

Sinai Hospital of Baltimore, Inc.
FY 2013 Community Benefit Narrative Report

I. GENERAL HOSPITAL & COMMUNITY DEMOGRAPHICS/CHARACTERISTICS:

The licensed bed designation at Sinai Hospital of Baltimore (SHOB) is 534, which includes Adult, Pediatric, Pediatric Intensive Care Unit, Neonatal Intensive Care Unit and Nursery beds. Inpatient admissions for FY 2013 were 27,918, of which 52% were admitted from the Emergency Department.

Sinai’s primary service area includes zip codes from which the top 60% of discharges originate during the most recent 12-month period available (i.e. FY 2013), as defined by the Health Services Cost Review Commission (HSCRC). In FY 2013, PSA zip codes for Sinai Hospital were **21215, 21207, 21208, 21209, 21117, 21216, 21133, 21244 and 21136** and together accounted for 16,847, or 60% of total inpatient admissions.

Table I below describes general characteristics about Sinai Hospital such as inpatient admissions, Primary Service Area (PSA) zip codes, Maryland hospitals that share one or more of Northwest Hospital’s PSA zip codes and percentages of Medicaid recipients and uninsured persons by county.

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes: ¹	All other Maryland Hospitals Sharing Primary Service Area:	Number and Percentage of Uninsured (Self-Pay) Patients, by County	Number and Percentage of Patients who are Medicaid Recipients, by County
534	Total: 27,918	21215	UMD St. Joseph’s Mercy Johns Hopkins St. Agnes Bon Secours	Uninsured (self-pay or payment unknown) patients accounted for 12.2% of all patients in FY 13.	Medicaid patients (including those with Medicaid and Medicaid HMO Payors) accounted for 23.4% of acute care admissions (FY 13).
		21207			
		21208			
		21209			
		21117	Union Memorial	62.55% of all Uninsured Patients reside in Baltimore City (FY 12)	59.7% of all Patients who are Medicaid Recipients reside in Baltimore City (FY 12)
		21216			
		21133	Maryland General		
		21244			
		21136			

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

¹ Health Services Cost Review Commission (HSCRC), FY2012

Description of Community Served by Sinai Hospital

Sinai is located in the northwest quadrant of Baltimore City, serving both its immediate neighbors and others from throughout the Baltimore City and County region. The community served by Sinai can be defined by its **(a) Primary Service Area (PSA)**, **(b) Community Benefit Service Area (CBSA)** or by **(c) Community Statistical Areas (CSAs)**, areas representative of individual neighborhoods targeted for community health improvement.

- a) The **Primary Service Area (PSA)** is comprised of zip codes from which the top 60% of patient discharges originate.² Listed in order from largest to smallest number of discharges for fiscal year 2013, Sinai’s PSA includes the following zip codes: **21215, 21207, 21208, 21209, 21117, 21216, 21133, 21244 and 21136**. The racial composition and income distribution of these zip codes reflect the segregation and income disparity characteristic of the Baltimore metropolitan region. Those zip codes that have predominantly African American residents, including 21215, in which the hospital is located, reflect the racial composition and poverty representative of Baltimore City. This is in contrast to neighboring Baltimore County zip codes (21209 & 21208) in which the median household income range is higher and residents are predominantly White.
- b) The **Community Benefit Service Area (CBSA)** is comprised of zip codes, or geographic areas, targeted for Community Benefit programming due to the area’s demonstration of need. Sinai’s CBSA includes zip code **21215** and constitutes an area that is predominantly African American with a below average median family income and above average rates for unemployment and other social determinants of poor health. Table II below shows basic demographics for Sinai’s CBSA.

Table II.

Community Benefit Service Area (CBSA) Basic Demographics (2013 Estimates)³			
Community Benefit Service Area (CBSA) Zip Code	21215 inclusive of Community Statistical Areas of Pimlico/Arlington/Hilltop and Southern Park Heights		
Total Population within the CBSA:	59,522		
Sex:	Male:	27,103	45.53%
	Female:	32,419	54.47%
Age:	0-14:	11,684	19.6%
	15-17:	2,308	3.8%
	18-24:	5,585	9.4%
	25-34:	7,116	12.0%

² Health Services Cost Review Commission (HSCRC), 2012.

³ PCensus. Pop Facts, Demographic Snapshot. 2013.

Community Benefit Service Area (CBSA) Basic Demographics (2013 Estimates)³			
Community Benefit Service Area (CBSA) Zip Code	21215 inclusive of Community Statistical Areas of Pimlico/Arlington/Hilltop and Southern Park Heights		
	35-54:	14,546	24.4%
	55-64:	7,856	13.1%
	65+ :	10,427	17.5%
Ethnicity:	Hispanic or Latino:	1,599	2.69%
	Not Hispanic or Latino:	57,923	97.31%
Race:	White Alone:	9,111	15.3%
	Black Alone:	48,028	80.7%
	American Indian and Alaska Native Alone:	170	0.3%
	Asian Alone:	464	0.8%
	Native Hawaiian and Other Pacific Islander Alone:	40	0.1%
	Some Other Race Alone:	828	1.4%
	Two or More Races:	881	1.5%
Language Spoken At Home (Age 5+)	Speak only English	50,686	91.50%
	Speak Asian or Pacific Island Language	350	0.63%
	Speak IndoEuropean Language	2,234	4.03%
	Speak Spanish	1,482	2.68%
	Speak Other Language	640	1.16%

- c) In addition to describing communities by zip code, the Baltimore City Health Department uses **Community Statistical Areas (CSA)** to define communities in Baltimore City. The CSAs were developed by the City's Planning Department based on recognizable city neighborhood perimeters and represent clusters of neighborhoods based on census tract data rather than zip code.

Sinai focuses the majority of its community benefit programming on two neighborhoods, or community statistical areas, in zip code 21215. These neighborhoods are **Southern Park Heights (SPH)** and **Pimlico/Arlington/Hilltop (PAH)**⁴ and will be defined as the *community served by Sinai Hospital*. The map below shows zip code 21215 and CSAs SPH and PAH.

⁴ Baltimore Neighborhood Indicators Alliance (BNIA), 2011.

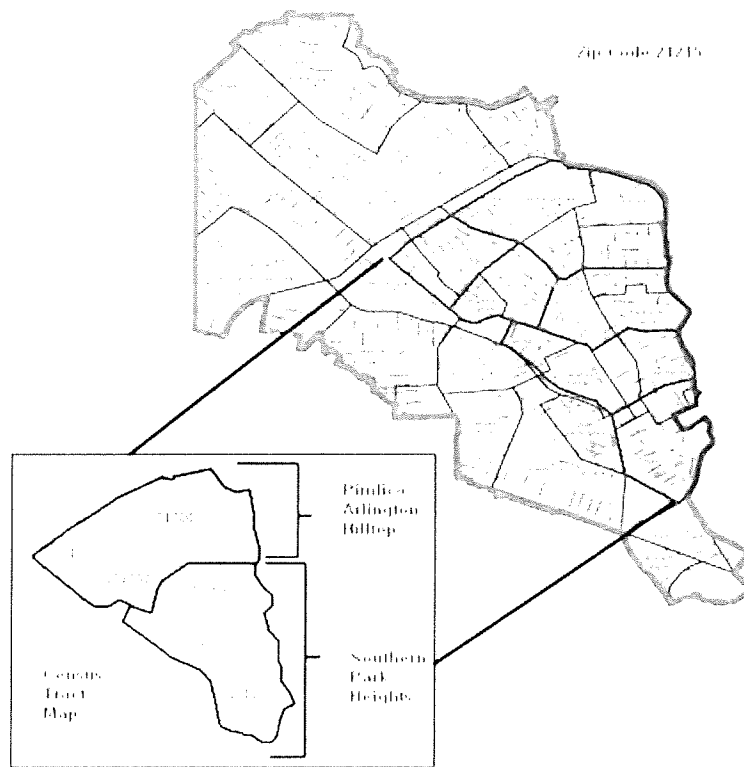


Figure 1

Prior to the release of CSA boundaries, local residents referred to the areas within 21215 and above Northern Parkway as ‘Upper Park Heights’ and areas below Northern Parkway as ‘Lower Park Heights’. The areas above Northern Parkway represent a more affluent and predominantly white population while areas below Northern Parkway are characterized by extreme poverty, an active drug trade, high crime and poorer health outcomes. Today, Sinai staff and community partners refer to the area below Northern Parkway, inclusive of both SPH and PAH, using the broad term of ‘Park Heights.’

‘Park Heights’, or Southern Park Heights (SPH) and Pimlico/Arlington/Hilltop (PAH), represents six (6) census tracts that make up a Northwest Baltimore City area categorized as a “medically underserved area/population designation” (MUA/P) according to the U.S. Department of Health and Human Services. This MUA/P received a score of 48.80 out of 100 possible points on the Index of Medical Underservice (IMU). The IMU is based on four variables including infant mortality, poverty rate, age of population, and rate of primary medical care physicians per 1,000 population.⁵

Relying on data from the 2009 American Community Survey⁶, SPHs’ median household income was \$27,365 and PAH’s median household income was \$29,031. This is compared to Baltimore City’s median household income of \$37,395 in 2009. The percentage of families with incomes below the federal poverty guidelines in SPH was

⁵ Maryland Medically Underserved Area/Population Designation (MUA/Ps), <http://mua/ind.hrsa.gov/index.aspx>

⁶ American Community Survey, 2009

25.9%; in PAH, 21.3% of families had incomes below the federal poverty guidelines.⁷ The average unemployment rates for SPH and PAH, were 17.5% and 17.0% respectively while the Baltimore City unemployment rate recorded in 2010 was 10.9 %.⁸

The continuation of Table II below provides information on the social determinants that impact health in the hospital's community benefit service area (CBSA) of zip code 21215, in particular neighborhoods of Southern Park Heights and Pimlico Arlington Hilltop, as well as Baltimore City.

TABLE II, Continued

Community Benefit Service Area (21215): Demographics and Community Characteristics⁷⁸				
<i>Socioeconomic</i>				
	Zip Code	Median Household Income, 05-09	% of households with incomes below federal poverty, 05-09	Unemployment, 05-09
Baltimore City		\$37,395	15.2%	11.1%
Pimlico /Arlington /Hilltop	21215	\$29,031	21.3%	17.0%
Southern Park Heights	21215	\$27,635	25.9%	17.5%
<i>Access to Health Insurance</i>				
	Zip Code	Percentage of civilian, non- institutionalized 18-64 yr olds without health insurance by County within the CBSA, 09	Medicaid Enrollment Monthly Average, by County (Maryland Medicaid E-Health Statistics, FY 13)	Medicaid HMO Capitation, by County within the CBSA (Maryland Medicaid E-Health Statistics, CY 12)
Baltimore City		15.2%	174,912	217,808
Pimlico /Arlington /Hilltop	21215	No Data	No Data	
Southern Park Heights	21215	No Data	No Data	
<i>Education</i>				
	Zip Code	% of Kindergartners 'fully ready' to learn, 07-08, 08-09	% of High School students missing 20+ days, 08-09	% of Residents with a high school degree or less, 05-09
Baltimore City		65.0%	39.2%	52.6%
Pimlico /Arlington /Hilltop	21215	76.8%	46.8%	69.5%
Southern Park Heights	21215	46.4%	47.8%	69.6%

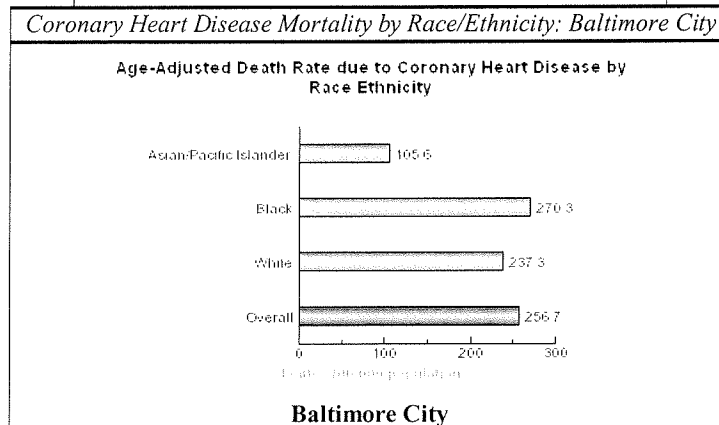
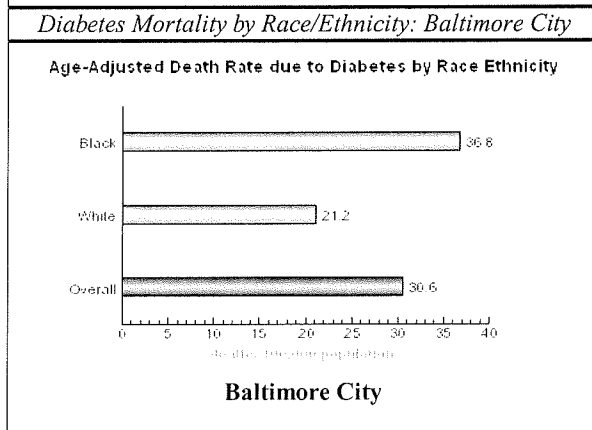
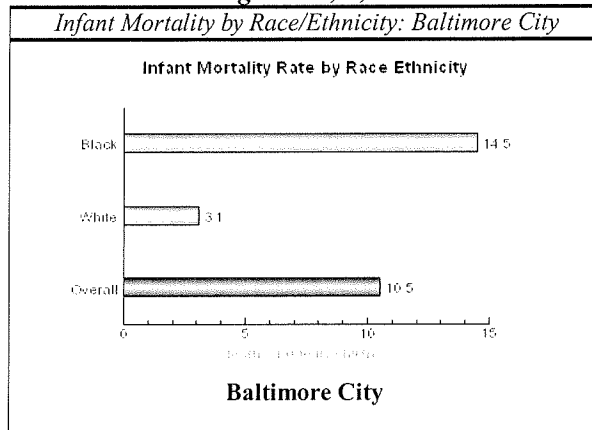
⁷ Baltimore City Health Department, Neighborhood Health Profiles, 2011

⁸ American Community Survey (ACS), 2010

<i>Access to Healthy Foods</i>				
	Zip Code	Corner Store Density (# corner stores per 10,000 residents), 09	Carryout Density (# carryouts per 10,000 residents), 09	
Baltimore City		9.0	12.7	
Pimlico /Arlington /Hilltop	21215	12.7	18.6	
Southern Park Heights	21215	6.0	7.5	
<i>Housing</i>				
	Zip Code	Vacant Building Density (# vacant buildings/10,000 units), 09	Energy Cut-off Rate (# of energy cut-offs/10,000 residents), 05-09	Lead Paint Violation Rate (# of violations per year/10,000 residents), 00-08
Baltimore City		567.2	39.1	11.8
Pimlico /Arlington /Hilltop	21215	918.7	73.2	17.7
Southern Park Heights	21215	1202.9	72.6	20.9
<i>Community Built and Social Environment</i>				
	Zip Code	Alcohol Store Density Rate (# stores/10,000 residents), 05-09	Homicide Incidence Rate (# homicides/10,000 residents), 05-09	Domestic Violence Rate (# reported incidents/1,000 residents), 05-09
Baltimore City		4.6	20.9	40.6
Pimlico /Arlington /Hilltop	21215	5.9	27.9	51.8
Southern Park Heights	21215	4.5	43.7	54.1
<i>Life Expectancy & Mortality</i>				
	Zip Code	Life Expectancy at birth (in years), 2012	Age adjusted mortality (deaths per 10,000 residents), 2010	
Baltimore City		All Races: 73.3 Black: 71.5 White: 76.5	110.4	
Pimlico /Arlington /Hilltop	21215	66.8	135.3	
Southern Park Heights	21215	66.7	135.3	

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

Figures 1, 2, 3⁹



⁹ Source: Healthy Communities Institute, 2012

II. COMMUNITY HEALTH NEEDS ASSESSMENT

Executive Summary

Sinai Hospital (“Sinai”) conducted its first federally required Community Health Needs Assessment (CHNA) in fiscal year 2013 (July 1, 2012 – June 30, 2013). Involvement of residents, stakeholders and community partners was an essential component of the CHNA process.

Sinai’s CHNA complies with the new Internal Revenue Service (IRS) mandate requiring all not-for-profit 501(c)(3) hospitals to conduct a CHNA and begin implementation of a community health improvement project once every three years.

The process used to identify health needs of Sinai’s community included analyzing primary and secondary health data at both the hospital and community level, and involving public health experts, community members and key community groups in further identification of priority concerns and needs. The CHNA team collected and analyzed 364 surveys from individuals living in Sinai’s primary service area zip codes and held two community feedback sessions attended by community residents and stakeholders.

The CHNA team evaluated results from surveys, community feedback sessions and public health experts’ recommendations to prioritize Sinai’s top community health needs. An assessment of hospital resources, expertise and capacity led to a decision to focus the resulting community health improvement project on the ‘**Heart Disease Cluster**’ (including heart disease, diabetes and stroke) while addressing an additional prioritized health need, ‘**Violence**’ (i.e. street violence), through existing community and hospital-based programming.

Throughout the assessment process, the hospital worked to align its priorities with local, state and national health improvement initiatives including Healthy Baltimore 2015, Maryland State Health Improvement Plan (SHIP) and Healthy People 2020.

On May 9, 2013 and May 23, 2013 respectively, the Boards of Sinai Hospital and Lifebridge Health, Inc., Sinai’s parent organization, approved Sinai’s plan for a community health improvement project focused on the heart disease cluster and additional interventions focusing on street violence.

Visit the link below to access more information about Sinai Hospital’s Community Health Needs Assessment Process and Implementation Strategy for a Community Health Improvement Project focused on the heart disease cluster and street violence.

http://www.lifebridgehealth.org/uploads/public/documents/community%20health/Sinai%20Hospital_CommunityHealthNeedsAssessmentImplementationStrategy_June2013.pdf

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

Yes
 No

Provide date here. **06/27/2013**

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

http://www.lifebridgehealth.org/uploads/public/documents/community%20health/Northwest%20Hospital_CommunityHealthNeedsAssessmentImplementationStrategy_June%202013.pdf

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

Yes
 No

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

**The Community Health Needs Assessment and Implementation Strategy are bundled in a single publicly available document available via the link listed above.*

III. COMMUNITY BENEFIT ADMINISTRATION

1. The following questions describe the decision making process of determining which needs in the community are addressed through hospital community benefits activities.

a. Is Community Benefits planning part of your hospital's strategic plan?

Yes
 No

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

i. Senior Leadership

1. CEO
2. CFO
3. Other (Vice President, Community Outreach Services)

ii. Clinical Leadership

1. Physician
2. Nurse
3. Social Worker
4. Other (Community Health Nurse Educators, Community Health Workers, Community Outreach Workers)

iii. Community Benefit Department/Team

1. Individual
 - a. Danielle Marks
Program Coordinator, Health Equity (.33 FTE)
 - b. Julie Sessa
Director of Finance, LifeBridge Investments
 - c. Ida Samet
Vice President, Community Outreach Services, LBH
2. Committee (please list members)
 - a. **Community Benefit Council, Sinai Hospital:** In order to respond to the growing need for oversight of community benefit programming, the Community Benefit Council formed in early fiscal year 2012. The council meets quarterly twice a year to review Community Benefit guidelines and reporting instructions, discuss hospital programming, and finalize annual reports.
 - b. **Community Mission Committee:** LifeBridge Health, Inc., the parent corporation that includes Sinai Hospital, has a board committee for the oversight and guidance for all community services and programming. The Community

Mission Committee is responsible for reviewing, reporting, and advising community benefit activities. Community Mission Committee members include Sinai, Northwest and Levindale board members and executives, President of LifeBridge Health, Inc., and Vice Presidents

- c. **Community Advisory Panel (CAP) of the Health Equity Initiative:** The CAP is a community-based advisory group that plans and develops community benefit programming to address health disparities and achieve health equity in Sinai Hospital's community. This entity has provided key guidance to support the hospital's required community health needs assessment and resulting community health improvement projects.

3. ___ Other (please describe)

a. X Other:

Direct Service Staff: The M. Peter Moser Community Initiatives Department employs a staff of community health workers, social workers, community health educators, and counselors to implement and deliver community benefit programming. The core function of Community Initiatives is to provide services to benefit the community at no charge.

Other clinical departments also provide community benefit programming in addition to regular clinical functioning (e.g. Psychiatry Department).

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

Spreadsheet X yes no

Narrative X yes no

The LifeBridge Health Finance Department, Community Mission Committee, and the LifeBridge Health Board review and approve the Community Benefit Report prior to submission.

- c. Does the hospital's Board review and approve the FY Community Benefit report that is submitted to the HSCRC?

Spreadsheet X yes no

Narrative X yes no

The information included in this report is presented to the LifeBridge Health Finance Department, Community Mission Committee, and LifeBridge Health, Inc. Board. On November 6, 2013, the Community Mission

Committee approved the FY2013 Community Benefit Report for Sinai Hospital and recommended it for approval by the LifeBridge Health, Inc. Board. On November 21, 2013, the LifeBridge Health Board approved the FY2013 Community Benefit Report for Sinai Hospital.

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. *Hospital Initiatives*

Sinai Hospital's FY 2013 community benefit initiatives are described beginning on page 17. New programs/initiatives resulting directly from the FY 2013 Community Health Needs Assessment officially began in FY 2014. Therefore, details of the FY 2014 programs will be reported next year.

2. *Description of Primary Community Health Needs Not Addressed by the Hospital*

Sinai Hospital recognizes that not all identified community needs can be addressed and that difficult choices must be made to preserve the hospital's core mission and properly allocate limited resources to the areas of greatest need. If an identified need is outside the purview of the hospital's key purpose of providing quality healthcare, we search for ways in which our community partners may be able to address our community's needs while the hospital plays a more secondary role. For example, when we realized that stabilizing housing for residents in our perimeter neighborhoods was a method for improving neighborhood health, we sought out a community partner, *Healthy Neighborhoods, Inc.*, to implement an appropriate intervention of home improvement and loan assistance services because of their expertise.

Although the following health needs were not selected by the Community Health Needs Assessment as priority topics for *new* Community Health Improvement Projects, they remain an important concern for community residents and stakeholders. As such, Sinai Hospital will continue to address those needs using existing programs and resources. **See description below.**

CHNA Implementation Strategy Excerpt

Cancer

Cancer is the second leading cause of death in Baltimore City, Southern Park Heights and Pimlico/Arlington/Hilltop. A quarter of all survey respondents (n = 307) selected 'cancer' as the top health cause that most people in their community die from. In community feedback sessions, participants consistently cited cancer as both a top cause of death and top health concern. Participants frequently mentioned a desire for education and screenings for various types of cancer.

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

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

Drug/Alcohol Abuse

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

SHARP currently has 354 treatment slots, allowing it to serve that many individuals at any one time. Through the program, medication assisted treatment utilizing methadone is provided to patients 18 years of age and older. SHARP is staffed by a multi-disciplinary team of addictions professionals including a psychiatrist, clinical manager, physician assistant, RN nurse coordinator, LPNs, social workers, professional counselors, addictions counselors, and ancillary support staff. SHARP uses a comprehensive model of treatment that combines methadone maintenance with comprehensive treatment services. Services include: individual, group and family counseling; substance abuse education for patients and families; primary medical care (assessment and referral) for uninsured patients until connected with a provider; fully integrated dual diagnosis services for patients with co-existing psychiatric disorders; on-site testing and counseling for HIV and sexually transmitted diseases; and linkages with adjunctive services as needed.

HIV/AIDS

HIV/AIDS is among the community's top health needs identified through the CHNA. This need is being addressed by current hospital programming both for primary and specialty medical care in the hospital's Infectious Disease Ambulatory Center (IDAC) and for psychosocial needs through our HIV Support Services. The IDAC serves HIV+ adults in a comprehensive medical setting with attention to patients' primary medical care as well as specialty services for the HIV infection needs. The HIV Support Services began in 1989 and addresses the social and economic barriers that impair the health and well-being of individuals and families affected by HIV who seek medical services at Sinai. HIV Support Services is unique for typical HIV support or "case management" services in that it serves several groups simultaneously: women with children, women of

childbearing age, pregnant women, infants, children, and youth, a growing number of women of menopausal/post-menopausal age, and men. Services are provided by Clinical Social Workers and Community Health Workers who use interventions that enhance access to care and facilitate integration of medical and psychosocial services. The overall goal is to improve HIV-positive persons' health by enhancing access to and utilization of care, and enhancing emotional and social well-being through psychosocial support and counseling. By utilizing a comprehensive family-focused approach, the HIV Support Services in partnership with the IDAC's medical services provide continuity of care unparalleled at other local hospital sites.

V. PHYSICIANS

Gaps in availability of specialty providers: As a teaching hospital with its own accredited, non-university-affiliated residency training programs, Sinai Hospital employs a faculty of over 140 physicians in several specialties including Internal Medicine, Obstetrics and Gynecology, Cardiology, Oncology, Orthopedics, Neurology, Surgery and Pediatrics. Faculty physicians provide services to patients through a faculty practice plan. Physician fees for uninsured patients are determined on a sliding scale based on income. Fees may be waived if a patient has no financial resources or health insurance.

Additionally, in those specialties in which the hospital does not have a faculty, such as Dentistry, Vascular and Neuro-surgery, we employ specialists in order to provide continuous care for patients admitted to the hospital. In these cases, the hospital covers these specialists' consultation fees and fees for procedures for indigent patients.

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

Another reason we see the gaps in specialty services is due to our partnership with a Federally Qualified Health Center (FQHC), Park West Health System, which provides primary care services to the uninsured and Medicaid recipients on Sinai Hospital's campus, with physician services provided by Sinai faculty members. Through this arrangement, Park West's patients requiring specialty care are referred to Sinai specialists. Not all such services are readily available for these patients.

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

For example, urologists are reluctant to participate in prostate screenings because they do not want to be responsible for potential surgery that will be uncompensated.

Physician subsidies:

The OB/GYN, Pediatrics, Internal Medicine, House Staff and Department of Medicine's Hospitalists are employed physicians, who provide 24/7 services in the hospital. The hospitalists and house staff attend to unassigned admissions through the Emergency Department (ED) many of whom are uninsured. These services result in a negative profit margin. The hospital subsidizes payments to an external physician group to provide 24/7 coverage in the Emergency Room. Without this subsidy, these physicians would not be able to cover the cost of providing services to the uninsured and underinsured patients in the community.

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES, FY 2013

Initiative 1: Sinai Violence Intervention Program, M. Peter Moser Community Initiatives Department

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative	Key Partners and/or Hospitals	How were the outcomes evaluated?	Outcome (include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY?
CHNA Priority Health Need YOUTH VIOLENCE (Street Violence)	Sinai Violence Intervention Program (pilot)	Youth Outreach Worker (YOW) will respond to referrals from the Ortho-Neuro-Trauma Unit. He will make contact with 100% of SVIP-eligible patients and explain the SVIP goals and services. YOW will maintain contact with all participants at least once per week for a maximum of 6 months. YOW will provide supportive assistance and appropriate referrals for job readiness, employment, etc.	Single Pilot Year	Sinai Hospital Ortho-Neuro-Trauma Unit Sinai Hospital Care Management Department	YOW recorded encounters with program participants in hospital database.	A total of 12 males ages 16-25 years old residing in zip code 21215 met basic age/victim of traumatic injury criteria; 100% received introduction to SVIP services by YOW <ul style="list-style-type: none"> 6 individuals were eligible for SVIP services. 5 individuals agreed to participate in SVIP. YOW made regular contact (weekly phone call/visit) with 100% of participants. YOW provided supportive assistance including employment resources, job readiness, social services referrals, transportation assistance, social support, etc. 	Pilot concluded. Future of program dependent on grant funding opportunities.	\$6,783
Homicide Rate Lack of employment Lack of Sufficient Housing Lack of education		Outcome Goals: 1. Prevent re-injury to patient following treatment for injuries sustained during incidents of 'community violence' 2. Prevent retaliation by patient, relatives or friends 3. Assist patient upon discharge in accessing developmental services available in community				Case Example: A 22 year old participant entered the program after being injured 8 times by gunfire. Participant received supportive assistance from YOW which allowed him to receive his driver's license, gain part-time employment and give back to his community by speaking to youth football players about 'staying out of trouble'. The participant has not sustained future injuries due to violence, has not retaliated violence, and is now contributing member of the Park Heights community.	*A new funding opportunity will enable YOW to address youth violence through a new Youth Violence Prevention program to begin FY 14.	

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES, FY 2013

Initiative 2: ‘Owning Up’ Empowerment Program for Male Youth, M. Peter Moser Community Initiatives Department

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative	Key Partners and/or Hospitals	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY?
<p>Poor School Attendance</p> <p>Bullying</p> <p>Behavioral Problems</p> <p>Poor Graduation Rates</p>	<p>“Owning Up” Empowerment Program for Male Youth</p> <p>M. Peter Moser Community Initiatives Department</p>	<ol style="list-style-type: none"> To educate youth about making the right choices and understanding consequences of their choices To keep youth in school (structured and safe environment), i.e. good attendance. To teach youth the importance of respecting teachers, leaders, staff and each other. To work with 8th grade students to identify personal goals to prepare them for high school and beyond (e.g. college tours). To encourage youth to give back to community (no outcomes). 	<p>Multi-Year Initiative</p> <p>8 year history</p>	<p>KIPP Ujima Academy, Grades 6, 7 and 8</p> <p>Pimlico Elementary/Middle School, Grades 5, 6, 7 and 8</p>	<p>Pre-Post Test</p> <p>Parent/Teacher Survey</p> <p>Tracked # of speakers, # of events, and attendance.</p>	<ul style="list-style-type: none"> 95 youth served 4-5 speakers presented per school; Speakers including ex-gang members, police officers, victims of violent crime, Impact Society (anti-bullying and drop-out prevention topics—KIPP only), etc. 98% of KIPP students completed program; 93% of Pimlico students completed program. 22 Parents completed survey showing they believed the groups helped improved students’ behaviors and attitudes. 100% of KIPP and Pimlico 8th Grade Boys were promoted to next grade level (e.g. High School). College Tour for Pimlico 8th Grade Boys to Morgan State University; 16 attended. 	<p>In FY14, Mr. Williams will continue to serve youth in KIPP and Pimlico.</p>	<p>\$17,403</p>

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES, FY 2013

Initiative 3: Postpartum Depression Services, M. Peter Moser Community Initiatives Department

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative	Key Partners and/or Hospitals	How were the outcomes evaluated?	Outcome (include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Maternal depression	Postpartum Depression Services M. Peter Moser Community Initiatives Department	<ol style="list-style-type: none"> 1) To screen for risk for perinatal depression. 2) To conduct psychosocial assessments by means of a clinical interview for women scoring high on screening tool or women who report a history of postpartum depression. 3) To refer women to appropriate services that may include psychotherapy or community services. 4) To monitor clients' depression and to assess mental health treatment adherence. 5) To provide short term interventions such as supportive counseling, ongoing assessments of depressive symptoms and crisis intervention services as needed. 	Multi-Year dependent on funding availability	Jacob and Hilda Blaustein Foundation Park West Health System	<p># of completed screenings</p> <p>Screening scores</p> <p># of social work assessments conducted as reported by social worker</p>	<ul style="list-style-type: none"> ▪ 1415 Sinai screenings completed (63% of all women giving birth from May 2012-April 2013); 312 Park West screenings completed ▪ 11% of screenings found women identified as 'high risk' (EPDS > 11, or social factors on PDPf) ▪ 185 social work assessments conducted with women with history of depression or high scores on postpartum screen 	Dependent on grant funding	\$36,635

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Initiative 5: HIV Support Services, M. Peter Moser Community Initiatives Department

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY?
CHNA Priority Health Need HIV	HIV Support Services of the M. Peter Moser Community Initiatives Department	To provide support services to HIV+ men, women, children and youth receiving care at Sinai Hospital. Services include: Social Work assessment, adherence and supportive counseling, rapid HIV testing to high risk population in the northwest Baltimore City, community referrals, outreach/home visiting to connect individuals to medical care, and supportive services needed to alleviate barriers to engaging in medical care.	Multi-year	DHMH/IDEHA Sinai's Community Initiatives Department	Performance measures # of individuals served # of referrals made # of group sessions/individuals served Viral load suppression for those receiving intensive services	229 HIV + /indeterminate individuals received support services 295 Referrals for other community services/program 21 Support group sessions were held with 40 individuals participating in group For those individuals receiving our most intense services, 81% had viral suppression	Through June 2014 pending competitive bid for FY 15	\$247,758
HIV Support Services for HIV+ individuals								

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Initiative 6: Perinatal Home Visiting Services, M. Peter Moser Community Initiatives Department

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY?
Infant mortality	Perinatal Home Visiting Services Health Families America (HFA) Curriculum	<p>HFA Vision: All children will receive the nurturing care essential to becoming compassionate and contributing members of their communities.</p> <p>HFA Mission: To prevent the abuse and neglect of our nation's children through intensive home visiting.</p> <p>HFA Program Goals:</p> <ol style="list-style-type: none"> 1. To systematically reach out to parents to offer resources and support 2. To cultivate the growth of nurturing, responsive, parent-child relationships 3. To promote healthy childhood growth and development 4. To build the foundations for strong family functioning 	Multi-year	<p>Family League of Baltimore</p> <p>Health Families America (curriculum)</p> <p>Baltimore City Healthy Start</p> <p>Health Care Access of Maryland</p> <p>Other local home visiting programs using HFA curriculum</p> <p>Maternal and Infant Care Program, Baltimore City Health Department</p>	<p>Performance measures as reported monthly by home visitors</p> <p># of active participants</p> <p># of home visits</p> <p>Annual phone follow ups conducted by program supervisor</p>	<p>21 unique active participants in FY 2013</p> <ul style="list-style-type: none"> ▪ 86% complied with home visiting ▪ 100% of pregnant women receiving HV services complied with prenatal care ▪ 95% of women with infants/children (0-12) complied with well-child visits and immunizations ▪ 100% of clients received parenting curriculum; 86% modeled attachment techniques as observed by HV ▪ 100% of clients referred to community services were connected to services ▪ 272 home visits conducted by two full-time home visitors 	Through June 2014 pending grant renewal for FY 15	\$67,665

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Initiative 7: Building Bridges Mentoring Program

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY?
<p>Adult models for school success leading to employment readiness for students in community schools.</p>	<p>Building Bridges Mentoring Program</p>	<p>Primary Objective: Enhance the economic wellbeing of the communities we serve by providing workforce development programs</p> <p>Description: The program introduces 7th and 8th graders to the breadth of healthcare career opportunities and encourages them to broaden their expectations, pursue their interests and reach new heights of personal and academic achievement. Through formal and informal interactions, mentors in this program will serve as role models and life coaches instilling the values of caring, respect and teamwork, helping mentees cultivate the skills needed to effect success at school and in the community.</p>	<p>This is a two year program in year 1.</p>	<p>Arlington Elementary/Middle School Big Brothers Big Sisters of the Greater Chesapeake</p>	<p>Mentor and student monthly attendance are monitored. Year two student and mentor participation compared to year one.</p>	<p>15 employee/mentors participated in program alongside 11 students (some students had two mentors). Program met for five 3.5 hour sessions this year. Excellent attendance at each monthly session by both the students and their mentors. Each student participant progressed from 7th to 8th grade at end of school year. All students who participated in year one came back for year two if they were still enrolled at the school.</p>	<p>The partnership with Arlington Elementary/Middle School will continue for the next school year.</p>	<p>\$3,769</p>

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Initiative 8: Healthcare Careers Alliance Project, VSP

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY?
<p>CHNA Priority Health Need</p> <p>YOUTH VIOLENCE</p> <hr/> <p>Meaningful employment and clear options for promotion for low-income "idle" youth</p>	<p>Healthcare Careers Alliance Project</p>	<p>Primary Objective: To provide opportunities for meaningful employment to 'idle' youth.</p> <p>Services include:</p> <ol style="list-style-type: none"> 1. Intake, career assessment, and program orientation 2. Job readiness training and life skills training 3. Paid internships – Each youth participant completes a 7-week paid internship and on-the-job training in an entry-level healthcare occupation. 4. Transition into permanent employment or entrance into post-secondary training 	<p>Fiscal Year 2013 was the first year of a two-year funded project.</p>	<p>VSP/Sinai Hospital of Baltimore</p> <p>University of Maryland Medical System</p> <p>Civic Works, Inc.</p> <p>Funded by the Mayor's Office of Employment Development (MOED)</p>	<p>Quarterly monitoring meetings with MOED</p>	<p>Of the 30 youth recruited for participation in this project, 25 were selected to participate in work-readiness training and entered the 7-week training component.</p> <p>Of the 25 entering training, all 25 completed, and subsequently 15 entered full-time and 5 entered part-time employment or higher education.</p> <p>There was an average hourly wage of \$10.61, and 18 out of 20 received an array of benefits.</p>	<p>VSP was awarded year 2 of the grant with considerably increased funding, which began on July 1, 2013.</p>	<p>\$78,914</p>

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Initiative 10: Rapid HIV Testing

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY?
CHNA Priority Health Need HIV To provide free community based rapid HIV testing	Ryan White Services through the HIV Support Services of the M. Peter Moser Community Initiatives Department	To offer rapid HIV tests to high risk population in the northwest Baltimore City community	Multi-Year Part A through 2/28/13	DHMH / DEHA Sinai Hospital Community Initiatives Department and Case Management Department	Quarterly Progress Reports Annual Report	203 persons were tested in the Sinai Hospital Addiction Recovery Program and at Sinai outpatient areas in honor of World AIDS Day 120 persons were tested at various locations in the northwest Baltimore City community	Through competitive bidding process of the grant every year	\$ 31, 688

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Initiative 11: Medical Assistance Eligibility Programs

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY?
CHNA Priority Health Need ACCESS (Access to health insurance, quality healthcare, etc.) ----- Access to Health Insurance	Medical Assistance Eligibility Programs	<p>To help Sinai Hospital patients access health insurance by assessing eligibility for public assistance.</p> <p>The following Sinai-based positions and vendors accomplish the work of the program:</p> <ul style="list-style-type: none"> • Financial Assistance Liaison • Medical Assistance Liaisons (2) • Self Pay Advisor • Department of Social Services Medicaid Case Worker • Medicaid Advocacy Vendors • Out-of-State Medicaid Vendors 	Multi-year	<p>Business partners:</p> <p>Fred London Law DECO ROI</p>	Data collection by Sinai Hospital and vendors describing # of financial applications completed, # of financial applications approved, and # of individuals converted to Medicaid	During FY13, the program converted 1,300 patient accounts from uninsured to Medicaid eligible. 643 approved Financial Assistance applications	Ongoing	\$1,246,668

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Initiative 12: Patient Financial Assistance Fund

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY?
Financial assistance for indigent patients to ensure a safe discharge from the acute care hospital	Patient Financial Assistance Fund	Hospital 's mission is to provide safe and adequate discharge planning services for its patients To ensure indigent patients have the appropriate medications, transportation, home support services in order for them to make a healthy recovery	Hospital budgets patient financial assistance on an annual basis	Sinai Hospital senior leadership and Department of Care Management	Annual accounting of expenditure	Over 1, 000 patients benefited from the financial assistance program	Based on available funding from Sinai Hospital	\$190,958

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Initiative 13: Field Instruction for Social Work Students

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY?
To provide field instructions for MSW graduate students with concentration on in healthcare	Since 1995, Sinai Hospital Care Management Dept. has partnered with the University of Maryland School of Social Work	To provide quality and competent field education for the graduate students in social work practice in a health care setting	Multi - Year	University of Maryland School of Social Work and Department of Care Management at Sinai Hospital	Annual evaluation completed by the University and the students	Successful completion of field instruction of two graduate students from the University of Maryland School of Social Work	Commitment to accept a minimum of 2 students per academic year	\$11,520

APPENDIX I

Sinai Hospital of Baltimore
Financial Assistance Procedures 10/31/2011

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

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

**SINAI HOSPITAL OF BALTIMORE
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SUBJECT: Financial Assistance

SCOPE: Sinai Hospital of Baltimore

RESPONSIBILITY: Patient Financial Services; Patient Access

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

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

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

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

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

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

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

A. Unplanned, Emergent Services and Continuing Care Admissions

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

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- d. 'Letter of support' for patients claiming no income
9. Financial Assistance Eligibility:
- a. Eligibility includes any patient for which the Financial Assistance application was completed, as well as any immediate family member of the patient living at the same address and listed on the application as household members. Immediate family is defined as –
 - if patient is a minor: mother, father, unmarried minor siblings, natural or adopted, residing in the same household.
 - if patient is an adult: spouse, natural or adopted unmarried minor children residing in the same household.
 - any disabled minor or disabled adult living in the same household for which the patient is responsible.
 - b. Eligibility covers services provided by all LifeBridge Health facilities (Health System Eligibility): Sinai Hospital, Northwest Hospital, Levindale Hebrew Geriatric Center and Hospital and Courtland Gardens Nursing and Rehabilitation Center. Patients approved for Financial Assistance through another facility within the LifeBridge Health System must notify the Hospital of their eligibility, which is validated prior to Financial Assistance adjustment. Validation can be made by contacting the approving Hospital's Patient Financial Services Department (Attachment #8).
 - c. The Financial Assistance Liaison will consider all hospital accounts within the consideration period for the patient. The approval or denial determination will apply to the patient as well as immediate family members listed on the application.
 - d. For dates of service October 1, 2010 and after, approved Medicare inpatients and outpatients are certified for one year from date of service or one year from approval date, whichever is greater. For yearly re-certification, Medicare patients are required to provide a copy of their Social Security Award Letter.
 - e. For dates of service October 1, 2010 and after, approved Non-Medicare inpatients and outpatients are certified for one year from date of service or one year from approval date, whichever is greater. However, if it is determined during the course of that period that the patient meets Medicaid eligibility requirements, we will assist the patient with this process while still considering requests for Financial Assistance.
 - f. Eligibility ends on the last calendar day of the last month of eligibility. For instance, a patient eligible May 15, 2010 will be eligible through May 31, 2011.
 - g. Outpatient surgical procedures, including multiple procedures as part of a treatment plan, may be certified for one time only. Additional surgical procedures would require a new application.
 - h. At time of application, all open accounts within the consideration period are eligible. Consideration period is defined as beginning with the oldest date of service for which the application is intended and ending twelve months from that date. Accounts previously written-off to bad debt will be considered on a case-by-case basis.
 - i. Dates of service outside the Financial Assistance consideration period, prior to the approval date, will be considered on a case-by-case basis.
 - j. The Hospital must give the most favorable applicable reduction to the patient that is available: Free Care or Reduced Cost Care as a result of Financial Hardship qualification. Note that Reduced Cost Care for income greater than 200% through

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

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

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

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

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

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\$10,000.00 – 24,999.99	Director, PFS
\$25,000.00 +	VP Revenue Cycle

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

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

B. Planned, Non-Emergent Services

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

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

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

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

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

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

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

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

**SINAI HOSPITAL OF BALTIMORE
HOSPITAL ADMINISTRATIVE POLICY**

C. Presumptive Eligibility and Other Financial Assistance Considerations

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

Presumptive Eligibility:

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

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

Other Financial Assistance Considerations:

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

D. Collection Agency Procedures

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

E. Patient Refunds

1. Effective with dates of service October 1, 2010, the Hospital shall provide for a full refund of amounts exceeding \$25 in total, collected from a patient or the guarantor of a patient who, within a two-year period after the date of service, was found to be eligible for free care on the date of service.
2. The Hospital may reduce the two-year period to no less than 30 days after the date the hospital requests information from a patient, or the guarantor of a patient, to determine the patient's eligibility for free care at the time of service. If the hospital documents the lack of cooperation of the patient or the guarantor of a patient in providing the required information.
3. If the patient or the guarantor of the patient has entered into a payment contract, it is the responsibility of the patient or guarantor of the patient to notify the hospital of material

SINAI HOSPITAL OF BALTIMORE
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changes in financial status, which could impact the ability to honor the payment contract and qualify the patient for Financial Assistance.

- 4. The Hospital must refund amounts paid back-dated to the date of the financial status change, or the date the financial status change was made known to the Hospital, whichever is most favorable for the patient. Previous amounts paid in accordance with a payment contract will not be considered refundable.

DOCUMENTATION/APPENDICES:

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

STATEMENT OF COLLABORATION:

- Director, Patient Access
- Director, Professional Practice Operations

SOURCES:

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

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

Sinai Hospital Board of Directors Approval		_____
		Date
<hr/>		
Neil M. Meltzer	President/COO	_____
		Date
<hr/>		
Anthony K. Morris	Vice President/Revenue Cycle	_____
		Date



Maryland State Uniform Financial Assistance Application
Information About You

Name _____
First Middle Last

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

Home Address _____ Phone _____
City State Zip Code County

Employer Name _____ Phone _____

Work Address _____
City State Zip Code

Household members:

Table with 6 columns: Name, Date of Birth, Age, Relationship, Have you ever been a patient at Sinai?, Yes/No. Contains 6 rows for household members.

Have you applied for Medical Assistance? Yes [] No []
If yes, what was the Date you applied? _____
If yes, What was the determination? _____

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

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

Box containing Patient Financial Services information and fields for Originator Name, Department, Ext, and Agency Name.

I. Family Income

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

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

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

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

X
Applicants signature
X
Relationship to Patient

X
Date



Date: _____ Account #: _____

Patient Name: _____ Account #: _____

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

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

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

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

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

Sincerely,

Patient Financial Services
Customer Service

Originator Name: _____

Department: _____ Ext. _____

Agency Name: _____

Sinai Hospital
Financial Assistance Calculation Sheet
ELEVATED CALCULATION

APPENDIX II
Attachment #3

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

	<u>Calculation</u>	<u>Financial Hardship Calculation **</u>	<u>Is income < 500% of FPL? Y or N</u>
Patient Responsibility on Bill	\$ 50,000	\$ 50,000	Patient Responsibility on Bill
Patient Annual Income	\$ 48,000	\$ 48,000	Patient Annual Income
Family Size	2	104.2%	% of Income
			E
104.2% If income is < 500% FPL and if % is greater than 25%, patient is eligible for Financial Assistance based on Financial Hardship.			
x-ref to Policy			
A Annual Income	\$ 48,000		
B 300% of Poverty Guidelines	\$ 43,710		
C Sliding Scale - Patient Responsibility	\$ 4,290	A-B	Financial Assistance based on Financial Hardship adjustment equals 75% of Patient Annual Income.
Patient Responsibility on Bill	\$ 50,000		
Sliding Scale - Patient Responsibility	\$ 4,290		
D Financial Assistance	\$ 45,710	C	Patient is responsible to pay the remaining 25% of Patient Annual Income below:
Financial Assistance %	91%		\$ 12,000

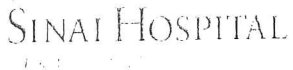
Size of Family Unit	FPL - 2011		Annual Income Allowed * 300%	** 500%
1	\$ 10,890	Less than	\$ 32,670	\$ 54,450
2	\$ 14,710	Less than	\$ 44,130	\$ 73,550
3	\$ 18,530	Less than	\$ 55,590	\$ 92,650
4	\$ 22,350	Less than	\$ 67,050	\$ 111,750
5	\$ 26,170	Less than	\$ 78,510	\$ 130,850
6	\$ 29,990	Less than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

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

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

Patient Signature Date

Staff Signature Date



Financial Assistance Eligibility Determination letter

Date: _____

Re: _____

Account #: _____

Date of Service: _____

Financial Assistance Eligibility Expiration Date: _____

Dear: _____

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

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

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

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

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

Sincerely,

Customer Service

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

Financial Assistance Presumptive Eligibility Determination letter

Date: _____

Re: _____

Account # : _____

Date of Service: _____

Financial Assistance Eligibility Expiration Date: _____

Dear: _____

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

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

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

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

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

Sincerely

Customer Service

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



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

INSTALLMENT AGREEMENT

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

Shaded area for hospital use only

New contract amount: \$ _____

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

Monthly Payment due date _____ Final payment of \$ _____

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

Date: X _____ Signed: X _____

Name: X _____

Address: X _____

(Please Print)

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

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

Employee Signature and Date

LifeBridge Health
Patient Financial Services
Contact Telephone Numbers

Sinai Hospital Customer Service
(410) 601-1094
(800) 788-6995

Northwest Hospital
(410) 521-5959
(800) 617-1803

Levindale Hebrew Geriatric Center and Hospital
(410) 601-2213

Courtland Gardens Nursing and Rehabilitation Center
(410) 426-5138

SINAI HOSPITAL OF BALTIMORE PATIENT INFORMATION SHEET

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

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

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

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

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

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

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

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

Appendix IV



Mission Statement

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

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

October, 1992



Core Purpose

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

Core Purpose Defined

Creating a healthier community one person at a time

Core Values

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

Core Values Defined

Value every person

Show compassion and respect

Deliver excellence

Work together