



community
CONNECTIONS

Community Accountability and Transparency

HELPING HOSPITALS BETTER SERVE THEIR COMMUNITIES



American Hospital
Association



Section 3, Strategies for Communicating Community Benefit, was developed in cooperation with the Society for Healthcare Strategy and Market Development, an AHA personal membership group. For more information on SHSMD visit their web site at www.shsmd.org.

Photos in this publication are courtesy of Doug Haight, photographer, and illustrate programs from recent Foster G. McGaw Prize winning organizations. Since 1986, the Foster G. McGaw Prize has honored health delivery organizations that have demonstrated exceptional commitment to community service. The Prize is sponsored by The Baxter International Foundation and the Cardinal Health Foundation and the American Hospital Association.

Table of Contents

AHA Policies & Guidelines on Billing, Collections, Tax-Exempt Status, and Community Health Tab 1

Introduction	1:3
Providing Financial Assistance for the Uninsured of Limited Means	1:4
Communicating Charity Care and Financial Assistance Policies	1:5
Helping Patients Qualify for Financial Assistance.....	1:5
Ensuring Fair and Transparent Billing and Collection Practices.....	1:6
Promoting Community Health	1:7
Reporting Community Benefit	1:7



A Strategy Checklist for Leaders..... Tab 2

Introduction	2:3
How to Use this Strategy Checklist	2:4
Providing Financial Assistance for the Uninsured of Limited Means	2:5
Communicating Charity Care and Financial Assistance Policies	2:6
Helping Patients Qualify for Financial Assistance.....	2:6
Ensuring Fair and Transparent Billing and Collection Practices.....	2:7
Promoting Community Health	2:8
Reporting Community Benefit	2:11



Strategies for Communicating Community Benefit Tab 3

Introduction	3:3
Gathering Information	3:4
Identifying Key Internal and External Stakeholders	3:5
Determining Key Themes and Messages.....	3:7
Developing and Implementing Vehicles for Community Outreach	3:8
Telling Your Story to the News Media	3:9
Telling Your Story in Hospital-Sponsored Communications	3:9
Measuring and Evaluating Your Progress	3:10



Table of Contents

Ensuring Access to Care for Uninsured and Underinsured and Pricing Transparency..... Tab 4

Baptist Health South Florida, Miami, FL.....	4:3
Cambridge Health Alliance, Cambridge, MA.....	4:7
Helen Newberry Joy Hospital, Newberry, MI.....	4:10
Laurens County Healthcare System, Clinton, SC.....	4:12
McDonough District Hospital, Macomb, IL.....	4:14
St. James Healthcare, Butte, MT.....	4:17
Winchester Medical Center, Winchester, VA.....	4:20



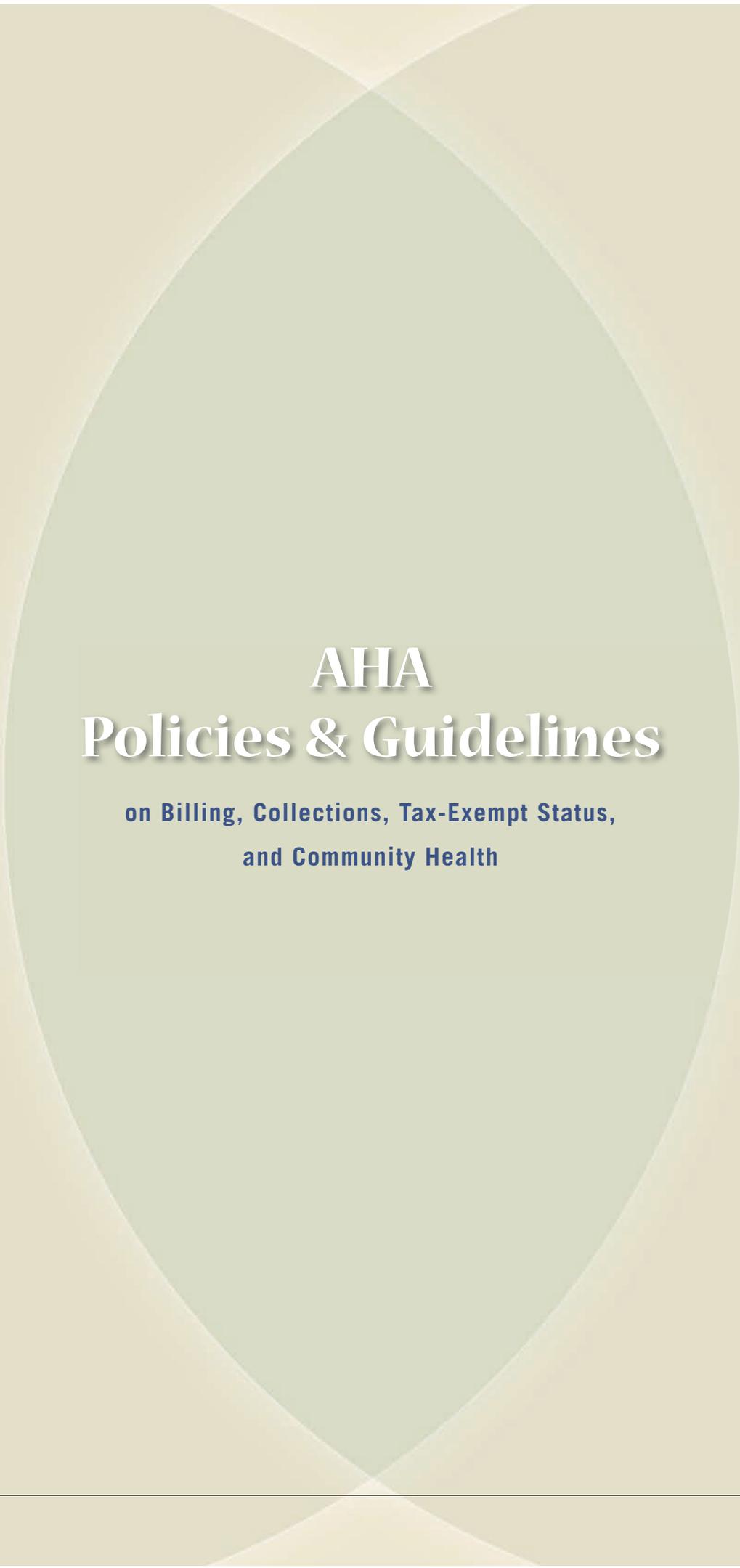
Community Benefit Reports: Selected Examples..... Tab 5

Heartland Health, St. Joseph, MO	
INTEGRIS Health, Oklahoma City, OK	
Memorial Hospital & Health System, South Bend, IN	
Northwestern Memorial HealthCare, Chicago, IL	
St. Patrick Hospital and Health Sciences Center, Missoula, MT	



Resources Tab 6

State, Regional, and Metropolitan Hospital Association Web Sites.....	6:3
Other Resources.....	6:5
Providing Financial Assistance for the Uninsured of Limited Means.....	6:5
Communicating Charity Care and Financial Assistance Policies ...	6:5
Helping Patients Qualify for Financial Assistance.....	6:5
Ensuring Fair and Transparent Billing and Collection Practices.....	6:6
Promoting Community Health.....	6:7
Reporting Community Benefit.....	6:8



AHA Policies & Guidelines

**on Billing, Collections, Tax-Exempt Status,
and Community Health**



AHA Policies & Guidelines

The American Hospital Association and America's hospitals are committed to doing everything we can to better serve patients and to treat them equitably, with dignity, compassion, and respect from the bedside to the billing office. This document is a consolidation of existing AHA policies and guidelines covering billing, collections, tax-exempt status, and promotion of community health.

Hospitals exist to serve. Their ability to serve well requires a relationship with their communities built on trust and compassion. Hospitals and the communities they serve share responsibility in determining what services communities most need. Every day, hospitals across the country work to meet their unique community needs while keeping the hospital doors open 24-7, 365 days a year.

America's hospitals are united in providing care based on the following principles:

- ◆ Treat all patients equitably and with dignity, respect, and compassion.
- ◆ Serve the emergency health care needs of everyone, regardless of ability to pay.
- ◆ Assist patients who cannot pay for part or all of the care they receive.

Many states have requirements that may dictate hospital policies or reporting and many state, regional, and metropolitan hospital associations have provided specific guidance to help hospitals navigate state requirements. This AHA resource is not intended to replace those materials. Instead, these policies and guidelines work as a supplement to further strengthen community hospital relationships and to reassure patients, regardless of their ability to pay, of hospitals' commitment to caring.



Providing Financial Assistance for the Uninsured of Limited Means

- ◆ Financial assistance and counseling should be provided to uninsured people of limited means, without regard to race, ethnicity, gender, religion, or national origin.
- ◆ Financial assistance provided by hospitals to uninsured people of limited means should in no way substitute for state efforts to provide or expand coverage to the uninsured. State Medicaid programs should be required, at a minimum, to sustain a “maintenance of effort,” keeping programs’ eligibility at least at their current levels. Further, state Medicaid programs also should be required to expand coverage to all individuals at or below the poverty level. Until that time:
 - ❖ Hospitals should have policies to provide services to uninsured patients below 100% of the federal poverty level at no charge. Existing clinical and geographical criteria used by hospitals to determine eligibility for certain services would apply.
- ◆ Financial assistance should be provided to all uninsured patients between 100% and 200% of the poverty level by asking them (based on a hospital’s choice) to pay no more than:
 - ❖ A price paid to the hospital under contract by a public or private insurer; or
 - ❖ 125% of the Medicare rate for applicable services, given that in the aggregate today, Medicare pays less than the cost of care.

For these patients, hospitals may choose to charge on a sliding scale up to the stated limits. Hospitals also may choose to provide greater assistance.
- ◆ Financial assistance may be offered to uninsured patients with incomes in excess of 200% of the federal poverty level at the discretion of the hospital.
- ◆ Hospital financial assistance/discounting policies should clearly state the eligibility criteria, amount of discount, and payment plan options.
- ◆ Hospital financial assistance is contingent upon the cooperation of a patient in providing the information necessary for a hospital to qualify that patient for its programs of assistance or for public or other coverage or assistance that may be available. Patients receiving financial assistance from hospitals have a responsibility to pay according to the terms of that policy.



- ◆ Cosmetic surgery and other non-medically necessary services are exempt.
- ◆ Hospitals should provide the training and oversight necessary to ensure that financial assistance policies are applied accurately and consistently, recognizing that hospitals need the flexibility to extend assistance to patients who may not fit within their policy but need assistance due to special circumstances.

Communicating Charity Care and Financial Assistance Policies

- ◆ Hospitals should make information available to the public on hospital-based charity care and financial assistance policies.
- ◆ Hospitals should communicate this information to patients in a way that is easy to understand, culturally appropriate, and in the most prevalent languages used in their communities.
- ◆ Hospitals should have understandable, written policies to help patients determine if they qualify for public assistance programs or hospital-based assistance programs.
- ◆ Hospitals should share these policies with appropriate community health and human services agencies and other organizations that assist people in need.

Helping Patients Qualify for Financial Assistance

- ◆ Hospitals should provide financial counseling to patients about their hospital bills, the hospital's financial programs, and public or other assistance programs.
- ◆ Hospitals should make the availability of financial counseling for patients widely known.
- ◆ Hospitals should respond promptly to patients' questions about their bills and to requests for financial assistance.

Ensuring Fair and Transparent Billing and Collection Practices

- ◆ Hospitals should use a billing process that is clear, concise, correct, and patient-friendly.
- ◆ Hospitals should make available for review by the public specific information in a meaningful format about what they charge for services. Charge information should be made available in different languages and in different forms consistent with the diversity of the hospital's community.
- ◆ Hospitals should have staff readily available to explain how and why the price of a patient's care can vary.
- ◆ Hospitals should work to create common definitions and explanations of complex pricing information, including working toward and using innovative and understandable ways for displaying pricing information for use by consumers.¹
- ◆ Hospitals should ensure that staff members who work closely with patients (including those working in patient registration and admitting, financial assistance, customer service, billing and collections, as well as nurses, social workers, hospital receptionists, and others) are educated about hospital billing, financial assistance, and collection policies and practices.
- ◆ Hospitals should ensure that patient accounts are pursued fairly and consistently, reflecting the public's high expectations of hospitals.
- ◆ Hospitals should implement written policies about when and under whose authority patient debt is advanced for collection and when and under whose authority a lien can be placed on a patient's primary residence.
- ◆ Hospitals should define the standards and scope of practices to be used by outside collections agencies acting on their behalf and should obtain from such agencies agreement to these standards in writing, including written assurances of compliance with the *Fair Debt Collections Practices Act* and the ACA International's (ACA International: The Association of Credit and Collection Professionals) Code of Ethics and Professional Responsibility.

¹ For more information or assistance, visit www.patientfriendlybilling.org – a Healthcare Financial Management Association initiative supported by the AHA and others to promote clear, concise, and correct patient-friendly financial communications.



Promoting Community Health

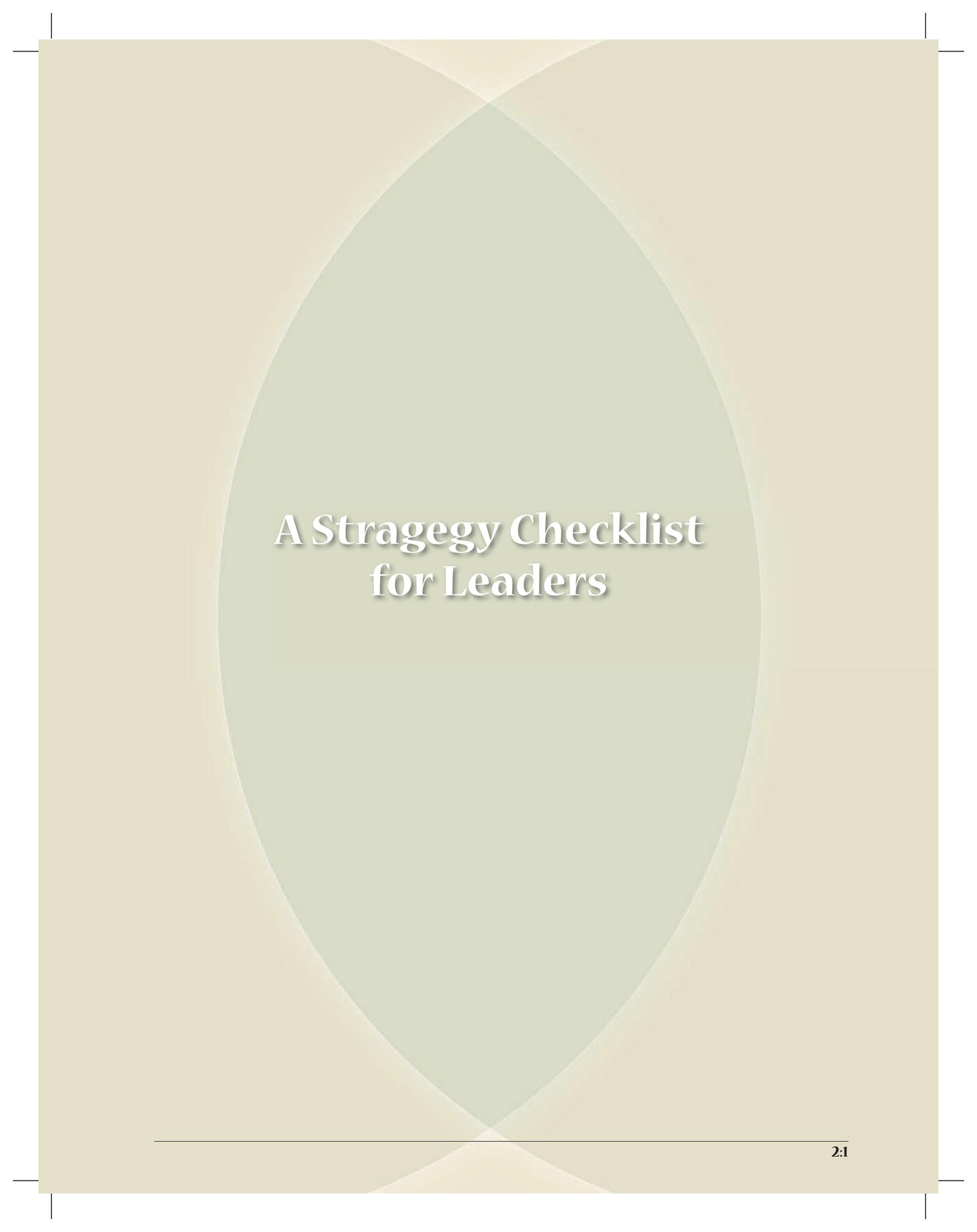
- ◆ Hospitals' commitment to community health as reflected in its mission, values, and goals should be understood and applied by everyone throughout the organization.
- ◆ Hospitals should understand their communities' unique health needs and work with others in the community to meet those needs.
- ◆ Hospitals should periodically conduct a community needs assessment and assign responsibility for the hospital's community benefit plan to a hospital employee.
- ◆ Hospitals should have ongoing processes for planning and monitoring how their commitment to community health is met through services and programs for the community.
- ◆ Hospitals should develop and make readily available to the public a comprehensive inventory of all the community programs and services offered, including specialty services, extended care, and programs that address social and basic needs, access, coverage, and quality of life.
- ◆ Hospitals should understand and publicly communicate the impact of their programs and services on their communities.

Reporting Community Benefit (applies to non-government, tax-exempt hospitals)²

- ◆ Hospitals should voluntarily, publicly, and proactively report to their communities on the full value of benefit a hospital provides.
- ◆ Hospitals' community benefit reports should be easy to locate on their Web sites and/or at their offices.
- ◆ In addition, IRS Form 990 filings should be posted on hospitals' Web sites. When finalized, hospitals should use Schedule H of the IRS Form 990 to inform their community, as fully as the schedule will permit, about the entire range of benefits they provide, including those that are not easily quantifiable. In addition, if the IRS' revised forms permit, hospitals should attach or include a Web link to their community benefit reports.
- ◆ Hospitals should increase their financial accountability by:
 - ❖ Having the highest ranking officer of the hospital or the CFO sign the Form 990; and
 - ❖ Prohibiting loans to board members or executives.

² The IRS is revising the reporting forms for tax-exempt organizations. This section will be revised, consistent with the new reporting requirements, when those forms are finalized.





A Stragegy Checklist for Leaders





Effective leadership requires well-defined goals, policies that support those goals, and well-designed action plans to implement the goals. While clear vision and mission statements are a critical beginning for a publicly accountable hospital, they are by no means sufficient. It is the policies that support the vision and mission and the action plans to implement the policies that enable a hospital to be truly accountable to its community.

Through their vision and mission statements, hospitals around the country have made commitments to promote the health and well-being of their communities. To meet these commitments many have adopted policies and practices to identify and implement services that meet the health care needs of their communities, to provide health care services to their communities regardless of ability to pay, and to make available an increasing amount of information about the price and quality of hospital care.

As the national advocate for hospitals, the American Hospital Association supports the nation's hospitals in meeting community needs, implementing fair and compassionate policies to help the uninsured, and providing meaningful information about the delivery and cost of services. Hospitals are committed to their communities, and the AHA is committed to providing the support and tools needed to help hospitals promote the health and well-being of their communities.

As part of that commitment, the AHA has adopted the public accountability policies described in the first section of this resource. In this section, there is a checklist to help CEOs and trustees evaluate and monitor the effective implementation of these and other public accountability policies.

How to Use this Strategy Checklist

Every hospital is different in how it meets the needs of its community and ensures public accountability. This tool offers a basic framework that leaders can use to evaluate how successfully community accountability goals are being met. It is not intended to be a benchmark against the performance of others. Rather, it should be used to help promote the effective implementation of policies and practices that support public trust and accountability.

A series of questions are organized under the following major headings:

- ◆ Providing Financial Assistance for the Uninsured of Limited Means
- ◆ Communicating Charity Care and Financial Assistance Policies
- ◆ Helping Patients Qualify for Financial Assistance
- ◆ Ensuring Fair and Transparent Billing and Collection Practices
- ◆ Promoting Community Health
- ◆ Reporting Community Benefit (applies to non-government, tax-exempt hospitals)

Some of the questions are specific. Some are general to stimulate thinking about overall organizational activities. Alongside each are three boxes: “Yes,” “No,” and “More Needs To Be Done.”



Providing Financial Assistance for the Uninsured of Limited Means

	Yes	More needs to be done	No
1. Do you proactively identify uninsured patients of limited means and qualify them for financial assistance and counseling without regard to race, ethnicity, gender, religion, or national origin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do the hospital's financial assistance/discounting written policies provide a clear explanation of the eligibility criteria, information needed to qualify the patient for its assistance programs, the discount amount for patients meeting various criteria, the types of services covered by these policies, payment plan options, and information needed to qualify for other available public assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does your financial assistance program provide services to uninsured patients at or below 100% of the federal poverty level at no charge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. For uninsured patients between 100% and 200% of the federal poverty level, do you provide financial assistance and, at minimum, ask them to pay no more than the price paid by a public or private insurer under contract to the hospital or 125% of the Medicare rate for applicable services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you offer financial assistance to uninsured patients with incomes in excess of 200% of the federal poverty level?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you have well-trained counselors that work with uninsured patients to help them understand the hospital's financial assistance/discounting policies and how they can qualify for assistance and/or discounts, including how they can enroll in all public and private programs for which they are eligible?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do you have well-trained financial counselors that work with uninsured patients on an ongoing basis to establish payment assistance plans and schedules that address both patient and hospital needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Does the organization monitor the implementation of its financial assistance policies and conduct evaluations to ensure that all written policies for assisting low-income patients are applied consistently?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Communicating Charity Care and Financial Assistance Policies

	Yes	More needs to be done	No
1. Are your hospital-based charity care and financial assistance policies and procedures easily accessible and readily available to the hospital's patients and the public?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Is information about the hospital's charity care and financial assistance policies and procedures posted on the hospital's Web site?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you proactively communicate information about your charity care and financial assistance policies and procedures to patients in a way that is easy to understand, culturally appropriate, and in the most prevalent languages used in the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Is information about the hospital's charity care and financial assistance policies and procedures posted or readily available to patients in written form in the Emergency Department and other hospital waiting rooms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you share information about your charity care policies and financial assistance programs with appropriate community health and human services agencies and other organizations in your community that assist people in need?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Helping Patients Qualify for Financial Assistance

	Yes	More needs to be done	No
1. Is the hospital proactive in informing patients that financial counselors are available to assist them and respond to questions about their bills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do financial counselors respond promptly with the needed information to address patient issues and questions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do financial counselors actively follow-up and continue to work with patients and their families when there are unresolved questions or concerns until these are resolved?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does your organization provide 24-hour access to respond to questions about financial assistance, such as a hotline or Web-based information page?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Ensuring Fair and Transparent Billing and Collection Practices

	Yes	More needs to be done	No
1. Is the organization's billing process clear, concise, correct, and patient-friendly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Is the organization's charge information easily accessible and presented in a way that is understandable to and usable by the general public?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Is charge information available in different languages and in different forms consistent with the diversity of the hospital's community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you have well-trained staff readily available to answer patient questions about charge information and to provide patients with additional explanations about how charges are established and how they might vary from average charges depending on the patient's care requirements?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you have training programs for all staff that have contact with patients about hospital billing, financial assistance, and collection policies and procedures, including how to connect patients with specifically trained hospital staff knowledgeable about hospital charges, billing practices, and financial assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you provide patients and the community with opportunities to offer input and feedback on the usefulness of the charge information provided by the hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Are the debt collection policies and practices easily accessible and available to the public?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do you have written policies as to when and under whose authority a patient account is advanced for collection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Does your debt collection policy prohibit advancing an account for collection if the patient has a pending hospital application for financial assistance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Are there written policies as to when and under whose authority a lien can be placed on a patient's primary residence?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Are your financial counselors trained and instructed to clearly and thoroughly explain the hospital's debt collection practices to uninsured and/or underinsured patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Do you comply with the <i>Fair Debt Collection Practices Act</i> and the America Collectors Association (ACA) International's Code of Ethics and Professional Responsibility in your debt collection policies and practices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. If you use an outside debt collection organization, do you obtain written assurances that this organization complies with the <i>Fair Debt Collection Practices Act</i> and the ACA International's Code of Ethics and Professional Responsibility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Promoting Community Health

	Yes	More needs to be done	No
Make sure your mission, values, and goals reflect a commitment to community health and are understood and applied by everyone throughout the organization.			
1. Do the organization's mission and vision describe your commitment to the community and to meeting community health needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Are the mission and vision used to establish the strategic direction and evaluate key decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Are the organization's mission, values, and goals easily understood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Are your written mission/values/goals communicated throughout the organization and to the broader community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Are the organization's goals continually adjusted to reflect changing community health needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you have procedures in place at all levels of the organization to ensure your commitment to mission/values/goals is maintained and consistently applied to decision making, business practices, and the delivery of patient care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Can you show how specific activities and services further your mission/values/goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is there a designated staff person or department that is responsible for the planning and implementation of the hospital's activities related to community health promotion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Are there regular reports prepared for the board on the plan, operations, and impact of the hospital's activities related to community health promotion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate your community connection.			
1. Do you regularly evaluate the unique social, geographic, economic, or other special characteristics of your community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you identified the community's highly vulnerable populations...teenagers, the elderly, the indigent, and ethnic or racial minorities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Promoting Community Health *continued*

	Yes	More needs to be done	No
3. Have you researched the unique health needs of the community and its unmet or underserved needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Have you worked with others in the community (i.e., other governmental, community, and/or social service organizations) to conduct a community health needs assessment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you use the health needs assessment to establish programs to address identified community health needs, including addressing the needs of highly vulnerable populations and the economic, social, cultural, and/or geographic barriers to care that exist within the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you work with others in the community to develop and implement programs to address community health needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do you reach out and involve vulnerable populations in the design and operation of services and programs targeted to meet the needs of these populations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do you have a community advisory board to help guide the development of community services and programs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop and make available a comprehensive inventory of the benefits provided to the community.			
1. Do you have a comprehensive list of all the community programs and services the organization offers, including: specialty services; extended care; health promotion; and programs that address social and basic needs, access, coverage, and quality of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Are you making ongoing efforts to increase community awareness and utilization of programs and services, particularly with highly vulnerable populations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does the hospital have, or participate in, an organized program to coordinate community support services after a patient has been discharged from the hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Is the hospital a teaching hospital or affiliated with a teaching hospital or college for training physicians, nurses, or other allied health professionals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Are the organization's educational programs included in its list of community programs and services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Promoting Community Health *continued*

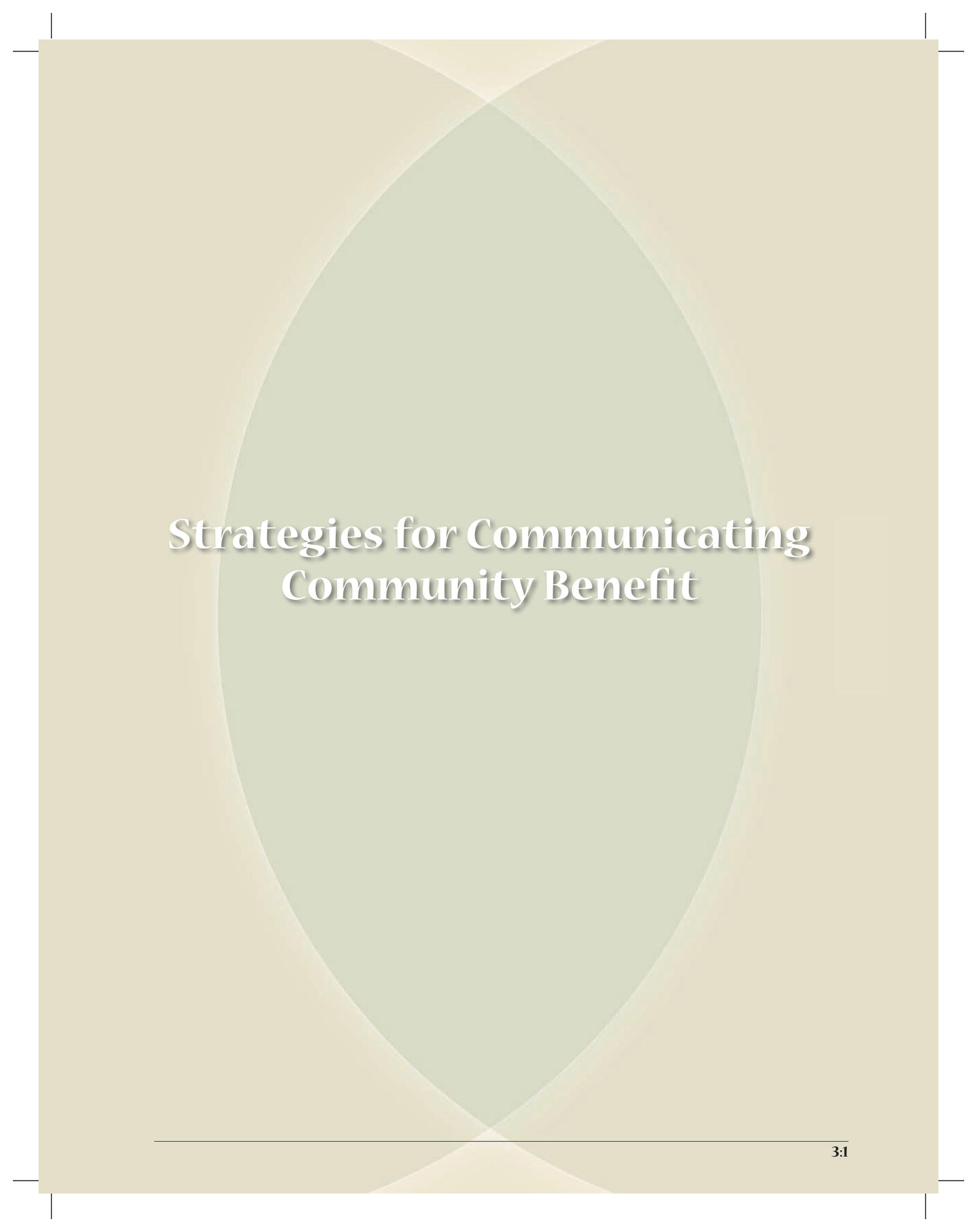
		Yes	More needs to be done	No
6.	Does the hospital undertake, support, or facilitate basic scientific or clinical research at its facilities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Are the organization's research programs included in its list of community programs and services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	Have you collaborated with other hospitals to meet community health needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Has the organization worked to ensure that there is continued and sustainable support for its community services and programs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	Has the organization worked to secure outside funding, if necessary, to maintain community services and programs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	Does the organization provide financial assistance for start-up and/or continued operation of programs and services offered by other community and social service organizations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understand and communicate the impact of the hospital's programs and services on the community.				
1.	Do you evaluate or measure the number of people served by your community programs and services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Have you measured recipient and/or community satisfaction with these programs and services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Have you gathered information on the impact of your programs and services on community health status?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Are evaluation results shared with the hospital's board of trustees?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Do you share evaluation results with a community advisory board or other community partners?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Do you regularly modify, expand, and/or change community programs and services in response to results of your satisfaction and impact evaluations as well as updated community health assessments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Do you regularly communicate through public newsletters, readily available patient information, and/or the local media about the existence and impact of your community programs and services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Reporting Community Benefit (applies to non-government, tax-exempt hospitals)

	Yes	More needs to be done	No
1. Do you regularly report to the community on the full value of benefit the hospital provides?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does your community benefit report detail the full range of services, programs, and support provided to the community even if these are difficult to quantify?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Is the organization's community benefit report easily accessible on its Web site and/or in its offices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you attach the calculation of community benefit to Schedule H as part of your Form 990 submission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does the CEO, CFO, or highest ranking officer sign your Form 990?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you have a policy that prohibits loans to board members or executives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





Strategies for Communicating Community Benefit





This part of the resource binder includes suggestions for telling your hospital's community benefit story in a systematic way to all the stakeholders your organization touches, from internal audiences such as employees, trustees, and volunteers to external audiences such as business leaders and the media. It starts at the top of the organization with (1) *development of a community benefit strategy and action plans* that are based on an inventory of community-oriented programs and services compiled during an (2) *information-gathering* phase. Recommendations for (3) *identifying and reaching key internal and external stakeholders* are included, as are suggestions for (4) *determining key themes and messages* to be included in your organization's community benefit story. Finally, the section includes (5) *examples of vehicles for reaching out to your community*, (6) *advice on telling your story to the news media*, and (7) *suggestions for telling your story in your hospital's own communications*. The section concludes with a brief discussion about (8) *measuring the effectiveness of your efforts*.

Introduction

Most people are not aware of the countless contributions their community hospitals make to the health and stability of their lives. National research has shown that community benefit, charitable purpose, and the reasons many hospitals are not-for-profit are not well understood. Public perceptions about your hospital can affect its ability to survive and prosper in today's turbulent environment. The public's lack of understanding of the work hospitals do to make their communities healthier offers an opportunity to convey your own positive image of your hospital before negative perceptions emerge, your tax-exempt status is challenged, or your organization is the focus of a union corporate campaign, as has already happened in some states.

Hospital leaders need to dramatically increase understanding of the good their organizations do in their communities every day—not just the medical miracles that are performed routinely, but also the benefits they bring to the community.

Developing a Community Benefit Strategy and Action Plans

The first step in increasing understanding and recognition of the benefits your hospital brings to the community you serve is to develop a management strategy that positions your hospital as a broad community resource. The community benefit strategy should be a natural extension of your hospital's mission and strategic plan, reflecting the values, beliefs, and basic purpose expressed in the mission statement. From that strategy will flow the plans and programs that translate philosophy into action.

Strategy development should involve people who bring a variety of perspectives to the issue and may include representatives from communications/public relations, community outreach, strategic planning, finance, and government relations. This multidisciplinary planning team can help ensure that your hospital's community benefit programs are targeted, evidence-based, and strategic. Your organization's public image and voice should reflect an overall, unified effort in which all departments, programs, people, and activities consciously contribute to an increased emphasis on fostering community goodwill.

As the consciousness of the entire hospital is raised, all programs involving the public, from admitting to the business office, should reflect the emphasis on the hospital as a community-centered organization, with communications/public relations articulating the philosophy behind them all. When programs and public communications support each other, their combined impact contributes to a powerful unifying identity.

Gathering Information

Early in the community benefits planning process, inventory the variety of community-oriented services your hospital provides, both clinical and nonclinical. Does each service contribute to your hospital's positive role in the community? Each should meet identified community needs—those of particular population groups or those resulting from specific community health problems in your area—and should bring measurable benefits to the community.

If your state requires a community benefit assessment, the resultant document is a good source of information to be shared with key audiences: legislators, local media, community groups, and your hospital team. Even if your state doesn't require one, compiling a community benefit assessment on a voluntary basis is a good idea. The assessment tools developed by VHA, Inc., and the Catholic Health Association of the United States can help you report and talk about the benefits you provide your community.

In addition:

- ◆ Review your IRS Form 990 and other public documents to be sure you fully describe the community benefits you provide.
- ◆ Have a clear, concise statement of your hospital's charity care, discounting, and billing and collection policies available for the public.
- ◆ Keeping HIPAA in mind, consider asking individuals or families whose bill has been heavily discounted or waived or those who might have benefited from the organization's community services and programs if they would be willing to speak to the good you do.



Identifying Key Internal and External Stakeholders

Inside the hospital. The first and most important audience for your community benefit story is your own board, employees, volunteers, auxiliaries, and medical staff. They live in the community and reflect your organization. Make sure they know all the good that their organization does for their neighbors. Also, don't overlook the businesses in your community with whom you have important relationships.

- ◆ **Board members:** Although the governing board is the hospital's official link to the broader community, trustees or directors may not be aware of the many community services the hospital provides. Keep them informed through presentations at board meetings, mailings, and packets of public relations materials, and make use of their insights into community needs and perceptions.
- ◆ **Community advisory council members:** Many hospitals have community advisory councils that meet regularly to provide input on community needs and hospital programs and policies. Like board members, they are important links to your community and an important audience for your community benefit story.
- ◆ **Employees:** Hospital employees are key to shaping the community's perception of your hospital. They are your connections to neighborhoods and to community organizations. Organize programs and provide incentives to encourage employees to volunteer time in the community. Give ample recognition to those particularly involved in community activities, emphasizing that they are bringing credit to the hospital and strengthening its position for the future.
- ◆ **Volunteers and auxiliaries:** Like trustees, volunteers need to be regularly informed of the extent of the community services provided by the hospital. Appeal to their pride in being part of these endeavors and to their sense of civic responsibility.
- ◆ **Physicians:** Many physicians are eager to enhance the image of the medical profession and may be willing to volunteer services or speak on behalf of the hospital. Recognize particularly dedicated physicians in hospital publications, and emphasize their profession's tradition of contributing to social welfare.

Outside the hospital. Community leaders—local clergy, chambers of commerce, civic organizations (Lions, Kiwanis, etc.), consumer, racial, and ethnic groups, academics, and senior citizen groups—should know your hospital's community contributions. Offer speakers and programs for their meetings, and invite them to visit the hospital. Pay particular attention to women's organizations; they are profoundly influential on health care issues. Encourage these groups to talk with the media about the good things your hospital does.

- ◆ **Business and civic leaders:** In personal contacts and written communications, emphasize the community health problems your hospital solves, the ways it makes the community stronger and more stable, and the programs it has designed for particular groups such as families and the elderly. Business leaders should be made aware of wellness and fitness programs that enhance the health and productivity of employees.
- ◆ **Elected officials:** Invite your U.S. senators and representative to your hospital to see the good you do; share the results of your community benefit assessment. Make the same offer to state legislators and leaders of your county and municipal governments. It is vitally important for legislators to understand that the benefit to the community your hospital provides goes far beyond the charity care you provide. Be specific about community outreach programs your hospital may be cosponsoring with schools, community groups, or faith-based organizations.
- ◆ **Patients:** Encourage patients to feel that this is their hospital, here to serve them when they need it. Include material in the admitting packet on the hospital's broad array of community programs as well as its acute care services.
- ◆ **Visitors:** Families and friends visiting hospital patients form strong impressions and should be made to feel welcome and important. Posters and exhibits that send messages of caring employees who are friendly and courteous and patient care personnel who are compassionate all help to convey the appropriate warm and reassuring image.
- ◆ **Community organizations:** Stay in frequent touch with schools, agencies, service clubs, and other community groups, emphasizing the hospital's willingness to work with them to solve community problems and its role as both a referral source and a provider. Put key organizations on your mailing list.
- ◆ **Other health care organizations:** Emphasize your hospital's role as a partner with other health care organizations on behalf of the community, particularly in areas such as care for the poor, where group collaboration can be more effective than one provider bearing the entire burden.



Determining Key Themes and Messages

The chief executive officer and key managers should agree on the central themes that best describe the hospital's role in the community. Build on your hospital's strength, its tradition, and its unique characteristics. These messages can be used directly—on Web sites and in posters, ads, and publications—and indirectly as the unifying, underlying themes for all programs and events.

Emphasize your hospital's role in:

- ◆ Providing primary and preventive care outreach and collaborating with other community organizations to improve the health of the community, as well as offering free services such as community education and outreach.
- ◆ Assisting patients who cannot pay for part or all of the care they receive, regardless of their insurance status.
- ◆ Making information available about charges for hospital services.
- ◆ Making care more affordable, including offering financial assistance for patients who do not qualify for charity care.

Messaging tips:

- ◆ Talk about the people, not the money. Explain what you're doing in meaningful terms that demonstrate compassion for people. For every statistic, tell a story; for every story, use a photo.
- ◆ Tell your community benefit story in simple, compelling language. Use messages that are clear, concise, and jargon-free.
- ◆ Recognize that different groups are interested in different aspects of your organization, so the same message presented in the same way won't work for all. Speak to the particular interests and concerns of each group.

Developing and Implementing Vehicles for Community Outreach

You need to know not only whom to reach and what to say, but also how to reach them. For maximum impact, use a combination of special programs and events, direct contact, media coverage, and publications, all unified by a strong community benefit orientation.

Vehicles for projecting your message include **hospital-sponsored events** demonstrating your hospital's commitment to community welfare. For example:

- ◆ Host a breakfast forum for community leaders or your hospital's community advisory council, with a panel discussion of key issues facing your community.
- ◆ Demonstrate your interest in developing your community's human resources by sponsoring a literacy program or adopt-a-school project.
- ◆ Hold a child safety-seat inspection in the hospital's parking lot to make sure that parents know how to restrain their children correctly when traveling in a motor vehicle.

Participating in community-sponsored programs and events is another way to demonstrate your hospital's commitment to the community. For example:

- ◆ Encourage hospital managers to serve on the boards of community organizations by giving them paid time off to serve. Offer leadership development programs, strategic planning assistance, or free meeting space to community groups; it will help you stay in touch with their issues.
- ◆ Encourage employees to volunteer for community organizations by recognizing those who do so with a distinctive award or at an annual banquet. Use meetings with other managers, publications, and special announcements to generate awareness and pride in employees' contributions to the community. Pitch feature stories to reporters on their community contributions.
- ◆ Be sure your hospital is represented at community events such as programs and holiday events. Provide blood pressure screenings, literature on health topics, and handouts about the hospital. Be where you are not expected, too. Hand out skin protection at the beach or poolside (a local drugstore or manufacturer may be willing to donate sample sizes of sunscreen), or provide hand sanitizers at local community events.



Telling Your Story to the News Media

- ◆ Keep the media informed about how the hospital is responding to pressing community health problems, such as increases in the number of homeless people and “crack” and boarder babies. Explain how your hospital provides a medical safety net for the growing number of uninsured who go to the emergency department for primary care instead of a physician’s office.
- ◆ Put reporters on the mailing list to receive the hospital’s annual report, community newsletter, and other publications. Add a personal note flagging story ideas for them.
- ◆ Identify ways your hospital serves the unique needs of special population groups—for example, by providing culturally-sensitive care for refugees from various countries. Use this as the basis of a column or feature story showing your hospital’s community orientation.
- ◆ If the hospital’s community contributions are an issue in your community, work with other hospitals in your area to develop economic-impact data showing how hospitals contribute to the economic life of the community as major employers and purchasers of good and services. Note: Because it does not focus on community health, an economic-impact study should be treated separately from community benefit communication activities.

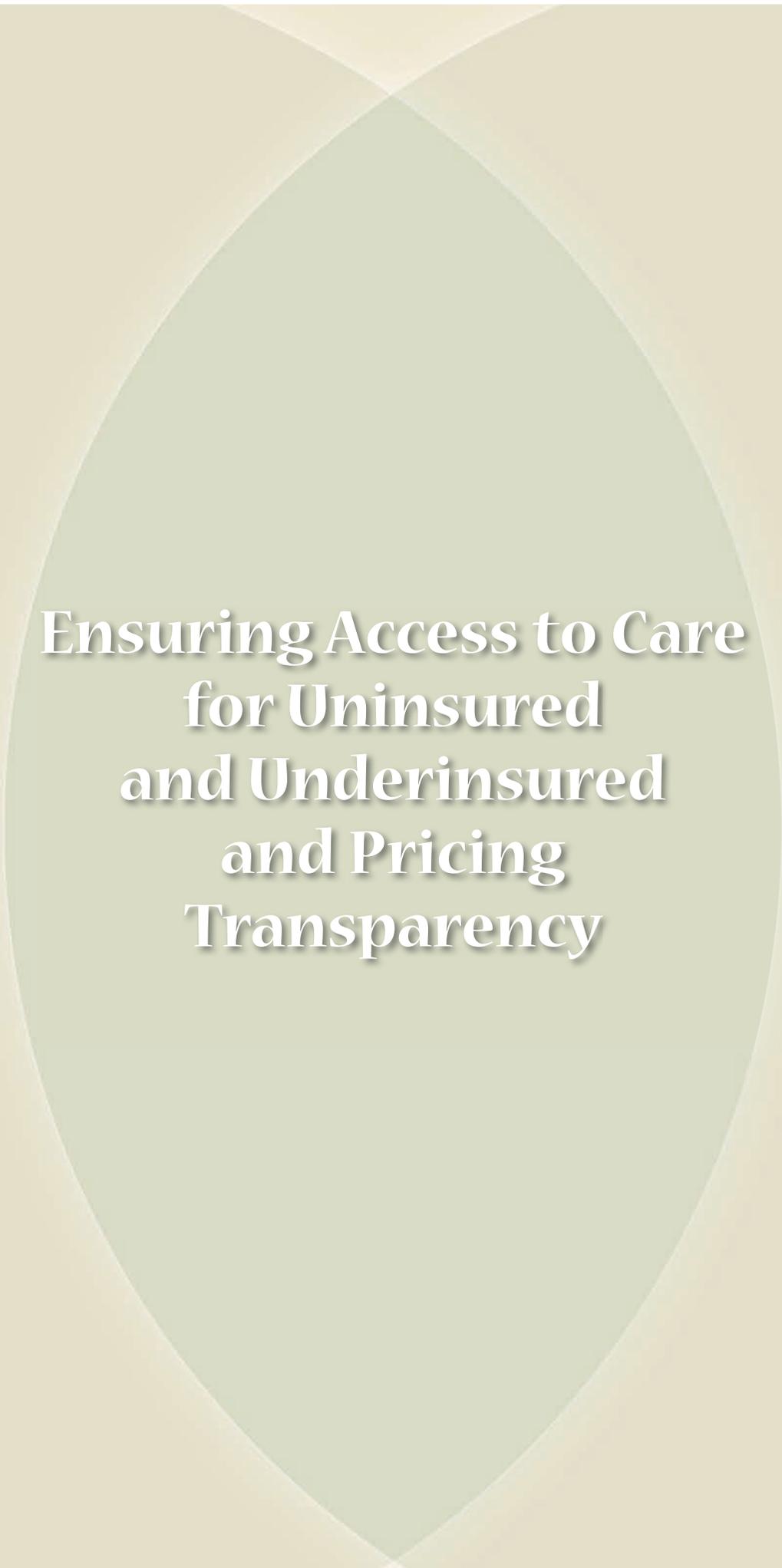
Telling Your Story in Hospital-Sponsored Communications

- ◆ Highlight community benefit messages in your annual report. The annual report can be one of your most effective tools for telling the story of your hospital’s community role. It can be used to convey the spirit and mission of the institution, the full range of benefits it offers, and the measurable contributions it makes to the community’s overall well-being.
- ◆ Create and post a community service directory on your organization’s Web site. Include hospital services, community support services, and national and local hotlines. Build a library of information on community services to give to people asking for information.
- ◆ Tell your story in pictures. Set up a rotating exhibit in your lobby with photographs and captions highlighting examples of your hospital’s community programs.
- ◆ Add community benefit messages to other communications, including the event calendar, the on-hold phone message, the Web site, public service announcements (PSAs), and paid advertising.

Measuring and Evaluating Your Progress

Some hospitals may wish to measure the effectiveness of their efforts to communicate what the hospital is and does by conducting formal research on community perceptions before and after the programs are conducted. If you can't conduct a formal survey, your hospital's community advisory council or an informal focus group of community leaders will give you insight, as will conversations with key community leaders and community groups.

A survey of hospital employees who live in the community you serve can also provide useful information. Some hospitals have formed a task force of employees who make periodic reports on community attitudes and the effectiveness of various public relations strategies and tactics based on comments of their families, friends, and neighbors. All these data can help ensure that you have reached every audience and can assist you in fine-tuning your activities.



**Ensuring Access to Care
for Uninsured
and Underinsured
and Pricing
Transparency**





Baptist Health South Florida, Miami, FL

Baptist Health South Florida's comprehensive charity care program and clearly communicated prices ensure access to care for all and eliminate patient anxiety associated with pricing uncertainty.

Baptist Health South Florida is the largest not-for-profit health care organization in its region. The system is comprised of six hospitals, including Baptist Hospital of Miami, Baptist Children's Hospital, South Miami Hospital, Homestead Hospital, Mariners Hospital, Doctors Hospital, and Baptist Outpatient Services.

Scope of the Challenge

Baptist Health South Florida serves one of the largest uninsured areas in the state, including Miami-Dade County, where an estimated 28 percent of the population is uninsured. In addition, the region has a large immigrant population, many of whom do not have legal status and may be uncertain about completing applications for charity care. As a faith-based organization, Baptist Health South Florida is committed to helping those in need regardless of ability to pay, and has a history of providing a comprehensive charity care program.

Major Initiatives

The Baptist Health South Florida charity care program is administered through a partnership of the organization's Revenue Management and Pastoral Care departments. The charity care program has been in place for many years. Today, the Revenue Management department manages the application process for patients who meet the Baptist Health charity care requirements. The Pastoral Care department handles unique cases and special situations, and has unlimited authority to offer charity care to any patient with special circumstances.

In addition to its unique approach to charity care, Baptist Health ensures that the prices for all services and procedures are provided in advance to non-emergent patients. The health system communicates its prices through as many avenues as possible, including posting contact information for pricing estimates on its Web site, www.baptisthealth.net, providing prices over the telephone, and communicating estimated costs during the pre-registration process.

Identifying Uninsured Patients and Communicating Payment Options. Written information about Baptist Health South Florida's charity care is provided to all patients at the point of registration, regardless of whether they are insured or not. The approach ensures that all uninsured patients receive the necessary information, and also promotes understanding and awareness about the health system's financial assistance program throughout the community.

Once a scheduled patient is identified as uninsured, the system's Corporate Pricing Office computes a discounted self-pay price. The discounted self-pay price is then communicated to the patient during pre-registration.

Uninsured patients who are concerned about their quoted self-pay price are referred to the Financial Assistance Department, where a financial counselor assists them in applying for charity care. The financial counselor works with both patient physician offices and clinical providers to gain a clear understanding of what each patient needs, and processes applications with a quick turnaround to prevent delay of care.

Ensuring Pricing Transparency. In addition to providing prices to scheduled self-pay patients, Baptist Health proactively communicates estimated out-of-pocket costs to insured patients during the pre-registration and registration process. The health system believes that all non-emergent patients should know their costs in advance of any service received.

Contacting Patients Who Do Not Seek Assistance. In some situations uninsured patients enter the Baptist Health system through an unscheduled visit, such as an emergency department admission, and leave the facility without interacting with a financial counselor. When this occurs the patient receives an initial letter following his or her visit explaining that the hospital is aware that he or she is uninsured and recently received services at one of Baptist's facilities. The letter outlines the programs the system has in place to assist in paying hospital bills, and provides contact information if the patient is interested in seeking assistance. A bill is sent to patients who do not respond, which also includes the same information about charity care and financial assistance options.

The Charity Care Policy. Baptist Health South Florida's charity care policy provides a full discount to patients with household incomes up to 300 percent of the federal poverty level (FPL), as long as the combined family income is \$75,000 or less. For example, for a family of four the poverty level is \$20,650 a year, so a family with a household income of up to \$61,950 annually would qualify for free care.

Patients earning between 300–400 percent of the FPL receive a 70 percent discount, and patients earning between 400–500 percent of the FPL receive a 40 percent discount. Although patients earning more than 500 percent of the FPL rarely seek financial assistance, when it does occur a financial counselor works with the patient to develop an appropriate payment plan.



In addition to its basic charity care policy, Baptist Health South Florida has a medically indigent provision, making exceptions for patients who may earn a higher percentage of the FPL but have large, catastrophic bills. For example, an uninsured cancer patient may qualify for free care even if his or her income is at 400 percent of the FPL. The Pastoral Care team reviews all special cases to determine eligibility on a case-by-case basis.

Applying for Public Assistance. In some cases, a patient may be eligible for charity care and also for a public assistance program, such as Medicaid. When this occurs, Baptist Health South Florida assists the patient in applying for other public assistance programs, and also provides charity care concurrently to ensure that necessary services are not delayed. The health system uses an outside vendor to assist in the Medicaid application process.

Clinic Partnerships. Baptist Health South Florida also has partnerships with six indigent clinics in the region. In part due to the area's high percentage of immigrants, the clinics provide primary care to all patients regardless of legal status. Patients seeking care do participate in a financial application and qualification process, but immigration status is not questioned. Baptist Health physicians work at the clinics, and when hospital services are required, patients are referred to a Baptist Health hospital for care. All patients referred from one of the indigent clinics receive care at the referred hospital for free, without participating in the financial approval process.

Communicating Policies to Employees and the Community. Communicating its charity care, financial assistance, and pricing transparency policies to employees and the community at-large is a high priority for Baptist Health South Florida. The health system publishes a quarterly magazine sent to over 400,000 community households, highlighting its efforts and outlining where patients may go for more information. The health system also publishes and distributes an annual community benefit report to the same 400,000 households, as well as local chambers of commerce and community groups. The community benefit report provides an overview of Baptist Health's participation in local indigent care clinics, its charity care policy, community projects, and the hospital's financial statements.

In addition to its distribution throughout the community, Baptist Health employees personally present the community benefit report to over 35 different community and business groups every year. The organization's chaplains also personally communicate the report contents to over 20 local churches in low-income communities.

Major Challenges

Recruiting financial counselors with the experience required to assist patients in determining charity care and financial assistance options is an ongoing challenge. Financial counselors and written materials are available in English and Spanish, and patients select their preferred language during the admission process.

Results of the Initiative

Baptist Health South Florida continues to provide an increased amount of charity care. As the local uninsured population has grown, the system's charity care has increased proportionally. In 2006, Baptist Health provided \$121 million in charity care, an increase from \$112 million in 2005 and \$93 million in 2004. According to Baptist Health Chaplain Robert Jakoby, director of Pastoral Care, the dramatic growth in charity care reflects the organization's commitment to serving the less fortunate.

Advice to Other Organizations

Sharing pricing information is imperative. All non-emergent patients have the right to know their costs before receiving a service, whether they are uninsured and want to know their discounted self-pay price, or whether they are insured and want to know their out-of-pocket costs. Providing this information in advance puts patients at ease, and also builds trust with the community.

Contact Name: Phillis Oeters

Title: Corporate Vice President of Community and Government Relations

E-mail: philliso@baptisthealth.net

Telephone: (786) 662-7111

Contact Name: Jo Baxter

Title: Corporate Vice President of Marketing and Public Relations

E-mail: job@baptisthealth.net

Telephone: (786) 596-6534



Cambridge Health Alliance, Cambridge, MA

Cambridge Health Alliance ensures that its charges are appropriate for all patients by regularly assessing its charges to ensure they are market-based, and offering a significant discount to self-pay patients.

Cambridge Health Alliance is an academic public health system that provides comprehensive medical services at three hospitals and more than 20 primary care practices. The organization was established in 1917 with the opening of Cambridge's first city owned hospital. In 1996, Cambridge Health Alliance was formed with the merger of The Cambridge Hospital and Somerville Hospital. Whidden Memorial Hospital was acquired in July of 2001. Based in Cambridge, Somerville, and Boston's metro-north region, the Alliance is one of the 10 largest health systems in Massachusetts, and as a public hospital system, is committed to providing care for all those in need.

Scope of the Challenge

Cambridge Health Alliance is one of the largest safety net provider in the state of Massachusetts. The system treats a significant percentage of the uninsured and underinsured patients in the area, and Cambridge Health Alliance is the second largest provider of uninsured care in the state. While the Alliance has always provided discounts in some form to self-pay patients who don't qualify for the state's Uncompensated Care Pool, the organization recognized the need for a formal discount policy that clearly explained the cost of a service or procedure, and provided discounts to self-pay patients to ensure that uninsured patients are not billed for full charges when insured patients may receive a discount.

Major Initiatives

In 2004, the Cambridge Health Alliance worked in conjunction with the American Hospital Association to develop a discount policy for uninsured self-pay patients. The goal of the discount policy was to ensure that self-pay patients were not billed for full charges, but instead offered a discount similar to that of a managed care organization or government payer. The Alliance contracted with an outside consultant to conduct a price and charge analysis, comparing the Cambridge Health Alliance prices and charges to organizations of similar size, scope, and geographic location.

The Discount Policy. The Cambridge Health Alliance discount policy offers all self-pay patients a 25 percent discount from the published charge rate. The 25 percent discount was determined based on the reimbursement rate for the Massachusetts Uncompensated Care Pool, which reimburses Massachusetts hospitals based upon the costs they incur for providing care to patients as determined by a State cost report filed annually. Self-pay patients who do not qualify for uncompensated care automatically receive the 25 percent discount.

Applying for Financial Assistance. Cambridge Health Alliance encourages all uninsured patients to apply for MassHealth or the Uncompensated Care Pool. Patients who present at any Cambridge Health Alliance facility without insurance are encouraged to meet with a financial counselor at that time to receive assistance in the application process. Because the Alliance treats a large number of low-income individuals, approximately 97 percent of all patients who present themselves without insurance at any of the Alliance's facilities qualify for the state's Uncompensated Care Pool. Patients earning up to 200 percent of the federal poverty level (FPL) are eligible for free care in the Uncompensated Care Pool. Patients earning between 200–400 percent of the FPL are responsible for 40 percent of their hospital bill.

In addition, when patients apply for the Uncompensated Care Pool they are also applying for MassHealth, the state's Medicaid program. All applications are reviewed by the state, and patients receive a response back from the state within 3–7 days after the application is submitted.

Self-pay patients who meet with a financial counselor but earn over 400 percent of the FPL and who are not eligible for the Uncompensated Care Pool or MassHealth are afforded the 25 percent discount. Financial counselors also work with patients to offer a flexible payment plan depending upon the patient's ability to pay.

Price and Charge Analysis. At the same time that Cambridge Health Alliance established its new discounting policy, the Alliance also began a price and charge analysis. The organization contracted with an outside consulting firm that subscribes to the Medicare Common Use and Cost Report Files when they become publicly available. The consulting firm analyzed claim details from hospital submissions in Cambridge Health Alliance's geographic service area, as well as facilities with a similar size and service mix. The data utilized for the analysis is generally 12–15 months old, requiring some assumptions when comparing charges to the organization's current charges. Cambridge Health Alliance used the study results to adjust its prices in some areas, as well as to establish a baseline to re-evaluate its charges in the future. The Alliance contracts with the same firm to conduct a similar analysis annually, ensuring its prices are appropriate for the services provided.

Major Challenges

When the Alliance initially implemented its price and charge evaluation, some of the providers were concerned about changes in the organization's prices. Alliance leaders recognized the need to clearly communicate the rationale for the evaluation and the changes in some of the organization's prices, helping individual providers to understand the process. Upon gaining an understanding the details of the evaluation process and how the results impacted the organization's pricing, providers became supportive of the effort.



In addition, occasionally a patient who has demonstrated the ability to pay his or her bill will request a discount larger than 25 percent. When this occurs, a financial advisor meets with the patient and explains that the organization's discount policy is based upon how the state's Uncompensated Care Pool reimburses the hospital. This reimbursement is currently based upon their costs as reported on the state's cost report and establishes the discount from charges for the self-pay patients who qualify for the Uncompensated Care Pool. When the Alliance applies a 25 percent discount, all self-pay patients receive the same discount that the state applies to uninsured patients who qualify for the Uncompensated Care Pool at one of its hospitals or clinics. The financial advisor will then assist concerned patients in developing a plan to pay the remainder of their bill.

Results of the Initiative

When Cambridge Health Alliance financial advisors and organizational leaders receive questions about their prices, they are able to confidently explain the organization's methodology and how the prices were determined. The combination of a regular price and charge analysis and implementation of a clear discounting policy enables Alliance employees and administrators to be transparent about the organization's pricing and billing policies to patients and the general public.

Advice to Other Organizations

Utilizing an outside consulting firm that provides price and charge analysis services is a valuable investment. Organizations that specialize in this type of analysis will objectively review the claims data from hospital submissions in your geographic area and from organizations of similar size and service mix, and report how your charges may need to be adjusted. This provides organizational leaders confidence in answering pricing questions, and the ability to support your current prices and methodology.

Contact Name: Gordon H. Boudrow, Jr.

Title: CFO

E-mail: gboudrow@challiance.org

Telephone: (781) 306-8851

Fax: (781) 306-8810

Helen Newberry Joy Hospital, Newberry, MI

Helen Newberry Joy Hospital provides pricing information for all services and procedures in advance of treatment, ensuring patients are aware of their costs and the hospital's financial assistance options.

Helen Newberry Joy Hospital is a 73-bed hospital located in Newberry, MI. The hospital's mission is *to improve the health status of those we serve by dedicating ourselves to high-quality, compassionate healthcare and community outreach*. The hospital is committed to building transparency, including posting financial and community service facts on its Web site and providing pricing information to all patients in advance of a service or procedure.

Scope of the Challenge

In 2005, some patients served by Helen Newberry Joy Hospital began requesting information about the cost of a procedure or service prior to receiving it. The hospital did not at that time have a process in place to respond to those requests in a timely manner. In order to increase its transparency and meet patient demand for pricing information, the Patient Accounts department established a process for responding to patient requests for service and procedure pricing.

Major Initiatives

Helen Newberry Joy Hospital is developing scripting and direction for its operators to allow them to communicate estimated prices for hospital services and procedures. While the process is still in the early stages of development, the hospital is now offering patients pricing information in advance of services, and the opportunity to meet with a financial counselor to review financial assistance and payment plan options.

Providing Prices in Advance of Services. Because the hospital uses only one charge master and charges uninsured and insured patients the same rate, the estimated cost for each service is generally determined by reviewing previous charges for a similar service. Patients may receive a price range for any service by calling the hospital's Patient Accounts department. Patient account representatives can provide a price range for common procedures immediately; representatives gather information and call patients back with an estimated price when the service in question is complex or uncommon. In addition, some patients prefer to have their physician write down the details of the procedure, and they then bring the information directly to the hospital. Patient account representatives use the written information to either quote an estimated price directly to the patient or gather more background information and call the patient with an estimated price range.



Charity Care and Financial Assistance. Helen Newberry Joy Hospital's financial assistance and charity care policy has been in place since 2000. The policy consists of various tiers for patients earning up to 250 percent of the federal poverty level (FPL), ranging from a full to partial discount. While patients earning above 250 percent of the FPL do not receive a discount, they may meet with a financial counselor to establish an interest-free payment plan.

Enrolling Patients in the Hospital's Charity Care and Financial Assistance Programs. Uninsured patients are provided with information about the hospital's charity care and financial assistance policies when they schedule a service at the hospital or present in the emergency room, a clinic, or physician's office. Patients may enroll in the program by completing an application form, or applying for assistance through the Community Health Access Coalition (CHAC). The CHAC office assists patients in enrolling for prescription assistance. The hospital requires the same information for its financial assistance program, allowing patients to fill out one form and apply for both. When patients complete the application form at the CHAC office, the hospital is provided with the patient's information and level of eligibility.

In addition, the hospital's financial assistance and charity care policy is communicated through a variety of methods, including brochures distributed throughout the hospital, financial assistance policies posted on the hospital's Web site, www.hnjh.org, and quarterly advertisements in the local newspaper. When uninsured patients do not connect with a hospital financial counselor or visit the CHAC, the hospital's financial aid office sends information brochures about the hospital's financial assistance options to them. Patients who don't respond to the communication are billed for the services received. Information about financial assistance options and a telephone number to contact for more information appear on the back of all bills and statements.

Major Challenges

In some cases, the hospital can only provide a price range for a specific procedure or service, rather than the actual anticipated price.

Results of the Initiative

Helen Newberry Joy Hospital receives positive feedback from patients about the hospital's ability to provide prices and financial assistance information in advance of services provided.

Contact Name: Lynn Patterson

Title: Coordinator of Patient Accounts

E-mail: lpatterson@hnjh.org

Telephone: (906) 293-9115

Fax: (906) 293-9161

Laurens County Healthcare System, Clinton, SC

Laurens County Healthcare System conducted a comprehensive charge analysis, ensuring its prices are consistent, and its pricing methodology is accurate and explainable.

Laurens County Healthcare System is a government-owned hospital in Clinton, SC. The hospital opened in 1990, and includes 76 acute care beds and 14 skilled nursing beds. The organization's mission is to *deliver progressive health care in an atmosphere of continuous improvement to ensure "we do the right things" for all we serve, making the county a healthier place to live and work.*

Scope of the Challenge

Throughout its history Laurens County Healthcare System has utilized a combination of charging strategies, depending on the type of procedure. The hospital had not evaluated its charge master or pricing structure since 2000. As hospital pricing began to come under increased national scrutiny, the hospital recognized the need and opportunity to evaluate its pricing structure to ensure its charges were appropriate.

Major Initiatives

In 2006, Laurens County Healthcare System conducted a comprehensive charge analysis. The purpose of the analysis was to carefully analyze where the hospital's prices were too high or too low, and adjust for consistency.

Conducting the Charge Analysis. Laurens County Healthcare System contracted with an outside consulting agency to conduct its charge analysis. The agency began the process by reviewing 12 months of hospital claims data, or about 10,000 items on the hospital's charge master. The company divided the charges into segments by payer (such as Medicare, Medicaid, commercial insurance, and self-pay patients), and compared the charges to local and national trends. The system compared its hospital charges to three zip codes in its primary market, as well as seven outlying counties that were considered to be within the hospital's marketplace.

Modifications to the Hospital's Pricing Methodology. After completing its charge analysis, Laurens County Healthcare System modified its pricing methodology. The hospital created a new revenue center to manage outpatient services differently so they could be priced similar to an ambulatory surgery center. The hospital increasingly competes against stand-alone ambulatory surgery centers, and this new approach will allow the hospital to compare its charges for outpatient services to



its competitors. In the future, the hospital plans to remodel a part of its facility to be dedicated exclusively to outpatient surgery. The new pricing approach will ensure that the procedures provided in the outpatient surgery area are priced appropriately.

Major Challenges

The general public does not typically consider the price for a specific hospital service or procedure until they actually require the service. Because individuals typically don't seek information until the service is necessary, communication about hospital pricing is a continual challenge. When individuals require a hospital service, they want to know the price and they may experience "sticker shock" due to a lack of awareness of the many complex factors that influence prices.

In addition, because Laurens County Healthcare System is a governmental hospital, all finance committee and board meetings are open to the general public. Members of the press attend each meeting, and when the board discusses its budget, discussions about price play a critical role. Working closely with the media is critical to ensure that information about price increases is not disseminated without explanation about the reasons for the increase.

Results of the Initiative

As a result of the charge analysis, hospital representatives can now clearly explain prices and pricing methodology to patients and community members. Hospital financial representatives have data they can share with patients that demonstrates how the hospital's prices compare to local and state-wide averages. Laurens County Healthcare System will continue to conduct a similar analysis every other year to ensure its pricing structure remains appropriate for the market.

Advice to Other Organizations

Contracting with an outside consulting firm to conduct the charge analysis was beneficial. Although it was more expensive than conducting the analysis internally, the firm had access to local and national databases, and provided an unbiased analysis of the hospital's charges.

Contact Name: Dan Elmer

Title: Chief Financial Officer

E-mail: delmer@lchcs.org

Telephone: (864) 833-9167

Fax: (864) 833-9477

McDonough District Hospital, Macomb, IL

McDonough District Hospital's unique financial assistance program determines patients' responsibility for their hospital bill based on their ability to pay, rather than simply a discount off charges.

McDonough District Hospital is a 97-bed district hospital located in Macomb, IL. The hospital was established in 1958, and provides general and acute health services to the immediate community as well as the region. The mission of McDonough District Hospital, in partnership with its medical staff, is to *provide health services with a personal approach to care that enhances the quality of life*. The hospital believes that an integral part of fulfilling its mission is providing financial assistance programs to eligible patients without charge or at a reduced rate.

Scope of the Challenge

McDonough District Hospital has had a charity care policy in place for many years, but recently expanded its policy to be more comprehensive. As the number of uninsured patients has increased throughout the country, the hospital recognized the need to have a charity care policy that ensured patients access to the care they needed, and assisted the hospital in properly classifying its outstanding bills as charity care rather than bad debt.

Major Initiatives

Rather than basing an individual's financial responsibility for their hospital bill solely on the federal poverty level (FPL), McDonough District Hospital's financial assistance program determines self-pay patients' total financial responsibility by analyzing their ability to pay. The hospital uses as systematic approach to determine the most appropriate amount for low-income patients.

Financial Assistance Policy. McDonough District Hospital's financial assistance policy provides free care for eligible patients with income up to 160 percent of the FPL. The hospital also provides a discount for eligible patients with incomes up to 300 percent of the FPL. The discount is based on a unique three component approach that helps determine an individual's ability to pay. The process analyzes each patient's ability to pay using three formulas:

- ◆ *Income and Asset Test* – Available income and assets are combined to determine the financial obligation. Available income is calculated as fifteen percent of the guarantor's adjusted gross income in excess of 160 percent of the FPL for a period of four years. The equity in cash, investments and real property (home, buildings and other real estate) above existing federal bankruptcy exemption guidelines is used to determine the available assets. These two components added together become the potential obligation based on the Income and Asset Test.



- ◆ *Twenty Percent Gross Income Test* – The guarantor’s financial obligation is limited to no more than 20 percent of their annual adjusted gross income.
- ◆ *Discount Test* – A sliding discount is applied to accounts with income beginning at 160 percent of the FPL and ending at 300 percent of the FPL.

The test that results in the most beneficial payment obligation for the patient is the discount granted to the patient.

Regardless of whether they qualify for the hospital’s financial assistance program, all patients who are concerned about their out-of-pocket cost are encouraged to meet with a Patient Financial Services Representative to determine a payment plan. The hospital offers a variety of payment plans from one to four years in length. One option offers a 12 month interest waived plan for eligible patients.

Enrolling Patients in the Hospital’s Financial Assistance Program. The hospital communicates its financial assistance program using a variety of methods. Signs are posted throughout the hospital with information about the program and who to contact, and pamphlets are provided to all self-pay patients in each of the hospital’s registration areas. In addition, the hospital has a comprehensive financial assistance section on its Web site (www.mdh.org/financial_assistance), including billing information, payment options, frequently asked questions, and the financial assistance application.

Once a patient completes the financial assistance application, a financial representative enters the patient’s information into a program that automatically calculates the patient’s three component options. The option that is best for the patient is applied to their account, and the financial representative either calls to notify the patient or sends a letter. If patients are uncertain about their eligibility they may call the financial assistance office and a financial representative will give them an estimate over the phone.

As part of the application process, financial representatives use an online system that verifies if a patient is already enrolled in Medicaid. If an applicant is eligible for Medicaid but not already enrolled, the hospital assists with the application process. McDonough District Hospital contracts with an outside vendor to assist patients in applying for Medicaid, including traveling to their homes to provide assistance if necessary.

Major Challenges

Encouraging patients to complete the financial assistance application is an ongoing challenge. In order to increase participation, the hospital employs two staff members dedicated to “self-pay balances.” These employees identify self-pay patients who may qualify for financial assistance and contact them via telephone to encourage them to apply; they also assist patients with the application process if necessary.

Results of the Initiative

Although the number of uninsured in the community has not increased significantly in recent years, McDonough District Hospital has experienced an increase in the number of financial assistance applications because it is heavily promoting the program to patients. As a result, the hospital has been able to better categorize its bills appropriately, ensuring more accurate figures for charity care and bad debt. McDonough District Hospital is committed to providing care to those in need and annually reviews its policy to respond to the needs of the community it serves.

Contact Name: Linda Dace, CPA

Title: Vice President of Finance

E-mail: lkpace@mdh.org

Telephone: (309) 836-1675

Fax: (309) 836-1510



St. James Healthcare, Butte, MT

To ensure all patients have access to care and to ensure fairness to self-pay patients, St. James Healthcare applies the same discount to self-pay patients that commercial insurers receive. St. James also offers all patients an additional prompt-pay discount, no-interest payment plans, and a comprehensive financial assistance program.

Founded in 1881 by the Sisters of Charity of Leavenworth, Kansas, St. James Healthcare has been known for generations for its mission of compassionate care and service to the poor. Today the 100-bed Catholic hospital located in Butte, MT, is one of Montana's largest comprehensive hospitals, serving the health care needs of people in a seven-county region. It remains a part of the Montana Region of the Sisters of Charity of Leavenworth Health System. The St. James mission is *"we will, in the spirit of the Sisters of Charity, reveal God's healing love by improving the health of the individuals and communities we serve, especially those who are poor or vulnerable."*

Scope of the Challenge

St. James Healthcare strives to improve the health status of the community, with a special concern for the poor and those who have limited access to health care services. The vast majority of the patients treated at St. James are either uninsured or are covered under Medicare or Medicaid. Nearly 20 percent of the hospital's total patients are self-pay patients, many of whom are "working poor."

Major Initiatives

Whether patients are self-pay or insured but with a high co-payment or deductible, St. James Healthcare works closely with patients to minimize their financial burden. The hospital offers multiple discounts for patients' out-of-pocket costs, and assists patients in applying for financial assistance programs.

Discount for Self-Pay Patients. To ensure fairness for all patients regardless of their insurance status, self-pay patients receive the same discount on charges as the best discount that St. James provides to commercial insurers. When a patient is entered into the hospital's billing system as "self-pay," the system automatically applies the highest percentage discount that the hospital provides to any insurance company for a preferred provider. Patients see the discount itemized on their hospital bill and on future statements they receive.

Prompt Payment Discount. In addition to offering a discount for self-pay patients, St. James offers a 15 percent discount for all out-of-pocket costs if paid in full within 30 days of the bill. The discount applies to all patient bills, whether the outstanding bill is for an insured patient's out-of-pocket costs or a self-pay patient's total bill. The prompt payment discount is communicated in hospital brochures and signs, on the hospital's Web site, and is clearly printed on all bills and statements.

Financial Assistance Policy. St. James provides a full discount, that is, full charity care, for all uninsured patients earning up to 200 percent of the FPL, and partial discounts for patients earning between 201 percent and 400 percent of the FPL. While the financial assistance guidelines are applied uniformly to all patients, the hospital makes exceptions for special circumstances. St. James financial counselors can request that patient accounts with exceptionally large bills or unique financial circumstances be considered for financial assistance even if the patient does not meet the general qualification guidelines. Outstanding balances for patients with special circumstances that exceed \$5,000 are reviewed by the hospital's Business Office Director or Vice President of Finance.

In addition, any patient who has an outstanding bill and is concerned about paying the bill in a timely manner may take advantage of the hospital's payment plan. The payment plan allows for bills to be paid over 12 months with no interest. Patients who cannot pay their bill within 12 months are referred to the local bank that partners with the hospital to offer a low interest rate and a long-term payment plan.

Communicating Financial Assistance Options to Patients. St. James employs a financial counselor in the emergency room nearly 24 hours a day. When appropriate, financial counselors meet with self-pay patients when they present in the emergency room to discuss financial assistance options. Similarly, self-pay patients who schedule treatment in the hospital are contacted by a financial counselor in advance of their scheduled appointment. Information about financial assistance policies are also posted throughout the hospital, and in brochures provided to all patients.

In addition to communicating financial assistance options to patients on-site, St. James financial counselors contact self-pay patients with outstanding bills to communicate the availability of financial assistance. The hospital also contracts with an eligibility company that assists patients in applying for public assistance programs, such as Medicare and Medicaid. The company screens patients to determine eligibility for the hospital's financial assistance during the process, and refers patients who do not qualify for public assistance to a St. James financial counselor.

St. James also communicates its financial assistance policy on its Web site, www.stjameshealthcare.org. The Web site provides an overview of the financial assistance process and contact information, as well as a list of charges for common services provided at the hospital, such as emergency room visits, labor and delivery, radiology and laboratory services.

Presumptive Charity. While St. James requires all patients to complete a financial assistance application, at times the hospital applies "presumptive charity" when a patient who clearly qualifies for full financial assistance cannot be reached. This approach was recommended by the hospital's general auditors, and in compliance with state and federal regulations, allows St. James to classify



charity care appropriately when the hospital has adequate proof to document patient eligibility for full financial assistance, such as patients who are deceased, homeless, or on welfare.

Major Challenges

Although St. James offers a comprehensive financial assistance program, some eligible patients do not apply. St. James financial counselors follow-up with self-pay patients via letters and telephone calls and offer to assist patients in completing the financial assistance application either at the hospital or in patients' homes. Patients who do not respond to repeated contact attempts but may be eligible for financial assistance are also mailed a financial assistance application. Despite these efforts, some patients do not respond and as a result have an outstanding bill that is turned over to collections and/or becomes bad debt.

Results of the Initiative

The hospital's financial assistance, prompt payment discount, and policy providing self-pay patients the same discount applied to commercial insurers, has resulted in positive community feedback. Patients who are employed but are overwhelmed by the size of their hospital bills can now pay a portion of their bill and feel that they have taken financial responsibility for the services they received.

Since expanding its charity care guidelines, St. James has provided more charity care but simultaneously experienced a slight decrease in collections and bad debt. In addition, the hospital's prompt payment discount has resulted in an increase in accounts paid in full.

Advice to Other Organizations

Implement a consistent, clearly defined payment plan and financial assistance policy. The policy should be tailored to the needs of the local community, and be flexible to account for patients who may not qualify but have extenuating circumstances.

Contact Name: Judy Mohan

Title: Credit and Collections Supervisor

E-mail: judy.mohan@sjh-mt.org

Telephone: (406) 723-2493

Fax: (406) 723-2483

Winchester Medical Center, Winchester, VA

Winchester Medical Center makes applying for its financial assistance program easy for patients by employing Eligibility Workers who meet with patients on-site to assist them in determining their estimated out-of-pocket costs and in applying for the medical center's financial assistance program.

Winchester Medical Center is a 411-bed, non-profit, regional referral hospital located in Winchester, VA. The medical center offers a broad spectrum of services, including diagnostic, medical, surgical, and rehabilitative, to help people of the tri-state region manage their health and enjoy a high quality of life. Winchester Medical Center is part of Valley Health System, an organization that provides services through a network of affiliated hospitals and service providers in VA, WV, and western MD.

Scope of the Challenge

The number of uninsured and underinsured patients served by Winchester Medical Center has been steadily increasing for several years, but in 2006 the region experienced a significant increase in both uninsured and underinsured patients due to changes in the local economy. The local housing market declined rapidly, resulting in unemployed construction workers and builders combined with other professionals earning low wages that either prevented them from purchasing insurance, or limited their ability to pay their co-pays and deductibles. Winchester Medical Center responded by modifying its financial assistance program to provide more comprehensive coverage, and by increasing the number of Eligibility Workers it employed to promote the program and assist patients in enrolling.

Major Initiatives

Winchester Medical Center's extensive charity care program is called the Credit Program. The medical center recently expanded patient eligibility for the program, and employs on-site staff to assist patients in applying for the program.

The Credit Program. Winchester Medical Center's Credit Program has been in place for nearly 20 years, providing free care to any patient who qualifies. In 2004 the medical center increased patient eligibility from 100 percent of the federal poverty level (FPL) to 200 percent of the FPL. In 2006, the medical center expanded the program further, continuing to provide free care to patients earning up to 200 percent of the FPL but also providing discounted care to patients earning up to 250 percent of the FPL. Patients earning between 200 – 250 percent of the FPL work with the medical center's Eligibility Workers to determine what their out-of-pocket cost will be, based on their ability to pay and the size of their bill.



The Credit Program applies to self-pay patients, as well as insured patients with high co-pays or deductibles. Patients who are unable to pay their out-of-pocket costs, but do not qualify for the Credit Program, may participate in the medical center's payment plan. Payment plans vary depending on the size of the patient's hospital bill.

Utilizing Eligibility Workers to Enroll Patients in the Credit Program. The medical center staffs Eligibility Workers in the emergency room and admission department. When self-pay patients check into the medical center admissions department or are discharged from the ER they meet with an Eligibility Worker who advises them of their estimated price and helps them apply for the Credit Program if they desire financial assistance. Self-pay patients who are admitted through the ER are visited by an Eligibility Worker the day after they are admitted. If a patient is admitted for a short time and discharged before an Eligibility Worker is able to meet with them, the patient is sent a letter with information about the medical center's financial assistance program and how to contact the medical center with questions.

In addition to Eligibility Workers meeting with self-pay patients, all patients are provided with a brochure about the medical center's financial assistance program as well as Medicaid information upon admission. Patients who desire assistance in applying for Medicaid, or patients who apply for the Credit Program but are eligible for Medicaid, receive assistance from Winchester Medical Center's Medicaid application vendor. Representatives help patients complete their Medicaid application, visit the patient's home if desired, and/or drive patients to an on-site appointment if required.

Major Challenges

Until 2004, the employees of Valley Health System did not discuss billing with patients in advance of discharge. Thus, the only way the medical center could collect patient co-pays, deductibles, and self-pay payments was through bills mailed after patients were discharged. In 2004, the policy changed, and requesting money from patients up-front required a significant cultural shift at the organization. Eligibility Workers were hired and trained on the new approach, and employees were oriented to the new process and its rationale at staff meetings.

Some patients refuse to fill out the financial application, despite the fact that they would receive financial assistance on their bill. The medical center's Eligibility Workers do all they can to assist patients in applying for the program, but if patients won't provide the information necessary to establish eligibility, the medical center is forced to turn over their account to Valley Health's in-house collection department.

Results of the Initiative

Increasing the Credit Program's eligibility to 200 percent of the FPL in 2004 and again to 250 percent of the FPL in 2006 has resulted in a dramatic shift in the medical center's allocation of bad debt and charity care. Over the past three years bad debt has declined, and charity care has increased proportionally. In addition, the combination of expanding the eligibility guidelines and utilizing Eligibility Workers to assist patients in applying for the Credit Program has resulted in a significant overall increase in the amount of charity care provided.

Advice for Other Organizations

Begin by implementing Eligibility Workers in an area of the hospital that is not too busy. The initial implementation at Winchester Medical Center required patients to wait in line as Eligibility Workers were trained and the hospital determined how many were necessary to have on staff. In addition, ensure that signs about the hospital's financial assistance program are prominently posted throughout the hospital and clearly explain the program details as well as how to apply.

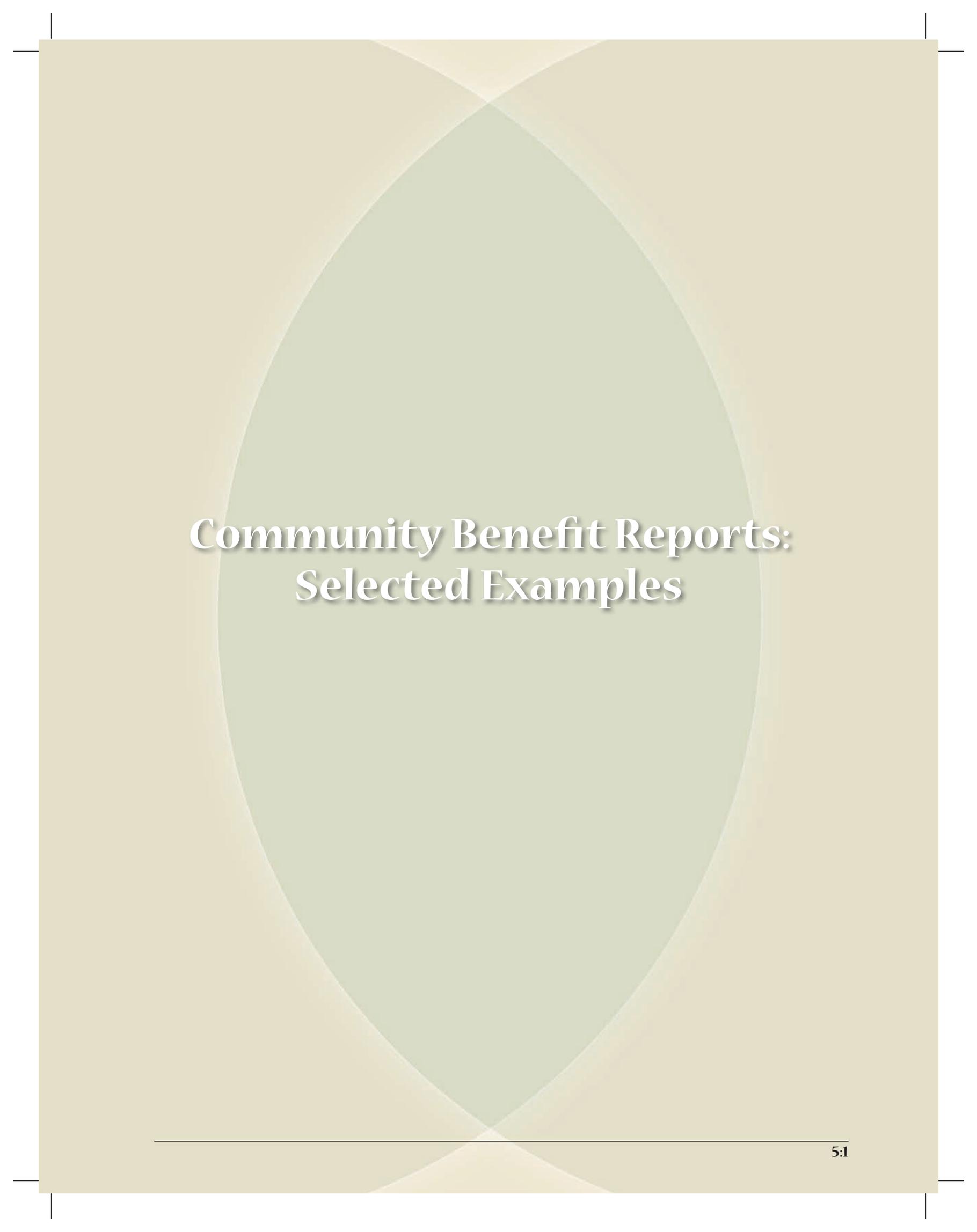
Contact Name: Ann Ryder

Title: Corporate Director, Valley Health

E-mail: aryder@valleyhealthlink.com

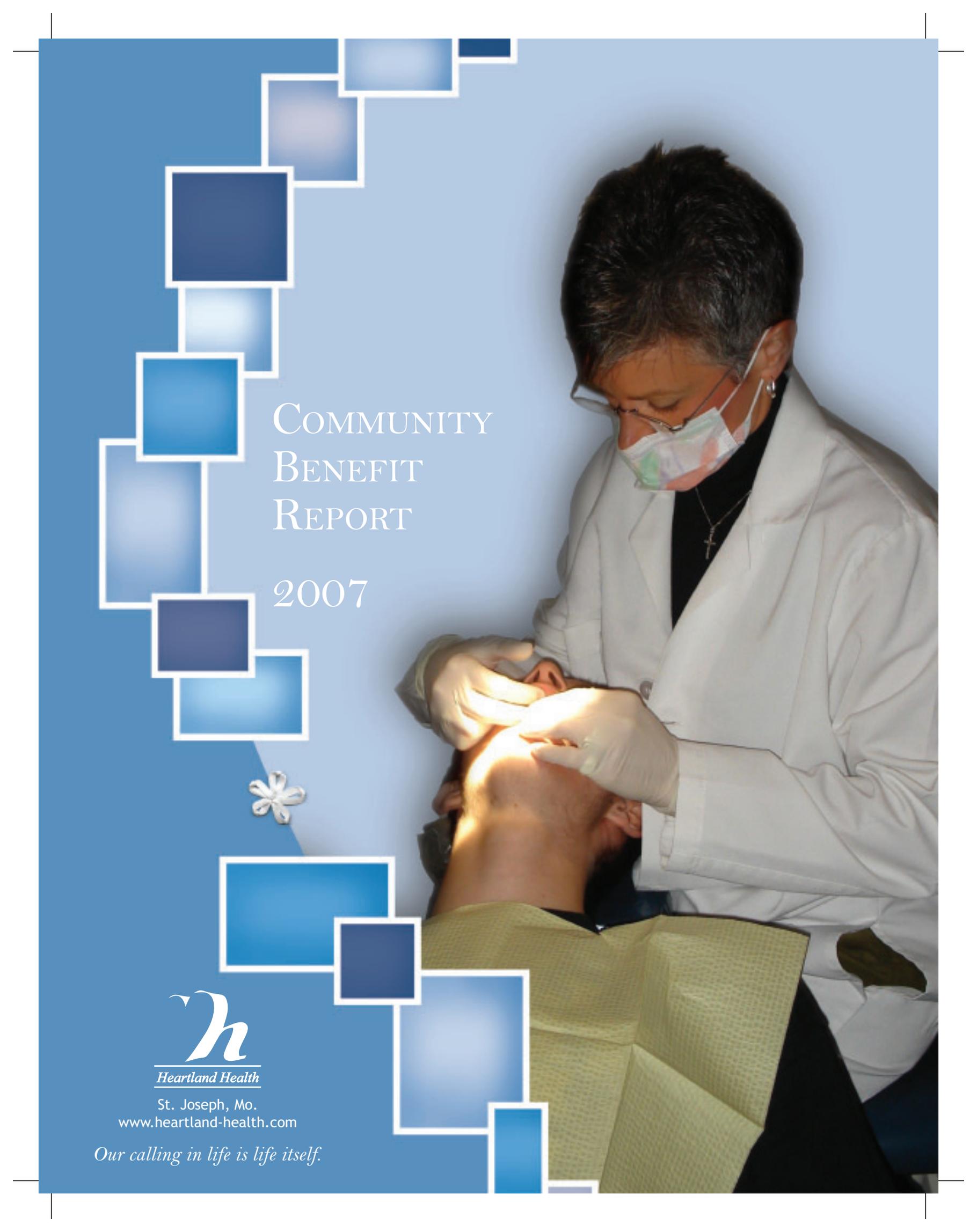
Telephone: (540) 536-7654

Fax: (540) 536-7681

A Venn diagram with two overlapping circles. The left circle is a light beige color, and the right circle is a light green color. The intersection of the two circles is a darker shade of green. The text is centered within the intersection.

Community Benefit Reports: Selected Examples





COMMUNITY
BENEFIT
REPORT

2007



Heartland Health

St. Joseph, Mo.
www.heartland-health.com

Our calling in life is life itself.



Our Vision

To make Heartland Health and our service area the best and safest place in America to receive health care and live a healthy and productive life.

Our Mission

To improve the health of individuals and communities located in the Heartland Health region and provide the right care, at the right time, in the right place, at the right cost with outcomes second to none.





This report attempts to define community benefit in many ways; through our commitment to improve the health and wellness of our community, to providing health care to those who cannot afford it, to providing a good experience for every patient who needs our service.

The challenge is to come to an agreement with the community and its residents that we are defining community benefit appropriately.

Please take a moment to review this annual report on community benefit. If you have questions, please feel free to contact us. Let us know what you think about the care and service we are providing to you, your family and your community.

A handwritten signature in black ink that reads "Lowell C. Kruse". The signature is written in a cursive style with a large initial 'L'.

Lowell C. Kruse
President and CEO

A handwritten signature in black ink that reads "Sheri Spader". The signature is written in a cursive style with a large initial 'S'.

Sheri Spader
Chairman of the Board



Who is that behind the mask?

COVER: It's Dr. Dana Browning, the 2006 Missouri Dental Association (MDA), Dentist of the Year. Dr. Browning is the full-time dentist at the Patee Market Youth Dental Clinic. The clinic is a "family friendly" dental office designed to provide high-quality general dentistry services to Medicaid children, ages 2-18. These services are available to any child in Northwest Missouri that is enrolled in Medicaid.

Defining community benefit

As a not-for-profit community-based health care provider, Heartland Health's volunteer Board of Directors believe all residents in our community should have access to health care. This means no one in our service area is ever turned away from our hospital and its emergency room. While Heartland Health does maintain policies to protect its financial health, it provides charity care to those who are truly in need. Our philosophy is simple: "medical needs are addressed first, financial considerations second." In 2006, Heartland Health provided \$7,547,000 in charity care and \$7,849,000 in uncompensated care to benefit our community.

Heartland Health believes community benefit goes beyond hospital visits and emergency care. Community benefit also means getting involved and working to improve the health of our community. In 2006, Heartland Health co-sponsored the Pound Plunge, sponsored the Women's Wellness Initiative, the Colorectal and Prostate Screenings, the



"Great things are happening in St. Joseph. For the first time in 100 years, we're experiencing population growth. There is a renewed spirit and a renewed attitude about what is possible. I think Heartland Health is playing a role in our renewed spirit."

— Sheri Spader, *Chairman*

Diabetes EXPO, the Heart Walk and numerous activities and events designed to improve our community health. Community benefit also means helping others pursue good health through donations and education. In 2006, Heartland Health and its employees donated

\$1,409,586 to community organizations including the United Way. Community benefit also means doing the right thing, making sure resources are used efficiently and effectively. Finally, it means being dedicated to the vision and mission of this organization and being the kind of people who can look at the future and say, "we can do this if we work together."



It's about patient care

2006 patient care statistics:

342,517 patients visited their primary care doctor or a specialist at Heartland Clinic

217,597 patients received out-patient care

46,382 patients visited the Emergency Room at Heartland Regional Medical Center

23,720 received care through Heartland Home Health

18,878 patients were hospitalized at Heartland Regional Medical Center

62,787 residents called Community Health Line

Dr. Kammerer adds personal touch to patient care at Heartland Clinic

For Edward P. Kammerer, MD, Specialists of Internal Medicine, everything is personal. His “bedside manner” is evident when you look at his patient satisfaction scores. He and his team consistently rank in the top 10 percent of clinics nationwide.

“I care about my patients’ lives, and I’m very interested in something about them other than their blood pressure,” says Dr. Kammerer.

The personal touch that he is known for is evident in the stories he tells about his patients. It is not uncommon to find him in a corn field, riding along with a patient in a combine during the fall harvest; or, cutting firewood for a patient who hurt his back and was no longer able to heat his home with wood. All true stories . . . told and

re-told by his dedicated patients.



“Every day, I look in the mirror and say, “Today I will make the best decisions I can for every patient.”

— Edward Kammerer, MD

“I remember one time I had a patient having problems getting dirt around his basement backfilled. I have a Bobcat,[®] so I went to his house one day and did the job for him,” he recalls. “It wasn’t a big deal for me, but I made a friend for life that day.”

Dr. Kammerer even hesitantly admits to making house calls – a practice unheard of in today’s medicine. “I’ve made house calls the past four out of five Christmas Eves, but I usually don’t make more than one house call every four to five months,” he says. “Sometimes the situation warrants a house call, and I want to do what’s best for the patient.”

Dr. Kammerer is a shining example of what makes Heartland Clinic what it is. He concludes, “Every day, I look in the mirror and say, ‘Today I will make the best decisions I can for every patient.’”



It's about patient safety

Everywhere, there's an increasing awareness of germs and bacteria – whether it's in our schools, grocery stores, hospitals or our own homes.

According to the Centers for Disease Control and Prevention, hand washing is the #1 way to prevent germs that lead to infection.

With greater focus on prevention and hand hygiene, we now know that we can make a difference concerning infections on our own.

Doing everything possible to keep patients safe from infection

The Knock Out (K.O.) Germs campaign serves as a constant reminder to everyone at Heartland Health that winning the fight against germs is important and, literally, in their hands.

According to the Centers for Disease Control and Prevention (CDC), handwashing is the single most effective measure for preventing germs. It is known that soap and water is not always readily available. Using an alcohol-based hand sanitizer is a great alternative to soap and water.



Heartland Health has a very aggressive infection control program designed to keep you safe. The Infection Control team monitors staff hand hygiene practices.

Heartland's K.O. Germs campaign helps remind folks that by washing and sanitizing their hands at every given opportunity, we are providing the best and safest environment in which to receive health care. Heartland

recommends that employees, physicians, visitors and family members sanitize their hands both before entering and after leaving a loved one's room.

Every patient care area, including Home Care and Hospice, has a liaison who participates in ongoing education specifically designed to identify top infection prevention strategies and is taught by an Infection Control team member.

As one of the National Patient Safety Goals established by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), winning the battle against the spread of germs is important to patient safety. Heartland's commitment to safe practices and quality care is never ending. Each time you take a "punch" to K.O. germs by washing or sanitizing your hands, you step into the ring as a part of an organization that is committed to safe practices and quality care.



Jane Schwabe, MD, physician champion for the Women's Wellness Initiative, with winners of the Pound Plunge and fitness expert Bob Greene.

It's about health improvement

More than 1,100 Pound Plunge participants lost 8,380 pounds in 12-week health improvement challenge.

"You have so much to be proud of St. Joseph, you've managed to accomplish a goal so many people struggle to attain. You got together, you worked together, and you got healthier!"

—Bob Greene, fitness expert
2006 keynote speaker Women's Wellness Initiative

Improving community health one person at a time



The Pound Plunge began as an innovative promotion and resulted in the most successful community weight loss and fitness program in the history of Northwest Missouri.

“I’m so glad you’re doing
this, our city really needs it.”

— *Treana Plummer,*
Fit-tastic Four Pound
Plunge participant

Heartland Health’s Marketing/Communications department met with the creative staff from radio station KKJO 105.5 FM, to develop a promotional activity to drive attendance to the third annual Women’s Wellness Initiative (WWi³) presented by Heartland Health’s Wellness Connections. WWi is a community-

wide health and wellness event, featuring area physicians, a national speaker, exercise opportunities and vendors.

Heartland Health secured Bob Greene, Oprah Winfrey’s personal fitness trainer, as the keynote speaker for WWi³. Mr. Greene promotes a 12-week fitness program and we encouraged participants to use Bob Greene’s 12-week *Get With The Program* to get healthier. The challenge would culminate and winners would be announced at the April 8, 2006 WWi³ event.

As a health care organization, we wanted an opportunity to build relationships beyond “illness events.” This promotion gave us that opportunity and as a result we have more than 1,000 people in our community we know are willing and interested advocates in improving their own health and the health of our community.

The most important reason for organizing this event is our community truly needed our help. When you look at health risk factors in our area, we top the national average for high blood pressure, obesity and diabetes. More than a quarter of St. Joseph’s population is overweight.

HEALTH RISK FACTOR	ST. JOSEPH	NATIONAL
High Blood Pressure	32.6%	27.6%
Obesity	27.1%	22.4%
Physical Inactivity	26.8%	23%
Diabetes	10.6%	7.2%

Source: St. Joe Health Info – A community report for Buchanan County, Missouri



It's about dedication and vision

"Heartland is owned by the community we serve," says Sheri. "There is a huge difference in this community being served by a not-for-profit. Heartland is not about four walls and a building. Heartland is about caring people who chose as their life's purpose to make a difference for people in their community and their health – it's about people that care."

— Sheri Spader

Sheri Spader: Dedicated Community Volunteer

When you talk to Sheri Spader, Heartland Health Board Chairman, there is little doubt that you are speaking to a woman who loves her community and has a passion for the rural way of life. Her ranch in Andrew County sits among the rolling hills in cattle country and her home is surrounded by Angus cattle and roan quarter horses - the livestock that has been her family's livelihood and trademark since moving to Northwest Missouri.



Sheri grew up on a farm in central Illinois where her family farmed and raised Angus cattle. As the 5th generation of her family to raise cattle, Sheri grew up appreciating

As passionate as Sheri is about the rural way of life, she is even more passionate about building communities.

the farm and the business of agriculture. It was this background on the farm and in showing cattle that lead her several years later to become the first woman to be elected Missouri Cattlemen's

Association President, and to a leadership role with the National Cattlemen's Association.

It was Sheri's position with the Missouri Cattlemen's Association that led her to Heartland. The Heartland Foundation was looking for partners for a new children's rehabilitation unit with specialized equipment to help children who needed physical rehabilitation. The Cattlemen were looking for involvement with a health care related project. The Foundation and the Cattlemen joined together to create a unique children's rehabilitation center with a decidedly rural theme. More importantly, the Heartland Foundation found a new board member - Sheri Spader.

It was during her time on the Foundation Board and later as Chairwoman that Sheri began her work building stronger communities. Heartland Foundation has long been a member of the healthy community movement. As a nationally recognized "Healthy Community Fellow" Sheri has provided guidance to the Foundation and its work to

strengthen communities in the four-state Heartland service area. As passionate as Sheri is about the rural way of life, she is even more passionate about building communities in our region.

Sheri continues to serve as a board advisor and chair of the Capital Campaign for the Heartland Foundation, and it is in her current role as Chairwoman of the Heartland Health Board where she works to give back to the community and region she loves.

“I think my experience with both the Missouri and National Cattlemen’s Association has helped me to focus on the issue of health care for the people of this region,” says Sheri.

“Many of the issues we face in health care are national issues, but it has become more personalized in our community. It’s about getting our hands around these issues and finding solutions. You want a great health care system – not just for yourself, but for your family.”



“I think my experience with both the Missouri and National Cattlemen’s Association has helped me to focus on the issue of health care for the people of this region.”

— Sheri Spader

Sheri is particularly proud to lead a board that is made up of community members who are the friends and neighbors of the patients served by Heartland. “Heartland is owned by the community we serve,” says Sheri.

“There is a huge difference in this community being served by a not-for-profit. Heartland is not about four

walls and a building. Heartland is about caring people who chose as their life’s purpose to make a difference for people in their community and their health – it’s about people that care.”

“One of the most impressive things we do as board members is to constantly ask ourselves, ‘are we doing the right thing for the community?’ that is our goal - to do the right thing for our community,” says Sheri. Heartland and our community are fortunate to have board members like Sheri Spader who give of their time to improve the health of our community and region and who constantly ask the right questions.



It's about dedication and vision

Sheri Spader speaks about the potential and promise of our young people at the emPower Plant site blessing. Sponsored by the Heartland Foundation, the emPower Plant is an innovative workforce development program with an in-school learning curriculum. Designed primarily for seventh and eighth graders, the program lets students experience simulated community challenges in a classroom lab setting. The focus is on providing students civic activity skills, workforce skills and a commitment to the local community. The emPower Plant will open in its new location in summer 2007.



Contributing to our community

Heartland Health puts more than \$1 million dollars in sponsorships and donations each year back into our community. This benefits youth programs like this one: Voodoo Girl's Softball, ages 12 and under.

Helping to keep the local economy healthy

Heartland Health is a significant, positive economic force for St. Joseph and the region, returning dollars into the economy through local purchases by the organization, salaries that return to the community, and the funding of community-based programming.



Heartland currently employs more than 3,000 people from St. Joseph and the surrounding area. The careers available at Heartland are good jobs aimed at every demographic. There is also great opportunity to advance within the organization.

Our goal is to employ a workforce that is representative of the areas we serve.

“The donation that Heartland Health has given to my softball team has allowed us to compete against teams from many states. Thank you, Heartland Health, for being a wonderful sponsor and for allowing us the opportunity to have fun and represent St. Joseph.”

— Ashley Wilcoxson

With 81 percent of our total workforce living within Andrew, Buchanan, and Doniphan counties, we pride ourselves with having outstanding employees and the personalized care that comes from neighbors taking care of neighbors. Salaries and benefits paid total \$200,163,505 million annually – funds that return to businesses in the region through purchases

made by our employees and their families. Combining the purchases made by Heartland employees and by the organization itself, the total annual return to the local economy through Heartland is estimated to be more than \$300 million.

Since its founding, Heartland Health has also made a significant investment in programs that support the financial strength and well-being of the community. Our investments have totaled nearly \$600 million in the last 23 years. These included construction and renovation projects, partnerships in economic development projects, contributions to youth programs, medical staff recruitment and retention, managed care development, and a broad-ranging charity care program.



Heartland is also investing in the future financial and physical health of the community by funding the education of students seeking to pursue careers in high-demand health care fields such as nursing, pharmacy and physical therapy. In the Stepping Stones program, students agree to work one year at Heartland for each year of financial assistance

provided – up to a maximum three-year commitment.

To date, Stepping Stones has awarded more than \$1.6 million to 236 participants.

Heartland will continue to benefit the economy in the years to come. It will contribute even more to the area’s economic future due to an aging population,

technology advancement and changes in other industries. While we obviously have to be very sensitive to the cost pressures health care creates for our economy, we should never lose sight of the contribution we make to our community.

“With the help I’m getting through the Stepping Stones program, I’m able to focus on school and be a good nurse. I think we all win in the end.”

— *Stepping Stones participant*
Lorrie Nash

Community Benefit Financial Summary

Uncompensated care	\$7,547,000
<i>(Financial loss to provide services to those patients who are either uninsured or under insured and do not qualify for Medicaid or traditional charity care)</i>	
Charity care.....	\$7,849,000
<i>(Up to 300 percent of poverty level)</i>	
Un-reimbursed care	\$14,483,000
<i>(The difference between Medicaid reimbursements and the cost to provide service)</i>	
Financial contributions (including United Way)	\$1,409,586
Payroll	\$200,163,505
Average yearly wage	\$68,131 with physicians \$43,255 without physicians
Number of employees	3,001
Capital investment	\$6,856,830
<i>(Buildings and building improvements)</i>	
HRMC total purchases	\$68,725,102
<i>(Supplies and equipment)</i>	





Heartland Health



INTEGRIS *Health*



2006 Community Benefit Report



Positive Directions Mentoring Program



Jim Thorpe Patient Transport Van



Fit Kids Coalition



Young at Heart Senior Prom



Camp Gruber, Hurricane Katrina Victim's Medical Support Group



Senior Café and Cyber Café Computer Classes



Hispanic Initiative Cooking Classes

SHAWNAREE
BEESON, M.D.

True heroism is
not the urge to
surpass all others
at whatever cost,
it's the urge to serve
others, no matter
what the cost.

Arthur Ashe

*Our mission is to improve the health of
the people and the communities we serve.*

INTEGRIS Health

Our mission is to improve the health of the people and the communities we serve.



A five-day camp held in partnership with the International Center for Humor and Health, Camp Funnybone nurtures self-worth and teaches children resilience through the healing art of laughter. Class offerings include clowning skills, balloon sculpture, make-up, team building, magic tricks and costumes.



- Positive Directions Mentoring Program
- Arthritis Foundation Exercise Program
- Young at Heart Senior Prom
- Gang Intervention Program
- Essential Tremor Support
- Hispanic Health Fair
- Baptist Free Clinic
- Camp Funnybone
- Celebration of Life
- Adopt-A-Family
- Senior Café
- Move for Life
- Cyber Café
- On Your Own
- Asian Health Fair
- Latina Luncheons
- Free Spanish Classes
- Gatekeeper Response
- Senior Awareness Day
- Alzheimer's Support Group
- Healthy Heart Walkers Club
- Fire and Fall Prevention Seminars
- AARP Driver Safety & Education
- Memory Loss Presentation and Screening

Community Services Oklahoma

INTEGRIS Health

James L. Hall Jr. Center for Mind, Body and Spirit

James L. Hall Jr. Center for Mind, Body and Spirit is committed to improving health by increasing awareness of the healing power of the connections between mind, body and spirit. The center offers free public workshops featuring leaders in the field of mind-body medicine, a media center with more than 2,000 books, journals and videos available to the public, a newsletter and a speaker's bureau.

Circle of Friends Gala

INTEGRIS Baptist Medical Center Foundation 8th annual Circle of Friends Gala was a huge success! More than 250 guests enjoyed the evening as they "twisted the night away" with the famous King of the Twist, Chubby Checker. This year's annual gala raised more than \$143,000 in donations. The net proceeds from the evening's festivities will benefit the James L. and Margaret Henry Endowment Fund for Indigent Patient Care.

Hearing Helpers Demonstration Room

This Demonstration Room, the only one like it in Oklahoma, offers people the opportunity to learn about and try out devices that help compensate for hearing loss. Devices include: safety devices, flashing alerting devices for phones, doors, smoke & carbon monoxide detectors, baby cry signaler, automobile alert devices, TTY trainers and personal communicators and more.

Youthful Drunk Driving Program and Smart Decisions

Youthful Drunk Driving and Smart Decisions are unique interactive programs designed for young adults and teens age 14-26, either charged with a DUI/DWI, using a false ID, having an open container, possession of an illegal substance or public intoxication. The program emphasizes the consequences of poor decisions and reinforces how those consequences affect their lives, the lives of loved ones and strangers. Participants also include drivers just beginning to experiment with controlled substances.



CAROL
WINTERS

There is no loftier ambition, no greater achievement, no effort more noble, than the dedication of a single individual to the pursuit of improving the welfare of another human being.

Unknown

INTEGRIS Southwest Medical Center

*Our mission is to improve the health of
the people and the communities we serve.*



Participants brave the weather in the 2nd annual Chatenay Square 5km Run/Walk held in May 2006 which benefits the INTEGRIS Jim Thorpe Rehabilitation Hospital programs and services providing community outreach, educational services and outpatient support.



Traumatic Brain Injury Couples' Retreat
Parkinson's Disease Support Group
Annual Chatenay Square 5km Run
Brain Injury Support Group

Aquatic Exercise Classes

MDA Summer Camp

Arthritis Foundation

Volunteer Services

Peer Visitor Group

MDA Telethon

Celebration of Life

Hispanic Health Fair

Counseling Services

AHA Stroke Task Force

Caregiver Support Group

Oklahoma Blood Institute

Patient Transportation Service

"Thinkfirst" Prevention Program

Medication Assistance Program

Life After Loss Grief Support Group

Jim Thorpe Association Children's Events

Community Services Oklahoma City

INTEGRIS Southwest Medical Center

Third Graders Go to Work Program

Third grade students from Roosevelt Elementary School spent time at INTEGRIS Baptist Regional Health Center as part of the national Third Graders Go to Work program. Nearly 20 third graders heard presentations from hospital employees representing many different careers in health care including nursing, laboratory, emergency medicine, radiology, and business services. Students also toured areas of the hospital and were treated to a lunch provided by the Dietary department. Following lunch, the students designed get-well cards that were delivered to patients. The Third Graders Go to Work program is an excellent opportunity to help area youth develop a healthy work ethic and skills that will benefit them as future members of the work force.



ANGEL HILL

Ottawa County Senior Citizens' Day

On April 25, INTEGRIS Baptist Regional Health Center hosted the 20th annual Ottawa County Senior Citizens' Day at the Miami Civic Center. A crowd of nearly 500 area residents participated in the day long event which included free health screenings, \$5 cholesterol tests, educational information, a free luncheon, and much more. In addition, attendees were treated to a ladies apparel fashion show and enjoyed plenty of dancing with live entertainment provided by the Bobby Russell Band. Senior Citizens' Day is part of the INTEGRIS Generations Lunch & Learn program.

INTEGRIS Baptist Regional Employees Aid Katrina Victims

Several INTEGRIS Baptist Regional employees donated their time at Camp Gruber an Army training facility outside Muskogee, helping aid victims of Hurricane Katrina. Camp Gruber, was used to house and care for Gulf coast residents displaced by the storm. In addition, 25 other volunteers from INTEGRIS Baptist Regional spent 17 days in Louisiana helping set up a special needs shelter for hurricane victims at the New England Air Force Base in Alexandria, La.

The volunteer spirit
and community
involvement are
paramount to the
employees at
INTEGRIS Baptist
Regional Health Center
in Miami, Oklahoma.

INTEGRIS Bass Baptist Health Center

Our mission is to improve the health of the people and the communities we serve.



The "Angel Lady" Ethel Schall (seated) is shown with friend and fellow INTEGRIS Bass Baptist Health Center volunteer Vivian Musser. Ethel makes beautiful beaded angels (shown below) that she gives to patients, family members or anyone else who needs their spirits uplifted. Ethel refuses to ever accept payment and humbly says the hobby "is just my thing."



- Family Health Foundation of Oklahoma
- American Heart Association
- Plainsmen Foundation Inc.
- American Cancer Society
- Development Alliance Inc.
- Enid Winter Charity Ball
- Downtown Enid AMBUCS
- Cimarron Public Schools
- Child Advocacy Council
- Chisholm High School
- Cimarron After Prom
- Mobile Meals
- 4 R Kids
- March of Dimes
- Patient Care Fund
- Family YMCA of Enid
- Enid Fire Department
- Hospice Circle of Love
- Project Graduation EHS
- Enid Habitat for Humanity Inc.
- Enid Public School Foundation
- Citizen and Constitution Class
- National Multiple Sclerosis Society
- Northern Oklahoma College Foundation Inc.

Community Services Enid, OK

INTEGRIS Bass Baptist Health Center

Go Red for Women Educational Luncheon



More than sixty women attended the INTEGRIS Blackwell Regional Hospital free Lunch and Learn educational luncheon on heart disease and stroke in women. The educational luncheon, based on the American Heart Association's Go Red for Women campaign, provided participants information on early detection of risk factors, as well as ways of reducing the risk of heart disease and strokes in women. This was the first in a series of educational luncheons the hospital hosted throughout the year on a wide variety of women's health topics.

Christmas Toy Drive a Huge Success

In conjunction with their annual Christmas party, the INTEGRIS Blackwell Regional Hospital employees held a very successful holiday toy drive. INTEGRIS employees donated an entire vehicle full of toys to the Blackwell Fire Department's annual Christmas for Kids drive. Due to the overwhelming generosity of hospital employees and the amount of toys donated, the fire department was able to redirect money normally spent on toys, to purchasing more clothes, food and essential items for less fortunate children and their families.

Blackwell United Way

INTEGRIS Blackwell Regional Hospital conducted a week-long series of events in an effort to raise awareness and participation in the Blackwell area United Way campaign. The most successful fundraising effort was an intra-hospital competition in which hospital employees formed teams and planned and executed activities to raise contributions. The teams initiated a variety of events including auctions, bake sales and raffles, among others. Four teams participated in the competition with the winning team, comprised of INTEGRIS Blackwell nurses, raising almost \$1,200 during the week. In total, hospital employees and volunteers raised \$5,000 for the Blackwell United Way. In addition to the hospital staff, many generous individuals and area businesses volunteered their time and services to make the hospital's United Way drive a huge success.

NIMISHA
STREETMAN

There are two
ways to live
your life.
One is as though
nothing is a miracle.
The other is as
though everything
is a miracle.

Albert Einstein

INTEGRIS Canadian Valley Regional Hospital

*Our mission is to improve the health of
the people and the communities we serve.*



INTEGRIS Canadian Valley Regional CareMore team members brought the fun of Trick-or-Treating to one very special pediatric patient. As Jacob visited each department dressed in his Darth Vader costume, complete with light-saber, his parents thanked the 2nd Floor nursing staff for providing the Halloween festivities he would have missed otherwise.

Susan B. Komen Cancer Foundation
Yukon Public Schools Foundation
Spanish Cove Senior Health Fair
Yukon Parks & Rec Department
Canadian County United Way
Yukon Soccer Booster Club
Yukon Ladies Library Club

Healthy Heart Program

Senior Health Fair

CareMore Team

Toys for Tots

Adopt an Angel

Healthy Heart Fair

Yukon Rotary Club

Yukon FFA Rodeo Sponsor

Health Essentials Seminars

Youth Leadership Exchange

El Reno Teachers Association

OG&E Employee Safety Seminar

Mustang Chamber of Commerce

INTEGRIS Men's Health University

Western Village Mentorship Program

Spanish Cove Nutrition Education Program

Community Services Yukon, OK

INTEGRIS Canadian Valley Regional Hospital



INTEGRIS Clinton Regional Hospital

Our mission is to improve the health of the people and the communities we serve.



INTEGRIS Clinton Regional Hospital helped raise more than \$3,000 for the American Heart Association during the annual Heart Walk. Fundraisers included a baked potato dinner, a basket auction and other events.

- American Heart Association Fundraiser Baskets
- Western Oklahoma Christian School Tour
- Clinton High School Cheer Booster Club
- Hospital and Community Blood Drives
- Clinton Elementary School Donation
- Clinton Baseball Booster Club
- Clinton Pre-K School Tour
- Home and Garden Expo
- Boy Scouts of America
- Grief Support Group
- Bar S Health Fair
- Scholarships
- Health Fairs
- United Fund
- Athlete Physicals
- March of Dimes Walk
- Diabetes Support Group
- Bumps and Bruises Clinic
- Clinton School Football Program
- Clinton Middle School Booster Club
- American Heart Association Heart Walk
- Oklahoma Christian School Golf Tourney
- Trainers for Clinton High School Football Team
- Hospice Patients English Cottage Memorial Gardens

Community Services Clinton, OK



INTEGRIS Clinton Regional Hospital

Students Tour State Capitol

During their recent trip to Oklahoma City, 17 high school seniors from Grove and Jay High Schools were treated to a personal tour of the Oklahoma State Capitol by State Representative and INTEGRIS Grove General Hospital ER physician, Dr. Doug Cox. Pictured are members of the Grove/Jay High Schools student governing board; CEO of INTEGRIS Grove, Greg Martin; and Community Relations Coordinator, Kristi Middleton, with Representative Doug Cox, M.D.



MELIHIA
MORITZ

Camp Bandage Child Safety Program

Adopted by INTEGRIS Grove General Hospital in 1991, Camp Bandage has been teaching safety procedures to area children for more than 15 years. The purpose of Camp Bandage (K-6) and Camp Bandage Junior (pre-school children) is to educate children in basic first aid, CPR, fire safety, electrical safety, water safety, possible dangers from strangers and many other important safety and health related precautions. This vital program is made possible through the combined efforts of Northeastern A&M College nursing students, Sadi the Clown, Grove EMS, INTEGRIS Grove General Hospital, the City of Grove and many others.

INTEGRIS Grove Relay for Life

With determination and a lot of hard work the INTEGRIS Grove General Hospital Relay for Life team was placed in the Silver Team category raising \$3,500 in just 10 days for the American Cancer Society's annual event held at the Grove High School football stadium. The INTEGRIS Grove staff would like to express their gratitude to everyone who walked, made a donation or bought tickets and helped to make this event a success.

Employees Send Supplies to U.S. Troops

Many employees have been involved with Operation Palm Tree in recent months, purchasing and boxing supplies for INTEGRIS Grove employees' children and relatives stationed in Iraq and surrounding areas. Approximately 10 boxes of much needed items have been sent. Operation Palm Tree plans to continue shipping donations to the troops who have been sharing the 300 pounds of goods with others less fortunate.

Definition of
a Volunteer: An
INTEGRIS employee
who unselfishly
performs a service
of his or her free-will
for the benefit of others
without obligation
or payment.

INTEGRIS Marshall County Medical Center

*Our mission is to improve the health of
the people and the communities we serve.*



INTEGRIS Marshall County Medical Center employees donate their Saturday to volunteer at the hospital sponsored Reuel Little Classic in Madill. This annual classic includes a half marathon race on a USTAF certified course, a 5km race, a 10km race and a fun-run, as well as a pancake and sausage breakfast.

Senior Citizens Center Advance Directives
Baptist Home for Girls Fishing Tourney
Striper & Sandbass Festivals

Hurricane Katrina Relief
Blood Bank Donation

Hispanic Health Fair

Trick-or-Treat Night

Golfing Fore Kids

Relay for Life

CPR Training

Career Days

Madill Health Fair

Town Hall Meetings

Girl Power/Wise Guyz

Kingston Kids Health Fair

Community Health Forum

Back-To-School Fundraiser

Local Industry Community Forum

Marshall County Family Support Services

Community Services Madill, OK

INTEGRIS Marshall County Medical Center



Annual Flu Vaccination Clinic Held in Pryor Oklahoma

The Mayes County Fairgrounds served as the site for this year's county-wide, drive-through flu vaccination clinic, where INTEGRIS Mayes County Medical Center employees vaccinated approximately 1,500 area residents.



Cancer Society Relay for Life

Mayes County's Relay for Life is one of the largest fundraising events for the Heartland division of the American Cancer Society. For the past 12 years INTEGRIS Mayes County Medical Center has actively participated by hosting teams, corporate sponsorships, survivor medal presentations, and more. This year the nursing staff from the Mayes County Ambulatory Care department generously donated \$320. The money was added to the other fundraising efforts of the INTEGRIS Mayes County team, which helped raise more than \$98,000 for cancer research.

Mayes County Diabetes Health Fair

The INTEGRIS Mayes County Medical Center and the Mayes County Women's Health Initiative hosted a free diabetes health fair. Dietitians and other health care professionals showed educational films and answered questions about diabetes. Event participants learned about correct food portions, how to read labels, diabetic exchanges and much more.



United Way Golf Tournament

On a beautiful but windy September day, INTEGRIS Mayes County Medical Center provided the food for a group of hungry golfers during the annual William's Construction-United Way Golf Tournament. For the past five years, INTEGRIS Mayes County has provided hot-off-the-grill hamburgers for the event. Along with feeding the 92 participants, INTEGRIS Mayes County Medical Center sponsored a hole for what turned out to be the largest golf tournament in the seven year history of this United Way fundraiser. Through the combined efforts of William's Construction, INTEGRIS Mayes County Medical Center, the golfers and other sponsors, the tournament raised \$10,630 for United Way.

STEVE
HOBBS

Children are born
perfect little packages
stuffed with all the
timeless, wondrous
magic of the universe.
Love them for what
they are, not for what
you want them
to become.

a father

Understanding Your Hospital Charges

By Greg Meyers, System Vice President
Contracting & Revenue Cycle Management
INTEGRIS Health

Gaining an understanding of hospital charges is a difficult process. There are a number of factors which greatly influence what each hospital charges, such as; the range of services a hospital provides, the severity of illness of the patients it treats and the amount of uncompensated care it provides to its patients.

INTEGRIS has been the community leader in consumer confidence and trust. Today we also strive to be the leader in providing “value” to our patients. Our goal is to deliver the highest quality care at the most reasonable prices through outstanding customer service. We pledge to be transparent in our cost, quality and customer service reporting.

Each year patients are sharing more in the costs of their own healthcare expenses, therefore; INTEGRIS believes you should have access to the information you need to make informed health care choices. Our pricing philosophy is:

“INTEGRIS seeks to establish prices that are fair to patients and payors, reasonable in the market we serve, consistent with our peers who provide similar services and permit the hospital to meet its financial needs in order to improve the health of the communities we serve”

We also believe that it is important for you to understand how each dollar of billed charges is spent at INTEGRIS.



Where does the INTEGRIS dollar go?

Billed Charge Expenses	\$1.00
• Discounts taken by Medicare, Medicaid	
Managed care companies and other insurers	0.59
• Free Service / Charity Care	0.02
• Bad debt expense from patients not paying their bills	0.04
• Employee salaries	0.13
• Employee health insurance expense	0.01
• Employee Retirement Expense	0.01
• Other Benefit expenses	0.01
• Medical, surgical and drug supplies	0.05
• Other General supplies	0.01
• Purchased services for maintenance, lab and other services	0.05
• Telephone, utility and rental expenses	0.01
• Other operational expenses	0.03
Total expenses	\$0.96
Funds available for new equipment, construction and clinical program improvement	\$0.04



Understanding Your Hospital Charges

In 2006, INTEGRIS Health provided \$44,019,655 in Community Benefits. This includes our Returnship efforts and Uncompensated Services.

Returnship

Returnship epitomizes our mission of giving back to our community. It takes the form of hundreds of programs and acts of charity provided daily across the state of Oklahoma - free health screenings, support groups, medical services, educational programs, health fairs and more as reflected in the previous pages.

Our Returnship efforts equaled \$4,876,978

Uncompensated Services

Uncompensated services are the costs of providing free and reduced cost care, which includes Charity Care and Unpaid costs of Medicaid programs. As a system of not for profit hospitals, INTEGRIS Health provides services to everyone, regardless of their ability to pay or their insurance coverage. Thus, we provide a much-needed safety net for members of our community who would otherwise have no access to medical care. Charity care costs are based on cost accounting data and the overall hospital cost to charge ratios.

INTEGRIS Health provided Charity Care of \$14,304,513

INTEGRIS Health also provides care to patients who qualify for Medicaid programs for which the organization receives inadequate payments. Unpaid costs of Medicaid programs reflects the difference between costs to provide patient care services and the rate at which the hospital is reimbursed. Estimated costs are based on the overall hospital cost to charge ratios.

Unpaid costs of Medicaid programs equaled \$24,838,184

In addition, INTEGRIS Health wrote off \$116,308,986 in patient charges for bad debts.



You should note that Integris Health is a "non-profit" company and as such is required to reinvest any budget surplus back into the organization to improve the level of services that it provides to the community.

While your healthplan or personal preference may dictate where you decide to go to receive care, comparing charges between local providers for similar procedures, combined with quality data, may better provide you with an overall picture of the total value you will receive at the hospital of your choice.

Please remember that charge and quality data are just two factors that should go into healthcare decision-making. No single measure is indicative of a hospital's overall performance. Be sure to gather information, discuss it with your doctor and feel free to call the hospital to ask questions. A hospital's reputation in the community, level of patient satisfaction and other factors should also be considered in your final selection process.

BAOLIEN
TU, M.D.

Our mission
is to improve
the health of
the people and
the communities
we serve.

INTEGRIS Mayes County Medical Center

*Our mission is to improve the health of
the people and the communities we serve.*



INTEGRIS Mayes County Medical
Center Dietary Manager Cathie
Murphy works to educate children
about making healthy food choices
for a lifetime. Murphy offers her
“Healthy Habits for Kids” program to
first grade students in Mayes County.

The program is designed to help
youngsters learn early how to make
healthy choices in the food they eat
and to give them the proper
nutritional foundation they need to
develop good eating habits now and
throughout the rest of their lives.



- Mayes County Women's Health Fair
- Women's Heart Health Luncheon
- United Way Golf Tournament
- American Heart Association
- Smoking Cessation Classes
- Alzheimer Support Group
- Free Diabetes Health Fair
- Adair Boy Scout Troop
- Grief Support Group
- Pryor Band Booster
- Relay for Life
- Lions Club
- Pryor Rotary Club
- Adair Public Schools
- Cancer Support Group
- American Cancer Society
- Chouteau Fire Department
- Sertoma Club of Pryor Creek
- Pryor Chamber of Commerce
- Bedpan Brigade Drill Team Parade
- NE Oklahoma Women's Health Initiative
- Dam Jam Criterium Bike Race First Aid Station

Community Services Pryor, OK

INTEGRIS Mayes County Medical Center

Sandbass & Striper Festivals

INTEGRIS Marshall County helps sponsor two annual festivals: the Sandbass Festival, a week-long event held in downtown Madill and the Striper Festival held in Kingston, Oklahoma. Both events include many food and craft vendors, a carnival, petting zoo, turtle races and live entertainment each night. Several thousand people attend these festivals each year.



SHENITA
JONES

INTEGRIS Marshall County Health Fair

INTEGRIS Marshall County Medical Center once again sponsored the community-wide Marshall County Health Fair in Madill. This year several departments had booths, handed out give-a-ways and talked to attendees about the services offered at INTEGRIS Marshall County. The hospital offered free cholesterol and glucose screenings, as well as free blood pressure tests to the several hundred community members who attended the annual event. Residents look forward to this health fair each year and the free services provided by their hospital.

Desserts Benefit Madill's Relay for Life

Several employees of Madill's INTEGRIS Marshall County Medical Center worked very hard to raise money for the Relay for Life. One of this year's tastier fundraising events was a dessert bake-off. Hospital employees generously donated 25 homemade desserts, which were judged by local community leaders and hospital staff members, then auctioned off to the highest bidders. The auction was a huge success, netting nearly \$400 for the annual Relay for Life!

Marshall County Commends Teachers

INTEGRIS Marshall County Medical Center employees and administration honored Marshall County school educators and staff members by presenting each with a tote bag and coffee mug. These welcome-back-to-school gifts were in recognition of the high professional standards they maintain and for the excellent level of education they provide area students.

A community's wealth
is not measured
by the magnitude
and affluence
of its institutions
but rather by the
compassion and
the generosity of
its collective soul.

anonymous

INTEGRIS Grove General Hospital

*Our mission is to improve the health of
the people and the communities we serve.*



Students on the INTEGRIS Grove student governing board volunteered at the quarterly bloodmobile sponsored by INTEGRIS Grove and the American Red Cross. Students selected to be on the governing board are encouraged to volunteer in hospital sponsored community service endeavors.

- YMCA Heart Health, Exercise and Nutrition
- Grove Area Chamber Welcome Baskets
- Grove High School Golf Tournament
- Colcord Schools CPR Inservice
- Ketchum Health Screenings
- REC Day Health Screenings
- Grand Travelers' Breakfast
- Cleora Health Screenings
- Bloodmobile Volunteers
- Camp Bandage
- Heal-A-Heart
- Tar Wars
- Sports Physicals
- Student Health Fair Expo
- American Cancer Society
- Bernice Health Screenings
- Grove EMS Appreciation Day
- Grove Public Schools Cheer Sponsor
- South Grand Lake Screening Giveaways
- South Grand Lake Chamber Hook-N-Cook-Off

Community Services Grove, OK



INTEGRIS Grove General Hospital

Community Wellness A Top Priority at Clinton

INTEGRIS Clinton Regional Hospital physicians and staff believe strongly in the old adage “prevention is the best medicine.” The hospital offers Flu shots, vaccinations, wellness screenings and health education seminars and lectures free of charge to local businesses, schools, churches, senior citizen facilities, youth groups and many other civic organizations throughout the year. These are just a few of their efforts toward maintaining the health of their community.



RUTH
BENNETT

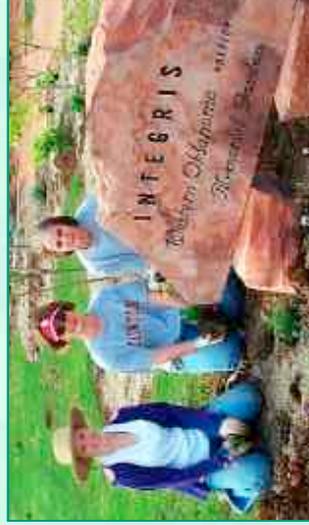
The dedicated
employees of
INTEGRIS Clinton
Regional Hospital serve
the heart of western
Oklahoma with
compassion, generosity
and professionalism.

Job Shadowing at Clinton Regional

Each year INTEGRIS Clinton Regional Hospital offers information and hands-on experience to area high school students interested in a career in occupational therapy, physical therapy and speech pathology, as part of the Job Shadowing program. The program is designed to give those students an opportunity to experience working in a hospital. Financial assistance for recent high school graduates who are actively pursuing degrees in health care is also available. The program provides for tuition, books and fees not covered by financial aid or scholarships in exchange for a work commitment at an INTEGRIS Health facility.

Memorial Garden for Hospice Patients

INTEGRIS Clinton Regional Hospital is honoring its hospice patients in a very special way: an English cottage memorial garden. The garden features twelve trees, a concrete pathway, monogrammed bricks with patients' names and a gazebo. Flowers and a memorial sign also adorn this place of peace and memory.



Yukon CareTeam Organizes Adopt-An-Angel Project

Because many local nursing home residents have no family or friends with whom they can share the holiday season, INTEGRIS Canadian Valley Regional Hospital CareTeam members introduced a hospital-wide initiative to organize the Adopt-An-Angel project. Tree ornaments were labeled with individual gifts requested by nursing home residents. From shaving crème and shampoo, to socks and sweaters, all requests were filled and many doubly so! Mustang Manor, Ranchwood Nursing Home, and the Tuttle Care Center each selected residents for the Adopt-An-Angel project. When it comes to giving back to the community, our employees are always eager to lend a helping hand. When you see the joy and excitement a simple bottle of shampoo can bring to an individual you can't help but feel you're doing a very good thing.



INGRID
JOHNSON

When it comes to giving back to our local communities, INTEGRIS Health employees are always eager to lend a helping hand.

This philosophy is what sets us apart from other health care providers.

Employees Aid Katrina Victims

What was once an old nursing home facility became home to several victims of Hurricane Katrina. Evacuees drove through the dark of the night, many with just the clothes on their backs, to the fully furnished apartment-style accommodations where they found all they needed: shoes and socks, hot meals, hangers and much, much more. Local organizations, civic groups, and INTEGRIS Canadian Valley Regional Hospital employees volunteered endless hours to help members of Resurrection Life Church repair, paint, and furnish the shelter. Once settled into their new living quarters, evacuees received individual health assessments and screenings from hospital staff and physicians.

INTEGRIS Canadian Valley Sponsors Girl Scouts Health Seminars

INTEGRIS Canadian Valley Regional Hospital in conjunction with the Three Rivers Girl Scouts organization and Walgreens sponsored this four week educational program. Three INTEGRIS Canadian Valley Regional Hospital physicians presented informative talks on three different health topics to the girls during the event. More than 100 Girl Scouts participated in the program, along with family and friends. The program included seminars on nutrition and diet, skin care and acne, proper foot care and shoe support.

INTEGRIS Blackwell Regional Hospital

Our mission is to improve the health of the people and the communities we serve.



INTEGRIS Blackwell Regional Hospital employees held a friendly, competitive fundraiser for the local chapter of the United Way. The participants voted for their favorite chili with monetary donations which raised more than \$1,000. The cooks were presented INTEGRIS Blackwell cooking aprons.



- Blackwell Chamber of Commerce Hamburger Fry
- Blackwell Middle School Leadership Class
- Third Grade Health Education Tours
- Blackwell Public School Foundation
- Blackwell FOP Fingerprint Program
- Multiple Sclerosis Association
- Hospice Grief Support Group
- Diabetes Support Group
- Blackwell United Way
- American Red Cross
- Teachers Breakfast
- Birthing Classes
- Relay For Life
- Campfire USA
- VFW Ladies Auxiliary
- Blackwell Show Choir
- Kay County Shrine Club
- Pioneer Technology Center
- Community Halloween Carnival
- Children's Make a Wish Foundation
- Family Traditions Book Sponsorship
- Home Health Blood Pressure Checks
- Blackwell Public School Red Ribbon Program
- Contemporary Concepts Grief/Remembrance Program

Community Services Blackwell, OK

INTEGRIS Blackwell Regional Hospital

Annual Asthma Camp Attendees Have A Ball

INTEGRIS Bass Baptist Health Center in Enid held its annual Asthma Camp recently at Oakwood Bowling Alley in Enid. The Respiratory department organized and conducted the event and designed the colorful T-shirts for the children to wear while Preferred Pediatrics provided a nurse who specializes in asthma for the event to help with educational activities. The twenty children, and some parents, who attended the camp were directed through different learning stations designed to teach them about asthma. A respiratory therapist and pediatric nurse provided interactive discussions about lung anatomy, asthma triggers, aero chambers, peak flows, signs/symptoms of asthma, medication delivery devices, and asthma/allergy medications. Campers went home with a better understanding of their asthma and how to monitor and watch for signs of an attack, so hopefully the children will spend less time in the doctor's office or emergency room. After educational activities were done, the children were provided lunch, bowled two games receiving ribbons per score placements, and played games like Lungo and asthma charades. The children left Asthma Camp with a certificate of completion and donated gifts including an INTEGRIS backpack.



DONNIE
MILLER

Our work-a-day lives are filled with opportunities to bless others. The power of a single glance or an encouraging smile must never be underestimated.

G. Richard Reiger

INTEGRIS Bass Baptist Health Center OB/GYN Nurses Support Teen Parents

INTEGRIS Bass Baptist Health Center employees are donating their time to a worthy cause: a teen mentoring program that focuses on teen mothers and fathers-to-be. The hospital is providing prepared childbirth classes at the Women's Resource with hospital staff volunteering as mentors. The mentors meet with the young mothers-to-be regularly, offering education on what to expect during and after pregnancy including education on baby nursing and feeding. The Earn While You Learn program is a one-on-one mentoring program for young mothers and fathers providing education on a variety of topics including health, safety and nutrition. By attending the mentoring sessions once a week, the young mothers can earn up to \$4 in Mommy Money that can be redeemed at the Mommy Store for brand new and barely used items such as strollers, car seats, baby beds and clothes.

INTEGRIS Baptist Regional Health Center

*Our mission is to improve the health of
the people and the communities we serve.*



Members of the INTEGRIS Baptist Regional Health Center CareMore council deliver dozens of fresh rose and carnation bouquets to patients throughout the hospital. The flowers were donated by Wal-Mart following Valentine's day.

- Generations Lunch & Learn Program
- Miami Arts & Humanities Council
- NEO A&M Foundation Auction
- Lions Club Golf Tournament
- Fairland Schools Health Fair
- Wyandotte Little League
- Wyandotte Pow Wow
- Grand Lake Shriners
- Senior Citizens' Day
- Heart & Hammers
- Adopt-An-Angel
- Sky High Radio
- Special Olympics
- Teddy Bear Program
- Miami Welcome Mat
- After Prom Programs
- Community Youth Baseball
- EMS Week Annual Cookout
- United Way Spaghetti Dinner
- Court Appointed Special Advocate
- Third Graders Go to Work Program

Community Services Miami, OK

All Saints Episcopal Church Golf Tournament

INTEGRIS Baptist Regional Health Center



Jim Thorpe Courage Awards

The Jim Thorpe Courage Awards are awarded to both inpatient and outpatient patients based on the recipient's drive and determination in their own recovery, exemplifying the spirit identified with Jim Thorpe: the man, the athlete, the hero. The awards have been awarded annually throughout the last 10 years in celebration of the success of Jim Thorpe patients, therapy and nursing staff. Recipients are nominated by staff and selected by medical directors and management.

This year's recipients were Jeffrey Minor, in the under 25 category; Brett Robinson, in the over 25 category; and Christopher Paugh, in the outpatient category, whose mother, Kim Matz, is a therapist at INTEGRIS Baptist.



Healthy Heart Walkers Club

Members of the Healthy Heart Walkers Club have been filling the hallways at INTEGRIS Southwest Medical Center since 1996. The concourse connecting the main hospital and the medical office buildings provide a safe, convenient and comfortable walking environment for community members. Monthly meetings are held featuring wellness and other topics of interest to seniors.

Hugga T. Bear Children's Fund

Hugga T. Bear, first developed at INTEGRIS Southwest Medical Center, has become the hospital mascot for both INTEGRIS Southwest Medical Center and INTEGRIS Baptist Medical Center. Using the Hugga T. Bear image, a committee of employees from both hospitals developed this program to raise funds for the purchase of teddy bears for our young patients. Metro area INTEGRIS Health hospitals serve approximately 20,000 children annually in the emergency room and surgery departments.

The Hugga T. Bear mascot also attends citywide community events as well as INTEGRIS Health sponsored events. The mascot and his helpers visit hospital patients, nursing homes and events around the metropolitan area. The mascot is manned by members of BEEP, our gang intervention program.

LETY
LOPEZ

INTEGRIS Southwest
Medical Center is
a state-of-the-art
health care facility
offering a wide range
of highly specialized
rehabilitation,
support and
medical services.

INTEGRIS Baptist Medical Center

*Our mission is to improve the health of
the people and the communities we serve.*



INTEGRIS Baptist employees donate hundreds of hours each year
to volunteer services designed to improve the health of
the people and communities they serve.



- Hospice of Oklahoma County Tree of Life
- Transplant ICU Interactive Workshop
- Women's Health Golf Tournament
- Burn Center Outreach Education
- Youthful Drunk Driving Program
- JDRF Walk To Cure Diabetes
- State Employee Health Fair
- AHA Go Red for Women
- Celebration of Life
- Festival of Hope
- Adopt-A-Family
- Yoga For Kids
- Cancer Walk
- AHA Heart Ball
- AHA Heart Walk
- Christmas in July
- Healthy Heart Fair
- Art of Happy Living Series
- Patient Transportation Van
- Women's Healthy Heart Fair
- Critical Care Nursing Symposium
- Community Disaster Preparedness
- Pharmaceutical Assistance Program
- Annual Emergency Department Conference

Community Services Oklahoma City

INTEGRIS Baptist Medical Center

Women's Health Forum

This amazing, free forum offers two weeks of sessions on health, exercise, nutrition and the latest medical breakthroughs. Speakers include physicians, celebrities and noted professionals in a myriad of areas who offer insight and information on diverse topics.

Hispanic Initiative

In order to meet the needs of the growing number of Hispanics in the state of Oklahoma, INTEGRIS Health offers free classes in Spanish and ESL along with GED classes in both English and Spanish, beginning computer, Internet and e-mail classes in Spanish and English, and activities and information on cultural differences. Free health screenings and immunizations are also offered throughout the year.

Men's Health University

Because men are reluctant to visit the doctor, INTEGRIS Health established Men's Health University, (Men-U). Men-U is a series of events and screenings designed to educate men and their loved ones on the importance of good health and wellness prevention.

Western Village Academy

Established on July 1, 2000, the school is located amidst predominately low-income family housing. A few years ago Western Village Elementary School was deteriorating and threatened with closure; today it is a thriving center of community activity with a strong base of family involvement. Children are taught through an art-based curriculum that encourages individual learning and creative problem solving. Western Village is Oklahoma's first charter elementary school, and the first in the nation to be totally operated by a hospital organization.

INTEGRIS Third Age Life Center

INTEGRIS Third Age Life Center is one of the leading senior information and referral assistance centers in Oklahoma dedicated to the development and care of seniors. Services include support groups, workshops, educational seminars, health screenings, resource and lending library, Medicare and insurance counseling, cyber café, Geriatric Care Coordination and Gate Keeper Programs, as well as the only Hearing Helpers Demonstration Room in Oklahoma.



BRUCE LAWRENCE
Executive Vice President and
Chief Operations Officer
INTEGRIS Health

INTEGRIS Health is
the state's largest
Oklahoma-owned
health care
corporation with
hospitals, physician
clinics, mental health
facilities, assisted
living centers and
home health agencies
throughout the state.

A Message From Stan Hupfeld



Stanley F. Hupfeld, FACHE
President and Chief Executive Officer

Community service is a founding principle of INTEGRIS Health. As a not-for-profit organization, each year we provide millions of dollars of charity care to patients throughout the state of Oklahoma. While this care represents a large percentage of our gift back to the community, it is still only part of what we choose to call returnship. In addition, we support a wide variety of charitable and community causes. INTEGRIS also supports and finances hundreds of community outreach efforts, from sponsoring free clinics around the state to running a charter elementary school in the inner city of Oklahoma City, from programs and services for senior citizens to summer camps for children. As you read about some of our endeavors in this year's Community Benefit Report, you will find a common thread, which also happens to be our mission: "To improve the health of the people and the communities we serve."

It is a mission that is exemplified through thousands of acts of kindness performed every day by nearly 10,000 employees and physicians who make up the heart of INTEGRIS Health.

A handwritten signature in blue ink that reads "Stanley F. Hupfeld". The signature is written in a cursive, flowing style.

Stanley F. Hupfeld, FACHE
President and Chief Executive Officer

Stanley Hupfeld with students
at the INTEGRIS charter school,
Western Village Academy.



Stanley Hupfeld

President and Chief Executive Officer



Community Benefit Report



INTEGRIS Baptist
Medical Center



INTEGRIS Southwest
Medical Center



INTEGRIS Baptist
Regional Health Center



INTEGRIS Bass Baptist
Health Center



INTEGRIS Blackwell
Regional Hospital



INTEGRIS Canadian Valley
Regional Hospital



INTEGRIS Clinton
Regional Hospital



INTEGRIS Grove
General Hospital



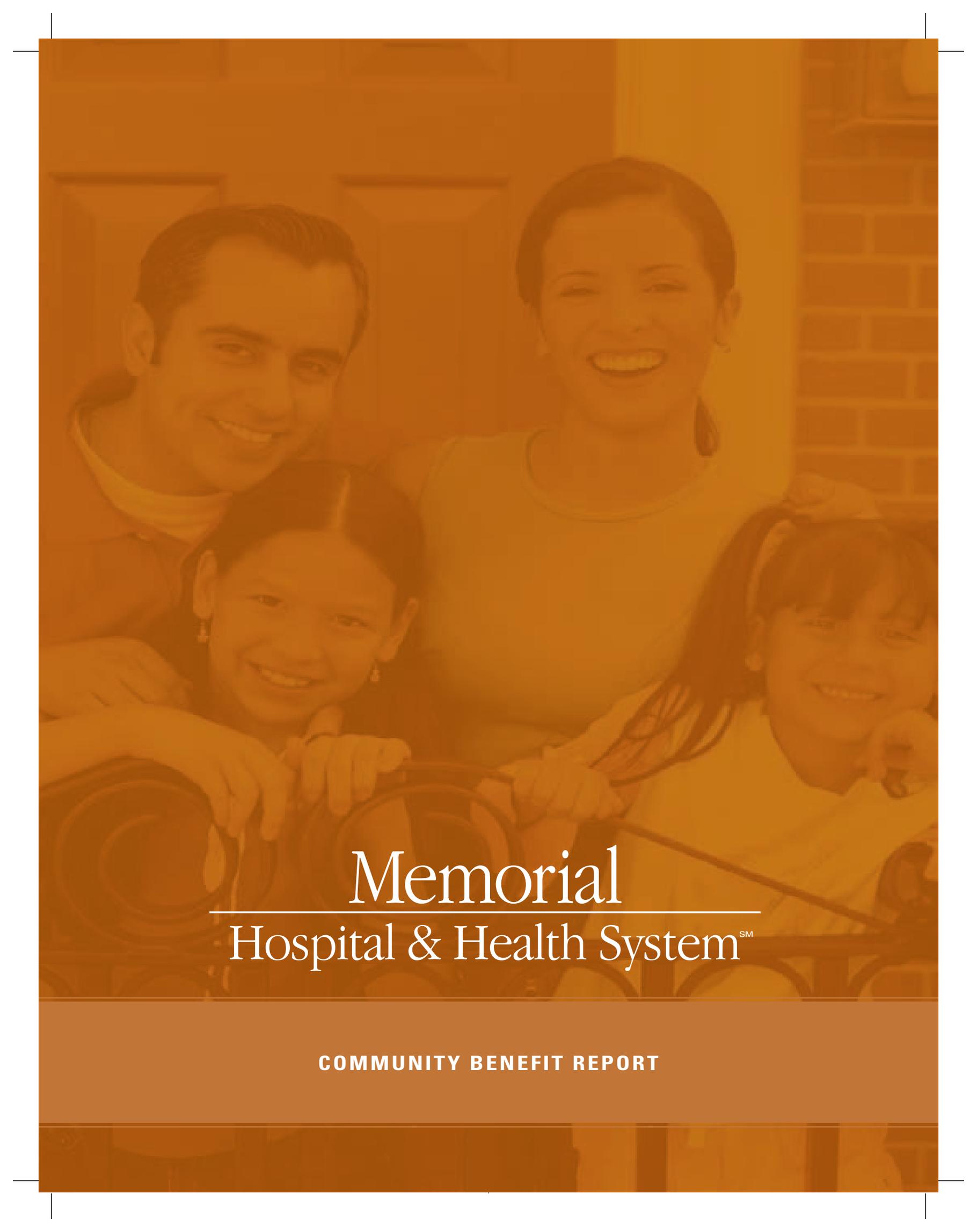
INTEGRIS Marshall
County Medical Center



INTEGRIS Mayes
County Medical Center

INTEGRIS Health®

Community Services
3366 N.W. Expressway, Suite 800
Oklahoma City, OK 73112
(405) 949-3173



Memorial

Hospital & Health SystemSM

COMMUNITY BENEFIT REPORT

COMMUNITY BENEFIT INVESTMENT

Healthy living. A thriving economy. Safe neighborhoods. Affordable housing. Access to health care. Parks and recreation. Arts and culture. Clean water and air. Diversity. Engaged citizens.

A healthy community means all of this, and more.

With this knowledge, Memorial has reached out into the community to help identify specific areas of need, implement changes, forge friendships, and make a real difference in people's lives. Through this process, Memorial has lead the way in the development of innovative, community-based programs that promote a healthier quality of life in South Bend and beyond.

The success of any community health initiative takes partnerships, collaboration and cooperation between schools, businesses, social service agencies, neighborhood groups and other health care providers. Sometimes we lead, sometimes we follow, other times we enable others to reach their own goals.

The following report details Memorial's Community Health Enhancement initiatives and outlines many of the projects that have helped create a healthier community.



Philip A. Newbold
President and CEO
Memorial Health System



COMMUNITY PARTNERS

Helping us share our vision of becoming the healthiest community in the nation.

Alzheimer's Services of Northern Indiana	Girl Scouts of America Singing Sands Council
American Cancer Society	Good Shepherd Montessori School
American Heart Association	Habitat for Humanity
American Red Cross	Harris Prairie Church of Christ
Art Splash! Summer Arts Program for African American Youth	Healthy Communities Initiative of St. Joseph County
Arthritis Foundation	Home Management Resources
Belmont Mennonite Church of Elkhart	Hope Rescue Mission
Benton Harbor Community Schools	Hospice of St Joseph County
Bethany Lutheran Church of La Porte	Indiana Health Centers, Inc.
Bethel College	Indiana University
Boys & Girls Club of St Joseph County	Indiana State Department of Health
Boy Scouts of America LaSalle Council	Institute of Latino Studies, Notre Dame
Burlington Coat Factory	IVY Tech State College
Center for the Homeless	Jewish Federation of St. Joseph Valley
Chamber of Commerce of St. Joseph County	Junior League of South Bend
Children's Dispensary	La Casa de Amistad
Cinco de Mayo	Leadership South Bend/Mishawaka
Coalition of Minority Organizations and Leaders	LEND - Lending Enterprise for Neighborhood Development
Community Foundation of St. Joseph County	Little Flower Catholic Church
Companions on the Journey	Lock-up Legacy
Covering Kids and Families	Logan Center – Autism Center
Deer Run Church of Christ	Lydick United Methodist
Division of Family Resources	Madison Center
Family and Children's Center	Men of Scars Outreach
First A.M.E. Zion United Methodist	NAACP
First Brethren Church of South Bend	Near Northwest Neighborhood Association
First United Methodist Church of Middlebury	Niles Community School Corporation
Forever Learning Institute	

Northeast Neighborhood
Revitalization Organization
Northern Indiana Center for History
Oaklawn Psychiatric Center
Penn Harris Madison School Corporation
Prevent Child Abuse
Project Future
REAL Services
Rebuilding Together
Riverbend Cancer Services
Robinson Community Learning Center
Ronald McDonald House Charities
Sabor Latino Radio
Safe Kids of St. Joseph County
Saint Bavo Catholic Church
Saint Joseph Grade School
Saint Joseph Regional Medical Center
Saint Jude Catholic Parish
Saint Mary's College
St. Joseph County Children &
Youth Services
St. Joseph County Health Department
St. Joseph County Mental
Health Association
St Joseph County Minority Health Coalition
St. Margaret's House
School City Mishawaka
Senior Health Insurance Information
Program (SHIIP)
South Bend Alumni Association

South Bend Center for Medical Education
South Bend Community School Corporation
South Bend Fire Department
South Bend Heritage Foundation
South Bend Human Rights Commission
South Bend Medical Foundation
South Bend Parks and Recreation
Department
South Bend Police Department
Southold Dance Theatre, Inc.
Stanley Clark School
Studebaker National Museum
United Health Services
United Way of St. Joseph County
University of Notre Dame
Urban League of South Bend /
St. Joseph County
Volunteer Center of St. Joseph County
Voyages
WIC of St. Joseph County
WNIT – Public Television
WomenBuild
YWCA of St. Joseph County

MEMORIAL HOSPITAL, FOUNDATION, AND HEALTH SYSTEM*

Cost of Charity Care provided

Emergency and Trauma Services	\$ 990,475
Hospital In-patient	3,081,394
Outpatient Service	1,717,975

Cost for Training and Education for Healthcare Professionals

Physicians; Medical Students	\$ 2,114,310
Nurses; Nursing Students, Ancillary Clinical	1,236,875
Management; Board; Staff	158,683
Foundation Scholarships; Funding for Education	109,832
Unpaid Cost of Medical/Clinical Research	155,038

Cost of Safety Net/Indigent Care Programs and Clinics

Southeast Neighborhood Center; Central Neighborhood Center	\$ 855,428
Harrison School Clinic	63,413
Hispanic Outreach at Marycrest	142,387
Social Services Indigent Care	91,866

Community Benefit Programming

Health and Wellness Education	\$ 1,492,162
Immunizations and Screenings	366,470
Foundation Family Support Services	71,863
Access to Healthcare	1,024,672

Financial Contributions

Grants	\$ 595,626
Events, Sponsorships	152,636
Leadership Development	13,340
Foundation Community Support	647,329

Total	\$ 15,081,774
--------------	----------------------

*12/31/05



CRITERIA FOR COMMUNITY (TITHING) BENEFIT FUND INVESTMENTS

Memorial persistently seeks to create new models to build a healthier community through mission-driven partnerships. Therefore, Memorial tithes 10% of bottom line net revenues each year to fund collaborative outreach projects and initiatives that meet established criteria.

TITHING CRITERIA

We seek to establish and support:

- uÓ Projects and training activities that nurture ongoing partnerships. We are focused on partnerships that work to prevent health problems and involve schools, congregations, neighborhoods or health and social service organizations.
- uÓ Partnerships that promote health improvement for under-served populations
- uÓ Activities that produce long term benefits; especially targeting children with an emphasis on prevention.
- uÓ Projects where the sponsor has made (and/or obtained) an investment of money, volunteers or other in-kind resources.
- uÓ Projects that usually seek only operating funds. We do not fund overhead, rent or capital.
- uÓ Activities that incorporate WOW! principles and / or continuous quality improvement. We expect to learn from the projects in which we participate.

WOW! PROJECT METHODOLOGY AND COMMUNITY HEALTH INITIATIVES

Tithing-Funded Projects

All currently funded tithing projects go through the WOW! Project planning process. Leadership teams from all these initiatives are invited to attend WOW! Wizard School and then asked to fill out project planning sheets, use the many available tools, and then apply for resources and support. Each project is assigned a coach from the Community Health Action Group (CHAG) to help guide the process and identify additional help and support needed. CHAG reviews each of the presentations and makes recommendations or provides advice to the agency team for consideration of support and tithing resources investment.

PUTTING THE PIECES IN PLACE

Community health is as much a social, economic, and environmental issue as it is a medical one. For that reason, outreach initiatives are built on a broad framework that can be duplicated by any hospital or health system. For any outreach initiative to be successful, it must have the support of the Board, senior management, and medical staff.

Integral to the effort of improving community health is the need for Memorial to weave these varied initiatives into its very identity as a health care provider. They have become part of Memorial's visioning for the future, and part of its annual planning decisions. These initiatives affect many aspects of the community from supporting the efforts of community foundations to further developing health education in the school systems.



PROGRAMMING FOR COMMUNITY BENEFIT

African American Women In Touch (AAWIT) is a grassroots, African American women's advocacy group focused on breast cancer awareness. AAWIT provides free mammograms, educational presentations, quarterly newsletter, outreach to medically under-served women, monthly support groups and quarterly membership meetings, a wig bank, free prostheses and a transportation program. AAWIT is able to reach more than 10,000 women annually.

Beds and Britches, Etc. (B.A.B.E.) offers incentives to expectant mothers and parents who otherwise might not receive proper prenatal or well-child care. Coupons are offered by more than 90 coupon distributors and are earned as an incentive to foster responsibility. Coupons can be redeemed at any of the three stores for new and gently used baby items, from clothes and diapers to cribs and car seats.

As a result, more people are taking a parenting or nutrition class, working on their GED, attending breastfeeding groups and establishing goals with a self-sufficiency case manager.

The Congregational Nursing Program through Memorial Hospital was a wellness ministry in partnership with local congregations. Nurses received specialized training and then served the health needs of their congregations, filling a variety of needs including serving as: health educators; personal health counselors; facilitators and teachers of volunteers; referral sources and liaisons with community resources; and interpreters of the close relationship between faith and health.

The Health Discovery and Nurse Call Center offers free consultations with a registered nurse on health and medical topics. Resources such as internet searches, books, videos and brochures are available.

Spirit of Women - Women of all ages face special health issues. Spirit of Women brings together traditional women's health services at Memorial Hospital & Health System. We offer a diverse range of healthy lifestyle, preventive care and educational programs. Throughout the year, Memorial Hospital & Health System sponsors various women's health activities, including national speakers and health screenings.

HealthWorks! Kids' Museum - is an interactive, educational play space where healthy choices are nurtured and celebrated. The purpose of HealthWorks! is to engage children in discovering and embarking on lifelong journeys of healthy living. Every day, we offer pre-arranged health education field trips that are presented in an unforgettable "edutainment" style. We're also open for families to drop in and experience our one-of-a-kind, larger-than-life exhibit floor.

Indiana Children's Special Health Care Services - Assistance is available for families of children with serious, chronic medical conditions. Care coordination services in obtaining medical care for each child's condition, as well as assistance with physicians, nurses, social service workers and available community resources are also available.

Hoosier Healthwise - Indiana's health care program for children from birth to 18 years of age, pregnant women, and low-income working families, administered by the Indiana Family and Social Services Administration. Memorial provides community-based outreach through education and enrollment assistance to eligible families.

The "Get the Lead Out" Task Force - was created with the mission of evaluating the level of lead toxicity in St. Joseph County. Through the task force, free lead screening vouchers for families have been provided through the "Lead Free, That's Me" project. The task force also provides education to community and health professionals on the dangers of lead as well as methods of avoidance, containment, abatement and disposal.

Leighton Center for Senior Health and Senior Projects - senior programs at Memorial Hospital offer a holistic approach to enhancing the quality of life in our community.

Community Outreach included: Educational programs/Speaker's Bureau; inter-generational programs including Kids-At-Heart, No Butts About It, Grandbuddies and Baby Rockers; The Many Faces of Aging: Aging Sensitivity Training; Reminiscing programs include Computer training; Spiritual Eldering® and individual and group wellness promotions.

Education and Emotional Wellness: Health issues: arthritis, diabetes, cardiovascular diseases, pulmonary, stroke, depression, etc.; and healthy lifestyles: nutrition, retirement planning and safety; Support groups: Alzheimer's disease, arthritis, cancer, cardiovascular diseases, diabetes, and Parkinson's disease; groups for men, women, relationships and personal growth; Energy for Life series, and Adding Zest to Life®.

Computer Learning Center - with Internet access

Spiritual Wellness/SAGE-ing Center - Retreats; Spiritual Eldering® education series; Elder Corps volunteer services.

The Hispanic Initiative - is committed to listening to the Latino community and providing culturally and linguistically appropriate programs and services. We have expanded our outreach efforts to focus on the health care issues of the utmost importance in the Latino community. Our purpose is to empower, build better relationships, serve and guide the way to building a healthier community.

- uÓ Las Comadres -A family health education for Latinas in our community.
- uÓ Diabetes Education and Support - Education and nutrition classes are conducted in Spanish, plus free one-on-one case management.
- uÓ Gestational Diabetes Education - Gestational diabetics receive individual education and support from a diabetes educator, and participate in monthly support groups with their peers. Classes are conducted in Spanish.

Memorial's South East Neighborhood Center, Memorial's Central Neighborhood Clinic @ the Center for the Homeless, and Harrison School Clinic – Neighborhood clinics which serve indigent and uninsured clients on a sliding fee basis. In addition to clinical services, the Centers also provide Hoosier Healthwise enrollment, as well as applications and eligibility qualification for the Volunteer Provider Network.

Memorial's Office of Minority Health - The Memorial Office of Minority Health implements culturally appropriate health education and health-related services that improve the health status of the minority population. Services include: sickle cell education and screening; health education workshops; health fairs; prostate health education and screenings; diabetes and cholesterol screenings; hoosier healthwise enrollment; and asthma awareness. The Office of Minority Health also provides care coordination and referrals to families and individuals residing in Public Housing; facilitates a community-based blood pressure monitoring program; and provides follow-up for babies born with abnormal hemoglobin in hospitals throughout north central Indiana.

P.E.D.S. - provides developmentally at-risk children, ages 0-3, with a healthy beginning and to prevent developmental delays. The Play, Exploration & Developmental Support program is a community-based clinical internship for occupational therapy students. It is a collaborative project between The Center for the Homeless, St. Joseph County WIC, and the YWCA.

Prenatal Care Coordination - involves providing high-risk pregnant women with referrals to community services to improve their outcomes. The program involves prenatal care in the first trimester of pregnancy, a prenatal home visit, an educational class during the third trimester and a postpartum home visit.

School-based Prevention Programming - At Memorial Hospital, the health of our community's youth is an important focus. In 2001, Memorial was designated as a "Hospital of Promise" through the national organization America's Promise, which is dedicated to providing youth with opportunities for a healthy start. Since 1998, Memorial has partnered with the South Bend Community School Corporation, City of Mishawaka and the Penn-Harris-Madison School Corporation to provide health-promoting and self-esteem-building curricula in their elementary, middle and high schools. Programs include:

u0 America's Promise - The Alliance for Youth. As our children continue to grow up in a progressively challenging world, we look to the future with new areas of focus for health promotion in schools and after-school programs. The following Memorial Hospital & Health System youth-serving programs are working toward fulfilling the five promises: Caring Adults, Safe Places, Healthy Start, Marketable Skills and Opportunities to Serve.

uÓ Baby Think It Over program - provides an experience for young adults that simulates the parenting of an infant. It also explores the emotional, financial and social consequences of teen parenting.

uÓ S.O.A.R. (Self, Others and Respect) - This program covers the following topics: becoming a teenager, handling curiosity about sex, peer pressure, learning assertiveness techniques and reinforcing skills.

uÓ Project T.N.T. (Toward No Tobacco Use) - This program covers the following topics: effective listening, the course and consequences of tobacco use, self-esteem, being true to yourself & changing negative thoughts, effective communication, assertiveness training and refusal skills, advertising images, public commitment and videotaping.

uÓ Postponing Sexual Involvement - is presented to eighth grade middle school students by high school teen leaders. Topics include, risks of early involvement, social pressures, peer pressures, learning assertiveness techniques and reinforcing the skills learned.

Sunburst - a community walk/run event which resulted in profits donated to The Center for the Homeless, Boys and Girls Club of St. Joseph County, American Red Cross, Ehlos-Dantos Foundation, Radio Amateur Civil Emergency Service, and the Boy Scouts of America.

Women, Infants and Children - Since January 1991, Memorial Health System has served as the sponsoring agency of the St. Joseph County WIC Program. Since that time, the program has served an average of 11,000 clients per year. The Special Supplemental Food and Nutrition Education for Women, Infants and Children (WIC) is federally funded through the United States Department of Agriculture with oversight through the Indiana Department of Health. WIC serves as the gateway to health care for many low-income women, infants and children and is the premiere public health program in America. Local funding for WIC comes from Memorial Health System.

Memorial
Hospital & Health SystemSM

615 North Michigan Street
South Bend, Indiana 46601
www.qualityoflife.org

2006
Community Service Report





\$229.8
million

Charity Care, Other Unreimbursed Care
and Community Benefit
Fiscal Year 2006

■ **\$98.8 million**

Government-Sponsored Care (unreimbursed cost of Medicaid and Medicare services)

Northwestern Memorial absorbs the cost of shortfalls in governmental reimbursements for healthcare services. We consistently rank among the state's top providers of hospital care for Medicaid patients among acute care healthcare institutions in Illinois.

■ **\$51.7 million**

Education

As one of the nation's premier academic medical centers, Northwestern Memorial works in partnership with Northwestern University's Feinberg School of Medicine to foster a sought-after learning environment for the next generation of physicians through training opportunities for medical students, interns, residents and fellows. Additionally, we provide training and continuing education for nurses and allied healthcare professionals.

■ **\$32.4 million**

Bad Debt Expense

An important part of Northwestern Memorial's commitment to providing quality and accessible healthcare includes covering the expense of payments that were expected but not received.

■ **\$20.8 million**

Charity Care (at cost)

Northwestern Memorial has long embraced the philosophy that no one should have to choose between necessary healthcare and financial hardship. Patients benefit from our efforts to provide financial assistance such as through our Free and Discounted Care Program, which meets the needs of the growing numbers with inadequate or no health insurance as well as those who face significant financial hardship because of medical debt.

■ **\$20.0 million**

Research

In partnership with the Feinberg School, Northwestern Memorial's commitment to scientific inquiry and research underscores our dedication to advancing medical knowledge and clinical innovation. Physicians and researchers are deeply engaged in efforts that show promise and bring new treatments to the bedside at the quickest and safest point possible. These discoveries are shared widely within the medical community so that patients everywhere may benefit.

■ **\$6.1 million**

Other Community Benefit

Northwestern Memorial provides community benefit through subsidized health services including education and information to improve the health of the community; donations to charitable and community organizations; volunteer efforts; language assistance and translation services for patients and their families; and more.

22.4%

The percentage of Northwestern Memorial's net patient revenues expended in support of charity care, other unreimbursed care and community benefit in fiscal year 2006.

To Our Community and Friends:

At Northwestern Memorial, we recognize that the public trust in our hospital represents both a great privilege and a profound responsibility. As the only acute care hospital located in the downtown area, we are recognized as a leading health resource to a growing number of Chicagoans, delivering world-class care regardless of a patient's ability to pay.

Northwestern Memorial is a nationally renowned academic medical center where the patient comes first. The focus of our mission remains to improve the health of the communities we serve, provide training for future generations of physicians and invest in research with our academic partners to identify new treatments and cures.

In fiscal year 2006, we contributed \$229.8 million to charity care, other unreimbursed care and community benefit, which represents 22.4 percent of our net patient revenues, up from 17 percent in 2005. Throughout the pages of this report are details of our efforts to develop sustainable solutions to the healthcare issues that are of the most concern to our community. These include financial assistance programs designed to ensure that quality healthcare is available to all Chicago residents; disease prevention and awareness initiatives; and activities such as our partnership with the Chicago Public Schools to introduce healthcare as a potential career opportunity to bright young students.

We are pleased that we have been able to continue to expand our services, financial support and in-kind donations to meet the existing and developing needs of our growing community and proud of our longstanding commitment to provide high-quality care, services and programs that support local needs. This has been our mission for more than 140 years.

I hope you enjoy reading this report.



Dean M. Harrison
President and Chief Executive Officer
Northwestern Memorial HealthCare

ON THE COVER: In her role as a dietitian, Beth Thonney, RD, LDN, teaches Franzella Stovall, a diabetes patient at Near North Health Service Corporation's Komed Holman Health Center on the city's South Side, how to use an instrument to test her blood sugar.

73,881

Patient visits to the Emergency Department in fiscal year 2006.

11%

Total Emergency Department visits in fiscal year 2006 partially reimbursed by Medicaid.

27%

The percentage of Renée Schine Crown Neonatal Intensive Care Unit cases in fiscal year 2006 partially reimbursed by Medicaid.

More than 90%

Patients who received totally free medical care at Northwestern Memorial in fiscal year 2006 after qualifying for our Free and Discounted Care Program. The remainder of qualified patients received discounts.

Impact

Northwestern Memorial is committed to making a difference in the health of those living in our community. This can be seen in a variety of ways, from improving access to quality healthcare for those least able to afford it, to investing in the promise of scientific research, to training the next generation of physicians and other healthcare workers.

Through our dedication to caring for those in need of medical care, regardless of the ability to pay, we continue to build on a longstanding tradition of doing our part to advance quality healthcare inside the hospital and beyond our doors through partnerships with community health centers.

As a nonprofit medical institution, we provide charity care for those unable to pay and absorb these costs along with the expense of medical care that is inadequately reimbursed by governmental programs such as Medicaid. Our Free and Discounted Care Program offers free care based on family size and income up to 250 percent of the federal poverty guidelines and discounted care on hospital charges based on family size and income up to 400 percent of the federal poverty guidelines. Our Catastrophic Program provides relief for those who may not qualify under federal guidelines but who could face a tremendous financial burden because of medical debt.



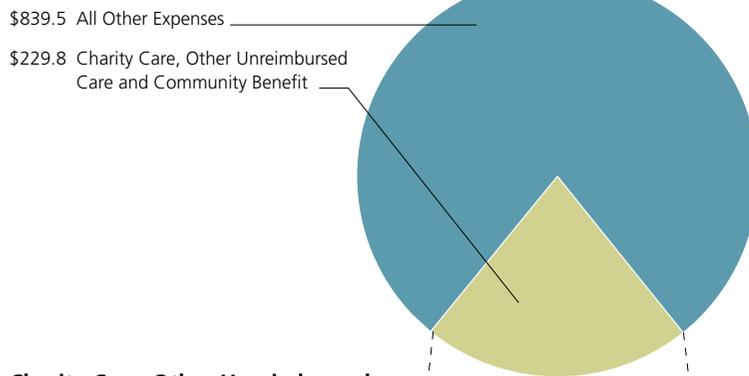
During fiscal year 2006, 441 of the 1,615 babies cared for in Prentice Women's Hospital's Renée Schine Crown Neonatal Intensive Care Unit received lifesaving medical care that was partially reimbursed by Medicaid.

Northwestern Memorial HealthCare

Fiscal Year 2006

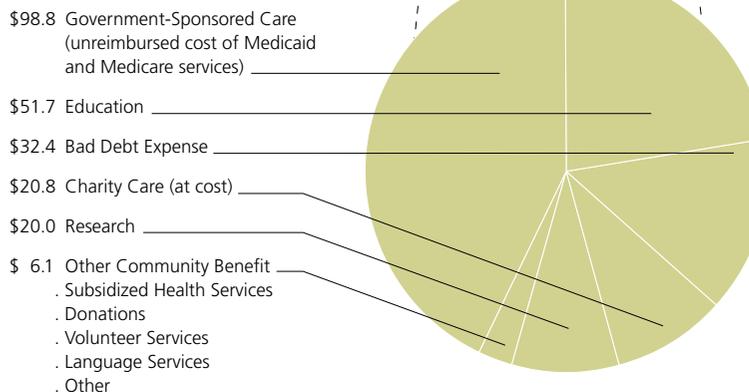
Total Expenses

(Dollars in millions)



Charity Care, Other Unreimbursed Care and Community Benefit*

(Dollars in millions)



* This report was prepared according to the Illinois Attorney General's guidelines for reporting nonprofit hospital community benefit.

Medicaid Volume Among Acute Care Hospitals in Illinois

Total Medicaid Patient Days

1. Saints Mary and Elizabeth Medical Center	92,969
2. The University of Chicago Hospitals	69,672
3. Sinai Health System	69,480
4. John H. Stroger, Jr. Hospital of Cook County	59,217
5. University of Illinois Medical Center	55,651
6. Rush University Medical Center	50,041
7. Advocate Christ and Hope Children's Hospitals	49,687
8. Northwestern Memorial Hospital	45,253
9. Swedish Covenant Hospital	38,947
10. Advocate Northside	37,670
11. Saint Bernard Hospital and Health Care Center	35,018
12. Children's Memorial Hospital	33,326
13. Michael Reese Hospital and Medical Center	31,912
14. Loretto Hospital	31,799
15. Loyola University Health System	31,095

Total Medicaid Patient Admissions

1. Saints Mary and Elizabeth Medical Center	18,475
2. Sinai Health System	14,496
3. The University of Chicago Hospitals	11,375
4. Advocate Christ and Hope Children's Hospitals	9,393
5. University of Illinois Medical Center	9,305
6. John H. Stroger, Jr. Hospital of Cook County	9,055
7. Mercy Hospital and Medical Center	8,412
8. Northwestern Memorial Hospital	8,230
9. Rush University Medical Center	8,157
10. Norwegian American Hospital	7,928
11. Swedish Covenant Hospital	7,851
12. Advocate Northside	7,798
13. Saint Bernard Hospital and Health Care Center	7,496
14. Saint Anthony Hospital	7,063
15. Saint James Hospital and Health Centers	5,886

Source: Illinois Department of Healthcare and Family Services, for the state fiscal year ending June 30, 2006.



During fiscal year 2006, patients with limited English proficiencies and sensory deficits were provided with 4,229 hours of language and interpretation assistance through the use of interpreters and special two-way language line telephones, such as the one used at the bedside by Kristine Senger, RN, BSN.



Emergency Department visits increased 5.5 percent from fiscal year 2005 to 2006.

600

Patients in fiscal year 2006 who received free primary and specialty care services through 2,790 visits to Northwestern Memorial's partner, the James and Catherine Denny Primary Care and Preventive Medicine Center at the Lawson House YMCA.

50 years

Time since Northwestern Memorial established its first partnership with a Federally Qualified Health Center in Chicago.

11.2%

The percentage of women who received prenatal care at Erie Family Health Center and delivered their babies at Prentice Women's Hospital in fiscal year 2006.

\$12 million

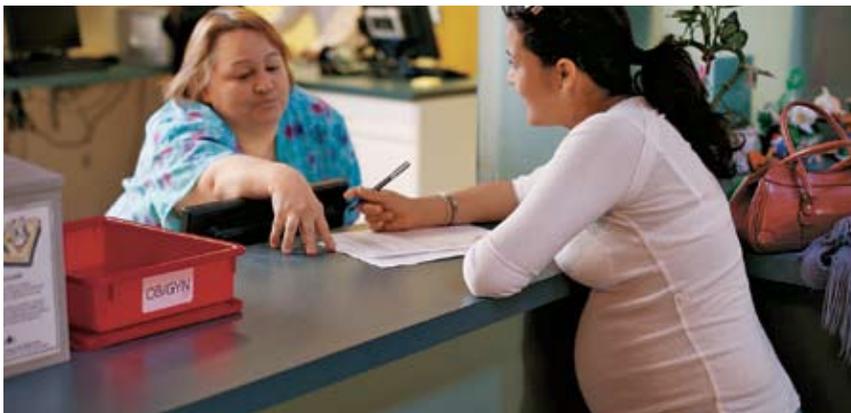
The total amount granted by Northwestern Memorial Foundation since 1994 to Northwestern Memorial's Community Service Expansion Project to support healthcare delivery at Near North Health Service Corporation and Erie Family Health Center, both Federally Qualified Health Centers. The grant also covers some costs of specialty care by physicians affiliated with the centers and Northwestern Medical Faculty Foundation, a multispecialty group of physicians who treat Northwestern Memorial patients.

Community

Northwestern Memorial has built longstanding partnerships with neighborhood-based health centers. We believe that our responsibility to improve the health of our community extends beyond the hospital to ensure that high-quality primary and specialty care is available to those who live in medically underserved areas. Our collaborative work with Federally Qualified Health Centers and other local medical centers has created opportunities to respond to health issues and needs that have been identified by the community.

One example of this partnership is a new effort to improve breast cancer awareness among Hispanic women by providing information and resources so they can better understand health risks and make informed choices about preventive care.

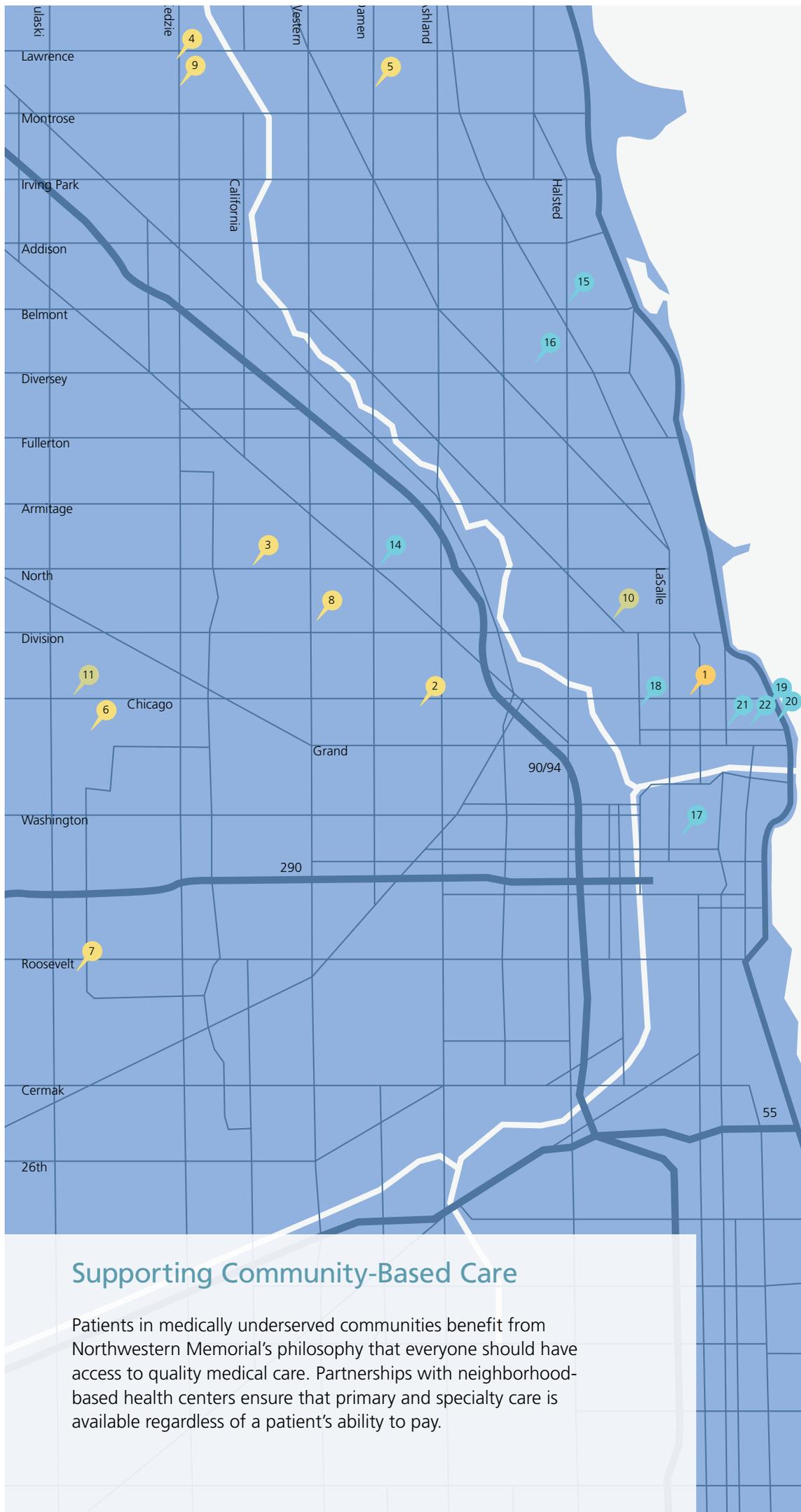
Northwestern Memorial, in collaboration with Erie Family Health Center, has provided the information technology infrastructure, educational tools and access to facilities with mammography equipment to help create a community-based breast health initiative for the primarily Hispanic population served by the center at its West Town location. The project, which is generously funded by the Avon Foundation, addresses the need for culturally sensitive health education that responds to an important community health concern. It is estimated that nearly 3,400 of Erie's female patients older than 40 should receive annual mammograms, yet fewer than 1,200 are believed to undergo screenings each year. Through this program, an educational strategy focuses on increasing awareness by helping women understand the importance of mammograms as a routine and often lifesaving measure and monitors the delivery of healthcare. The project soon will be expanded to other Erie sites.



TOP: Obstetrical patients, such as Alejandra Ortiz, benefit from quality prenatal care that is available in the community through a partnership between Northwestern Memorial and Erie Family Health Center.



BOTTOM: Martha Prado Gonzalez, a health promoter at Erie's West Town location, educates women about breast cancer and screening methods.



Lawson House YMCA

- 1 James and Catherine Denny Primary Care and Preventive Medicine Center
30 W. Chicago Ave.

Erie Family Health Center Community Locations

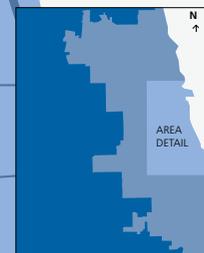
- 2 Erie West Town Health Center
1701 W. Superior St.
- 3 Erie Humboldt Park Health Center
2750 W. North Ave.
- 4 Erie Helping Hands Health Center
4759 N. Kedzie Ave.
- 5 Erie Teen Health Center
1945 W. Wilson Ave.
- 6 Erie Westside Health Center at Ryerson Elementary School
646 N. Lawndale Ave.
- 7 Erie Henson School-Based Health Center
1326 S. Avers Ave.
- 8 Erie De Diego School-Based Health Center
1313 N. Claremont Ave.
- 9 Erie Dental Health Center
4751 N. Kedzie Ave.

Near North Health Service Corporation Community Health Center Locations

- 10 Winfield Moody Health Center
1276 N. Clybourn Ave.
- 11 Louise Landau Health Center
3645 W. Chicago Ave.
- 12 Komed Holman Health Center
4259 S. Berkeley Ave.
- 13 Cottage View Health Center
4829 S. Cottage Grove Ave.

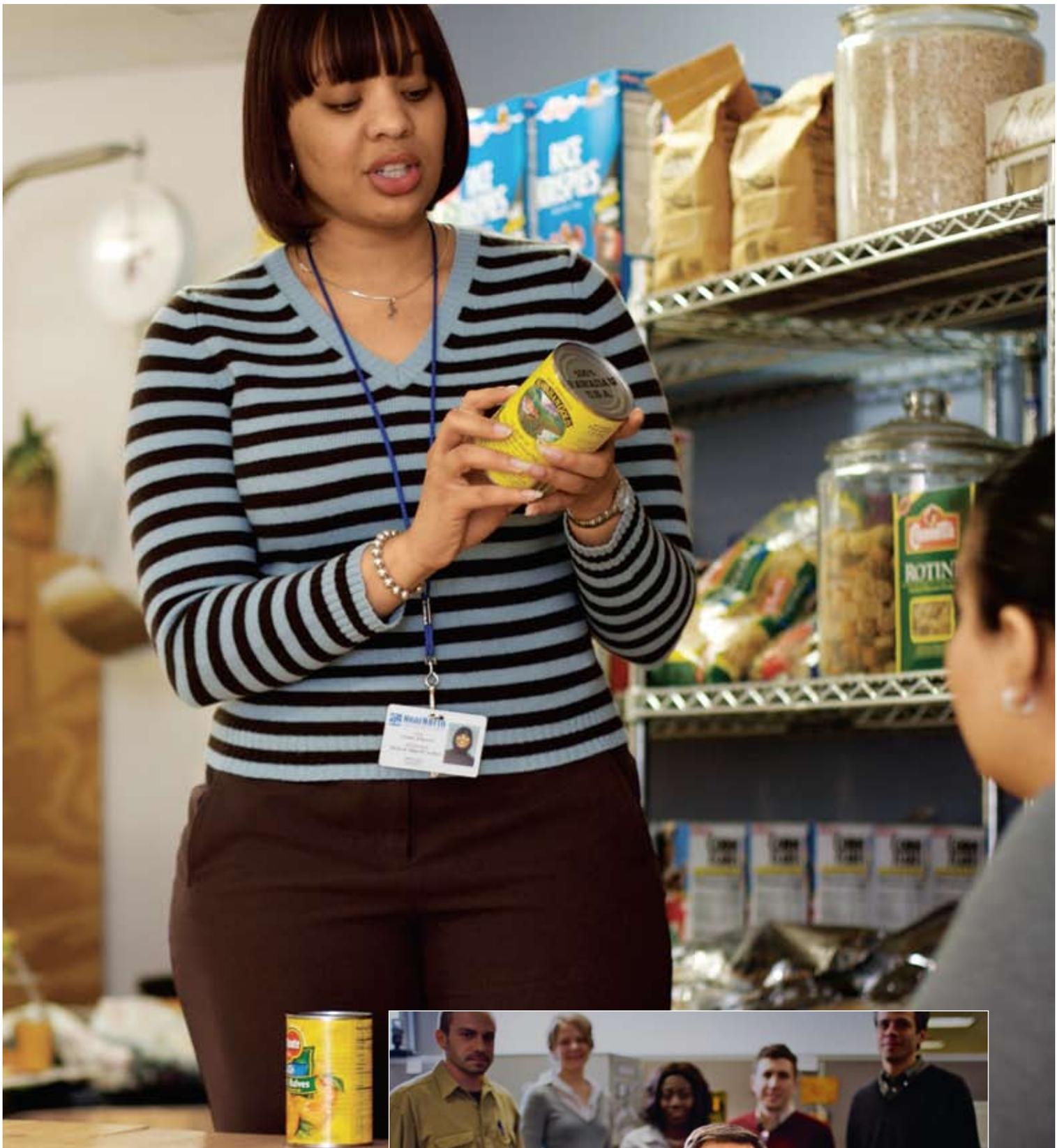
Selected Northwestern Memorial Physicians Group Medical Office Locations

- 14 Bucktown/Wicker Park
1913 W. North Ave.
- 15 Halsted/Wrigleyville
3245 N. Halsted St.
- 16 Lincoln Park/Lakeview
2835 N. Sheffield Ave.
- 17 Loop
20 S. Clark St.
- 18 River North
310 W. Superior St.
- 19 Streeterville – Center for Integrative Medicine
680 N. Lake Shore Drive
- 20 Streeterville – Obstetrics and Gynecology
680 N. Lake Shore Drive
- 21 Streeterville – Internal Medicine
Northwestern Memorial Hospital
201 E. Huron St.
- 22 Streeterville – Pediatrics
Northwestern Memorial Hospital
201 E. Huron St.



Supporting Community-Based Care

Patients in medically underserved communities benefit from Northwestern Memorial's philosophy that everyone should have access to quality medical care. Partnerships with neighborhood-based health centers ensure that primary and specialty care is available regardless of a patient's ability to pay.



ON THIS PAGE: As part of the Diabetes Collaborative, nutrition experts teach classes and facilitate cooking demonstrations to educate individuals on healthy food choices and preparations. Deidre Johnson, a chronic care coordinator with Near North Health Service Corporation, shares nutritional information with diabetes patients.

INSET: Healthcare literacy expert David W. Baker, MD, MPH, leads a team in the development of innovative multi-media materials to educate a diverse community about diabetes awareness and disease management.



Community

Diabetes is one of the leading health concerns in Chicago's medically underserved communities. Responding to this critical need, Northwestern Memorial is partnering with Federally Qualified Health Centers and Northwestern University's Feinberg School of Medicine to create a greater understanding of diabetes in a way that helps patients understand health risks and how to manage the disease.

With 13 percent of adult African-American's estimated to be suffering from Type 2 diabetes, along with an estimated 10 percent of adult Hispanic Americans, this new program is an opportunity to make a positive impact with sustainable solutions that combine awareness, education and quality care.

A five-year strategy, the Diabetes Collaborative is supported by Northwestern Memorial's quality improvement knowledge, information technology capabilities and by the Feinberg School's unique community research expertise.

The collaborative, which began in January of 2006, is showing promising results. Chronic Care Teams are assigned to four Near North Health Service Corporation community health centers located on the North, South and West sides of the city. These teams, which include physicians, nurses, health educators, nutritionists and other support staff, help patients with a self-management regime and encourage them to make regular follow-up visits with an internist, ophthalmologist and podiatrist.

Beyond medical care, the collaborative also focuses on healthcare literacy through efforts that help patients make choices that positively impact their quality of life. Leading the educational component is David W. Baker, MD, MPH, an internist on the Northwestern Memorial medical staff and chief of the Division of General Internal Medicine at the Feinberg School. Dr. Baker's team is working in the community to develop a patient education program that is meaningful to patients of varying educational levels and different cultures.

The long-term goal is to develop and implement a comprehensive model to support diabetic patients as they learn to make choices about lifestyle and medical care. The intent is to replicate this approach for diabetes and other chronic health conditions at other local health centers.

1,700

The number of diabetic patients who have been identified at Near North Health Service Corporation sites. Their healthcare is being monitored and tracked so health educators can better understand compliance with medical advice, progress on self management goals and follow-through with regular screenings and examinations.

\$450,000

Amount Northwestern Memorial Foundation committed to support the Diabetes Collaborative. The Department of Medicine at Northwestern University's Feinberg School of Medicine receives \$137,000 for research and \$313,000 goes to community health centers to support comprehensive care.



LEFT: At community health centers participating in the Diabetes Collaborative, patients such as Franzella Stovall benefit from coordinated care among healthcare providers. She meets here with Richard Warshell, MD, a physician at the Komed Holman Medical Center and dietitian Beth Thoney, RD, LDN.

RIGHT: During Aparicia Nunez's check-up at Near North's Winfield Moody Health Center, Laura Shea, DPM, examines Nunez's feet for nerve damage that can be common for diabetes patients.

\$51.7 million

Northwestern Memorial's unreimbursed cost of education in fiscal year 2006.

432

Nurses recruited to work at Northwestern Memorial in fiscal year 2006 during a national shortage of healthcare workers.

\$2 million

Approximate funding from Northwestern Memorial HealthCare that was directed in fiscal year 2006 to Northwestern University's Feinberg School of Medicine to support hands-on simulated medical training.

More than 800

The number of medical students, interns, residents and fellows trained each year at Northwestern Memorial.

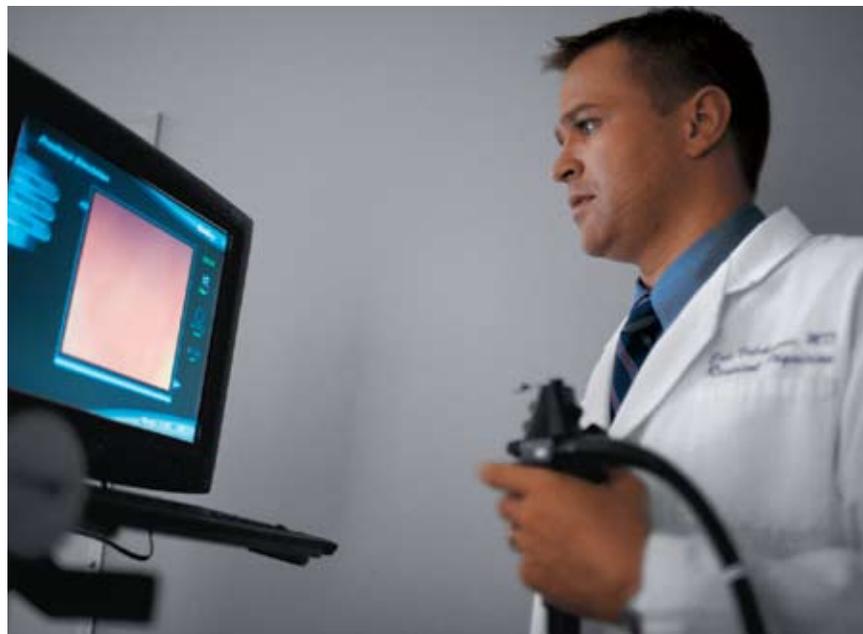
Education

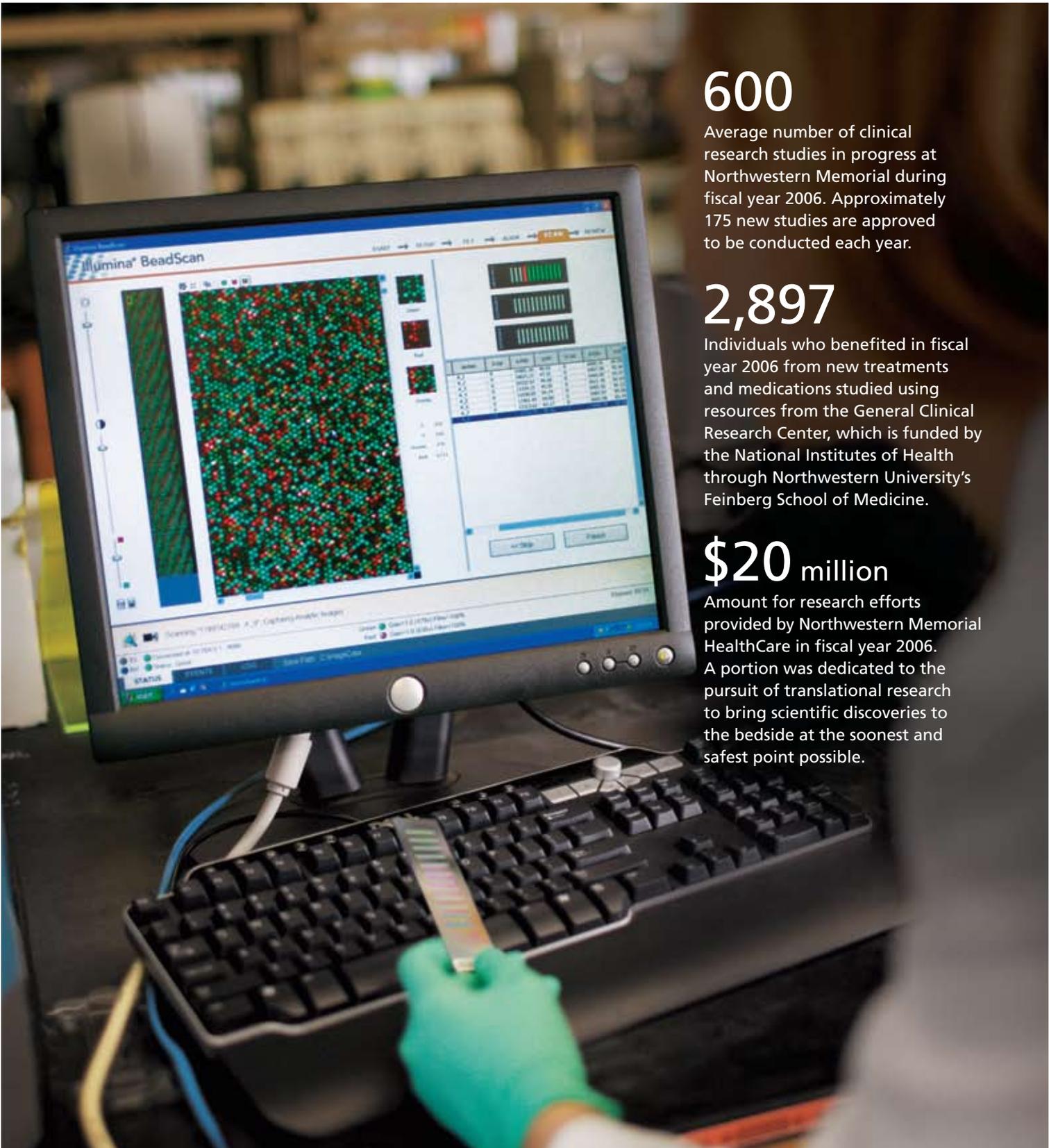
A mission-driven investment in the next generation of healthcare professionals is at the heart of Northwestern Memorial's commitment to education. Working in collaboration with Northwestern University's Feinberg School of Medicine, we offer a rich learning experience that is enhanced through our state-of-the-art training facilities and supported with advanced technology. Some of the best physicians in the field provide an important leadership role as they train the next generation of physicians. Working with medical students, interns, residents and fellows, the medical staff contributes to one of the most sought-after learning opportunities in the country. Training at Northwestern Memorial also extends beyond physicians to include ongoing educational opportunities for nurses and other clinicians in the allied healthcare fields.



TOP: On daily rounds, medical residents work under the direct supervision of attending physicians such as Louis Hiotis, MD, an internist on the medical staff at Northwestern Memorial. What is learned through observation and patient interaction is supported by state-of-the-art technology that provides real-time access to patient information.

BOTTOM: At the Northwestern Center for Advanced Surgical Education, Eric Volckmann, MD, a general surgery resident, gains experience with endoscopic procedures by using a state-of-the-art simulator.





600

Average number of clinical research studies in progress at Northwestern Memorial during fiscal year 2006. Approximately 175 new studies are approved to be conducted each year.

2,897

Individuals who benefited in fiscal year 2006 from new treatments and medications studied using resources from the General Clinical Research Center, which is funded by the National Institutes of Health through Northwestern University's Feinberg School of Medicine.

\$20 million

Amount for research efforts provided by Northwestern Memorial HealthCare in fiscal year 2006. A portion was dedicated to the pursuit of translational research to bring scientific discoveries to the bedside at the soonest and safest point possible.

Research

A shared commitment to advance medical care through scientific inquiry joins Northwestern Memorial and Northwestern University's Feinberg School of Medicine in an essential partnership. We are committed to ongoing clinical research that can lead to innovative new treatments and a better understanding of the cause and prevention of disease. The findings from hundreds of research studies conducted at Northwestern Memorial each year enable physicians to make important new discoveries and bring new hope to patients everywhere.

ON THIS PAGE: Vivi Frangidakis, a research technologist at Northwestern University's Genomics Core Facility, uses advanced technology to perform disease association studies to compare genomes in complex diseases.

1,502

Students exposed to the healthcare field in the past five years through Northwestern Memorial's youth programs including a partnership with the Chicago Public Schools Medical and Health Career Academy, internships and numerous school site visits and workshops at Northwestern Memorial.

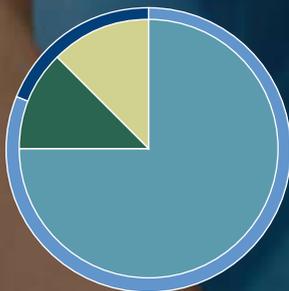
640

The number of students who have participated in the Medical Explorers program during the past decade. Currently, 48 graduates of the program are in college with an active interest in pursuing healthcare careers.

60%

The approximate retention rate of the more than 100 individuals hired through Northwestern Memorial's community partnerships and welfare-to-work programs since 1997.

General demographics of welfare-to-work hires at Northwestern Memorial during fiscal year 2006.



75.0% African-American 81% Female
12.5% Caucasian 19% Male
12.5% Hispanic

ON THIS PAGE: Terrence Carter's interest in healthcare began as a Medical Explorer at Northwestern Memorial nearly seven years ago. He graduated from Xavier University of Louisiana and is currently a scrub technician in Labor and Delivery at Prentice Women's Hospital. He recently received a full tuition, four-year scholarship to medical school from Southern Illinois University and will begin in the fall.

Opportunity

Northwestern Memorial works to create opportunities for those who are interested in healthcare careers. Through our partnerships with local schools and our hospital-based learning programs, we expose young people to the field of healthcare and its potential for careers. Educational programs, internships and fellowships allow us to invest in the future generation of healthcare workers and do our part to address the healthcare workforce shortage. We also reach into the community to recruit new employees in nontraditional ways. Our ongoing relationships with The Cara Program and Chicago's welfare-to-work initiative provide training and job opportunity for those who are ready to transition back into the workforce.

Service

With a generosity that extends beyond the boundaries of Northwestern Memorial Hospital, our employees and medical staff are known for their caring efforts that advance the health of the community, respond to those in need and support the ongoing success of the Northwestern Memorial organization. Through volunteer efforts throughout the community and around the world, the impact of our employees and medical staff is far-reaching. We also work closely with the residents and businesses located near the hospital as an active member of the downtown community. Ours is a caring culture where both individual and collective efforts touch lives and make a difference.



\$312,640

Contributions by employees to the 2006 United Way campaign, making the organization the leading hospital contributor in metropolitan Chicago.

\$51,866

Amount raised by employees for the March of Dimes annual campaign in 2006. Northwestern Memorial was awarded the Diamond Award as one of the city's top 10 fundraisers.

600

The number of students from the Chicago Public Schools Jenner Elementary Academy of the Arts who benefit from donations of clothing, toys and school supplies from Northwestern Memorial employees each year.

TOP: Among her many volunteer activities, Sheryll Bray, a resource coordinator in Admitting and Registration, donates and distributes food and clothing to individuals in the community and visits those who are homebound. She also supports Clara's House, a family shelter on the South Side of Chicago for women and their children (pictured with Clara Kirk, founder of Clara's House).

BOTTOM: Physicians on the medical staff at Northwestern Memorial give back to the community. Martin Lucenti, MD, PhD, a physician in Northwestern Memorial's Emergency Department, travels to Iraq to provide emergency medical care at a combat support hospital through the National Guard.



20,500

Healthcare consumers who registered for classes, support groups and special programs offered through Northwestern Memorial's Health Learning Center and the Alberto-Culver Women's Health Center in fiscal year 2006.

137,186

The number of requests for information, physician appointments and other services directed to Northwestern Memorial's Health Resources and Physician Referral Service in fiscal year 2006 through the Internet and by phone.

More than
500,000

Visits in fiscal year 2006 to Northwestern Memorial's consumer Web site, which offers free information on diseases and other health resources.

ON THIS PAGE: Individualized financial counseling opportunities are among the many financial services available at Northwestern Memorial. Financial counselors such as Deborah Cooper offer options to patients who are uninsured or might have difficulties paying their hospital bills.

About Northwestern Memorial

Northwestern Memorial Hospital is one of the country's leading academic medical centers and a healthcare organization with a longstanding commitment to a *Patients First* mission. Our tradition of community service dates back to 1865 and to the early work of our predecessor institutions, Passavant and Wesley Memorial hospitals, both of which were distinguished by a dedication to providing compassionate care for patients without regard for their ability to pay.

As the primary teaching affiliate for Northwestern University's Feinberg School of Medicine, we work in partnership with a focus on clinical innovation, medical education and research. Northwestern Memorial serves the residents of the Chicago community and is a major Midwest referral center with a range of inpatient and outpatient services provided in a healing environment where caregivers are supported by advanced technology. Our next state-of-the-art facility, the new Prentice Women's Hospital, will open in October of 2007 and will support comprehensive care for women at all stages of life.

Fiscal Year 2006 Statistics

Northwestern Memorial Hospital

Inpatient Admissions	43,312
Patient Days	211,702
Average Daily Census	596
Average Length of Stay	4.89 days
Deliveries	9,924
Hospital Outpatient Registrations	438,979
Surgical Cases - Inpatient	12,050
Surgical Cases - Outpatient	18,311
Emergency Department Visits	73,881
Beds	744*
Medical Staff	1,464
Employees	6,625
Volunteer Hours	98,706

* This number does not include the 153 additional licensed beds to be located in the new Prentice Women's Hospital, which opens in October of 2007.

Our Mission

Northwestern Memorial Hospital is an academic medical center where the patient comes first. We are an organization of caregivers who aspire to consistently high standards of quality, cost-effectiveness and patient satisfaction. We seek to improve the health of the communities we serve by delivering a broad range of services with sensitivity to the individual needs of our patients and their families. We are bonded in an essential academic and service relationship with the Feinberg School of Medicine of Northwestern University. The quality of our services is enhanced through their integration with education and research in an environment that encourages excellence of practice, critical inquiry and learning.

Northwestern Memorial Hospital Recognized for Quality and Patient Safety

Consistently ranked as the "most preferred" hospital in the Chicago region, Northwestern Memorial is a national leader in quality and patient safety. In 2006, we earned national Magnet recognition, the gold standard for nursing excellence. We also were named to The Leapfrog Group's first list of Top Hospitals based on a quality and safety survey. In 2005, we were the sole recipient of the prestigious National Quality Health Care Award from the National Committee for Quality Health Care.



High Marks from U.S. News

Six of Northwestern Memorial's medical specialties are ranked among the nation's best by *U.S. News & World Report* magazine.



This report was printed on a 100% chlorine free, post-consumer recycled paper produced with renewable energy generated on site and certified by the Forest Stewardship Council as an environmentally responsible choice.





251 East Huron Street
Chicago, Illinois 60611-2908
312.926.2000
www.nmh.org

Respect



Justice

Compassion



Stewardship

Excellence



Living the Mission *Day by Day*



ST. PATRICK HOSPITAL
AND HEALTH SCIENCES CENTER

2006 REPORT TO THE COMMUNITY

2006 Report to the Community



Flagship Program

St. Patrick Hospital and Health Sciences Center, along with other community partners, use private/public funds to support a new Flagship Program site at Lowell School. Flagship is an after-school program designed to provide children with positive after-school experiences and to enhance the social, academic and cultural achievement of Missoula's youth.



Partnership Health Center

Partnership Health Center (PHC) is supported by St. Pat's, in partnership with Community Medical Center, Missoula City and County governments, The University of Montana, United Way, Holy Spirit Parish, and a network of volunteer providers. PHC ensures primary medical, pharmacy and dental services are provided to the underserved populations in our region. In 2006, PHC helped over 8,000 area residents gain access to healthcare.



Food Bank

To honor over a century of service by the Sisters of Providence, St. Pat's donated a 14-foot refrigerated transport truck to the Missoula Food Bank. The truck will help increase the Food Bank's capacity to provide perishable and non-perishable foods to area families and will help with the collection of food donations throughout the region.



First STEP

First STEP Resource Center is a children's advocacy center funded by St. Pat's. First STEP works collaboratively with other area agencies to ensure that victims of abuse are receiving appropriate care. From helping navigate the legal system and coordinating with law enforcement to providing confidentiality, protection and counseling for the victims and their families, First STEP is an essential community service.

Dear Friends of St. Pat's,

Every year during "Spirit Week" the hospital traditionally takes this opportunity to celebrate our heritage and to give thanks to our dedicated employees who give themselves everyday in loving service to the health needs of the people in Missoula and western Montana. We also take this time to report on some of the services we have provided throughout our region over the past year. In 2006, St. Pat's contributed over \$14 million to provide care and services for those who need it most. The spirit of giving has been a part of our commitment to the people in our community since the hospital began.

Our legacy of community service was established in 1873 by our founders, the Sisters of Providence. To raise the funds necessary to build the hospital and to provide the care that was needed, the Sisters relied on contributions from the loggers and miners who were settling here. These rough and hardworking men, most of Irish descent, were softened by the Sisters' plea and gave generously to their cause. The Sisters named St. Patrick Hospital after the patron saint of Ireland to honor the men who gave "as much as each could afford and with willing hearts."

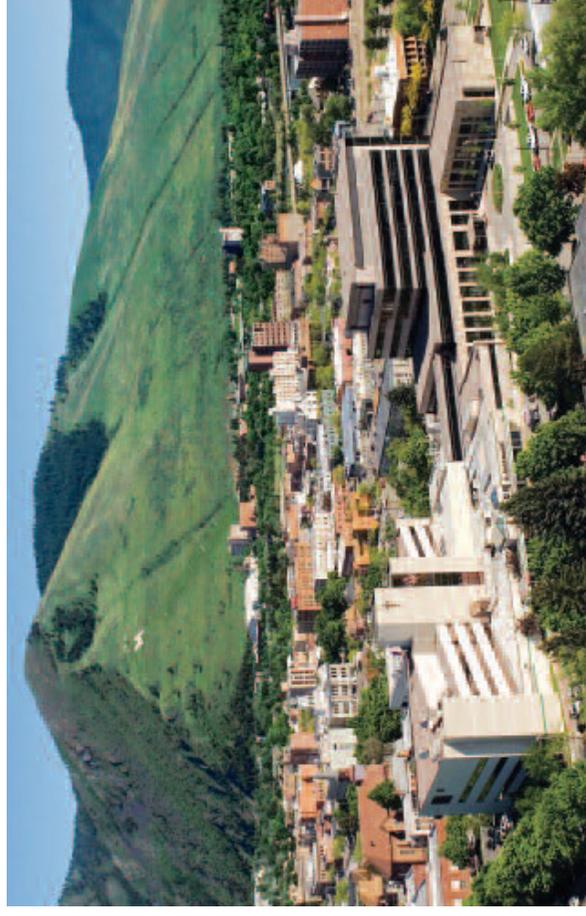
We take great pride in our history and in who we are today. After 134 years of service, we continue to be a living expression of our Mission in all that we do. We celebrate the people, now 1,400 strong, whose hard work and dedication to our Mission keep the spirit of St. Pat's alive.

Our exceptional employees, dedicated medical staff, and generous volunteers use their skills and talents to make a difference in our community. On behalf of the entire St. Pat's team, it has been a privilege serving you.

Sincerely,



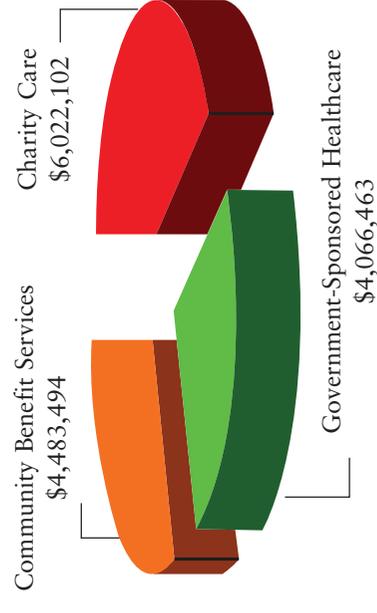
Jeff Fee
President and CEO



2006 Financial Overview

Charity Care	\$6,022,102
Community Benefit Services	\$4,483,494
Government-Sponsored Healthcare	\$4,066,463
	<hr/>
	\$14,572,059

- **Charity Care** – Free or discounted health services provided to persons who could not afford to pay and who met our criteria for financial assistance.
- **Government-Sponsored Healthcare** – Including unpaid costs of public programs. A shortfall occurs when a facility receives payments that are less than the cost of caring for public program beneficiaries.
- **Community Benefit Services** – Activities to improve community health such as direct health services, education and research. Support of various community organizations and services by direct and in-kind contributions.



Chairperson's Message

I want to take this opportunity to convey to our community just how blessed I have been to serve as chairperson of St. Patrick Hospital and Health Foundation. Volunteers, donors and staff all work to reveal God's love for all – especially the poor and vulnerable – with our work through St. Pat's Foundation.

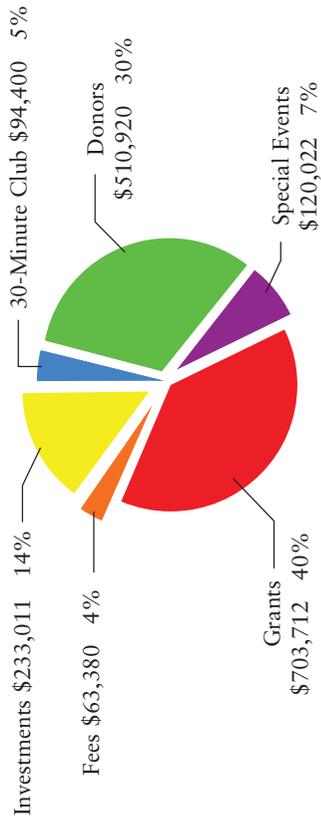
In 2006, the Foundation funded the final phase of the Montana Cardiology Telemedicine Network, remodeled the Pediatric Unit, provided compassionate shelter for patients and family members at St. Patrick House, sponsored several educational forums for the community, and provided funding for medication and treatment for St. Patrick Hospital patients.

We have new challenges in the future to care for our community, particularly the poor, infirm, mentally ill and others who find it so hard to cope with the demands of medical treatment. Thanks to the support of our community, we met all of these challenges in 2006. I am confident we will meet our challenges in 2007 and beyond.


 Sharon Snavely
 Chairperson

St. Pat's Foundation Growth

■ Fees	\$63,380	4%
■ Investments	\$233,011	14%
■ 30-Minute Club	\$94,400	5%
■ Donors	\$510,920	30%
■ Special Events	\$120,022	7%
■ Grants	\$703,712	40%
	<u>\$1,725,445</u>	



Patient Medications

St. Patrick Hospital and Health Foundation funds medication for patients who visit our Emergency Department or stay in our hospital but who do not have the money to pay for their follow-up medications. The Foundation reimburses the on-site pharmacy so patients can continue their treatment plan after they leave our hospital.



The Montana Cancer Center

The Foundation provides an avenue for philanthropic support for patients of the Montana Cancer Center. Cancer is a devastating disease – both medically and financially. Treatment takes months to complete and often involves travel, expensive medications, and interruption in the patient's ability to work and lead a normal life. The Foundation helps patients with shelter at St. Patrick House and expensive medications and treatment options.



Compassion

Every year patients are devastated by their illnesses and the cost of medical care. The Foundation works with St. Patrick Hospital to ensure that all patients, regardless of income, receive quality care. In 2006, St. Pat's provided more than \$6 million in charity care which does not include the unpaid costs of public programs. Community donations, joined with Foundation resources, continue the original mission of the Sisters of Providence to care for the poor and vulnerable.



ST. PATRICK HOSPITAL AND HEALTH SCIENCES CENTER

For questions about this report, call 329-5740 • 500 W. Broadway • www.sainpatrick.org

Resources



State, Regional, and Metropolitan Hospital Association Web Sites

Many states have requirements that may dictate hospital policies or reporting. State, regional, and metropolitan hospital associations have provided specific guidance to help hospitals enhance public accountability. Please refer to the following list to check for additional guidance provided on the state, regional, and metropolitan association Web sites.

State Associations

Alabama Hospital Association

<http://www.alaha.org>

Alaska State Hospital and Nursing Home Association

<http://www.ashnha.com>

Arizona Hospital and Healthcare Association

<http://www.azhha.org>

Arkansas Hospital Association

<http://www.arkhospitals.org>

California Hospital Association

<http://www.calhospital.org>

Colorado Hospital Association

<http://www.cha.com>

Connecticut Hospital Association

<http://www.cthosp.org>

Delaware Healthcare Association

<http://www.deha.org>

District of Columbia Hospital Association

<http://www.dcha.org>

Florida Hospital Association

<http://www.fha.org>

Georgia Hospital Association (GHA)

<http://www.gha.org>

Healthcare Association of Hawaii

<http://www.hah.org>

Healthcare Association of New York State

<http://www.hanys.org>

Hospital Association of Rhode Island

<http://www.HARI.org>

Hospital and Healthsystem Association of Pennsylvania

<http://www.haponline.org>

Idaho Hospital Association

<http://www.teamiha.org>

Illinois Hospital Association

<http://www.ihatoday.org>

Indiana Hospital&Health Association

<http://www.inhha.org>

Iowa Hospital Association

<http://www.ihaonline.org>

Kansas Hospital Association

<http://www.kha-net.org>

Kentucky Hospital Association

<http://www.kyha.com>

Louisiana Hospital Association

<http://www.lhaonline.org>

MHA: An Association of Health Care Providers (Montana)

<http://www.mtha.org>

MHA: The Association of Maryland Hospitals & Healthsystems

<http://www.mdhospitals.org>

Maine Hospital Association

<http://www.themha.org>

Massachusetts Hospital Association

<http://www.mhalink.org>

Michigan Health & Hospital Association

<http://www.mha.org>

Minnesota Hospital Association

<http://www.mnhospitals.org>

Mississippi Hospital Association

<http://mhanet.org>

Missouri Hospital Association

<http://www.mhanet.com>

Nebraska Hospital Association

<http://www.nhanet.org>

Nevada Hospital Association

<http://www.nvha.net>

New Hampshire Hospital Association

<http://www.nhha.org>

New Jersey Hospital Association

<http://www.njha.com>

New Mexico Hospitals and Health Systems Association

<http://www.nmhhsa.org>

North Carolina Hospital Association

<http://www.ncha.org>

North Dakota Healthcare Association

<http://www.ndha.org>

Ohio Hospital Association

<http://www.ohanet.org>

Oklahoma Hospital Association

<http://www.okoha.com>

Oregon Association of Hospitals and Health Systems

<http://www.oahhs.org>

Puerto Rico Hospital Association / Asociacion de Hospitales de Puerto Rico

<http://www.asociacionhosppr.org>

South Carolina Hospital Association

<http://www.scha.org>

South Dakota Association of Healthcare Organizations

<http://www.sdaho.org>

Tennessee Hospital Association

<http://www.tha.com>

Texas Hospital Association

<http://www.thaonline.org>

UHA, Utah Hospitals and Health Systems Association

<http://www.uha-utah.org>

Vermont Association of Hospitals and Health Systems

<http://www.vahhs.org>

Virginia Hospital & Healthcare Association

<http://www.vhha.com>

Washington State Hospital Association

<http://www.wsha.org>

West Virginia Hospital Association

<http://www.wvha.com>

Wisconsin Health and Hospital Association

<http://www.wha.org>

Wyoming Hospital Association

<http://www.wyohospitals.com>

Metropolitan/Regional Associations

Akron Regional Hospital Association (Ohio)

<http://www.arha.org>

Center for Health Affairs (Cleveland, Ohio)

<http://www.chanet.org>

Dallas-Fort Worth Hospital Council (Texas)

<http://www.dfwhc.org>

Delaware Valley Healthcare Council (Philadelphia, Pennsylvania, southern New Jersey, western Delaware)

<http://www.dvhc.org>

Greater Cincinnati Health Council (Ohio)

<http://www.gchc.org>

Greater Dayton Area Hospital Association (Ohio)

<http://www.gdaha.org>

Greater New York Hospital Association, Subsidiaries, and Affiliates

<http://www.gnyha.org>

Greater Oklahoma City Hospital Council

Telephone: (405) 359-5530

Greater San Antonio Hospital Council (Texas)

<http://www.gsahc.org>

Health Alliance of MidAmerica (Kansas City, Missouri)

http://web.mhanet.com/asp/About_MHA/Alliance.asp

Healthcare Association of Southern California

<http://www.hasc.org>

Healthcare Council of the National Capital Area (District of Columbia, Maryland, Virginia)

<http://www.healthcare-council.org>

Healthservice Council of Metropolitan Louisville (Kentucky, southern Indiana)

<http://www.kyha.com/hcml.htm>

Hospital Association of San Diego and Imperial Counties (California)

<http://www.hasdic.org>

Hospital Council of East Central Michigan

Telephone: (989) 891-8810

Hospital Council of Northern and Central California

<http://www.hospitalcouncil.net>

Hospital Council of Northwest Ohio

<http://www.hcno.org>

Hospital Council of Western Pennsylvania

<http://www.hcwp.org>

Iroquois Healthcare Alliance (Upstate New York)

<http://www.iroquois.org>

Metropolitan Chicago Healthcare Council (Illinois)

<http://www.mchc.org>

Metropolitan Hospital Council of New Orleans (Louisiana)

Telephone: (504) 837-1171

Nassau-Suffolk Hospital Council, Inc. (New York)

<http://www.nshc.org>

North Central Council of MHA (Michigan)

Telephone: (231) 439-9812

Northern Metropolitan Hospital Association (New York)

<http://www.normet.org>

Rochester Regional Healthcare Association (New York)

Telephone: (585) 273-8180

South Florida Hospital & Healthcare Association

<http://www.sfhha.com>

Upper Peninsula Hospital Council (Michigan)

Telephone: (517) 323-3443

Western New York Healthcare Association

<http://www.wnyha.com>

Web Sites with Additional Sample Hospital Community Benefit Reports

Association for Community Health Improvement

<http://www.communityhth.org/communityhth/resources/communitybenefit.html#cbhosp>

Catholic Health Association

<http://www.chausa.org/Pub/MainNav/ourcommitments/CommunityBenefits/MinistryExamples/SamplingOfReports.htm>

Other Resources

Providing Financial Assistance for the Uninsured of Limited Means

American Hospital Association. Issues: Billing, collection, and tax-exempt status web site: http://www.aha.org/aha_app/issues/BCC/index.jsp [log in as member for full access]

American Project Access Network web site: <http://www.apanonline.org/>

Andrulis D and others. Paying for healthcare when you're uninsured: how much support does the safety net offer? Access Project, Jan. 2003. http://www.accessproject.org/adobe/paying_for_healthcare_when_youre_uninsured.pdf

Hospital model charity care policy & program. Consumers Union of the U.S., 2003. <http://www.consumersunion.org/conv/docs/ModelHospitalCharity.doc>

Hospitals share insights to improve financial policies for uninsured and underinsured patients; a report from the Patient Friendly Billing Project. Healthcare Financial Management Association and American Hospital Association, 2005. <http://www.hfma.org/HFMA/Templates/GeneralPosting.aspx?NRMODE=Published&NRNODEGUID=%7b0AEE4FD5-9F91-474B-B6AA-6F9EAF2A00E2%7d&NRORIGINALURL=%2flibrary%2frevenue%2fPatientFriendlyBilling%2fFebruary2005Report%2ehrm&NRCACHEHINT=NoModifyGuest#>

My brother's keeper: growing expectations confront hospitals on community benefits and charity care. PricewaterhouseCoopers Health Research Institute, 2006. <http://www.pwc.com/us/eng/about/ind/healthcare/pubbrotherskeeper.html>

Pryor C and others. Unintended consequences: how federal regulations and hospital policies can leave patients in debt. Commonwealth Fund, 2003. http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=221450

Rappuhn TA and Johnston S. Focus on the uninsured; patient friendly billing. HFMA Educational Foundation/Healthcare Financial Management Association, 2005. http://www.hfma.org/NR/rdonlyres/5959B9DA-15BD-4CFE-A901-C03479A46308/0/Fin_PoJun.PPT

Today's charity care challenges: what you should be doing. Healthcare Financial Management Association, 2005. http://www.hfma.org/NR/rdonlyres/2EFF58EB-6F3A-4385-8107-81054A88142C/0/HFMA_McKesson_200509.pdf

Communicating Charity Care and Financial Assistance Policies

American Hospital Association. Issues: Billing, collection, and tax-exempt status web site: http://www.aha.org/aha_app/issues/BCC/index.jsp [log in as member for full access]

Healthcare Financial Management Association. Clear, concise brochures support. HFMA Wants You to Know. 2004 June 16;3(13):1-3. http://www.hfma.org/publications/know_newsletter/archives/061604.htm

Healthcare Financial Management Association. Patient Friendly Billing Project web site: <http://www.hfma.org/library/revenue/PatientFriendlyBilling/>

Hospitals share insights to improve financial policies for uninsured and underinsured patients; a report from the Patient Friendly Billing Project. Healthcare Financial Management Association and American Hospital Association, 2005. <http://www.hfma.org/HFMA/Templates/GeneralPosting.aspx?NRMODE=Published&NRNODEGUID=%7b0AEE4FD5-9F91-474B-B6AA-6F9EAF2A00E2%7d&NRORIGINALURL=%2flibrary%2frevenue%2fPatientFriendlyBilling%2fFebruary2005Report%2ehrm&NRCACHEHINT=NoModifyGuest#>

Patient Friendly Billing [newsletter]. Healthcare Financial Management Association. Bimonthly. http://www.hfma.org/publications/pfb_newsletter/0907.htm.

Helping Patients Qualify for Financial Assistance

American Hospital Association. Issues: Billing, collection, and tax-exempt status web site: http://www.aha.org/aha_app/issues/BCC/index.jsp [log in as member for full access]

Healthcare Financial Management Association. Patient Friendly Billing Project web site: <http://www.hfma.org/library/revenue/PatientFriendlyBilling/>

Healthcare Financial Management Association. Worksheet for reviewing financial assistance policies. 2005. <http://www.hfma.org/NR/rdonlyres/C27E0CF8-4DBE-46AB-A72D-BDF47025D799/0/Worksheet05.rtf>

Hospitals share insights to improve financial policies for uninsured and underinsured patients; a report from the Patient Friendly Billing Project. Healthcare Financial Management Association and American Hospital Association, 2005. <http://www.hfma.org/HFMA/Templates/GeneralPosting.aspx?NRMODE=Published&NRNODEGUID=%7b0AEE4FD5-9F91-474B-B6AA-6F9EAF2A00E2%7d&NRORIGINALURL=%2flibrary%2frevenue%2fPatientFriendlyBilling%2fFebruary2005Report%2ehtm&NRCACHEHINT=NoModifyGuest#>

Patient Friendly Billing [newsletter]. Healthcare Financial Management Association. Bimonthly. http://www.hfma.org/publications/pfb_newsletter/0907.htm.

Ensuring Fair and Transparent Billing and Collection Practices

American Hospital Association. Issues: Billing, collection, and tax-exempt status web site: http://www.aha.org/aha_app/issues/BCC/index.jsp [log in as member for full access]

Anderson RM; Hartman J. Finding the right collection agency for your hospital. AHA News. 2007 Feb 5;43(3):5. http://www.ahanews.com/ahanews_app/jsp/display.jsp?dcrpath=AHANEWS/AHANewsArticle/data/AHA_News_070205_Collection_agency&domain=AHANEWS

A/R relationship – a healthcare debt collection primer. American Hospital Association, 2007. <http://www.aha.org/aha/content/2007/pdf/debtcollectionprimer.pdf>

Bauer JC; Hagland M. Consumer-directed health care: what to expect and what to do. Healthcare Financial Management. 2006 Jul;60(7):76-82. <http://www.jeffbauerphd.com/BauerCDHPHF0706.pdf>

Billing and collections policies regarding the uninsured: how nonprofit hospitals can protect their tax-exempt status. Thomson American Health Consultants, 2005. http://www.ahcpub.com/products_and_services/?prid=384&spcid=0,9&mtid=6&catid=0&pdr=1&clntr=0&clntru=/clinical_trials/?clu=384&mtid=b

Clarke RL. Price transparency: building community trust. Frontiers of Health Services Management. 2007 Spring;23(3):3-12, commentary 25-38.

Ginsburg PB. Shopping for price in medical care. Health Affairs. 2007 Feb 6;26(2):w208-16. <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.26.2.w208?ijkey=wkl/qLzb4plc&keytyp=ref&siteid=healthaff>

Green J. Shining a light on hospital charges. Trustee. 2006 Sept;59(8):8-11. http://www.trusteemag.com/trusteemag_app/jsp/articledisplay.jsp?dcrpath=TRUSTEEMAG/PubsNewsArticleGen/data/2006September/0609TRUCoverStory&domain=TRUSTEEMAG

Healthcare Financial Management Association. Patient Friendly Billing Project web site: <http://www.hfma.org/library/revenue/PatientFriendlyBilling/>

Henrickson K. Health care cost comparison tools: a market under construction. California HealthCare Foundation, 2006. <http://www.chcf.org/documents/insurance/HealthCareCostComparisonTools.pdf>

HFMA Roundtable: Are you ready for pricing transparency? Healthcare Financial Management. 2006 Jun;60(6):4 p following 32. <http://www.hfma.org/NR/rdonlyres/5C7B184C-142C-4982-86A6-57359098F542/0/400555RoundtableAreyoureadyforpricingtransparency.pdf>

HFMA Roundtable: Provider views – and strategies – for price transparency. Healthcare Financial Management. 2007 May;61(5):suppl 1-4 following 50. <http://www.hfma.org/NR/rdonlyres/0C9B45C8-8D56-4AFC-82A0-EFF32FD76322/0/400566HFMAExecRoundtableProviderViewsandStrategiesforPriceTransparency.pdf>

HFMA Roundtable: Providing meaningful pricing information. Healthcare Financial Management. 2007 Jan;61(1):107-8. <http://www.hfma.org/NR/rdonlyres/0E144FEE-0EE9-4F27-B098-BB783D513226/0/400539HFMAroundtableonPricingMeaningfulInformation.pdf>

Hospital charges explained. American Hospital Association, 2003. <http://www.aha.org/aha/content/2003/pdf/HospitalChargesExplained12803.pdf>

Hospital model charity care policy & program. Consumers Union of the U.S., 2003. <http://www.consumersunion.org/conv/docs/ModelHospitalCharity.doc>

Hospitals share insights to improve financial policies for uninsured and underinsured patients; a report from the Patient Friendly Billing Project. Healthcare Financial Management Association and American Hospital Association, 2005. <http://www.hfma.org/HFMA/Templates/GeneralPosting.aspx?NRMODE=Published&NRNODEGUID=%7b0AEE4FD5-9F91-474B-B6AA-6F9EAF2A00E2%7d&NRORIGINALURL=%2flibrary%2frevenue%2fPatientFriendlyBilling%2fFebruary2005Report%2ehtm&NRCACHEHINT=NoModifyGuest#>

Lutz S. Transparency – “deal or no deal”? Frontiers in Health Services Management. 2007 Spring;23(3):13-23, commentary 25-38.

Making charges transparent: things to consider. American Hospital Association, 2006. http://www.aha.org/aha_app/secureMember?page=/aha/content/2006/pdf/2006jancharges.pdf

National Quality Forum. Providing consumers with useful information about healthcare prices. NQF Issue Brief. 2007 Aug; no. 6:1-6. http://www.qualityforum.org/pdf/news/IBPriceTransparency_6-page_Final.pdf

Nelson TA. A passion for pricing transparency. Healthcare Financial Management. 2007 Feb;61(2):44-6, 48.

The opportunity of price transparency. Healthcare Financial Management. 2007 Apr;61(4):1-8. <http://www.hfma.org/NR/rdonlyres/BB06078C-0C54-4D1C-BE8B-D3F2151188F7/0/400549TheOpportunityofPriceTransparency.pdf>

Patient Friendly Billing [newsletter]. Healthcare Financial Management Association. Bimonthly. http://www.hfma.org/publications/pfb_newsletter/0907.htm.

Pricing strategies; fax poll results. The Governance Institute, 2003. <http://www.hfma.org/NR/rdonlyres/6338E08E-6EEE-4C18-B0DD-C6EED1A505E8/0/400233.pdf>

Pryor C. The hospital billing and collections flap: it's not over yet. Journal of Health Care Compliance. 2005 May/June;7(3):25-30. http://www.accessproject.org/adobe/the_hospital_billing_and_collections_flap.pdf

Pryor C and others. Unintended consequences: how federal regulations and hospital policies can leave patients in debt. Commonwealth Fund, 2003. http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=221450

Rappuhn TA. Advance estimates: 4 approaches to price transparency in health care. Healthcare Financial Management. 2006 Aug;60(8):70-8. http://findarticles.com/p/articles/mi_m3257/is_8_60/ai_n16752985

Reconstructing hospital pricing systems; a call to action for hospital financial leaders. Healthcare Financial Management Association, 2007. http://www.hfma.org/NR/rdonlyres/CC88CD1B-9FA0-4802-8A0D-207A35FC3380/0/PFBPricingBrochure_2007.pdf

Reinhardt UE. The pricing of U.S. hospital services: chaos behind a veil of secrecy. Health Affairs. 2006 Jan/Feb;25(1):57-69. <http://content.healthaffairs.org/cgi/content/abstract/25/1/57>

Scalise D. The see-through hospital. Hospitals & Health Networks. 2006 Nov;80(11):34-40. http://www.hhnmag.com/hhnmag_app/jsp/articledisplay.jsp?dcrpath=HHNMAG/PubsNewsArticle/data/2006November/0611HHN_FEA_CoverStory&domain=HHNMAG

Sharing meaningful charge information with the public. American Hospital Association, 2004. http://www.aha.org/aha_app/secureMember?page=/aha/content/2004/pdf/SharingMeaningfulCharges.pdf

State legislation relating to disclosure of hospitals and health charges. National Conference of State Legislatures, 2007. <http://www.ncsl.org/programs/health/Transparency.htm>

Strategic price setting: ensuring your financial viability through price modeling. Healthcare Financial Management Association, 2004. http://www.hfma.org/NR/rdonlyres/6F2AF75F-4618-4F80-BCFF-09764F0D4A31/0/3M_StrategicPriceSetting.pdf

Summers J; Nowicki M. Pricing transparency or smoke screen? Does your pricing policy help or hurt you? Healthcare Financial Management. 2006 Dec;60(12):134-6.

Today's charity care challenges: what you should be doing. Healthcare Financial Management Association, 2005. http://www.hfma.org/NR/rdonlyres/2EFF58EB-6F3A-4385-8107-81054A88142C/0/HFMA_McKesson_200509.pdf

Wichmann R; Clark R. Developing a defensible pricing strategy; hospital pricing is a science, not an art. Healthcare Financial Management. 2006 Oct;60(10):72-80. <http://www.pwc.com/us/eng/about/ind/healthcare/pubpricing.html>

Promoting Community Health

Achieving healthier communities through MAPP – mobilizing for action through planning and partnerships; a user's handbook. National Association of County & City Health Officials, 2004.

http://mapp.naccho.org/MAPP_Handbook.pdf

Association for Community Health Improvement. Community health assessment toolkit. Nov. 2007. <http://www.assesstoolkit.org>

Association for Community Health Improvement web site: <http://www.communityhlth.org/>

Barnett K; Torres GW. Beyond the medical model: hospitals improve health through community building. National Community Care Network Demonstration Program/Health Research and Educational Trust Issue Brief. Fall 2001. <http://www.hret.org/hret/programs/content/Fall01.pdf>

Centers for Disease Control and Prevention. Guide to Community Preventive Services web site: <http://www.thecommunityguide.org>.

Chartis Group. Prepared to care: the 24/7 role of America's full-service hospitals. American Hospital Association, 2006. <http://www.caringforcommunities.org/caringforcommunities/content/preparedtocare.pdf>

Community connections – ideas & innovations for hospital leaders; case examples 2. American Hospital Association, 2007. <http://www.caringforcommunities.org/caringforcommunities/content/2007communityconnectionsaseex2.pdf>

Community connections – making communities healthier: case examples. American Hospital Association, 2006.

Community connections – measuring the community connection: a strategy checklist for leaders. American Hospital Association, 2006. <http://www.caringforcommunities.org/caringforcommunities/content/strategychecklist.pdf>

Community connections -- strengthening community trust; strategies for CEOs. American Hospital Association, 2006. <http://www.caringforcommunities.org/caringforcommunities/content/CEOstrategies.pdf>

Community health improvement value model. VHA Health Foundation, no date. <http://www.vhahf.org/vhahf/chivaluemodel.asp>

Work Group on Health Promotion & Community Development, University of Kansas. Community Tool Box web site: <http://ctb.ku.edu/>

Francis C; Margolin FS; Casey E; Hasnain-Wynia R. Evaluating community-based partnerships: why? when? who? what? how? National Community Care Network Demonstration Program/ Health Research and Educational Trust Issue Brief, Winter 2002. <http://www.hret.org/hret/programs/content/Winter02.pdf>

Hospitals Caring for Communities/American Hospital Association web site: www.caringforcommunities.org

King JG; Moran E. Trust counts now: hospitals and their communities. American Hospital Association, 2006. http://www.aha.org/aha_app/secureMember?page=/aha/content/2006/pdf/trustcounts.pdf

Public-private partnerships to improve health care; balancing short term successes with long term plans. A summary of the evaluation of the National Community Care Network Demonstration Program. Health Research and Educational Trust. 2003. <http://www.hret.org/hret/programs/content/CCNevalreport.pdf>

Report of the National Steering Committee on Hospitals and the Public's Health. Health Research and Educational Trust, 2006. <http://www.hret.org/hret/programs/content/reportnsc.pdf>

Torres GW; Margolin FS. The collaboration primer: proven strategies, considerations, and tools to get you started. Health Research and Educational Trust, 2004. <http://www.hret.org/hret/programs/content/colpri.pdf>

VHA Health Foundation Inc.; Health Research and Educational Trust. Sustaining community health: the experience of health care systems. 2000. <http://www.hret.org/hret/programs/content/Sustainability.pdf>

Reporting Community Benefit

Advancing the state of the art in community benefit: a user's guide to excellence and accountability. Public Health Institute, 2004. <http://www.phi.org/pdf-library/ASACB.pdf>

Association for Community Health Improvement. Community benefit resources web site: <http://www.hospitalconnect.com/communityhth/resources/communitybenefit.html>

AHA guidance on reporting of community benefit. American Hospital Association, 2006. <http://www.caringforcommunities.org/caringforcommunities/content/061113cbreporting.pdf>

Bilton M; Barnett K; Community benefit tools for success. Hospitals & Health Networks Online, Apr 18, 2006. http://www.hhnmag.com/hhnmag_app/jsp/articledisplay.jsp?dcrpath=HHNMAG/PubsNewsArticle/data/2006April/060418HHN_Online_Bilton&domain=HHNMAG

Catholic Health Association of the United States. Community benefit web site: <http://www.chausa.org/Pub/MainNav/ourcommitments/CommunityBenefits/>

Catholic Health Association of the United States. Health Progress 2005 Jul/Aug;86(4). Special section issue on community benefits. <http://www.chausa.org/Pub/MainNav/News/HP/Archive/2005/07JulAug/>

Talone PA. The theology of community benefit. 20-1. <http://www.chausa.org/Pub/MainNav/News/HP/Archive/2005/07JulAug/articles/SpecialSection/hp0507h.htm>

Dean N; Trocchio J. Community benefit: what it is and isn't. 22-6. <http://www.chausa.org/Pub/MainNav/News/HP/Archive/2005/07JulAug/articles/SpecialSection/hp0507i.htm>

Seay JD. Does mission still matter? 27-31. http://findarticles.com/p/articles/mi_qa3859/is_200507/ai_n14775917/

Roth R; Barsi E. The "community need index". 32-8. <http://www.chausa.org/Pub/MainNav/News/HP/Archive/2005/07JulAug/articles/SpecialSection/hp0507k.htm>

Bilton M. Seeing community benefit broadly. 39-43. <http://www.chausa.org/Pub/MainNav/News/HP/Archive/2005/07JulAug/articles/SpecialSection/hp0507l.htm>

Cahill PA. Telling the community benefit story. 44-7. <http://www.chausa.org/Pub/MainNav/News/HP/Archive/2005/07JulAug/articles/SpecialSection/hp0507m.htm>

Fialka JJ. The Mercies surprise Baltimore. 48-50. <http://www.chausa.org/Pub/MainNav/News/HP/Archive/2005/07JulAug/articles/SpecialSection/HP0507n.htm>

Meyer D; Wei R. "Do good and talk about it." 51-4. <http://www.chausa.org/Pub/MainNav/News/HP/Archive/2005/07JulAug/articles/SpecialSection/hp0507o.htm>

Spencer J; Self G. The hospital staff and community benefit. 55-8. <http://www.chausa.org/Pub/MainNav/News/HP/Archive/2005/07JulAug/articles/SpecialSection/hp0507p.htm>

Community benefit bibliography. Health Research and Educational Trust/Association for Community Health Improvement, 2006. http://www.hospitalconnect.com/communityhlth/files/files_resource/Community%20Benefit/CommBenefitBiblio_0706.pdf

Community benefit planning: strengthening commitment to mission. VHA Inc., 2002. http://www.hospitalconnect.com/communityhlth/files/files_resource/Community%20Benefit/CBPlanningVHAWorkbook.pdf

Community benefit reporting: guidelines and standard definitions for the community benefit inventory for social accountability. Developed with VHA Inc. and Lyon Software. Catholic Health Association of the United States, 2005. <http://www.chausa.org/NR/rdonlyres/1E9B545E-BD93-4F46-B6F2-3FE18578CB41/0/commbenguidelines.pdf>

Comparison between the Catholic Health Association and VHA Inc.'s A guide for planning and reporting community benefit and state community benefit and related laws, guidelines, and standards. Catholic Health Association of the United States, 2006. http://www.vhahf.org/vhahf/Community_Benefit_Comparison.pdf

Ernst & Young LLP. Community benefit information from non-profit hospitals: lessons learned from the 2006 IRS compliance check questionnaire. American Hospital Association, 2006. <http://www.aha.org/aha/content/2006/pdf/061127-ErnstYcombenreport.pdf>

A guide for planning and reporting community benefit. Developed in cooperation with VHA Inc. Catholic Health Association of the United States, 2006. <http://www.chausa.org/Pub/MainNav/ourcommitments/CommunityBenefits/Resources/TheGuide/>

Instructions for hospital community benefit report IRS form 990, supplement to part III. Catholic Health Association of the United States, 2006. <http://www.chausa.org/NR/rdonlyres/14B61011-00FE-41DD-81AE-EE15ED538B48/0/LJG990.doc>

My brother's keeper: growing expectations confront hospitals on community benefits and charity care. PricewaterhouseCoopers Health Research Institute, 2006. <http://www.pwc.com/us/eng/about/ind/healthcare/pubbrotherskeeper.html>

Nonprofit hospitals and the provision of community benefits. Congressional Budget Office, 2006. <http://www.cbo.gov/ftpdocs/76xx/doc7695/12-06-Nonprofit.pdf>

Salinsky E. What have you done for me lately? Assessing hospital community benefit. National Health Policy Forum Issue Brief. 2007 Apr 19;(821):1-19. http://www.nhpf.org/pdfs_ib/IB821_HospitalCommBenefit_04-19-07.pdf

Seay JD. Beyond charity care: mission matters for tax-exempt health care. Catholic Health Association of the United States, 2007. http://www.communityhlth.org/communityhlth/files/files_resource/Community%20Benefit/4178%20CHA_monograph.pdf

VHA Mountain States. Messages and strategies for community-owned health care organizations: a guide to communicating value. VHA Inc., 2000. http://www.vhahf.org/vhahf/commbenefits_guide.pdf

