

## **Rapides Healthcare System Community Benefit Policy**

Rapides Healthcare System (RHS) shall recognize its unique structure as a for-profit Limited Liability Corporation with the obligation to meet the Community Benefit Standard generally required of hospitals under Section 501c3 of the Internal Revenue Code as provided in the Contribution and Operation Agreements.

It shall also be recognized that in utilizing its human, clinical and financial resources to provide community benefit similar to that of a tax-exempt hospital, RHS also contributes to the community benefit through the payment of taxes not borne by tax-exempt hospitals.

Meeting the Community Benefit Standard shall be the responsibility and interest of the Governing Board, Management, Medical Staff, Employees and Members.

RHS shall develop a Community Benefit Plan to consistently and logically assure and document its sensitivity, knowledge and involvement in addressing community health status in a manner consistent with its governing documents, the practices of comparable tax-exempt hospitals and the Community Benefit Standard.

RHS shall prepare a Community Benefit Report to be presented to the Governing Board at least quarterly and to the Members at least annually.

### ***Community Benefit Plan***

The Community Benefit Planning cycle shall run on a three-year basis, with annual programmatic and resource adjustments.

The RHS Chief Executive Officer, or staff designee(s), shall obtain, compile and analyze relevant community health status assessment data. Assessment data may be obtained from existing sources, with necessary additional data otherwise gathered and collected by RHS.

The RHS CEO, or staff designee(s), shall present the assessment findings to the RHS Community Benefits Committee (composed of at least the Category A Governors, as well as one appointee from Category B & C Governors, the Foundation CEO and the Foundation Vice President of Programs) for identification and selection of issues for intervention. The Category A Governors will hold majority.

The RHS CEO, or staff designee(s), shall annually develop or amend program plans for each selected issue and present as the RHS Community Benefit Plan for consideration by the RHS Community Benefit Committee and recommendation for adoption by the RHS Governing Board. Program plans shall include a description of the issue, intervention, desired outcomes and resource requirements. The resource requirements adopted, as a part of the Community Benefit Plan shall be integrated into the respective annual operating budget(s).

The RHS CEO, or staff designee(s), shall implement the RHS Community Benefit Plan.

The RHS CEO, or staff designee(s), shall meet at least quarterly with the RHS Community Benefit Committee and provide Community Benefit Plan reports to the Governing Board.

The Foundation CEO, or staff designee(s), shall at least quarterly review the RHS Community Benefit Plan and reports with the Foundation Trustees and make necessary recommendations to assure that the Community Benefit Standard is being met.

### ***Community Benefit Report***

The RHS Community Benefit Report shall provide narrative, demographic and financial information to measure and document the community benefit provided by RHS.

Form 990-Community Benefit Reporting

Quantifiable Community Benefit:	Unpaid Costs	% of Expense
Charity Care Expenses		
Uninsured		
Bad Debts		
Other Uncompensated Expenses		
Unpaid Costs of Public Programs		
Medicaid		
Medicare		
Other (Champus)		
Community Benefit Services		
Donations		
Community Education		
Seniors Choice Program		
Family Practice Residency		
Property Taxes		
Sales Taxes		

Total Quantifiable Community Benefit

Community Benefit Narrative: (a narrative description of Community Benefit Planning, Implementation and Outcomes)

Work papers and detailed reports supporting the 990 summary will be prepared and reported as appropriate to the Community Benefit Committee, Governing Board, Medical Staff and Members.

*This reporting methodology derived from process and work papers contained in “Community Benefit Planning – A Resource for Nonprofit Social Accountability” prepared by the Catholic Health Association of the United States and the Coalition for Nonprofit Health Care.*