



**Mount
Sinai**

THE MOUNT SINAI HOSPITAL MOUNT SINAI QUEENS

**IMPLEMENTATION PROGRESS REPORT
NEW YORK STATE COMMUNITY SERVICE PLAN REPORT**

2014

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Introduction



This document outlines The Mount Sinai Hospital and Mount Sinai Queens Implementation Strategy for improving the health of the population in the community they serve by addressing priorities identified through the Community Health Needs Assessment (CHNA).

The CHNA and Implementation Strategy were undertaken to better understand and address community health needs and to fulfill the requirements of both the Internal Revenue Service (IRS) regulations, pursuant to the Patient Protection and Affordable Care Act of 2010, and New York State Department of Health, Prevention Agenda Priorities 2013 - 2017.

The hospital may amend the Implementation Strategy as circumstances warrant. For example, certain needs may become more pronounced and merit enhancements to the described strategic initiatives. Alternatively, other organizations in the community may decide to address certain community health needs included in the plan. The full CHNA and Implementation Strategy is available at www.mountsinai.org/about-us/community.

The organizational framework of this Implementation Strategy is also built around the New York State Prevention Agenda 2013-2017: New York State's Health Improvement Plan. Mount Sinai's assessment represents an internal

coordination across its facilities, and collaboration with external organizations in the community to identify local health needs and develop a strategy for addressing them.

The systematic process helped to identify significant health needs across Mount Sinai's service area, including vulnerable and under-represented populations. Data on health status, health care access, and related subjects were analyzed. Input from persons representing the broad interests of the community, including individuals with special knowledge or expertise in public health, was taken into account through interviews and meetings with 47 community members and agency leaders. The CHNAs from other organizations in the community were also reviewed. The process identified ways in which continued collaboration could improve patient care, preventive services, overall health, and quality of life for all New Yorkers.

Mount Sinai's project team for the CHNA was led by the Office of Community and Government Affairs, and included staff from both Mount Sinai Hospital and Mount Sinai Queens. The hospital engaged Verité Healthcare Consulting to prepare the CHNA. More information on the firm and its qualifications can be found at www.veriteconsulting.com.

History of

THE MOUNT SINAI HOSPITAL



On January 15, 1852, nine men, representing several Jewish charities, agreed on a vision for free medical care for indigent Jews in New York City. Three years later, that vision came to fruition with the establishment of the 45-bed Jews' Hospital on West 28th Street between 7th and 8th Avenues. Although the hospital was a sectarian institution, it accepted emergency patients of any religious affiliation. Since the Jews' Hospital was a charitable enterprise, its directors relied on gifts from friends, as well as funds from the government, to provide subsidized care.

During the Civil War, the Hospital expanded to accommodate Union soldiers. In an effort to broaden its mission and maintain eligibility for state and city support, the Jews' Hospital abandoned its sectarian charter and was renamed The Mount Sinai Hospital in 1866. It moved to a new 120-bed facility on Lexington Avenue, between 66th and 67th

Streets, nearly tripling its original capacity. Patient care grew to encompass outpatient services, as well as new specialties including: pediatrics, eye and ear, and neurology. A tiny laboratory was set up in a coat closet and research became a priority.

In 1881, a training school for nurses was established, introducing professional nursing care to a facility previously served by untrained male and female attendants. The Mount Sinai Hospital School of Nursing closed in 1971 after graduating 4,700 nurses.

As advances in research, diagnosis, and patient care occurred, more people sought treatment at hospitals, and Mount Sinai's leaders realized it was time, once again, to move and expand. In 1904, the new 456-bed, 10-pavilion Mount Sinai Hospital was established on Fifth Avenue at 100th Street. Over the years, the Hospital has expanded rapidly, both in size and in service.

THE MOUNT SINAI HOSPITAL

In the late 1950s, the hospital began plans to establish its own medical school. Chartered in 1963, Mount Sinai School of Medicine became the first medical school to grow outside of a university setting in more than 50 years. The new institution would encompass a medical school supported by a strong teaching hospital, undergraduate programs for allied health workers, and graduate schools for physical and biological sciences. Mount Sinai School of Medicine opened its doors in 1968, in affiliation with The City University of New York (CUNY). The first class consisted of 36 students, four of whom were women.

The Mount Sinai Medical Center struggled financially in the beginning of the 21st century. However, in 2002, steps were being taken to chart a new course. In January 2003, Kenneth L. Davis, MD—who graduated from the school's second class—was named Dean of the Mount Sinai School of Medicine, and soon thereafter President and CEO of The Mount Sinai Medical Center. Four years later, the two offices were split and Dennis S. Charney, MD, became Dean.

In 2010, the Middle States Commission granted Mount Sinai initial accreditation to be a freestanding entity that would grant its own degrees. Two years later, the name of the school was changed to the Icahn School of Medicine at Mount Sinai, to honor the lifetime generosity of Trustee Carl Icahn. That same year, Mount Sinai celebrated the opening of the new clinical and research facility, the Leon and Norma Hess Center for Science and Medicine.



Hess Center for Science and Medicine

In September 2013, Mount Sinai and Continuum Health Partners merged to form the largest health care system in the New York metropolitan area. The goal of the newly formed Mount Sinai Health System is to create a network of hospitals that stands as a national and global model for academic, clinical, and research excellence. The health system encompasses seven member hospital campuses and a single medical school, the Icahn School of Medicine at Mount Sinai.

History of MOUNT SINAI QUEENS

Founded in 1892, Mount Sinai Queens was originally known as Astoria Hospital. Located on Astoria Boulevard, residents made their way around town in horse-drawn trolleys. Physicians petitioned the hospital's Board of Managers for more space, and funds were raised through both a public fair and generous donations from local philanthropists. In May of 1896, a gala heralded the opening of Astoria Hospital's new Tudor Building on Crescent Street, between 30th Avenue and 30th Road.

According to *The New York Times*, the hospital was "a fitting monument to the women who built it." Its doors were open to all patients, without regard to gender, religion, or nationality. The new facility included two operating rooms, separate wards for men and women, a dining room, training school, apartments for nurses, horse stable, and an ambulance.

Two years after moving to its new location, the hospital was forced to close due to a lack of city funds. Doctors made some unsuccessful attempts to revive the hospital, but it remained closed until Marie Daly purchased it and opened Daly's Astoria Sanatorium in 1925. The sanatorium served as a maternity hospital and a place where patients could recuperate from long

illnesses. Mrs. Daly's husband, John F. Daly, MD, was the medical director during the sanatorium's early years.

In 1949, a group of physicians purchased the hospital and changed its name to Astoria General Hospital. The new owners expanded the facility to meet the growing needs of the local postwar community. In 1952, a new three-story building was constructed on 30th Avenue—where Mount Sinai Queens stands today—and is still connected to the original building. Three additional floors were added in 1964, bringing the total number of hospital beds to 235.

The hospital thrived throughout the 1960s. By 1965, Astoria General served more patients and delivered more babies than any other private hospital in Queens. During the 1980s, the hospital opened a new Ambulatory Surgery Center and a Center for Laser Vascular Surgery, the first such facility in Queens, Brooklyn, or Long Island.

In the early 1990s, the changing economics of health care made survival as a stand-alone hospital increasingly difficult. In 1993, the hospital became an affiliate of The Mount Sinai Hospital. The following year, it changed its name to Western Queens Community Hospital. The hospital was purchased by The Mount Sinai Hospital in 1999.

MOUNT SINAI QUEENS



Rendering of Mount Sinai Queens expansion and new building project to be completed in 2016.

Since joining Mount Sinai, hospital management has worked to introduce state-of-the-art technology and attract both physicians and nurses who are among the best in their fields. Bringing physicians, resources, and knowledge from Mount Sinai Hospital in Manhattan has been integral to the efforts of improving the quality of health care in Queens. Mount Sinai Queens strives to combine medical excellence with the compassionate, caring environment of a community hospital.

Mount Sinai Queens has embarked on a \$125 million building and expansion project to better serve the health care needs of the western Queens community. The groundbreaking, held on October 21, 2013, celebrated the beginning of a three-year construction project to be completed by summer 2016. The expansion—which is the

first in six decades—will include construction of a new building on Crescent Street, behind the existing hospital.

One of the most notable improvements will be a new state-of-the-art Emergency Department (ED), that is nearly four times larger than the present facility. At more than 19,000 square feet, it will feature 36 bays, including private rooms, a drive-through entrance for ambulance drop-offs, and the latest technology for CT and radiology. The expansion will also include seven state-of-the-art operating rooms, allowing for more complex surgeries. The new building will house primary care doctors and specialists in cardiology, endocrinology, gastroenterology, general surgery, pulmonary medicine, vascular surgery; and add 160 professionals to the medical and support staff.

Community Service Area

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The Mount Sinai Hospital encompasses two campuses, a 1,171-bed tertiary- and quaternary-care teaching facility, located on the border between East Harlem and the Upper East Side; and Mount Sinai Queens, a 235-bed acute care facility, located in Astoria, Northwestern Queens. These two facilities are one hospital, as licensed by the State of New York, and the needs assessment applies to the community collectively served by both facilities.

Mount Sinai's community is composed of 168 ZIP codes, encompassing the boroughs of the Bronx, Brooklyn, and Manhattan, along with parts of Queens. The community is divided into neighborhoods utilized by the New York State Department of Health. Thirty-five of the 42 neighborhoods in New York City are in both hospitals' community. The Mount Sinai community includes portions of the neighborhoods of Jamaica, North Queens, and Southwest Queens. All other neighborhoods are represented in their entirety. In 2011, the Mount Sinai community was estimated to have a population of approximately 6.9 million people.

The community definition was validated based on the geographic origins of discharges from The Mount Sinai Hospital and Mount Sinai Queens. In 2012, the community collectively accounted for 73 percent of the hospital's inpatient discharges. Manhattan and Queens accounted for the highest percentage of discharges. The community's population is expected to grow 3 percent year-over-year between 2010 and 2020, with growth projections for residents, aged 65 and over, ranging from 16 to 19 percent.

Community Input and Public Participation

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To ensure that the assessment was comprehensive, input from persons representing the broad interests of the community, including individuals with special knowledge or expertise in public health, was taken into account after interviewing and meeting with 47 community members and agency leaders. Mount Sinai's CHNA represents an internal collaboration across its facilities and external organizations in the community, to identify the health needs of the community and develop a strategy for addressing them. The systematic process helped identify significant health needs across Mount Sinai's service area, including among vulnerable and under-represented populations. It also helped identify ways in which continued collaboration could improve patient care, preventive services, overall health, and quality of life. Mount Sinai will maintain engagement with its community partners by establishing work plans for collaborative efforts to achieve annual targets.

Significant Community Health Needs Mount Sinai Will Address

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The Mount Sinai Hospital and Mount Sinai Queens Implementation Strategy plan was used to chart goals, objectives and strategies for each community health need to be addressed. Those needs, and the principal findings for each, are listed below in alphabetical order. A complete description of these health needs and how they were identified—including the community input taken into account, the data analyzed, and the prioritization methods used—can be found in the 2013 CHNA report.

For each significant health need the hospital will address, the strategy describes actions the hospital intends to take, including programs and resources it plans to commit; anticipated impact of these actions and a plan to evaluate such impact; and planned collaboration between the hospital and other organizations. The significant health needs identified include the following:

- Access to Preventive and Primary Care and Health Insurance
- Access to Mental Health Care and Poor Mental Health Status
- Chronic Diseases and Contributing Lifestyle Factors
- Cultural, Ethnic, and Linguistic Barriers to Care
- Infant Health Risk Factors and Outcomes
- Sexually Transmitted Infections and HIV/AIDS

Implementation Strategy 2014 Update

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Community Health Need Identified: Access to Preventive and Primary Care and Health Insurance

Needs identified include: a limited supply of physicians, lack of affordable care and insurance, insufficient public knowledge of health care resources, difficulty accessing care, inability to take time from work to seek care, lack of unconventional operating hours, and gaps in care coordination.

Prevention Agenda Linkage: Improve Health Status and Reduce Health Disparities

Action Plan Addressed	Anticipated Impact	Plan To Evaluate	Programs and Resources	Planned Collaboration	Outcome and Activity in 2014
<ul style="list-style-type: none"> • Provide health care access to individuals with limited financial means or no health insurance. • Offer community wellness and preventive education programs in partnership with local community organizations. • Provide primary care and health services to adolescents. • Engage community leaders, educators, elected officials, health care providers, and residents at Mount Sinai's monthly Community Roundtable discussions to improve health. • Provide health education, early awareness, and clinical and diagnostic services related to cancer for the medically underserved population. 	<ul style="list-style-type: none"> • Increase the number of eligible individuals enrolled in insurance programs. • Increase preventive health and wellness screenings, as well as awareness of available preventive and primary care for community residents. • Increase utilization of community resources and improve community health. 	<ul style="list-style-type: none"> • Mount Sinai will monitor individuals enrolled in health care coverage and served by Mount Sinai Financial Assistance Programs. • Mount Sinai will monitor program performance annually, by measuring the number of individuals served through health education and screenings, as well as new primary care visits. 	<ul style="list-style-type: none"> • Mount Sinai Financial Assistance Programs, Mount Sinai Queens Patient Financial Services, Resource Entitlement and Advocacy Program (REAP) at Mount Sinai • Mount Sinai Queens Annual Community Health Fair • Mount Sinai Adolescent Health Center and School-Based Health Centers • Mount Sinai Roundtable Lunch & Lecture Program • Breast Health Resource Program, Witness Project of Harlem, Esperanza y Vida- Latina Witness Project of Harlem, Queens Breast Health Partnership Program, Mount Sinai Queens Family Health Associates, and Dubin Breast Center 	<ul style="list-style-type: none"> • Local community health center, federally qualified health centers, and clinics, including: Boriken Neighborhood Health Center, Sisters of the Assumption Family Health Services, Settlement Health, and Union Settlement • Local places of worship, such as: Archdiocesan Hellenic Cultural Center, Catholic Charities of Brooklyn and Queens, and Astoria Center of Israel • New York State Department of Health Cancer Services Program and East and Central Harlem Public Health Office • Civic Associations, community-based organizations, such as New York Common Pantry, SHAREing and CAREing, and United Community Civic Association • School-Based Health Centers: Julia Richman Education Complex, Manhattan Center for Science and Mathematics, and Humanities Educational Campus 	<ul style="list-style-type: none"> • Mount Sinai Adolescent Health Center provided services to XXXX ages 10-22 years of age, and the school-based health centers served XXX. • Mount Sinai Queens Annual Community Health Fair provided health screenings and education activities to approximately 950 community residents. • REAP at Mount Sinai provided services to approximately 6,000 clients. • Mount Sinai offered 10 Community Roundtable Lunch & Lecture programs; approximately 500 participants attended. • The Breast Health Resource Program provided health education to 693 participants, as well as 405 clinical breast exams and diagnostic services. In an effort to increase adherence to screening guidelines, Mount Sinai's Witness Project of Harlem provided educational programs to 848 African-American participants and 319 Hispanic/Latina participants in the Esperanza y Vida-Latina Witness Project in Harlem. The Queens Breast Health Partnership Program provided breast health education to 215 participants and 127 clinical exams and diagnostic services in Queens.

Community Health Need Identified: Access to Mental Health Care and Poor Health Status

Needs identified include: a shortage of mental health professionals and services, underserved adolescents and senior citizens, comparatively high suicide rates among youth, and a wide range of mental and behavioral health conditions, such as: depression among all age groups, stress related to financial hardship, learning disabilities, autism, bipolar disorder, psychoses, post-traumatic stress disorder, suicidal thoughts and behaviors, abuse and neglect, bullying, and domestic and community violence.

Prevention Agenda Linkage: Promote Mental Health Status and Prevent Substance Abuse

Action Plan Addressed	Anticipated Impact	Plan To Evaluate	Programs and Resources	Planned Collaboration	Outcome and Activity in 2014
<ul style="list-style-type: none"> • Provide inpatient and outpatient mental health services, supportive counseling, and crisis intervention. • Provide mental health services at Mount Sinai Adolescent Health Center. • Provide services to survivors of human trafficking and sexual and domestic violence through the Mount Sinai Sexual Assault and Violence Intervention Program (SAVI). 	<ul style="list-style-type: none"> • Strengthen the infrastructure across physical and mental health systems to integrate total care for patients. • Improve access to mental health care for adolescents and victims of sexual violence. 	<ul style="list-style-type: none"> • Mount Sinai will monitor program performance annually, including the number of individuals served by its services and programs. 	<ul style="list-style-type: none"> • Mount Sinai REAP Program • SAVI Program 	<ul style="list-style-type: none"> • Outpatient mental health service providers, include: Western Queens Consultation Center, Steinway Mental Health Clinic, HANAC Mental Health Clinic, Woodside Mental Health Clinic, and East Harlem Mental Health Clinic 	<ul style="list-style-type: none"> • Through specialized programs and services, the Department of Psychiatry at Mount Sinai provides expert care to patients with a range of mental health conditions. • Mount Sinai Adolescent Health Center is staffed with Board Certified child and adolescent psychiatrists, clinical psychologists, and social workers. They are equipped to address any mental health issue faced by adolescents and their families. • SAVI served 414 survivors of sexual and intimate partner violence through clinical services, provided 3,761 free therapy and counseling sessions, and offered 1,504 advocacy interventions, such as: accompaniment to court, assistance with connecting to other programs and systems, and support with police reports.

Community Health Need Identified: Chronic Diseases and Contributing Lifestyle Factors

Needs identified include: obesity, overweight, diabetes, heart disease, high blood pressure (caused or made worse by poor nutrition and diet), low physical activity and exercise, lack of affordable and nutritious food, chronic lower respiratory disease and chronic obstructive pulmonary disease, and high rates of hospital utilization for asthma.

Prevention Agenda Linkage: Prevent Chronic Diseases

Action Plan Addressed	Anticipated Impact	Plan To Evaluate	Programs and Resources	Planned Collaboration	Outcome and Activity in 2014
<ul style="list-style-type: none"> • Provide cardiovascular screenings, health education, and intervention programs to reduce heart disease among women and minorities. • Offer programs and services related to detection and prevention of diabetes and stroke. • Provide free community health education programs and nutrition lectures related to children, adolescents, adults, and seniors. • Provide access to fresh produce through Mount Sinai's Greenmarket. 	<ul style="list-style-type: none"> • The Mount Sinai Hospital and Mount Sinai Queens anticipate increased knowledge about chronic health conditions to improve health behaviors in children, adolescents, and adults. • Mount Sinai anticipates contributing to a reduced burden of chronic illness in the community through its direct health service programs. 	<ul style="list-style-type: none"> • Mount Sinai will monitor program performance annually, including the number of individuals served through health education and screening programs. 	<ul style="list-style-type: none"> • Mount Sinai Heart's Go Red for Women • Harlem Healthy Hearts Programs • Diabetes Center at Mount Sinai • Mount Sinai Queens Family Health Associates • Mount Sinai Queens Stay Healthy Program for Seniors • Mount Sinai Queens monthly Blood Pressure Program at senior centers 	<ul style="list-style-type: none"> • American Heart Association • YMCA of Greater New York - Viva Fitness Program and Long Island City YMCA • United Community Civic Association • JVL - HANAC Harmony Center, Dellamonica-Steinway Center for Seniors, Happy Seniors of Northwest Astoria Center, and Catherine Sheridan Senior Center • Abyssinian Baptist Church • Kennedy Community Center 	<ul style="list-style-type: none"> • As one of the largest "Go Red for Women" events in New York City, Mount Sinai conducted free heart health screenings, including: blood pressure, cholesterol, and weight. The event also included advice on stress management, nutrition counseling, and healthy eating tips. More than 350 community residents were screened. • The Harlem Heart-Healthy program served more than 350 minority women through monthly lectures and workshops that teach healthy nutrition, food shopping, and meal preparation. The program increased awareness of cardiac risk factors and their manifestations and how this can be eliminated with healthier lifestyles. • Mount Sinai Queens provided blood pressure screening to 900 community residents. • Mount Sinai Queens provided health education and wellness programs to 2,000 participants at local senior centers, libraries, community centers, schools, and community-based organizations.

Community Health Need Identified: Cultural, Ethnic, and Linguistic Barriers to Care

Needs identified include: linguistic isolation, not understanding available resources, difficulty obtaining appointments with appropriate translation services, difficulty understanding a provider’s diagnoses and instructions, fears related to immigration status, and cultural differences in the roles of family members.

Prevention Agenda Linkage: Improve Health Status and Reduce Health Disparities

Action Plan Addressed	Anticipated Impact	Plan To Evaluate	Programs and Resources	Planned Collaboration	Outcome and Activity in 2014
<ul style="list-style-type: none"> • Provide community health education programs and services in several languages, including Spanish and Greek. • Represent diverse racial and ethnic community groups on Mount Sinai’s Community Advisory Board. • Provide free, confidential, and culturally sensitive counseling and support services to male and female survivors of sexual abuse and assault, and domestic violence. 	<ul style="list-style-type: none"> • The Mount Sinai Hospital and Mount Sinai Queens anticipate increased access and participation in screenings for minority and limited English-speaking populations. 	<ul style="list-style-type: none"> • Mount Sinai will monitor program performance annually, including the number of individuals served through health education and screenings. 	<ul style="list-style-type: none"> • Mount Sinai and Mount Sinai Queens provide translation services for all non-English speaking patients and visually and/or hearing impaired patients. 	<ul style="list-style-type: none"> • Organizations representing diverse racial and ethnic communities, such as: the Muslim American Society, American Greek Homeowners Association, Eihab Human Services, and Hellenic American Neighborhood Action Committee • Orthodox Jewish communities and organizations such as Astoria Center of Israel • Greek-American Homeowners Association • Hellenic American Neighborhood Action Committee • Hellenic Cultural Club 	<ul style="list-style-type: none"> • Mount Sinai and Mount Sinai Queens continue to provide translation services to non-English speaking patients. Translators are available at most Greek and Spanish-speaking community health events.

Community Health Need Identified: Infant Health Risk Factors and Outcomes

Needs identified include: disparities in infant mortality, teen pregnancy and unintended pregnancies, comparatively high rates of maternal mortality, poor outcomes for prenatal care, prematurity and low birth weight in the Bronx, and a high percentage of pregnant mothers drinking alcohol and smoking.

Prevention Agenda Linkage: Promote Healthy Women, Infants, and Children

Action Plan Addressed	Anticipated Impact	Plan To Evaluate	Programs and Resources	Planned Collaboration	Outcome and Activity in 2014
<ul style="list-style-type: none"> • Reduce the incidence of adolescent pregnancies by promoting youth empowerment, youth-led programs, and access to reproductive health services. • Provide support programs and activities for parents of newborns in the Neonatal Intensive Care Unit at Kravis Children's Hospital at Mount Sinai. • Provide comprehensive prenatal care to women, regardless of immigration status at Family Health Associates at Mount Sinai Queens. 	<ul style="list-style-type: none"> • Increase the number of eligible individuals enrolled in insurance programs. • Provide reproductive and sexual health services and education among youth and increase delivery of reproductive and newborn health services to high-risk populations. 	<ul style="list-style-type: none"> • Monitor program performance annually, including the number of people served with education and medical care. 	<ul style="list-style-type: none"> • Kravis Children's Hospital at Mount Sinai • Mount Sinai Queens Family Health Associates 	<ul style="list-style-type: none"> • Local community health centers, federally qualified health centers, and clinics, including: Settlement Health and Little Sisters of the Assumption Family Health Service • Astoria Blue Feather Head Start 	<ul style="list-style-type: none"> • Provide support programs and activities for parents of newborns in the Neonatal Intensive Care Unit at Kravis Children's through Mount Sinai's Parenting Sharing Program. • Mount Sinai Queens Prenatal Care Program provides comprehensive prenatal care to women regardless of their immigration status. Some of the services include pregnancy risk assessment, nutrition counseling, HIV counseling and testing, health and childbirth education classes, postpartum examination (no later than eight weeks after delivery), and arrangements for pediatric care. • Prenatal care assistance program with Department of Health to provide comprehensive prenatal services to high risk, low income, uninsured or underinsured women and their children.

Community Health Need Identified: Sexually Transmitted Infections and HIV/AIDS

Needs identified include: high rates of chlamydia, gonorrhea, syphilis, acute Hepatitis B, HIV/AIDS, and AIDS prevalence and mortality.

Prevention Agenda Linkage: Improve Health Status and Reduce Health Disparities

Action Plan Addressed	Anticipated Impact	Plan To Evaluate	Programs and Resources	Planned Collaboration	Outcome and Activity in 2014
<ul style="list-style-type: none"> • Provide free HIV testing to adults and children with infectious diseases. • Provide primary care, mental health services, substance abuse counseling, and social work services to HIV patients. • Provide preventive services to those at risk through the Jack Martin Fund Clinic and Mount Sinai Comprehensive Health Program-Downtown. 	<ul style="list-style-type: none"> • The Mount Sinai Hospital and Mount Sinai Queens will increase awareness by disseminating sex health education among youth and adults. • Increase HIV and STI testing among high-risk populations • Increase delivery of appropriate medical and social services to HIV/AIDS patients 	<ul style="list-style-type: none"> • Mount Sinai will monitor program performance annually, including the number of individuals receiving medical care and treatment through the Jack Martin Fund Clinic. 	<ul style="list-style-type: none"> • REAP Program • Jack Martin Fund Clinic • Project Impact Program • Mount Sinai Comprehensive Health Program-Downtown • Mount Sinai Urgent Care Center-Upper West Side • Men's Sexual Health Project 	<ul style="list-style-type: none"> • Bronx AIDS Services • East Harlem HIV Care Network • Brooklyn AIDS Task Force • Aid for AIDS • Hispanic AIDS Forum • Legal AID Society • LGBT Center • M.E.N.T.O.R.S. • The Door • Charles B. Wang Community Health Center • Latino Commission on AIDS • AIDS Service Center New York City 	<ul style="list-style-type: none"> • Mount Sinai provided screenings and treatment services to approximately 475 patients.

Community Health Needs Not Directly Addressed

Mount Sinai is committed to serving the community by providing a range of important health care services and community benefits. The implementation strategy does not include specific plans to address:

Environmental Determinants of Health

As an acute care hospital, Mount Sinai is not ideally suited to be the lead organization in addressing environmental determinants of health in the community. Other organizations are addressing this need. However, the hospital does intend to help improve accessibility to healthy food by providing access to fresh produce through the Mount Sinai Greenmarket—a farmer's market that is offered every Wednesday from June through November.

Poverty, Financial Hardship, and Basic Needs Insecurity

Mount Sinai understands the role that poverty plays as a contributor to poor health status. As an organization that provides health care services, the hospital lacks the resources, expertise, and mission to directly address this need. The hospital does provide care to community members with limited financial means and individuals without health insurance by offering discounted fees and flexible payment plans based on the patient's ability to pay, through the Resource Entitlement and Advocacy Program (REAP) and the Patient Financial Assistance Program. The hospital will continue offering a wide range of free health screening and education programs.

New York State Community Service Plan 2014

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In New York State (NYS), all not-for-profit hospitals are required to develop a Community Service Plan. Hospitals work together with their local department of health, community partners, and other providers in their county to address the public health priorities identified in the Prevention Agenda toward the Healthiest State. The organizational framework of this Implementation Strategy is also built around the New York State Prevention Agenda 2013-2017. Five priority areas, each with multiple focus areas, have been identified. Each priority area is addressed in conjunction with the hospital's specific programs, resources, and collaborative engagements within the community.

Selection of Public Health Priorities

The Prevention Agenda vision features five priority areas:

- **Prevent Chronic Diseases**
- **Promote Healthy and Safe Environments**
- **Promote Healthy Women, Infants, and Children**
- **Prevent HIV/STDs, Vaccine-Preventable Diseases, and Health Care-Associated Infections**
- **Promote Mental Health and Prevent Substance Abuse**

The Mount Sinai Hospital and Mount Sinai Queens will address “Prevent Chronic Diseases” and “Prevent HIV/STDs, Vaccine-Preventable Diseases, and Healthcare-Associated Infections” as their two priorities. Mount Sinai continues to work collaboratively with the East and Central Harlem Public Health District Office, Community Boards – Manhattan and Queens, New York State Department of Health, Cancer Services Program (CSP), local health care providers, and other organizations. The hospital's diverse community is at risk for developing chronic diseases and has a high HIV prevalence rate.

Priority # 1: Prevent Chronic Diseases

Focus Area: increase access to high quality chronic disease preventive care and management in both clinical and community settings

Goal	Objective by December 2017	Disparity	Intervention	Target Population	Community Partnership
<ul style="list-style-type: none"> • Increase breast cancer screening rates, educate, expand access to care, and utilize routine diagnostic testing to promote early detection and diagnosis, especially among disparate populations. 	<ul style="list-style-type: none"> • Increase diagnostic services, including: comprehensive breast self-examinations, breast health education, information on breast cancer treatments, and community-based educational programs on breast cancer to African-American and Hispanic/Latina women as well as other minority groups. 	<ul style="list-style-type: none"> • Women may reduce their risk of getting breast cancer by engaging in healthy behaviors like maintaining a healthy body weight, being physically active, breastfeeding, limiting alcohol intake, and avoiding tobacco. In addition, all women 40 years and older should be screened for breast cancer with a mammography every 1-2 years. 	<ul style="list-style-type: none"> • Improve breast health through early detection, treatment, and access to quality breast health services for the medically underserved populations. • Provide on-site clinical breast examinations and mammography screenings. • Provide support and follow-up to women. 	<ul style="list-style-type: none"> • Breast cancer is one of the most common cancers among women in New York State. Each year, almost 15,000 women are diagnosed with breast cancer and almost 2,700 women die from the disease in New York. Breast cancer incidence rates are highest among non-Hispanic white and African-American women. • Mount Sinai's Tisch Cancer Institute provides ongoing cancer education and preventive programs to its surrounding communities, including East and Central Harlem and other locations throughout New York City. Mount Sinai's Witness Project of Harlem and the Esperanza y Vida—The Latina Witness Project of Harlem are designed to increase adherence to recommended screening guidelines among African American and Hispanic/Latina women in medically underserved communities. • Through partnerships with the New York State Department of Health Cancer Services Program, and funding from The Louis and Rachel Rudin Foundation, Mount Sinai Queens Breast Health Partnership continues to reduce the death rate related to breast cancer by providing free breast screenings, health education, and clinical services for the medically underserved, underinsured, and/or uninsured population. Mount Sinai Queens Breast Health Partnership program provides health, wellness, and supportive services in several languages including Spanish and Greek. 	<p>The Mount Sinai Hospital and Mount Sinai Queens empower individuals to take control of their health by working in partnership with:</p> <ul style="list-style-type: none"> • Local community health centers and Federally Qualified Health Centers, and clinics, including: Settlement Health, Union Settlement, and Little Sisters of the Assumption Family Health Service. • Community-based organizations and committees, including: New York State Department of Health Cancer Services Program-Queens Partnership, SHAREing and CAREing, Manhattan Community Board 11, Queens Community Boards 1 and 2, and East Harlem Community Health Committee. • Housing related organizations, including: New York City Housing Authority Tenants Associations and East and Central Harlem District - Public Health Office • Places of worship, including: Catholic Charities of Brooklyn and Queens, Astoria Center of Israel, and Archdiocesan Hellenic Cultural Center.

Successes and Challenges

The Mount Sinai Hospital and Mount Sinai Queens strive to improve breast health for the medically underserved, uninsured, and/or under-insured population by offering clinical breast exams, mammograms, and breast health education programs.

In 2014, the following services were offered:

- **Mount Sinai Hospital's Breast Health Resource Program provided breast health education to 693 participants and 405 participants received clinical exams and diagnostic services.**
- **Mount Sinai Queens Breast Health Partnership Program provided breast health education to 232 participants and 158 participants received clinical breast exams and other diagnostic services.**
- **Mount Sinai Witness Project of Harlem provided breast health education screening guidelines to 319 participants.**
- **Esperanza y Latina Witness Project of Harlem provided health education screening guidelines to 848 participants.**
- **SHAREing and CAREing provided breast health information and support to patients while they were waiting to receive services at Mount Sinai Queens Family Health Associates**

Due to New York State budget cuts, and changes in eligibility criteria for the Cancer Services Programs, there were screening reductions for women between the ages of 40-49. With additional funding from The Louis and Rachel Rudin Foundation, Mount Sinai Queens was able to maintain screening goals and serve high-risk women less than 40 years of age, as well as enroll new eligible participants.

Priority #4: Prevent HIV/STDs, Vaccine-Preventable Diseases, and Health Care-Associated Infections

Focus Area: Prevent HIV and STDs

Goal	Objective by December 2017	Disparity	Intervention	Target Population	Community Partnership and Collaboration
<ul style="list-style-type: none"> • Increase early access to, and retention in, HIV care in New York State. 	<ul style="list-style-type: none"> • Increase the number of persons, between the ages of 13-24, who reported having an HIV test, and provide primary care services to youth at high-risk for HIV within the community. • Reduce the percentage of people with concurrent and late HIV and AIDS diagnoses. • Provide primary care services to youth at high-risk for HIV within the community. 	<ul style="list-style-type: none"> • Gaps in comprehensive HIV primary care services have increased the number of medically underserved African-Americans and Hispanics with unmet needs. Minority women suffer higher HIV infection rates than men, receive inadequate or delayed medical care, and die of HIV/AIDS related diseases faster. • There are a large number of hospital-based HIV programs, community health centers, drug treatment programs, and private practitioners in Mount Sinai's service area. Despite this, the need for accessible, affordable, and state-of-the-art comprehensive primary care for underinsured and uninsured persons at risk, or those infected with HIV, continues to exceed available resources. 	<ul style="list-style-type: none"> • The Institute for Advanced Medicine at Mount Sinai provides comprehensive, affordable treatment and services to patients living with HIV/AIDS, as well as their friends and family. Physicians and staff from multiple disciplines are united into one integrated program that provides accessible, affordable, and expert primary and specialty care to HIV patients, as well as their friends and families throughout the New York metropolitan area. Monthly grant progress and expenditure reports are also available. 	<ul style="list-style-type: none"> • Approximately 350,000 New York City adults, between the ages of 18 and 64, engage in high-risk sexual behavior. Nearly two-thirds of these adults, who have three or more sex partners per year, report that they did not have a recent HIV test. According to a new survey, only 16 percent of New Yorkers report consistent condom use, and nearly half report no condom use at all. More men who have sex with men (MSM) report high-risk behaviors for HIV (21 percent) than heterosexual men (9 percent). • The proportion of new HIV diagnoses attributed to MSM rose from 43 percent in 2009 to 48.3 percent in 2010. Heterosexual sex accounted for 21.4 percent of new HIV cases in 2010. The HIV epidemic in New York City affects women, men, and transgender persons, as well as people of all races, ethnicities, cultural backgrounds, neighborhoods, ages, and risk factors. Persons newly diagnosed with HIV in 2012 were more likely to be male than female, and more likely to be black or Hispanic than another race/ethnicity. Over half of persons diagnosed with HIV were in their 20s or 30s. The area of the most acute need is Central Harlem where the newly diagnosed rate is 1.6 times higher than New York City overall. The overwhelming majority of patients who seek treatment are MSM who are underinsured and at risk for HIV and STDs. 	<ul style="list-style-type: none"> • Mount Sinai Hospital successfully targets at-risk populations through our community partners including: Callen/Lorde GLBT Community Health Center, Settlement Health, AIDS Service Center, Manhattan HIV Care Network, and New York Department of Health and Mental Hygiene anonymous testing sites.

Successes and Challenges

Mount Sinai continues to expand its efforts to identify those infected with HIV at an early stage of the illness. However, with the existing barriers in place, individuals often question the need to know if one is HIV-positive. In accordance with New York State law, Mount Sinai is implementing standardized HIV tests on inpatient units, the emergency room, and all primary care programs within the hospital. In 2014, Mount Sinai provided screening and treatment services to 475 patients.

More diverse, multilingual, multicultural, and family-oriented services are required to identify clients, enroll them into care, and provide adherence with medical treatments. For newly diagnosed patients, the social work team works one-on-one with the individuals to mitigate the circumstances surrounding diagnosis and enhance emotional wellness. Mount Sinai attempts to staff its programs with individuals who mirror its patient population, including women, individuals of color, GLBT, and employees who are bilingual in Spanish and English. Mount Sinai also has periodic trainings from the Callen/Lorde GLBT Community Health Center in the care of transgender community members including hormone therapy.

Hospital Financial Assistance Program

Statement of Purpose

The Mount Sinai Health System recognizes that many of the patients it serves may be unable to access quality health care services without financial assistance. The Mount Sinai Financial Assistance Policy (“the Policy”) was developed to ensure that the member hospitals continue to uphold their mission of providing quality health care to the community while carefully taking into consideration the ability of the patient to pay, as applied in a fair and consistent manner.

Policy

Prior to, or at the time of service, all patients of the member hospitals will have access to information regarding assistance for paying estimated or actual fees for Hospital services. As provided under New York State Public Health Law 2807-k (9-a) and the Affordable Care Act (ACA), patients will be provided guidance in applying for public insurance programs (Qualified Health Plans), Government or Hospital Financial Assistance programs based on financial need, and eligibility for such. All uninsured patients are presumptively eligible for a discounted rate. In order for further reductions to be applied, an application must be made through this policy within 90 days of discharge or point of service.

Patient Eligibility

- **Patients are considered eligible to qualify under the policy if:**

Emergency Services:

- ▶ Their primary residence is the State of New York;
- ▶ They meet all financial requirements; and
- ▶ They are uninsured, have exhausted or will exhaust all available insurance benefits.

Medically Necessary Non-Emergency Services:

- ▶ Their primary residence is the City of New York;
- ▶ They meet all financial requirements; and
- ▶ They are uninsured, have exhausted, or will exhaust all available insurance benefits.

- **Patients are considered ineligible to qualify under the policy if:**

- ▶ False information was provided by the patient or responsible party;
- ▶ The patient or responsible party refuses to cooperate with any of the terms of this policy;
- ▶ The patient or responsible party refuses to apply for government insurance programs after it is determined that the patient or responsible party is likely to be eligible for those programs;
- ▶ The patient or responsible party refuses to adhere to their primary insurance requirements; or
- ▶ Patients may appeal a determination of ineligibility or unfavorable discount rate.

Eligible Services

- **All hospital charges that are medically necessary including:**

- ▶ Inpatient services
- ▶ Ambulatory surgery
- ▶ Emergency care
- ▶ Outpatient services including clinic and diagnostic treatment center services
- ▶ Rutenberg Treatment Center (RTC)

- **In cases of dispute of medical necessity, the Utilization Review Department or The Hospital’s Chief Medical Officer will make the final determination of medical necessity.**

Non-Eligible Services

- ▶ Services provided that are not medically necessary (i.e. cosmetic surgery/contact lenses and/or sleep study services)
- ▶ Non-facility employed physician fees are not covered by this policy. Speak to your advocate to see if this applies.
- ▶ Discretionary charges, such as: private room, private nurse, phone, TV, etc.
- ▶ Research related services

Policy and Procedures

Administration of this policy will be through the Department of Patient Financial Services (“PFS”). Areas within the system are designated to assist in the application process as determined by the member hospitals.

Eligibility Determination:

- **As identified in section 15 of this policy, the designated areas will determine if a patient has third party coverage (if coverage is determined, the treatment and plan of care must be covered and provided under any available third party coverage).**
- **If no third party coverage exists, a review and determination will be made to determine if the patient is eligible for government insurance programs;**
- **The applicant has 30 days in which to complete the application documentation process.**
- **In the event that the patient is fully eligible for Medicaid under the “Emergency Services Only” coverage or, be fully eligible for Medicaid; and the services are not billable to the Medicaid program for payment (nor excluded under the policy), the applicant should be automatically deemed eligible for Charity Care under Level 1 of the program or, if employed, the appropriate discount level. No further documentation will be required other than confirmation from the State of New York via the institutional billing system (Eagle). Such determination for Charity Care will be for the specific date of service to which the visit(s) occurred and were not certified to meet the definition of an emergency as described on the DSS-4471 or the current New York State Certification of Emergency treatment form in use at the time in which the services were rendered.**
- **If approved under the policy, such eligibility period should not exceed one year commencing on the first of the month of which services were first delivered or up to the last day of the month of the “open enrollment period as established under the ACA (which ever come first). If the patient requires an ambulatory surgery procedure or inpatient hospitalization, they may be required to recertify eligibility under the program (for the sole purpose of re-evaluating the patients eligibility for additional benefits). At the end of the eligibility period, patient will be required to recertify under the policy in effect at the time of the current application.**
- **If the patient is ineligible for government insurance programs and if application site agrees with such determination, the Policy and associated payment options should be explained to the patient, and an application should be completed by the patient or responsible party;**

- **Patients must provide the following documentation with the Policy application (documentation must meet the standards of proof applied by Medicaid to Medicaid application documentation):**
 - ▶ Proof of address
 - ▶ Proof of Identity
- **Current financial management as evidenced by income verification (wages, disability benefits, compensation benefits, etc.) by providing (as necessary):**
 - ▶ Thirty days of the most recent payroll stubs; or
 - ▶ Employer letter; or
 - ▶ NYS Self attestation form (see below); or
 - ▶ Most current Federal Tax returns with all schedules; and/or
 - ▶ Letter from the Social Security Administration or the New York State Department of Labor regarding unemployment benefits; and/or
 - ▶ Letter of support from individuals providing for patient's basic living needs.
- **Proof of dependents (if claimed);**
- **Proof of child support, alimony (if claimed); and**
- **Proof of assets is not required to determine actual discount under the policy.**
- **As allowed in Medicaid documentation standards, self-attestation (Currently Form MAP 2050a or any other acceptable form in use at the time of application) may be accepted if the above is not obtainable.**
- **Eligibility for Financial Assistance is determined based on family size and income level:**
 - ▶ For all covered services under the Policy, the application site will apply a means test and sliding fee scale based on gross income and family size.
 - ▶ The sliding fee income guidelines will be adjusted to remain consistent with Federal Poverty Level updates.
 - ▶ The Sliding Fee Table may be further revised by Mount Sinai Health System in accordance with New York State statute.
- **As determined by each area, a departmental designee will review each application and make a final determination on Charity Care eligibility and payment agreements (if required under the policy);**
- **All application sites shall render decisions to determine eligibility for Charity Care within 30 days of receipt of a completed application (including all required supporting documentation);**
- **Patients who receive additional services beyond the originally agreed upon services shall remain financially liable for the additional services and such modification may result in a re-evaluation of the patient's eligibility under this policy or any other government sponsored programs available.**
- **The Mount Sinai Health System reserves the right to evaluate any patient's eligibility on a case-by case basis, especially where complex medical, scientific or financial situations exist.**

Deposits

Any deposit paid as part of this program will be included in the overall discount package.

Payment Determination:

- **When a member hospital has found a patient eligible for Charity Care, an appropriate discount will be determined based on the current Sliding Fee Scale Discount Table in accordance with New York State regulations.**
- **The patient or responsible party will be notified in writing of eligibility, and if eligible and if applicable, asked to sign a payment agreement.**
- **A New York State surcharge will be added to all amounts determined to be the patient's responsibility, as appropriate under the Health Care Reform Act.**
- **Payment terms shall be compliant with the existing New York State Financial Assistance Law. Payment terms shall not exceed the limits as set forth under the law and shall not include interest (all installment plans are interest free).**
- **Installment plans (if any) shall not exceed 10% of the head of household gross monthly income in accordance with New York State Statute for persons who qualify under this policy.**

Appeal of Eligibility Determination:

- **A patient has the right to appeal decisions on eligibility for Charity Care within 30 days of notification of non-eligibility.**
- **Appeals can only be submitted based on the following:**
 - ▶ Incorrect information was provided; or
 - ▶ A change in the patient's financial status occurred; or
 - ▶ Due to extenuating circumstances.
- **The Director of the DFC will decide appeals in cases as specified above.**
- **Appeals should be made in writing (or in person, only by appointment) to the appropriate parties as noted below:**

<p>Beth Israel (Brooklyn and Petrie), Roosevelt and St. Luke's</p> <hr/> <p>Patient Financial Services 1111 Amsterdam Avenue New York, NY 10025 Attn: Hiram Martinez, Director</p>	<p>New York Eye and Ear Infirmary</p> <hr/> <p>NYEEI Admitting Dept. 310 East 14th Street New York, NY 10003 Attn: Debra Halgreen, Director</p>	<p>Mount Sinai New York and REAP</p> <hr/> <p>Patient Financial Services One Gustave L Levy Place Box 6000 New York, NY 10029 Attn: Erwin Ramirez, Senior Director</p>	<p>Mount Sinai Queens</p> <hr/> <p>Patient Financial Services Crescent Tower - Suite 1D 23-22 30th Road Long Island City, NY 11102 Attn: Tomas Weingarten, Director</p>
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- **Each application site will issue an appeals decisions within 10 business days of receipt of a patient appeal (i.e. after receipt of letter or an in-person appeal).**
- **The DFC, at its discretion, may request that an application or additional appeal be filed for Government-sponsored benefits as part of the Charity Care appeal process.**

Follow-Up Information:

- **Patients are responsible for promptly reporting changes in financial status and/or contact information to the appropriate application site;**

- **If a patient or responsible party is unable to comply with a signed payment agreement they must contact the appropriate application site;**
- **If a patient or responsible party defaults on a financial agreement with the member hospital, the account in question will be considered delinquent and the hospital reserves the right to refer the patients account to an outside collection service, where appropriate, consistent with guidelines set forth in section 13 of this and by applicable law.**

Communication and Training

- **Patients obtain information on hospital fees, public insurance programs, government and/or hospital financial assistance programs (including the Policy) primarily from:**
 - ▶ Designated application areas (see section 15);
 - ▶ Multi-lingual signage or brochures at points of patient service (Including, but not limited to, intake and registration areas);
 - ▶ Information distributed in the admission package;
 - ▶ Responses to direct inquiries made to Mount Sinai;
 - ▶ Bills sent to all patients that have a Self-Pay balance, which will include information on who to contact if the patient believes they will have difficulty paying the balance due.
- **All patients will be provided charge and/or rate information for specific procedures as requested.**
- **The member hospitals will provide estimates on total fees with the cooperation of the patient’s physician. In the absence of input from the patient’s physician, the member hospital will supply standard hospital fee (full fee rates) information to patients, in addition to information regarding this Policy. Once the appropriate discount level has been determined, the bill will be adjusted down to the appropriate charge.**
- **For services rendered to diagnose or treat an emergency medical condition:**
 - ▶ Appropriate medical screening and stabilization services will be completed before a Financial Counselor seeks information concerning sources of payment;
 - ▶ No staff associated with the process, as defined under this policy, shall take any action that might inhibit The Hospital’s compliance with its obligations under the Emergency Medical Treatment and Labor Act (“EMTALA”) and hospital policies on compliance with EMTALA;
 - ▶ Emergency Department services will be billed at full charges with information about whom to contact if the patient believes they will have difficulty in paying the balance due.
- **The member hospitals will assure that all staff responsible (i.e. Financial Counseling, REAP, HEAL, and Customer Service) to engage or otherwise assist on the application for services covered under this policy are trained on the Financial Assistance Policy and subsequent revisions thereof.**

Collection Agency Policy

Collection agencies are instructed that they must follow the principles as outlined in the Policy and as are prudent, based on a patient’s or responsible party’s financial history and current financial situation. Certain legal actions (i.e. liens or garnishments) will only be approved in cases where the member hospital determines that a patient has the means to pay outstanding balances. For all legal actions, the collection agency must present documentation to the appropriate member hospital supporting such action.

- **At no time will the Mount Sinai Health System or its member hospitals force the sale of a primary residence in order to settle a debt.**

- **No account will be placed with an Agency to collect on a debt so long as the application for assistance is in process.**
- **Unless otherwise prohibited, no account will be referred to an agency without 30 days written notice.**
- **All persons granted financial assistance will have 30 days after the final notice under this policy to either pay or dispute the debt before it can be turned over to an agency.**
- **Except as defined under the statute, any patient that is eligible for Medicaid shall not be referred to an Agency for collections.**
- **Collection agencies shall provide information on how to apply for financial assistance when appropriate.**

Policy Administration & Maintenance

The member hospitals of the Mount Sinai Health System will centralize the reporting of the data for decisions rendered under this policy and document such in the Hospital’s accounting system. Such centralization will be limited only to decisions rendered under the terms of this policy for the purposes stated below as well as compliance with the New York State Financial Assistance Law.

The member hospital will collect and distribute information to The Hospital’s management team and Board of Trustees regarding its Charity Care Policy. This policy and the activities herein are subject to internal audits.

Designated Application Sites

The Mount Sinai Hospital

Department of Financial Counseling
5 East 102 Street
Room D1-228
New York, NY 10029
Phone: 212-824-7274
Fax: 212-876-7775

Mount Sinai REAP Program
1403-05 Madison Avenue
New York, NY 10029
Phone: 212-423-2800
Fax: 212-534-5721

Department of Financial Counseling
1468 Madison Avenue
Room 210
New York, NY 10029
Phone: 212-241-4851
Fax: 212-426-1094

Mount Sinai Beth Israel Brooklyn

Beth Israel Brooklyn
3201 Kings Highway
Room 116
Brooklyn, NY 11234
Phone: 718-951-2751
Fax: 718-951-2822

Mount Sinai Beth Israel

Department of Patient Financial Counseling
307 First Avenue
New York, NY 10003
Phone: 212-844-1914
Fax: 212-505-6910

Phillips Ambulatory Care Center
10 Union Square East
Room 2030
New York, NY 10003
Phone: 212-844-6041
Fax: 212-844-8401

Mount Sinai Roosevelt

Department of Patient Financial Counseling
1000 Tenth Avenue, Room 2H
New York, NY 10019
Phone: 212-523-7816
Fax: 212-523-8143

HEAL Center
1000 Tenth Avenue, Room 1M
New York, NY 10019
Phone: 212-523-3900
Fax: 212-636-3806

Mount Sinai St. Luke’s

Department of Patient Financial Counseling
1111 Amsterdam Avenue at 114th Street
New York, NY 10025
Phone: 212-523-2552
Fax: 212-523-5620

HEAL Center
1111 Amsterdam Avenue at 114th Street
Room 108
New York, NY 10025

Mount Sinai Queens

Crescent Tower - Suite 1D
23-22 30th Road
Long Island City, NY 11102
Phone: 718-267-4369
Fax: 718-726-2967

New York Eye and Ear Infirmary of Mount Sinai

First Floor
310 East 14th Street
New York, NY 10003
Phone: 212-979-4183
Fax: 212-353-5738

Dissemination of the Plan

TO THE PUBLIC

The Mount Sinai Hospital will make its 2013–2017 Community Service Plan and Community health Needs Assessment available to the public by visiting www.mountsinai.org and www.MSHQ.org. Any member of the public can obtain a hard copy by contacting The Mount Sinai Hospital, Department of Community and Government Affairs, One Gustave L. Levy Place, Box 1037, New York, NY 10029.

The hospital will also provide hard copies and distribute to both hospital's Community Advisory Boards; local Community Boards in Manhattan and Queens; local legislators, health care agencies/ organizations, community leaders, and the hospital staff.