Community Benefit Narrative Reporting Instructions for Fiscal Year 2018

July 5, 2017

Health Services Cost Review Commission

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# HSCRC Community Benefit Reporting Requirements

Maryland law requires the Maryland Health Services Cost Review Commission (HSCRC or Commission) to collect hospital community benefit information from individual hospitals to compile into a statewide, publicly available report.[[1]](#footnote-1) In response, the HSCRC developed a two-part reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet.

This document serves as the content instructions for the community benefit narrative report for fiscal year (FY) 2018. The HSCRC is developing an online submission platform for FY 2018, which is expected to be completed in the fall of 2017. This document serves as a content guide for the platform so that hospitals are aware of the information to be collected at the beginning of the performance year.

The Maryland hospital community benefit narrative report has six sections. Please respond to each question in this report. If the requested information is unavailable, please provide a narrative justification for leaving a question blank. For hospital systems, please provide one report for each hospital in your system.

# General Hospital Demographics and Characteristics

**Hospital Characteristics:**

[Questionnaire supplies the hospital with pre-populated data in this section. Data for the applicable fiscal year will be provided to the hospitals when available.]

1. Hospital ID
2. Hospital name
3. Hospital system name (if applicable)
4. Total number of licensed beds
5. Number of inpatient admissions in the fiscal year
6. The percentage of the hospital’s discharges in the fiscal year for patients who are uninsured (include numerator, denominator, and percentage)
7. The percentage of the hospital’s discharges in the fiscal year for Medicaid patients (include numerator, denominator, and percentage)
8. The percentage of the hospital’s discharges in the fiscal year for Medicare patients (include numerator, denominator, and percentage)
9. The list of zip codes in the hospital’s primary service area (PSA) as defined in the hospital’s global budget
10. A list of all other hospitals sharing the PSA

**Community Benefit Service Area:**

1. List all of the zip codes in your hospital’s Community Benefit Service Area (CBSA).
2. List the zip codes within the CBSA that include geographic areas where the most vulnerable populations (including but not limited to medically underserved, low-income, and minority populations).
3. How did your hospital identify its CBSA?
   1. Based on ZIP codes in the hospital’s Financial Assistance Policy
      1. Please describe [free text box]
   2. Based on ZIP codes in the hospital’s global budget revenue agreement
      1. Please describe [free text box]
   3. Based on patterns of utilization
      1. Please describe [free text box]
   4. Other
      1. Please describe[free text box]

**Community Health Statistics and Demographics:**

[Questionnaire supplies pre-populated data, with sources, for various measures at the county level with demographic breakdowns where available, and the hospital selects the counties in its CBSA. These will be provided when data closest to the corresponding fiscal year are available]

1. Median household income
2. Percentage of households with income below the federal poverty level
3. Percentage of the population who are uninsured
4. Percentage of the population enrolled in Medicaid/the Maryland Children’s Health Insurance Program
5. Percentage of the population who speak a language other than English
6. Percentage of the population by race
7. Percentage of the population with Hispanic/Latino ethnicity
8. Life expectancy
9. Crude death rate
10. State Health Improvement Process Measures
11. Please provide any other community health measures that are relevant to your CBSA. See Appendix A for examples of data sources for other measures.
    1. Measure
    2. Source

**Other**

1. Provide a link to your hospital’s mission statement.
   1. Enter link address
2. Is your hospital an academic medical center?
   1. Yes
   2. No
3. Is there any other information about your hospital that you would like to provide? [free text box]
4. If you did not respond to one or more questions in this section of the narrative, please explain why. [free text box]

# Community Health Needs Assessment (CHNA)

1. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?
   1. Yes
   2. No
      1. 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 first CHNA completed?
   1. Enter Month and Year
3. When was your hospital’s most recent CHNA completed?
   1. Enter Month and Year
4. Please provide a link to your hospital’s most recently completed CHNA:
   1. Enter link address
5. Did you make your CHNA available in other formats?
   1. No
   2. Yes
      1. If Yes, how? (free text)
6. Please use the table below to tell us about the internal and external partners involved in your most recent CHNA

**Table 1. CHNA Roles and Activities by Participant Category**

|  | **N/A - Person or Organization was not Involved** | **N/A - Position or Department Does Not Exist** | **Member of CHNA Committee** | **Participated in the Development of the CHNA Process** | **Advised on CHNA Best Practices** | **Participated in Primary Data Collection** | **Participated in Identifying Priority Health Needs** | **Participated in Identifying Community Resources to meet Health Needs** | **Provided Secondary Health Data** | **Other (explain\*)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hospital Internal Participants** |  |  |  |  |  |  |  |  |  |  |
| CB/ Community Health/Population Health Director (facility level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Senior Executives (CEO, CFO, VP, etc.) (facility level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Board of Directors or Board Committee (facility level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| CB/ Community Health Director (system level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Senior Executives (CEO, CFO, VP, etc.) (system level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Board of Directors or Board Committee (system level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Clinical Leadership (facility level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Clinical Leadership (system level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Population Health Staff (facility level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Population Health Staff (system level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Community Benefit staff (facility level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Community Benefit staff (system level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Physician(s) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Nurse(s) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Social Workers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Community Benefit Task Force | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Hospital Advisory Board | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Other (specify) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **External Participants** |  |  |  |  |  |  |  |  |  |  |
| Other Hospitals (drop down list of all hospitals with a "same system" checkbox next to each) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Local Health Department (list) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Local Health Improvement Coalition (list) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Maryland Department of Health | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Maryland Department of Human Resources | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Maryland Department of Natural Resources | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Maryland Department of the Environment | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Maryland Department of Transportation | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Maryland Department of Education | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Area Agency on Aging (list) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Local Govt. Organizations (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Faith-Based Organizations | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| School - K-12 (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| School - Colleges and/or Universities (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| School of Public Health (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| School - Medical School (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| School - Nursing School (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| School - Dental School (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| School - Pharmacy School (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Behavioral Health Organizations (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Social Service Organizations (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Post-Acute Care Facilities (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Community/Neighborhood Organizations (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Consumer/Public Advocacy Organizations (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Other (specify) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

*\* The FY 2018 questionnaire will be delivered as an online system. This system will be designed to allow custom responses. For instance, when a user clicks the “Other” checkbox, a text field will appear that allows for entering the explanation. Users will be able to cause additional text fields to appear if they have more than one “Other” entry to explain.*

1. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?
   1. Yes
      1. If Yes, please enter the date in which the implementation strategy was approved by your hospital’s governing body. (Month/Year)
      2. If Yes, please provide a link to the implementation strategy (enter link)
   2. No
      1. If No, please explain why not and whether the hospital has a plan and/or a timeframe for an implementation strategy. [free text box]
2. Please list the health needs identified in your most recent CHNA.
   1. Drop-down list of four major categories of needs
      1. Financial and other barriers to access to care
         1. Free text box for the hospital to type in the needs
      2. Illness prevention
         1. Free text box for the hospital to type in the needs
      3. Adequate nutrition
         1. Free text box for the hospital to type in the needs
      4. Social, behavioral, environmental factors that influence health
         1. Free text box for the hospital to type in the needs
   2. Button to add a new free text field.
3. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA [free text box]
4. Is there any other information about your CHNA that you would like to provide? [free text box]
5. If you did not respond to one or more questions in this section of the narrative, please explain why. [free text box]

# Community Benefit Administration & External Collaboration

1. Please use the table below to tell us which people or organizations performed the listed community benefit tasks during the fiscal year. 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.

**Table 2. Community Benefit Administration Roles and Activities by Participant Category**

|  | **N/A - Person or Organization was not Involved** | **N/A - Position or Department Does Not Exist** | **Selecting Health Needs that will be Targeted** | **Selecting the Initiatives that will be Supported** | **Determining how to Evaluate the Impact of Initiatives** | **Providing Funding for CB Activities** | **Allocating Budgets for Individual Initiatives** | **Delivering CB Initiatives** | **Evaluating the Outcome of CB Initiatives** | **Other (explain\*)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hospital Internal Participants** |  |  |  |  |  |  |  |  |  |  |
| CB/ Community Health /Population Health Director (facility level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Senior Executives (CEO, CFO, VP, etc.) (facility level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Board of Directors or Board Committee (facility level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| CB/ Community Health Director (system level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Senior Executives (CEO, CFO, VP, etc.) (system level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Board of Directors or Board Committee (system level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Clinical Leadership (facility level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Clinical Leadership (system level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Population Health Staff (facility level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Population Health Staff (system level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Community Benefit staff (facility level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Community Benefit staff (system level) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Physician(s) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Nurse(s) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Social Workers | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Community Benefit Task Force | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Hospital Advisory Board | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Other (specify) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| **External Participants** |  |  |  |  |  |  |  |  |  |  |
| Other Hospitals (list with "same system" checkbox) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Local Health Department (list) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Local Health Improvement Coalition (list) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Maryland Department of Health | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Maryland Department of Human Resources | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Maryland Department of Natural Resources | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Maryland Department of the Environment | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Maryland Department of Transportation | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Maryland Department of Education | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Area Agency on Aging (list) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Local Govt. Organizations (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Faith-Based Organizations | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| School - K-12 (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| School - Colleges and/or Universities (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| School of Public Health (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| School - Medical School (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| School - Nursing School (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| School - Dental School (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| School - Pharmacy School (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Behavioral Health Organizations (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Social Service Organizations (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Post-Acute Care Facilities (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Community/Neighborhood Organizations (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Consumer/Public Advocacy Organizations (specify with add lines) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Other (specify) | 🞏 |  | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

*\* The FY 2018 questionnaire will be delivered as an online system. This system will be designed to allow custom responses. For instance, when a user clicks the “Other” checkbox, a text field will appear that allows for entering the explanation. Users will be able to cause additional text fields to appear if they have more than one “Other” entry to explain.*

1. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.
   1. Yes, by the hospital’s staff
   2. Yes, by the hospital system’s staff
   3. Yes, by a third party auditor
   4. No
2. Does your hospital conduct an internal audit of the community benefit narrative?
   1. Yes
      1. If yes, please describe the review process. [free text box]
   2. No
3. Does the hospital’s Board review and approve the annual community benefit financial spreadsheet?
   1. Yes
   2. No
      1. If no, please explain. [free text box]
4. Does the hospital’s Board review and approve the annual community benefit narrative report?
   1. Yes
   2. No
      1. If no, please explain. [free text box]
5. Does your hospital include community benefit planning and investments in its internal strategic plan?
   1. No
   2. Yes
      1. If yes, please describe how [free text box]
      2. If yes, please provide a link to your strategic plan if available.
6. Is there any other information about your hospital’s community benefit administration and external collaboration that you would like to provide? [free text box]
7. If you did not respond to one or more questions in this section of the narrative, please explain why. [free text box]

# Community Benefit Initiatives

Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

1. Initiative 1
   1. Name of initiative [free text box]
   2. Does this initiative address a need identified in your CHNA?
      1. No
      2. Yes.
         1. If yes, select the CHNA need(s). Select all that apply.
            1. Multi-select list of CHNA needs from section II.
   3. When did this initiative begin (month, year)?
   4. Does this initiative have an anticipated end?
      1. The initiative will end on a specific date
         1. Enter Month, Year
      2. The initiative will end when a trigger event occurs
         1. When a community/population health measure reaches a target value
            1. Free text box to explain
         2. When a clinical measure in the hospital reaches a target value
            1. Free text box to explain
         3. When external grant money to support the initiative runs out
            1. Free text box to explain
         4. When a contract or agreement with a partner expires
            1. Free text box to explain
         5. Other trigger event
            1. Free text box to explain
      3. The initiative is ongoing with no anticipated end
   5. What population does this initiative target?
      1. Enter the number of people
      2. Describe the characteristics of the target population [free text box]
   6. How many people did this initiative reach during the fiscal year?
      1. Enter number
   7. What category(ies) of intervention best fits this initiative? Select all that apply.
      1. Chronic condition-based intervention
         1. Treatment intervention
         2. Prevention intervention
      2. Acute condition-based intervention
         1. Treatment intervention
         2. Prevention intervention
      3. Condition-agnostic treatment intervention
      4. Social determinants of health intervention
      5. Community engagement intervention
      6. Other. Specify: [free text box]
   8. Do you work with other individuals, groups, or organizations to deliver this initiative?
      1. No
      2. Yes
         1. If yes, please list them [opportunity to add more fields]
   9. Please describe the primary objective of the initiative. [free text box]
   10. Please describe how the initiative is delivered. [free text box]
   11. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Select all that apply.
       1. Count of participants/encounters
          1. Explain [free text]
       2. Other process/implementation measures (e.g. number of items distributed)
          1. Explain [free text]
       3. Surveys of participants
          1. Explain [free text]
       4. Biophysical health indicators
          1. Explain [free text]
       5. Assessment of environmental change
          1. Explain [free text]
       6. Impact on policy change or imitation
          1. Explain [free text]
       7. Effects on healthcare utilization or cost
          1. Explain [free text]
       8. Assessment of workforce development
          1. Explain [free text]
       9. Other (specify) [free text box]
   12. Please describe how the initiative is evaluated. [free text box]
   13. Please describe the outcome(s) of the initiative. [free text box].
   14. Please describe how the outcome of the initiative addresses community health needs. [free text]
   15. What was the hospital’s total costs of this initiative in FY 2018? The amount should include the total dollars, in-kind donations, and grants.
2. Initiative 2 – same sub-questions as Initiative 1
3. Initiative 3 – same sub-questions as initiative 1
4. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives. [link to upload a pdf or word doc, etc.]
5. Were any needs identified in your CHNA ***not addressed*** by any initiative of your hospital?
   1. No – all CHNA-identified needs were addressed by our hospital’s initiatives
   2. Yes
      1. Please select a need that was not addressed[list of needs from the CHNA, Section II]
         1. Why was this need not addressed? [free text box]
6. How do the hospital’s community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: http://ship.md.networkofcare.org/ph/index.aspx. Select a SHIP measure from the drop-down list then use the free text box to explain how the hospital’s community benefit activities align with the goal in the measure.
   1. Reduce infant mortality
   2. Reduce the percent of low birth weight births
   3. Reduce rate of sudden unexpected infant deaths (SUIDs)
   4. Reduce the teen birth rate (ages 15-19)
   5. Increase the % of pregnancies starting care in the 1st trimester
   6. Increase the proportion of children who receive blood lead screenings
   7. Increase the % entering kindergarten ready to learn
   8. Increase the %of students who graduate high school
   9. Increase the % of adults who are physically active
   10. Increase the % of adults who are at a healthy weight
   11. Reduce the % of children who are considered obese (high school only)
   12. Reduce the % of adults who are current smokers
   13. Reduce the % of youths using any kind of tobacco product (high school only)
   14. Reduce HIV infection rate (per 100,000 population)
   15. Reduce Chlamydia infection rate
   16. Increase life expectancy\*
   17. Reduce child maltreatment (per 1,000 population)
   18. Reduce suicide rate\* (per 100,000)
   19. Reduce domestic violence (per 100,000)
   20. Reduce the % of young children with high blood lead levels
   21. Decrease fall-related mortality\* (per 100,000)
   22. Reduce pedestrian injuries on public roads (per 100,000 population)
   23. Increase the % of affordable housing options
   24. Increase the % of adolescents receiving an annual wellness checkup
   25. Increase the % of adults with a usual primary care provider
   26. Increase the % of children receiving dental care
   27. Reduce % uninsured ED visits
   28. Reduce heart disease mortality (per 100,000)
   29. Reduce cancer mortality (per 100,000)
   30. Reduce diabetes-related emergency department visit rate (per 100,000)
   31. Reduce hypertension-related emergency department visit rate (per 100,000)
   32. Reduce drug induced mortality (per 100,000)
   33. Reduce mental health-related emergency department visit rate (per 100,000)
   34. Reduce addictions-related emergency department visit rate (per 100,000)
   35. Reduce Alzheimer’s disease and other dementias-related hospitalizations (per 100,000)
   36. Reduce dental-related emergency department visit rate (per 100,000)
   37. Increase the % of children with recommended vaccinations
   38. Increase the % vaccinated annually for seasonal influenza
   39. Reduce asthma-related emergency department visit rate (per 10,000)
7. If you did not respond to one or more questions in this section of the narrative, please explain why. [free text box]

# Physicians

1. As required under HG§19-303, please select all of the gaps in physician availability in your hospital’s CBSA. Select all that apply.
   1. No gaps
   2. Primary care
   3. Mental health
   4. Substance abuse/detoxification
   5. Internal medicine
   6. Dermatology
   7. Dental
   8. Neurosurgery/neurology
   9. General surgery
   10. Orthopedic specialties
   11. Obstetrics
   12. Otolaryngology
   13. Other, specify: [free text box]
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.

| **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. Is there any other information about physician gaps that you would like to provide [free text box]
2. If you did not respond to one or more questions in this section of the narrative, please explain why. [free text box]

# Financial Assistance Policy

1. Upload a copy of your hospital’s financial assistance policy.
2. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).
3. What is your hospital’s household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).
4. What is your hospital’s household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.
5. What are your hospital’s criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.
6. 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. [free text box]
7. Is there any other information about your hospital’s financial assistance policy that you would like to provide? [free text box]
8. If you did not respond to one or more questions in this section of the narrative, please explain why. [free text box]

# Appendix A. Data Sources

Whether preparing for a CHNA, planning community benefit activities, or evaluating initiatives, hospitals have access to a great number of data sources. Examples include:

1. Federal Government Resources
   1. Agency for Healthcare Research and Quality (AHRQ) Resources
      1. National Guideline Clearinghouse <https://www.guideline.gov/>
   2. Census Bureau Resources
      1. American Fact Finder <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
   3. Centers for Disease Control and Prevention (CDC) Resources
      1. Healthy People 2020 <https://www.cdc.gov/nchs/healthy_people/hp2020.htm>
      2. Behavioral Risk Factor Surveillance System <https://www.cdc.gov/BRFSS/>
      3. Community Health Status Indicators <https://wwwn.cdc.gov/communityhealth>
      4. Community Health Improvement Navigator <https://www.cdc.gov/chinav/>
      5. National Environmental Health Tracking <https://www.cdc.gov/nceh/tracking/>
   4. Department of Agriculture Resources
      1. USDA Economic Research Service <https://www.usda.gov/topics/data>
   5. National Highway Traffic Safety Administration (NHTSA) Resources
      1. NHTSA Research & Data <https://www.nhtsa.gov/research-data>
2. State of Maryland Resources
   1. Maryland Department of Health (MDH) Resources
      1. State Health Improvement Process (SHIP) <http://ship.md.networkofcare.org/ph/>
      2. Youth Risk Behavior Survey <https://phpa.health.maryland.gov/ccdpc/Reports/Pages/yrbs.aspx>
      3. Vital Statistics Administration <https://health.maryland.gov/vsa/Pages/home.aspx>
      4. Community Health Resources Commission <https://health.maryland.gov/mchrc/Pages/home.aspx>
      5. Behavioral Risk Factor Surveillance System <https://phpa.health.maryland.gov/ccdpc/Reports/Pages/brfss.aspx>
      6. The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) <https://health.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf>
      7. The Maryland Chart Book of Minority Health and Minority Health Disparities, 3rd Edition <https://health.maryland.gov/mhhd/Documents/Maryland%20Chartbook%20of%20Minority%20Health%20and%20Minority%20Health%20Disparities%20Data,%20Third%20Edition%20(December%202012).pdf>
   2. Maryland Health Care Commission (MHCC) Resources
      1. Health Care Quality Reports <https://healthcarequality.mhcc.maryland.gov/>
   3. Maryland Department of Planning Resources
      1. Maryland State Data Center <http://planning.maryland.gov/msdc/home.shtml>
   4. Maryland State Department of Education (MSDE) Resources
      1. The Maryland Report Card <http://reportcard.msde.maryland.gov/>
3. Academic, Foundation, and Nonprofit Resources
   1. Robert Wood Johnson Foundation Resources
      1. (With the University of Wisconsin Population Health Institute) County Health Rankings & Roadmaps <http://www.countyhealthrankings.org/>
   2. Feeding America Resources
      1. Map the Meal Gap <http://map.feedingamerica.org/>
   3. Metropolitan Washington Council of Governments Resources
      1. Homelessness in Metropolitan Washington <https://www.mwcog.org/documents/2017/05/10/homelessness-in-metropolitan-washington-results-and-analysis-from-the-annual-point-in-time-pit-count-of-homeless-persons-homelessness/>
      2. State of the Region: Human Capital Report <https://www.mwcog.org/documents/2017/02/06/state-of-the-region-human-capital-report/>

1. MD. CODE. ANN., Health-Gen. §19-303(d). [↑](#footnote-ref-1)