Hospital Community Benefits Plan

Submission Template

Please Note: the report submitter may use this template to assist in gathering the information required for submission. All plans are required to be submitted in the Hospital Disclosures and Compliance System (HDC). All information provided on this plan will be available for viewing by the public, including numerical and written responses

Hospital Name:

HCAI Hospital ID:

Report Period Start Date:

Report Period End Date:

The web address where the Community Benefits Plan is published on the hospital's website:

The year the hospital last conducted a Community Health Needs Assessment (CHNA):

What community groups attended or engaged with the most recent CHNA process? Identify the vulnerable populations represented by these community groups. See "Vulnerable Populations" definition in the Glossary.

Does the Hospital make the CHNA report widely available to the public? Yes ☐ No ☐

How the hospital made the Community Health Needs Assessment (CHNA) available to the public:

The web address where the CHNA is publicly accessible:

Community Benefits

For the reporting period, input the dollar amounts for the hospital's net community benefit expenses, separately aggregating each category for services to vulnerable populations and the broader community. The HDC system will automatically calculate total fields.

Financial Assistance and Means-Tested Government Programs	Vulnerable Population	Broader Community	*Total*
Traditional Charity Care			
Medi-Cal			
Other Means-Tested Government (Indigent Care)			
Sum Financial Assistance and Means-Tested Government Program			
Other Benefits			
Community Health Improvement Services			
Community Benefit Operations			
Health Professions Education			
Subsidized Health Services			
Research			
Cash and in-kind Contributions for Community Benefits			
Other Community Benefits			
Total Other Benefits			

Community Benefits Spending			
Total Community Benefits*			
Medicare (non-IRS)			
Total Community Benefits with Medicare			

*Sum of Financial assistance, Means-Tested Government Programs and Other Benefits.

Other relevant information to the hospital's Community Benefits Plan not otherwise captured:

In addition to the above information, hospitals are required to submit their Community Benefits Plan to HCAI in compliance with Health and Safety Code, Section 127350. To meet submission requirements, each plan must be uploaded as a Portable Document Format (.pdf) file. Additionally, documents should be provided in a machine-readable format rather than scanned images or pictures of paper documents in compliance with Title 22, Division 7, Chapter 8.2, Section 95102 of the California Code of Regulations.

Glossary of Terms and Abbreviations*

CBP: Community Benefits Plan

CHNA: Community Health Needs Assessment

Facility: used to indicate a hospital.

HCAI ID: a number used by the Department of Health Care Access and Information to identify the different facilities.

HCAI: Department of Health Care Access and Information formerly the Office of Statewide Health Planning and Development.

HDC System: Hospital Disclosures and Compliance System.

"Broader Community" means groups or communities not specifically identified as vulnerable populations. This may include groups or communities where vulnerable populations cannot be identified or the activity is not specifically directed towards vulnerable populations.

Community benefits activity categories:

(1) "Cash contributions" means contributions made by the organization to health care organizations and other community groups restricted, in writing, to one or more of the community benefit activities. "Cash contributions" does not mean any payments that the organization makes in exchange for a service, facility, or product, or that the organization makes primarily to obtain an economic or physical benefit.

(2) "Charity care" means free health services provided without expectation of payment to persons who meet the organization's criteria for financial assistance and are unable to pay for all or a portion of the services. "Charity care" means free health services provided without expectation of payment to persons who meet the organization's criteria for financial assistance and are unable to pay for all or a portion of the services. Charity care shall be reported at cost, as reported to the Department of Health Care Access and Information. Charity care does not include bad debt defined as uncollectible charges that the organization recorded as revenue but wrote off due to a patient's failure to pay. Charity care shall be reported at cost, as reported to the Department of Health Care Access and Information. Charity care does not include bad debt defined as uncollectible charges that the organization recorded as revenue but wrote off due to a patient's failure to pay.

(3) "Community benefit operations" means activities associated with conducting community health needs assessments, community benefit program administration, and the organization's activities associated with fundraising or grant writing for community benefit programs. "Community benefit operations" does not mean the activities or programs provided primarily for marketing purposes or if they are more beneficial to the organization than to the community.

(4) "Community health improvement services" means activities or programs subsidized by the health care organization and carried out or supported for the express purpose of improving community health. Such services don't generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.

(5) "Health Professions Education" means educational programs that result in a degree, a certificate, or training necessary to be licensed to practice as a health professional, as required by state law, or continuing education necessary to retain state license or certification by a board in the

individual's health profession specialty. It doesn't include education or training programs available exclusively to the organization's employees and medical staff or scholarships provided to those individuals. It does include education programs if the primary purpose of such programs is to educate health professionals in the broader community. Costs for medical residents and interns can be included, even if they are considered “employees” for purposes of Form W-2, Wage and Tax Statement.

(6) “In-kind contributions” means contributions made by the organization to health care organizations and other community groups restricted, in writing, to one or more of the community benefit activities. These include the cost of staff hours donated by the organization to the community while on the organization's payroll, indirect cost of space donated to tax-exempt community groups (such as for meetings), and the financial value (generally measured at cost) of donated food, equipment, and supplies. “In-kind contributions” does not include payments that the organization makes in exchange for a service, facility, or product, or that the organization makes primarily to obtain an economic or physical benefit.

(7) “Means-tested government program” means a government health program for which eligibility depends on the recipient's income or asset level.

(8) “Other Community Benefits” means any activity, program and/or contribution that meets the definition of Community Benefit and is not already reported under Charity Care, Medi-Cal, Medicare, Other Means-Tested, Community Health Improvement, Community Benefit Operations, Health Professions Education, Subsidized Health Services, Research, Cash, and In-kind contributions.

(9) “Research” means any study or investigation the goal of which is to generate increased generalizable knowledge made available to the public. “Research” does not mean direct or indirect costs of research funded by an individual or an organization that isn't a tax-exempt or government entity.

(10) “Subsidized Health Services” means clinical services provided despite a financial loss to the organization. The financial loss is measured after removing losses associated with bad debt, financial assistance, Medi-Cal, and other means-tested government programs. Losses attributable to these items are not included when determining the value of subsidized health services.

(c) “Community benefits plan” means the written document prepared for annual submission to the Department of Health Care Access and Information that shall include, but shall not be limited to, a description of the activities that the hospital has undertaken in order to address identified community needs within its mission and financial capacity, and the process by which the hospital developed the plan in consultation with the community.

(f) “Hospital” means a private not-for-profit acute hospital licensed under subdivision (a), (b), or (f) of Section 1250 of the Health and Safety Code and is owned by a corporation that has been determined to be exempt from taxation under the United States Internal Revenue Code. “Hospital” does not mean any of the following:

(1) Hospitals that are dedicated to serving children and that do not receive direct payment for services to any patient.

(2) Small and rural hospitals as defined in Section 124840 of the Health and Safety Code, unless the hospital is part of a hospital system.

(3) A district hospital organized and governed pursuant to the Local Health Care District Law (Division 23 (commencing with Section 32000)) or a nonprofit corporation that is affiliated with the health care district hospital owner by means of the district’s status as the nonprofit corporation’s

sole corporate member pursuant to subparagraph (B) of paragraph (1) of subdivision (h) of Section 14169.31 of the Welfare and Institutions Code.

(h) "Net Community Benefit Expense" means a hospital's total expenses less direct offsetting revenue for the purpose of administering community benefit programs and activities.

(i) "Private not-for-profit" means a health facility, licensed by California Department of Public Health with licensee type of nonprofit corporation.

(j) "Report Period" means the time frame for reporting that begins on the first day of the hospital's fiscal year and ends on the last day of the fiscal year. A reporting period may be less than one year due to changes in the hospital's fiscal year-end or ownership.

(k) "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs. "Vulnerable populations" also includes both of the following:

(1) Racial and ethnic groups experiencing disparate health outcomes, including Black/African American, American Indian, Alaska Native, Asian Indian, Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Laotian, Vietnamese, Native Hawaiian, Guamanian or Chamorro, Samoan, or other nonwhite racial groups, as well as individuals of Hispanic/Latino origin, including Mexicans, Mexican Americans, Chicanos, Salvadorans, Guatemalans, Cubans, and Puerto Ricans.

(2) Socially disadvantaged groups, including all of the following:

(A) The unhoused.

(B) Communities with inadequate access to clean air and safe drinking water, as defined by an environmental California Healthy Places Index score of 50 percent or lower.

(C) People with disabilities.

(D) People identifying as lesbian, gay, bisexual, transgender, or queer.

(E) Individuals with limited English proficiency.

*Definitions are referenced directly from Health and Safety Code 127340 – 127360 and California Code of Regulations §95100-95115