

Community Benefit Categories Worksheet
2006 Community Benefit Inventory
 January 1, 2006 - December 31, 2006
 Hospital Fiscal Year _____ - _____

Organization: _____
 Contact Person: _____
 Phone: _____ Email: _____

BENEFIT: Report negative margin (difference between operating COSTS and external subsidies) for providing:

A.	COMMUNITY HEALTH SERVICES	Benefit
	A1 Community Health Education	_____
	A2 Community-based Clinical Services	_____
	A3 Health Care Support Groups	_____
	TOTAL	\$ _____
B.	HEALTH PROFESSIONS EDUCATION	Benefit
	B1 Physicians/Medical Students	_____
	B2 Scholarships/Funding for Professional Education	_____
	B3 Nurses	_____
	B4 Technicians	_____
	B5 Other Health Professionals Education	_____
	B6 Other	_____
	TOTAL	\$ _____
C.	SUBSIDIZED HEALTH SERVICES	Benefit
	C1 Emergency and Trauma Services	_____
	C2 Neonatal Intensive Care	_____
	C3 Hospital Outpatient Services	_____
	C4 Burn Units	_____
	C5 Women's and Children's Services	_____
	C6 Renal Dialysis Services	_____
	C7 Hospice/Home Health/Adult Day Care	_____
	C8 Behavioral Health Services	_____
	TOTAL	\$ _____
D.	RESEARCH	Benefit
	D1 Clinical Research	_____
	D2 Community Health Research	_____
	D3 Other	_____
	TOTAL	\$ _____
E.	FINANCIAL CONTRIBUTIONS	Benefit
	E1 Cash Donations	_____
	E2 Grants	_____
	E3 In-Kind Donations	_____
	E4 Cost of Fund-raising for Community Programs	_____
	TOTAL	\$ _____

F.	COMMUNITY BUILDING	Benefit
	F1 Physical Improvements/Housing	_____
	F2 Economic Development	_____
	F3 Support System Enhancement	_____
	F4 Environmental Improvements	_____
	F5 Leadership Development/Training for Community Members	_____
	F6 Coalition Building	_____
	F7 Community Health Improvement Advocacy	_____
	F8 Workforce Enhancement	_____
	TOTAL	\$ _____
G.	COMMUNITY BENEFIT OPERATIONS	Benefit
	G1 Dedicated Staff	_____
	G2 Community Health Needs/Health Needs Assessment	_____
	G3 Other Resources	_____
	TOTAL	\$ _____
H.	CHARITY CARE AND GOVERNMENT SPONSORED HEALTH CARE	Benefit
	H1 Charity Care	_____
	H2 Public/Indigent Care	_____
	H3 Unreimbursed TennCare	_____
	TOTAL	\$ _____
I.	BAD DEBT	Benefit
		\$ _____
J.	MEDICARE	Benefit
		\$ _____
K.	COVERTN	Benefit
		\$ _____
L.	SUMMARY OF HCO COMMUNITY BENEFIT	Benefit
	A Community Health Services	_____
	B Health Professions Education	_____
	C Subsidized Health Services	_____
	D Research	_____
	E Financial Contributions	_____
	F Community Building Activities	_____
	G Community Benefit Operations	_____
	H Charity Care & Government Sponsored Health Care	_____
	I Bad Debt	_____
	J Medicare	_____
	K CoverTN	_____
	TOTAL COMMUNITY BENEFIT	\$ _____
M.	FOUNDATION COMMUNITY BENEFIT	Benefit
	M1 Community Services	_____
	M2 Community Building	_____
	M3 Other	_____
	TOTAL FOUNDATION COMMUNITY BENEFIT	\$ _____

For further assistance, please contact LaDonna McDaniel-Merville, Vice President, at 615-254-1941

Please complete and return this form by Friday, December 14, 2007, by fax to 615-254-1942 or by email to ladonna@hospitalalliancetn.com. Thank you for completing this information!