

Proposed Community Benefit Rules

Definitions

- (1) For purposes of OAR ____ through OAR _____, the following definitions apply:
- (a) “Charity care” means free or discounted health services provided to persons who cannot afford to pay and from whom a hospital has no expectation of payment. ‘Charity care’ does not include bad debt, contractual allowances or discounts for quick payment.
 - (b) “Community care” means free or discounted health services provided to persons who cannot afford to pay which is determined after billing for services provided.
 - (c) “Community” means the geographic service area(s) and patient population(s) that the health care institution serves as defined by the hospital.
 - (d) Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. They are not provided for marketing purposes. A community benefit must meet at least one of the following criteria:
 - 1. Generates negative margin
 - 2. Responds to needs of special populations, such as persons living in poverty
 - 3. Responds to public health needs
 - 4. Involves education or research that improves overall community healthCommunity benefit includes:
 - Charity care
 - Losses related to Medicaid, Medicare, State Children’s Health Insurance Program or other publicly funded health care program shortfalls
 - Community health improvement services.
 - Health Professionals Education
 - Subsidized Health Services
 - Research.
 - Financial and in-kind contributions to the community.
 - Community building activities.
 - Community Benefit Operations
 - (e) “Cost” means the total expense incurred by the hospital minus any offsetting revenue (e.g., grants).
 - (f) “Hospital” has the meaning provided in ORS 442.015.

Reporting

- (1)(a) Reporting required pursuant to this rule shall begin with hospital fiscal years beginning after January 1, 2008.
- (b) The hospital must submit the community benefit report to the Office for Health Policy and Research within 240 days from the close of the hospital's fiscal year. The report will be deemed submitted as of the date the report is postmarked or electronically delivered to the Office whichever is first.
- (c) If a hospital is part of a multi-hospital system, the system may submit reports from all system hospitals in one submission, but each hospital must be separately reported and clearly identified in any submission. Nothing in this paragraph removes the requirement that hospitals report their individual community benefit report.
- (d) If the ownership of the hospital changes during the hospital's reporting year, the hospital shall be required to submit a community benefit report that covers only the portion of the year in which the hospital is under new ownership.
- (f) If the hospital wishes to include an explanation or other qualitative information regarding a particular item in a report, the hospital may do so on the reporting form CBR-2 in the appropriate section.
- (2) (a) Hospitals shall submit the community benefit report on form CBR-1 and if applicable CBR-2, as defined by the Administrator of the Office for Oregon Health Policy & Research annually as defined in Reporting Section 1(a) and Section 1(b).
- (b) Services included for reporting are only those delivered under the license of the hospital and are only those services occurring during the fiscal year for the report.
- (c) Hospitals must not include a community benefit cost in more than one category. Community Benefit Reporting Guidelines (CBR-4) for each category shall be posted on the Office for Oregon Health Policy and Research web site. The Office must inform each facility subject to this reporting of any changes in Community Benefit Guidelines by July 1 of the subsequent year.
- (3) (a) Hospitals shall submit, for the first year of reporting and submit any changes to the plan for subsequent years, to the Office the hospital or organizations community benefit plan.
- (b) The community benefit plan submission minimum requirements are described on CBR-3.
- (c) CBR-3 may be submitted by an organization on the behalf of their hospitals but each hospital must be clearly identified in any submission.

- (4) The administrator of the Office for Health Policy and Research shall produce an annual report of the community benefit information submitted to the Office.
- (5) A hospital that fails to report as required in these rules may be subject to a civil penalty pursuant to ORS 442.400 to 442.463.

DRAFT FOR DISCUSSION ONLY