



maryland
health services
cost review commission

Hospital Community Benefit Reporting Instructions Workgroup

May 1, 2024

Agenda

- Welcome and Introductions
- Ground Rules and Timeline Reminder
- Discussion: Community Health Needs Assessment (CHNA)-Aligned Spending
- Next Meeting: May 15

Welcome and Introductions

Workgroup Ground Rules and Timeline

Workgroup Ground Rules

- Be brief.
- Share the floor: raise your hand and the facilitator will call on participants.
- No interruptions (except for the time-keeper).
- Stay on topic.
- Questions are welcome.

Timeline

Activity	Timeline
Finalize Workgroup Charge	March
Schedule Workgroup Meetings	March
Recruit Workgroup Members	March
Brief Commissioners	March 13
Meeting 1	April 17, 2:30-4:30
Meeting 2	May 1, 10:00-12:00
Meeting 3	May 15, 1:00-3:00
Final Workgroup Comments on Reporting Instruction Edits	May 31
Release Final FY 2024 Reporting Instructions	July 1

Discussion: CHNA-Aligned Spending

CHNA Background

- Internal Revenue Service (IRS) requirement
 - CHNA itself not regulated by HSCRC
- Must be conducted every 3 years
- Publicly available assessment of the most important needs for residents of a hospital's service area
- Must include input from persons who represent the broad interests of the community served by the hospital facility
- Must develop an implementation strategy to meet the community health needs identified through the CHNA

CHNA Spending Data Collection

- Newly required in the FY 2022 HCB financial reports
- Separate worksheet that lists initiatives and expenditures that address CHNA-identified needs
- Instructions intentionally left flexibility for hospitals
- Current instructions:
 - “Community Health Initiatives are line-item programs, activities, or coordinated efforts undertaken by a hospital in response to their CHNA. Hospitals are required to provide a supplemental schedule as part of the Community Benefit aggregate financial report that identifies line-item Community Health Initiatives that are undertaken in response to their CHNAs.
 - “Line items,” or individual initiatives, can be identified by a number of unique parameters. In general, hospitals should split eligible Community Health Initiatives into the number of distinct line-item initiatives that have one or more of the following distinguishable characteristics:”

CHNA Spending Data Collection continued

- “A whole or part full-time equivalent (FTE) is dedicated to the work;
- A budget is established or funds are allocated to support the initiative;
- The initiative is a line item in a department or hospital budget;
- The initiative or work is a component of a department or hospital annual plan/strategy; and/or
- The initiative or work is a dedicated effort to target a population, health need, or clinical care improvement effort.”

CHNA Spending Data Collection continued

- Respondents will detail the following for each CHNA-related initiative in the financial spreadsheet:
 - CHNA priority area category (select)
 - CHNA priority area
 - Goal/objective of each initiative
 - CHNA initiative name
 - Community benefit category/subcategory (select)
 - Initiative outcomes observed
 - Data used to measure outcomes
 - Direct cost
 - Indirect cost
 - HSCRC grants/rate support
 - Other offsetting revenue

CHNA-Aligned Spending, FY 2022 Results

- Wide variation across hospitals in % spend on CHNA priority areas
 - Overall, 37.2%
 - Ranged from 0.0% to 81.4%
- Top CHNA priority area categories addressed by initiatives:
 1. Social Determinants of Health - Health Care Access and Quality
 2. Health Conditions - Mental Health and Mental Disorders
 3. Health Conditions – Diabetes
 4. Settings and Systems – Community
 5. Health Conditions – Cancer

CHNA-Aligned Spending by Hospital, FY 2022

Hospital	Reported Net CB on CHNA Priority Area Programs	Reported Total Net CB	CHNA as Percent of Net CB	Hospital	Reported Net CB on CHNA Priority Area Programs	Reported Total Net CB	CHNA as Percent of Net CB
Johns Hopkins Hospital	\$269,595,954	\$331,053,361	81.4%	Carroll Hospital Center	\$3,690,391	\$21,778,511	16.9%
UPMC Western Maryland Hospital	\$54,112,595	\$69,376,372	78.0%	Sinai Hospital of Baltimore, Inc.	\$14,506,466	\$91,908,449	15.8%
MedStar Union Memorial Hospital	\$29,089,027	\$38,264,449	76.0%	Sheppard Pratt	\$4,927,715	\$33,085,290	14.9%
Howard County General Hospital	\$24,272,843	\$32,365,979	75.0%	Adventist HealthCare Shady Grove Medical Ctr.	\$3,840,779	\$33,407,654	11.5%
MedStar St. Mary's Hospital	\$12,659,537	\$17,166,801	73.7%	McNew Family Health Center	\$247,820	\$2,372,787	10.4%
Johns Hopkins Bayview Med. Center	\$75,248,909	\$102,988,357	73.1%	UM Baltimore Washington Medical Center	\$2,400,501	\$24,679,564	9.7%
MedStar Franklin Square Hospital	\$38,960,161	\$54,299,495	71.8%	UM St. Joseph Medical Center	\$4,697,502	\$53,404,569	8.8%
MedStar Harbor Hospital	\$17,400,914	\$24,340,077	71.5%	Adventist HealthCare Ft. Washington Med. Ctr.	\$330,607	\$3,929,364	8.4%
Suburban Hospital	\$25,383,089	\$35,851,044	70.8%	UM Charles Regional Medical Center	\$1,096,668	\$14,585,256	7.5%
MedStar Good Samaritan Hospital	\$16,845,083	\$24,857,973	67.8%	Saint Agnes Healthcare, Inc.	\$3,145,793	\$45,950,554	6.8%
Grace Medical Hospital	\$2,490,838	\$3,965,483	62.8%	UM Shore Medical Center at Chestertown	\$576,290	\$10,525,125	5.5%
GRMC, Inc., DBA Garrett Regional Medical Ctr.	\$5,068,847	\$8,138,226	62.3%	UM Shore Medical Center at Easton	\$1,341,828	\$30,779,779	4.4%
MedStar Southern Maryland Hospital Center	\$14,271,459	\$23,252,596	61.4%	Adventist HealthCare White Oak Medical Ctr.	\$1,126,531	\$33,884,822	3.3%
Mercy Medical Center	\$43,864,573	\$73,520,594	59.7%	Univ. of Maryland Capital Region Health	\$1,608,519	\$58,344,610	2.8%
Doctors Community Hospital	\$12,565,445	\$23,959,117	52.4%	Frederick Health Hospital	\$1,109,686	\$52,789,456	2.1%
MedStar Montgomery Medical Center	\$5,657,023	\$11,545,813	49.0%	TidalHealth McCreedy Pavilion	\$9,953	\$582,789	1.7%
Holy Cross Germantown Hospital	\$3,546,018	\$7,311,368	48.5%	CalvertHealth Medical Center	\$122,622	\$8,480,244	1.4%
Meritus Medical Center	\$21,437,057	\$53,181,374	40.3%	UMMC Midtown Campus	\$505,369	\$37,051,103	1.4%
Adventist HealthCare Rehabilitation	\$1,247,642	\$3,323,589	37.5%	Univ. of Maryland Medical Center	\$2,892,009	\$268,056,170	1.1%
Univ. of Maryland Harford Memorial Hospital	\$2,189,969	\$5,846,434	37.5%	Atlantic General Hospital	\$53,319	\$6,329,065	0.8%
Mt. Washington Pediatric Hospital	\$911,606	\$2,523,069	36.1%	UM Rehabilitation & Orthopaedic Institute	\$52,057	\$8,362,550	0.6%
LifeBridge Levindale	\$930,681	\$2,696,665	34.5%	TidalHealth Peninsula Regional	\$173,926	\$29,157,396	0.6%
Univ. of Maryland Upper Chesapeake Health	\$4,545,791	\$15,481,651	29.4%	Greater Baltimore Medical Center	\$328,372	\$63,840,913	0.5%
Anne Arundel Medical Center	\$18,628,910	\$70,326,215	26.5%	UM Shore Medical Center at Dorchester	\$11,948	\$3,840,192	0.3%
Holy Cross Hospital	\$13,246,155	\$51,585,684	25.7%	ChristianaCare, Union Hospital	\$5,084	\$15,107,774	0.0%
Northwest Hospital Center, Inc.	\$4,341,481	\$25,188,533	17.2%	Total	\$767,313,361	\$2,064,644,308	37.20%

Johns Hopkins Health System Presentation (see separate slide deck)

Discussion

- Goal: to revise reporting instructions to better allow comparability between hospitals
- Process
 - Staff effort
 - Software
 - Data collection to connect the activity to the CHNA
 - Challenges
- CHNA
 - Addressing reporting discrepancies due to breadth of CHNAs
- Priority Areas/Categories on the Spreadsheet
 - Based on HealthyPeople 2030

Additional Written Comments Encouraged

- Submit to Ispicer@hilltop.umbc.edu
- For discussion at the next meeting, submit by May 10
- All final comments due by May 31

Discussion

Next Meeting: May 15, 1-3

Discussion Topic: Review Draft Updates to
Reporting Instructions