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| <input type="checkbox"/> Entity(s): Adventist Health<br>Corporate                        | Entity(s) Standard Policy<br>No. | AD-04-006-S                         |
| <input type="checkbox"/> Network:  | Department:                      | Administrative Services             |
| <input checked="" type="checkbox"/> System-Wide Corporate Policy<br>Corporate Policy No. | Manual:                          | Systemwide Policies &<br>Procedures |
| <input checked="" type="checkbox"/> Standard Policy                                      |                                  |                                     |
| <input type="checkbox"/> Model Policy  |                                  |                                     |

## STANDARD POLICY: COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH PLAN COORDINATION

### POLICY SUMMARY/INTENT:

This policy is to clarify the general requirements, processes and procedures to be followed by each Adventist Health hospital. Adventist Health promotes effective, sustainable community benefit programming in support of our mission and tax-exempt status.

### DEFINITIONS:

- A. Community Health Needs Assessment (CHNA): A CHNA is a dynamic and ongoing process that is undertaken to identify the health strengths and needs of the respective community of each Adventist Health hospital. The CHNA will include a two document process, the first being a detailed document highlighting the health related data within each hospital community and the second document (Community Health Plan or CHP) containing the identified health priorities and action plans aimed at improving the identified needs and health status of that community.
1. A CHNA relies on the collection and analysis of health data relevant to each hospital's community, the identification of priorities and resultant objectives and the development of measurable action steps that will enable the objectives to be measured and tracked over time.
- B. Community Health Plan: The CHP is the second component of the CHNA and represents the response to the data collection process and identified priority areas. For each health need, the CHP must either: a) describe how the hospital plans to meet the identified health need, or b) identify the health need as one the hospital does not intend to specifically address and provide an explanation as to why the hospital does not intend to address that health need.
- C. Community Benefit: A community benefit is a program, activity or other intervention that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of these objectives:
1. Improve access to health care services
  2. Enhance the health of the community
  3. Advance medical or health care knowledge
  4. Relieve or reduce the burden of government or other community efforts
- D. Community benefits include charity care and the unreimbursed costs of Medicaid and other means-tested government programs for the indigent, as well as health professions' education, research, community health improvement, subsidized health services and cash and in-kind contributions for

community benefit.

## **AFFECTED DEPARTMENTS/SERVICES:**

A. Adventist Health hospitals

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## **POLICY: COMPLIANCE – KEY ELEMENTS**

### **A. PURPOSE:**

1. The provision of community benefit is central to Adventist Health's mission of service and compassion. Restoring and promoting the health and quality of life of those in the communities served, is a function of our mission "To share God's love by providing physical, mental and spiritual healing." The purpose of this policy is: a) to establish a system to capture and report the costs of services provided to the underprivileged and broader community; b) to clarify community benefit management roles; c) to standardize planning and reporting procedures; and d) to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals. As a charitable organization, Adventist Health will, at all times, meet the requirements to qualify for federal income tax exemption under Internal Revenue Code (IRC) §501(c)(3). The purpose of this document is to:
  - a. Set forth Adventist Health's policy on compliance with IRC §501(r) and the Patient Protection and Affordable Care Act with respect to CHNAs;
  - b. Set forth Adventist Health's policy on compliance with California (SB 697), Oregon (HB 3290), Washington (HB 2431) and Hawaii State legislation on community benefit;
  - c. Ensure the standardization and institutionalization of Adventist Health's community benefit practices with all Adventist Health hospitals; and
  - d. Describe the core principles that Adventist Health uses to ensure a strategic approach to community benefit program planning, implementation and evaluation.
2. **General Requirements**
  - a. Each licensed Adventist Health hospital will conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through such assessment.
  - b. The Adventist Health *Community Health Planning & Reporting Guidelines* will be the standard for CHNAs and CHPs in all Adventist Health hospitals.
  - c. Accordingly, the CHNA and associated implementation strategy (also called the Community Health Plan) will initially be performed and completed in the calendar year ending December 31, 2013, with implementation to begin in 2014.
  - d. Thereafter, a CHNA and implementation strategy will be conducted and adopted within every succeeding three-year time period. Each successive three-year period will be known as the Assessment Period.
  - e. Adventist Health will comply with federal and state mandates in the reporting of community benefit costs and will provide a yearly report on systemwide community benefit performance to board of directors. Adventist Health will issue and disseminate to diverse community stakeholders an annual web-based systemwide report on its community benefit initiatives and performance.
  - f. The financial summary of the community benefit report will be approved by the hospital's chief financial officer.

- g. The Adventist Health budget & reimbursement department will monitor community benefit data gathering and reporting for Adventist Health hospitals.

### 3. Documentation of Public Community Health Needs Assessment (CHNA)

- a. Adventist Health will implement the use of the Lyon Software CBISA™ product as a tool to uniformly track community benefit costs to be used for consistent state and federal reporting.
- b. A written public record of the CHNA process and its outcomes will be created and made available to key stakeholders in the community and to the general public. The written public report must include:
- i. A description of the hospital's community and how it was determined.
  - ii. The process and methods used to conduct the assessment.
  - iii. How the hospital took into account input from persons who represent the broad interests of the community served.
  - iv. All of the community health needs identified through the CHNA and their priorities, as well as a description of the process and criteria used in the prioritization.
  - v. Existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.
- c. The CHNA and CHP will be submitted to the Adventist Health corporate office for approval by the board of directors. Each hospital will also review their CHNA and CHP with the local governing board. The Adventist Health government relations department will monitor hospital progress on the CHNA and CHP development and reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.
- d. The CHNA and CHP will be made available to the public and must be posted on each hospital's website so that it is readily accessible to the public. The CHNA must remain posted on the hospital's website until two subsequent CHNA documents have been posted. Adventist Health hospitals may also provide copies of the CHNA to community groups who may be interested in the findings (e.g., county or state health departments, community organizations, etc.).
- e. For California hospitals, the CHPs will be compiled and submitted to OSHPD by the Adventist Health government relations department. Hospitals in other states will submit their plans as required by their state.
- f. Financial assistance policies for each hospital must be available on each hospital's website and readily available to the public.

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#### REFERENCES:

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| <b>CALIFORNIA:</b> | No specific state requirements noted. Corporate policy applies as written. |
| <b>HAWAII:</b>     | No specific state requirements noted. Corporate policy applies as written. |
| <b>OREGON:</b>     | No specific state requirements noted. Corporate policy applies as written. |
| <b>WASHINGTON:</b> | No specific state requirements noted. Corporate policy applies as written. |

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| <b>CORPORATE AUTHOR:</b>           | VP             |
| <b>SITE SPECIFIC POLICY OWNER:</b> | Not applicable |

**COLLABORATION:**

**APPROVED\_BY:**

**CORPORATE:** ( 12/09/2013 ) Senior Management Team, ( 12/16/2013 ) AH Board,

**HOSPITAL:** Not applicable

**INDIVIDUAL:**

**REVIEW DATE:** 08/31/2015,

**REVISION DATE:** 08/19/2015,

**NEXT REVIEW DATE:** 08/30/2016

**ATTACHMENTS:**

(REFERENCED BY THIS DOCUMENT)

**OTHER DOCUMENTS:**

(WHICH REFERENCE THIS DOCUMENT)

**DISTRIBUTED TO:** Refer to AFFECTED DEPARTMENTS/SERVICES above

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