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A Guide for Planning & Reporting Community Benefit

2022 Edition

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CHA's mission is to advance the Catholic health ministry of the United States in its commitment to caring for people and communities. Comprising over 600 hospitals and 1,400 long-term care and other healthcare facilities across all 50 states, the Catholic health ministry is the largest group of nonprofit health care providers in the nation. Notably, one in seven patients in the U.S. receives care at a Catholic hospital every day.

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IS IT COMMUNITY BENEFIT?

The following questions can help determine whether a program or activity should be reported as a community benefit in the following categories: community health improvement, health professions education, subsidized health services, research, or cash and in-kind contributions.

STEP ONE:

Does the program or activity:

- Address a demonstrated community health need?
- Seek to address at least one of the following community benefit objectives?
 - Improve access.
 - Enhance public health.
 - Advance generalizable knowledge.
 - Relieve the government burden to improve health.

Does the program or activity:

- Primarily benefit the community rather than the organization?
- Result in measurable expense to the organization?

IF “NO” TO ANY OF THE QUESTIONS IN STEP I, IT IS NOT A COMMUNITY BENEFIT.

IF “YES” TO ALL QUESTIONS IN STEP I, PROCEED TO STEP TWO.

STEP TWO:

Is the program or activity:

- Provided primarily for marketing purposes?
- Standard practice, expected of all hospitals (such as activities required for accreditation, licensure or participation in Medicare)?
- Provided primarily for the organization’s “covered lives”?
- Provided primarily for employees (not including interns, residents and fellows) or affiliated physicians?

IF “YES” TO ANY OF THE QUESTIONS IN STEP II, IT IS NOT A COMMUNITY BENEFIT.

IF “NO” TO ALL QUESTIONS IN STEP II, PROCEED TO STEP THREE.

