CHNA Round #2

New Opportunities to Collaborate on Community Health Needs Assessments (CHNA) and Improve the Health of Our Community



IRS Update: CHNA

- The IRS issued proposed regulations on April 5, 2013 providing further guidance related to the CHNA requirements of Section 501(r), reporting obligations of Section 6033, and the consequences for failing to satisfy any of the 501(r) requirements.
- Highlights of these proposed regulations include:

A new definition of a "Hospital Facility." The regulations amend the definition to state that multiple hospital buildings operated under a single state license "are" (rather than "may be") considered a single hospital facility.



IRS Update: CHNA

Key provisions for the CHNA

The proposed regulations give hospitals the flexibility to define the communities they serve, taking into account all of the relevant facts and circumstances.

Clarification for Community Input

From groups and individuals that represent the broad interests of the community.

Requirement to seek Public Input

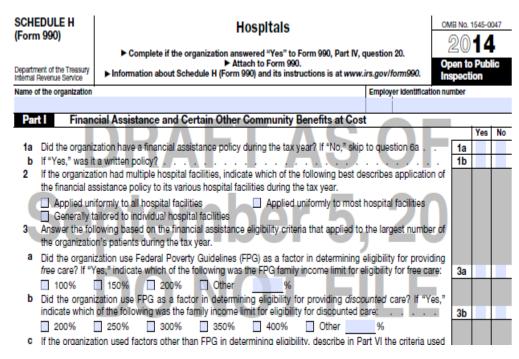
Public input must be considered when conducting subsequent CHNAs. Most recent CHNA must remain widely available for two subsequent CHNA reporting cycles.

Guidance allowing hospitals to collaborate with others
 when conducting a CHNA and produce one joint report
 Each hospital collaborating must be clearly identified, and the CHNA
 must be adopted by an authorized body for each collaborating hospital.



IRS Update: CHNA

- IRS released the 2014 Draft Schedule H and instructions for hospitals on September 5, 2014.
- The draft Schedule H reflects the requirements of Section 501(r) and the IRS proposed regulations that were issued on June 26, 2012 and April 5, 2013.



 Significant changes to the 2014 Schedule H include new questions related to Part V – Community Health Needs Assessment (CHNA) and Part V – Financial Assistance Policy (FAP) sections.



The CHNA as a Path to Collaboration

 IRS changes allow multiple hospital facilities to complete one CHNA, and one implementation plan, for a community

- More broad definition of community
- Collaboration can lead to funding implementation
- Opportunity to leverage strengths in partnerships and reduce duplicative efforts



TEAM WORK

CHNA Resources

■ The County Health Rankings & Roadmaps program:

- ✓ Collaboration between the <u>Robert Wood Johnson Foundation</u> and the <u>University of Wisconsin Population</u> Health Institute.
- ✓ Provides tools and resources



HHS Region III:

- ✓ Has convened stakeholder group (hospitals, HAP/DVHC of HAP, county health departments, community organizations) around CHNA
- ✓ Is facilitating collaboration with Federal agencies (CDC, HRSA, CMS) to identify CHNA support resources and potential funding sources
- ✓ Is working with HAP to pursue partnerships with other Mid-Atlantic institutions

CHNA and Population Health

- Achieving the Triple Aim means addressing population health – CHNAs and implementation plans are designed to help do that
- Direct medical care, as a determinant of health, impacts population health only 10-20%¹
- 98% of CEOs believe that hospitals need to investigate and implement population health management strategies²





²The American Hospital Association (AHA) Annual Survey of Hospitals, 2012





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