



Community Benefits & Social Accountability Report

Fiscal Year Ending June 30, 2011



MADERA COMMUNITY HOSPITAL

John W. Frye, Jr.
Chief Executive Officer
2010 - 2011

Prepared in Compliance with
California's Community Benefit Law SB697
By
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Table of Contents 2010 - 2011

Introduction & Background

- Organizational Structure
 - Board of Trustees
- Mission & Vision Statement
- Community

Planning & Public Review

- Community Involvement & Participation In the Needs Assessment Process
- **2011 Community Needs Assessment: Hospital Council of Northern and Central California**
 - **Fresno, Madera, Tulare & King Counties**
- Vision Madera 2025 Program
- Federal, State & Community Surveys / Reports

Community Benefits:

- Community Health Improvement Services
- Health Professions Education
- Subsidized Health Services
- Financial & In-Kind Contributions
- Community Building Activities

Financial Services Detail

- **Executive Summary**
- **Community Benefit Programs Detail**
 - Traditional Charity Care
 - Unpaid Cost of Medicare
 - Unpaid Cost of Medicaid
 - Means Tested Programs / Loss in Emergency Department

CHARITY CARE POLICY

- **MCH Policy: Charity Care Discount Program**

Madera Community Hospital

Introduction & Background

Madera Community Hospital (MCH) is a general acute care hospital, fully accredited by the American Osteopathic Association Healthcare Facilities Accreditation Program (HFAP) and licensed by the California Department of Public Health. MCH is a member of the Hospital Council of Northern and Central California and the California Hospital Association.

Sixty three-bed MCH opened on October 1, 1971. MCH currently provides an extensive range of sophisticated diagnostic and treatment services in a 106-bed setting. As a private, not for profit community hospital (501(c) 3), incorporated in the State of California, MCH is dedicated to providing quality healthcare services to Madera and the surrounding communities.

Growing to meet the needs of the community MCH opened a new 16-bed Emergency Department and 10-bed Intensive Care Unit in December of 2000 in a 15,000 square foot addition to the original building. The facility has a separate ambulance entrance, and elevator to transport patients directly from ER to ICU.

Services at MCH include: surgery (both inpatient and outpatient), 24-hour emergency services, specialized intensive care unit, cardiac care unit, medical and surgical care units, maternity care, (including private birthing suites), diagnostic radiology, physical therapy, respiratory therapy, occupational therapy, speech therapy, back classes, special therapy for stroke patients, health education and support groups, and two family health clinics. Home health care is provided by the Madera Community Hospital Home Health Agency.

The Madera Family Health Services Clinic, located on the Hospital campus is open from 8:30 a.m. to 8:00 p.m. seven days per week. Appointments may be made in advance and walk-ins are seen on first come/first serve schedule. The FHS Clinic is staffed with Family Nurse Practitioners and Physician Assistants.

Madera Community Hospital expanded to provide services at the Chowchilla Medical Center in 2008. The Chowchilla Medical Center, located at 285 Hospital Drive in Chowchilla, is staffed with a full-time physician and Nurse Practitioner or Physician Assistant Monday through Friday and a half day on Saturday. Appointments may be made in advance and walk-ins are seen on first come/first serve schedule. Specialty care is provided by appointment.

The MCH medical staff consists of 66 active staff and 15 courtesy staff, practicing in a broad range of specialties. The hospital employs over 950 people in 40 departments.

Organizational Structure

Madera Community Hospital Board of Trustees - 2011

Madera Community Hospital is a 501(c) 3, not-for-profit community health resource, dedicated to actively promoting and maintaining the health and well-being of residents in western Madera County.

Madera Community Hospital is governed by a 17 member board of trustees. The Board is comprised of community members and local physicians. Listed below are current members of the MCH Board of Trustees.

Chair	Steve Barsotti	Insurance Agent	Foster & Parker Insurance Agency
Vice Chair	Robert Poythress	Vice President	Citizen's Bank
Secretary	William Driggs	Businessman	Retired
	Mohammad Arain, M.D.	Physician	Medical Staff President - <i>Elect</i>
	Anna daSilva	Business Owner	President Concrete Company
	Margaret Diebert	Business Owner	Creative Copy
	Duane Furman, Ed. D.	Educator	Retired
	Jo Guthrie	Volunteer	President, MCH League Volunteers
	Jim Monreal	Education	Golden Valley School District
	Allan Nassar, M.D.	Physician	Medical Staff President - <i>Past</i>
	Theodore Nassar, M.D.	Physician	Medical Staff
	Wally Nishimoto	Business Owner	Bridge Store
	Monte Pistoresi	Business Owner	Pistoresi Ambulance
	Khalid Rauf, M.D.	Physician	Medical Staff President
	Ted Pistoresi	Foundation Member	President MCH Foundation
	Don Warnock	Business Owner	Food Products Company
	Jan Zitek	Business Owner	Animal Hospital

Madera Community Hospital Mission Statement

Madera Community Hospital is a not-for-profit community health resource, dedicated to actively promoting and maintaining the health and well-being of residents throughout the Central Valley. We are committed to identifying and serving our community's needs with compassion, concern, care and safety for the individual.

In support of our primary mission, Madera Community Hospital will:

- Be sensitive to the diverse physical, spiritual and psycho-social needs of those we serve, including the alleviation of pain and suffering, and integrally involving the family in care delivery.
- Periodically assess the health status and needs of our community, determine which health services we can appropriately establish and maintain, and act as a catalyst to ensure that priority health needs are met.
- Work collaboratively with physicians, other health providers, and community leaders to develop, offer and continuously evolve a comprehensive and integrated continuum of health services.
- Stimulate high levels of support and participation in educational and outreach initiatives offered to patients, staff and community members in an effort to promote both high levels of individual achievement and community health and well being.
- Prudently manage and utilize our financial resources, while ensuring the provision of high quality, effectively delivered health services.

Vision Statement

Madera Community Hospital will distinguish itself as a leader in identifying and meeting our community's health needs by working in partnership with physicians and others to offer and manage an integrated array of health services upon which a majority of individuals and employers in our community will rely. We will:

- Initiate collaborative relationships and strategic alliances which advance our vision.
- Meet or exceed our customers' expectations through quantifiable clinical and service quality and coordinated care delivery.
- Actively involve employers and community leaders in our success.
- Be flexible to change as community needs evolve.
- Engage a community which recognizes MCH as a vital community health resource.
- Align hospital and physician interests to better serve our community.
- Strategically invest in services and technologies, such as information technologies and non-acute care services.
- Selectively expand our Central Valley presence to serve the growing needs of area residents and purchasers: *Madera *Chowchilla *Kerman *N.W. Fresno

Approved by Board of Trustees: October 8, 2007

Community

Located in the exact center of California, Madera residents have easy access to Yosemite National Park, numerous mountain recreational areas including lakes, the Pacific Coast, and Bay Area as well as Southern California.

Agriculture is the primary economic resource in Madera County creating jobs for permanent and migrant workers. Migrant workers are not the only work source benefiting from agriculture-related works; others include fertilizer companies, farm vehicles, supermarkets, truck-drivers, workers in wineries and food processing plants. Madera depends on agriculture and related fields for a major source of employment.

A wide range of healthcare services are available through the Madera County Public Health Department. Mental health services are provided through Madera County Behavioral Health Services. Privately owned medical facilities available within the county include two convalescent hospitals, one ambulance service, and Children’s Hospital of Central California. Madera Community Hospital is the only acute care facility in the county treating adult patients.

The US Census Bureau QuickFacts, revised July 25, 2008 indicates a 20.7 % population increase in Madera County from April 1, 2000 to July 1, 2009.

<u>Madera County</u>	<u>2009</u>	<u>2000</u>	
Population	148,632	123,109	

Median Household Income for the city and county of Madera are significantly lower than statewide. In excess of ten percent (10%) of Madera County residents are over sixty five (65) years old. The segment of residents living below poverty level present a tremendous challenge to MCH in meeting the healthcare needs of the community with limited financial resources.

Residents Below Poverty Level	City of Madera	County of Madera	California
Median Household Income	\$31,033	\$46,066	\$61,017
Residents of All Ages Below Poverty Level	32.5%	18.2%	13.3%
Per Capita Money Income	\$11,674	\$14,682	\$22,711
Education (2008 Estimates)			
High School Graduates (Age 25+)		65.4%	76.8%
Bachelor’s Degree or Higher		12%	26.6%
Health Insurance Coverage Estimates July 2005			
	Number Insured	Number Uninsured	Percent Uninsured
All Ages	89,146	29,874	25.1%
Under Age 18	29,540	7,893	21.1%

Cities and zip codes served by the hospital are:
Madera / Madera Ranchos: 93636, 93637, 93638, 93639, Chowchilla: 93610, Raymond: 93653, Kerman: 93630

¹ Source: U.S. Census Bureau: State & County QuickFacts. Data derived from Population Estimates, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report.

² Source: U. S. Census Bureau, 2008 American Community Survey

Planning & Public Review

Board & Hospital Staff in the Planning Process

The Board of Trustees, Board committees, Administrative Staff and the Medical Staff in conjunction with the Leadership Council, work together to implement and carry forward the goals developed in the strategic plan and mission statement as evidenced by review and approval of major equipment purchases and building projects.

Community Involvement and Needs Assessments

Citizen input is obtained in various ways. One very important way is through the participation of members of Madera Community Hospital Board of Trustees, Foundation Board and League of Volunteers. Hospital employees are involved in the community, serving on boards and committees representing the hospital getting and giving input to better the community.

The assessment process to identify, select and prioritize community needs is an ongoing process. Summarized below are examples of assessment tools and community participation.

2011 Community Needs Assessment

Fresno, Madera, Tulare and Kings Counties

Hospital Council of Northern & Central California
Lynn Ashbeck
Regional Vice President

This document (assessment) is the result of a significant collaboration among the hospitals in the four counties to come together and do this “shared work”.

By way of background, the Patient Protection and Affordable Care Act (PPACA) imposed new requirements on non-profit hospitals. Hospitals must comply with requirements regarding community health needs assessments, financial assistance policies, charges, billing and collections. The nonprofit hospital provisions of PPACA do not exempt any hospitals from its requirements. Thus, hospitals currently exempt from community benefit reporting pursuant to State law (SB 697) must now develop a community health needs assessment and report community benefits. This includes small and rural, children’s charitable, public and other hospitals.

To that end, the Community Benefits Managers from six hospitals – Adventist Health – Central Valley Network, Community Medical Centers, Children’s Hospital Central California, Kaiser Permanente, Madera Community Hospital, and Saint Agnes Medical Center – worked together over the last few years to drive this shared needs assessment project from idea to completion. The funding for the project was provided by those six hospitals and the document (assessment) is shared with all hospitals in the region today.

The 2011 Community Needs Assessment is available to the public on the MCH Website.

Vision Madera 2025 Program

The Vision Madera 2025 Program provided Madera Community Hospital with an excellent assessment of the needs of the community and direction to provide a safe and healthy environment for the community as a whole, while meeting the immediate and long term healthcare needs of an economically and ethnically diverse community.

The following excerpt from the “Madera Vision 2025 – Vision Action Plan and Annual Report” summarizes the extensive public participation in the project.

Vision Madera 2025 Vision Overview

In July 2005, Madera engaged in a community process to develop a plan to guide the city to a preferred future. This community-wide effort, the Vision Madera 2025 program, was conducted over two years (2005-2007) and involved hundreds of citizens representing dozens of community interests including business, environment, neighborhood, social service, healthcare, education, government and many others. The product of this endeavor was a Vision Statement describing Madera in 2025, and an Action Plan identifying the programs and projects necessary to achieve that vision. With the help of hundreds of inputs from community volunteers and City of Madera sponsorship, the community now has a Vision and Action Plan. The Vision includes descriptive language describing a preferred future for Vision Madera 2025 in four focus areas:

- A Well-Planned City*
- A Strong Community and Great Schools*
- Good Jobs and Economic Opportunity*
- A Safe, Healthy Environment*

The project involved an extensive public participation program including a citizen task force that advised the City and developed the recommended Vision Madera 2025 Vision and Action Plan. In addition, the general public and various interest groups were engaged through a broad range of outreach activities such as public workshops and forums, newsletters, presentations to community groups, and focus groups. Hundreds of citizens participated in the vision planning process.³

Federal, State and Community Surveys, Data Bases and Reports

Madera Community Hospital Administration and Board of Trustees stay informed on population, health care and economic trends and their relation to the local community. Careful planning and utilization of resources allows Madera Community Hospital to provide a great variety of healthcare and healthcare preventive education to a largely underserved population. The impact of the proposed Healthcare Reform program to the community and the cost of meeting the mandates should such a program be approved are included in strategic planning.

Madera Community Hospital Responding to Identified Healthcare Needs

Comprehensive Prenatal Services Program

Comprehensive Prenatal Services Program (CPSP) at Madera Community Hospital offers classes that may be started at any time during pregnancy. Participation is open to all expectant mothers. Attendance is flexible. As an incentive to encourage regular participation, free baby gifts are received with each class attended. Classes are offered on an individual basis or in a group sitting. Experienced Maternal / Child nurses staff the program.

The Comprehensive Prenatal Services Program includes the following classes:

- ❖ Breastfeeding
- ❖ Infant Care
- ❖ Infant CPR
- ❖ Labor and Delivery
- ❖ Early Pregnancy
- ❖ Nutrition advice
- ❖ Pre-Term Labor

Sweet Success Program

Madera Community Hospital offers the Sweet Success Program for pregnant women with diabetes and diabetic women planning a pregnancy. The Sweet Success Program offers instruction for pre-pregnant and pregnant diabetic women in managing their diabetes. The Sweet Success Program provides instruction/assistance in the following:

- ❖ Dietary adjustments
- ❖ Exercise
- ❖ Self-monitoring of blood glucose levels
- ❖ Adjustments in insulin
- ❖ Regular supervision by their physician

Additional services available through Sweet Success are:

- ❖ Pre-Pregnancy and pregnancy classes and counseling
- ❖ Workshops for health care providers
- ❖ Consultation services to physicians

Madera Community Hospital Labor and Delivery

- ❖ Six Labor, Delivery, and Recovery suites
- ❖ Infant security system
- ❖ Lactation Education
- ❖ Maternal Child tour of services
- ❖ Operating rooms immediately available for cesarean sections
- ❖ Prenatal education

The Labor & Delivery Department encourages family involvement throughout the birthing process and offers extensive classes and parenting resources before and after delivery.

Baby Steps Program

Education and support is provided to new mothers to ensure they have the knowledge and skills to take care of themselves and their new baby. The program provides prenatal education, a reward of points that may be redeemed for baby clothes or care items for keeping prenatal and well baby appointments. Education and support is provided regarding breastfeeding and other practices that promote good health for mother and baby.

Childbirth Classes

Childbirth Classes are provided by for expectant mothers. The classes provide education about childbirth and education in parenting.

Stork Tours

Stork Tours give parents an opportunity to view the Labor and Delivery / Mother / Baby unit. Completion of routine forms prior to admission, and a preview of what to expect during the hospital stay. Two hour classes are held three to four times a month. This is a free service for all mothers delivering at Madera Community Hospital.

Nursing Paradigm Program

Evidence of current and future diverse and specialized health care needs is evident with the aging population. Focus on the Nursing Paradigm Program addresses the increasing need for nursing staff to provide health care services necessary for a population with increased healthcare concerns as a result of ethnic diversity and economic disadvantage.

Community Integrated Work Program

The Community Integrated Work Program provides a setting for physically and mentally challenged special needs community residents to learn life skills, performing in a commercial work environment, to be responsible, productive citizens.

Congestive Heart Failure Support Group

Madera Community Hospital provides a meeting place and a Registered Nurse education for monthly meetings of the Congestive Heart Failure Support Group. Guest speakers are provided whenever possible to provide education on this topic. Frequently the Madera Community Hospital Medical Staff presents information to the group.

Diabetes Support Group

Madera Community Hospital provides a meeting place and a Registered Dietitian for monthly meetings of the Diabetes Support Group. Guest speakers are provided whenever possible to provide education on this topic. Frequently the Madera Community Hospital Medical Staff presents information to the group.

Diabetes Program: Target Population

The Diabetes Program of Madera Community Hospital had defined its target population as individuals residing in Madera County over the age of 18 years who have been diagnosed with either of the following: type 1 or type 2 diabetes, pre-diabetes or metabolic syndrome.

- **Diabetes Mellitus is diagnosed using the American Diabetes Association's Clinical Practice Guidelines.**

- Symptoms of diabetes plus casual plasma glucose concentration 200 mg/dl or greater. Casual is defined as any time of day without regard to time since last meal. The classic symptoms of diabetes include polyuria, polydipsia, and unexplained weight loss.

OR

- FPG 126 mg/dl (7.0 mmol/l). Fasting is defined as no caloric intake for at least 8 h.

OR

- 2-h post-load glucose 200 mg/dl (11.1 mmol/l) during an OGTT. The test should be performed as described by WHO, using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.

- **Pre-diabetes (Impaired Fasting glucose or Impaired Glucose Tolerance) is diagnosed using the American Diabetes Association's Clinic Practice Guidelines.**

- Fasting plasma glucose (FPG) levels 100 mg/dl (5.6 mmol/l) but <126 mg/dl (7.0 mmol/l)

OR

- Two-hour values in the oral glucose tolerance test (OGTT) of 140 mg/dl (7.8 mmol/l) but <200 mg/dl (11.1 mmol/l).

- **Metabolic Syndrome is diagnosed using National Institutes of Health definition. Three out of five are needed to diagnose metabolic syndrome.**

- Blood Pressure \geq 130/80 mmHg
- Fasting Blood Sugar \geq 110 mg/dL
- Triglycerides >150 mg/dL
- HDL Cholesterol < 40 mg/dL for a man, < 50 mg/dL for a woman
- Waist Circumference > 40 inches for a man, > 35 inches for a woman

California Health Interview Survey 2005 statistics indicate Madera County has an adult population of 102,992. Diagnosed diabetes accounts for 8,669. The rate of diagnosed diabetes in Madera County is 8.5%. Of this population, 5-10% would have type 1 diabetes and 90-95% would have type 2 diabetes. The rate of diagnosed diabetes in the State of California is 7.0%. 91.6% of the Madera County population is 18 years or older. The population's ethnicity is estimated to be 50.8% Hispanic or Latino, 40.3% White, 4.5% Black, 3.3% American Indian.

Education levels in Madera County indicate 65.4% are high school graduate compared to 76.8% of California residents. Bachelor degree holders are 12% compared to 26.6% for California. The Post

secondary Education Commission indicates Madera County has an Adult Illiteracy rate of 28.4% in 2003. This is the 5th highest rate of illiteracy in the California.

The median household income in Madera County is \$44,259 compared to California average income of \$59,928. The Madera County poverty level is 16.9%, statewide 12.4%.

The Madera County Diabetes Report 2009 indicates 11.7% of the adults in Madera County have no usual source of care. This includes 6.6% of the adults with diabetes.

Taking these factors into consideration indicates this program needs be staffed to address the needs of a population with lower incomes and literacy levels than the general population of California. Cultural and language issues need to be considered in a population that is 50.8% Hispanic or Latino.

References:

1. Diabetes Care Vol. 27: Suppl. 1 January 2004, page S5-10.
2. California Diabetes Program (2009); Diabetes in California Counties. Sacramento, CA: California Diabetes Program, California Department of Public Health; University of California San Francisco, Institute for Health and Aging.
3. Madera County Quick Facts from the US Census Bureau.
<http://quickfacts.census.gov/qfd/states/06/06039.html>
4. California Postsecondary Education Commission-California County Comparison Graphs. National Center for Education Statistics-State and County Literacy Estimates.
<http://nces.ed.gov/naal/estimates/Index.aspx>
5. Diabetes Diagnosis and Classification of Diabetes Mellitus; American Diabetes Association.
http://care.dibetesjournals.org/content/32/Supplement_1/S62.full

Madera County Diabetes Coalition and Screening and Referral Program Program Update

June 30, 2011

This is a brief overview of community blood sugar screening and outreach events performed by the Madera County Diabetes Coalition (MCDC). There are several community outreach events where no blood sugar screening was performed and a couple of events where the consent forms are not available.

The Coalition was originally a committee created to bring awareness of diabetes to Madera County residents through a yearly health fair held during November, National Diabetes Awareness Month. In 2008, it was re-formed, given a new name and established a community wide blood sugar screening program to perform blood sugar screenings at community events year round. Even though current literature about community blood sugar screening discourages the activity because of low yield of undiagnosed diabetics and lack of follow up for those identified, the Coalition decided that it would be a good way to bring awareness of the illness to people of high risk priority populations, Latinos and Native Americans. Although the yield has been low, as expected, many people have increased their awareness of diabetes just from interaction with Coalition members. In 2009, it was determined that screening of diagnosed diabetics was not the purpose of the Coalition and the practice was discontinued. In 2011, it was decided that Coalition staff would begin logging the number of 'non' screening encounters as well as the number of participants screened for documentation purposes.

Susan Yoshimura, R.D., C.D.E.
Program Manager, Region 5
California Diabetes and Pregnancy Program

Madera Community Hospital & Madera County Diabetes Coalition

Madera Community Hospital staff Rose Reyes, R. D. and Diabetes Educator and Diane Howard, R.N., CDE, Patient Educator work closely with the Madera County Diabetes Coalition, participating in public screenings, free clinics and educational outreach in the community with the Madera County Diabetes Coalition.

The Diabetes Support group continues to meet at Madera Community Hospital on a monthly basis January through November of each year. Ms. Reyes and Ms. Howard provide diabetes education and support to attendees. The Diabetes Support group is regularly attended by ten to twenty diabetic patients, many newly diagnosed.

Family Health Services Clinic

The Family Health Services Clinic is staffed with Family Nurse Practitioners and Physician Assistants. Family Health Services also offers specialty clinics in which local Physicians rotate on a regular basis. A wide variety of services are provided, including:

Adult Healthcare	Urgent Care Problems
Child Healthcare	Minor injuries and illnesses
Well child exams	Minor Surgical Procedures
Complete physicals and PAP Smears	Preventative Healthcare
Employee Physicals	WIC Physicals
Sports Physicals	Immunizations
Treatment of Acute & Chronic Illnesses	Lab and X-Ray Services
Family Planning Services	

Most insurance, Medicare and Medi-Cal are accepted. A sliding fee schedule is offered for the uninsured.



Family Health Services
1210 East Almond Avenue, Madera, CA 93637
Open 8:30 am - 8:00 pm, seven days per week
Walk-ins are seen in order of arrival.
Appointments can be made by calling (559) 675-5530

Chowchilla Medical Center Clinic

A new opportunity to meet healthcare needs in the Madera County community of Chowchilla was realized when Madera Community Hospital took over management of the Chowchilla Medical Center Clinic in 2008. Madera Community Hospital assumed full operation of the Chowchilla Medical Center Clinic in 2009. The Chowchilla Clinic is staffed with a full-time Physician and a Nurse Practitioner or Physician Assistant. Podiatry, Internal Medicine, Ophthalmology, and OB/GYN doctors are available by appointment. Walk-in patients are seen in order of arrival for primary healthcare services.



Chowchilla Medical Center

285 Hospital Drive, Chowchilla, CA 93610
Open Monday – Friday, 8:00 am to 6:00 pm
Saturday, 8:00 am to 12:00 pm.
Phone number: (559) 665-3768

A variety of services are provided, including:

Adult Healthcare	Urgent Care Problems
Child Healthcare	Minor injuries and illnesses
Well child exams	Minor Surgical Procedures
Complete physicals and PAP Smears	Preventative Healthcare
Employee Physicals	WIC Physicals
Sports Physicals	Immunizations
Treatment of Acute & Chronic Illnesses	Lab and X-Ray Services
Family Planning Services	

Most insurance, Medicare and Medi-Cal are accepted. A sliding fee schedule is offered for the uninsured.

Home Health Agency

The Madera Community Hospital Home Health Agency is dedicated to providing services to individuals in their place of residence with the goal of gaining maximum independence and an optimal quality of life. Services are offered to adult and geriatric patients in accordance with a Physician-ordered, patient specific plan of care. Home Health is staffed by Registered Nurses, Licensed Vocational Nurses, Physical Therapists, Occupational Therapists, Speech Therapists, Medical Social Workers and Certified Home Health Aides. Patient's may be referred to Home Health Services by Physicians or their staff, Hospital or Convalescent staff, Family members or friends or a patient can call for a referral for themselves. Home Health Agency services include:

Medication Management

Respiratory/Cardiac Management

Pain Management

Catheter Management

Wound/Ostomy Care

Community Resources

Post-Operative Rehabilitation

Elder Care

Infusion Therapy

Diabetic Management

Enteral Nutrition (Feeding Tubes)

Swallowing Rehabilitation

End-of-Life Care

Physical, Occupational and Speech Rehabilitation and Therapy

Referrals are made by simply calling the numbers above and speaking with the intake coordinator. Home Health Agency Staff will then contact the Physician regarding your needs for skilled care.



Madera Community Hospital

Children's Visitor Center

The provision of free childcare services to parents is a goal Madera Community Hospital was able to realize with the opening of the Children's Visitor Center on April 5, 2004.

The center is housed in a modular building located in the front of the hospital, close to the Family Health Services Clinic. It is accessible for women needing a mammogram, x-ray, visiting the family health clinic or when visiting a friend in the hospital. The modular building is 960 square feet.

Each year when RSV warnings and restrictions regarding children in the patient care areas are posted, parents and visitors become frustrated. The childcare facility helps alleviate the stress associated with these restrictions.

Although volunteer assistance will be solicited in this endeavor, a director has been hired to oversee and manage the area. The director works 40 hours per week.

The Children's Visitor Center staff provides seasonally appropriate activities for young visitors as well as good parenting suggestions to interested visitors.



For the convenience of patients and visitors, children can visit the supervised Children's Visitor Center while their parents receive services on the hospital premises only or visit patients in the hospital. The center is open Monday thru Friday from 8:00am - 4:00pm. The provision of free childcare helps prevent children being left unattended in other waiting areas on the hospital campus.

Rehabilitation Center through June 30, 2011

The Rehabilitation Services department provides services to Inpatients, Outpatients and in the home setting with the goal of assisting each patient to achieve their highest level of functioning. The Rehabilitation Services department is staffed by licensed Physical Therapists, Physical Therapy Assistants, Occupational Therapists and Speech Therapists who have broad-based experience in multiple settings. The clinical services provided by the Rehabilitation Services department include:

Occupational/Industrial injuries	Hand Injuries
Post amputation for prosthetic and gait training	General strengthening
Work hardening	Post Joint replacement rehabilitation for knees, hips and shoulders
CNS disorders such as Multiple Sclerosis	Stroke rehabilitation
Vestibular/Balance disorders	Cognitive Rehabilitation
Sports Injuries	Speech, language and swallowing disorders

Educational services provided by the Rehabilitation Services department include:

Preoperative education	Community education
Assistance ordering durable medical equipment	Educational Volunteer training program
Medical Staff In-services	

All major insurance types (including HMO's and PPO's), Medicare,



Community Benefit Service Categories

Executive Summary

July 1, 2010 - June 30, 2011

Executive Summary Including Non Community Benefit (Medicare and Bad Debt)

Community Health Improvement Services (A)		
	Community Health Education (A1)	112,705
	Health Care Support Services (A3)	95,661
	**** Community Health Improvement Services	<u>208,366</u>
Health Professions Education (B)		
	Nurses/Nursing Students (B2)	200,162
	Other Health Professional Education (B3)	10,909
	**** Health Professions Education	<u>211,071</u>
Subsidized Health Services (C)		
	Subsidized Continuing Care: Lifeline & Homecare Services (C7)	1,291
	**** Subsidized Health Services	<u>1,291</u>
Financial and In-Kind Contributions (E)		
	Financial Contributions (E1)	19,435
	In-kind Donations (E3)	15,208
	**** Financial and In-Kind Contributions	<u>34,643</u>
Community Building Activities (F)		
	Economic Development (F2)	1,772
	Community Support (F3)	69,438
	Environmental Improvements (F4)	10,821
	Coalition Building (F6)	1,757
	Community Health Improvement Advocacy (F7)	2,250
	Workforce Development (F8)	84,622
	**** Community Building Activities	<u>170,660</u>
Community Benefit Operations (G)		
	Community Health Needs Assessment & Reporting (G3)	22,745
	**** Community Benefit Operations	<u>22,745</u>
	Total Community Benefit Operations	648,776
Traditional Charity Care		
	Traditional Charity Care	4,550,921
	**** Traditional Charity Care	<u>4,550,921</u>
Government Sponsored Health Care		
	Unpaid Cost of Medicaid	7,694,114
	Means-Tested Programs	751,656
	**** Government Sponsored Health Care	<u>8,445,770</u>
Totals - Community Benefits		13,645,467
	Unpaid Cost of Medicare	9,440,049
	<u>Total Community Benefit Including Medicare</u>	<u>23,085,516</u>

Madera Community Hospital Community Benefit Programs Summary

FY: 7/1/2010 - 6/30/2011

Title / Department	Benefit Cost
Administrative Coordination of Nursing Students Training at MCH	<u>47,164</u>
Adult Congenital Heart Association	744
Adult Protective Services - Multidisciplinary Team	2,379
Advisory Committee - Fresno City College Nursing	8,073
Alcohol & Drug Advisory Board - Madera County Behavioral Hlth Svcs	1,648
Association of California Nurse Leaders	8,073
Baby Steps Program Staffing & Supplies	59,173
California Dietetic Association Central Valley District	9,939
Central San Joaquin Valley Nursing Consortium (SJVC)	8,073
Childbirth Classes	2,122
Children's Visitor Center	51,454
Citizens Advisory Committee Prisons	675
Community Benefit Operations	22,745
Community Health Education & Training	16,173
Community Health Education Web Based	7,833
Community Health Services	19,062
Community Integrated Work Program	25,561
Community Newsletter - In Touch	1,202

Community Relations	9,825
Community Waste Reduction	10,821
CSUF Dietetic Intern Program	970
Deaf & Hard of Hearing Services	3,819
Disaster Readiness / Emergency Preparedness	8,159
Gift Shop Staffing	19,435
Health Care Support Services Dial a Ride & Madera Cab	1,266
Health Care Support: Enrollment Assistance Public Programs	7,010
Health Fairs	8,576
Health Professions Education	123,031
Hospital Council of Central California	2,250
Hospital Representation to community coalitions	1,082
Interpreter Services: Deaf, Hard of Hearing, Non-English Speaking	14,532
Lifeline and Home Care Services	1,291
Madera College LVN Program Advisory Committee	807
Madera Compact Board	1,237
Madera District Chamber of Commerce	1,772
Madera High School Certified Nursing Assistant (CNA) Program	807
Nursing Paradigm Program	1,453
Oversight and Direction RN & LVN Nursing Schools/Extern Training	55,734
Physician Recruitment for Federally Designated Medical Underserved	14,490
Poverello House Board of Trustees	5,400

Provision of Meeting Space for Community Service Organizations			8,160
ROP Advisory Committee Madera County Schools			291
Scholarship/Funding Professional Ed: Payment for Study RN's			2,991
Shriner's Orthopedic & Burn Clinic			163
Sweet Success Program			495
Tele-Interpreters			7,482
Workforce Development			41,388
Workforce Enhancement			1,946
Number of Programs	48	Total Cost of Programs	648,776

Madera Community Hospital

Community Benefit Activities Detail

07.01.2010 – 06.30.11

ADMINISTRATIVE COORDINATION OF MCH NURSING STUDENTS

Nursing Administration: Tammy Galindo, R.N.

Ms. Galindo provides oversight and direction to sponsorship programs for the R.N. and LVN Nursing Schools and Nurse Extern Training Programs. This includes clinical placement, coordination of students, supervision and orientation training for nursing facility, students.

Benefit Cost: 47,164

ADULT CONGENITAL HEART ASSOCIATION

General Accounting: Diane Neff

Ms. Neff is the local group leader for the Central California Adult Congenital Heart Association (ACHA) group. Activities include organizing and attending meetings, outreach, and fundraising events.

Focus is on improving the quality of and extending the lives of adults with congenital heart defects through education, outreach, advocacy and promotion of research

Ms. Neff also serves as an Ambassador for the ACHA Heart to Heart Program. The ambassador pool consists of both patients and family members of patients (spouses, parents, etc). The purpose of the Heart to Heart program is to match ambassadors up with patients or their family members for one-on-one mentoring and support. A match typically lasts for 3 to 6 months and is intended to help the patient or family member with an issue such as dealing with having surgery, finding appropriate medical care, insurance issues, etc.

Benefit Cost: 744

ADULT PROTECTIVE SERVICES - MULTIDISCIPLINARY TEAM

Case Management: Joan Lopez

This team consists of representatives from police, sheriff, mental health, APS, Home Health Agency, Madera Community Hospital and other community agencies meeting monthly to discuss particular cases requiring a multidisciplinary approach. The team discusses cases determining the agencies that can best assist the senior or disabled person to help them stay safe in their environment and their community

Each agency brings their own expertise in their field to assist in a particular case.

Benefit Cost: 2,379

ADVISORY COMMITTEE - FRESNO CITY COLLEGE NURSING

Nursing Administration: Mary Farrell

Ms. Farrell is a member of the Board of Directors

Benefit Cost: 8,073

ALCOHOL & DRUG ADVISORY BOARD - MADERA COUNTY BEHAVIORAL HEALTH SERVICES

Professional Services: Betty Cates

As an advisory Board the group provides oversight and direction to Madera County Behavioral Health Services regarding prevention of alcohol, drug and gambling abuse. Through education and counseling the goal of the Advisory Board and Madera County Behavioral Health Services is to reduce the number of

residents of the community involved in illegal / abusive alcohol, drug and gambling activities.

Benefit Cost: 1,648

ASSOCIATION OF CALIFORNIA NURSE LEADERS

Nursing Administration: Mary Farrell

Ms. Farrell is a member of the Board of Directors for the Fresno Leadership Coalition and serves as the chair of the NOC Academic Service partnership Committee. The ASP Committee is comprised of representatives of all the greater Fresno and Merced area nursing programs and hospitals. The Committee collaborates on strategies to insure quality, standardized nursing student clinical training experiences in the Valley.

Benefit Cost: 8,073

BABY STEPS PROGRAM MEETING STAFFING AND SUPPLIES

Administration: John W. Frye, Jr.

Maternal Child: Donna Aldrich, R.N.

Baby Steps Staff provide prenatal education to improve the health of the mother and baby. Partnering with other departments, (Nursing Staff, Physical Therapy, etc.), items needed for newborn care are provided to ensure new mothers have what they need to take care of themselves and new baby.

Meeting space / conference rooms and healthy snacks are provided for meetings.

Benefit Cost: 59,173

CALIFORNIA DIETETIC ASSOCIATION CENTRAL VALLEY DISTRICT

Ms. Der Garabedian serves as the California Dietetic Association Central Valley District Legislative Reimbursement Chairperson. Promoting better nutrition education is a priority of the association.

Benefit Cost: 9,939

CENTRAL SAN JOAQUIN VALLEY NURSING CONSORTIUM (SJVC)

The SJVC Nursing Consortium is a grant funded program to promote increased R.N. pass rates on the R.N. License National Certification Exams (NCLEX). The goal is to increase the number of R.N.'s in the Valley by 300 in 3 years. The Consortium meets monthly to review pass rates and develop tests, NCLEX prep class funding for at risk students and coordinates "Boost Camps" for R.N. students.

Benefit Cost: 8,073

CHILDBIRTH CLASSES

Provision of childbirth classes to underserved population

Benefit Cost: 2,122

CHILDREN'S VISITOR CENTER

Administration: John W. Frye, Jr.

The MCH Children's Visitor Center opened for children on April 5, 2004. The Children's Visitor Center is available to people coming to the Hospital for a medical appointment, hospital emergency care or to visit patients on the Hospital grounds. Children can visit for up to 2 hours each day. The Children's Visitor Center provides a safe environment for children whose parents/caregivers require medical care or are visiting a Hospital patient.

Benefit Cost: 51,454

CITIZENS ADVISORY COMMITTEE - PRISONS

Administration: John W. Frye, Jr.

Mr. Frye represents Madera Community Hospital on the local prison facility citizen's advisory committee.

Benefit Cost: 675

COMMUNITY BENEFIT OPERATIONS

Professional Services: Betty Cates

Madera Community Hospital conducts needs assessments and provides oversight and management of community benefit programs and the reporting process.

Benefit Cost: 22,745

COMMUNITY HEALTH EDUCATION & TRAINING

Ms. Lopez provides in-service, education and training regarding dementia and 5150 Evaluations to Madera County Behavioral Services Staff, Madera County Public Health Department, and Discharge Planning for the Homeless.

Benefit Cost: 16,173

COMMUNITY HEALTH EDUCATION WEB BASED

Administration: John Frye

With the development of a new website Madera Community Hospital provides health care education and resources to the general public.

Benefit Cost: 7,883

COMMUNITY HEALTH SERVICES

Providing education, educational materials, and speakers to improve the health of the community. Current focus is in identified areas of need including diabetes, respiratory/breathing conditions, heart disease, sleep apnea and screening for unknown medical conditions.

Benefit Cost: 19,062

COMMUNITY INTEGRATED WORK PROGRAM

Housekeeping: Jim Johnson

The Community Integrated Work Program allows physically and mentally impaired individuals to gain work experience in the community enabling the individual to grow in social situations, the work environment, self esteem and while being reimbursed. Madera Community Hospital provides a setting for special needs community residents to learn life skills, performing in a commercial work environment and being responsible, productive citizens.

Benefit Cost: 25,561

COMMUNITY NEWSLETTER - INTOUCH

Community Relations: Rae Gomes

Ms. Gomes publishes the community newsletter, "INTOUCH". The newsletter is distributed to residents in the Hospital service area, imparting health education and information of medical services available in the community.

Benefit Cost: 1,202

COMMUNITY RELATIONS

Community Relations: Rae Gomes

Ms. Gomes acts as advisor for the MCH Foundation; scheduling and attending monthly meetings and assisting with fund raising activities. (See Leadership Journal.)

Benefit Cost: 9,825

COMMUNITY WASTE REDUCITON - SHARPS DISPOSAL

Maintenance: Jim Johnson

The community waste reduction / sharps disposal program provides safe disposal of contaminated materials and prevents exposure to contaminated materials.

Benefit Cost: 10,821

CSUF DIETETIC INTERN PROGRAM

Madera Community Hospital provides meeting rooms and space for group to meet for classes and individual study.

Benefit Cost: 970

DEAF & HARD OF HEARING SERVICES

Benefit Cost: 3,819

DISASTER READINESS / EMERGENCY PREPAREDNESS

Costs associated with new expanded training, task force participation and drills to increase preparedness in event of disaster.

Benefit Cost: 8,159

GIFT SHOP STAFFING ASSISTANCE

Administration: John W. Frye, Jr.

Madera Community Hospital provides staffing assistance to the MCH League of Volunteers for Gift Shop Staffing.

Benefit Cost: 19,435

HEALTH CARE SUPPORT AND SERVICES - DIAL A RIDE & MADERA CAB

Administration: John W. Frye, Jr.

Madera Community Hospital provides transportation for indigent patients through Dial a Ride and Madera Cab Company.

Benefit Cost: 1,266

HEALTH CARE SUPPORT: ENROLLMENT ASSISTANCE IN PUBLIC PROGRAMS

Admitting: Cindy Sanchez

The Hospital Financial Counselor assists patients in enrolling in assistance programs. Madera Community Hospital provides staff and office space for hospital staff dedicated to assisting uninsured / indigent patients in applying for medical payment assistance. This assistance enables indigent and/or uninsured residents to obtain medical care more readily in the broader community. Assistance allows Madera Community Hospital to decrease the loss suffered by the facility in provision of charity care, thus serving a greater number of individuals.

Benefit Cost: 7,010

HEALTH FAIRS

Participation in health fairs to provide blood pressure screenings and educate public regarding preventive health care.

Benefit Cost: 8,576

HEALTH PROFESSIONS EDUCATION

The provision of classrooms and resources for nursing students enrolled in outside organizations. Students receive orientation regarding infection control, emergency procedures, and patient safety. Madera Community Hospital provides extensive support to the education of new health professionals.

Benefit Cost: 123,031

HOSPITAL COUNCIL of NORTHERN AND CENTRAL CALIFORNIA

Administration: John W. Frye, Jr.

Mr. Frye represents Madera Community Hospital on the California Hospital Council working with Council members to understand and promote areas of common interest in providing healthcare to our communities. The Council works in collaboration with Fresno area hospitals in assessing and meeting healthcare needs of the Fresno/Madera Service Area.

Benefit Cost: 2250

HOSPITAL REPRESENTATION TO COMMUNITY COALITIONS

Mr. Johnson represents the Hospital on Community Coalitions, Community Service Clubs, and workforce enhancement.

Benefit Cost: 1,082

INTERPRETER SERVICES: DEAF, HARD OF HEARING, NON-ENGLISH SPEAKING

Human Resources: Christine Watts

Madera Community Hospital provides interpreter services for deaf, hard of hearing and non-English speaking patients.

Benefit Cost: 14,532

LIFELINE & HOME CARE SERVICES

Ms. Walker oversees the provision of Lifeline installation and oversight to enable elderly and/or disabled to remain independent in their own homes.

Benefit Cost: 1,291

MADERA COLLEGE LVN PROGRAM ADVISORY COMMITTEE

Nursing Administration: Donna Aldrich

Ms. Aldrich assists with program and development of curriculum of the local LVN program. Madera Community Hospital encourages enrollment in nursing programs to alleviate the predicted nursing shortage. Curriculum is developed to provide education that is applicable to current healthcare environment.

Benefit Cost: 807

MADERA COMPACT BOARD

Administration: John W. Frye, Jr.

The Madera Compact is a coalition of business, community and education leaders working collaboratively to support efforts to improve the quality of life in Madera County. The Madera Compact promotes partnerships with schools to improve the achievement levels and skills of students and prepare them for the increasing demands of society and the workplace.

Benefit Cost: 1,237

MADERA DISTRICT CHAMBER OF COMMERCE INTERAGENCY BOARD

Administration: John W. Frye, Jr.

Mr. Frye represents Madera Community Hospital in the Madera Chamber of Commerce supporting community activities and business development. Conference rooms are provided for subcommittees to meet.

Benefit Cost: 1,772

MADERA HIGH SCHOOL CERTIFIED NURSING ASSISTANT PROGRAM

Mrs. Farrell coordinates the annual MCH Nursing Scholarship Program for both Madera High School campuses. This includes the dissemination of scholarship applications to the schools and the selection process at MCH. Awards are presented annually. Also meets with instructors and students to promote nursing and nurse recruitment objectives for the community. Consults on the MHS ROP curriculum annually meeting with MHS Administration and faculty.

Benefit Cost: 807

NURSING PARADIGM PROGRAM

Nursing Administration: Mary Farrell

Ms. Farrell coordinates and supports the RN Nursing Paradigm Nursing Program at Fresno City College. Grants are obtained for funding additional slots to increase the number of hospital employees entering and graduating from RN Nursing Programs. Madera Community Hospital works in partnership with five Fresno Hospitals and 2 Madera Hospitals to alleviate the nursing shortage

Benefit Cost: 1,453

OVERSIGHT & DIRECTION R.N. & LVN NURSING EXTERNS

Ms. Galindo and Ms. Combs provide oversight and direction to sponsorship programs for the R.N. and LVN Nursing Schools and Nurse Extern Training Programs. This includes clinical placement, coordination of students, supervision and orientation training for nursing faculty and students

Benefit Cost: 55,734

PHYSICIAN RECRUITMENT FOR FEDERALLY DESIGNATED MEDICALLY UNDERSERVED

Recruitment and support for physician to establish practice in a federally designated medically underserved area.

Benefit Cost: 14,490

POVERELLO HOUSE BOARD OF TRUSTEES

Administration: John W. Frye, Jr.

Mr. Frye serves as Treasurer on the Poverello House Board of Trustees. Poverello House provides food, clothing, shelter and limited medical care to the homeless population.

Benefit Cost: 3,428

PROVISION OF MEETING SPACE FOR COMMUNITY SERVICE ORGANIZATIONS

Provision of meeting rooms / space for not-for-profit community service organizations, coalitions, social service networks such as Chamber of Commerce, Soroptomists, Lions, etc.

Benefit Cost: 8,160

ROP ADVISORY COMMITTEE – MADERA COUNTY SCHOOLS

Provision of conference rooms for meetings and Human Resources staff attendance at meetings. Goal is to encourage further education for students at risk for drop out.

Benefit Cost: 291

SCHOLARSHIP FUNDING FOR PROFESSIONAL EDUCATION: R.N. STUDY TIME

Nursing Administration: Mary Farrell

Madera Community Hospital reimburses nursing students for study time to enable staff to upgrade skills while supporting themselves/families. This increases the number of nursing graduates, alleviating the nursing shortage.

Benefit Cost: 2,991

SHRINER'S ORTHOPEDIC & BURN CLINIC

Community Relations: Rae Gomes

Madera Community Hospital hosts the Shriner's Orthopedic and Burn Clinic on a regular basis. Madera Community Hospital provides advertising, appointment scheduling and meeting room space.

Benefit Cost: 163

SWEET SUCCESS PROGRAM

The Sweet Success Program provides education for expectant mother groups to meet. Provides Diabetes education and support.

Benefit Cost:

TELE-INTERPRETERS

Provides tele-interpreter services for patients when an interpreter for the language is not available on site.

Benefit Cost: 7,482

WORKFORCE DEVELOPMENT

Mr. Johnson and staff participate in community workforce boards and partnerships include welfare to work initiatives. Participation in job shadowing and school based health career fairs.

Benefit Cost: 41,388

WORKFORCE ENHANCEMENT

Human Resources Department participation in school based programs on health care careers.

Benefit Cost: 1,946

Programs: 48
Expenses: 648,776

**MADERA COMMUNITY HOSPITAL
Policy / Procedure**

SUBJECT:	<u>Financial Assistance Program</u>	DATE:	<u>10/01/04</u>
DEPARTMENT:	<u>Administration</u>	REVISED:	<u>1/1/07</u>
DEPARTMENTS AFFECTED:	<u>Hospital-Wide and Specifically - Emergency Department, Family Health Services, Home Health, Case Management, Admissions, Credit & Collections and Business Office</u>	MASTER INDEX #:	<u></u>
SUBMITTED BY:	<u>VP-Finance/CFO</u>	DEPT. #	<u>8610</u>

REFERENCES:

AB 774 (Chan, 2006), Office of Statewide Health Planning and Development Hospital Technical Letter #16 (October, 2006), California Hospital Association *Voluntary Principles and Guidelines for Assisting Low-Income Uninsured Patient* (2004); Department of Health and Human Services, Office of the Inspector General *Hospital Discounts Offered to Patients Who Cannot Afford to Pay their Hospital Bills* (2004); American Hospital Association *Hospital Billing and Collection Practices*; Various letters and publications from other sources.

PURPOSE:

To promote equal and compassionate access for all individuals needing emergent or imminently necessary healthcare services. To establish guidelines for the authorization of discounts to patients/guarantors who are low-income, underinsured or uninsured for services provided by Madera Community Hospital (MCH).

POLICY:

Introduction

Consistent with the Mission and Vision Statements of Madera Community Hospital, the Hospital shall have policies and procedures in place, approved by its Board of Trustees, to assist low-income, underinsured or uninsured patients/guarantors who claim to not have the ability to pay for their needed healthcare services. This policy shall consider the unique cultural, diversity and economic needs of the community at large. The Financial Assistance Program, sometimes also referred to as a Charity Care Program, will be available to all qualified individuals regardless of age, gender, race, socio-economic or immigrant status, sexual orientation or religious affiliation.

This policy shall not prohibit the Hospital's treatment of patients who present themselves at the Emergency Department and does not supersede the rules and regulations set forth in the EMTALA legislation. Only patients with an immediate or imminent need for necessary healthcare services, as determined by a physician or other licensed healthcare practitioner, shall qualify for this program. Services of a cosmetic nature do not qualify for a discount under this policy. The Hospital's Chief Executive Officer or VP-Finance/CFO may make an exception to this policy for certain individuals who would not normally qualify, based on their specific individual circumstances.

Information Available to the Public and Methods of Communication

The following information shall be made available to patients/guarantors or other interested parties by the Hospital, upon request:

- A copy of this Policy.
- A copy of the Application and Instructions.
- A brochure explaining the benefits available under the Hospital's Financial Assistance Program.

The Hospital shall inform the public of its financial assistance program by the following methods:

- Post a notice about the Financial Assistance Program in public areas for patients to see.
- Include information on statements and other collection correspondence sent to self-pay patients about the availability of the program.
- Communicated by the Case Management staff, Credit & Collections staff, financial counselors and all registration personnel when a patient or guarantor indicates they do not have the ability to pay for their care.
- On the Hospital's website.

All public notices, including this policy, the application & instructions and the brochure shall be made available in English & Spanish (a copy of this policy in Spanish is attached and made a part of this policy).

Staff Training About Availability of Financial Assistance Program

MCH staff who are routinely involved in the registration/admission of patients, those that help manage the healthcare services being received by the patient (such as case managers or social workers) and those in the financial counseling, billing and collection for healthcare services will receive specific training on the availability of the Hospital's Financial Assistance Program to the public. The goal of the training is to make sure that information about the program is available to the public that may qualify for the program and for staff to recognize those patients/guarantors who may qualify for the program but have not yet inquired about it.

Eligibility Criteria and Charges Covered

Those patients/guarantors who claim that they do not have the financial resources to pay for their healthcare services may be eligible for the program if they meet certain income and family size limitations and complete a Financial Assistance Program application. All individuals interested shall cooperate with the Hospital in providing the appropriate information for the Hospital to make a determination of qualification.

This program shall be available to all individuals who meet the qualifications. All amounts due, including co-pays, deductibles, share of costs and non-covered charges remaining after the primary payer (if applicable) has paid, are eligible for discounts under this program.

All Applicants shall first apply for and cooperate with the application process for benefits under State and Federal Public Health Programs, such as California's Medi-Cal/CMSP programs and/or any other public benefit program that they may qualify for. Applicants who refuse to pursue these other benefit programs or are denied eligibility due to an incomplete application will not be eligible for the Financial Assistance Program sponsored by Madera Community Hospital.

Individuals that apply for Medi-Cal/CMSP or other State and Federal programs and are denied due to assets or income levels above qualifying limits may be eligible to receive a discount through the Financial Assistance Program based on their income and family size.

Income Verification, Approval Process and Discount Amount Determination

A qualification determination shall be made based on total family income and the number of family members. Income verification may be done by reviewing pay stubs, tax returns and other information to help establish income levels.

The Hospital shall inform the applicant within 10 business days of receipt of a properly completed Application (a copy of the Instructions and Application are attached to this Policy and made a part thereof) of their acceptance or not into the program. For Applicants who are denied due to lack of information provided on Application or the Hospital's inability to verify income level or family size, shall have the opportunity to provide additional information for consideration. If the application is again denied, the Applicant can ask for a review by the VP-Finance/CFO for an ultimate determination

The discount amount shall be determined by a chart developed by the Hospital based on the Family Federal Poverty Guidelines published periodically in the Federal Register. The Hospital's discount chart (a copy which is attached to this Policy and made a part thereof) shall be updated as the Federal Poverty Level amounts are revised. The Hospital shall provide discounts to qualified patients/guarantors at percentages of 100% down to 40% off hospital charges based on verifiable family income levels from 200% to 350% of the published Federal Poverty Level Chart. Generally speaking, people with family income levels below 200% of the Federal Poverty Guidelines will qualify for a 100% discount on their account.

Presumptive Financial Assistance Determination

The Hospital, based on information available at the time, may determine to presume that a patient qualifies for the Financial Assistance Program even though the person has not applied for the program. In some cases where the patient/guarantor is not willing or is unable to apply for the program, the Hospital may presume they would qualify for the program and apply the discounts available to their account(s) as though they had applied and qualified for the program.

Payment of Remaining Balance on Account and Collection Practices

The hospital shall make every reasonable effort to arrange for an acceptable payment plan for that portion of the patient's bill that is not discounted through this program. All payment arrangements with participants in the Financial Assistance Program will be interest free.

All collection activities being done by the Hospital's Collections Department, or by collection agencies that the Hospital contracts with to perform follow-up collections on unpaid accounts, shall cease when a patient/guarantor claims they do not have the ability to pay these debts. At that time, the patient/guarantor will have the opportunity to apply for the Financial Assistance Program. If the patient/guarantor's application is denied, such collection activities may resume. The Hospital, or its contracted collection agencies, will not use aggressive collection practices towards any patient/guarantor who has been accepted into the Financial Assistance Program, received a partial discount, and has made arrangements with the hospital to pay the remaining balance of his/her account. If the patient/guarantor fails to fulfill their commitment to pay the balance of their account, the hospital may resume normal collection practices on the account.

*Participation Period / Retroactive
Covered Services Period*

A patient's approved participation in the program will last for three (3) months. Towards the end of this period the Manager, Patient Financial Services or a Credit & Collections staff member will contact the patient to review the application information and determine if it is still correct. If so, another 90 day period may be granted to the patient. The limited participation periods are designed

to reevaluate the Applicant's financial situation periodically and confirm his/her qualification for the Financial Assistance Program as personal financial circumstances change. The Patient/Guarantor may be asked to apply for Public Health Programs if it appears they may now qualify for such benefits. No additional Financial Assistance periods shall be approved for a patient who has unpaid accounts from the previous period until those accounts are paid in full.

Any services received by the patient within the prior ninety (90) days from the date of the approved Application will be eligible for a discount under the Program unless it is determined that the patient/guarantor's financial situation at the time of the prior service would not have qualified them for the program. This retroactive application of discounts will not apply to accounts of the patient that have already been paid – no refunds will be issued to any payer for payments received by Madera Community Hospital for services provided during the retroactive period.

Non-Covered Services

This policy does not apply to charges for services provided by attending or consulting physicians or other medical providers that are not billed by the

Hospital. Patients/guarantors will have to discuss any such discounts with the individual medical practitioner directly. Madera Community Hospital has encouraged other medical providers to have Financial Assistance policies consistent with this one in place and to encourage people who appear to not be able to pay for their healthcare services to apply for such programs, where available.

This policy does not apply to services of a cosmetic nature. Only emergent services, and those that are determined by a physician or other healthcare provider to be imminently needed, will qualify for discounts under this policy.

Other

All Financial Assistance Program records shall be kept for a minimum of five (5) years in confidential storage by the Manager, Patient Financial Services. No information about the patient/guarantor or the Application shall be distributed to any party outside the hospital without prior written authorization of the patient/guarantor, except in the process of verifying information on the Application. The information contained on the Application or attached thereto as supporting documentation shall not be used for any reason other than the determination of qualification in the Hospital's Financial Assistance Program.

The hospital's Chief Executive Officer or VP-Finance/CFO is authorized to make exceptions to this policy based on individual circumstances.

PROCEDURE:

- I. Patient Admissions/Registrars and Financial Counselors (excluding Emergency Room Personnel):
 1. At the time of registration of a patient who claims to not have a primary payer source for the services to be received, admissions/registration personnel and financial counselors should question the patient about his/her qualification for Medi-Cal/CMSP benefits or other Public Benefit Programs.
 - a) If it appears that the patient may be eligible for Medi-Cal/CMSP or other programs, the admissions/registration personnel or financial counselor should provide the appropriate application. The financial counselor should encourage the patient to complete the application and should track, as best as possible, the progress of submitting the application and the acceptance or denial by Madera County Social Services Department.
 - b) If the patient is unwilling to cooperate with the application process and, thus, does not qualify for the Financial Assistance Program, the patient should be registered as self-pay and the admissions/registration personnel or financial counselor should discuss payment options with him/her. A review of the patient's recent billing/payment history should be done by the

financial counselor to determine if the patient has other unpaid accounts that need to be discussed at the same time. The contact information for the patient/guarantor may be turned over to the outside contractor that assists patients of the Hospital to qualify for Public Assistance Programs for follow-up.

2. Admissions/registration personnel and financial counselors should distribute copies of the Financial Assistance Program Instructions/Application and brochure to those patients/guarantors who claim to not have the financial ability to pay for their healthcare services and would otherwise qualify for the program. This information may come forward during conversations with the patient/guarantor during the registration process or at a later date.
3. Admissions/registration personnel and financial counselors should help answer any questions the patient/guarantor has about the program or application process, stressing the need for proper support documentation to accompany the Application.
4. Patients who are currently admitted into the hospital should be counseled by the financial counselor and/or Case Management staff about the Program. If possible, the Medi-Cal/CMSP or Financial Assistance Program Application should be completed and signed prior to the patient's discharge from the hospital.
5. Completed Applications for the Financial Assistance Program, along with support documentation, should be forwarded to the Manager, Patient Financial Services for approval or denial.
6. Appropriate notes about the discussions with the patient/guarantor should be documented in the patient accounting system for future reference.
7. For those patients who have already been approved for the Program and are receiving additional health services during the approved period (within 90 days from the date of approval), registration staff should recognize this during the registration process and complete the registration of the patient as a Financial Assistance Program patient. For those patients who are in the program and are not receiving a 100% discount, the registrar or financial counselor should discuss the need for the patient to pay the non-discounted portion of the estimated amount of the charges for the services being received. If the patient absolutely refuses to make a payment for their portion of the charges for the current visit, the registrar should continue with the registration process and have the financial counselor, if available, meet with the patient to discuss payment terms.

II. Credit & Collections Personnel:

1. During the collections follow-up process, Credit & Collections personnel should introduce the Hospital's Financial Assistance Program to those patients/guarantors who claim to not have the financial ability to pay for their prior healthcare services and offer to send to them a Medi-Cal/CMSP Application and/or the Financial Assistance Program Instructions/Application. Credit & Collections personnel should advise the patient/guarantor that only services received within the last 90 days or the 90 day period after approval of their application are eligible for a discount through the Program.
2. Credit & Collections personnel should help answer any questions the patient/guarantor has about the Program or Application process. Stressing the need for proper support documentation will help with the approval of the Application.
3. Completed Applications, along with support documentation, should be forwarded to the Manager, Patient Financial Services for approval or denial.
4. Credit & Collections personnel should advise the patient/guarantor that if they do not qualify for the Program or do not cooperate with the application process, that they will be financially responsible for the charges accumulated on the account and if they fail to pay their portion due that their account may be turned over to a collection agency for further action. The

patient/guarantor should be advised of the discount that the hospital applies to all self-pay accounts.

5. Credit & Collections personnel should offer and set-up acceptable payment plans for the portion of their account that they remain responsible for to those patients/guarantors who qualify for and receive a partial discount. The monthly payment amounts should be based on the policy/procedure regarding in-house self-pay payment plans.
6. Appropriate notes about the discussions and progress made with the patient/guarantor should be documented in the patient accounting system for future reference.

III. Manager, Patient Financial Services:

1. Upon receipt of a completed application, Manager, Patient Financial Services shall initiate the completion of the Financial Assistance Program Application Approval Form (attached to and made part of this Policy). He/she shall review the Application for completeness and appropriate support documentation and document such on the Approval Form. If he/she finds the Application complete and can verify income and family size information from support documentation, he/she shall determine the percentage discount that the patient/guarantor is entitled to per the Financial Assistance Chart (attached to and made part of this Policy). He/she shall determine the discount amount by first locating family size in the left-hand column and scrolling across to the monthly or annual income amount range. The discount percentage is shown at the top of that column.
2. Upon approval of an Application, a letter of approval shall be sent to the patient/guarantor stating acceptance into the Program and what discount percentage he/she has qualified for, the adjustment made to the account and the balance remaining on the account that the patient/guarantor is responsible for, if any. The financial class of the patient shall be changed to CH and a note shall be entered into the patient accounting system stating the date of approval, when the initial 3 month charity period ends and any other relevant facts that need to be documented.
3. Approved Applications which result in a discount greater than \$5,000 must be counter-approved by the VP-Finance/CFO before the approval letter is sent to the patient/guardian.
4. Upon denial of an Application, the Manager, Patient Financial Services shall send a letter of denial to the patient/guarantor stating reason for denial. The patient/guarantor should be encouraged to provide additional information if the Application has been denied due to lack of support documentation. If possible, notes about the application and denial should be entered into the patient accounting system for future reference.
5. The Manager, Patient Financial Services, or designee, shall work with the patient/guarantor as much as possible to help qualify them for the Program. The contact information for the patient/guarantor may be turned over to the outside contractor that assists patients of the Hospital to qualify for Public Assistance Programs.
6. All approved Applications should be reviewed with the patient in the month in which their 90 day financial assistance period ends. The Manager, Patient Financial Services or a Credit & Collections staff member should contact the patient to complete an update of his/her Application information and make a determination if the patient is approved for another 90 day period. Patients who have unpaid balances from the previous approved period shall not be eligible for a renewal period until the accounts are paid in full.
7. At the end of each month, prior to the closing of the patient financial system (B/AR) for that month, run a listing of patients who are in the Financial Assistance Program and make the appropriate discount adjustments to those accounts that have accumulated charges during the month.

