

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2013 Community Benefit Reporting

Health Services Cost Review Commission  
4160 Patterson Avenue  
Baltimore MD 21215

**BACKGROUND**

The Health Services Cost Review Commission’s (HSCRC or Commission) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission’s method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland’s nonprofit hospitals.

The Commission’s response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others’ community benefit reporting experience, and was then tailored to fit Maryland’s unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, and (3) hospital community benefit administration.

**Reporting Requirements**

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

1. Please list the following information in Table I below. For the purposes of this section, “primary services area” means the Maryland postal ZIP code areas from which the first 60 percent of a hospital’s patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:

2. For purposes of reporting on your community benefit activities, please provide the following information:

a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital’s Community Benefit Service Area – “CBSA”. This service area may differ from your primary service area on page 1.) This information may be copied directly from the section of the CHNA that refers to the description of the Hospital’s Community Benefit Community.

b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person’s current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Some statistics may be accessed from the Maryland State Health Improvement Process, (<http://dhmh.maryland.gov/ship/>) and its County Health Profiles 2013, (<http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>), the Maryland Vital Statistics Administration (<http://vsa.maryland.gov/html/reports.cfm>), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) ([http://www.dhmh.maryland.gov/mhhd/Documents/1stResource\\_2010.pdf](http://www.dhmh.maryland.gov/mhhd/Documents/1stResource_2010.pdf)), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2<sup>nd</sup> Edition ([http://dhmh.maryland.gov/mhhd/Documents/2ndResource\\_2009.pdf](http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf))

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	
Median Household Income within the CBSA	
Percentage of households with incomes below the federal poverty guidelines within the CBSA	
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: <a href="http://www.census.gov/hhes/www/hlthins/data/acs/aff.html">http://www.census.gov/hhes/www/hlthins/data/acs/aff.html</a> ; <a href="http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml">http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml</a>	
Percentage of Medicaid recipients by County within the CBSA.	
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website:	

<p><a href="http://dhmh.maryland.gov/ship/SitePages/objective1.aspx">http://dhmh.maryland.gov/ship/SitePages/objective1.aspx</a> and county profiles:  <a href="http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx">http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx</a></p>	
<p>Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).</p>	
<p>Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)  See SHIP website for social and physical environmental data and county profiles for primary service area information:  <a href="http://dhmh.maryland.gov/ship/SitePages/measures.aspx">http://dhmh.maryland.gov/ship/SitePages/measures.aspx</a></p>	
<p>Available detail on race, ethnicity, and language within CBSA.  See SHIP County profiles for demographic information of Maryland jurisdictions.</p>	
<p>Other</p>	

## II. COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act (“ACA”), hospitals must perform a Community Health Needs Assessment (CHNA) either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and perform an assessment at least every three years. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public.

For the purposes of this report, the IRS defines a CHNA as a:

Written document developed for a hospital facility that includes a description of the community served by the hospital facility; the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the hospital has worked on the assessment; and the health needs identified through the assessment process.

The written document (CHNA) must include the following:

A description of the community served by the hospital and how it was determined;

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It should also describe information gaps that impact the hospital organization’s ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the hospital consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.). If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual’s special knowledge or expertise. The report must identify any individual providing input who is a “leader” or “representative” of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-

based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);

A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and

A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Examples of sources of data available to develop a CHNA include, but are not limited to:

- (1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(<http://dhmh.maryland.gov/ship/>);
- (2) SHIP's CountyHealth Profiles 2012 (<http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>);
- (3) the Maryland ChartBook of Minority Health and Minority Health Disparities ([http://dhmh.maryland.gov/mhhd/Documents/2ndResource\\_2009.pdf](http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf));
- (4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
- (5) Local Health Departments;
- (6) County Health Rankings ( <http://www.countyhealthrankings.org>);
- (7) Healthy Communities Network (<http://www.healthycommunitiesinstitute.com/index.html>);
- (8) Health Plan ratings from MHCC (<http://mhcc.maryland.gov/hmo>);
- (9) Healthy People 2020 ([http://www.cdc.gov/nchs/healthy\\_people/hp2010.htm](http://www.cdc.gov/nchs/healthy_people/hp2010.htm));
- (10) Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/BRFSS>);
- (11) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
- (12) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNA involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
- (13) Survey of community residents; and
- (14) Use of data or statistics compiled by county, state, or federal governments.

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the Public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY must:

- a. Be approved by an authorized governing body of the hospital organization;
- b. Describe how the hospital facility plans to meet the health need; or
- c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

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

Yes  
 No

Provide date here. \_\_\_/\_\_\_/\_\_\_ (mm/dd/yy)

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

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

Yes  
 No

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

### 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

- 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  
2.  CFO  
3.  Other (please specify)

- ii. Clinical Leadership

1.  Physician  
2.  Nurse

- 3. \_\_\_Social Worker
- 4. \_\_\_Other (please specify)

iii. Community Benefit Department/Team

- 1. \_\_\_Individual (please specify FTE)
- 2. \_\_\_Committee (please list members)
- 3. \_\_\_Other (please describe)

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

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

Spreadsheet	_____yes	_____no
Narrative	_____yes	_____no

If you answered no to this question, please explain why.

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This Information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III (see attachment) to provide a clear and concise description of the primary needs identified in the CHNA, 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. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached examples of how to report.

**For example:** for each principal initiative, provide the following:

- a. Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups.
- b. Name of Initiative: insert name of initiative.

- c. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (Use several pages if necessary)
  - d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?
  - e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.
  - f. How were the outcomes of the initiative evaluated?
  - g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?
  - h. Continuation of Initiative: Will the initiative be continued based on the outcome?
  - i. Expense: What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.
2. Were there any primary community health needs that were identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

## V. PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.
2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

## VI. APPENDICES

**To Be Attached as Appendices:**

1. Describe your Financial Assistance Policy (FAP):
  - a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

For **example**, state whether the hospital:

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
    - in a culturally sensitive manner,
    - at a reading comprehension level appropriate to the CBSA's population, and
    - in non-English languages that are prevalent in the CBSA.
  - posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
  - provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
  - provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
  - includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
  - discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.
- b. Include a copy of your hospital's FAP (label appendix II).
  - c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) (label appendix III).
2. Attach the hospital's mission, vision, and value statement(s) (label appendix IV).