

Community Benefit Reporting Narrative Evaluation Criteria – Effective FY 2013 reporting period.

Hospital Name: _____

Point Total: _____ out of 209 pts.

Reviewer: _____

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS - total 12 pts

1. What was the licensed bed designation, number of inpatient admissions, the primary service area, and primary service area overlap with other hospitals in the fiscal year? (0 pts)
2. For purposes of reporting on your community benefit activities, describe the community your organization serves.
 - a. Is the Community Benefit Service Area (CBSA) described in appropriate detail?
____ (0-6 pts)
 - b. Are the significant demographic characteristics that are relevant to the needs that the hospital seeks to meet described?
____ (0-6 points)

II. COMMUNITY HEALTH NEEDS ASSESSMENT - total 90 pts

1. Did the hospital conduct a CHNA that meets the Federal requirements (detailed on pages 4-5 of the FY13 Narrative Instructions in the past three fiscal years? (Scoring will reflect the depth and breadth of meeting the federal requirements.)

____ Yes (1-70 pts)
____ No (0pts)
2. Did the hospital adopt an implementation strategy that conforms to the definition provided? (Scoring will reflect the depth and breadth of meeting the federal requirements.)

____ Yes (20 pts)
____ No (0 pts)

III. COMMUNITY BENEFIT ADMINISTRATION– total 32 pts

1. Does the report indicate who was involved in the decision making process for determining which needs in the community would be addressed through the Community Benefit activities?

a. Does the hospital have a CB strategic plan?

___ Yes (5 pts)

___ No (0 pts)

b. Are the following included in the process/structure of implementing and delivering Community Benefit Activities?

i. Senior Leadership

___ Yes (5 pts)

___ No (0 pts)

ii. Clinical Leadership

___ Yes (5 pts)

___ No (0 pts)

iii. Community Benefit Department/Team

___ Yes (5 pts)

___ No (0 pts)

c. Does the hospital conduct an internal audit (internal review) of the Community Benefit Report:

i. Spreadsheet:

___ Yes (3 pts)

___ No (0 pts)

ii. Narrative:

___ Yes (3 pts)

___ No (0 pts)

d. Does the hospital Board review and approve the completed Community Benefit Report? (Points may be allocated based on a reasonable explanation of no)

i. Spreadsheet:

___ Yes (3 pts)

___ No (0-3 pts)

ii. Narrative:

___ Yes (3 pts)

___ No (0-3 pts)

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES – Total of 50 pts

1. Does the report describe in sufficient detail the identified community needs and initiatives undertaken by the hospital?
___ (0-20)

Does the report describe in sufficient detail the principal objective of each initiative and how the results will be measured, time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative.?
___ (0-20)

2. Does the report provide a list of needs that were identified through a CHNA but were not addressed by the hospital? If not, was there appropriate justification?
___ (0-10)

V. PHYSICIANS – Total of 5 pts

1. Does the report include a written description of the gaps in availability of specialist providers to serve the uninsured cared for by the hospital?
___ Yes (5 pts)
___ No (0 pts)
2. If the hospital listed physician subsidies in Category C, did the hospital provide detail on those subsidies?
___ Yes
___ No

VI. APPENDICIES Total – 20 pts

1. Financial Assistance Policies (FAPs):
- a. Appendix I – Did the hospital describe how it informs patients about eligibility for assistance under the hospital's FAP?
___ Yes (5 pts)
___ No (0 pts)
 - b. Appendix II – Did the hospital attach a copy of the FAP?
___ Yes (5 pts)
___ No (0 pts)
 - c. Appendix III – Did the hospital attach a copy of the Patient Information Sheet?
___ Yes (5 pts)
___ No (0 pts)
2. Mission, Vision and Value statements
- a. Appendix IV – Did the hospital attach a copy of the mission, vision, and value statement?
___ Yes (5 pts)
___ No (0 pts)