COMMUNITY BENEFIT NARRATIVE) \ #u\ ko ̇#\ U U y V ⓐ'

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.

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:
195	13,156	20706 20784 20743 20785 20774 20770	Prince Georges Hospital Center Holy Cross Washington Adventist Anne Arundel Medical Center	19%	7%

		20721			
		20737			
		20772			

Table I

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)	Population =863,420
	Male 414,161
	Female 449,259
	Race: White 166,059
	African American 556,620
	Asian 35,172

	Other 105,079
	Ages= under 18 205,999
	18-34 322,124
	35-49 190,132
	50-64 158,983
	65 + 81,513
Median Household Income within the CBSA	$84,100
Percentage of households with incomes below the federal poverty guidelines within the CBSA	18%
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	19%
Percentage of Medicaid recipients by County within the CBSA.	7%
Life Expectancy by County within the CBSA.	77.5
Mortality Rates by County within the CBSA.	822.4
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)	Relatively average, housing is lower than surrounding areas. The County has initiatives to improve access to healthier foods as Obesity is high. Transportation availability is very good.
Other	The community in our service area ranges from low income to high income. It is majority African American. One section is increasing its Hispanic population very quickly.

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.

   Currently we are using a document from the county called a Blueprint for a healthier Prince Georges 2011-2014. We did conduct a Physician Needs assessment 10/10 which was helpful as well.

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

   32 Local Community leaders and individuals who attend educational events were invited to a Focus Group Meeting to help identify areas of need from the community perspective. SHR Associates conducted the group.

3. When was the most recent needs identification process or community health needs assessment completed?
   Provide date here. *05/_21 /_2011_ (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
   _X__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
_x__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. __x_Other (please specify)VP for Business Development & Planning

  ii. Clinical Leadership

   1. ___Physician
   2. _x__Nurse
   3. ___Social Worker
   4. ___Other (please specify)

  iii. Community Benefit Department/Team

   1. __.02_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   __x___no
   Narrative   _____yes   __x___no

d. Does the hospital's Board review and approve the completed FY Community Benefit report that is submitted to the HSCRC?
   Spreadsheet   _____yes   _x____no
   Narrative   _____yes   __x___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).

We are still in the assessment stage and need to have a complete Community Needs Assessment completed next calendar year.

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.

Our Community Physician Needs Assessment conducted in the Fall of 2010 indicates that by 2015 our service area will need to increase providers in the following specialities in largest deficit order:

Internal Medicine/ Family Practice/Geriatrics
Pediatrics
Psychiatry
OB/GYN
General Surgery
Dermatology
Orthopedics

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.

N/A

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).

Notification Procedures regarding Charity care:

There are signs posted in the Emergency Department, and all Admissions areas of the hospital. Each patient is given a brochure with the following information at time of admission and a copy is sent with any bills:

There is a Spanish version of the brochure available as well.

Financial Assistance
Financial Assistance is available for patients who receive urgent or emergency services and do not have health insurance including Medicaid. Free care is provided for patients whose gross family income is at or below 150 percent of the Federal Poverty Guidelines. A 25-percent discount will be applied to qualified patients whose gross family income is 151 percent to 200 percent of the Federal Poverty Guidelines.

Financial Assistance applications may be obtained at the Emergency Registration or Outpatient Registration Departments or by calling the Business Office at *301-552-8186*.

Upon request, an application will be mailed to the patient. To qualify, the applicant must also provide proof of family income and expenses.

Maryland Medical Assistance
Doctors Community Hospital provides case workers to assist patients with Maryland Medical Assistance applications who have received Inpatient or Emergency Outpatient care. Patients who have received Inpatient care and do not have insurance may contact one of the phone numbers listed below:

Annually we have an announcement posted in the local newspapers as well.

Appendix 2

DOCTORS COMMUNITY HOSPITAL
HOSPITAL POLICY/PROCEDURE

SUBJECT: CREDIT AND CHARITY   POLICY NUMBER: 1.5

                                                 DATE: November 2008

Administration
Prepared by/Department   SUPERSEDES POLICY
                                                 DATED: September 2000

Philip B. Down, President
Approved by/Title

Sajeev Anand, M.D., Chief-of-Staff
Medical Executive Committee

POLICY

1.5.1   The Hospital has a specified plan for patients unable to pay for
          their medical care when services are rendered.

PROCEDURE

1.5.2   The Hospital will bill valid insurances on behalf of patients
          whenever possible.

1.5.3   Patients, families, or staff identifying a need for financial
          assistance to cover medical expenses will contact the Admitting
          Office Financial Counselor.

1.5.4   The Financial Counselor will assist the patient or their
          representative in using appropriate resources to cover the expenses.

1.5.5   Charity care will be evaluated on a case by case basis as deemed
          appropriate by Vice President of Finance.

1.5.6   Refer to Standard Accounting Procedure (located in the Accounting
          and Business Offices) if additional information is required.

Appendix 3

Description of the Hospital Mission Vision & Values

The main purpose of our hospital is to provide quality healthcare to our surrounding community, we have dedicated ourselves to doing just that. We have pledged to always do that to the best of our ability by providing a quality healthcare team, with quality tools, equipment and education.

Our Values are vested in the word SERVICE.

S - Safety
E - Excellence
R - Respect
V - Vision
I - Innovation
C - Compassion
E - Everyone

HOSPITAL MISSION, VISION AND VALUES

The Mission of Doctors Community Hospital is

"**D**edicated to **C**aring for Your **H**ealth."

Our Vision is to

"Continuously strive for excellence in service and clinical quality to distinguish us with our patients and other customers."