



**METHODIST HEALTH SYSTEM  
NEBRASKA METHODIST HOSPITAL  
METHODIST WOMEN'S HOSPITAL  
METHODIST JENNIE EDMUNDSON HOSPITAL  
METHODIST PHYSICIANS CLINIC  
NEBRASKA METHODIST COLLEGE  
METHODIST HOSPITAL FOUNDATION  
JENNIE EDMUNDSON HOSPITAL FOUNDATION  
SHARED SERVICE SYSTEMS**

**POLICIES AND PROCEDURES**

---

<b>SUBJECT:</b>	Community Benefits	Page 1 of 2
<b>EFFECTIVE DATE:</b>	4/09	
<b>REVIEWED/REVISED:</b>	3/10, 3/12, 1/14, 1/16	
<b>PURPOSE:</b>	Provide the structure and processes required to accurately and appropriately plan, record, and report Community Benefit Services to ensure that Methodist Health System and all its affiliates are accountable and to complete our mission/vision statement that we are dedicated to serving our community.	

---

**Statement of Policy:**

Methodist Health System exists to benefit the people in the communities served. In collaboration with others, we advocate for and provide services to help meet health care and related social/economic needs of poor and disadvantaged individuals and the broader community. Motivated by our mission's commitment to provide quality health care to all people, Methodist Health System and its health ministries integrated community benefits into ongoing processes of planning, budgeting, and reporting.

**Procedures**

I. The definition of a community benefit is:

Community benefit is a planned, managed, organized, and measured approach to a health care organization's participation in meeting identified community health needs. It implies collaboration with a community to benefit its residents by improving health status and quality of life.

Community benefit programs and services respond to an identified community need and meet at least one of the following criteria:

- Improve access to health care services
- Enhance health of the community
- Advance medical or health care knowledge
- Relieve or reduce the burden of government or other community efforts

Community benefit includes medical equipment/supplies/drugs (not expired or outdated), services and programs provided to persons who are economically poor or medically indigent as well as services to the broader community.

Community benefits also include financial assistance and the unreimbursed cost of government-funded insurance programs, as well as health professions education, research, efforts to build upon the community's capacity and the costs associated with community benefit operations.

- II. Methodist Health System's policy is to provide care to all acutely ill persons regardless of insurance status and ability to pay. Financial assistance policy and application are posted and publicly available for all to access.
- III. All Methodist Health System's staff is encouraged to participate in the community benefit plans, reports and activities. Our Annual Organizational Review emphasizes our community commitment with all employees.
- IV. Methodist Health System community benefit planning and reporting is done in a manner consistent with *Community Benefit Planning and Reporting Guide* (CHA Guide; 2015 Edition) developed by Catholic Health Association (CHA) of the United States and VHA. Methodist Health System will continue to monitor all updated guidelines and recommendations for retention of non-profit status.
- V. Methodist Health System will perform a Community Health Needs Assessment (CHNA) every three years to identify those needs in the community. In conjunction with annual planning and budgeting process, Methodist Health System's Planning and Community Benefit Department will monitor community outreach activities to ensure that the activity is a reportable community benefit and is an identified need from the CHNA. Coordination and partnering with other non-profit organizations is recommended. Methodist Health System's Community Benefit's department will administer and/or implement programs, services and activities that are targeted to reduce those diseases and disparities identified in our CHNA, and adopt an implementation plan approved by each hospital's board. Each plan will identify and prioritize all the community health needs, describe how the hospital plans to meet the needs, and identify any collaborating partners. Methodist Health System's CHNA will be made available on the bestcare.org website or in Portable Document Format (PDF) for those unable to access the website.
- VI. Methodist Health System' will maintain timely and accurate community benefit records.
  - Methodist Health System utilizes the Community Benefit Inventory for Social Accountability (CBISA) developed by Lyon Software, to identify, track, quantify, and report its community benefit initiatives. ***All employees who participate in an event/program must complete the Community Benefits Quick Reporting Form – found on mhsIntranet and submit it within 30 days of completion of event/program.***
  - Events, programs, and donations will be audited by a finance representative that oversees the 990H form.
  - Methodist Health System's compliance department will maintain an audit and review of process. Methodist Health System will report community benefits on an annual basis in published financial statements and in filed Form 990H reports, helping to assure accountability to all internal and external publics and that users of the financial statements and governmental reports are fully cognizant of the community benefit provided by Methodist Health System in furtherance of tax-exempt status.
- VII. Community Benefit Reports and Evaluations will be generated by the Community Benefit Department and the Finance Department as needed.
  - Year-end reports will be provided to the Corporate Vice President of Strategic Planning and Business Development and the Chief Financial Officer for review before submitting information on the 990H.
  - Programs will be evaluated to assure quality and measure effectiveness.