

Community Benefit Narrative Reporting Questions for Fiscal Year 2021

Health Services Cost Review Commission
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FY 2021 Community Benefit Narrative Reporting

Responses to each question are mandatory unless otherwise specified as optional. Hospitals are expected to respond to any follow-up/clarifying questions from staff to ensure completeness and accuracy of the report.

I. General Demographics

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. HCB narrative report contact name
5. HCB narrative report contact email
6. HCB financial report contact name
7. HCB financial report contact email

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.

8. Please select the community health statistics that your hospital uses in its community benefit efforts.
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.
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. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide? [free text box]
15. Provide a link to your hospital's mission statement.
 - a. Enter link address

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 not and whether the hospital has a plan and/or a timeframe for the CHNA. [free text box]
2. When was your hospital's most recent CHNA completed?
3. Please provide a link to your hospital's most recently completed CHNA:
 - a. Enter link address
4. Please upload your hospital's most recently completed CHNA.
5. Please use the table below to tell us about the internal partners involved in your most recent HCB and CHNA development, as well as about how internal staff members were involved in your community benefit activities during the fiscal year.

[Large multi-matrix displays. Each participant category may select any activity. Select all activities that apply.]

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	Member of CHNA Committee
Senior Executives (CEO, CFO, VP, etc.) (system level)	Participated in development of CHNA process	Participated in development of CHNA process
Board of Directors or Board Committee (facility level)	Advised on CHNA best practices	Advised on CHNA best practices
Board of Directors or Board Committee (system level)	Participated in primary data collection	Participated in primary data collection
	Participated in identifying priority health needs	

Participant Category	CHNA Activity	HCB Activity
Clinical Leadership (facility level)	Participated in identifying community resources to meet health needs	Participated in identifying priority health needs
Clinical Leadership (system level)	Provided secondary health data	Participated in identifying community resources to meet health needs
Population Health Staff (facility level)	Other (explain)	Provided secondary health data
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)		

6. 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. [Create/insert hyperlink to full MHA best practices report].

[Large multi-matrix displays. Each participant category may select any activity. Select all activities that apply]

NOTE: This self-assessment is optional for FY 2021, but will be mandatory for FY 2022.

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

7. 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 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]
8. Please select the CHNA Priority Area Categories most relevant to your most recent CHNA. The list of categories is based on the Healthy People 2030 objectives available [here](#). This list is not exhaustive. Please select “other” and describe any CHNA Priority Area Categories that are not captured by this list. Select all that apply even if a need was not addressed by a reported initiative.
- a. Health Conditions - Addiction
 - b. Health Conditions - Arthritis
 - c. Health Conditions - Blood Disorders
 - d. Health Conditions - Cancer
 - e. Health Conditions - Chronic Kidney Disease
 - f. Health Conditions - Chronic Pain
 - g. Health Conditions - Dementias
 - h. Health Conditions - Diabetes
 - i. Health Conditions - Foodborne Illness
 - j. Health Conditions - Health Care-Associated Infections
 - k. Health Conditions - Heart Disease and Stroke
 - l. Health Conditions - Infectious Disease
 - m. Health Conditions - Mental Health and Mental Disorders
 - n. Health Conditions - Oral Conditions
 - o. Health Conditions - Osteoporosis
 - p. Health Conditions - Overweight and Obesity
 - q. Health Conditions - Pregnancy and Childbirth
 - r. Health Conditions - Respiratory Disease
 - s. Health Conditions - Sensory or Communication Disorders
 - t. Health Conditions - Sexually Transmitted Infections
 - u. Health Behaviors - Child and Adolescent Development
 - v. Health Behaviors - Drug and Alcohol Use
 - w. Health Behaviors - Emergency Preparedness
 - x. Health Behaviors - Family Planning
 - y. Health Behaviors - Health Communication
 - z. Health Behaviors - Injury Prevention
 - aa. Health Behaviors - Nutrition and Healthy Eating
 - bb. Health Behaviors - Physical Activity
 - cc. Health Behaviors - Preventive Care

- dd. Health Behaviors - Safe Food Handling
- ee. Health Behaviors - Sleep
- ff. Health Behaviors - Tobacco Use
- gg. Health Behaviors - Vaccination
- hh. Health Behaviors - Violence Prevention
- ii. Populations - Adolescents
- jj. Populations - Children
- kk. Populations - Infants
- ll. Populations – LGBT
- mm. Populations - Men
- nn. Populations - Older Adults
- oo. Populations - Parents or Caregivers
- pp. Populations - People with Disabilities
- qq. Populations - Women
- rr. Populations - Workforce
- ss. Settings and Systems - Community
- tt. Settings and Systems - Environmental Health
- uu. Settings and Systems - Global Health
- vv. Settings and Systems - Health Care
- ww. Settings and Systems - Health Insurance
- xx. Settings and Systems - Health IT
- yy. Settings and Systems - Health Policy
- zz. Settings and Systems - Hospital and Emergency Services
- aaa. Settings and Systems - Housing and Homes
- bbb. Settings and Systems - Public Health Infrastructure
- ccc. Settings and Systems - Schools
- ddd. Settings and Systems - Transportation
- eee. Settings and Systems - Workplace
- fff. Social Determinants of Health - Economic Stability
- ggg. Social Determinants of Health - Education Access and Quality
- hhh. Social Determinants of Health - Health Care Access and Quality
- iii. Social Determinants of Health - Neighborhood and Built Environment
- jjj. Social Determinants of Health - Social and Community Context
- kkk. Other (describe)_____

9. [Drop down list of all priority areas selected in #8 above]. For the CHNA Priority Area Categories selected above, provide the following. For those hospitals completing the optional CHNA financial reporting in FY 2021, please ensure that these tie directly to line item initiatives in the financial reporting template. For those hospitals not completing the optional CHNA financial template, please provide this information for as many initiatives as you deem feasible. Please note that hospitals will be required to report on each CHNA-related initiative in FY 2022.
- a. The name of each initiative

- b. The goal/objectives of each initiative
 - c. A list of outcomes to date for each initiative
 - d. Data used to measure the outcomes for each initiative
10. Were all the needs identified in your CHNA addressed by an initiative of your hospital?
- a. Yes
 - b. No
11. [If No] Select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.
- a. Multi-select list of CHNA needs.
 - b. Why were these needs unaddressed?
12. Please describe the hospital's efforts to track and reduce health disparities in the community it serves [free text box]
13. 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 list the rate supported programs here:
- a. Regional Partnership Catalyst Grant Program
 - b. The Medicare Advantage Partnership Grant Program
 - c. The COVID-19 Long-Term Care Partnership Grant
 - d. The COVID-19 Community Vaccination Program
 - e. The Population Health Workforce Support for Disadvantaged Areas Program
 - f. Other (Describe):
14. 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. Does your hospital include community benefit planning and investments in its internal strategic plan?
 - a. No
 - b. Yes
 - i. If yes, please describe how [free text box]
 - ii. If yes, please provide a link to your strategic plan if available. (Enter link)
- 6. 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://hsrc.maryland.gov/Documents/Modernization/SIHIS%20Proposal%20-%20CMMI%20Submission%2012142020.pdf>

 - 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
- 7. (Optional) Did your hospital's initiatives in FY 2021 address other state health goals? If so, tell us about them below.

IV. Physician Gaps & Subsidies

- 1. As required under HG§19-303, please select all of the gaps in physician availability resulting in a subsidy reported in the Worksheet 3 of financial section of Community Benefit report.
 - a. No gaps/physician subsidies
 - b. Select all gaps in physician specialty/type:
 - i. Allergy & Immunology
 - ii. Anesthesiology
 - iii. Cardiology

- iv. Dermatology
- v. Emergency Medicine
- vi. Endocrinology, Diabetes & Metabolism
- vii. Family Practice/General Practice
- viii. Geriatrics
- ix. Internal Medicine
- x. Medical Genetics
- xi. Neurological Surgery
- xii. Neurology
- xiii. Obstetrics & Gynecology
- xiv. Oncology-Cancer
- xv. Ophthalmology
- xvi. Orthopedics
- xvii. Otolaryngology
- xviii. Pathology
- xix. Pediatrics
- xx. Physical Medicine & Rehabilitation
- xxi. Plastic Surgery
- xxii. Preventive Medicine
- xxiii. Psychiatry
- xxiv. Radiology
- xxv. Surgery
- xxvi. Urology
- xxvii. Other (Describe)_____

2. [Drop down list of each gap identified above]. For each gap, select the type of physician subsidy
 - a. Non-resident house staff and hospitalists
 - b. Coverage of emergency department call
 - c. Physician recruitment to meet community need
 - d. Physician provision of financial assistance
3. Please explain how you determined that the services would not otherwise be available to meet patient demand and why each subsidy was needed, including relevant data. Please provide a description for each line-item subsidy listed in Worksheet 3 of the financial report.
4. Please attach any files containing further information and data justifying physician subsidies your hospital.

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 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 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 tax able 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)_____