

Maryland Hospital Community Benefits Report FY 2010

June 29, 2011

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
(410) 764-2605
FAX: (410) 358-6217

Introduction

Each year, the Health Services Cost Review Commission (“Commission,” or “HSCRC”) collects community benefit information from individual hospitals to compile into a publicly-available statewide Community Benefit Report (“CBR”). This document contains summary information for all submitting Maryland hospitals for FY 2010. Individual hospital community benefit reports are available at the Commission’s offices. Individual community benefit report data spreadsheets and reports will be available on the Commission’s website in July 2011.

Background

Section 501(c)(3) of the Internal Revenue Service Code exempts organizations that are organized and operated exclusively for, among other things, religious, charitable, scientific, or educational purposes. As a result of their tax exempt status, nonprofit hospitals receive many benefits. They are generally exempted from federal income and unemployment taxes as well as from state and local income, property, and sales taxes. In addition, they have the ability to raise funds through tax-deductible donations and tax-exempt bond financing. Originally, the IRS permitted hospitals to qualify as “charitable” if they provided charity care to the extent of their financial ability to do so. However in 1969, Rev. Ruling 69-545 issued by the IRS broadened the meaning of “charitable” from charity care to the “promotion of health,” stating:

“[T]he promotion of health, like the relief of poverty and the advancement of education and religion, is one of the purposes in the general law of charity that is deemed beneficial to the community as a whole even though the class of beneficiaries eligible to receive a direct benefit from its activities does not include all members of the community, such as indigent members of the community, provided that the class is not so small that its relief is not of benefit to the community.”

Thus was created the “community benefit standard” for hospitals to qualify for tax exempt status.

In March 2010, Congress passed the Patient Protection and Affordable Care Act (“ACA”). Under the ACA, every § 501(c)(3) hospital, whether independent or in a system, must conduct a community health needs assessment at least once every three years in order to maintain its tax-exempt status and avoid an annual penalty of up to \$50,000. The first needs assessment will be due by the end of a hospital’s fiscal year 2013 (by June 30, 2013 for a June 30 YE hospital). Each community health needs assessment must take into account input from persons who represent the broad interest of the community served, including those with special knowledge or expertise in public health, and the assessment must be made widely available to the public. An implementation strategy describing how a hospital will meet the community’s health needs must be included, as well as a description of what the hospital has done historically to address its community needs. Furthermore, the hospital must identify any needs that have not

been met by the hospital and why these needs have not been addressed. This information will be reported on Schedule H of the IRS 990 forms.

The Maryland CBR process was enacted by the Maryland General Assembly in 2001 (Chapter 178 of the 2001 Laws of Maryland, and codified under Health-General Article §19-303 of the Maryland Annotated Code). The Maryland data reporting spreadsheet and instructions in their inception drew heavily on the experience of the Voluntary Hospitals of America (“VHA”), a nationwide network of community owned health care systems, which possessed over ten years of voluntary hospital community benefit reporting experience across many states. Since 2003, the Commission has worked with the Maryland Hospital Association and interested hospitals, local health departments, and health policy organizations and associations on the details, format, and updates to the community benefit report. The CBR process offers an opportunity for each Maryland acute care hospital to critically review and report its activities designed to benefit the community it serves. The first CBR (reporting FY 2004 experiences) was released in July 2005.

The Fiscal Year 2010 report represents the HSCRC’s seventh year of reporting on Maryland hospital community benefit data.

Definition of Community Benefits:

Maryland law defines a “community benefit” as an activity that is intended to address community needs and priorities primarily through disease prevention and improvement of health status, including:

- Health services provided to vulnerable or underserved populations;
- Financial or in-kind support of public health programs;
- Donations of funds, property, or other resources that contribute to a community priority;
- Health care cost containment activities; and
- Health education screening and prevention services.

As evidenced in the individual reports, Maryland hospitals provide a broad range of health services to meet the needs of their communities, often receiving partial or no compensation. These activities, however, are expected from Maryland’s 45 acute, not-for-profit hospitals as a result of the tax exemptions they receive.¹

CBR – 2010 Highlights

The reporting period for this Community Benefit Report is July 1, 2009 – June 30, 2010. Hospitals submitted their individual community benefit reports to the HSCRC by December 15,

¹ Southern Maryland Hospital, the only for-profit hospital in Maryland, is not required to submit a community benefits report under the law. However, they have continued to submit a community benefit report to the HSCRC.

2010 using audited financial statements as the source for calculating costs in each of the care categories.

As shown in Table I below, Maryland hospitals provided approximately \$1 billion dollars in total community benefit activities in FY 2010 (up from \$946 million in FY 2009). This total is comprised of over \$75.7 million in Community Health Services, more than \$317 million in Health Professions Education, \$255.7 million in Mission Driven Health Care Services, \$6.6 million in Research activities, just over \$15 million in Financial Contributions, \$20.6 million in Community Building Activities, almost \$5.5 million in Community Benefit Operations, and over \$7 million in Foundation Funded Community Benefits.² Overall, Maryland hospitals reported providing just over \$347 million in Charity Care.

Table I – Total Community Benefit

Community Benefit Category	Number of Staff Hours	Number of Encounters	Total Community Benefit
Community Health Services	922,648	8,225,443	\$75,740,237
Health Professions Education	5,636,461	246,521	\$317,353,507
Mission Driven Health Services	1,748,462	1,494,426	\$255,756,006
Research	66,138	23,795	\$6,633,123
Financial Contributions	38,872	159,751	\$15,047,242
Community Building	188,093	361,453	\$20,604,012
Community Benefit Operations	38,578	37,200	\$5,457,144
Foundation	63,571	27,875	\$7,026,417
Charity Care	n/a	n/a	\$347,434,061
Total	8,702,821	10,594,464	\$1,051,051,750

² These totals include hospital reported indirect costs, which vary by hospital and by category from a fixed dollar amount to a calculated percentage of the hospital's reported direct costs.

For additional detail and a description of subcategories under each community benefit category, please see the chart under Attachment I – Aggregated Hospital CBR Data.

Utilizing the data reported, Attachment II, FY 2010 CB Analysis, compares hospitals on the total amount of community benefits reported, the amount of community benefits that are recovered through HSCRC approved rates (charity care, direct medical education, and nurse support), the number of staff dedicated to community benefit operations, and information regarding hospitals' contact and/or use of local health departments in determining what needs will be addressed through community benefits activities. On average, in FY 2010, 839 hours were dedicated to Community Benefit ("CB") Operations. This is up by 65 hours from last year's average of 774 hours dedicated to CB Operations. Thirteen hospitals continue to report zero hours dedicated to CB Operations versus fourteen hospitals in FY 2009. The HSCRC continues to encourage hospitals to incorporate CB Operations into their strategic planning.

The total amount of community benefit dollars as a percentage of total operating expenses ranges from 1.29% to 17.09% with the average amount being 7.71%. This is up slightly from FY 2009's average of 7.6%. There are eight hospitals that report providing benefits in excess of 10% of their operating expenses, as compared to six in FY 2009. Four hospitals report spending less than 3% of their operating expenses on community benefit compared to seven hospitals last year.

In Maryland, the costs of uncompensated care (both charity care and bad debt) and graduate medical education are built into rates for which hospitals are reimbursed by all payers, including Medicare and Medicaid. Additionally, the HSCRC includes amounts in rates for hospital nurse support programs provided at Maryland hospitals. These costs are, in essence, "passed-through" to the purchasers and payers of hospital care. To avoid accounting confusion among programs that are not funded in part by hospital rate setting (unregulated), the HSCRC requested that hospitals not include revenue provided in rates as offsetting revenue on the CBR worksheet. Attachments III, IV, and V detail the amounts that are included in rates and funded by all payers for charity care, direct graduate medical education, and the nurse support program in Fiscal Year 2010.

As noted, the HSCRC includes a provision in hospital rates for uncompensated care; this includes charity care (eligible for inclusion as a community benefit by Maryland hospitals in their CBRs) and bad debt (not considered a community benefit). As shown in Attachment III, just under \$214 million was provided in Maryland hospital rates in FY 2010 for the provision of charity care funded by all payers. When offset against the hospital reported amount of \$347 million in charity care, the net amount provided by hospitals is \$133 million.

Also as noted, another social cost funded in Maryland's rate-setting system is the cost of graduate medical education, generally for interns and residents trained in Maryland hospitals. Included in graduate medical education costs are the direct costs (Direct Medical Education or "DME"), which constitute wages and benefits of residents and interns, faculty supervisory expenses, and allocated overhead. The Commission utilizes its annual cost report to quantify the DME costs of physician training programs at Maryland hospitals. In FY 2010, these DME costs totaled \$211.8 million. For further information about funding provided to specific hospitals, please see Attachment IV.

The Commission's Nurse Support Program I is aimed at addressing the short and long-term nursing shortage impacting Maryland hospitals. In FY 2010, over \$11.6 million was provided in hospital rate adjustments. For further information about funding provided to specific hospitals, please see Attachment V.

When these costs are offset, the net community benefit provided by Maryland hospitals in FY 2010 was \$ 613.5 million, or 4.85% of the total hospital operating expenses. This is up significantly from the \$453 million in net benefits provided in FY 2009, which totaled approximately 3.64% of hospitals' operating expenses. Please see the chart in Attachment II for more detail.

In FY 2009, Hospitals were first asked to answer narrative questions that were developed, in part, to provide a standard reporting format for all hospitals. This uniformity not only provided readers of the individual hospital reports with more information than was previously available, but also allowed for comparisons across hospitals. The narrative guidelines were aligned, wherever possible, with the IRS form 990, schedule H, in an effort to provide as much consistency as is practical in reporting on the state and federal levels.

In addition to providing a standard format for reporting, the HSCRC considers the narrative guidelines to be a mechanism for assisting hospitals in critically examining their Community Benefit programs. Any examination of the effectiveness of major program initiatives may help hospitals determine which programs are achieving the desired results and which are not.

Along with the narrative reporting questions, a set of evaluation criteria were developed as an instrument to provide feedback to hospitals regarding their reports and the information contained therein. Out of a possible 100%, hospitals, on average, scored 96.93%. This tells us that an overwhelming majority of hospitals have provided the requested information sought through the narrative guidelines. However, scoring was based on whether a hospital answered each question, not necessarily whether appropriate detail was provided. In addition, 91.3% of hospitals report having had contact with their local health department in determining the needs of

their community, while 8.7% either did not contact their local health department, or did not report contacting their local health department as a component of their needs assessment process.

Changes to the FY 2011 Reporting Requirements

The national community benefit landscape continues to evolve, especially with the related provisions of the ACA. Each year the Commission refines its reporting requirements and takes into account state and federal law, and regulatory changes related to community benefits. To this end, the HSCRC convened an advisory group from November 2010 to May 2011. The advisory group consisted of representatives from HSCRC staff, the Department of Health and Mental Hygiene, local health departments, health policy organizations, the Maryland Hospital Association, and Maryland hospitals. The hospital representatives are responsible for conducting hospital community benefit activities within their respective hospitals.

Based on input from the advisory group, the HSCRC is making changes to the FY 2011 Community Benefit Reporting Guidelines and Standard Definitions as well as to the Community Benefits Narrative Reporting Instructions and related Evaluation. The following changes were made to the Reporting Guidelines:

- Refinement of the definition of a community benefit, consistent with ACA and other policies;
- Clarification of what is included or excluded in various categories based on inquiries; and
- Addition of a section to account for Medicaid provider taxes for which a hospital does not receive offsetting revenue.

Changes to the Community Benefit Narrative Reporting Instructions and the related Evaluation Report include:

- Refining the definition of a community needs assessment;
- Altering the format and providing more references to make it easier for hospitals to meet the HSCRC's expectations for reporting, and for the public to read and understand the reports;
- Adding questions to better understand who is involved with community benefit operations, and who is being consulted on community needs assessments; and
- Making most of the evaluation scoring based on the sufficiency of hospitals' responses to narrative reporting questions.

The HSCRC will continue in its efforts to evaluate the reporting process and make changes where necessary to encourage hospitals in their mission to serve the public, in part, by identifying and working to provide programs that will meet the growing health needs of the communities they serve.

Attachment I - FY 2010 CB Aggregate Data

FY 2010 Maryland Hospital Community Benefit Totals

	# of Staff Hours	# of Encounters	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
A Community Health Services							
A1 Community Health Education	316,797	7,342,615	\$18,746,597	\$10,162,417	\$2,844,606	\$26,064,408	\$15,901,991
Support Groups	15,229	41,348	\$858,557	\$439,648	\$43,835	\$1,254,371	\$814,722
Self-Help	23,251	73,479	\$1,146,018	\$578,506	\$392,948	\$1,331,576	\$753,070
A2 Community-Based Clinical Services	316,714	285,352	\$12,099,598	\$3,033,788	\$1,486,028	\$13,647,358	\$10,613,570
Screenings	26,846	65,995	\$2,996,952	\$1,715,858	\$236,564	\$4,476,246	\$2,760,388
One-Time/Occasionally Held Clinics	1,686	16,224	\$170,834	\$89,184	\$185,844	\$74,174	(\$15,010)
Free Clinics	1,716	5,785	\$757,190	\$424,481	\$261,276	\$920,395	\$495,914
Mobile Units	19,987	17,000	\$362,758	\$175,575	\$0	\$538,333	\$362,758
A3 Health Care Support Services	154,662	249,696	\$15,290,275	\$7,815,034	\$2,272,575	\$20,832,734	\$13,017,700
A4 Other	45,758	127,949	\$4,412,999	\$2,224,462	\$36,818	\$6,600,644	\$4,376,181
totals	922,648	8,225,443	\$56,841,779	\$26,658,954	\$7,760,495	\$75,740,237	\$49,081,284

	# of Staff Hours	# of Encounters	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
B Health Professions Education							
B1 Physicians/Medical Students	4,976,799	26,505	\$219,961,106	\$61,837,140	\$1,376,916	\$280,421,329	\$218,584,190
B2 Scholarships/Funding for Professional Education	9,805	1,745	\$2,851,556	\$276,411	\$138,161	\$2,989,807	\$2,713,395
B3 Nurses/Nursing Students	379,632	89,207	\$16,074,616	\$5,960,941	\$486,473	\$21,549,083	\$15,588,143
B4 Technicians	77,833	51,844	\$2,792,492	\$1,212,978	\$164,207	\$3,841,263	\$2,628,285
B5 Other Health Professionals	155,930	81,653	\$5,971,728	\$1,083,264	\$30,000	\$7,024,992	\$5,941,728
B6 Other	36,463	13,568	\$1,311,673	\$309,232	\$93,873	\$1,527,033	\$1,217,800
Totals	5,636,461	264,521	\$248,963,171	\$70,679,967	\$2,289,630	\$317,353,507	\$246,673,541

	# of Staff Hours	# of Encounters	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
C Mission Driven Health Services							
	1,748,462	1,494,426	\$310,919,538	\$79,700,240	\$134,863,772	\$255,756,006	\$176,055,766

	# of Staff Hours	# of Encounters	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
D Research							
D1 Clinical	59,852	23,691	\$5,786,780	\$2,514,289	\$2,213,643	\$6,087,426	\$3,573,137
D2 Community Health Research	15	36	\$76,153	\$348	\$0	\$76,501	\$76,153
D3 Other	6,271	68	\$310,170	\$159,026	\$0	\$469,196	\$310,170
Totals	66,138	23,795	\$6,173,103	\$2,673,663	\$2,213,643	\$6,633,123	\$3,959,460

	# of Staff Hours	# of Encounters	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
E Financial Contributions							
E1 Cash Donations	1,993	8,194	\$6,894,178	\$1,122,586	\$182,083	\$7,834,681	\$6,712,095
E2 Grants	30	24	\$361,592	\$0	\$208,860	\$152,732	\$152,732
E3 In-Kind Donations	34,927	120,306	\$3,613,601	\$342,440	\$88,193	\$3,867,847	\$3,525,408
E4 Cost of Fund Raising for Community Programs	1,923	31,227	\$511,920	\$87,134	\$0	\$599,054	\$511,920
E5 Sales Taxes, Property Taxes, Income Taxes*	0	0	\$2,592,928	\$0	\$0	\$2,592,928	\$2,592,928
Totals	38,872	159,751	\$13,974,219	\$1,552,160	\$479,136	\$15,047,242	\$13,495,083

FY 2010 Maryland Hospital Community Benefit Totals

F Community Building Activities	# of Staff Hours	# of Encounters	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
F1 Physical Improvements/Housing	8,958	186,630	\$4,589,161	\$902,195	\$2,328,011	\$3,163,345	\$2,261,150
F2 Economic Development	18,277	15,200	\$1,531,515	\$822,207	\$457,388	\$1,896,334	\$1,074,127
F3 Support System Enhancements	38,247	31,980	\$2,787,089	\$1,329,023	\$354,708	\$3,761,404	\$2,432,381
F4 Environmental Improvements	11,544	579	\$403,890	\$206,524	\$0	\$610,415	\$403,890
F5 Leadership Development/Training for Community Members	20,497	3,916	\$432,294	\$225,704	\$0	\$657,998	\$432,294
F6 Coalition Building	7,479	20,601	\$474,020	\$264,667	\$150	\$738,537	\$473,870
F7 Community Health Improvement Advocacy	10,222	18,771	\$1,439,364	\$751,575	\$12,000	\$2,178,939	\$1,427,364
F8 Workforce Enhancement	32,602	28,297	\$3,164,805	\$1,465,046	\$199,266	\$4,430,585	\$2,965,539
F9 Other	40,269	55,479	\$2,181,486	\$1,004,745	\$19,777	\$3,166,455	\$2,161,709
Totals	188,093	361,453	\$17,003,625	\$6,971,687	\$3,371,300	\$20,604,012	\$13,632,325

G Community Benefit Operations	# of Staff Hours	# of Encounters	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
G1 Dedicated Staff	28,467	19,201	\$1,655,531	\$945,564	\$10,850	\$2,590,245	\$1,644,681
G2 Community Health/Health Assets Assessments	1,626	1,409	\$105,120	\$49,759	\$0	\$154,879	\$105,120
G3 Other Resources	8,484	16,590	\$1,669,002	\$1,046,451	\$3,433	\$2,712,019	\$1,665,569
Totals	38,578	37,200	\$3,429,653	\$2,041,774	\$14,283	\$5,457,144	\$3,415,370

H Charity Care (report total only) **\$347,434,061**

J FOUNDATION COMMUNITY BENEFIT	# of Staff Hours	# of Encounters	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
J1 Community Services	16,158	5,105	\$3,446,385	\$1,364,752	\$3,756	\$4,807,381	\$3,442,629
J2 Community Building	47,413	22,763	\$1,866,797	\$291,712	\$0	\$2,158,509	\$1,866,797
J3 Other (Please indicate below):	0	7	\$55,617	\$4,910	\$0	\$60,527	\$55,617
Totals	63,571	27,875	\$5,368,799	\$1,661,374	\$3,756	\$7,026,417	\$5,365,043

K Total Hospital Community Benefit	# of Staff Hours	# of Encounters	Direct Cost (\$)	Indirect Cost (\$)	Offsetting Revenue	Net Community Benefit W/Indirect Cost	Net Community Benefit W/O Indirect Cost
A Community Health Services	922,648	8,225,443	\$56,841,779	\$26,658,954	\$7,760,495	\$75,740,237	\$49,081,284
B Health Professions Education	5,636,461	264,521	\$248,963,171	\$70,679,967	\$2,289,630	\$317,353,507	\$246,673,541
C Mission Driven Health Care Services	1,748,462	1,494,426	\$310,919,538	\$79,700,240	\$134,863,772	\$255,756,006	\$176,055,766
D Research	66,138	23,795	\$6,173,103	\$2,673,663	\$2,213,643	\$6,633,123	\$3,959,460
E Financial Contributions	38,872	159,751	\$13,974,219	\$1,552,160	\$479,136	\$15,047,242	\$13,495,083
F Community Building Activities	188,093	361,453	\$17,003,625	\$6,971,687	\$3,371,300	\$20,604,012	\$13,632,325
G Community Benefit Operations	38,578	37,200	\$3,429,653	\$2,041,774	\$14,283	\$5,457,144	\$3,415,370
H Charity Care	0	0	\$347,434,061	\$0	\$0	\$347,434,061	\$347,434,061
J Foundation Funded Community Benefit	63,571	27,875	\$5,368,799	\$1,661,374	\$3,756	\$7,026,417	\$5,365,043
Total Hospital Community Benefits	8,702,821	10,594,464	\$1,010,107,947	\$191,939,818	\$150,996,015	\$1,051,051,750	\$859,111,932

TOTAL OPERATING EXPENSE **\$12,647,785,379**

% OF OPERATING EXPENSES W/IC **8.31%**

% OF OPERATING EXPENSES W/O IC **6.79%**

Attachment II – FY 2010 CB Analysis

Attachment III – FY 2010 Charity Care Funding

Hospital Name	Charity Care Amount in Rates
Anne Arundel General Hospital	\$3,283,394
Atlantic General Hospital	\$518,728
Baltimore Washington Medical Center	\$3,388,280
Bon Secours Hospital	\$5,279,949
Calvert Memorial Hospital	\$863,711
Carroll County General Hospital	\$4,016,506
Chester River Hospital Center	\$979,322
Civista Medical Center	\$1,160,290
Doctors Community Hospital	\$624,359
Fort Washington Medical Center	\$259,809
Franklin Square Hospital	\$7,799,791
Frederick Memorial Hospital	\$2,346,006
Garrett County Memorial Hospital	\$666,926
GBMC	\$2,682,646
Good Samaritan Hospital	\$3,632,214
Harbor Hospital Center	\$5,174,966
Holy Cross Hospital of Silver Spring	\$8,427,895
Howard County General Hospital	\$2,353,642
JH Bayview Med. Center	\$11,835,857
Johns Hopkins Hospital	\$22,487,372
Kernan	\$231,311
Laurel Regional Hospital	\$3,109,383
Maryland General Hospital	\$5,692,593
McCready Foundation, Inc.	\$157,212
Mercy Medical Center, Inc.	\$5,127,841
Montgomery General Hospital	\$3,611,653
Northwest Hospital Center, Inc.	\$1,816,159
Peninsula Regional Medical Center	\$4,295,642
Prince Georges Hospital	\$11,247,701
Shady Grove Adventist Hospital	\$6,890,765
Shore Health - Easton	\$1,702,608
Shore Health-Dorchester General Hospital	\$610,157
Sinai Hospital	\$10,313,438
Southern Maryland Hospital	\$1,935,300
St. Agnes Hospital	\$9,270,742
St. Josephs Hospital	\$1,386,020
St. Mary's Hospital	\$1,850,040
Suburban Hospital	\$2,958,257
UCH - Harford Memorial Hospital	\$699,259
UCH - Upper Chesapeake Medical Center	\$1,222,814
Union Hospital of Cecil County	\$469,328
Union Memorial Hospital	\$9,442,378
University of Maryland	\$26,733,143
Washington Adventist Hospital	\$7,048,323
Washington County Hospital (Meritus)	\$4,955,619
Western Maryland Regional Medical Center	\$3,390,225
Anne Arundel General Hospital	\$3,283,394
Total	\$213,949,574

Attachment IV - FY 2010 DME Funding

Hospital Name	DME Amount in Rates
Anne Arundel	0
Atlantic General	0
Baltimore Washington	\$316,600
Bon Secours	0
Calvert Memorial	0
Carroll Hospital	0
Chester River	0
Civista	0
Doctors	0
Fort Washington	0
Franklin Square	\$8,230,100
Frederick Memorial	0
Garrett County	0
GBMC	\$4,541,200
Good Samaritan	\$4,813,700
Harbor Hospital	\$4,015,400
Holy Cross	\$2,365,900
Howard County	0
JH Bayview	\$18,311,300
Johns Hopkins	\$72,684,100
Kernan	\$3,058,900
Laurel Regional	0
Maryland General	\$4,014,300
McCready	0
Mercy	\$4,204,800
Montgomery General	0
Northwest	0
Peninsula	0
Prince George's	\$3,505,400
Saint Agnes	\$6,722,000
Saint Joseph	0
Saint Mary's	0
Shady Grove	0
Shore Health - Easton	0
Shore Health -Dorchester	0
Sinai	\$13,161,100
Southern Maryland	0
Suburban	\$193,500
UCH-Harford	0
UCH-Upper Chesapeake	0
Union Cecil County	0
Union Memorial	\$12,187,600
University of Maryland	\$49,537,800
Washington Adventist	0
Washington County Hospital (Meritus)	0
Western Maryland Regional Medical Center	0
Total	\$211,863,700

Attachment V - FY 2010 Nurse Support I Funding

Hospital Name	NSP I Amount in Rates
Anne Arundel	\$361,340
Atlantic General	\$73,435
Baltimore Washington	\$284,240
Bon Secours	\$97,257
Calvert Memorial	\$102,346
Carroll Hospital	\$186,262
Chester River	\$55,440
Civista	\$100,064
Doctors	\$174,473
Fort Washington	\$47,584
Franklin Square	\$401,669
Frederick Memorial	\$244,818
Garrett County	\$32,853
GBMC	\$350,000
Good Samaritan	\$265,411
Harbor Hospital	\$109,004
Holy Cross	\$280,096
Howard County	\$187,212
JH Bayview	\$492,861
Johns Hopkins	\$1,532,521
Kernan	\$97,293
Laurel Regional	\$93,150
Maryland General	\$180,632
McCready	\$17,086
Mercy	\$353,240
Montgomery General	\$134,435
Northwest	\$201,205
Peninsula	\$150,000
Prince George's	\$241,928
Saint Agnes	\$333,555
Saint Joseph	\$363,810
Saint Mary's	\$114,652
Shady Grove	\$304,350
Shore Health - Easton	\$144,112
Shore Health -Dorchester	\$47,996
Sinai	\$602,337
Southern Maryland	\$226,574
Suburban	\$220,977
UCH-Harford	\$98,289
UCH-Upper Chesapeake	\$196,899
Union Cecil County	\$94,600
Union Memorial	\$413,393
University of Maryland	\$1,089,824
Washington Adventist	\$279,418
Washington County Hospital (Meritus)	\$221,668
Western Maryland Regional Medical Center	\$75,721
Total	\$11,676,030

FY 2011 Community Benefit Reporting Template

June 29, 2011

	A	B	C	D	E	F	G	H	I	J	K	L
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						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT	
38												
39	B00	HEALTH PROFESSIONS EDUCATION										
40	B10	Physicians/Medical Students							\$0.00		\$0.00	
41	B20	Nurses/Nursing Students							\$0.00		\$0.00	
42	B30	Other Health Professionals							\$0.00		\$0.00	
43	B40	Scholarships/Funding for Professional Education							\$0.00		\$0.00	
44	B50								\$0.00		\$0.00	
45	B51								\$0.00		\$0.00	
46	B52								\$0.00		\$0.00	
47	B53								\$0.00		\$0.00	
48												
49	B99	Total Health Professions Education			TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00	
50												
51						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT	
52	C00	MISSION DRIVEN HEALTH SERVICES (please list)										
53	C10								\$0.00		\$0.00	
54	C20								\$0.00		\$0.00	
55	C30								\$0.00		\$0.00	
56	C40								\$0.00		\$0.00	
57	C50								\$0.00		\$0.00	
58	C60								\$0.00		\$0.00	
59	C70								\$0.00		\$0.00	
60	C80								\$0.00		\$0.00	
61	C90								\$0.00		\$0.00	
62	C91								\$0.00		\$0.00	
63												
64	C99	Total Mission Driven Health Services			TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00	
65												
66						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT	
67	D00	RESEARCH										
68	D10	Clinical Research							\$0.00		\$0.00	
69	D20	Community Health Research							\$0.00		\$0.00	
70	D30								\$0.00		\$0.00	
71	D31								\$0.00		\$0.00	
72	D32								\$0.00		\$0.00	
73												
74	D99	Total Research			TOTAL	0	0	0	\$0.00	0	\$0.00	

	A	B	C	D	E	F	G	H	I	J	K	L
						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT	
75												
76	E00	Cash and In-Kind Contributions										
77	E10	Cash Donations							\$0.00		\$0.00	
78	E20	Grants							\$0.00		\$0.00	
79	E30	In-Kind Donations							\$0.00		\$0.00	
80	E40	Cost of Fund Raising for Community Programs							\$0.00		\$0.00	
81												
82	E99	Total Cash and In-Kind Contributions			TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00	
83												
84						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT	
85	F00	COMMUNITY BUILDING ACTIVITIES										
86	F10	Physical Improvements and Housing							\$0.00		\$0.00	
87	F20	Economic Development							\$0.00		\$0.00	
88	F30	Community Support							\$0.00		\$0.00	
89	F40	Environmental Improvements							\$0.00		\$0.00	
90	F50	Leadership Development/Training for Community Members							\$0.00		\$0.00	
91	F60	Coalition Building							\$0.00		\$0.00	
92	F70	Advocacy for Community Health Improvements							\$0.00		\$0.00	
93	F80	Workforce Development							\$0.00		\$0.00	
94	F90								\$0.00		\$0.00	
95	F91								\$0.00		\$0.00	
96	F92								\$0.00		\$0.00	
97												
98	F99	Total Community Building Activities			TOTAL	0	0	0	0	0	0	
99												
100						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT	
101	G00	COMMUNITY BENEFIT OPERATIONS										
102	G10	Assigned Staff							\$0.00		\$0.00	
103	G20	Community health/health assets assessments							\$0.00		\$0.00	
104	G30								\$0.00		\$0.00	
105	G31								\$0.00		\$0.00	
106	G32								\$0.00		\$0.00	
107												
108	G99	Total Community Benefit Operations			TOTAL	0	0	\$0.00	\$0.00	\$0.00	\$0.00	
109												

	A	B	C	D	E	F	G	H	I	J	K	L
110	H00	CHARITY CARE (report total only)										
111	H99	Total Charity Care			TOTAL							
112												
113		FINANCIAL DATA										
114	I10	INDIRECT COST RATIO										
115												
116	I00	OPERATING REVENUE										
117	I20	Net Patient Service Revenue										
118	I30	Other Revenue										
119	I40	Total Revenue				\$0.00						
120												
121	S99	TOTAL OPERATING EXPENSES										
122												
123	I50	NET REVENUE (LOSS) FROM OPERATIONS										
124												
125	I60	NON-OPERATING GAINS (LOSSES)										
126												
127	I70	NET REVENUE (LOSS)										
128												
129						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT	
130	J00	FOUNDATION COMMUNITY BENEFIT										
131	J10	Community Services							\$0.00		\$0.00	
132	J20	Community Building							\$0.00		\$0.00	
133	J30								\$0.00		\$0.00	
134	J31								\$0.00		\$0.00	
135	J32								\$0.00		\$0.00	
136												
137	J99	TOTAL FOUNDATION COMMUNITY BENEFIT				0	0	\$0.00	\$0.00	\$0.00	\$0.00	
138												

	A	B	C	D	E	F	G	H	I	J	K	L
						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT	
139												
140	K00	TOTAL HOSPITAL COMMUNITY BENEFIT										
141	A99	Community Health Services				0	0	0	0	0	0	
142	B99	Health Professions Education				0	0	0	0	0	0	
143	C99	Mission Driven Health Care Services				0	0	0	0	0	0	
144	D99	Research				0	0	0	0	0	0	
145	E99	Financial Contributions				0	0	0	0	0	0	
146	F99	Community Building Activities				0	0	0	0	0	0	
147	G99	Community Benefit Operations				0	0	0	0	0	0	
148	H99	Charity Care				N/A	N/A	N/A	N/A	N/A	\$0.00	
149	J99	Foundation Funded Community Benefit				0	0	0	0	0	0	
150	T99	Medicaid Assesments				N/A	N/A	0	0	0	0	
151												
152	K99	TOTAL HOSPITAL COMMUNITY BENEFIT				0	0	0	0	0	0	
153												
154	U99	% OF OPERATING EXPENSES				#DIV/0!						
155	V99	% of NET REVENUE				#DIV/0!						
156												

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2011 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. Please describe in detail.)
 - 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, 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 Vital Statistics Administration (<http://vsa.maryland.gov/html/reports.cfm>), and the Maryland State Health Improvement Plan (<http://dhmh.maryland.gov/ship/>).

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, 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: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html ; http://www.census.gov/hhes/www/hlthins/data/acs/aff.html ; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	
Percentage of Medicaid recipients by County within the CBSA.	

Life Expectancy by County within the CBSA.	
Mortality Rates by County within the CBSA.	
Access to healthy food, quality of housing, and transportation 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)	
Other	
Other	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act (“ACA”), hospitals must perform a community health needs assessment either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and beginning in 2013, perform an assessment at least every three years thereafter. 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, a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following:

- (1) A description of the process used to conduct the assessment;
- (2) With whom the hospital has worked;
- (3) How the hospital took into account input from community members and public health experts;
- (4) A description of the community served; and
- (5) A description of the health needs identified through the assessment process.

Examples of sources of data available to develop a community health needs assessment include, but are not limited to:

- (1) Maryland Department of Health and Mental Hygiene’s State Health improvement plan (<http://dhmh.maryland.gov/ship/>);
- (2) Local Health Departments;
- (3) County Health Rankings (<http://www.countyhealthrankings.org>);
- (4) Healthy Communities Network (<http://www.healthycommunitiesinstitute.com/index.html>);
- (5) Health Plan ratings from MHCC (<http://mhcc.maryland.gov/hmo>);
- (6) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
- (7) Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/BRFSS>);
- (8) 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;
- (9) For baseline information, a Community health needs assessment developed by the state or local health department, or a collaborative community health needs assessment involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
- (10) Survey of community residents
- (11) Use of data or statistics compiled by county, state, or federal governments; and
- (12) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers. .

1. Identification of Community Health Needs:

Describe in detail the process(s) your hospital used for identifying the health needs in your community and the resource(s) used.

2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted?

3. When was the most recent needs identification process or community health needs assessment completed?

Provide date here. ___/___/___ (mm/dd/yy)

4. Although not required by federal law until 2013, has your hospital conducted a community health needs assessment that conforms to the definition on the previous page within the past three fiscal years?

Yes

No

If you answered yes to this question, please provide a link to the document or attach a PDF of the document with your electronic submission.

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. Does your hospital have a CB 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	<input type="checkbox"/> yes	<input type="checkbox"/> no
Narrative	<input type="checkbox"/> yes	<input type="checkbox"/> no

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

Spreadsheet	<input type="checkbox"/> yes	<input type="checkbox"/> no
Narrative	<input type="checkbox"/> yes	<input type="checkbox"/> no

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Please use Table III (see attachment) to provide a clear and concise description of the needs identified in the process described above, the initiative undertaken to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Use at least one page for each initiative (at 10 point type).

For example: for each major initiative where data is available, provide the following:

- a. Identified need: This includes the community needs identified in your most recent community health needs assessment.
 - b. Name of Initiative: insert name of initiative.
 - c. Primary Objective of the Initiative: This is a detailed description of the initiative and how it is intended to address the identified need. (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. Date of Evaluation: When 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 when available).
 - h. Continuation of Initiative: Will the initiative be continued based on the outcome?
2. Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? If so, why not?

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 Charity Care policy:
 - 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 charity care policy. (label appendix 1)

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

- posts its charity care policy, 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 policy, 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 policy, or summary thereof, and financial assistance contact information to patients with discharge materials;
- includes the policy, 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 charity care policy (label appendix 2).
2. Attach the hospital's mission, vision, and value statement(s) (label appendix 3).

Table III

Initiative 1.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative

Table III

Initiative 2.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative

Table III

Initiative 3.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative

Table III

Initiative 4.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative

Table III

Initiative 5.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome	Continuation of Initiative

Community Benefit Reporting Narrative Evaluation Criteria – Effective FY 2011 reporting period.

Hospital Name: _____

Point Total: _____ out of 151 pts.

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 25 pts

1. Are the process(s) and resource(s) used for identifying the health needs in the community described in appropriate detail?
___ (0-10 pts)
2. Did the hospital consult with outside organizations and individuals to seek information about community health needs? Scoring should be based the breadth and appropriateness of these consults.
___ (0-10 pts)
3. Is the date of the most recent needs identification process or community health needs assessment provided?
___ Yes (5 pts)
___ No (0pts)
4. Although not required by federal law until 2013, did the hospital conduct a community health needs assessment that conforms to the definition in the narrative instructions, in the past three fiscal years?
___ Yes
___ No

III. COMMUNITY BENEFIT ADMINISTRATION– total 37 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)
 - iv. Other (described in sufficient detail)
 Yes (5 pts)
 No (0 pts)
 - c. Does the hospital conduct an internal audit 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
 - i. Spreadsheet:
 Yes (3 pts)
 No (0 pts)
 - ii. Narrative:
 Yes (3 pts)
 No (0 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 timing, key partners, process for evaluation, and outcomes of the key initiatives?

___ (0-20)

2. Does the report provide a list of needs that were identified through a community needs assessment but were not addressed by the hospital? If not, was there appropriate justification?

___ (0-10)

V. PHYSICIANS – Total of 10 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 (5 pts)

___ No (0 pts)

VI. APPENDICIES Total – 15 pts

1. Charity Care Policies:

- a. Appendix I – Did the hospital describe how it informs patients about eligibility for assistance under the hospital’s charity care policy?

___ Yes (5 pts)

___ No (0 pts)

- b. Appendix II – Did the hospital attach a copy of the Charity Care Policy?

___ Yes (5 pts)

___ No (0 pts)

2. Mission, Vision and Value statements

- a. Appendix III – Did the hospital attach a copy of the mission, vision, and value statement?

___ Yes (5 pts)

___ No (0 pts)