

**Community Assessment Template
for Rural Hospitals**

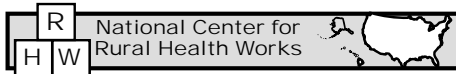
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**Presentation at NOSORH Annual Conference
November 15-17, 2010, in Oklahoma City, OK**



Objective:

**To develop a template for Hospital
Administrators, State Offices of
Rural Health or others to use to
meet Community Assessment
Requirement**



New Requirements for Section 501 (C)(3) Statutes

a. Community Health Needs Assessment

- i. The organization must conduct a “community health needs assessment” not less frequently than every three years and adopt an implementation strategy to meet the community health needs identified through the assessment**
- ii. A “community health needs assessment” must include input from persons “represent[ing] the broad interests of the community served by the hospital facility,” including those “with special knowledge of or expertise in public health.”**
- iii. The assessment must be made widely available to the public.**

b. Financial Assistance Policy Requirements

- i. The organization must establish a financial assistance policy that --
 - 1. Is in writing.
 - 2. Includes the eligibility criteria for financial assistance and specifies whether such assistances includes free or discounted care.
 - 3. States the method for applying for financial assistance.
 - 4. Includes a description of the actions the hospital may take in the event of non-payment where the organization does not have a separate billing and collections policy.
 - 5. Includes measures to widely publicize the policy within the community served by the organization.

b. Financial Assistance Policy Requirements (Continued)

- ii. The organization must establish an emergency medical care policy that --
 - 1. Is in writing.
 - 2. Requires the organization to provide non-discriminatory emergency medical care to an individual, regardless of that individual's eligibility under the financial assistance policy required above.

c. Requirements Regarding Charges

- i. Charges for emergency or other medically necessary care provided to persons who are eligible for assistance under the financial assistance policy described above cannot exceed "the amounts generally billed to individuals who have insurance covering such care."
- ii. The use of gross charges is prohibited.

d. Billing and Collection Requirements

- i. The organization cannot engage in “extraordinary collection efforts” before it has made a reasonable effort to determine whether the individual is eligible for assistance under the organization’s financial assistance policy.

Process and Time Line

- Create a National Advisory Team
Meet in Kansas City on November 23



Advisory Team Members and Affiliations

Val Schott, Director, Oklahoma Center for Rural Health and Oklahoma State Office of Rural Health

Cheryl F. St. Clair, Associate Director, National Center for Rural Health Works

Gerald A. Doeksen, Director, National Center for Rural Health Works

Rick Snyder, Vice President, Finance and Information Services, Oklahoma Hospital Association

Bridget Ware, Project Officer, Federal Office of Rural Health Policy

Advisory Team Members and Affiliations (Continued)

Larry Arthur, CEO, HMC/CAH Consolidated, Inc.
Brock Slabach, Vice President, National Rural Health Association
Michael Bilton, Executive Director, Association for Community Health Improvement
Mendal Kemp, Director, Center for Rural Health, Mississippi Hospital Association
John Gale, Research Associate, Maine Rural Health Research Center, Muskie School of Public Service

Advisory Team Members and Affiliations (Continued)

Teryl Eisinger, Director, National Organization of State Offices of Rural Health
Terry Hill, Executive Director, Rural Health Resource Center
Joseph S. McNulty, II, President and CEO, Pioneer Health Services
Jodi Schmidt, CEO, Labette Health
Mary Ellen Pratt, CEO, St. James Parish Hospital
Pat Schou, Flex Coordinator, Illinois Center for Rural Health
Tim Size, Executive Director, Rural Wisconsin Health Cooperative

Process and Time Line

- Complete template by end of Jan 2011
- Test in two communities by end of Feb 2011
- Conduct two training workshops immediately after community testing
- Maybe webinars?



QUESTIONS?