

Community Health Needs Assessment (CHNA) FAQs

▶ **QUESTION:** *Can a multi-site hospital system conduct a single CHNA, or must one be done for each site individually?*

ANSWER: The current version of the regulation states that each individually licensed hospital must conduct a separate CHNA; however, collaboration in conducting them is encouraged.

▶ **QUESTION:** *Can non-affiliated hospitals work together to conduct a CHNA?*

ANSWER: Yes! They can collaborate on any part of the CHNA process. However, when developing the final CHNA report and prioritized list of community needs, we recommend that each hospital conduct this portion of the CHNA on its own. The purpose of this recommendation is to facilitate more consensus building at the local / hospital level. Having a shared, or collaboratively developed, final list of prioritized needs can have the effect of diluting upper management support for the actions indicated in the CHNA and subsequently included in the Implementation Plan.

▶ **QUESTION:** *When does the regulation go into effect? When does the hospital need to do the CHNA?*

ANSWER: The language in the IRS regulation guidance states, “The CHNA requirements of section 501(r) (3) are effective for taxable years beginning after March 23, 2012.” The regulations also state that the CHNA must have been conducted within the prior three years. Some examples are shown below:

If Your Fiscal Year Begins ...	The end date for first FY beginning after March 23, 2012 will be ...	CHNA Must be Completed By.....	
		Start Date	End Date
April 1	March 31, 2013	April 1, 2010	March 31, 2013
July 1	June 30, 2013	July 1, 2010	June 30, 2013
January 1	December 31, 2013	January 1, 2011	December 31, 2013
March 1	February 28, 2014	March 1, 2011	February 28, 2014

▶ **QUESTION:** *How is a hospital’s “community service area” defined?*

ANSWER: The current guidelines specify that a service area can be geographically based (i.e., a county or group of towns) or based on some other criteria. The “other criteria” typically involve specialized hospital services that draw patients from a wide geographic base. For example, if a hospital is a renowned burn treatment center or a cancer treatment facility, patients may theoretically come from long distances. In these cases, the “community service area” would tend to be based more on population characteristics of the patient base than geography.