

Hospital Community Benefit Program

# The Hilltop Institute



analysis to advance the health of vulnerable populations

## Community Benefit Briefing

November 2012

*Through news updates, state research and policy analysis, and policy questions, Community Benefit Briefing is meant to assist state and local policymakers to understand and monitor hospital community benefit activities. This newsletter will report, discuss, and analyze various aspects of hospital community benefits, including the effects of the Affordable Care Act (ACA). Community Benefit Briefing is provided for informational purposes only; its contents may not be regarded as legal advice. The Hilltop Institute does not enter into attorney-client relationships.*

### News

#### Hilltop Releases Two New Issue Briefs

In October, Hilltop's Hospital Community Benefit Program released two new issue briefs in its **Hospital Community Benefits after the ACA** series. The briefs were published simultaneously as companion briefs. Both explore important unsettled issues surrounding hospitals' Schedule H reporting of community building activities.

[Schedule H and Hospital Community Benefit—Opportunities and Challenges for the States](#) is a collaboration between Kevin Barnett, DrPH, MCP, Senior Investigator at the Public Health Institute, and Martha Somerville, JD, MPH, Hilltop's Hospital Community Benefit Program Director. It discusses key federal community benefit reporting requirements of Form 990, Schedule H and their evolving interpretation by the Internal Revenue Service (IRS). The brief explores the opportunities and challenges Schedule H presents to state officials and policymakers, both as a reporting framework and as an informational resource.

[Community Building and the Root Causes of Poor Health](#) discusses hospital community building activities and their importance in addressing the root causes of poor health and disability. It explores hospitals' community benefit activities that go beyond the provision of health care services to focus on "upstream" social, economic, and environmental factors—education, employment, income, housing, community design, family and social support, community safety, and the environment—that are major contributors to community health. The brief includes a discussion of issues relating specifically to Schedule H requirements concerning hospital reporting of community building activities.

## Financial Assistance: Colorado

In May, the Governor of Colorado signed SB 12-134 ([Colo. Rev. Stat. §25-3-112](#)), establishing the [Hospital Payment Assistance Program](#). The law, applicable to both nonprofit and for-profit hospitals, mandates specific mechanisms for informing patients and the community about hospital financial assistance policies, and sets an income standard that qualifies patients for limited hospital charges and other protections.

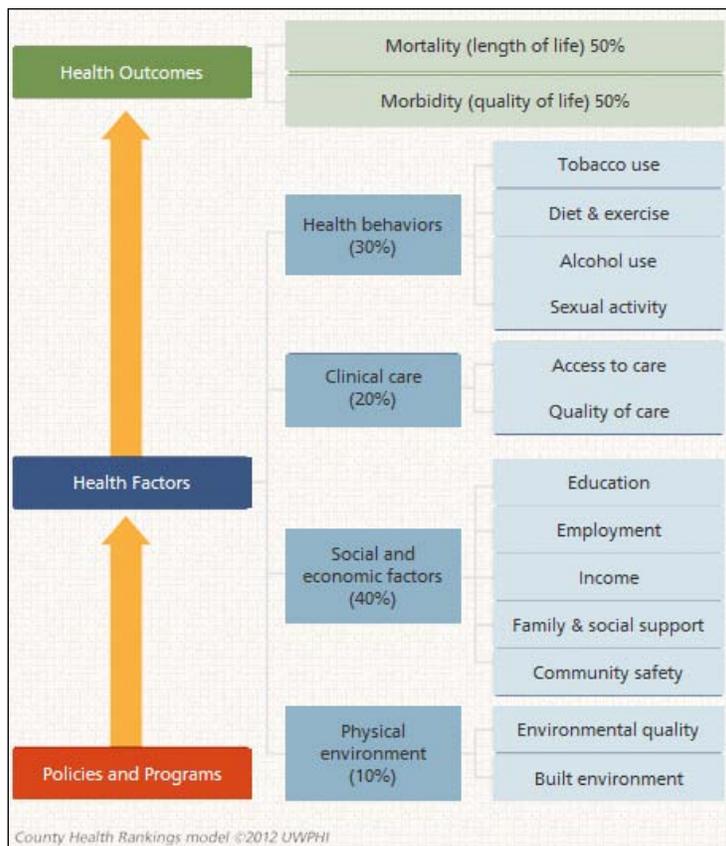
Specifically, the Colorado law:

- Builds on ACA requirements to widely publicize hospital financial assistance policies by requiring Colorado hospitals to make financial assistance information available on hospital websites, in patient waiting areas, before discharge, and in patient billing statements.
- Requires hospitals to offer financial assistance for qualified patients on a community-specific basis. “Qualified patients” are defined as those who:
  - are uninsured;
  - have family incomes less than 250 percent of the federal poverty level (FPL); and
  - received medical services for which a [Colorado Indigent Care Program](#) discount was not available.
- Requires hospitals to screen uninsured patients for financial assistance eligibility before initiating collection actions.
- Establishes that the maximum amount charged to patients eligible for financial assistance may not exceed the lowest negotiated rate between the hospital and a private insurer.

## County Health Rankings and Roadmaps: What Works for Health

In September, the University of Wisconsin Population Health Institute (UWPHI) launched “[What Works for Health](#),” a new resource for communities, hospitals, and state policymakers that operationalizes UWPHI’s County Health Rankings and Roadmaps’ model of population health by identifying factors that can make communities “healthier places to live, learn, work, and play.”

“What Works for Health” rates the effectiveness of a broad variety of strategies for addressing factors that can negatively affect population health, including health behaviors, clinical care, social and environmental factors, and the physical environment. Users can click on any component of the model for relevant evidence (specific outcomes and populations affected), policy and program examples, toolkits, and evaluation measures.



## New Data and Reporting Resource for Community Health Needs Assessment

[CHNA.org](http://CHNA.org) is the result of the collaborative efforts of two dozen partners, including representatives from the hospital industry, public health, and voluntary organizations. Integrated with [Community Commons](http://CommunityCommons.org), CHNA.org is a free web-based utility designed to facilitate assessment, reporting, and acting on community health needs and assets—by providing Geographic Information System (GIS) mapping, analytic and reporting tools, and single-point access to thousands of data points from public sources, such as the U.S. Census Bureau and the Center for Disease Control and Prevention’s (CDC’s) Behavioral Risk Factor Surveillance System (BRFSS.)

CHNA.org’s audience includes hospitals, state and local health departments, nonprofit organizations, and financial institutions that seek to measurably improve community health and wellbeing. Hilltop spoke about CHNA.org with one of its founders, [Tyler Norris](#), Vice President for Total Health Partnerships at Kaiser Permanente.

Mr. Norris noted that CHNA.org is a product of ongoing discussions following the CDC’s July 2011 Public Forum, “[Best Practices for Community Health Needs Assessment and Implementation Strategy Development](#).” The forum sparked discussions among its participants about how to enable organizations and communities with limited resources to better assess and address community health needs. In December 2011, the CDC convened a follow-up meeting of community health improvement experts, where discussions identified the need to improve the ways by which hospitals, health departments, and community-based organizations collaboratively identify, access, and use

public data and technology platforms to advance population health. These conversations informed the design and implementation of CHNA.org.

CHNA.org provides access to thousands of data points and sources, and has the capability to generate automated and customized reports, tables, charts, and maps. Mr. Norris noted that this tool will dramatically reduce the time and expense associated with traditional modes of collecting and analyzing data for community health needs assessment. This will allow communities to allocate resources to local engagement (making sense of the data collected) and the development and implementation of strategies that can have a positive effect on population and community health.

Test sites for CHNA.org Beta 1.0 included a number of community and critical access hospitals, health departments, and community-based organizations. CHNA Beta 2.0 and a national learning “community of practice” will go live at the end of November 2012.

## Webinars

### County Health Rankings and Roadmaps (Archived)

- [Special Topics Webinar: The Link between Childhood Poverty and Ill Health](#) – August 21, 2012
- [Take Action - Evaluate Actions](#) – October 9, 2012
- [Take Action - Evaluate Actions In-Depth](#) – October 23, 2012

To view a list of the URLs referenced in this newsletter, [click here](#).

*The Hilltop Institute at the University of Maryland, Baltimore County (UMBC) is a nationally recognized policy and research center dedicated to improving the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels.*

*[Hilltop's Hospital Community Benefit Program](#) is the central resource created specifically for state and local policymakers who seek to assure that tax-exempt hospital community benefit activities are responsive to pressing community health needs. The program provides tools to state and local health departments, hospital regulators, legislators, revenue collection and budgeting agencies, and hospitals, as these stakeholders develop approaches that will best suit their communities and work toward a more accessible, coordinated, and effective community health system. The program is funded for three years through the generous sponsorship of the Robert Wood Johnson Foundation ([www.rwjf.org](http://www.rwjf.org)) and the Kresge Foundation ([www.kresge.org](http://www.kresge.org)).*

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