Community Benefit Narrative Reporting Questions for Fiscal Year 2025

FY 2025 Community Benefit Narrative Reporting

The Maryland Health Services Cost Review Commission (HSCRC or Commission) is required to collect community benefit information from individual hospitals in Maryland and compile it into an annual statewide, publicly available report. The Maryland General Assembly updated §19-303 of the Health General Article in the 2020 Legislative Session (HB1169/SB0774), requiring the HSCRC to update the community benefit reporting guidelines to address the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals in relation to community health needs assessments. The reporting is split into two components, a Financial Report and a Narrative Report. This reporting tool serves as the narrative report. Detailed reporting instructions have been distributed to your hospital's community benefit contacts, and additional copies can be requested at the email below.

In this reporting tool, responses are mandatory unless specifically marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users. Hospitals are expected to respond to any follow-up/clarifying questions from staff to ensure completeness and accuracy of the report.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

I.   General Information

Please confirm the information we have on file about your hospital for the fiscal year.

1. Hospital name
2. Hospital ID
3. Hospital system name (if applicable)
4. Hospital Community Benefit (HCB) narrative report contact name
5. HCB narrative report contact email
6. HCB financial report contact name
7. HCB financial report contact email

8. Please select the community health statistics that your hospital uses in its community benefit efforts.
   a. Median household income
   b. Percentage below federal poverty line (FPL)
   c. Percent uninsured
   d. Percent with public health insurance
   e. Percent with Medicaid
   f. Mean travel time to work

g. Percent speaking language other than English at home
h. Race: percent White
i. Race: percent Black
j. Ethnicity: percent Hispanic or Latino
k. Life expectancy
l. Crude death rate
m. Other

9. Please describe any other community health statistics that your hospital uses in its community benefit efforts.
10. Attach any files containing community health statistics that your hospital uses in its community benefit efforts.

The next group of questions asks about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find these community health statistics useful in preparing your responses.

11. Please select the county or counties located in your hospital's CBSA.
    a. Checkboxes of all Maryland Counties
12. Please check all [COUNTY] ZIP codes located in your hospital's CBSA.
    b. Question repeats for each county selected above
13. How did your hospital identify its CBSA?
    c. Based on ZIP codes in the hospital's Financial Assistance Policy
        i. Please describe [free text box]
    d. Based on ZIP codes in the hospital's global budget revenue agreement
        i. Please describe [free text box]
    e. Based on patterns of utilization
        i. Please describe [free text box]
    f. Other
        i. Please describe [free text box]
14. Provide a link to your hospital's mission statement.
    a. Enter link address
15. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide? [free text box]

II.   CHNAs and Stakeholder Involvement

1. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?
    a. Yes
    b. No

         i. If No, please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA. [free text box]
2. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)
3. Please provide a link to your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary:
    a. Enter link address
4. Please upload your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.
5. Please use the table below to tell us about the internal partners involved in the development of your most recent CHNA.

[Large multi-matrix display. Any activities can be selected for each participant category. Select all activities that apply. Table below shows the options.]

6. Please use the table below to tell us about the internal partners involved in your community benefit activities during the fiscal year.

[Large multi-matrix display. Any activities can be selected for each participant category. Select all activities that apply. Table below shows the options]

Participant Category	CHNA Activity	HCB Activity
CB/ Community Health/Population Health Director (facility level)	N/A - Person or Organization was not Involved	N/A - Person or Organization was not Involved
CB/ Community Health/ Population Health Director (system level)	N/A - Position or Department does not exist	N/A - Position or Department does not exist
Senior Executives (CEO, CFO, VP, etc.) (facility level)	Member of CHNA Committee	Selecting health needs that will be targeted
Senior Executives (CEO, CFO, VP, etc.) (system level)	Participated in development of CHNA process	Selecting the initiatives that will be supported
Board of Directors or Board Committee (facility level)	Advised on CHNA best practices	Determining how to evaluate the impact of initiatives
Board of Directors or Board Committee (system level)	Participated in primary data collection	Providing funding for CB activities
Clinical Leadership (facility level)	Participated in identifying priority health needs	Allocating budgets for individual initiatives
Clinical Leadership (system level)	Participated in identifying community resources to meet health needs	Delivering CB initiatives
	Provided secondary health data	

Participant Category	CHNA Activity	HCB Activity
Population Health Staff (facility level)	Other (explain)	Evaluating the outcome of CB initiatives
Population Health Staff (system level)		Other (explain)
Community Benefit staff (facility level)		
Community Benefit staff (system level)		
Physician(s)		
Nurse(s)		
Social Workers		
Hospital Advisory Board		
Other (specify)		

7. Community participation and meaningful engagement is an essential component to changing health system behavior, activating partnerships that improve health outcomes and sustaining community ownership and investment in programs. Please use the table below to tell us about the external partners involved in your most recent CHNA. In the first column, select and describe the external participants. In the second column, select the level of community engagement for each participant. In the third column, select the recommended practices that each stakeholder was engaged in. The Maryland Hospital Association worked with the HSCRC to develop this list of eight recommended practices for engaging patients and communities in the CHNA process. Refer to the FY 2025 Community Benefit Guidelines for more detail on MHA's recommended practices.

[Large multi-matrix displays. Any levels of community engagement and recommended practices may be selected for each participant category. Select all that apply. Table below shows the options]

Participant Category	Level of Community Engagement	Recommended Practices
Other Hospitals -- Please list the hospitals here: Local Health Department -- Please list the Local Health Departments here:	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Identify & Engage Stakeholders Define the community to be assessed

Participant Category	Level of Community Engagement	Recommended Practices
Local Health Improvement Coalition -- Please list the LHICs here: Maryland Department of Health Other State Agencies- Please list the other state agencies here.	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Collect and analyze the data Select priority community health issues
Local Govt. Organizations -- Please list the organizations here: Faith-Based Organizations School - K-12 -- Please list the schools here:	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Document and communicate results Plan Implementation Strategies
School – Colleges, Universities, Professional Schools -- Please list the schools here: Behavioral Health Organizations -- Please list the organizations here: Social Service Organizations -- Please list the organizations here: Post-Acute Care Facilities -- please list the facilities here: Community/Neighborhood Organizations -- Please list the organizations here: Consumer Advocacy Organizations/Patient and Family Advisory Councils -- Please list the organizations here: Other -- If any other people or organizations were involved, please list them here:	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution Delegated - To place the decision-making in the hands of the community Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Implement Improvement Plans Evaluate Progress

8. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?
   a. Yes
      i. If Yes, please enter the date in which the implementation strategy was approved by your hospital's governing body. (Month/Year)
      ii. If Yes, please provide a link to the implementation strategy (enter link)
      iii. If Yes, please upload your hospital's CHNA implementation strategy.

b. No
    i. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy. [free text box]
9. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share. [free text box]
10. (Optional) Please attach any files containing information regarding your CHNA that you wish to share. [document upload]
11. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?
    a. Yes
    b. No
12. [If No] Using the checkboxes below, select the Community Health Needs identified in your most recent CHNA that were NOT addressed by your community benefit initiatives.
    a. Multi-select list of CHNA needs.
    b. Why were these needs unaddressed?
13. Please describe the hospital's efforts to track and reduce health disparities in the community it serves [free text box]
14. If your hospital reported rate support for categories other than Charity Care, Graduate Medical Education, and the Nurse Support Programs in the financial report template, please select the rate supported programs here:
    a. None
    b. Regional Partnership Catalyst Grant Program
    c. The Medicare Advantage Partnership Grant Program
    d. The COVID-19 Long-Term Care Partnership Grant
    e. The COVID-19 Community Vaccination Program
    f. The Population Health Workforce Support for Disadvantaged Areas Program
    g. Other (Describe):
15. If you wish, you may upload a document describing your community benefit initiatives in more detail.

III.   CB Administration

1. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.
    a. Yes, by the hospital's staff
    b. Yes, by the hospital system's staff
    c. Yes, by a third party auditor
        i. Please describe the third party audit process used:_____
    d. No

2. Does your hospital conduct an internal audit of the community benefit narrative?
   a. Yes
      i. If yes, please describe the community benefit narrative audit process. [free text box]
   b. No
3. Does the hospital's Board review and approve the annual community benefit financial spreadsheet?
   a. Yes
   b. No
      i. If no, please explain. [free text box]
4. Does the hospital's Board review and approve the annual community benefit narrative report?
   a. Yes
   b. No
      i. If no, please explain. [free text box]
5. Do any of the hospital's community benefit operations/activities align with the Statewide Integrated Health Improvement Strategy (SIHIS)? Please select all that apply and describe how your initiatives are targeting each SIHIS goal. More information about SIHIS may be found here: https://hscrc.maryland.gov/Pages/Statewide-Integrated-Health-Improvement-Strategy-.aspx
   a. Diabetes
      i. Reduce the mean BMI for Maryland residents
   b. Opioid Use Disorder
      i. Improve overdose mortality
   c. Maternal and Child Health
      i. Reduce severe maternal morbidity rate
      ii. Decrease asthma-related emergency department visit rates for children aged 2-17
   d. None of the Above
6. (Optional) Did your hospital's initiatives during the fiscal year address other state health goals? If so, tell us about them below.

IV.   Physician Gaps & Subsidies

(Optional) Please attach any files containing further information and data justifying physician subsidies at your hospital.

(This year, all information on physician subsidies is collected on the financials. However, if you have additional information on these subsidies to report, you may do so through attachments here.)

V.   Financial Assistance Policy (FAP)

1. Upload a copy of your hospital's financial assistance policy.
2. Provide the link to your hospital's financial assistance policy. (Enter link)
3. Has your FAP changed within the last year? If so, please describe the change.
    a. No, the FAP has not changed.
    b. Yes, the FAP has changed. Please describe:
4. Maryland hospitals are required under Health General §19-214.1(b)(2)(i) COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.
5. Maryland acute care and chronic care hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.
6. Maryland acute care and chronic care hospitals are required under Health General §19-214.1(b)(2)(iii) COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined in Health General §19-214.1(a)(2) and COMAR 10.37.10.26(A-2)(1)(b)(i) as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income.
    a. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship
    b. Please select the threshold for medical debt as a percentage of family income above which qualifies as a financial hardship

VI.   Tax Exemptions

1. Per Health General Article §19-303 (c)(4)(ix), list each tax exemption your hospital claimed in the preceding taxable year (select all that apply):
    a. Federal corporate income tax
    b. State corporate income tax
    c. State sales tax
    d. Local property tax (real and personal)
    e. Other (describe)_____

Summary and Report Submission

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.