevention                            |
| <input type="checkbox"/> Environmental Health   | <input type="checkbox"/> Vision   |
| <input type="checkbox"/> Family Planning  | <input type="checkbox"/> Wound Care                                     |
| <input type="checkbox"/> Food Safety  | <input type="checkbox"/> Housing & Homelessness                         |
| <input type="checkbox"/> Global Health  | <input type="checkbox"/> Transportation                                 |
| <input type="checkbox"/> Health Communication and Health Information Technology                       | <input type="checkbox"/> Unemployment & Poverty                         |
| <input type="checkbox"/> Health Literacy  | <input checked="" type="checkbox"/> Other Social Determinants of Health |

Health-Related Quality of Life & Well-Being

Other (specify)

Q100. When did this initiative begin?

2018

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.).

The targeted population are those with a substance use disorder and those using illicit substances.

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

60,000

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

3,461

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.

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

- Yes. Please describe who was involved in this initiative.
- No.

Baltimore City Health Dept, Howard Co. Health Dept, and Baltimore Co. Health Dept., were education and training partners while Behavioral Health System Baltimore and Mosaic provided consulting and support services in setting up SBIRT implementation. Baltimore area treatment providers play a large partnership role in providing access to treatment and other supportive services.

Q107. Please describe the primary objective of the initiative.

Identify risk factors for overdose and reduce overdose deaths through the use of peer recovery coaches throughout the hospital. Peers provide Screening, Brief Interventions, and Referrals to Treatment (SBIRT) for those patients identifying as substance users.

Q108. Please describe how the initiative is delivered.

In-person in the Emergency Dept., Hospital Inpatient, physician practices and all medical settings.

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) 

Monthly data reviews of utilization, screening, brief interventions and linkages to treatment.
- 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).

Past participants' referrals to the hospital's peer recovery coaches for assistance has resulted in additional, successful, linkages to treatment.

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

Decreases opioid overdose deaths and decreases substance use in the community. The Saint Agnes surrounding community suffers near double the rate of the City in overdose deaths at 8.6/10,000 versus 4.4/10,000.

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

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

Creating Person - Centered Healthy Neighborhoods to Address Social Determinants of Health

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, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Heart Disease and Stroke, HIV, Nutrition and Weight Status, Respiratory Diseases, Violence Prevention, Other Social Determinants of Health**  
**Other:**

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

- |  |   |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance                       | <input 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"/> Access to Health Services: Outpatient Services                    | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health   | <input type="checkbox"/> Maternal and Infant Health                     |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions              | <input checked="" type="checkbox"/> Nutrition and Weight Status         |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults                                   |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Oral Health                                    |
| <input type="checkbox"/> Children's Health   | <input type="checkbox"/> Physical Activity                              |
| <input type="checkbox"/> Chronic Kidney Disease  | <input type="checkbox"/> Respiratory Diseases                           |
| <input type="checkbox"/> Community Unity   | <input type="checkbox"/> Sexually Transmitted Diseases                  |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease                          | <input type="checkbox"/> Sleep Health                                   |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Telehealth                                     |
| <input type="checkbox"/> Disability and Health   | <input type="checkbox"/> Tobacco Use                                    |
| <input type="checkbox"/> Educational and Community-Based Programs                          | <input type="checkbox"/> Violence Prevention                            |
| <input type="checkbox"/> Environmental Health  | <input type="checkbox"/> Vision   |
| <input type="checkbox"/> Family Planning   | <input type="checkbox"/> Wound Care                                     |
| <input type="checkbox"/> Food Safety   | <input type="checkbox"/> Housing & Homelessness                         |
| <input type="checkbox"/> Global Health   | <input type="checkbox"/> Transportation                                 |
| <input type="checkbox"/> Health Communication and Health Information Technology            | <input type="checkbox"/> Unemployment & Poverty                         |
| <input type="checkbox"/> Health Literacy   | <input checked="" type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being                       | <input type="checkbox"/> Other (specify) <input type="text"/>           |

Q118. When did this initiative begin?

The initiative began in 2016 through 2019.

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.

- 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.

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

This initiative takes on the "Three Gen" approach by serving a population that includes older adults, adults and school-aged children.

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

5,000

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

5,612

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.

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

Yes. Please describe who was involved in this initiative.

Community partners that supported this initiative by providing resources and other support were: Pro Bono Resource Ctr, North Bend Elem/Middle, Broken Wall Community Church, Village Baptist Church, Moveable Feast, Hungry Harvest and LYFT

No.

Q125. Please describe the primary objective of the initiative.

Provide needed Estate Planning services for older adults, 60 and over, with free drafting of Wills, Advance Medical Directives and Financial Powers of Attorney to ensure health decisions are documented and future financial foundations are laid. Supporting local Title I public school in playground build for school and community children to promote active play and exercise for school-aged community children and sit as member on school council to assist with advising on educational outcomes and community engagement. Providing food prescriptions to improve access to healthy food and/or meals for patients living in Food Priority Areas and ensure proper nutrition to aid in positive health outcomes. Providing access to LYFT transportation to ensure safe transport of patients to a medical appointments and their return home.

Q126. Please describe how the initiative is delivered.

Estate Planning - In-person in hospital conference space. School Support - In-person support to build playground and participate in School Council. Food Rx - home delivered meals Lyft - in-person rides

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

Count of participants/encounters 

Estate Planning success is based on number of participants and number of documents prepared.

Other process/implementation measures (e.g. number of items distributed) 

School Support success is based on completion of projects such as playground build and continuing active participation in support of the school. Food prescriptions success is seen in reduced food insecurity and improved health outcomes. Lyft service effectiveness is based on patients arriving to medical appointment and reducing no-shows.

Surveys of participants

Biophysical health indicators

Assessment of environmental change

Impact on policy change

Effects on healthcare utilization or cost 

Lyft service effectiveness is based on patients arriving to medical appointment and reducing no-shows.

Assessment of workforce development

Other

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

Awareness and education on services for healthy foods which lead to patients engaging in healthy meal preparation themselves and improved primary care follow-up.

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

With the surrounding community measuring in at a socioeconomic hardship index 10 points higher than the City as a whole (61 vs 51), patients require a multitude of social determinants supports. Estate Planning work allows clear planning for patient medical instruction and payment of services in the event patient is unable to make these decisions. School support contributes to the health of students by providing access to exercise and additional supports in health education. Food prescriptions improve nutrition and access to healthy foods. Lyft services address low transportation access for many patients.

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

Hospital Funds = \$148,800

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, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Heart Disease and Stroke, HIV, Nutrition and Weight Status, Respiratory Diseases, Violence Prevention, Other Social Determinants of Health**

**Other:**

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

- |  |   |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance                       | <input 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"/> Access to Health Services: Outpatient Services                    | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health   | <input type="checkbox"/> Maternal and Infant Health                     |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions              | <input type="checkbox"/> Nutrition and Weight Status                    |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults                                   |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Oral Health                                    |
| <input type="checkbox"/> Children's Health   | <input type="checkbox"/> Physical Activity                              |
| <input type="checkbox"/> Chronic Kidney Disease  | <input type="checkbox"/> Respiratory Diseases                           |
| <input type="checkbox"/> Community Unity   | <input type="checkbox"/> Sexually Transmitted Diseases                  |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease                          | <input type="checkbox"/> Sleep Health                                   |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Telehealth                                     |
| <input type="checkbox"/> Disability and Health   | <input type="checkbox"/> Tobacco Use                                    |
| <input type="checkbox"/> Educational and Community-Based Programs                          | <input checked="" type="checkbox"/> Violence Prevention                 |
| <input type="checkbox"/> Environmental Health  | <input type="checkbox"/> Vision   |
| <input type="checkbox"/> Family Planning   | <input type="checkbox"/> Wound Care                                     |
| <input type="checkbox"/> Food Safety   | <input type="checkbox"/> Housing & Homelessness                         |
| <input type="checkbox"/> Global Health   | <input type="checkbox"/> Transportation                                 |
| <input type="checkbox"/> Health Communication and Health Information Technology            | <input type="checkbox"/> Unemployment & Poverty                         |
| <input type="checkbox"/> Health Literacy   | <input type="checkbox"/> Other Social Determinants of Health            |

Health-Related Quality of Life & Well-Being

Other (specify)

Q137. Why were these needs unaddressed?

Continuing to build partnerships and seek sustainable funding.

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	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Communities - includes measures such as domestic violence and suicide rate	<input checked="" type="radio"/>	<input type="radio"/>
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	<input checked="" type="radio"/>	<input type="radio"/>
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	<input checked="" type="radio"/>	<input type="radio"/>

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	C60 - Due to lower professional reimbursement rates in Maryland, the Hospital must fund the subsidies to provide the level of services needed
Non-Resident House Staff and Hospitalists	C70 - Due to lower professional reimbursement rates in Maryland, the Hospital must fund the subsidies to provide the level of services needed
Coverage of Emergency Department Call	C50 - Due to lower professional reimbursement rates in Maryland, the Hospital must fund the subsidies to provide the level of services needed
Physician Provision of Financial Assistance	<input type="text"/>
Physician Recruitment to Meet Community Need	<input type="text"/>

Other (provide detail of any subsidy not listed above)

C80 - To meet the goals of the waiver, SAH subsidizes a primary care practice on its West Baltimore Campus

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)

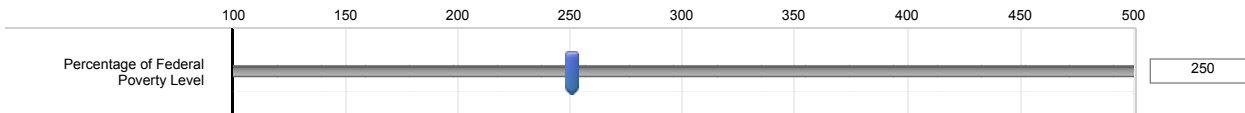
Q146. Upload a copy of your hospital's financial assistance policy.

[FI.05.Ascension.St.Aoges.Financial.Assistance.Policy.pdf](#)  
897.9KB  
application/pdf

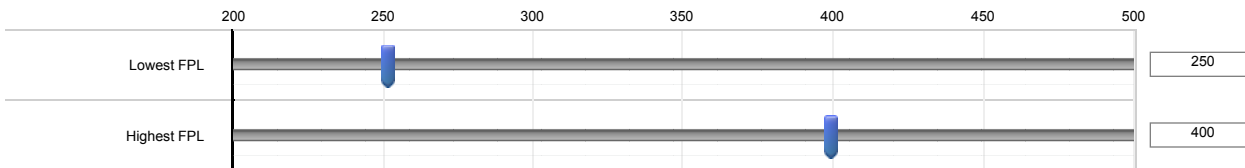
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[FI.05.Ascension.St.Aoges.Financial.Assistance.Policy.pdf](#)  
897.9KB  
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.



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.



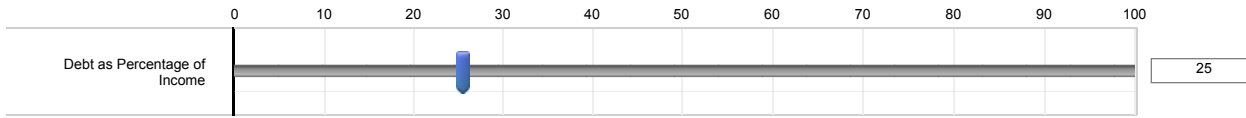
Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over 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.



Highest FPL

500

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



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

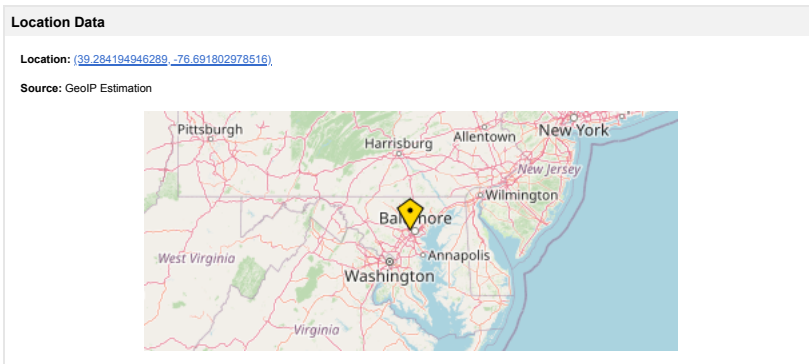
Q156.

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

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



**From:** [Olivia Farrow](#)  
**To:** [Hilltop HCB Help Account](#)  
**Cc:** [cmullini@ascension.org](mailto:cmullini@ascension.org)  
**Subject:** Re: [EXTERNAL] HCB Narrative Report Clarification - Saint Agnes  
**Date:** Wednesday, June 9, 2021 3:43:04 PM  
**Attachments:** [CB Answers for Hilltop for FY20 Report.docx](#)

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[Report This Email](#)

Good Afternoon Hilltop,

Please find attached the answers to, and supplemental information for, Initiative 3, ques 120+.

Our finance team will respond regarding Q.152 when they gather that information.

Thank you,  
Olivia

On Wed, May 26, 2021 at 8:51 AM Hilltop HCB Help Account <[hcbhelp@hilltop.umbc.edu](mailto:hcbhelp@hilltop.umbc.edu)> wrote:

Thank you for submitting the FY 2020 Hospital Community Benefit Narrative report for Saint Agnes Hospital. In reviewing the narrative, we encountered a few items that require clarification:

- Initiative 3 – Creating Person-Centered Healthy Neighborhoods to Address Social Determinants of Health:
  - Question 120 on page 24 of the attached – reviewers cannot link the target population characteristics to the number of targeted people in question 121. Please provide additional detail on who was targeted for this initiative. Please provide details of the targeted population for each sub-initiative.
  - Question 125 on page 25 – These appear to be four distinct initiatives . Please confirm that you intended to include 1. Estate Planning, 2. School Support, 3. FoodRx, and 4. Lyft transportation as distinct sub-initiatives. If this was your intent, please provide full answers to each question for each sub-initiative.
  - Question 128 on page 25 – Please provide details of observed outcomes of all four sub-initiatives.
- In Question 152 on page 29, you indicated that the hospital’s FAP has changed within the last year but did not describe the change. Please provide a description of how the FAP has changed within the past year.

Please provide your clarifying answers as a response to this message. Thank you.

--

Olivia D. Farrow, Esq.  
Community Development & Engagement Director

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**Ascension Saint Agnes  
2020 Community Benefits Report  
Supplemental Data**

Q120

Population Initiative Targets

This initiative takes on the “Three Gen” approach by servicing a population that includes older adults, adults and school-aged children. Each sub-initiative is:

Estate Planning - older adults

School-Based Support - school aged children

Food Rx - adults

Lyft Access to Transportation - adults

Q121

Number of people initiative targets

Overall the initiative targets 5,000. A breakdown of the sub-initiative targets:

Estate Planning: 50

School-Based Support: 500

Food Rx: 25

Lyft Access to Transportation: 4,425

Q122

How many people did this initiative reach?

Overall, the initiative reached 5,612. A breakdown of the sub-initiative targets:

Estate Planning: 47

School-Based Support: 500

Food Rx - 25

Lyft - 5,040

Q123

What category of intervention best fits this initiative

Estate Planning: Social Determinants of Health; Community Engagement Intervention

School-Based Support: Social Determinants of Health; Community Engagement Intervention

Food Rx - Social Determinants of Health; Community Engagement Intervention

Lyft: Social Determinants of Health

Q124

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



Estate Planning: Yes - Pro Bono Resource Center

School-Based Support: Yes - North Bend Elementary/Middle School, Broken Wall Community Church

Food Rx - Yes - Moveable Feast, Hungry Harvest

Lyft - Yes - Lyft

Q125

Please describe the primary objective of the initiative.

The primary objective of this initiative is to address the Social Determinants of Health that face the patient population served by Ascension Saint Agnes. Social determinants of Health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDoH include:

- Education Access and Quality.
- Health Care Access and Quality.
- Neighborhood and Built Environment.
- Social and Community Context.
- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Job opportunities, income and economic stability
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

Healthcare has recognized that upstream interventions that can address these areas can prevent and mitigate poor health outcomes.

Sub-initiatives are activated to bring SDoH interventions to fruition:

Estate Planning: provides free Will, Advance Medical Directives and Financial Powers of Attorney for older adults who are 60 years and older providing clearly articulated guidance for future health care and reducing the stressors associated with unknown patient wishes by establishing clear instructions and a financial plan.

School-Based Support: Provides support to local Title I public school in playground build for school and community children to promote active play and exercise for school-aged children. Sit as a member of the School Family Council to assist with advising on educational outcomes and community engagement.

Food Rx - Improve access to healthy food for persons living in Food Priority Areas and providing a foundation for improved health outcomes and enhanced recovery from medical conditions. Providing food prescriptions to improve access and ensure proper nutrition to aid in positive health outcomes.

LYFT - Providing access to LYFT transportation to ensure safe transport of patients to medical appointments and then a return trip home. Providing LYFT service to those lacking transportation access or unreliable transportation to access medical appointments. Reducing missed and cancelled appointments resulting in improved health outcomes.

Q126

Please describe how the initiative is delivered

The SDoH brings work of the hospital to the community where community residents live and within the hospital setting.

Estate Planning - Occurs in a conference room in the hospital.

School Support - the various activities occur at the school site in the community.

Food Rx - Occurs at patients' homes in the community.

Lyft - Initiates at the patients' homes in the community.

Q127

What kind of evidence is the success or effectiveness evaluated?

- Count of participants/ Encounters
  - Estate Planning - Number of participants.
- Other process/implementation measures
  - Estate Planning - Number of documents prepared
  - School-Based Support - Number of projects engaged in; completion of projects; active engagement in school support.
  - Food Rx - Reduced food insecurity and improved health outcomes
  - Lyft - patients arriving to appointments and reduction in no-show and cancelled appointments.
- Effects on healthcare utilization or cost
  - Lyft- improved appointment adherence; reducing no-show and cancelled appointments.

Q128

Describe any observed outcomes (not intended outcomes)

Overall observed outcomes were increased awareness and education on the various supports and services for patients who were unaware of the community work engaged in by Ascension Saint Agnes.

Estate Planning - Patients and community members providing open support for programming through word-of-mouth to other community members.

School-Based Support - Community goodwill established to bolster support and trust for ASA.

Food Rx - Patients engaging in healthy meal preparation themselves and learning to cook unfamiliar produce.

Lyft - Improved primary care and specialty clinic follow-up with appointment adherence.

Q.129

Please describe how the outcomes of the initiative address community health needs.

Addressing the SDoH directly yields outcomes that help to improve community health needs through mitigation of environmental conditions that impact health. With the surrounding community measuring in at a socio economic hardship index 10 points higher than the City as a whole( 61 vs 51), patients require a multitude of social determinants supports.

Estate Planning - work allows clear planning for patient medical instruction and payment of services in the event a patient is unable to make these decisions and relieves stressors placed on the patient and family members when it is time for decision making.

School-Based Support - contributes to the health of students by providing access to exercise and additional support in health education.

Food Rx- food prescriptions improve nutrition and access to healthy foods which improve overall health outcomes.

Lyft - transportation service addresses low transportation access for many patients and improves medical appointment adherence which yields overall health improvement.

Q.130

What was the total cost to the hospital in 2020?

Overall costs for this initiative were \$148,800 in hospital costs.

Estate Planning - \$1,350

School-Based Support - \$3,500

Food Rx - \$10,000

Lyft - \$133,950

<p align="center"><b>Saint Agnes HealthCare</b> System Policy and Procedure Manual</p>	<p align="center"><b>Page 1 of 22</b></p>	<p align="center"><b>SYS FI 05</b></p>
<p><b>Subject:</b></p> <p align="center">Ascension Saint Agnes Financial Assistance Policy</p>	<p><b>Effective Date:</b> 2/05</p>	
	<p><b>Reviewed:</b> <b>Revised:</b> 11/90, 1/91, 6/91, 4/98, 3/01, 3/03, 6/08, 9/09, 6/16, 7/17, 7/18, 7/19, 2/20, 6/20, 10/20, 1/21</p>	
<p>Approvals:</p> <p>Final - President/CEO: _____ Date: _____</p> <p>Concurrence: _____ Date _____</p> <p align="center"><i>(Policies become effective 30 days after CEO signs.)</i></p>		

**POLICY/PRINCIPLES**

It is the policy of the organizations listed below this paragraph (each one being the “Organization”) to ensure a socially just practice for providing emergency and other medically necessary care at the Organization’s facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization. This policy applies to each of the following Organizations within Ascension Saint Agnes:

Ascension Saint Agnes Hospital, Ascension Medical Group, Seton Imaging, Lab Outreach, Integrated Specialist Group, Radiologists Professional Services, Anesthesia Professional Services

1. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.
2. This policy applies to all emergency and other medically necessary care provided by the Organization, including employed physician services and behavioral health. This policy does not apply to charges for care that is not emergency and other medically necessary care.
3. The List of Providers Covered by the Financial Assistance Policy provides a list of any providers delivering care within the Organization’s facilities that specifies which are covered by the financial assistance policy and which are not.

**SCOPE**

This policy applies to all entities of the Saint Agnes HealthCare system.

**DEFINITIONS**

For the purposes of this Policy, the following definitions apply:

- “501(r)” means Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder.

- **“Amount Generally Billed”** or **“AGB”** means, with respect to emergency and other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- **“Community”** means patients residing in the following zip codes consistent with the Organization’s Community Health Needs Assessment(CHNA): Arbutus 21227, Brooklyn/Linthicum,21225, Catonsville 21250, 21228, Curtis Bay 21226, Gwynn Oak 21207, South Baltimore City 21223,21230, Southwest Baltimore City 21229, West Baltimore City 21215,21216,21217. A Patient will also be deemed to be a member of the Organization’s Community if the emergency and medically necessary care the Patient requires is continuity of emergency and medically necessary care received at another Ascension Health facility where the Patient has qualified for financial assistance for such emergency and medically necessary care.
- **“Emergency care”** means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonable by expected to result in either:
  - a. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or
  - b. Serious impairment to bodily functions, or
  - c. Serious dysfunction of any bodily organ or part.
- **“Medically necessary care”** means care that is (1) appropriate and consistent with and essential for the prevention, diagnosis, or treatment of a Patient’s condition; (2) the most appropriate supply or level of service for the Patient’s condition that can be provided safely; (3) not provided primarily for the convenience of the Patient, the Patient’s family, physician or caretaker; and (4) more likely to result in a benefit to the Patient rather than harm. For future scheduled care to be “medically necessary care,” the care and the timing of care must be approved by the Organization’s Chief Medical Officer (or designee). The determination of medically necessary care must be made by a licensed provider that is providing medical care to the Patient and, at the Organization’s discretion, by the admitting physician, referring physician, and/or Chief Medical Officer or other reviewing physician (depending on the type of care being recommended). In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.
- **“Organization”** means Ascension Saint Agnes.
- **“Patient”** means those persons who receive emergency and other medically necessary care at the Organization and the person who is financially responsible for the care of the patient.

### **Financial Assistance Provided**

Financial assistance described in this section is limited to Patients that live in the Community:

1. Subject to the other provisions of this Financial Assistance Policy, Patients with income less than or equal to 250% of the Federal Poverty Level income (“FPL”), will be eligible for 100% charity care on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any, if such Patient determined to be eligible pursuant to presumptive scoring (described in Paragraph 7 below) or submits a financial assistance application (an “FAP Application”) on or prior to the 240th day after the Patient’s first discharge bill and the FAP Application is approved by the Organization. Patient will be eligible for up to 100% financial assistance if Patient submits the FAP Application after the 240th day after the Patient’s first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient’s unpaid balance after taking into account any payments made on Patient’s account, unless a refund is prescribed under Maryland Law and Section 3(b) of the Organization’s Billing and Collections Policy.<sup>1</sup> A Patient eligible for this

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<sup>1</sup> Pursuant to Maryland Code Section 19-214.2(c)(1-3), if Organization discovers that Patient was eligible for free care on a specific date of service (using Organization’s eligibility standards applicable on that date of service) and that specific date is within a two (2) year period of discovery, the patient shall be refunded amounts the Organization

category of financial assistance will not be charged more than the charges minus the hospital mark-up or the calculated AGB charges, whichever is less.

- Subject to the other provisions of this Financial Assistance Policy, Patients with incomes above 250% of the FPL but not exceeding 400% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any, if such Patient submits a FAP Application on or prior to the 240th day after the Patient’s first discharge bill and the Application is approved by the Organization. Patient will be eligible for the sliding scale discount financial assistance if Patient submits the FAP Application after the 240th day after the Patient’s first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient’s unpaid balance after taking into account any payments made on Patient’s account. A Patient eligible for this category of financial assistance will not be charged more than the charges minus the hospital mark-up or the calculated AGB charges, whichever is less. The sliding scale discount is as follows:

**FINANCIAL ASSISTANCE SCALE**

As of July 1, 2020

**For Hospital Facility Services Only (Regulated)**

Household Size	Charity Care				Financial Assistance Program					
	100%	to 200%	to 225%	to 250%	to 275%	to 300%	to 325%	to 350%	to 375%	to 400%
1	\$12,760	\$25,520	\$28,710	\$31,900	\$35,090	\$38,280	\$41,470	\$44,660	\$47,850	\$51,040
2	\$17,240	\$34,480	\$38,790	\$43,100	\$47,410	\$51,720	\$56,030	\$60,340	\$64,650	\$68,960
3	\$21,720	\$43,440	\$48,870	\$54,300	\$59,730	\$65,160	\$70,590	\$76,020	\$81,450	\$86,880
4	\$26,200	\$52,400	\$58,950	\$65,500	\$72,050	\$78,600	\$85,150	\$91,700	\$98,250	\$104,800
<b>Saint Agnes Discount</b>	100%	100%	100%	100%	75%	50%	25%	15%	12%	9.9%

**For Professional Services (Deregulated)\***

Household Size	Charity Care				Financial Assistance Program					
	100%	to 200%	to 225%	to 250%	to 275%	to 300%	to 325%	to 350%	to 375%	to 400%
1	\$12,760	\$25,520	\$28,710	\$31,900	\$35,090	\$38,280	\$41,470	\$44,660	\$47,850	\$51,040
2	\$17,240	\$34,480	\$38,790	\$43,100	\$47,410	\$51,720	\$56,030	\$60,340	\$64,650	\$68,960
3	\$21,720	\$43,440	\$48,870	\$54,300	\$59,730	\$65,160	\$70,590	\$76,020	\$81,450	\$86,880
4	\$26,200	\$52,400	\$58,950	\$65,500	\$72,050	\$78,600	\$85,150	\$91,700	\$98,250	\$104,800
<b>Saint Agnes Discount</b>	100%	100%	100%	100%	90%	80%	70%	60%	50%	50.0%

*\*Includes the following services:*

*Seton Imaging*

*Lab Outreach*

received from Patient or Patient’s guarantor exceeding twenty-five dollars. If Organization documents a lack of cooperation from the patient or guarantor in providing information needed to determine Patient’s eligibility for free care, the two (2) year period may be reduced to thirty (30) days from the date of initial request for Patient’s information. If the Patient is enrolled in a means-tested government health plan that requires Patient to pay out-of-pocket healthcare expenses, then Patient shall not be refunded any amount that may result in patient losing financial eligibility for such health plan coverage.

*Seton Medical Group*  
*Ascension Medical Group*  
*Saint Agnes Medical Group*  
*Integrated Specialist Group*  
*Radiologists Professional Services*  
*Anesthesia Professional Services*

3. Subject to the other provisions of this Financial Assistance Policy, a Patient with i) income greater than 400% of the FPL but not exceeding 500% of the FPL and ii) medical debt, which includes medical debt to Ascension and any other health care provider, for emergency and other medically necessary care, that is incurred by the Patient over a twelve (12) month period that is equal to or greater than 25% of such Patient's household's gross income; will be eligible for financial assistance as set forth in this paragraph. The level of financial assistance provided is the same as is granted to a patient with income at 400% of the FPL under Paragraph 2 above, if such Patient submits a FAP Application on or prior to the 240th day after the Patient's first discharge bill and the FAP Application is approved by the Organization. Patient will be eligible for such financial assistance if the Patient submits the FAP Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A Patient eligible for this category of financial assistance will not be charged more than the charges minus the hospital mark-up or the calculated AGB charges, whichever is less.
4. Subject to the other provisions of this Financial Assistance Policy, a Patient with income greater than 500% of the FPL may be eligible for financial assistance under a "Means Test" for some discount of Patient's charges for services from the Organization based on a Patient's total medical debt. A Patient will be eligible for financial assistance pursuant to the Means Test if the Patient has excessive total medical debt, which includes medical debt to Ascension and any other health care provider, for emergency and other medically necessary care, that is equal to or greater than such Patient's household's gross income. The level of financial assistance provided pursuant to the Means Test is the same as is granted to a patient with income at 400% of the FPL under Paragraph 2 above, if such Patient submits a FAP Application on or prior to the 240th day after the Patient's first discharge bill and the FAP Application is approved by the Organization. Patient will be eligible for the means test discount financial assistance if such Patient submits the FAP Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A Patient eligible for this category of financial assistance will not be charged more than the charges minus the hospital mark-up or the calculated AGB charges, whichever is less.
5. A patient will be eligible for a payment plan if Patient's income is between 200% and 500% of the FPL and Patient requests assistance by submitting a FAP Application.
6. The determination of a Patient's income shall include consideration of the household size of the Patient, which consists of the Patient and the following individuals: (1) a spouse (regardless of whether the patient and spouse expect to file a joint federal or State tax return); (2) biological, adopted, or step children; and (3) anyone for whom Patient claims a personal exemption in federal or State tax returns. If the Patient is a child, the household size shall consist of the child and the following individuals; (1) biological parents, adopted parents, or stepparents or guardians, (2) biological siblings, adopted siblings, or stepsiblings; and (3) anyone for whom the Patient's parents or guardians claim a personal exemption in a federal or State tax return.
7. A Patient may not be eligible for the financial assistance described in Paragraphs 1 through 4 above if

such Patient is deemed to have sufficient assets to pay pursuant to an “Asset Test<sup>2</sup>.” The Asset Test involves a substantive assessment of a Patient’s ability to pay based on the categories of assets measured in the FAP Application. A Patient with such assets that exceed 250% of such Patient’s FPL amount may not be eligible for financial assistance.

8. Eligibility for financial assistance may be determined at any point in the revenue cycle, provided that patient shall remain eligible for at least a twelve (12) month period beginning on date when care was first received, and may include the use of presumptive scoring for a Patient with a sufficient unpaid balance within the first 240 days after the Patient’s first discharge bill to determine eligibility for 100% charity care notwithstanding Patient’s failure to complete an FAP Application. If Patient is granted 100% charity care without submitting a completed FAP Application and via presumptive scoring only, the amount of financial assistance for which Patient is eligible is limited to Patient’s unpaid balance after taking into account any payments made on Patient’s account. A determination of eligibility based on presumptive scoring only applies to the episode of care for which the presumptive scoring is conducted.
9. For a Patient that participates in certain insurance plans that deem the Organization to be “out-of-network,” the Organization may reduce or deny the financial assistance that would otherwise be available to Patient based upon a review of Patient’s insurance information and other pertinent facts and circumstances.
10. Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the following means-tested social service programs are deemed eligible for charity care, provided that the patient submits proof of enrollment within 30 days unless the patient or the patient’s representative requests an additional 30 days:
  - a. Households with children in the free or reduced lunch program;
  - b. Supplemental Nutritional Assistance Program (SNAP);
  - c. Low-income household energy assistance Program;
  - d. Women, Infants and Children (WIC);
  - e. Other means-tested social services program deemed eligible for hospital free care by the Department of Health and Mental Hygiene and the HSCRC.
11. The Patient may appeal any denial of eligibility for Financial Assistance by providing additional information to the Organization within fourteen (14) calendar days of receipt of notification of denial. All appeals will be reviewed by the Organization for a final determination. If the final determination affirms the previous denial of Financial Assistance, written notification will be sent to Patient. The process for Patients and families to appeal the Organization’s decisions regarding eligibility for financial assistance is as follows:
  - a. Patients will be notified of ineligibility of financial assistance through the hospital’s financial assistance denial letter. Patients or families may appeal decisions regarding eligibility for financial assistance by contacting: Patient Financial Services in writing at 900 Caton Ave., Baltimore, Md. 21229.
  - b. All appeals will be considered by the Organization’s financial assistance appeals

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<sup>2</sup> Pursuant to COMAR .26 (A-2)(8) and Maryland Statutes Section 19-213-1(b)(8)(ii), the following assets that are convertible to cash shall be excluded from the Asset Test: (1) the first \$10,000 of monetary assets; (2) a “Safe harbor” equity of \$150,000 in a primary residence; (3) retirement assets to which the IRS 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; (4) one motor vehicle used for the transportation needs of the patient or any family member of the patient; (5) any resources excluded in determining financial eligibility under the Medical Assistance Program under the Social Security Act; and (6) prepaid higher education funds in a Maryland 529 Program account. The monetary assets excluded from the determination of eligibility under this Financial Assistance Policy shall be adjusted annually for inflation in accordance with the Consumer Price Index.



committee, and decisions of the committee will be sent in writing to the Patient or family that filed the appeal.

**Other Assistance for Patients Not Eligible for Financial Assistance (applicable to non-hospital services only)**

Patients who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by the Organization. In the interest of completeness, these other types of assistance are listed here, although they are not need-based and are not intended to be subject to 501(r) but are included here for the convenience of the community served by the Organization.

1. Uninsured Patients receiving services at Seton Imaging, Lab Outreach or Professional Services who are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payor for that Organization. The highest paying payor must account for at least 3% of the Organization's population as measured by volume or gross patient revenues. If a single payor does not account for this minimum level of volume, more than one payor contract should be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of the Organization's business for that given year.

**Other Assistance for Patients Not Eligible for Financial Assistance (applicable to non-hospital services only)**

Patients who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by the Organization. In the interest of completeness, these other types of assistance are listed here, although they are not need-based and are not intended to be subject to 501(r) but are included here for the convenience of the community served by the Organization.

1. Uninsured Patients receiving services at Seton Imaging, Lab Outreach or Professional Services who are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payor for that Organization. The highest paying payor must account for at least 3% of the Organization's population as measured by volume or gross patient revenues. If a single payor does not account for this minimum level of volume, more than one payor contract should be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of the Organization's business for that given year.

**Limitations on Charges for Patients Eligible for Financial Assistance**

- c. Patients eligible for Financial Assistance will not be charged individually more than AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. The Organization calculates one or more AGB percentages using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with 501(r). A free copy of the AGB calculation description and percentage(s) may be obtained on the Organization's website or by contacting Patient Financial Services in writing/in person at 900 S. Caton Ave., Baltimore, MD 21229.

**Applying for Financial Assistance and Other Assistance**

A Patient may qualify for financial assistance through presumptive scoring eligibility or by applying for financial assistance by submitting a completed FAP Application. The FAP Application and FAP Application Instructions are available on the Organization's website or by calling Patient Financial Assistance at 1-667-234-2140. FAP applications are also available at various Registrations Locations throughout the hospital. The

Organization will require the uninsured to work with a financial counselor to apply for Medicaid or other public assistance programs for which the patient is deemed to be potentially eligible in order to qualify for financial assistance (except where eligible and approved via presumptive scoring). A Patient may be denied financial assistance if the Patient provides false information on a FAP Application or in connection with the presumptive scoring eligibility process, if the patient refuses to assign insurance proceeds or the right to be paid directly by an insurance company that may be obligated to pay for the care provided, or if the patient refuses to work with a financial counselor to apply for Medicaid or other public assistance programs for which the patient is deemed to be potentially eligible in order to qualify for financial assistance (except where eligible and approved via presumptive scoring). The Organization may consider a FAP Application completed less than six months prior to any eligibility determination date in making a determination about eligibility for a current episode of care. The Organization will not consider a FAP Application completed more than six months prior to any eligibility determination date.

### **Billing and Collections**

The actions that the Organization may take in the event of nonpayment are described in a separate billing and collections policy. A free copy of the billing and collections policy may be obtained on the Organization's website or by contacting Patient Financial Services at 1-667-234-2140.

### **Interpretation**

This policy, together with all applicable procedures, is intended to comply with and shall be interpreted and applied in accordance with 501(r) except where specifically indicated.

**Ascension Saint Agnes**

**LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY**

**As of January 1, 2021**

The list below specifies which providers of emergency and other medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP). *Please note that any care that is not emergency and other medically necessary care is not covered by the FAP for any providers.*

<u>Providers covered by FAP</u>	<u>Providers not covered by FAP</u>
Seton Medical Group	ABDULKADIR,TOLANI F MD
Ascension Medical Group	ABDUR-RAHMAN,NAJLA MD
Integrated Specialist Group	ABERNATHY,THOMAS MD
Saint Agnes Medical Group	ADAMS,SCOTT MD
Vituity	AFZAL,MUHAMMAD MD
	AHLUWALIA,GURDEEP S MD
	AHMED,AZRA MD
	AHMED,SAIRA MD
	AHUJA,GURMINDER MD
	AHUJA,NAVNEET K MD
	AKHTAR,YASMIN DO
	AKHTER,NABEEL M M.D.
	ALBUERNE,MARCELINO D MD
	AL-BUSTANI,SAIF S MD, DDS
	ALEX,BIJU K MD
	ALI,LIAQAT MD
	ALI,ZULFIQAR MD
	ALLEN,DANISHA MD
	ALONSO,ADOLFO M MD
	AMERI,MARIAM MD
	AMIN,SHAHRIAR MD
	ANANDAKRISHNAN,RAVI K MD
	ANDRADE,JORGE R MD
	ANSARI,MOHSIN MD
	ANTHONY,JAMES D MD

APGAR,LESLIE MD  
APOSTOLIDES,GEORGE Y MD  
APOSTOLO,PAUL M MD  
ARSHAD,RAJA R MD  
ASHLEY JR,WILLIAM W MD  
AWAN,HASAN A MD  
AWAN,MATEEN A MD  
AZIE,JULIET C MD  
AZIZ,SHAHID MD  
BAJAJ,BHAVANDEEP MD  
BAJAJ,HARJIT S MD  
BANEGURA,ALLEN T MD  
BARBOUR,WALID K MD  
BARNES,BENJAMIN T MD  
BASKARAN,DEEPAK MD  
BASKARAN,SAMBANDAM MD  
BASSI,ASHWANI K MD  
BASTACKY,DAVID C DMD  
BECK,CLAUDIA MD  
BEHRENS,MARY T MD  
BELTRAN,JUAN A MD  
BERGER,LESLY MD  
BERKENBLIT,SCOTT I MD  
BERNIER,MEGHAN M.D.  
BETHI,SIDDHARTH MD  
BEZIRDJIAN,LAWRENCE C MD  
BHARGAVA,NALINI MD  
BHASIN,SUSHMA MD  
BHATNAGAR,RISHI MD  
BHATTI,NASIR I MD  
BIRCHESS,DAMIAN E MD  
BLAM,OREN G MD  
BLANK,MICHAEL DDS  
BODDETI,ANURADHA MD  
BORDON,JOSE M MD  
BORGIE,RODERICK MD

BOWLIN,DENEEN MD  
BOYD,CHRISTINA M MD  
BOYER,MATTHEW J MD  
BOYKIN,DIANE MD  
BRANDAO,ROBERTO A DPM  
BRITT,CHRISTOPHER J MD  
BROOKLAND,ROBERT K M.D.  
BROUILLET, JR.,GEORGE H MD  
BROWN,CHRISTINA M MD  
BROWN,JACQUELINE A MD  
BROWN-KARAPELOU,MARIA K MD  
BUICK,MELISSA MD  
BURKE,MICHAEL G MD  
BURRELL,TIERRA D M.D.  
BURROWS,WHITNEY MD  
CAHILL,EDWARD H MD  
CALLENDER,MARC MD  
CAMPBELL,CATHERINE MD  
CAO,QI MD  
CARPENTER,MYLA MD  
CARTER,MIHAELA M.D.  
CERCONE,KRISTEN MD  
CESAIRE,CYNTHIA C MD  
CHAIKEN,MARC L MD  
CHANG,HENRY MD  
CHANG,JOSEPH J M.D.  
CHARLES,LYSA M MD  
CHATTERJEE,CHANDANA MD  
CHEIKH,EYAD MD  
CHEN,WENGEN MD  
CHEN,YIBO N MD  
CHEUNG,AMY M MD  
CHONG,JULIO T MD  
CHOO,ALEXANDER D M.D.  
CHOPRA,ASHOK MD  
CHOUDHRY,SHABBIR A MD  
COHEN,BERNARD MD  
COHEN,GORDON MD  
COHEN,NERI MD  
COLANDREA,JEAN MD  
COLL,DAVID P MD  
COLLINS,KALONJI MD  
COMMERFORD,CHRISTINE MD

COOPER,JANET MD  
CROWLEY,HELENA M MD  
DANG,KOMAL K MD  
DAVALOS,JULIO MD  
DEBORJA,LILIA L MD  
DEJARNETTE,JUDITH MD  
DESAI,KIRTIKANT I MD  
DESAI,SHAUN C MD  
DEY,RUBY MD  
DIAS,MICHAEL MD  
DIAZ-MONTES,TERESA P MD  
DICKSTEIN,RIAN MD  
DIDOLKAR,MUKUND S MD  
DILSIZIAN,VASKEN MD  
DIXON,TEKEEMA A MD  
DOHERTY,BRENDAN MD  
DOVE,JOSEPH DPM  
DROSSNER,MICHAEL N MD  
DUA,VINEET MD  
DUBOIS,BENJAMIN MD  
DUNNE,MEAGAN MD  
DUONG,BICH T MD  
DUSON,SIRA M MD  
DZIUBA,SYLWESTER MD  
EGERTON,WALTER E MD  
EISENMAN,DAVID J MD  
EMERSON,CAROL MD  
ENELOW,THOMAS MD  
ENGLUM,BRIAN R MD  
ERAS,JENNIFER L MD  
ETEZADI,VAHID MD  
FADAHUNSI,NWAMAKA T MD  
FALCAO,KEITH D MD  
FANG,ADAM S MD  
FARSALI,ALIREZA P MD  
FASIHUDDIN,QUADEER M MD  
FATTERPAKER,ANIL MD  
FELTON,PATRICK M. DPM  
FERNANDEZ,RODOLFO E MD  
FILDERMAN,PETER S MD  
FITCH-ALEXANDER,LINDSAY V MD  
FLOYD,DEBORA M LCPC  
FOLGUERAS,ALBERT J MD

FRAZIER,TIMOTHY S MD  
FRIEDBERG,JOSEPH S MD  
FRIZNER,BENJAMIN MD  
FUGOSO,VALERIANO P MD  
GALITA,OLIVER C MD  
GAMBEL,JEFFREY MD  
GARG,PRADEEP MD  
GEBREWOLD,HIRUT A MD  
GEORGIA,JEFFREY MD  
GERRITY,MICHAEL A DPM  
GERSH,STEVEN DPM  
GERSTENBLITH,DANIEL DPM  
GHOSH,MAYURIKA MD  
GIARDINA,VITO N DPM  
GITLITZ,DAVID B MD  
GIUSTO,LAURA MD  
GLASER,STEPHEN R MD  
GOBRIAL,EVEIT E MD  
GOLDFARB,ROBERT A MD  
GOLDMAN,MICHAEL H MD  
GOMA,MONIQUE L MD  
GORMLEY,PAUL E MD  
GRAHAM, JR.,CHARLES R MD  
GRANT,CARRON R DPM  
GREEN-SU,FRANCES M MD  
GROCHMAL,JAY C MD  
GROSSO,NICHOLAS MD  
GRUNEBERG,SHERRI L MD  
GUARDIANI,ELIZABETH A MD  
GUPTA,DEEPAK MD  
GURETZKY,TARA MD  
HABIB,FADI M.D.  
HAFT,SUNNY J MD  
HAJJ,SAMAR J MD  
HALL,GREGORY J MD  
HAMMOND,SHARICE MD  
HANSEN,CHRISTIAN H MD  
HAROUN,RAYMOND I MD  
HATTEN,KYLE M MD  
HAYWARD,GERALD MD  
HEBERT,ANDREA M MD  
HENNESSY,ROBERT G MD  
HENRY,GAVIN MD

HERTZANO, RONNA MD  
HEYMAN, MEYER R MD  
HICKEN, WILLIAM J MD  
HILL, TERRI MD  
HOCHULI, STEPHAN U MD  
HOFERT, SHEILA MD  
HORMOZI, DARAB MD  
HUANG, JAMES L MD  
HUDES, RICHARD MD  
HUNDLEY, JEAN C MD  
HUNT, NICOLE A MD  
IM, DWIGHT D MD  
IMIRU, ABEBE MD  
ISAIAH, AMAL MD  
IWEALA, UCHECHI A MD  
JACKSON, PRUDENCE MD  
JACOB, ASHOK C MD  
JACOBS, JERALYN M.D.  
JANZ, BRIAN A MD  
JOHNSON, GLEN E MD  
JOHNSON, KELLY MD  
JULKA, SURJIT S MD  
KACHROO, SONAL MD  
KAHL, LAUREN MD  
KALRA, KAVITA B MD  
KANNO, METTASSEBIA MD  
KANTER, MITCHEL A MD  
KANTER, WILLIAM R MD  
KAPLAN, ALAN L M.D.  
KASHYAP, SMRITI MD  
KASSAHUN, ZELEKE D MD  
KHALID, MIAN KAMAL MD  
KHAN, JAVEED MD  
KHAN, RAO A MD  
KHURANA, ARUNA Y MD  
KIM, CHRISTOPHER MD  
KIM, EMERY MD  
KIM, LISA MD  
KIM, SOON JA MD  
KIM, SUNGJOO B MD  
KLEBANOW, KENNETH M MD  
KLEINMAN, BENJAMIN DPM  
KOLI, EMMANUEL N MD



KOPACK,ANGELA M MD  
KRATZ,KATHERINE MD  
KREJCI,KATHLEEN S MD  
KUMAR,RAMESH MD  
KUPPUSAMY,TAMIL S MD  
KUSHNER,ROCHELLE K MD  
LAFFERMAN,JEFFREY MD  
LALA,PADMA M MD  
LANCELOTTA,CHARLES J MD  
LANDIS,JEFFREY T MD  
LANDRUM,B. MARK MD  
LANDRUM,DIANNE J MD  
LANDSMAN,JENNIFER MD  
LANE,ANNE D MD  
LANGER,KENNETH F MD  
LANTZ,JENNIFER MS, CCC/A  
LEBLANC,DIANA M.D.  
LEE,CHEE H MD  
LEE,DANA M MD  
LEMMMA,SIRAK H MD  
LENING,CHRISTOPHER B MD  
LENOX-KRIMMEL,JANE SW  
LEVIN,BRIAN M MD  
LEVY,DAVID MD  
LIANG,DANNY MD  
LIEPINSH,DMITRY MD  
LIM,JOSHUA J MD  
LIN,ANNIE Z MD  
LIN,FREDERICK MD  
LIPTON,MARC DPM  
LI,ROBIN Z MD  
LIU,JIA MD  
LONG,ADRIAN E MD  
LOTLIKAR,JEFFREY P MD  
LOWDER,GERARD M MD  
LUMPKINS,KIMBERLY M. M.D.  
MACIEJEWSKI,SHARON PT  
MADDEN,JOSHUA S MD  
MAKONNEN,ZELALEM MD  
MALIK,KASHIF Z MD  
MALLALIEU,JARED DO  
MALONEY,PATRICK MD  
MAMO,GEORGE J MD

MANDIR,ALLEN S MD  
MARKWELL,JAMES K MD  
MATIVO,CHRISTINE S MD  
MATSUNAGA,MARK T MD  
MAUNG,CHO C MD  
MAUNG,TIN O MD  
MAYO,LINDA D OTS  
MCCARUS,DAVID MD  
MCCLELLAND,PAUL A MD  
MCCORMACK,SHARON J MD  
MCEWAN,MICHELE M MD  
MEDWIN,IRINA MD  
MEININGER,GLENN R MD  
MELLER-AZRIELI,FIONA F MD  
MIDDLETON,JEFFREY G MD  
MILLER,KAREN J MD  
MILLER,PAUL R MD  
MINAHAN,ROBERT E M.D., JR  
MIRANDA,JOSILANE M MD  
MISHRA,TANUJA MD  
MITCHERLING,JOHN J DDS  
MITCHERLING,WILLIAM W DDS  
MOGHBELI,HOMAYOON MD  
MOHAMED,ASIF A MD  
MOJOKO,ETHEL MD  
MOORE,JAMES T MD  
MOORE,ROBERT F M.D.  
MORGAN,ATHOL W MD  
MOUSSAIDE,GHITA MD  
MUMTAZ,M. ANWAR MD  
MURPHY,ANNE MD  
MURTHY,KALPANA MD  
MYDLARZ,WOJCIECH MD  
NAKAZAWA,HIROSHI MD  
NARAYEN,GEETANJALI MD  
NARAYEN,VIJAY MD  
NAVIDI,TINA MD  
NEGUSSE,YODIT MD  
NEUNER,GEOFFREY MD  
NEUZIL,DANIEL F MD  
NGUYEN,CHRISTOPHER D MD  
NGUYEN,HUONG MD  
NUCKOLS,JOSEPH MD

O'BRIEN,CAITLIN MD  
O'CONNOR,MEGHAN P MD  
ODUYEBO,TITILOPE M.D.  
OLLAYOS,CURTIS MD  
OLUMBA,KENNETH C MD  
OTTO,DAVID I MD  
OTTO,JAMES MD  
OWENS,KERRY MD  
OWUSU-ANTWI,KOFI MD  
OWUSU-SAKYI,JOSEPHINE MD  
PAIVANAS,BRITTANY M MD  
PALMER,SHANIQUE R MD  
PARIKH,JYOTIN MD  
PARK,CHARLES MD  
PARKS,CHERYL L MD  
PASS,CAROLYN J MD  
PASUMARTHY,ANITA MD  
PATAKI,ANDREW M MD  
PATEL,ALPEN MD  
PATEL,CHIRAG Y MD  
PATEL,JANKI MD  
PATEL,KRUTI N MD  
PATEL,MINESH R MD  
PEREZ,DANIEL DPM  
PERVAIZ,KHURRAM MD  
PETERS,MATTHEW N MD  
PETERS-GILL,SHILLENA MD  
PETIT,LISA MD  
PICKETT,CICELY M MD  
PIEPRZAK,MARY A MD  
POLSKY,MORRIS B MD  
POON,THAW MD  
POULTON,SCOTT C MD  
PRESTI,MICHAEL S DPM  
PULLMANN,RUDOLF MD  
PUNTENNEY,ELIZABETH A MD  
PURDY,ANGEL MD  
QUINLAN,PAMELA M DO  
QURESHI,JAZIBETH A MD  
RAIKAR,RAJESH V MD  
RAJA,GEETHA MD  
RAMINENI,SATHEESH K MD  
RANKIN,ROBERT MD

RAO,PRAVIN K MD  
RAVEKES,WILLIAM MD  
RAVENDHRAN,NATARAJAN MD  
REDDY,ANURADHA MD  
REED,ANN MD  
REHMAN,MALIK A MD  
REILLY,CHRISTINE MD  
REINER,BARRY J MD  
REMY,KENNETH MD  
REYAL,FARHANA S MD  
RIAZ,AWAIS MD  
RICHARD, III,HOWARD M MD  
RICHARDSON,LEONARD A MD  
ROBERTSON,KAISER MD  
ROTH,JOHN DPM  
RUSSELL,JONATHON O MD  
RYU,HYUNG MD  
SABOURY SICHANI,BABAK MD  
SAIEDY,SAMER MD  
SAINI,ANJALI MD  
SAINI,RUMNEET K MD  
SALAHUDDIN,SYED MD  
SALAS,LOUIS MD  
SALAZAR,ANDRES E MD  
SALENGER,RAWN V MD  
SALIM,MUBADDA MD  
SALVO,EUGENE C MD  
SANDERS,BRIANA MD  
SANDERSON,SEAN O M.D.  
SANGHAVI,MILAN MD  
SANTOS,MARIA L MD  
SARDANA,NEERAJ MD  
SAVAGE,ANGELA Y DPM  
SCHNEE,CHARLES MD  
SCHNEYER,MARK MD  
SEIBEL,JEFFREY L MD  
SEKAR,PRIYA MD  
SEPKUTY,JEHUDA P MD  
SHAH,BANSARI H M.D.  
SHAH,RAJESH M MD  
SHAH,SANJAY P MD  
SHAIKH,NAOMI N MD  
SHAMS-PIRZADEH,ABDOLLAH MD

SHAMS,MADEEHA MD  
SHAPIRO ,BRUCE K  
SHAW,COREY DO  
SHORTS,ALISON MSCCC-SLP  
SHUSTER,JERI MD  
SIEGEL,ELIOT L MD  
SILBER,MOLLY H MD  
SILHAN,LEANN MD  
SILVERSTEIN,SCOTT MD  
SIMLOTE,KAPIL MD  
SIMMONS,SHELTON MD  
SIMO,ARMEL MD  
SINGH,GURTEJ MD  
SINGH,KULDEEP MD  
SINNO,FADY MD  
SKLAR,GEOFFREY MD  
SLOANE,DANA MD  
SMITH,RACHELLE MD  
SMITH,WARREN J MD  
SOILEAU-BURKE,MONIQUE J MD  
SOLOMON,MISSALE MD  
SOMERVILLE,JUSTIN C MD  
SPEVAK,PHILIP J MD  
STEINER-LARSEN,VICTORIA E MD  
STERN,MELVIN S MD  
STEWART,SHELBY J MD  
STRAUCH,ERIC MD  
SUNDEL,ERIC M.D.  
SURMAK,ANDREW J MD  
SUSEL,RICHARD M MD  
SUSSMAN,ALICIA MD  
SWANTON,EDWARD MD  
SWETT,JEFFREY T DO  
SYDNEY,SAM V MD  
TAMAYO,ANGELA MD  
TANSINDA,JAMES MD  
TAYLOR,AISHA K MD  
TAYLOR,RODNEY J MD  
TESHOME,TATEK S MD  
THATTASSERY,EMIL MD  
THOMAS,RADCLIFFE MD  
THOMPSON III,WILLIAM R MD  
TIGNOR,APRIL S MD

TOLLEY, MATTHEW DPM  
TUCHMAN, DAVID N MD  
TURAKHIA, BIPIN K MD  
TURNER, GAURI J M.D.  
TUUR-SAUNDERS, SYLVANA MD  
TWIGG, AARON MD  
UDOCHI, NJIDEKA MD  
UKEH, IFECHI N MD  
UPADHRASHTA, SIREESHA MD  
VAKHARIA, KALPESH T MD  
VALLECILLO, JORGE MD  
VAN DEN BROEK, JEFFREY W DO  
VANGEERTRUYDEN, PETER H MD  
VASANTHAKUMAR, MUTHUKRISHNAN MD  
VERNON, NATALIA T MD  
VOIGT, ROGER W MD  
VOLIKAS, LAZAROS T MD  
VON WALDNER, CHRISTINA A LCPC  
WALKER, MARK A MD  
WALLACE, MICHAEL MD  
WALTROUS, JUSTIN D MD  
WARD, FRANCISCO A DO  
WHITE, PATRICK W MD  
WHITTINGTON, PAULA J MD  
WICKRAMARATNE, KANTHI MD  
WILLIAMS, BENJAMIN C MD  
WILLIAMS, SAMUEL R MD  
WINAKUR, SHANNON MD  
WOLFF, JORDAN H MD  
WOLF, JEFFREY S MD  
WOLLNEY, DANA E MD  
WOODARD, EBONI MD  
WOOD, DAVID DPM  
XIE, KE MD  
YADAV, RAJ N MD  
YI, MING MD  
YIM, KENNETH MD  
YU, WARREN D. M.D.  
ZADE, RALPH MD  
ZAIM, BULENT R MD  
ZHU, WEIMIN MD  
ZULU, SAMANA H M.D.  
ZUNIGA, LUIS M MD

**Ascension Saint Agnes**

**AMOUNT GENERALLY BILLED CALCULATION**

01/01/2021

Ascension St. Agnes calculates two AGB percentages – one for hospital facility charges and one for professional fees – both using the “look-back” method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with IRS Reg. Sec. 1.501(r)-5(b)(3), 1.501(r)-5(b)(3)(ii)(B) and 1.501(r)-5(b)(3)(iii). The details of those calculations and AGB percentages are described below.

The AGB percentages for Ascension St. Agnes are as follows:

AGB for hospital facility charges: 92.4%

AGB for physicians’ professional fees: 50.0%

These AGB percentages are calculated by dividing the sum of the amounts of all of the hospital facility’s claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility (separately for facility charges and professional services) by the sum of the associated gross charges for those claims. The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12-month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months).

\*Notwithstanding the foregoing AGB calculation, Saint Agnes Health Care has chosen to apply a lower AGB percentage for hospital facility charges as follows:

AGB: 90.1%

**Ascension Saint Agnes**

Ascension Saint Agnes Hospital, Ascension Medical Group, Seton Imaging, Lab Outreach, Integrated Specialist Group, Radiologists Professional Services, Anesthesia Professional Services

## **Summary of Financial Assistance Policy**

Ascension Saint Agnes, including the health ministries listed above, have a commitment to and respect for each person's dignity with a special concern for those who struggle with barriers to access healthcare services. Ascension Saint Agnes has an equal commitment to manage its healthcare resources as a service to the entire community. In furtherance of these principles, Ascension Saint Agnes provides financial assistance for certain individuals who receive emergency or other medically necessary care from Ascension Saint Agnes. This summary provides a brief overview of Ascension Saint Agnes's Financial Assistance Policy.

### **Who Is Eligible?**

You may be able to get financial assistance if you live in Arbutus 21227, Brooklyn/Linthicum,21225, Catonsville 21250,21228, Curtis Bay 21226, Gwynn Oak 21207, South Baltimore City 21223,21230, Southwest Baltimore City 21229, West Baltimore City 21215,21216,21217. Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 250% of the Federal Poverty Level, you may receive a 100% charity care write-off on the portion of the charges for which you are responsible. If your income is above 250% of the Federal Poverty Level but does not exceed 500% of the Federal Poverty Level, you may receive discounted rates on a sliding scale or a based on a means test. If you have medical debt for emergency and medically necessary care that exceeds your income, you may be eligible for a discount. If you have assets in excess of 250% of your Federal Poverty Level income amount you may not qualify for financial assistance. Patients who are eligible for financial assistance will not be charged more than the charges minus the hospital mark-up or the amounts generally billed to patients with insurance coverage, whichever is less.

### **Written Estimate.**

Patients shall have the right to request and receive a written estimate of the total charges for hospital nonemergency services, procedures, and supplies that reasonably are expected to be provided for professional services by the hospital.

### **What Services Are Covered?**

The Financial Assistance Policy applies to emergency and other medically necessary care. Physician charges are not included in the hospital bill and will be billed separately. These terms are defined in the Financial Assistance Policy. All other care is not covered by the Financial Assistance Policy.

### **How Can I Apply?**

To apply for financial assistance, you typically will complete a written application and provide supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Policy application. For an application, please contact 667-234-2140.

### **How Can I Get Help with an Application?**

For help with a Financial Assistance Policy application, you may contact Patient Financial Services at 667-234-2140, the Maryland Medical Assistance at 1-855-642-8572 or internet [www.dhr.state.md.us](http://www.dhr.state.md.us), or your local Department of Social Services by phone 1-800-332-6347; TTY: 1-800-925-4434.



### **How Can I Get More Information?**

Copies of the Financial Assistance Policy and Financial Assistance Policy application form are available at <https://healthcare.ascension.org/Locations/Maryland/MDBAL/Baltimore-Saint-Agnes-Hospital> and at 900 S. Caton Avenue, Baltimore, MD 21229, Patient Financial Services Department. Free copies of the Financial Assistance Policy and Financial Assistance Application also can be obtained by mail by contacting the Patient Financial Services Department at 667-234-2140.

### **What If I Am Not Eligible?**

If you do not qualify for financial assistance under the Financial Assistance Policy, you may qualify for other types of assistance. For more information, please contact Patient Financial Services Department, 900 S. Caton Avenue, Baltimore, MD 21229 or by telephone at 667-234-2140.

**Translations of the Financial Assistance Policy, the Financial Assistance Application and instructions, and this plain language summary are available in the following languages on our website and upon request:**

**Arabic**

**Burmese**

**Chinese (Simplified)**

**Chinese (Traditional)**

**English**

**French**

**Gujarati**

**Italian**

**Korean**

**Russian**

**Spanish**

**Tagalog**

**Urdu**

**Vietnamese**



**Ascension**

# Letter of support

Patient medical record number/account number \_\_\_\_\_

Supporter's name \_\_\_\_\_

Relationship to patient/applicant \_\_\_\_\_

Supporter's address \_\_\_\_\_

To Ascension:

This letter is to advise that (patient's name) \_\_\_\_\_ receives little to no income and I am assisting with his/her living expenses. He/She has little to no obligation to me.

By signing this statement, I agree that the information given is true to the best of my knowledge.

Signature of supporter \_\_\_\_\_

Date \_\_\_\_\_



# Ascension

[Date]

Dear Patient/Applicant,

Ascension is driven by compassion and dedicated to providing personalized care for all—especially those most in need. It is our mission and privilege to offer financial assistance to our patients. Financial assistance is available only for emergency and other medically necessary care. Thank you for trusting us to care for you and your family for all of your healthcare needs.

We are sending this letter and the attached financial assistance application because we received your request. If you did not request this, please disregard. Please complete both sides, including your signature and date before returning it. If you completed an application within the past six months and were approved for financial assistance, please notify us. You may not need to complete a new application. We will not consider a prior application that is greater than six months old.

Along with the application, please provide a copy of at least one of the following items as your proof of income. If you are married or have lived with a significant other for 6 months or longer, they will also need to provide a copy of at least one of the following items as proof of their income before the application can be processed.

- Copies of 3 most recent paystubs from employer
- Copies of most recent yearly tax return (if self-employed, include all schedules)
- Social Security and/or Pension Retirement Award Letter
- Parent or Guardian's most recent yearly tax return, if applicant is a dependent listed on their tax form and under the age 25
- Other income validation documents
- Copies of bank statements from last 3 months
- Copy of receipt of unemployment benefits

If you receive assistance from or live in a home with a family or friends, please have them complete the attached form labeled "Letter of Support." This will not make them responsible for your medical bills. This will help show how you are able to afford living expenses. If you receive no assistance from family and friends, you do not need to fill out the Letter of Support form.

Finally, please also provide documentation as proof of your outstanding monthly medical and pharmacy/drug costs.

Please know that the completed application along with proof of income must be received in order for the application to be considered. We are unable to process or consider applications that are not complete.

Please keep in mind that communications via email over the internet are not secure. Although it is unlikely, there is a possibility that information you include in an email may be intercepted and read by other parties besides the person to whom it is addressed.

We want to protect your personal information and ensure that it remains secure. Since the application contains your social security number and other private information, we urge you to refrain from emailing it.

Please print and mail or hand deliver your completed application to the following address:

**[STREET]**  
**[SUITE]**  
**[CITY, STATE ZIP]**

If you have any questions about this application, please call one of our Patient Representatives at xxx-xxx-xxxx.

Sincerely,

Patient Financial Services  
Ascension