

Annual Non-Profit Hospital Community Benefits Plan Report

Hospital or Hospital System: _____

Mailing Address: _____
(Street Address/P.O. Box) (City, State, Zip)

Physical Address (if different than mailing address):

(Street Address/P.O. Box) (City, State, Zip)

Reporting Period: ____/____/____ through ____/____/____ **Taxpayer Number:** _____
Month Day Year Month Day Year

If filing a consolidated financial report for a health system, list below the Illinois hospitals included in the consolidated report.

| <u>Hospital Name</u> | <u>Address</u> | <u>FEIN #</u> |
|----------------------|----------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

1. **ATTACH Mission Statement:**
The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and specify the date it was adopted.

2. **ATTACH Community Benefits Plan:**
The reporting entity must provide its most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:

1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
2. Identify the populations and communities served by the hospital.
3. Disclose health care needs that were considered in developing the plan.

3. **REPORT Charity Care:**
Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), and not the actual charges for the services.

Charity Care \$ _____

ATTACH Charity Care Policy:
Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.

4. **REPORT Community Benefits** actually provided other than charity care:
See instructions for completing Section 4 of the Annual Non Profit Hospital Community Benefits Plan Report.

Community Benefit Type

Language Assistant Services \$ _____

Government Sponsored Indigent Health Care \$ _____

Donations \$ _____

Volunteer Services

 a) Employee Volunteer Services \$ _____

 b) Non-Employee Volunteer Services \$ _____

 c) Total (add lines a and b) \$ _____

Education \$ _____

Government-sponsored program services \$ _____

Research \$ _____

Subsidized health services \$ _____

Bad debts \$ _____

Other Community Benefits \$ _____

Attach a schedule for any additional community benefits not detailed above.

5. **ATTACH Audited Financial Statements for the reporting period.**

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

Name / Title (Please Print)

Phone: Area Code / Telephone No.

Signature

Date

Name of Person Completing Form

Phone: Area Code / Telephone No.

Electronic / Internet Mail Address

FAX: Area Code / FAX No.

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Section 4 Instructions for Reporting Community Benefits

Community Benefit Type

Language assistant services. Unreimbursed actual costs pertaining to language assistance service such as salaries and benefits of translators, costs of translation services provided via phone and costs of forms, notices and brochures provided in languages other than English, offset by any revenue received for these services.

Government Sponsored Indigent Health Care. Unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need. Includes both inpatient and outpatient services. In calculating this cost, hospitals should apply a total cost-to-charge ratio to obtain costs, unless the hospital has an alternative method for determining costs, then deduct any revenues that were received for such services.

Donations. Cash and in-kind donations such as the value of meeting space, equipment, and personnel to assist other community health care providers, social service agencies and organizations.

Volunteer Services. Voluntary activities provided by hospital employees and volunteers in connection with a hospital's Community Benefits Program that take place as the result of a formal hospital initiative to organize or promote voluntary participation in the activity. Value of volunteer time is to be calculated as the number of volunteer hours multiplied by minimum wage.

Education. Costs incurred for hospital-based educational programs such as medical residency and internships and nursing, radiology technician and physical therapy programs, reduced by direct medical education funding from third-party payer reimbursement, offsite rotation revenue, fees charged, etc. Community health education and wellness programs should be reported under **Subsidized Health Services** section.

Government-sponsored program services. Any other unreimbursed costs not included in **Government Sponsored Indigent Health Care** section.

Research. Cost of research activities conducted primarily to advance medical or health care services, including clinical drug trials, demonstration projects for alternative delivery systems, disease-specific research, etc. This portion of the report should include only actual costs not covered by grant funding or donations.

Subsidized health services. Subsidized health services for which the hospital, in response to community need, must subsidize from other revenue sources. It includes, but is not limited to, such services as emergency and trauma care, neonatal intensive care, community health clinics, and collaborative efforts with local government or private agencies to prevent illness and improve wellness, such as immunization programs. Includes specialty services that yield a financial loss such as rehabilitation, burn care, substance abuse, AIDS, geriatric, pediatric, clinics, hospice, physician referral service, ambulance and programs to prevent illness or injury and improve wellness such as community health screenings, immunization programs, health education, counseling and support groups, poison control, etc. Hospitals should determine the financial loss by calculating the costs of staff, materials, equipment, space, etc., offset by any third-party payment, patient fees, or donations.

Bad debts. The bad debt expense resulting from the extension of credit for services the hospital provided for which payment was expected but not received.

Other Community Benefits. Attach a schedule listing and describing any community benefits not listed above. Provide complete detail as to how each community benefit is provided and calculated.