

**Sinai Hospital of Baltimore, Inc.**  
**FY 2014 Community Benefit Narrative Report**

Founded in 1866 as the Hebrew Hospital and Asylum, Sinai has evolved into a Jewish - sponsored health care organization providing care for all people. Today, Sinai is a 534-bed community teaching hospital that provides patient care in a variety of settings including inpatient, surgical, outpatient, as well as a trauma unit (Level II designation), a high risk Neonatal Unit, a state-of-the-art Emergency Department and responsive community outreach and community health improvement programs. Sinai has 18 Centers of Excellence, including the Lapidus Cancer Institute, Berman Brain & Spine Institute, and Samuelson Children's Hospital.

Sinai is the most comprehensive and largest community hospital in Maryland, and is the state's third largest teaching hospital. Community teaching hospitals such as Sinai find one of their greatest strengths is their clinicians' commitment to direct patient care. The residents and medical students who train at Sinai have chosen a community-teaching setting over a classic academic medical center setting. Sinai provides medical education and training to 2,000 medical students, residents, fellows, nursing students, and others each year from the Johns Hopkins University, University of Maryland, and teaching institutions in the Baltimore/ Washington/ Southern Pennsylvania region.

Sinai is a member of LifeBridge Health – a Baltimore-based health system composed of Sinai Hospital, Northwest Hospital, and Levindale – and is a constituent agency of The ASSOCIATED: Jewish Community Federation of Baltimore.

**I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:**

1. The licensed bed designation at Sinai Hospital of Baltimore (SHOB) is 534, which includes Adult, Pediatric, and Neonatal Intensive Care Unit beds. Inpatient admissions for FY 14 were 26,700.

Table I describes general characteristics of Sinai Hospital such as percentages of Medicaid recipients and uninsured persons delineated by primary service area zip code. The primary service area zip codes listed below are ordered from largest to smallest number of discharges during the most recent 12-month period available (i.e. FY 14), as defined by the Health Services Cost Review Commission (HSCRC). Table 1 also lists Maryland hospitals that share one or more of SHOB's 'primary service area' zip codes. In FY14, primary service area zip codes for SHOB accounted for 76% (10,138) of total Emergency Department admissions and 54% (7,164) of total elective admissions.

Medicaid patients accounted for 5,916 (22%) of the total Sinai admissions in FY14 and 32% of these Medicaid patients (1,907) live in the 21215 zip code, the zip code in which the hospital is located. The total number of uninsured patients (i.e. 'self pay') admitted to SHOB in FY 14 was 1,083 patients (4.1%). The zip code with the highest percentage of SHOB's uninsured patients is 21215 at 16%. For more information about the socioeconomic characteristics of the community benefit service areas (CBSA), see Table II.

**Table I**

Bed Designation :	Inpatient (PSA) Admissions:	Primary Service Area Zip Codes: <sup>1</sup>	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
534	Total: 17,066	21215	UMD St. Joseph's Mercy Johns Hopkins St. Agnes Bon Secours  Union Memorial  Maryland General  Northwest GBMC James Kernan	778 Uninsured (self-pay or payment unknown) patients accounted for 4.5% of all patients in FY14 living in the PSA	4,246 Medicaid patients (including those with Medicaid and Medicaid HMOs accounted for 24.5% in FY14 living in the PSA
		21207			
		21208			
		21209			
		21117			
		21216			
		21133			
		21244			
		21136			
		21217			
21282					

\*\* 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.

- Community Benefit Service Area Description: Sinai Hospital of Baltimore (SHOB) is located in the northwest quadrant of Baltimore City, serving both its immediate neighbors and others from throughout the Baltimore City and County region. The neighborhoods surrounding Sinai are identified by the Baltimore Neighborhood Indicators Alliance (BNIA) as Southern Park Heights (SPH) and Pimlico/Arlington/Hilltop (PAH). These two neighborhoods make up the great majority of community health benefit activities, both by virtue of where the activities take place and because the majority of participants in those activities live in these neighborhoods. However Sinai Hospital does not have an address requirement for participation in community benefit activity, so those activities serve people living in 21215, the Baltimore City portion of 21207, and the northern areas of 21216 and 21217. Those portions of those zip codes include the following communities: Pimlico/Arlington/Hilltop; Southern Park Heights; Howard Park/West Arlington; Dorchester/Ashburton; Greater Mondawmin; and Penn North/Reservoir Hill. Together, these zip codes and community designations define the hospital's Community Benefit Service Area (CBSA). This entire area is predominately African American with a below average median family income, above average rates for unemployment, and other social determining factors that contribute to poor health.

To further illustrate the social factors that influence the health of those in our CBSA, the following highlights many social determinants in the area closest to the hospital and in which the majority of community benefit participants live, Southern Park Heights (SPH) and Pimlico/Arlington/Hilltop (PAH). Relying on data from the 2012 American Community Survey<sup>2</sup>, SPHs' median household income was \$28,815 and PAH's median

<sup>1</sup> Health Services Cost Review Commission (HSCRC), FY2013

<sup>2</sup> American Community Survey (ACS), 2012

household income was \$25,397. This is compared to Baltimore City’s median household income of \$40,803 in 2012. The percentage of families with incomes below the federal poverty guidelines in SPH was 34.4%; in PAH, 22.6% of families had incomes below the federal poverty guidelines.<sup>3</sup> The average unemployment rates for SPH and PAH, were 26.5% and 19.6% respectively while the Baltimore City unemployment rate recorded in 202012 was 13.9 %.<sup>4</sup> National trends in the United States during the same period saw a decrease in the unemployment rate from 8.3% to 7.9%.

The Baltimore City Health Department uses Community Statistical Areas (CSA) when analyzing health outcomes and risk factors. The CSAs represent clusters of neighborhoods based on census tract data rather than zip code and were developed by the City’s Planning Department based on recognizable city neighborhood perimeters. In the chart below, we identified CSAs contained within the zip codes of the primary service areas that best represent the communities served by the community benefit activities at Sinai Hospital. One zip code (21207) spans city/county lines (see footnote below chart). Baltimore County does not provide CSAs.

The racial composition and income distribution of the above-indicated zip codes reflect the racial segregation and income disparity characteristic of the Baltimore metropolitan region. For example, PAH and SPH have a predominantly African American population at 94.4% and 95.7% respectively. This is in contrast to the neighboring Mount Washington/Coldspring community in which the median household income is \$85,406 and the unemployment rate was 4.7%. The racial/ethnic composition of the MW/C community is much more complex but the population is predominantly white.

**Table II**

<b>Community Benefit Service Area (CBSA) Basic Demographics (2013 Estimates)</b>			
<b>Community Benefit Service Area (CBSA) Zip Code</b>	21207; 21215; 21216; 21217 inclusive of Community Statistical Areas of Pimlico/Arlington/Hilltop and Southern Park Heights		
<b>Total Population within the CBSA:</b>	<b>59,522</b>		
<b>Sex:</b>	Male:	27,103	45.53%
	Female:	32,419	54.47%
<b>Age:</b>	0-14:	11,684	19.6%
	15-17:	2,308	3.8%
	18-24:	5,585	9.4%
	25-34:	7,116	12.0%
	35-54:	14,546	24.4%

<sup>3</sup> Baltimore Neighborhood Indicators Alliance (BNIA), 2012

<sup>4</sup> (ACS), 2012

<b>Community Benefit Service Area (CBSA) Basic Demographics (2013 Estimates)</b>			
<b>Community Benefit Service Area (CBSA) Zip Code</b>	<b>21207; 21215; 21216; 21217 inclusive of Community Statistical Areas of Pimlico/Arlington/Hilltop and Southern Park Heights</b>		
	55-64:	7,856	13.1%
	65+ :	10,427	17.5%
<b>Ethnicity:</b>	Hispanic or Latino:	1,599	2.69%
	Not Hispanic or Latino:	57,923	97.31%
<b>Race:</b>	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%
<b>Language Spoken At Home (Age 5+)</b>	Speak only English	50,686	91.50%
	Speak Asian or Pacific Island Language	350	0.63%
	Speak Indo-European Language	2,234	4.03%
	Speak Spanish	1,482	2.68%
	Speak Other Language	640	1.16%

TABLE II, Continued

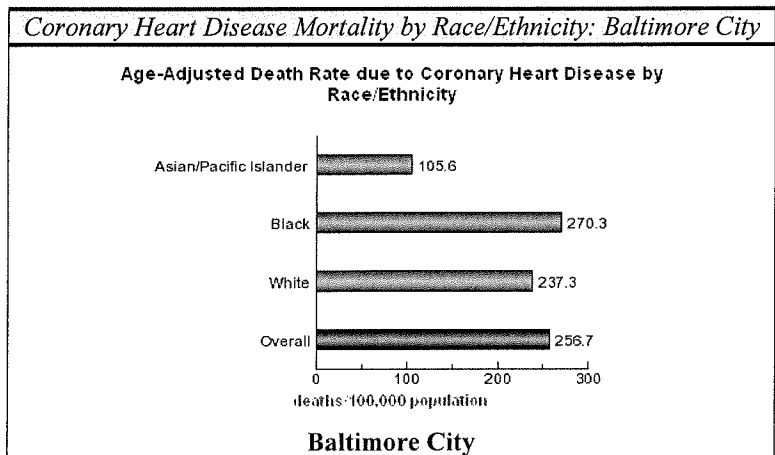
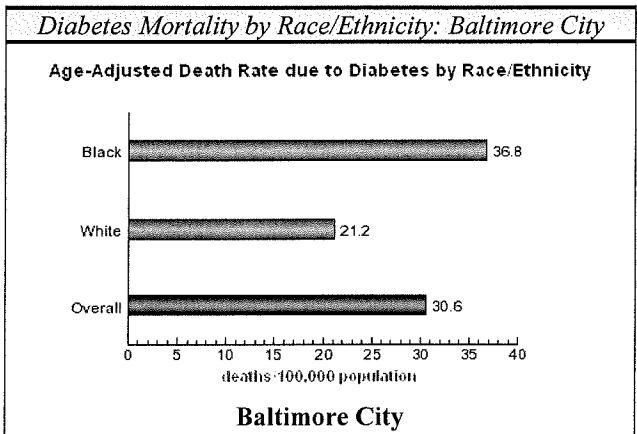
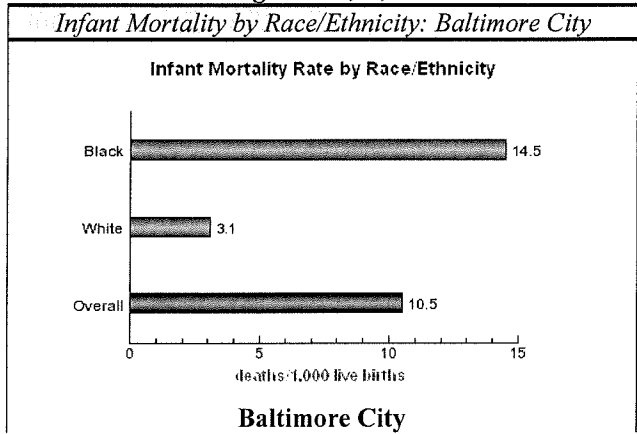
<b>Community Benefit Service Area (CBSA): Community Characteristics</b> (Baltimore Neighborhood Health Profiles, 2011)				
<i>Socioeconomic</i>				
	Zip Code	Median Household Income	% of households with incomes below federal poverty	Unemployment
<b>Baltimore City</b>		\$37,395	15.2%	11.1%
Pimlico /Arlington /Hilltop	21215	\$29,031	21.3%	17.0%
Southern Park Heights	21215	\$27,635	25.9%	17.5%
<i>Education</i>				
	Zip Code	% of Kindergartners 'ready to learn'	% of High School students missing 20+ days	% of residents with a high school diploma or less
<b>Baltimore City</b>		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%
<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	
<b>Baltimore City</b>		9.0	12.7	
Pimlico /Arlington /Hilltop	21215	12.7	18.6	
Southern Park Heights	21215	6.0	7.5	
Howard Park/West Arlington	21207	1.8	9.2	
Dorchester/Ashburton	21216	5.1	6.8	
Greater Mondawmin	21216	10.7	11.8	
Penn North/Reservoir Hill	21217	9.3	9.3	

(TABLE II, Continued) <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
<b>Baltimore City</b>		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
Howard Park/West Arlington	21207	128.2	61.9	9.3
Dorchester/Ashburton	21216	210.5	62.3	62.3

Greater Mondawmin	21216	844.9	62.6	23.3
Penn North/Reservoir Hill	21217	935.0	44.4	29.0
<b><i>Community Built and Social Environment</i></b>				
	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
<b>Baltimore City</b>		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
Howard Park/West Arlington	21207	0.9	15.6	34.7
Dorchester/Ashburton	21216	2.5	15.3	44.1
Greater Mondawmin	21216	5.4	31.1	52.8
Penn North/Reservoir Hill	21217	2.1	27.9	49.6
<b><i>Life Expectancy &amp; Mortality</i></b>				
	Zip Code	Life Expectancy at birth (in years)	Age adjusted mortality (deaths per 10,000 residents)	
<b>Baltimore City</b>		71.8	110.4	
Pimlico /Arlington /Hilltop	21215	66.8	135.3	
Southern Park Heights	21215	66.7	135.3	
Howard Park/West Arlington	21207	72.9	98.7	
Dorchester/Ashburton	21216	72.4	109.1	
Greater Mondawmin	21216	69.6	116.2	
Penn North/Reservoir Hill	21217	68.1	137.1	

The presence and continuous evaluation of health disparities is another critical 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, 3<sup>5</sup>**



<sup>5</sup> Source: Healthy Communities Institute, 2012

Figure 4<sup>6</sup>

CAUSE OF DEATH (TENTH REVISION INTERNATIONAL CLASSIFICATION OF DISEASES, 1992)	ALL RACES <sup>1</sup>		
	BOTH SEXES	MALE	FEMALE
ALL CAUSES .....	6,029	3,128	2,971
DISEASES OF THE HEART .....	1,476	801	675
MALIGNANT NEOPLASMS .....	1,330	650	680
CEREBROVASCULAR DISEASES .....	303	124	179
CHRONIC LOWER RESPIRATORY DISEASE .....	220	105	115
ACCIDENTS .....	185	114	71
DIABETES MELLITUS .....	183	80	93
ASSAULT (HOMICIDE) .....	182	163	19
INFLUENZA AND PNEUMONIA .....	170	87	83
SEPTICEMIA .....	141	64	77
HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE .....	127	51	48
NEPHRITIS, NEPHROTIC SYNDROME, AND NEPHROSIS .....	119	54	65
CHRONIC LIVER DISEASE AND CIRRHOSIS .....	79	52	27
ESSENTIAL (PRIMARY) HYPERTENSION AND HYPERTENSIVE RENAL DISEASE .....	67	30	37
ALZHEIMER'S DISEASE .....	62	17	45
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD .....	56	26	30
INTENTIONAL SELF-HARM (SUICIDE) .....	47	40	7
PNEUMONITIS DUE TO SOLIDS AND LIQUIDS .....	39	18	21
PARKINSON'S DISEASE .....	25	10	15

## II. COMMUNITY HEALTH NEEDS ASSESSMENT

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 Provide date here. 06/30 /2013 submitted to IRS

No

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

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

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

Yes 5/21/13 Enter date approved by governing body here:

No

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

<sup>6</sup> Source: Maryland Vital Statistics, 2011



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

During FY13, Sinai Hospital completed a formal community health needs assessment as required and defined by the Patient Protection and Affordable Care Act and Section 501(r)(3) of the Internal Revenue Code.

The process used to identify health needs of Sinai Hospital's community includes analyzing primary and secondary data at both hospital and community levels, and involving community members and key community groups to further identify priority concerns and needs. The hospital is committed to aligning its priorities with local, state, and national health improvement initiatives (e.g. *Healthy Baltimore 2015*, the local action plan developed by the Baltimore City Health Department to implement the State's *Maryland State Health Improvement Plan (SHIP)*, , and *Healthy People 2020*).

The steps taken to build the foundation of an assessment included the following:

*(a) Exploration of Data Collection Products*

In the Fall of 2011, Sinai Hospital staff and the local health departments began to work together to explore mechanisms/methods for performing the required community health needs assessment. LifeBridge Health, Inc., the parent corporation of Sinai Hospital, contracted with the Healthy Communities Institute (HCI), to begin utilizing a web-based platform offering over 130 community health indicators from reputable sources such as U.S. Census and American Community Survey. LifeBridge Health, Inc. continues to maintain a contractual relationship with HCI in order to use the hospital-based version of their product to support Sinai Hospital's community health needs assessment process. In order to supplement the public health data obtained from the HCI product, LifeBridge Health, Inc. staff continues to engage local public health partners and community residents to gather input from persons representing community interest.

*(b) Engagement with Community and Local Public Health Partners*

In 2011, Neil Meltzer, then President of Sinai invited Dr. Oxiris Barbot, then Baltimore City Health Commissioner, to present the City's health policy agenda, *Healthy Baltimore 2015*, to the Sinai Board, in order to align that plan with the hospital's community health improvement efforts. A close partnership between the hospital and the Baltimore City Health Department (BCHD) grew in the process of the hospital's CHNA and the BCHD's efforts to implement *Healthy Baltimore 2015*. The two co-sponsored community forums to receive input from community residents, and worked jointly with other community partners on their shared health improvement efforts.

Three other organizations were active partners in our community health needs assessment process, Park Heights Renaissance, the organization responsible for the both the physical and human services redevelopment of Park Heights: the Park Heights Community Health Alliance (PHCHA), which seeks to

improve community health through health and wellness initiatives, environmentalism, community education and service; and the Zeta Center for Healthy and Active Aging, providing health education and wellness programming to seniors. They partnered with us to distribute our surveys to community residents and to host community forums in which we discussed the survey results and gathered more complete opinions from residents on community health needs.

*Existing Methods for Identifying Patient and Community Health Needs*

While the Community Benefit team continues to move the formal needs assessment process forward with data collection and community partnership building, the departments providing community benefit services continue to conduct routine assessments of patient and community needs resulting from day-to-day experiences with population groups served by the hospital. Sinai Hospital is continuously cataloging and evaluating feedback obtained by direct service staff that has a focus and expertise in navigating socially determining factors affecting health and healthcare.

As featured in FY13 Community Benefit Narratives, the following are several of those methods used by the hospital to identify community health needs:

- Clinical department need recognition based on daily patient care and professional experience, Identification through participation in a community coalition and/or collaboration with the Health Department and/or other partners, and
- Consultation with community residents, agencies, organizations, and health care providers. As described above, LifeBridge Health, Inc. and Sinai Hospital continuously collaborate extensively with other community groups and experts to assess community health needs and plan future coordinated interventions. Sinai has developed ongoing partnerships that continuously inform the system. They include but are not limited to:
  - Baltimore City Health Department – Oxiris Barbot, MD – former Commissioner; Jacqueline DuVal-Harvey, PhD, Acting Commissioner
  - Baltimore County Health Department - Gregory Wm. Branch, M.D., Health Officer, Della Leister, RN, Deputy Health Officer
  - Park Heights Community Health Alliance (PHCHA) – Willie A. Flowers - Executive Director
  - Park Heights Renaissance (PHR) - Julius Colon – (past) President & CEO
  - Youth programs sponsored by local churches
  - The Zeta Center for Healthy and Active Aging, Betsy Simon, CHES
  - Sinai Hospital’s Community Advisory Panel of the Health Equity Initiative consisting of community leaders and residents representing a broad array of service areas as well as racial/ethnic groups served by the hospital

### III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

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

Yes

No

In 2008, Sinai Hospital formed the Health Equity Task Force (HETF) to decrease the consequences of health disparities and implement and monitor organizational changes to reduce such disparities. The task force created a Cultural Competency Strategic Plan to guide their work. One of 3 goals of the strategic plan is 'Building Community Partnerships and Awareness to Promote Health Equity'. This goal outlines efforts to develop strong strategic partnerships, build upon community awareness of the hospital's services, and capitalize upon existing community relationships to further the hospital's mission as it relates to eliminating health disparities. In addition, the plan cites a need for an infrastructure for community benefit resource distribution, which will ensure that identified health needs are matched with appropriate community benefit programming and that resources are leveraged and honed to strengthen community impact in areas of need.

In June 2013, the HETF began examining a formal mechanism of inclusion by reviewing its strategic goals to determine the impact on the communities that Sinai serves. This year, the HETF is evaluating the development and inclusion of a subcommittee solely dedicated to issues affecting the local community. The HETF is a multidisciplinary group of LBH staff members and subject matter experts who meet monthly to manage and make recommendations on how to manage complex issues facing the community daily. These issues include but are not limited to, evaluating and improving processes, providing recommendations on resource allocation, developing improved methods of evaluation and increasing education and awareness in discrete areas disaffected by healthcare disparities.

LifeBridge Health's core mission is to improve the health of our communities while reducing our cost of best-in-class care delivery by ensuring that patients are provided the right level of services based on acuity; improving access to preventive care, including primary and chronic care management; and enhancing community programs and social services connections that will cultivate and support better health and wellness in our neighborhoods. As a part of the LifeBridge Health system, Sinai Hospital incorporates a three-prong approach to improving the health of our communities which include: (1) Right Care at the Right Time; (2) Preventive and Chronic Care Management; and (3) Community Outreach. Taking a systemic approach to improving the local community health status, the Department of Population Health collaborates with several departments and divisions across Sinai. Dedicated resources now include a director of population Health, a medical director, an administrative resident focused on care transitions, a

population health integration analyst, community pastoral outreach professionals, data analysts, a health ambassador program coordinator, care coordinator and liaisons at the other LifeBridge Hospital, and over 30 additional community health workers and licensed clinical social workers providing care in the communities that we share.

b. 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 – (Amy Perry, President of Sinai Hospital)
2.  CFO – (David Krajewski)
3.  Other (Martha Nanthanson, Vice Presidents of Government Affairs)

ii. Clinical Leadership

1.  Physician –(Joseph Wiley, MD, Medical Director, Population Health)
2.  Nurse – (Terrie Dashiell, RN, Manager, community health improvement program, Changing Hearts)
3.  Social Worker – (Beth Huber, LCSW-C, Manager, M. Peter Moser Community Initiatives)
4.  Other (Darlene Won, Director, Population Health)

iii. Community Benefit Department/Team

1.  Individual (Narrative: Steven K. Ragsdale, Administrator of Health Equity Program, with assistance from Sofia Liarikos, Data Analyst and Pamela Young, Health Equity Consultant. Financial: Julie Sessa, Director, Finance)

2.  Committees

- **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 continues to meet quarterly to review new Community Benefit guidelines and reporting instructions, discuss hospital programming, and finalize annual reports.
- **Community Advisory Panel (CAP) of the Health Equity Initiative:** The CAP is a community-based advisory group that provides guidance for community benefit programming to address health disparities and achieve health equity.

- **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. Community Mission Committee members include Sinai, Northwest, and Levindale Board Members and Executives, President of LifeBridge Health, Inc., and Vice Presidents. The Community Mission Committee is responsible for reviewing, reporting, and advising community benefit activities. This committee reviews specific programs on a regular basis, making recommendations to the program managers for improvements or new programming approaches. This is the committee that reviews the Community Benefit Report each year and makes recommendations for approval of the report at the full board level.
- **Direct Service Staff:** In the new department of Population Health Management, The M. Peter Moser Community Initiatives Department employs a staff of 27 full time equivalent community health workers, social workers, 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 and the Cancer Institute).

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

Spreadsheet     Yes     No  
 Narrative         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.

**d. Does the hospital’s Board review and approve the completed FY Community Benefit report that is submitted to the HSCRC?**

Spreadsheet     Yes     No  
 Narrative         Yes     No

As mentioned above, the information included in this report is presented to the LifeBridge Health Finance Department, Community Mission Committee, and LifeBridge Health, Inc. Board. On November 12, 2014, the Community Mission Committee approved the FY14 Community Benefit Report and recommended it for approval by the LifeBridge Health, Inc. Board. On November 20, 2014, the LifeBridge Health Board approved the FY2014 Community Benefit Report.

IV. HOSPITAL COMMUNITY BENEFIT PROGRAMS AND INITIATIVES

a. Hospital Initiatives Identified by the CHNA

Initiative 1 -Changing Hearts/ Health Hearts Initiative at Sinai Hospital

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 in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	A. Cost of initiative for current FY?	B. Amount of Direct Offsetting Revenue from Restricted Grants
Prevention of Heart Disease	Community Health Improvement Project (CHIP) – Changing Hearts	<p>Changing Hearts cost free initiative to its patients designed to improve the cardiovascular health of individuals in the surrounding community. The program is designed to:</p> <ol style="list-style-type: none"> <li>1. help individuals understand their identified risk(s) for heart disease,</li> <li>2. demonstrate how to minimize/modify those risk factors, and</li> <li>3. provide education on how to maintain a healthy lifestyle to prevent heart disease.</li> </ol> <p>The Changing Hearts Program includes:</p> <ul style="list-style-type: none"> <li>• Live Heart health risk assessment</li> <li>• Cholesterol, glucose, etc. screenings work</li> <li>• Blood pressure reading</li> <li>• Body composition analysis</li> <li>• Health education counseling with a registered nurse</li> <li>• Educational materials to help facilitate lifestyle change</li> <li>• Follow-up calls and/or</li> </ul>	Initially three-year period in conjunction with the CHNA cycle.	<ul style="list-style-type: none"> <li>• American Heart Association</li> <li>• BCHD Cardiovascular Disparities Task Force</li> <li>• Baltimore City’s Department of Aging</li> <li>• Forest Park Senior Center American Stroke Association</li> <li>• Sandra and Malcolm Berman Brain and Spine Institute Stroke Programs at LBH</li> <li>• Shop Rite Howard Park,</li> <li>• Park Heights Community Health Alliance, and</li> <li>• assorted community churches &amp; businesses within the CSA</li> </ul>	Outcomes are based on the ability to increase personal awareness and to exhibit an improved change in lifestyle over time. Outcomes are base-lined and evaluated at defined periods	<p>During FY 14: Total encounters at Sinai 1,147</p> <p>Active program participants 21</p> <p>29 Home visits</p> <p>18 Workshop Participants</p> <p>75% participants presenting with high blood pressure will demonstrate at least a 10 pt. drop in systolic and a min drop of five pts drop diastolic readings.</p> <p>75 % participants demonstrated a decrease in overall (BMI)</p> <p>75% of participants will demonstrate an improved a measured quality of life.</p> <p>100% have demonstrated the adaptation of lifestyle changes</p>	Likely depending on hospital funding for next FY	\$30,246	

		<p>home visits with a CHW focusing on an individualized plan developed with participants</p> <ul style="list-style-type: none"> <li>• Lifestyle classes to help maintain a long-term e change</li> <li>• Web-based links to resources to improve cardiac health</li> </ul>				<p>that minimize and/or decrease risk of heart disease.</p> <p>100% have demonstrated an increased rate of accessing health care and other resources as evidenced by attendance at 75% of organized appointments</p>			
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IVb. Initiatives Identified by CHNA-Initiative 2 - Kujichagulia Center (Youth Center) at Sinai Hospital FY 2013

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 in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	A. Cost of initiative for current FY?	B. Amount of Direct Offsetting Revenue from Restricted Grants
Reduce street violence; create a venue to escape the cycle of youth violence; increase youth employment	Kujichagulia Center (Youth Center)	<p>Provide a menu of services for youth residing in Baltimore, 21215</p> <ul style="list-style-type: none"> <li>- provides youth development and violence prevention services to residents of 21215 for resident ranging between 19 and 24 y.o.;</li> <li>- provide mentoring services for middle schools students;</li> <li>- facilitation of a YouthWorks Summer jobs program for 14 to 21 y.o.;</li> <li>- provide violence intervention services for local youth 16 to 25 y.o. After an admission to the Trauma Unit after suffering injuries due to street violence.</li> </ul>	18 month grant est. January 1, 2014	<p>Sinai MP Moser Community Initiatives</p> <p>Sinai Vocational Services Program</p> <p>Sinai Emergency Medicine</p> <p>New Vision Youth Services</p> <p>Park Heights Renaissance</p> <p>Pimlico Elementary/Middle School</p> <p>KIPP Ujima Elementary/Middle School Academy</p> <p>Baltimore City YouthWorks</p>	<p># of active participants completed work force development programs</p> <p># of internships</p> <p># of participants finding employment</p>	<p>YouthWorks Summer Employment Program = 12 FTE</p> <p>Sinai Post- Violence Intervention Program = 1 participant</p> <p>Workforce Development engagement = 20 enrolled</p> <p>11 participants have completed the program thus far</p> <p>Sinai Vocational Services Program Internships 11 enrolled 3 completed</p>	Funded through June 2015	\$30,614	\$ 29,278

## b. Other Hospital Initiatives

Although there are several health needs that were not prioritized by the Community Health Needs Assessment and subject for new Community Health Improvement Projects, they remain an important concern for community residents, stakeholders and Sinai Hospital.

Sinai Hospital has a long history of providing community outreach services to residents of its neighboring communities for the purpose of improvement of their health and well-being. Such services have been developed in response to expressions of need by patients and their families when they have sought Sinai's care or because of health improvement initiatives by public health experts from local, state or national governments. In addition, in 2005 Sinai participated in a consultant-led community health needs assessment with other LifeBridge hospitals. The department that has been responsible for the development and management of most such community health improvement programs is the M. Peter Community Initiatives (CI). The model that CI uses to provide services free-of-charge to community residents whose health is impaired or at risk of impairment because of social determinants uses a team of community health workers paired with social workers and counselors. The current CI services include:

- Family Violence Program – hospital-wide domestic violence identification and follow up counseling
- Perinatal Mood Disorders – identification of women at-risk for perinatal depression or anxiety at delivery with follow-up counseling and referrals
- Diabetes Medical Home Extender – follow up home visiting and education following an inpatient admission
- Perinatal Home Visiting – as part of the BCHD B'more for Healthy Babies infant mortality prevention home visiting for in-home education on pregnancy, infant development and parenting
- HIV Support Services – provide counseling, information & referrals to HIV+ men, women, children and youth receiving care at Sinai Hospital.

Other departments have developed services specific to the department's area of expertise such as Human Resources partnering with other hospitals in a workforce development effort, the Healthcare Careers Alliance Program, or Case Management's Patient Financial Assistance and Psychiatry's Community Support Specialist. All of these services predated the recent CHNA and its mandate to develop services in response to the CHNA's findings. Further description of them can be found in the attached Table IV.

Table IV: ADDITIONAL SINAI HOSPITAL COMMUNITY BENEFIT PROGRAMS AND INITIATIVES

Program	Medical Home Extender for Diabetes Management M. Peter Moser Community Initiatives Department	Financial Assistance, Case Management Department	ED Rapid HIV Testing, Case Management Department	Family Violence Program, M. Peter Moser Community Initiatives Department	Healthcare Careers Alliance Program, Human Resources	HIV Support Services M. Peter Moser Community Initiatives Department	HIV Primary Care Services, Department Of Medicine	Community Support Specialist Position for Department of Psychiatry	Transportation Services for Department of Psychiatry	Perinatal Mood Disorders	Perinatal Home Visiting, M. Peter Moser Community Initiative Department
<b>Identified Need</b>	Managing chronic care in a medically underserved community	Financial assistance for indigent patients to ensure a safe discharge from the acute care hospital	Routine rapid HIV testing in entry point of a healthcare facility	Intimate Partner Violence	Meaningful employment and clear options for promotion for low-income "idle" youth	HIV Support Services for HIV+ individuals	Primary Care and Specialty Care for HIV+ patients	A Community Support Specialist position to relieve psychiatric clinicians from dealing with non-clinical issues complicating patients' ability to access and remain in psychiatric treatment.	Client transportation to and from Adult Psychiatric Partial Hospitalization Program (PHP)	Perinatal Depression	Infant Mortality
<b>Hospital Initiative</b>	Community Health Worker Extender Program	Patient Financial Assistance Program	ED Rapid HIV Testing	M. Peter Moser Community Initiatives Program	Healthcare Careers Alliance Project	HIV Support Services of the M. Peter Moser Community Initiative Department	HIV Primary Care Services	Community Support Specialist position	Transportation Services for Psychiatry Department patients	M. Peter Moser Community Initiatives Program	Perinatal Home Visiting Services Healthy Families America Curriculum

<b>Program</b>	<b>Medical Home Extender for Diabetes Management M. Peter Moser Community Initiatives Department</b>	<b>Financial Assistance, Case Management Department</b>	<b>ED Rapid HIV Testing, Case Management Department</b>	<b>Family Violence Program, M. Peter Moser Community Initiatives Department</b>	<b>Healthcare Careers Alliance Program, Human Resources</b>	<b>HIV Support Services M. Peter Moser Community Initiatives Department</b>	<b>HIV Primary Care Services, Department Of Medicine</b>	<b>Community Support Specialist Position for Department of Psychiatry</b>	<b>Transportation Services for Department of Psychiatry</b>	<b>Perinatal Mood Disorders</b>	<b>Perinatal Home Visiting, M. Peter Moser Community Initiative Department</b>
<b>Primary Objective</b>	To enhance health and health behaviors amongst a chronic diabetic community whose healthcare outcomes seemed to be affected by living in poverty	To ensure indigent patients have the appropriate medications, transportation, home support services in order for them to make a healthy recovery	To provide free rapid HIV tests to any patients in the Emergency Room and to link HIV+ patients to care	To increase the knowledge, safety and healing experiences for victims of intimate partner violence	To provide opportunities for meaningful employment to 'idle' youth.	To provide support services to HIV+ men, women, children and youth receiving care at Sinai Hospital.	To provide medical care for HIV+ individuals without insurance or without adequate insurance.	To improve access to treatment, and provide comprehensive service, and compassionate and respectful care.	To enable patients to be treated in the least restrictive care setting by providing transportation assistance to access psychiatric partial hospitalization services.	To educate and support women during the perinatal period in order to enhance maternal infant bonding.  Services include: perinatal depression risk assessment, psychosocial assessments, supportive counseling, services coordination, and mental health and community referrals	To prevent the abuse and neglect of our communities children through intensive home visiting.  Goals: 1. To Systematically reach out to parents to offer support/resources 2. To cultivate the growth of nurturing responsive parent-child relationships 3. to promote healthy childhood growth and development 4. to build the foundation for strong family functioning

<b>Program</b>	<b>Medical Home Extender for Diabetes Management M. Peter Moser Community Initiatives Department</b>	<b>Financial Assistance, Case Management Department</b>	<b>ED Rapid HIV Testing, Case Management Department</b>	<b>Family Violence Program, M. Peter Moser Community Initiatives Department</b>	<b>Healthcare Careers Alliance Program, Human Resources</b>	<b>HIV Support Services M. Peter Moser Community Initiatives Department</b>	<b>HIV Primary Care Services, Department Of Medicine</b>	<b>Community Support Specialist Position for Department of Psychiatry</b>	<b>Transportation Services for Department of Psychiatry</b>	<b>Perinatal Mood Disorders</b>	<b>Perinatal Home Visiting, M. Peter Moser Community Initiative Department</b>
<b>Key Partners and /or Hospitals in Initiative</b>	Sinai Hospital JHU/Sinai Residency Program Park West FQHS M. Peter Moser Community Initiatives Sinai Care Transitions Sinai Diabetes Resource Center	Sinai Hospital senior leadership and Department of Case Management	Baltimore City Health Department Sinai Hospital Emergency Department and Case Management Department	BPCD, Sinai & Park West Medical Center, (VOCA) and (VAWA), Park Heights Family Support Center, OB/GYN Providers	VSP/Sinai Hospital of Baltimore, Johns Hopkins Hospital, University of Maryland Medical System, Civic Works, Inc., Funded by the Mayor's Office of Employment Development (MOED)	DHMH/IDEHA and Sinai's Community Initiatives Department	Baltimore City Health Department, Sinai Department of Medicine, Sinai Community Initiatives Department	n/a	Rooney's Transportation	Sinai Hospital & Park West Medical Center Park Heights Family Support Center OB/GYN Providers	Family League of Baltimore Healthy Families America Baltimore Healthy Start Health Care Access of Maryland Maternal and Infant Care Program (BCHD)
<b>Expected Outcome</b>	Increase touch-points; Positively affect care management behavior that will lead to improved clinical outcomes	Quantified number of patients benefiting from the financial assistance program	Monthly Progress Report and Annual Performance Report	Improved mental health and general well-being for victims of IPV	Increase work-force training; decrease youth unemployment	Increase HIV/AIDS awareness; increase needed support services to those already infected	Provision of primary and specialty care for uninsured and underinsured patients with HIV.	Improve access and continuation of psychiatric treatment; develop support systems to obtain other needed services	Improvements in patient compliance with treatment plan	Increased maternal infant attachment and overall increased maternal and child well-being	Increase in HFA class participation Increase in prenatal care Increase in well baby visits Improved support services awareness

**2. Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? If so, why not?**

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. Decisions about which primary health needs we should address were guided by three guidelines: 1). Is the need in the purview of the hospital's core mission?, 2). Is the need already being responded to by existing hospital programs? 3). How can the need be addressed within hospital's resources?

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 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.

In Park Heights, violence is consistently cited as a significant safety and community concern; however, several years ago when asked to host *Safe Streets*, a street violence intervention program, Sinai Hospital declined because this role was not consistent with the hospital's core purpose. Instead, Sinai Hospital supported a community partner, Park Heights Renaissance, which now manages the Safe Streets program in Park Heights. However as we continued to recognize community concern about Park Heights' street violence, we developed a pilot program in the hospital to identify those who came to Sinai's ER as a result of an injury resulting from such violence. We provided a male mentor to meet young men in the hospital and to follow them after discharge, offering them alternatives to violence. We learned from that pilot that Park Heights lacked a community-based violence prevention program that could provide viable alternatives to violence such as work training, GED preparation, etc. Thus the guidance from the pilot, along with continued emphasis on violence prevention from Park Heights residents during the CHNA community forums led us to develop our more comprehensive violence prevention project, the Kujichagulia Center (see IVa. Initiatives Identified by CHNA-Initiative 2 for details).

Three needs identified in Park Heights as among the top priority needs were cancer, drug & alcohol abuse and HIV/AIDS. With all three the hospital was already deeply involved in prevention and treatment efforts. The Alvin & Lois Lapides Cancer Institute is a comprehensive cancer center providing treatment and support to patients and families as well as community education. Sinai Hospital Addiction Recovery Program also provides treatment and education to those uninsured and under-insured individuals with addictions to drugs and alcohol. Sinai's Infectious Disease Ambulatory Center provides treatment to HIV+ persons, even those who are uninsured, and the HIV support services provide outreach, counseling and other support services to HIV+ adults, children and youth. Due to these already rich services, we decided to focus attention elsewhere on the top priority identified, the heart disease cluster, consisting of heart disease, stroke and diabetes, to develop a community health improvement project, Changing Hearts.

Heart disease, like street violence, was something we were well aware of as a major health risk in the Park Heights community and the city and country as well. We had provided for several years a heart risk screening program offered by our community health education department. We recognized that the main shortcoming of such screening programs is that when risks are identified there must be follow up and referral for treatment. Because of limited resources, we had not been able to provide adequate follow up to those identified at potential risk. We used this knowledge of how to identify those at risk to provide the foundation for Changing Hearts, a community health improvement program that could screen for risk, and provide intensive follow up to those with identified risks and need for lifestyle change. (See IVa. Initiatives Identified by CHNA-Initiative 1 for details.)

## 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 140 physicians in several specialties including Internal Medicine, Obstetrics and Gynecology, and Pediatrics. Faculty physicians provide services to patients through a faculty practice plan. When patients request appointments in the faculty practice offices, they are not screened on their ability to pay for services. 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, Otolaryngology, Vascular and Neuro-surgery, we employ specialists in order to provide continuous care for patients admitted to the hospital through the Emergency Department. In these cases, the hospital covers these specialists' consultation fees and fees for procedures for indigent patients. Because of these two arrangements for providing specialty care for uninsured patients, we are not able to document gaps in specialist care for uninsured 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.

VI. APPENDICES



## 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'.

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.

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

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, 2012 will be eligible through May 31, 2013.
- g. Outpatient surgical procedures, including multiple procedures as part of a treatment plan, may be certified for one time only. Additional surgical procedures would require a new application.
- h. At time of application, all open accounts within the consideration period are eligible. Consideration period is defined as beginning with the oldest date of service for which the application is intended and ending twelve months from that date. Accounts previously written-off to bad debt will be considered on a case-by-case basis.
- i. Dates of service outside the Financial Assistance consideration period, prior to the approval date, will be considered on a case-by-case basis.
- j. The Hospital must give the most favorable applicable reduction to the patient that is available: Free Care or Reduced Cost Care as a result of Financial Hardship qualification. Note that Reduced Cost Care for income greater than 200% through 300% does not apply due to the Hospital's application of Free Care up to 300% (regulation requires Free Care only up to 200%).

10. Financial Assistance is based upon the Federal Poverty Guidelines (FPG) published in the Federal Register. The poverty level guidelines are revised annually. It is the responsibility of Patient Financial Services to maintain current FPG as updates are made to the Federal Register. Free Care: Patients with an annual income up to 300% of the Federal Poverty Level may have 100% of their hospital bill(s) covered by Financial Assistance. Financial Hardship: Patients with an annual income greater than 300% but less than 500% of the Federal Poverty Level may be covered by Financial Assistance based on the HSCRC's Financial Hardship criteria, which is defined as medical debt incurred by a family (as defined in 9a. above) over a twelve-month period that exceeds 25% (twenty-five percent) of family income. Medical debt is defined as out-of-pocket expenses, including co-payment, coinsurance, and deductible amounts due the Hospital, as well as related LifeBridge Health physician out-of-pocket expenses. Note: the Hospital has chosen to include co-payment, coinsurance and deductible amounts for Financial Assistance consideration, although the regulation allows for their exclusion. The Hospital is not required to consider medical debt incurred from other healthcare providers.
11. Applications above 300% annual income will be considered on a case-by-case basis, which may include an asset test in addition to income test. The following interest-free payment options may be considered:
  - a) Standard installment options of three – six months in accordance with Installment Agreement Letter (Attachment #6).
  - b) Extended installment options greater than six months will be considered on a case-by-case basis.
  - c) Spend-down option to income level of 300% of the Federal Poverty Guidelines will also be considered on a case-by-case basis.
  - d) In accordance with HSCRC regulation, the following will be excluded from asset test consideration: 1) at a minimum, the first \$10,000 of monetary assets; 2) a 'safe harbor' equity of \$150,000 in a primary residence; and 3) retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including, but not limited to, deferred-compensation plans qualified under the Internal Revenue Code or nonqualified deferred compensation plans.
12. The Sinai Hospital Financial Assistance Calculation Sheet (Attachment #3) will be used to calculate eligibility as follows:
  - a) Financial Assistance Eligibility up to 300% of FPL -
    - Identify the annual household income based on the income tax form, W-2 or calculated annual income (A)
    - Identify 300% of the Federal Poverty Level for the patient based on household size (B).
    - Annual Household Income (A) minus Federal Poverty Level (B) = Result (C)
    - If the result is \$0.00 or less than \$0.00, the patient qualifies for 100% adjustment.
    - If the result is greater than \$0.00, apply the Financial Hardship test (next).

b) Financial Hardship Eligibility between 300% - 500% of FPL -

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

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 CFO/Senior Vice President 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 CFO/Senior Vice President. 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 CFO/Senior Vice President will review the case, including clinical and financial information, business impact, and location of the patient's residence in determining whether Financial Assistance should be provided. Final determination will be made on a case-by-case basis.

C. Presumptive Eligibility and Other Financial Assistance Considerations

1. The Hospital may apply Presumptive Eligibility when making Financial Assistance determinations on a case-by-case basis. Additionally, other scenarios may be considered. Note that a completed Financial Assistance application and/or supporting documentation may/may not be required. The Financial Assistance Presumptive Eligibility Determination Letter (Attachment #5) will be sent timely and include appeal process instructions. Appeals must be in written form describing the basis for reconsideration,



including any supporting documentation. The Director of Patient Financial Services will review all appeals and make a final determination. The patient will subsequently be notified.

Presumptive Eligibility:

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

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

Other Financial Assistance Considerations:

- a. Expired patients with no estate.
  - b. Confirmed bankrupt patients.
  - c. Unknown patients (John Doe, Jane Doe) after sufficient attempts to identify.
2. Financial Assistance adjustments based on other considerations must be documented completely on the affected accounts. When appropriate, form: Sinai Hospital and Northwest Hospital Qualifications for Financial Assistance (Attachment #7) must be completed. The Director of Patient Financial Services or designee will sign as Reviewer

and obtain appropriate 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 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

Appendix II

- 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)

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

Sinai Hospital Board of Directors Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Amy Perry                      President, Sinai Hospital  
   Executive Vice President,  
   LifeBridge Health

\_\_\_\_\_  
Date

\_\_\_\_\_  
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:

Name	Date of Birth	Age	Relationship	Have you ever been a patient at Sinai?	Yes <input type="radio"/>	No <input type="radio"/>
_____	_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/>

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

Patient Financial Services	
Originator Name:	_____
Department:	_____ Ext _____
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	_____
<b>Total:</b>	_____

<b>II. Liquid Assets</b>	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
<b>Total:</b>	_____
<b>III. Other Assets</b>	
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 _____
<b>Total:</b>	_____
<b>IV. Monthly Expenses</b>	Amount
Rent or Mortgage	_____
Utilities	_____
Car Payment(s)	_____
Health Insurance	_____
Other medical expenses	_____
Other expenses	_____
<b>Total:</b>	_____
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

# SINAI HOSPITAL

*... Caring for the World's Best*

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

Agency Name: \_\_\_\_\_

Originator Name: \_\_\_\_\_

Department: \_\_\_\_\_ Ext. \_\_\_\_\_

**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 &lt; 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

x-ref to Policy

A	Annual Income	\$ 48,000
B	300% of Poverty Guidelines	\$ 43,710
C	Sliding Scale - Patient Responsibility	<del>\$ 4,290</del>

104.2% If income is < 500% FPL and if % is greater than 25%, patient is eligible for Financial Assistance based on Financial Hardship.

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	<del>\$ 4,290</del>
D	Financial Assistance	\$ 45,710

C Income-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

SINAI HOSPITAL

## *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	\$ _____	
<b>Monthly Payment due date</b>		_____	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

SINAI HOSPITAL AND NORTHWEST HOSPITAL  
QUALIFICATIONS FOR FINANCIAL ASSISTANCE

(PLEASE CIRCLE ONE)

Date: \_\_\_\_\_

1. **Health System Eligible:** Patient eligible as determined by Northwest, Levindale or Courtland Gardens.
2. **Bankrupt:** The patient/debtor has filed a petition of bankruptcy, either before or after placement. If applicable, vendor files a proof of claim in a Chapter 13 for a pro rata distribution to unsecured creditors.
3. **Expired:** The patient/debtor has died and an investigation for assets has revealed no estate exists.
4. **Eligible for non-reimbursable Medicaid Program:** (Copy of EVS website eligibility attached) including PAC (Primary Adult Care), family planning only pharmacy only, QMB (Qualified Medicare Beneficiary, SLMB (Special Low Income Medicare Beneficiary), Maryland Breast and Cervical Cancer Diagnosis and Treatment program.
5. **Enrolled in means-tested social programs:** (proof of enrollment may be required) including WIC (Women, Infants and Children), SNAP (Supplemental Nutrition Assistance Program, Low-income-household energy assistance program, households with children in the free or reduced lunch program.
6. **Enrolled in State of Maryland grant funded program where reimbursement is less than the charge:** including DORS (Division of Rehabilitation Services), Intensive Outpatient Psychiatry Block Grant, SHARP (Sinai Hospital Addiction Recovery Program).
7. **Eligible under Jewish Family Children Services (JFCS) (Y Card) Program:** Sinai Hospital only.
8. **Out-of-State Medicaid Program:** to which the hospital is not a participating provider.
9. **Maryland Medicaid Eligible after Admission:** charges incurred prior to Maryland Medicaid eligibility
10. **Maryland Medicaid 216 (resource amount):** patient/debtor eligible for Maryland Medicaid with resource.
11. **Denied Medicaid for not meeting disability requirements:** with confirmed income that meets Federal Medicaid guidelines.
12. **Unknown/Unidentifiable Patient (John Doe, Jane Doe):** After sufficient attempts to identify

Patient Name: \_\_\_\_\_  
Last First Middle Initial

Account #: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Account #: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Account #: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Financial Assistance Write off reason: Reason #: \_\_\_\_\_

Financial Assistance Write off date: \_\_\_\_\_

Financial Assistance Write off amount: \$ \_\_\_\_\_

Reviewer signature: X \_\_\_\_\_ Date: \_\_\_\_\_

1<sup>st</sup> Approval signature: X \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Approval signature: X \_\_\_\_\_ Date: \_\_\_\_\_

(Director) > \$10,000.00 Approval Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

(VP) > \$25,000 Approval Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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](http://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



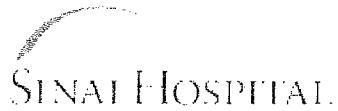
### Mission Statement

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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**