COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

FY2017 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 regulatory 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, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

On January 10, 2014, the Center for Medicare and Medicaid Innovation (CMMI) announced its approval of Maryland’s historic and groundbreaking proposal to modernize Maryland’s all-payer hospital payment system. The model shifts from traditional fee-for-service (FFS) payment towards global budgets and ties growth in per capita hospital spending to growth in the state’s overall economy. In addition to meeting aggressive quality targets, the model requires the State to save at least $330 million in Medicare spending over the next five years. The HSCRC will monitor progress overtime by measuring quality, patient experience, and cost. In addition, measures of overall population health from the State Health Improvement Process (SHIP) measures will also be monitored (see Attachment A).

To succeed in this new environment, hospital organizations will need to work in collaboration with other hospital and community based organizations to increase the impact of their efforts in the communities they serve. It is essential that hospital organizations work with community partners to identify and agree upon the top priority areas, and establish common outcome measures to evaluate the impact of these collaborative initiatives. Alignment of the community benefit operations, activities, and investments with these larger delivery reform efforts such as the Maryland all-payer model will support the overall efforts to improve population health and lower cost throughout the system.

As provided by federal regulation (26 CFR §1.501(r)—3(b)(6)) and for purposes of this report, a **COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)** report is a written document that has been adopted for the hospital facility by the organization’s governing body (or an authorized body of the governing body), and includes:

(A) A definition of the community served by the hospital facility and a description of how the community was determined;

(B) A description of the process and methods used to conduct the CHNA;

(C) A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;

(D) A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant; and prioritizing those significant health needs;

(E) A description of the resources potentially available to address the significant health needs identified through the CHNA; and

(F) An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility’s prior CHNA(s).

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

1. Maryland Department of Health and Mental Hygiene’s State Health Improvement Process (SHIP)(<http://dhmh.maryland.gov/ship/> );
2. the Maryland Chartbook of Minority Health and Minority Health Disparities (<http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf>);
3. Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
4. Local Health Departments;
5. County Health Rankings & Roadmaps (<http://www.countyhealthrankings.org>);
6. Healthy Communities Network (<http://www.healthycommunitiesinstitute.com/index.html>);
7. Health Plan ratings from MHCC (<http://mhcc.maryland.gov/hmo>);
8. Healthy People 2020 (<http://www.cdc.gov/nchs/healthy_people/hp2010.htm>);
9. CDC Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/BRFSS>);
10. CDC Community Health Status Indicators (<http://wwwn.cdc.gov/communityhealth>);
11. Youth Risk Behavior Survey (<http://phpa.dhmh.maryland.gov/cdp/SitePages/youth-risk-survey.aspx>);
12. 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;
13. For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNA involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
14. Survey of community residents;
15. Use of data or statistics compiled by county, state, or federal governments such as Community Health Improvement Navigator (<http://www.cdc.gov/chinav/>); and
16. CRISP Reporting Services.

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

Required by federal regulations, the **IMPLEMENTATION STRATEGY** is a written plan that is adopted by the hospital organization’s governing body or by an authorized body thereof, and:

With respect to each significant health need identified through the CHNA, either—

1. Describes how the hospital facility plans to address the health need; or

(ii) Identifies the health need as one the hospital facility does not intend to address and explains why the hospital facility does not intend to address it.

**HSCRC COMMUNITY BENEFIT REPORTING REQUIREMENTS**

1. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:
2. 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 acute care hospitals by the HSCRC. Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).
	1. Bed Designation – The total number of licensed beds
	2. Inpatient Admissions: The number of inpatient admissions for the FY being reported;
	3. Primary Service Area (PSA) zip codes;
	4. Listing of all other Maryland hospitals sharing your PSA;
	5. The percentage of the hospital’s uninsured patients by county. (Please provide the source for this data, e.g., “review of hospital discharge data”);
	6. The percentage of the hospital’s patients who are Medicaid recipients. (Please provide the source for this data (e.g., “review of hospital discharge data.”)
	7. The percentage of the hospital’s patients who are Medicare beneficiaries. (Please provide the source for this data (e.g., “review of hospital discharge data.”)

Table I

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * 1. Bed Designation:
 | b. Inpatient Admissions: | c. Primary Service Area zip codes: | d. All other Maryland Hospitals Sharing Primary Service Area: | e. Percentage of the Hospital’s Patients who are Uninsured: | f. Percentage of the Hospital’s Patients who are Medicaid Recipients: | g. Percentage of the Hospital’s Patients who are Medicare beneficiaries |
|  |  |  |  |  |  |  |

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

a. Use Table II to provide a detailed description of the Community Benefit Service Area (CBSA), reflecting the community or communities the organization serves. The description should include (but should not be limited to):

(i) A list of the zip codes included in the organization’s CBSA, and

(ii) An indication of which zip codes within the CBSA include geographic areas where the most vulnerable populations (including but not necessarily limited to medically underserved, low-income, and minority populations) reside.

(iii) A description of how the organization identified its CBSA, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, e.g., individuals with > 3 hospitalizations in the past year). This information may be copied directly from the community definition section of the organization’s federally-required CHNA Report ([26 CFR § 1.501(r)–3](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=62127d19a8a384338845e17b5fddd1dd&h=L&mc=true&n=pt26.9.1&r=PART&ty=HTML#se26.9.1_1501_2r_3_63)).

Statistics may be accessed from:

The Maryland State Health Improvement Process (<http://dhmh.maryland.gov/ship/>);

The Maryland Vital Statistics Administration (<http://dhmh.maryland.gov/vsa/Pages/home.aspx>);

The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (<http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf>);

The Maryland Chart Book of Minority Health and Minority Health Disparities, 2nd Edition (<http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf> );

The Maryland State Department of Education (The Maryland Report Card) (<http://www.mdreportcard.org>) Direct link to data– (<http://www.mdreportcard.org/downloadindex.aspx?K=99AAAA>)

Community Health Status Indicators (<http://wwwn.cdc.gov/communityhealth>)

|  |
| --- |
| **Table II** |
| **Demographic Characteristic** | **Description** | **Source** |
| Zip codes included in the organization’s CBSA, indicating which include geographic areas where the most vulnerable populations (including but not necessarily limited to medically underserved, low-income, and minority populations) reside. |  |  |
| Median Household Income within the CBSA  |  |  |
| Percentage of households in the CBSA with household income below the federal poverty guidelines  |  |  |
| For the counties within the CBSA, what is the percentage of uninsured for each county? This information may be available using the following links:<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 (including by race and ethnicity where data are available). See SHIP website:<http://dhmh.maryland.gov/ship/Pages/Home.aspx>   |  |  |
| Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).<http://dhmh.maryland.gov/ship/Pages/home.aspx>  |  |  |
| Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)See SHIP website for social and physical environmental data and county profiles for primary service area information: <http://ship.md.networkofcare.org/ph/county-indicators.aspx> |  |  |
| Available detail on race, ethnicity, and language within CBSA.See SHIP County profiles for demographic information of Maryland jurisdictions. <http://ship.md.networkofcare.org/ph/county-indicators.aspx> |  |  |
| Other |  |  |

1. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Within the past three fiscal years, has your hospital conducted a Community Health Needs Assessment that conforms to the IRS requirements detailed on pages 1-2 of these Instructions?

|  |  |  |
| --- | --- | --- |
| \_\_\_\_Yes |  | Provide date approved by the hospital’s governing body or an authorized body thereof here: \_\_/\_\_ /\_\_ (mm/dd/yy) |
| \_\_\_\_No |  |  |

If you answered yes to this question, provide a link to the document here. (Please note: this may be the same document used in the prior year report).

1. Has your hospital adopted an implementation strategy that conforms to the IRS requirements detailed on pages 3-4?

|  |  |
| --- | --- |
| \_\_\_Yes | Enter date approved by governing body/authorized body thereof here: \_\_/ \_\_/\_\_ (mm/dd/yy)  |
| \_\_\_No |  |

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

1. 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?

* 1. Are Community Benefits planning and investments part of your hospital’s internal strategic plan?

\_\_\_Yes

\_\_\_No

If yes, please provide a specific description of how CB planning fits into the hospital’s strategic plan. If this is a publicly available document, please provide a link here and indicate which sections apply to CB planning.

* 1. What stakeholders within 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 describe the role each plays in the planning process (additional positions may be added as necessary)
		1. Senior Leadership

			1. \_\_\_CEO
			2. \_\_\_CFO
			3. \_\_\_Other (please specify)

Describe the role of Senior Leadership.

* + 1. Clinical Leadership

			1. \_\_\_Physician
			2. \_\_\_Nurse
			3. \_\_\_Social Worker
			4. \_\_\_Other (please specify)

Describe the role of Clinical Leadership

* + 1. Population Health Leadership and Staff
			1. \_\_\_\_ Population health VP or equivalent (please list)
			2. \_\_\_\_ Other population health staff (please list staff)

Describe the role of population health leaders and staff in the community benefit process.

* + 1. Community Benefit Operations

			1. \_\_\_the Title of Individual(s) (please specify FTE)
			2. \_\_\_Committee (please list members)
			3. \_\_\_Department (please list staff)
			4. \_\_\_Task Force (please list members)
			5. \_\_\_Other (please describe)

Briefly describe the role of each CB Operations member and their function within the hospital’s CB activities planning and reporting process.

* 1. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report? )

Spreadsheet \_\_\_\_\_yes \_\_\_\_\_no

Narrative \_\_\_\_\_yes \_\_\_\_\_no

If yes, describe the details of the audit/review process (who does the review? Who signs off on the review?)

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

Spreadsheet \_\_\_\_\_yes \_\_\_\_\_no

Narrative \_\_\_\_\_yes \_\_\_\_\_no

If no, please explain why.

e. Are Community Benefit investments incorporated into the major strategies of your Hospital Strategic Transformation Plan?

 \_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

If yes, please list these strategies and indicate how the Community Benefit investments will be utilized in support of the strategy.

1. COMMUNITY BENEFIT EXTERNAL COLLABORATION

External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners.

* 1. Does the hospital organization engage in external collaboration with the following partners?

\_\_\_\_\_Other hospital organizations

\_\_\_\_\_Local Health Department

\_\_\_\_\_Local health improvement coalitions (LHICs)

\_\_\_\_\_ Schools

\_\_\_\_\_Behavioral health organizations

\_\_\_\_\_Faith based community organizations

\_\_\_\_\_Social service organizations

\_\_\_\_\_Post-acute care facilities

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct a CHNA. Provide a brief description of collaborative activities indicating the roles and responsibilities of each partner and indicating the approximate time period during which collaborative activities occurred (please add as many rows to the table as necessary to be complete).

|  |  |  |  |
| --- | --- | --- | --- |
| Organization | Name of Key Collaborator | Title | Collaboration Description |
|  |  |  |  |
|  |  |  |  |
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c. Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in one or more of the jurisdictions where the hospital organization is targeting community benefit dollars?

\_\_\_\_\_yes \_\_\_\_\_no

If the response to the question above is yes, please list the counties for which a member of the hospital organization co-chairs the LHIC.

d. Is there a member of the hospital organization that attends or is a member of the LHIC in one or more of the jurisdictions where the hospital organization is targeting community benefit dollars?

\_\_\_\_\_yes \_\_\_\_\_no

If the response to the question above is yes, please list the counties in which a member of the hospital organization attends meetings or is a member of the LHIC.

1. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

Please use Table III to provide a clear and concise description of the primary need identified for inclusion in this report, the principal objective of each evidence based initiative and how the results will be measured (what are the short-term, mid-term and long-term measures? Are they aligned with measures such as SHIP and all-payer model monitoring measures?), time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10-point type). Please be sure these initiatives occurred in the FY in which you are reporting.

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

* 1. 1. Identified need: This may have been identified through a CHNA, a documented request from a public health agency or community group, or other generally accepted practice for developing community benefit programs. Include any measurable disparities and poor health status of racial and ethnic minority groups. Include a description of the collaborative process used to identify common priority areas and alignment with other public and private organizations.

2. Please indicate how the community’s need for the initiative was identified.

* 1. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based community health improvement initiatives may be found on the CDC’s website using the following links: <http://www.thecommunityguide.org/> or <http://www.cdc.gov/chinav/>), or from the County Health Rankings and Roadmaps website, here: <http://tinyurl.com/mmea7nw>.
	(Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: [www.guideline.gov/index.aspx](http://www.guideline.gov/index.aspx) )
	2. Total number of people within the target population (how many people in the target area are affected by the particular disease or other negative health factor being addressed by the initiative)?
	3. Total number of people reached by the initiative (how many people in the target population were served by the initiative)?
	4. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need,
	5. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative? (please be sure to include the actual dates, or at least a specific year in which the initiative was in place)
	6. Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative. For collaborating organizations, please provide the name and title of at least one individual representing the organization for purposes of the collaboration.
	7. Impact of Hospital Initiative: Initiatives should have measurable health outcomes and link to overall population health priorities such as SHIP measures and the all-payer model monitoring measures.

Describe here the measure(s)/health indicator(s) that the hospital will use to evaluate the initiative’s impact. The hospital shall evaluate the initiative’s impact by reporting (in item “i. Evaluation of Outcome”):

1. Statistical evidence of measurable improvement in health status of the target population. If the hospital is unable to provide statistical evidence of measurable improvement in health status of the target population, then it may substitute:
2. Statistical evidence of measureable improvement in the health status of individuals served by the initiative. If the hospital is unable to provide statistical evidence of measureable improvement in the health status of individuals served by the initiative, then it may substitute:
3. The number of people served by the initiative.

Please include short-term, mid-term, and long-term population health targets for each measure/health indicator. These should be monitored and tracked by the hospital organization, preferably in collaboration with appropriate community partners.

* 1. Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? To what extent do the measurable results indicate that the objectives of the initiative were met? (Please refer to the short-term, mid-term, and long-term population health targets listed by the hospital in response to item h, above, and provide baseline data when available.)
	2. Continuation of Initiative:

What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? If not, why? What is the mechanism to scale up successful initiatives for a greater impact in the community?

* 1. Expense:
	A. what were the hospital’s costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, and grants associated with the fiscal year being reported.
	B. Of the total costs associated with the initiative, what amount, if any, was provided through a restricted grant or donation?
1. Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples: the fact that another nearby hospital is focusing on that identified community need, or that the hospital does not have adequate resources to address it.) This information may be copied directly from the section of the CHNA that refers to community health needs identified but unmet.
2. How do the hospital’s CB operations/activities work toward the State’s initiatives for improvement in population health? (see links below for more information on the State’s various initiatives)

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) <http://dhmh.maryland.gov/ship/SitePages/Home.aspx>
COMMUNITY HEALTH RESOURCES COMMISSION <http://dhmh.maryland.gov/mchrc/sitepages/home.aspx>

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.

If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please use Table IV to 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.

Table IV – Physician Subsidies

|  |  |
| --- | --- |
| **Category of Subsidy** | **Explanation of Need for Service** |
| Hospital-Based physicians |  |
| Non-Resident House Staff and Hospitalists |  |
| Coverage of Emergency Department Call |  |
| Physician Provision of Financial Assistance  |  |
| Physician Recruitment to Meet Community Need |  |
| Other – (provide detail of any subsidy not listed above – add more rows if needed) |  |

1. APPENDICES

***To Be Attached as Appendices***:

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

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

* Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
	+ in a culturally sensitive manner,
	+ at a reading comprehension level appropriate to the CBSA’s population, and
	+ in non-English languages that are prevalent in the CBSA.
* Posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
* Provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
* Provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
* Includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills;
* Besides English, in what language(s) is the Patient Information sheet available;
* 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.
	1. Provide a brief description of how your hospital’s FAP has changed since the ACA’s Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).
	2. Include a copy of your hospital’s FAP (label appendix III).
	3. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions: <http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc> (label appendix IV).
1. Attach the hospital’s mission, vision, and value statement(s) (label appendix V).

Attachment A

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) SELECT POPULATION HEALTH MEASURES FOR TRACKING AND MONITORING POPULATION HEALTH

* Increase life expectancy
* Reduce infant mortality
* Prevention Quality Indicator (PQI) Composite Measure of Preventable Hospitalization
* Reduce the % of adults who are current smokers
* Reduce the % of youth using any kind of tobacco product
* Reduce the % of children who are considered obese
* Increase the % of adults who are at a healthy weight
* Increase the % vaccinated annually for seasonal influenza
* Increase the % of children with recommended vaccinations
* Reduce new HIV infections among adults and adolescents
* Reduce diabetes-related emergency department visits
* Reduce hypertension related emergency department visits
* Reduce hospital ED visits from asthma
* Reduce hospital ED visits related to mental health conditions
* Reduce hospital ED visits related to addictions
* Reduce Fall-related death rate