

# CHOC Children's

SB697  
Community Benefit Plan

2012-2013



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# Section 1

## Executive Summary



Children's Healthcare of California (CHC) is the not-for-profit, tax-exempt parent corporation of Children's Hospital of Orange County (CHOC Children's) and Children's Hospital at Mission (CHOC Children's at Mission Hospital), hereinafter collectively referred to as the "Hospitals," "CHOC Children's" or "CHOC." The Hospitals are the principal tertiary and quaternary pediatric hospitals serving Orange County and are the only hospitals exclusively serving infants, children and adolescents.

CHOC has evolved from a community hospital to a world-class, integrated pediatric health care system affiliated with the University of California, Irvine (UC Irvine). The organization is steadfastly committed to the tens of thousands of children and families who depend on CHOC for care, as well as leading the charge in advancing pediatric medicine on a national level. CHOC's brand identity - CHOC Children's - asserts the institution's position in the community and nationally. CHOC's legal name (Children's Hospital of Orange County) remains unchanged.

The organization is comprised of two pediatric hospitals; a pediatric sub-specialty medical foundation, multiple primary and specialty clinics, programs and services, a health plan, CHOC Health Alliance (which is a PHC in the CalOptima program); and four centers of excellence, the CHOC Heart, Neuroscience, Orthopaedic and Hyundai Cancer Institutes. CHOC also has a Research Institute performing basic science and clinical research. Through its Pediatric Residency Programs, including a combined physician residency program with UC Irvine, CHOC trains tomorrow's pediatric physicians, RNs, pharmacists and therapists.

This Community Benefit Plan for the fiscal year ended June 30, 2013, describes the benefit planning process, the benefits provided, and the economic value of the benefits. Community benefits are free or subsidized programs and services provided to meet identified community needs and to serve the public interest.

The majority of the benefit the organization continues to provide is that of a safety-net hospital, caring for any and all children in our community regardless of the ability to pay. Like many other California children's hospitals, CHOC has for many years been paid for such services by state Medi-Cal programs at rates less than the cost of providing care. Beginning in 2010, California implemented a series of Hospital Provider Fee Programs to supplement Medi-Cal reimbursement, bringing total reimbursement closer to actual costs. The amount of net provider fee revenue recognized in fiscal years 2013 and 2012 do not necessarily correspond to services in those fiscal years due to accounting recognition rules. The table on Page 4 demonstrates the impact of these programs.

## **Report Organization**

The Plan satisfies the requirements of California's community benefit legislation, and reflects the spirit of SB697. The Plan addresses all the information suggested in the State's "Checklist for Hospital Community Benefit Plans" dated April 2000.

**Section 1** provides an Executive Summary of key report findings and data.

**Section 2** documents organizational commitment and participation, including the Hospitals' Board of Directors and staff (referred to as "Associates") participation and community involvement. It describes non-quantifiable benefits and a patient financial assistance policy.

Appendix A contains a copy of the Hospitals' Patient Financial Assistance Program policy.

**Section 3** describes the communities served, community demographic and target groups served by community benefit programs and services.

**Section 4** shows participation in the Orange County Health Needs Assessment (OCHNA) by the Hospitals; a cooperative community needs assessment that includes the collaboration from hospitals in Orange County. This section describes both current needs and progress made in improving health status in recent years.

**Section 5** describes the role of the Hospitals' Community Benefit Plan process that was used to develop the community-benefit goals and strategies, listing the goals with the strategies.

**Section 6** describes data collection on benefits, tabulates benefits provided by SB697 categories, benefit plan goals and collaborative benefit activities. The annual organization-wide survey of community benefits for fiscal year 2013 identified 88 benefit services provided by the Hospitals.

**Section 7** summarizes the dollar value of benefits provided by legislative category, linking the dollars to identified community needs. The section shows financial assistance and unpaid costs of public programs (government payor shortfalls) separately. The principal measure for monitoring community benefit services is the dollar value of benefits returned to the community per dollar of tax exemption value received.

The economic value of the 88 benefit services provided by CHOC Orange and CHOC Mission in fiscal year 2013 is \$41.6 million. Of these dollars, 31.3% (\$13.0 million) served the economically disadvantaged. The economic value of savings from not-for-profit status is \$22.6 million. Thus, in fiscal year 2013 the Hospitals returned \$1.85 in community benefits for each \$1.00 saved from tax-exempt status.

During fiscal year 2013, CHOC was the beneficiary of proceeds from the California Provider Fee Program totaling \$52.3 million, net of applicable expenses. The program revenue was applicable to service dates from July 1, 2012 through June 30, 2012 (\$35.8 million) and service dates beginning July 1, 2012 ending June 30, 2013 (\$16.6 million). The following table provides economic value information compared to the previous year's report:

<b>Economic Value of Benefit Services Provided:</b>	<b>Fiscal Year 2012</b>	<b>Fiscal Year 2013</b>
As Reported	\$56.3 million	\$41.6 million
Provider Fee Net Revenue	\$36.9 million	\$52.3 million
Economic Value Excluding Provider Fee	\$93.2 million	\$93.9 million

As stated earlier, the amount of net provider fee revenue recognized in fiscal years 2013 and 2012 do not necessarily correspond to services for those fiscal years due to accounting recognition rules. In addition to the \$41.6 million in benefits provided for by the Hospitals referenced above, Board members, physicians, Associates and volunteers contributed approximately 43,000 hours of volunteer service to the community. A summary of benefit services and volunteer hours by community focus area is summarized on the following page. This summary shows percentages of total benefit dollars and dollars for economically disadvantaged. It also shows the percentages of services that are collaborative.

## **CHOC Community Benefit Goals**

1. **Healthcare Access:** increase access to quality pediatric healthcare resources and information to families, especially low-income and medically underserved, throughout Orange County.
2. **Behavioral Health Access:** enhance the community's access to behavioral health information and social and emotional services, targeting the underserved.
3. **Disease Prevention:** increase awareness of disease prevention and promote early intervention of major diseases that affect the community.
4. **Information Resource:** provide the community with resources for information and education on health risk behaviors.
5. **Injury Prevention:** actively contribute to reducing the number of unintentional injuries to young children, especially targeting low-income, diverse and medically underserved populations.
6. **Community Action:** actively recruit, recognize and advocate for the importance of volunteer leadership and community assistance in providing care for children.

## Summary of Community Benefits by Community Benefit Goal

<i>Community Benefit Goals</i>	<i>Benefit Dollars</i>				<i>Benefit Services</i>		<i>Volunteer Hours</i>
	<b>CHOC Dollars</b>	<b>CHOC Mission Dollars</b>	<b>Total Dollars</b>	<b>Percent for Economically Disadvantaged (a)</b>	<b>Total Services</b>	<b>Percent Collaborative</b>	
<b>1. Healthcare Access</b>	\$30,938,667	\$3,854,365	\$34,793,032	37.0%	26	69.2%	<b>(b) 37,940</b>
<b>2. Behavioral Health Access</b>	3,028,946	3,889	3,032,835	(a)	15	80.0%	3,248
<b>3. Disease Prevention</b>	2,421,350	-	2,421,350	0.2%	5	40.0%	120
<b>4. Information Resource</b>	337,591	3,844	341,435	4.3%	9	22.2%	279
<b>5. Injury Prevention</b>	594,915	-	594,915	17.4%	10	60.0%	876
<b>6. Community Action</b>	442,840	8,947	451,787	5.6%	23	87.0%	88
<b>All Benefit Services</b>	<b>\$37,764,309</b>	<b>\$3,871,045</b>	<b>\$41,635,354</b>	<b>31.3%</b>	<b>88</b>	<b>68.2%</b>	<b>42,551</b>

(a) Broader Community Services are also available to the Economically Disadvantaged

(b) Volunteer hours include 37,920 volunteer physician hours from the CHOC Graduate Medical Education Program

## **Medicare Disclosure**

OSHPD regulations require that the Medicare payment shortfalls be included in the community benefit totals. However, the Catholic Hospital Association (CHA), the Voluntary Hospitals of America (VHA) and the American Hospital Association (AHA) have agreed that the unreimbursed costs (payment shortfalls) associated with Medicare patients should not be reported as a community benefit as serving Medicare patients is not a true, differentiating feature of not-for-profit health care. Also, Medicare is one of the best adult payers in many communities and Medicare payments can be higher than for managed care payers. Therefore, OSHPD has requested that hospitals report community benefits both with and without the Medicare payment shortfall.

This report does not include unreimbursed costs for Medicare. Medicare is not a significant payer for CHOC Children's Hospital in Orange and CHOC Children's at Mission Hospital.

# Section 2

## Mission and Commitment



This section describes Children’s HealthCare of California’s organizational structure, and the mission, vision and values, which guide its commitment to the communities served. This section also summarizes key elements of organizational commitment and participation in the community benefits programs. It concludes with an overview of organizational responsibility for benefit planning.

## **Organizational Structure**

Children’s HealthCare of California (“CHC”), established in July 1986, is the not-for-profit, tax-exempt parent corporation of an integrated pediatric healthcare system, which includes the following corporations<sup>(1)</sup>:

- CHOC Children’s (CHOC Orange)
- CHOC Children’s at Mission Hospital (CHOC Mission)
- CHOC Children’s Foundation
- CRC Real Estate Corporation

<sup>(1)</sup> CHOCO Realty Corporation, formerly a member of the healthcare system, was merged with CHOC Children’s effective June 30, 2012.

CHOC Orange and CHOC Mission operate the two principal tertiary and quaternary pediatric hospitals serving Orange County.

### **CHOC Orange**

CHOC Orange operates a 279-bed, acute-care hospital located in Orange, California. CHOC Orange serves the residents of Orange County as well as surrounding counties. Celebrating 49 years of caring for children, the organization is an active member of the community, providing compassionate, quality health care services in a patient and family-centered care environment.

CHOC Orange operates outreach programs to serve the community outside the hospital. These outreach programs include the CHOC Orange Clinic, Clínica CHOC Para Niños, CHOC Clinic at the Boys & Girls Club of Santa Ana, CHOC Costa Mesa Clinic, and CHOC Garden Grove Clinic. The CHOC Breathmobile brings asthma education, prevention and diagnosis to community centers and schools throughout Orange County. A second Breathmobile was added in June of 2007, which has helped expand coverage to school and community sites in South Orange County.

CHOC’s commitment to the highest standards of patient care and safety, as well as performance excellence, earned the organization several accolades – ranked as one of the nation’s best children’s hospitals by *U.S. News & World Report*; Magnet designation, the highest honor bestowed to hospitals for nursing excellence; Gold Level CAPE Award from the California Council for Excellence; and CHOC Orange’s Pediatric Intensive Care Unit (PICU) earned the Pediatric Beacon Award for Critical Excellence.

### **CHOC Mission**

CHOC Mission is a California nonprofit public benefit corporation formed in 1991 and operates a 54-bed acute pediatric hospital located in Mission Viejo, California. CHOC

Mission is a “hospital within a hospital”, located on the fifth floor of the adult Mission Hospital, a member of St. Joseph Health and Covenant system.

### **CHOC Children’s Foundation**

CHOC Children’s Foundation is a California nonprofit public benefit corporation formed in 1964 to help support clinical and non-clinical medical education, research and allied fields of pediatric care exclusively at CHOC Orange and CHOC Mission.

### **CRC Real Estate Corporation**

CRC Real Estate Corporation is a nonprofit public benefit corporation that provides property and building services in support of CHOC.

## **Mission, Vision and Values**

The Hospitals’ Boards of Directors affirmed revised mission, vision and values statements in April 1999 and are reaffirmed annually. The statements emphasize the Hospitals’ historical community focus, and guide ongoing planning and development efforts.

<b>Exhibit 2.1</b>
<b>CHOC Children’s Mission, Vision and Values</b>
<b>Mission:</b> To nurture, advance, and protect the health and well-being of children.
<b>Vision:</b> To achieve national recognition as a premier children’s hospital.
<b>Values:</b> <u>Excellence:</u> Setting and achieving the highest standards. <u>Innovation:</u> Advancing care through new ideas and technology. <u>Service:</u> Understanding and exceeding customer expectations. <u>Collaboration:</u> Working together to achieve our Mission. <u>Compassion:</u> Caring with sensitivity and respect.

### **Link to Strategic Planning**

Listed below are the 2010-2014 strategic goals for CHOC Orange and CHOC Mission:

**1. Pursue Physician Alignment** – Given the increasingly interdependent nature of hospitals and physicians in the delivery of pediatric care, physician/hospital alignment is a critical goal for CHOC. This is driven by numerous factors, including shortages of pediatric-trained physicians, economic pressures, and increasing focus on quality and patient safety.

**2. Enhance the University of California, Irvine (UC Irvine) Affiliation** – Leading children’s hospitals have university affiliations which expand clinical, teaching, and research capabilities, and such was the motivation behind CHOC’s affiliation with UC

Irvine. The affiliation provides other benefits as well, including an enhanced ability to recruit pediatric-trained physicians and the ability to access and share technologies and facilities.

**3. Secure Affiliations with other Hospitals** – CHOC has developed a variety of community and regional partnerships that offer benefits such as a coordinated continuum of pediatric care and enhanced access to clinical programs. Strong relationships with referring hospitals are vital to CHOC’s ability to thrive and grow as the region’s premier pediatric and neonatal referral center.

**4. Expand Select Clinical Programs** – All clinical programs were evaluated during the development of the plan to select priority programs for strategic investment. Cardiac, Neonatology, General Surgery, Urology, and Neurosciences were identified after consideration of community needs, as well as an analysis of financial and market data, refined by stakeholder workgroup meetings.

**5. Implement Ambulatory Strategy** – More patients and their families experience CHOC in an outpatient setting than in any other, a trend that will continue to grow. Ambulatory care is an integral part of CHOC’s plans for a comprehensive integrated delivery system and will play a huge role in delivering exceptional patient care, superior clinical outcomes, and a positive customer experience.

**6. Focus on Financial Stewardship** – The ability of CHOC to execute on current and future initiatives is contingent on achieving financial targets in areas such as profitability, bond ratings, and philanthropy. Through efficient management of resources and an emphasis on philanthropy, CHOC will further reinvest in its facilities, programs and capabilities.

Since 1998, the Hospitals have continuously increased their emphasis on community outreach and community education, which includes injury prevention, safety, and wellness. Community education, community outreach, and community benefit planning support the Hospitals’ strategic initiatives and are integrated within the continuum of care.

This integration enables the Hospitals to better target the needs of different community groups and to provide multiple levels of assessment, outreach, education and care. Integration also allows the expansion of collaborative networks with other healthcare providers, community groups, and government agencies.

## **Organizational Commitment**

### **Community Benefits**

The organization operates the only two tertiary, pediatric safety-net hospitals in the county, that are vital members of the Orange County community. Both Hospitals continue their steadfast organizational commitment to excellence in children's healthcare and community benefits. Specific commitments to community benefits include:

- The large economic value, depth, and breadth of community benefit services
- A history of collaboration with other community organizations
- Continued leadership and participation in community needs assessments
- Negative margin services provided to the community, including:
  - CHOC Orange Clinic
  - CHOC Specialty Clinics
  - CHOC Clinic at the Boys & Girls Club of Santa Ana
  - Clínica CHOC para Niños
  - CHOC Costa Mesa Clinic
  - CHOC Garden Grove Clinic
  - Child Life (Recreational Therapy) Services
  - Community Education
  - Breathmobile

In addition to the above services, the Hospitals also provide financial assistance for families that qualify for services at reduced or no cost.

### **Patient Financial Assistance Program Policy**

The Hospitals do not deny necessary medical services to patients due to inability to pay (see Appendix A for the Patient Financial Assistance Program Policy). Both Hospitals provide financial assistance, which is budgeted and distributed annually, to assist identified patients in need. The granting of financial assistance is based solely on the ability to pay, regardless of age, gender, sexual orientation, ethnicity, national origin, disability or religion. This funding covers a portion or all required hospital services as determined by a financial screening process. The Patient Financial Assistance Program Policy provides for up to 400% of poverty guidelines, increasing the number of patients that qualify for financial assistance.

**Financial Assistance Implementation:** The Hospitals continually update all department managers on changes in hospital policies and procedures, and they are responsible for ensuring that staff is familiar with the same. Changes in policies and procedures are communicated in monthly department head meetings, through bi-monthly internal newsletters; and through specific memos, intranet postings and administrative releases. Staff who interact specifically with assisting in the determination

of financial assistance eligibility on a patient-by-patient basis are given additional in-service training.

**Financial Assistance Communication:** As part of the Hospitals’ ongoing public awareness campaigns, the mission statements are included wherever possible on program brochures, facility brochures, medical education information, community education materials, conference invitations and admission materials. Additionally, the Hospitals’ financial assistance policy is emphasized in public relations and media relations efforts, foundation campaigns, and selected marketing campaigns. These policies are posted in key areas such as the Emergency Department and Admitting.

### **Pediatric Health for the Community**

Being a community information resource is a high priority at CHOC Orange and CHOC Mission. The Community Education Department is entirely devoted to this purpose. Other departments also contributing to community education include the following: Public Relations, Psychology, Marketing, Cord Blood Bank, Social Services, and the Neuroscience, Orthopaedic, Heart and Hyundai Cancer Institutes.

The following table shows that community education services served 482,862 persons in fiscal year 2013. Additionally, newsletters and websites providing health information about children reached an additional 12,075,000 people. These efforts allowed the health education program to reach over 12,557,000 individuals and families.

	<b>Number of Services</b>	<b>Volunteer Hours</b>	<b>Staff Hours</b>	<b>Persons Served</b>
Community Education	46	42,211	360,629	482,862
Television and Newsletters	2	-	111	12,075,000
<b>Total</b>	<b>48</b>	<b>42,211</b>	<b>360,740</b>	<b>12,557,862</b>

### **Organizational Participation**

Organizational Participation in community benefits occurs at all levels and takes many forms, both formal and informal. Ultimate responsibility and oversight for the implementation of the Community Benefit Plan resides with the Hospitals’ Board of Directors and Executive Management Team.

#### **Board Participation**

The Hospitals’ Board of Directors reaffirmed their commitment with the adoption of the strategic plan and mission, vision, and values statements emphasizing community outreach and community benefits. Members of the Board of Directors annually review the community benefit plan, act as ambassadors for the Hospitals, and serve on a variety of Board committees.

#### **Staff Participation**

The Hospitals' staff is involved in the community benefit planning process through the annual survey of community benefits. In addition, the Hospitals' staff serves on many community boards, committees and task forces. They also volunteer at many community events and health fairs. Staff participation helps the Hospitals identify emerging community needs, develop new benefits to meet these needs and make improvements to existing benefit services.

### **Physician Participation**

Physicians actively participate in benefit programs and collaborate with other providers through community-based organizations and advisory groups. As participants in outreach programming and implementation, physicians provide numerous hours of volunteer work within the Hospitals, clinics, and the community. CHOC's Community Physician Advisory Panel conducts quarterly physician forum meetings. In these meetings, community-based physicians provide input and feedback on hospital programs and community needs.

### **Collaboration with Community Organizations**

A guiding principal of SB697 is to strengthen non-profit hospital community-benefit collaborations with other community organizations. Community benefit activities at the Hospitals strongly embrace this principal in several ways.

### **Health Needs Assessment Collaboration**

The Hospitals played a leadership role in the Orange County Health Needs Assessment (OCHNA), described in Section 4, which was a hospital partnership, formed to produce a comprehensive, countywide analysis of health needs and services. Organizations that funded OCHNA were The California Endowment, County of Orange Healthcare Agency, participating member hospitals, payors, and other community groups. OCHNA had an advisory committee, which represented the following ten Orange County community stakeholders:

- |                            |                  |
|----------------------------|------------------|
| ➤ Advocacy/social services | ➤ Media          |
| ➤ Business                 | ➤ Public safety  |
| ➤ Education                | ➤ Religious      |
| ➤ Government/political     | ➤ Seniors        |
| ➤ Health                   | ➤ Youth/children |

For fiscal year 2013-2014 and moving forward, CHOC will be conducting its own independent community health needs assessment.

### **Community Programs**

The Hospitals' staff members, as well as physicians, and administrators are actively involved in ongoing community-based organizations, coalitions and programs.

The team provides expertise, information, support and the hard work needed to make programs, such as the following, successful.

- Boys & Girls Club of Santa Ana
- CalOPTIMA
- Child Abuse Prevention Council of Orange County
- Drowning Prevention Network
- Local Law Enforcement Agencies
- Orange County Child Care and Development Planning Council
- Orange County Children and Families Commission (Prop 10)
- Orange County Coalition of Community Clinics
- Orange County Healthcare Agency
- Orange County Healthy Tomorrows Committee
- Orange County Ronald McDonald House and Charities
- Orange County Child Passenger Safety Task Force
- Latino Health Access
- Garden Grove Boys & Girls Club
- South Orange County Family Resource Center
- Various Orange County School District Programs

## Community Communication

The Hospitals publish the complete community benefit plan on its website, as submitted to the State. A variety of other resources are used to communicate both internally and externally.

### ➤ Internal Communication Resources:

- Monthly department head meetings
- Staff and committee meetings
- *Bear Facts*, bi-weekly Associate newsletter
- E-mail, bulletin board postings, and policy memos, as needed
- Quarterly Associate forums with the Executive Management Team
- Bi-monthly new Associate and quarterly management orientation meetings
- PAWS (Physician and Associate Website) Intranet
- CHOC Portal
- Lunch with Leaders with the CHOC Executive Management Team
- Senior Leader Rounding
- *Manager's Messenger*, monthly manager strategic news email
- *Physician Connection*, physician newsletter
- Physician Town Hall Meetings

### ➤ External Communication Resources:

- CHOC Annual Report
- Choc.org website
- CHOC social networking sites (Facebook, Twitter, You Tube, CHOC Blog)
- *KidsHealth*, e-newsletter
- *Physician Connection*, physician newsletter

# Section 3

## Communities Served



This section describes the criteria used to define the communities served, summarizes community demographics, and specifies target populations within the communities.

## Community Definition

The Hospitals serve all of Orange County and a limited, although significant, number of patients from the western rim of Riverside County and southeast areas of Los Angeles County.

Factors considered in defining the community for benefit planning include:

- Community reliance on the Hospitals for benefit services and care, as measured by market share.
- The Hospitals' reliance on the community served, as measured by patient origin.
- Ongoing community benefit services in conjunction with our long-standing relationships and collaborations with community organizations.
- Desires and perspectives of community groups and hospitals involved in the community need assessments.

## CHOC Orange's Service Area

Based on the factors listed above, the overall service area for CHOC Orange is the central-northern portion of Orange County. (See *Exhibit 3.1 for Service Area Map.*)

**The Primary Service Area** is in the central-northern portion of Orange County, and is the source of approximately 72% of its patients. Significant cities in this area are: Santa Ana, Anaheim, Fullerton, Orange, and Garden Grove.

**The Secondary Service Area** includes all cities and unincorporated areas shown on the service area map.

## CHOC Mission's Service Area

Based on the same factors listed above, the overall service area for CHOC Mission is the southern half of Orange County. (See *Exhibit 3.1 for Service Area Map.*)

**The Primary Service Area** is the southern half of Orange County and is the source of over 84% of its patients. Significant cities in this area are: Mission Viejo, Laguna Niguel, Rancho Santa Margarita, Laguna Hills, Lake Forest, San Clemente and San Juan Capistrano.

**The Secondary Service Area** includes all the other Orange County cities and unincorporated areas shown in the service area map.

## Community Characteristics

Population and socioeconomic data projections for 2012 were provided by The Nielson Company (formerly Claritas), a third-party vendor that makes projections based on demographic analysis of Orange County, including the combined service areas of both hospitals.

**Total Population** of the County in 2012 was 3.05 million, making it the third largest county in California. The median age was 36.2, and children up to 17 years of age make up 25% of the total population. The largest race/ethnicity subgroup is White, at 43%. Latinos/Hispanics are 34% of the population. Asians/Pacific Islanders are 19% of the total, and the African American population represents approximately 2% of the total Orange County population.

**Socioeconomic Profile** The U.S. Census American Community Survey for 2010 indicated that 16.4% of children under the age of 18 in Orange County, 22.0% in California, and 18.0% in the U.S. were below the poverty level. This survey also indicated that 10.7% of the Orange County population of all ages were living below the poverty level. The U.S. Bureau of the Census estimated that in 2011, the County's median household income was \$75,762.

However, the affluence described by averages obscures the poverty that exists in the County. Annual household income for 13% of the population is less than \$25,000 per year. These low-income residents, when compared to higher-income respondents, are less likely to have any form of health coverage. These residents are more likely to rate their overall health status as fair or poor; and they are less likely to have seen a healthcare provider within the previous year.

**Racial/Ethnic Differences** According to the American Community Survey (ACS), in 2010 nearly one in three (31.8%) Hispanic/Latinos (all ages) were estimated to lack health coverage in Orange County. Resolving their status as uninsured is especially critical because Hispanic/Latino children are part of a rapidly growing population in Orange County. In general, ethnic minorities are less likely to have coverage than whites. Only 15.6% of Asians and 8.9% of Non-Hispanic whites lacked health coverage.

**Barriers to Healthcare Access** include cost, lack of available transportation, difficulty finding acceptable and affordable childcare, discrimination, lack of respectful, friendly and helpful health provider's front office staff, and long waiting periods to get appointments and long waits in the waiting room, even with an appointment.

**Health and Lifestyle Characteristics** reported in the Health Needs Assessment included the following:

- **Nutrition/Obesity**: There were more than 160,000 Orange County children age 0-17 reported as being overweight in 2007. Although this was a decline from 2004, this issue continues to be important due to the serious consequences on health and well-being later in life. Over 15% of Orange County adults who were obese reported that they had diabetes. Moreover, children who develop Type 2 Diabetes are typically overweight or obese.
- **Drowning**: According to the County of Orange Health Care Agency, in 2008 drowning was the top cause of death among children one to four years of age in Orange County. Moreover, drowning is among the top five causes of death for children between 0 and 17 years of age.
- **Asthma**: One of the leading reported health problems was asthma. Low-income respondents showed a higher incidence of asthma than those in other income categories.

These and other characteristics described by the assessment provide valuable insight into community needs and priorities and serve to direct community benefit planning efforts, as described in Section 3.

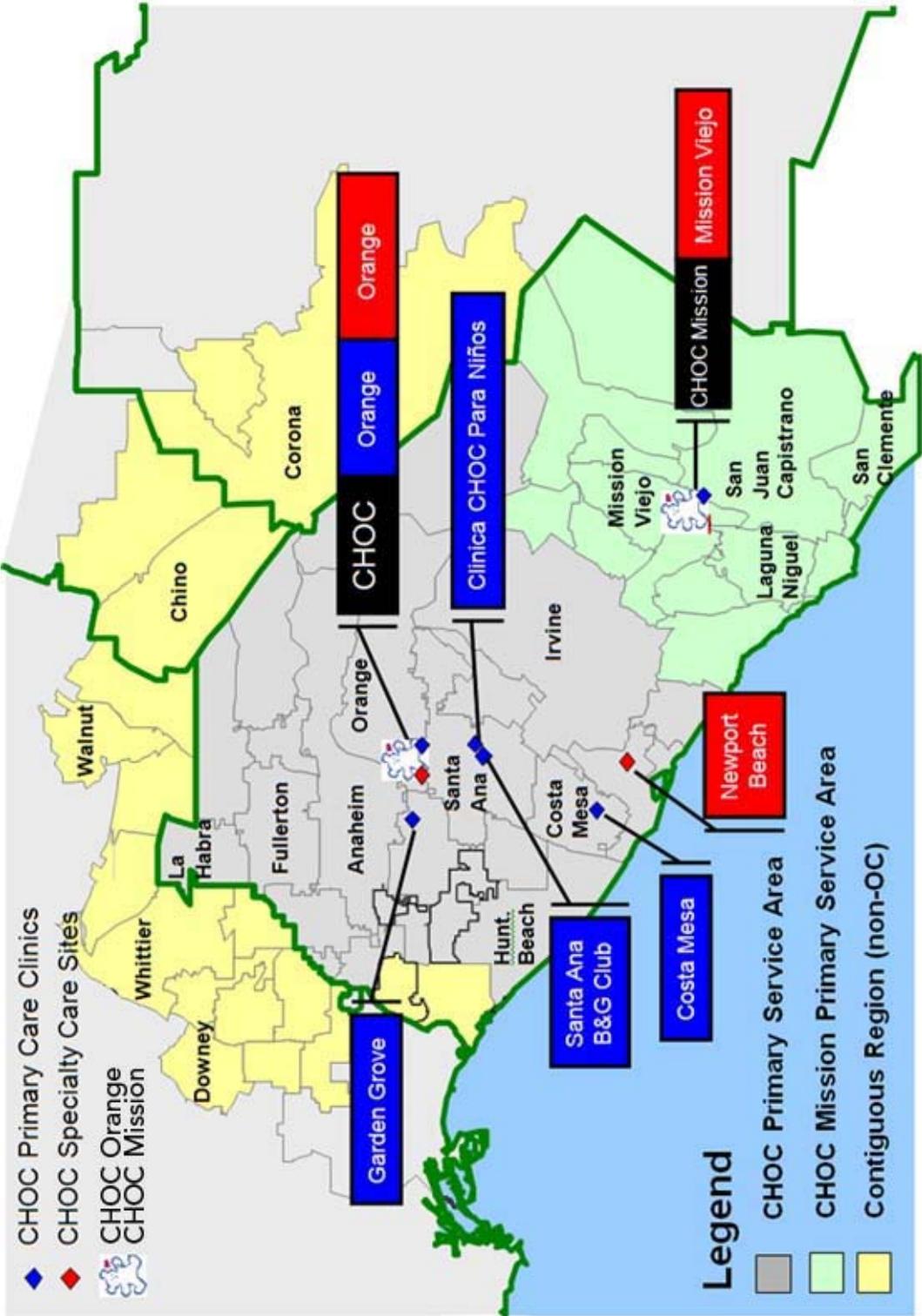
## **Community Target Populations**

The Hospitals' primary target population is children, both the economically disadvantaged as well as the general community. The Hospitals' experience and research indicate that the care of children is most effective within the context of the family and the community. Therefore, many of the community benefit services are focused on children and their parents together as a family unit. Some benefit services are directed at the training and support of health professionals. As a result, the community needs assessment and benefit planning process identify and use seven target groups. These target groups are:

- **General Community**
  - Children
  - Parents
  - Family
- **Economically Disadvantaged**
  - Children
  - Parents
  - Family

**Other Special Populations, e.g., health professionals**

Exhibit 3.1 Service Area Map



# Section 4

## Health Needs Assessment



# Overview and Origins: Orange County Health Needs Assessment

OCHNA was a community based, not-for-profit project created and designed to meet the requirements of SB697 for all Healthcare Association of Southern California (HASC) member hospitals in Orange County. The OCHNA project was a collaborative effort and was jointly funded by the County of Orange Healthcare Agency and 27 for-profit and not-for-profit hospitals, and other organizations and providers.

Its goal was to achieve maximum, valid and reliable information that could be analyzed by zip code, in order to provide hospitals with data significant to their service areas. In addition, this process was the basis of the countywide report that was made available to the larger community of health and human services providers.

OCHNA started data collection for its health assessment in 1997. The latest survey results for Orange County were for 2010 and published in the “2010 Health Needs Assessment Report.” All of the data and tables used in the assessment are available in Planning and Market Analysis.

## Key Highlights - OCHNA 2010

### Access to Healthcare for Children

- The rate of children in Orange County without health insurance increased from 3.5% in 2007 to 10.4% in 2009.
  - Top reason why include: Change in employment/Loss of Job, Lack of Affordability, and Lost Public Program Coverage.
- Approximately one in four children in Orange County lacked vision and mental healthcare coverage in 2007.
- 99% of Orange County children saw a doctor or other healthcare provider within the recent year.
- 84.7% of Orange County children went to a doctor’s office for routine care, followed by: 4.7% to Community clinic, 2.9% to Free County Clinic, 2.5% to Urgent Care Center, and 2.3% to Hospital Outpatient Dept.

### Health Status Improvements

- 9% of parents surveyed believe their child was overweight, which exceeds more than 72,000 Orange County children.
- Nearly 31,000 Orange County children have been told by a practitioner they have a mental, emotional or behavioral problem.
  - Top diagnoses included: Attention Deficit Disorder and Mood Disorder (Depressive or Bipolar Disorders).

## **Future Health Needs Assessment**

OCHNA disbanded during CHOC's FY 2013. Future data collection and information gathering in support of community benefit planning and services will be continued by CHOC and will include the following topics.

- Extent of type of healthcare coverage
- Health Care Utilization
- Dental coverage, vision coverage
- Mental/behavioral Health
- Maternal and infant health
- Nutrition, obesity and exercise
- Health Status and Quality of Life, including injury and disease prevention, and academic achievement

# Section 5

## Goals and Strategies



This section describes the Community Benefit Plan process that was used to develop the Hospitals' community-benefit goals and strategies, the goals and strategies themselves and progress summaries for each goal for fiscal year 2013.

## **Community Benefit Planning Goals**

Executive Management utilized the Orange County Health Needs Assessment health needs findings to develop the Hospitals' goals for meeting the needs identified in six broad areas.

- 1. Healthcare Access:** increase access to quality pediatric healthcare resources and information to families, especially low-income and medically underserved, throughout Orange County.
- 2. Behavioral Health Access:** enhance the community's access to behavioral health information and services, targeting the underserved.
- 3. Disease Prevention:** increase awareness of disease prevention and promote early intervention of major diseases that affect the community.
- 4. Information Resource:** provide the community with resources for information and education of health risk behaviors.
- 5. Injury Prevention:** actively contribute to reducing the number of unintentional injuries to young children, especially targeting low-income, diverse and medically underserved populations.
- 6. Community Action:** actively recruit, recognize and advocate for the importance of volunteer leadership and community assistance in providing care for children.

## Strategies

Specific strategies for each Community Benefit Planning goal were established, which are summarized in the following table.

<b>Summary of Benefit Planning Goals and Strategies</b>	
<b>Goal</b>	<b>Strategies</b>
<b>1. Healthcare Access</b>	<ul style="list-style-type: none"> <li>• Community Clinics and Mobile Health Program</li> <li>• Financial assistance for patients</li> <li>• Enrollment in Public Insurance Programs</li> <li>• Physician recruitment and training</li> <li>• Specialty Clinics</li> </ul>
<b>2. Behavioral Health Access</b>	<ul style="list-style-type: none"> <li>• Utilize CHOC Psychology Department</li> <li>• Utilize CHOC Social Services</li> <li>• Collaborate with other community services and providers</li> </ul>
<b>3. Disease Prevention</b>	<ul style="list-style-type: none"> <li>• CHOC Breathmobile</li> <li>• Community Education on wellness</li> </ul>
<b>4. Information Resource</b>	<ul style="list-style-type: none"> <li>• <i>KidsHealth</i> Newsletter</li> <li>• Parent Advice Line (PAL)</li> <li>• Physician Education: Cancer, Neuroscience, Orthopaedic and Heart Institutes</li> <li>• <i>Physician Connection</i> Newsletter</li> <li>• CHOC Annual Report</li> <li>• choc.org website</li> <li>• CHOC social networking sites</li> </ul>
<b>5. Injury Prevention</b>	<ul style="list-style-type: none"> <li>• Lead Orange County SAFE KIDS Coalition</li> <li>• Offer neighborhood-based injury prevention programs</li> <li>• Collaborate with community coalitions to enhance injury prevention efforts</li> <li>• Offer hands-on training to reduce home-related injuries</li> <li>• Provide injury prevention information to general community and professionals</li> <li>• Drowning prevention and education program</li> <li>• Car seat education for community, patients and families</li> </ul>
<b>6. Community Action</b>	<ul style="list-style-type: none"> <li>• Board Members' Dedication and Activities</li> <li>• Associate Volunteerism</li> <li>• Assist Community Organizations</li> </ul>

# Section 6

## Benefit Services



This section summarizes benefit activities by SB697 category, organization, benefit plan goals, and target group. A complete alphabetical master list of benefit services and descriptions is in Appendix B.

### **Benefits Data Collection**

Benefits data collection begins with an annual, organization-wide update of the hospitals' inventory of community benefit activities. The person responsible for each identified benefit service receives and completes a benefit data form for that service. Information requested includes the following:

- Service title, description, and objectives
- Target groups and community needs served
- Collaborative partners
- Occurrences and number of persons served
- Staff and volunteer hours and costs

Lyon Software's computer program, CBISA Online, serves as the basic data management tool of the completed annual community benefit survey forms returned by the department managers.

### **Benefit Service by Tabulations**

Each benefit service's SB697 category and the Hospitals' focus area are identified using standard Lyon Software. These reports are exported and summarized to produce tables and cross-tabulations for the following categories.

- SB697 category
- Organization (CHOC Orange and CHOC Mission)
- Hospitals community benefit plan goals (community need)

The Hospitals' community benefit plan goals encompass community needs identified in the community assessment, while reflecting its own community benefit program vision.

### **Services by Organization**

The community benefit survey for 2013 identified 88 community benefit services. The following table shows the distribution of service by organization.

<b>Organization</b>	<b>Number of services 2012</b>	<b>Number of Services 2013</b>
CHOC Orange Services	88	79
CHOC Mission Services	7	9
<b>Total Services</b>	<b>95</b>	<b>88</b>

## Services SB697 Category

The table below summarizes the number of 2013 benefit services for each SB697.

<b>SB697 Category</b>	<b>Number of Services 2012</b>	<b>Number of Services 2013</b>
A. Medical care services	14	13
B. Other benefits: broader community	36	23
C. Other benefits: vulnerable populations	4	5
D. Health research, education, and training	41	47
<b>Total Services</b>	<b>95</b>	<b>88</b>

## Services by Benefit Planning Goals (Community Need)

The distribution of community benefit services by focus area is reflected below. Appendix C contains a complete listing of services by goal.

<b>Goals</b>	<b>Number of Services 2012</b>	<b>Number of Services 2013</b>
1. Healthcare Access	29	26
2. Behavioral Health Access	11	15
3. Disease Prevention	5	5
4. Information Resource	10	9
5. Injury Prevention	10	10
6. Community Action	30	23
<b>Total Services</b>	<b>95</b>	<b>88</b>

## Collaboration with Other Organizations

As part of the organizational mission, the Hospitals are firmly committed to collaborative efforts that improve the health and well being of children. Of the 88 benefit services, 68.2% or 60 have one or more collaborators. Appendix C lists these collaborative partners.

# Section 7

## Economic Value of Benefits



This section presents the dollar value of community benefits and the total number of volunteer hours. The dollars are shown in total and by organization, SB697 category, and focus area. In addition, for each focus area, the section includes value of benefits for economic group and target audience.

### Value by Organization

The following table presents cost of benefit services and paid hours at each of the Hospitals. The dollars shown are net hospital cost, excluding volunteer hours.

Organization	Dollar Value <sup>1</sup>
CHOC Orange services	\$37,764,309
CHOC Mission services	3,871,045
<b>Total Services</b>	<b>\$41,635,354</b>

The value of community benefits shown below includes only free, discounted, subsidized, or negative margin services, and the unpaid cost of public programs. These dollars are hospital costs only, excluding funds received from any other source. Unpaid cost of public programs is calculated using the cost-to-charge ratio for each hospital. Costs for all services, except unpaid costs, include indirect costs. Employee benefits are included for paid staff-hour costs.

### Value by SB697 Category

The dollars for each SB697 category are shown below.

SB697 Category	Dollar Value <sup>1</sup>
Medical care services	\$11,376,082
Other benefits: broader community	7,637,628
Other benefits: vulnerable populations	297,453
Health research, education, and training	22,324,191
<b>Total Services</b>	<b>\$41,635,354</b>

<sup>1</sup>The economic value of benefits in 2013 was reduced by \$52.3 million due to the California Hospital Provider Fee Program, further described on pages 3 and 4 of this report.

## Services by Benefit Planning Goals (Community Need)

The distribution of community benefit services by focus area is as follows:

Benefit Planning Goal	Dollar Value <sup>1</sup>
1. Healthcare Access	\$34,793,032
2. Behavioral Health Access	3,032,835
3. Disease Prevention	2,421,350
4. Information Resource	341,435
5. Injury Prevention	594,915
6. Community Action	451,787
<b>Total Services</b>	<b>\$41,635,354</b>

## Value by Community Goal and Economic Group

The summary of dollars by goal and economic group confirms the prominence of providing a continuum of care to the economically disadvantaged (31.3%).

Goals	Broader Community	Economically Disadvantaged (a)	Total Value <sup>1</sup>
1. Healthcare Access	\$21,903,373	\$12,889,659	\$34,793,032
2. Behavioral Health Access	3,032,835	-	3,032,835
3. Disease Prevention	2,416,685	4,665	2,421,350
4. Information Resource	326,876	14,559	341,435
5. Injury Prevention	491,543	103,372	594,915
6. Community Action	426,271	25,516	451,787
<b>Totals</b>	<b>\$28,597,583</b>	<b>\$13,037,771</b>	<b>\$41,635,354</b>
(a) Broader Community services are also available to the economically disadvantaged			

<sup>1</sup>The economic value of benefits in 2013 was reduced by \$52.3 million due to the California Hospital Provider Fee Program, further described on pages 3 and 4 of this report.

## Volunteer Hours

In addition to the 524,235 paid staff hours, Board members, physicians, hospital Associates, and auxiliary volunteers contributed another 42,551 volunteer hours. These individuals donate their personal time and effort with no reimbursement or payment. Their personal contributions to community benefit activities are an indispensable component to the hospital's contribution and dedication to the community. A large portion of volunteer hours is time donated by staff and community physicians to the education of pediatric residents and fellows.

## Evaluating the Economic Value

A benchmark for evaluating the cost of community benefits is the dollar value of the Hospitals' tax-exempt status. A desirable community benefit dollar-value exceeds the value of tax-exemption. Elements included in calculating the value of tax-exempt status include:

- Interest rate differential on tax-exempt financing for long-term debt
- Property tax on assessed value
- State income tax obligation without tax exemption
- Federal income tax obligation without tax exemption

The following table shows that CHOC Orange and CHOC Mission returned \$1.85 in community benefits for each \$1.00 of tax exemption.

Hospital cost of community benefits <sup>1</sup>	\$41,635,354
Value of tax exemption	\$22,562,425
<b>Benefits per dollar of tax-exemption value</b>	<b>\$1.85</b>

<sup>1</sup>The economic value of benefits in 2013 was reduced by \$52.3 million due to the California Hospital Provider Fee Program, further described on pages 3 and 4 of this report.

## Benefit Value versus Marketing Value

Community benefit activities are those with uncompensated cost and which address community needs. Health promotion and wellness are the primary goals of community benefits. While some positive marketing value may occur, this benefit plan does not attempt to separate benefit value and marketing value. Estimates of marketing value would be highly subjective and non-informative, since there is no objective way to separate benefit and marketing values.

## Non-quantifiable Community Benefits

In addition to quantified benefits described in this plan, many intangible and non-quantified benefits arise from both hospitals' presence. The hospitals indirectly support local businesses in the areas of construction, linen services, parking, medical supply and pharmaceutical distributors, among others. The Hospitals' Board, executives, management, staff and physicians are active community leaders, and the Hospitals are major employers in their communities, employing approximately 3,199 Associates. Additionally, the hospitals are significant purchasers of goods and not exempt from sales and use taxes, which support city, county and state activities.

## **Appendices**

**Appendix A: Patient Financial Assistance Program Policy Statements**

**Appendix B: Alphabetical Master List of Benefit Services**

**Appendix C: Collaborators by Type**

**Appendix D: Services by Community Benefit Goal**

## Appendix A



**Manual:** Administrative and Patient Care

**Section:** Finance

**Number:** L3003

**Policy**     **Procedure**

**Title:** Patient Financial Assistance and Discount Payment Program Policy

<p><b>Originator:</b> Janne Gish</p> <p><b>Current Content Expert:</b></p> <p><b>Department Head:</b> Kerri Ruppert Schiller</p>	<table border="1"> <thead> <tr> <th style="text-align: left;"><u>Committee Approval(s)</u></th> <th style="text-align: left;"><u>Date(s)</u></th> </tr> </thead> <tbody> <tr> <td>Standards</td> <td>06/28/12</td> </tr> <tr> <td>Joint Leadership</td> <td>09/06/12</td> </tr> </tbody> </table>	<u>Committee Approval(s)</u>	<u>Date(s)</u>	Standards	06/28/12	Joint Leadership	09/06/12
<u>Committee Approval(s)</u>	<u>Date(s)</u>						
Standards	06/28/12						
Joint Leadership	09/06/12						
<p><b>Executive Management Team Member:</b> Kerri Ruppert Schiller</p> <p><input type="checkbox"/> New  <input checked="" type="checkbox"/> Revised  <input type="checkbox"/> Reviewed (no changes)</p> <p>Track: <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C</p> <p><b>Replaces:</b> 12/07, 12/10, 01/12</p>	<p><b>Medical Executive Committee</b> <b>Date:</b> 09/12/12</p> <p><b>Board of Directors</b> <b>Date:</b> 09/27/12</p> <p><b>Effective Date:</b> 09/27/12</p>						

**I. PURPOSE:**

- A.** Children’s Hospital of Orange County (CHOC Children’s) is committed to providing quality healthcare to all patients regardless of the patient’s financial status. Patients who meet the established Financial Assistance Program criteria may be eligible to receive financial assistance to cover all or portions of the patient’s healthcare costs. CHOC Children’s also provides benefits for the broader community in terms of medical education and medical research.
- B.** Under this policy, Financial Assistance may be provided to patient’s who are uninsured or underinsured and cannot afford to pay for their own medical care. Eligibility for the Financial Assistance Program shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, disability or religion.
- C.** In some cases, Financial Assistance may be extended to patients whose financial status makes it impractical or impossible to pay for necessary medical services. The evaluation of the necessity for medical treatment at CHOC Children’s will be based upon clinical judgment. The clinical judgment of the patient’s physician or the Emergency Department staff physician will be the sole determining criteria for the patient’s receiving services at CHOC Children’s.
- D.** This policy is applicable to all CHOC Children’s Inpatients and Outpatients (including CHOC Children’s Medical Foundation patients.)

**II. DEFINITIONS:**

- A. Patient Data:** Medical record number, patient name, birth date, insurance status, eligibility for other support.
- B. Patient’s family:** For purposes of this policy is as follows:

For persons 18 years of age and older, spouse, domestic partner as defined in Section 297 of the California Family Code; and dependent children under 21 years of age, whether living at home or not;

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For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.

**III. POLICY:**

- A.** It is the policy of CHOC Children’s to determine eligibility for Financial Assistance at the time of registration to CHOC Children’s, through a financial screening process for all patients not able to meet the deposit requirements of CHOC Children’s.
- B.** This policy distinguishes a bad debt patient from an eligible Financial Assistance patient by the patient’s or patient’s family unwillingness to pay versus a demonstrated inability to pay. Failure of the patient and/or patient’s family to comply with requests for information to substantiate an inability to pay may result in forfeiture of the right to be considered for the Financial Assistance Program.
- C.** It is the goal of CHOC Children’s to identify an eligible Financial Assistance patient at the time of registration however; if complete information regarding the patient’s insurance or financial situation is unavailable due to emergency treatment, or if the patient’s/guarantor’s or patient family’s financial condition changes, the designation as a Financial Assistance patient may be established after the rendering of services, and in some instances even after the production of a patient bill.
- D.** Should a staff physician or clinician wish to prospectively pursue Financial Assistance for a known patient, the protocol for requesting Financial Assistance can be found on Paws located under the on-line form bank.
- E.** CHOC Children’s will refer a patient or patient’s family to alternative programs, (i.e., Medi-Cal, California Children’s Services or any other government sponsored health program of health benefits in which Hospital participates). Failure of the patient and/or patient’s family to comply with the referral process may result in forfeiture of the right to be considered for the Financial Assistance Program for the visit or admission in question. Confidentiality of information and the dignity of the patient will be maintained for all that seek or are provided Financial Assistance services.
- F.** Patient receiving services in the Hospital Emergency Room may also be eligible for Financial Assistance in paying for the Emergency Room physician fees.

**IV. PROCEDURE:**

**A. Eligibility**

The identification of Financial Assistance is achieved through determination of the financial status of a patient or patient’s family. Such determination should be made at or before the time of registration, or as soon thereafter as is possible. In some cases, such as emergency admissions, it may not be possible to establish eligibility for the Financial Assistance Program until after the patient is discharged. In these instances, or instances where events occur during or after a patient’s stay which change the patient’s or patient family’s financial status, the patient’s eligibility for the Financial Assistance Program shall in no way be affected by the timing of the determination that the patient meets the eligibility criteria.

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The responsibility for identifying a patient’s eligibility for the Financial Assistance Program at, or before, the time of the patient visit to CHOC Children’s shall be the responsible of the department registering the patient. This will require the patient or patient’s family to complete a “Financial Disclosure” statement. This may also include copies of pertinent documentation (recent pay stubs, income tax returns or other documents to verify monetary assets) to determine the annual family income and personal assets of the patient or patient’s family. In those instances described above, where eligibility cannot be established at the time of service, the Patient Financial Services Department shall work with the patient or family to determine eligibility.

Patient or patient’s family having insurance may also be eligible for the Financial Assistance Program for that portion of the bill not covered by insurance. This may include deductibles, coinsurance, and non-covered services. The determination of a patient’s eligibility shall be subject to the same guidelines as an uninsured patient.

**Calculating the amount of Financial Assistance.**

- a. CHOC Children’s will obtain information on the patient’s family income including wages and salary, welfare payments, social security payments, strike benefits, unemployment benefits, child support, alimony, dividends and interest. The total family income will be compared with the table (see Schedule A) to determine a patient’s eligibility for Financial Assistance under the Federal Poverty Guidelines. Any uninsured patients or patients with high medical costs whose annual household income is at or below 400% of the Poverty Guidelines shall be eligible to apply for Financial Assistance. Financial Assistance may be considered on a partial basis for patients with incomes more than 200% of Poverty Guidelines and less than 400%. Those families with an annual income of 200% or less of the Federal Poverty Guidelines would be eligible for a 100% Financial Assistance adjustment. Uninsured or underinsured patients whose household income, as determined in accordance with the Assistance Application, is less than or equal to 200 % of the poverty guidelines, will receive care free of charge.
- b. CHOC Children’s Community Clinic patients are eligible for financial assistance as outlined in this policy utilizing Schedule B to calculate the sliding scale per visit co-pay for patients falling below 200% of the Federal Poverty Guidelines.
- c. Patients applying for Financial Assistance and who are receiving full or partial approval will have their approval for assistance forwarded to the Emergency Room physician billing company for consideration.

**Discount Payment Policy**

- a. For patients with household incomes between 201 percent and 300 percent of the Federal Poverty Level, the Hospital may provide a discounted Private Pay Fee Schedule, whereby the allowable medical expense would be equivalent to a 75% discount off billed

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charges. At this level, the reimbursement that CHOC Children’s would receive shall not exceed the payment that CHOC Children’s would receive for the same service or set of services from the Greater of Medicare, Medi-Cal, Healthy Families, or any other government sponsored health program of health benefits in which CHOC Children’s participates.

- b. For patients with household incomes between 301% and 400% of the Federal Poverty Level, CHOC Children’s may provide a discounted Private Pay Fee Schedule, whereby the allowable medical expense would be equivalent to a 50% discount off billed charges. At this level, the reimbursement that CHOC Children’s would receive shall not exceed the payment that CHOC Children’s would receive for the same service or set of services from the Greater of Medicare, Medi-Cal, Healthy Families, or any other government sponsored health program of health benefits in which CHOC Children’s participates.

**CHOC Children’s Financial Assistance Program Eligibility Guidelines**

The following Financial Assistance Program Eligibility Guidelines are based on the most recently published Federal Poverty Guidelines. Schedule A delineates the household income thresholds according to the Federal Poverty Guidelines, published April 1, 2012.

**Personal Assets**

- a. If a patient meets the “Household Income” in Schedule A and is found to be eligible for the Financial Assistance Program, a CHOC Children’s representative will further review the patient’s or patient family’s Financial Disclosure Statement to determine if he/she has significant personal assets. It would not be consistent with the intent of this policy to grant Financial Assistance to patients with a significant portfolio of either liquid assets, or other assets against which the patient or patient’s family could borrow the amount required to pay his/her indebtedness. For this reason, the CHOC Children’s representative should consider and evaluate such assets as bank accounts, the patient’s or patient’s family entitlement to tax refunds, stocks, bonds and other investments.
- b. This policy will not include in determining eligibility a patient or patient’s family retirement or deferred compensation plans qualified under the Internal Revenue Code, or nonqualified deferred compensation plans. Furthermore, the first ten thousand dollars ( \$10,000 ) of a patient’s or patient’s family monetary assets shall not be counted in determining eligibility nor shall 50% of a patient’s monetary asset in excess of ten thousand ( \$10,000 ) be counted in determining eligibility.

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- c. Any patient or patient’s family that qualifies and is approved under the Financial Assistance Program for a partial discount of charges will also be eligible to make monthly payments. CHOC Children’s and the patient may negotiate the terms of the payment plan, however the payment plan must be approved by the manager of Patient Financial Services or in the case of a Community clinic patient, the manager of the community clinic. During the approved repayment period CHOC Children’s will apply no interest to the discounted account balance.
- d. An extended discount payment plan could be declared inoperative after the patient or patient’s family fails to make consecutive payments due during a 90 day period. Prior to declaring an extended payment plan inoperative, CHOC Children’s, or its collection agency, or assignee must make a reasonable attempt to notify the patient or patient’s family by phone or at the last known phone number and in writing at the last known address, that the extended payment plan may become inoperative and there might be an opportunity to renegotiate, if requested by the patient or patient’s family.

**B. Exceptions:**

It is understood that extenuating circumstances will arise that might require special consideration in approving Financial Assistance for patients who do not meet the established criteria, or to grant an increase in the amount of Financial Assistance to be extended to a patient that does not meet the criteria. CHOC Children’s representatives should be aware of this when evaluating individual patient cases for the Financial Assistance Program. While it is not possible to provide a definitive or complete listing of all extenuating circumstances that may arise, some important factors to consider would include:

- a. The amount owed by the patient or patient’s family in relation to his/her total income. If the total patient out of pocket expenses at CHOC Children’s exceed 10% of the patient’s or patient family’s annual income for the prior 12 months.
- b. The medical status of the patient or of his/her family’s provider
- c. The patient’s or patient family’s willingness to work with CHOC Children’s in exhausting all other payment sources

Any circumstances that are considered to fall into the “extenuating circumstances” category should be brought to the attention of the Executive Director of Patient Financial Services. Cases falling into this category may require the approval of the Vice President of Finance or Chief Financial Officer.

**International Patients:**

The Financial Assistance Program does not apply to international patients seeking non-emergent care. CHOC Children’s will follow routine operating procedures in providing care at our standard published prices. If

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any international patient is in need of financial assistance for elective or non-emergent care they may apply to CHOC Children's for consideration.

**C. Financial Assistance Program Approval/Denial/Appeal Process**

Any patient account recommended for partial or total Financial Assistance adjustment, after meeting the guidelines set forth in this policy require the following signature approval process to be followed:

a. **CHOC Children's ( Hospital and Clinics )**

\$.01- \$5,000	Manager
\$5,001 - \$50,000	Executive Director PFS
\$ 50,001. - \$100,000	VP of Finance
\$100,001 – to all appeals	Senior Vice President and Chief Financial Officer

b. **CHOC Children's Medical Foundation**

\$0 - \$500	Business Office Supervisor
\$501 - \$2,500	Business Office Manager
\$2,501 - \$10,000	Business Office Director
> \$10,001	Chief Financial Officer (or designee)

At the time a decision is made to approve or deny a patient account for the Financial Assistance Program, a letter will be sent to the patient as a notification of the decision made. If an application for the Financial Assistance Program is denied, a CHOC Children's representative will contact the patient or patient's family to make payment arrangements on the account.

**Appeal Process:**

If at any point in the Financial Assistance approval process the application is in dispute the patient or patient's family has the right to request reconsideration of the application at the next level of the approval process. The final determination for denial of Financial Assistance will reside solely with the Senior Vice President and Chief Financial Officer, and their, determination will be considered final.

Patient or patient family's appeal must be submitted in writing to the Patient Accounting Director within thirty (30) days of notification of original denial.

Provision of the Financial Assistance Program does not eliminate the right to bill, either retrospectively or at the time of service, for all services, when fraudulent, inaccurate or incomplete information has been given in the application process. In addition, CHOC Children's reserves the right to seek all remedies, including by not limited to civil and criminal damages from those who have provided false, inaccurate or incomplete information in order to qualify for the Financial Assistance Program.

**D. Financial Assistance Program: Notification to Patient or Patient's Family**

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CHOC Children’s patient statements will provide notification in English and Spanish advising the patient of CHOC Children’s Financial Assistance Program policy, and the contact information to obtain additional information about assistance.

A summary of the Financial Assistance Program along with contact information shall be posted in both English and Spanish in high traffic areas of CHOC Children’s, such as Admitting, Emergency Room, Clinics, Outpatient Registration and Patient Accounting Offices.

CHOC Children’s will provide to all self pay patients at point of service, notice of the Financial Assistance Program and contact information.

**E. Collection Process:**

If a patient qualifies for assistance under the Financial

- a. Assistance Program and is making every effort to settle an outstanding bill within a reasonable time period, CHOC Children’s or its agent shall not send, nor intimate that it will send, the unpaid account to an outside agency if doing so may negatively impact a patient’s credit. If CHOC Children’s is forced to send the account to an outside collection agency, the amount referred to the agency shall reflect the reduced payment level for which the patient was eligible under the Financial Assistance Program. At no time will a patient account be referred to an outside collection agency if the account is less than one hundred fifty (150) days from original billing.
- b. In the event the patient makes payments on their CHOC Children’s account in excess of total amount of patient responsibility, CHOC Children’s will refund any over payment to the patient with interest accrued at the rate set forth in existing law beginning on the date the hospital receives patient payment and it is identified as a patient credit. CHOC Children’s however is not required to reimburse the patient or pay interest if the amount owing is under \$5.00. The hospital will recognize the \$5.00 credit for a minimum of 60 days against any patient balance incurred during that period of time.

CHOC Children’s shall not, in dealing with identified uninsured patients at or below 400% of the Federal Poverty Level, use wage garnishments or liens on patient’s or patient family’s primary residence as a means of collecting unpaid CHOC Children’s bills. This requirement does not preclude CHOC Children’s from pursuing reimbursement from third party liability settlements.

**F. Documentation for Financial Assistance Program Discounts**

In cases where it has been determined that a patient qualifies for the Financial Assistance Program, it is important that the patient’s file be properly documented in order to facilitate easy identification of the patient, as well as to maintain a proper record of the facts that resulted in the determination of the eligibility for Financial Assistance. The minimum documentation that may be required for each Financial Assistance case may be limited to one of the following:

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Copy of the patient's or patient family's completed Financial Disclosure Worksheet, including any supporting documentation to same (i.e., prior year tax returns (preferred documentation), W-2 Forms, or current pay stubs.)

Copies of any additional documentation, notes, etc. that outline extenuating circumstances that were considered in the determination of eligibility for the Financial Assistance Program (if available or needed).

A copy of the "Approval for Financial Assistance" signed by the appropriate Hospital representative(s) (if available).

Bankruptcy within the last year (automatic qualification for the Financial Assistance Program).

**G. Reports**

Financial Assistance shall be logged with the following information:

Patient data consisting of Protected Health Information (PHI) will be maintained in a manner that protects the privacy and confidentiality of such information, and will only be logged as necessary for implementation of the Financial Assistance Program.

- a. Inpatient or outpatient status
- b. Total patient charges
- c. Financial Assistance expenditures, approved and denied
- d. Date of approval/rejection
- e. Rationale for any rejection

All application files are confidential and will be maintained in a secure location for a minimum of three years after the date of the application and the completion of CHOC Children's fiscal yearend audit. All Financial Assistance Program logs will be maintained for a period of seven (7) years. At the end of the respective period, all information will be destroyed or maintained in a manner to protect the privacy and confidentiality of the patient.

**V. EVIDENCE BASED REFERENCES/BIBLIOGRAPHY:**

- A.** Revenue Cycle Management, Zimmerman and Associates: December 2002.
- B.** SJHS Charity P&P 03/0/04
- C.** California Hospital Association, Voluntary Principles and Guidelines for Assisting Low-Income Uninsured Patient February 06,2004
- D.** American Hospital Association, Statement of Principles and Guidelines on Hospital Billing and Collection Practices, April 27, 2004
- E.** Assembly Bill 774 Chan-Hospitals: fair pricing policies
- F.** California Hospital Association, Charity Care Requirements Implementation AB 774 November 3, 2006
- G.** Barclays California Code of Regulations, Title 22, Chapter 7, Section 75049
- H.** Department of Health and Human Services, Federal Poverty Income Guidelines,. <http://coverageforall.org/pdf/FHCE FedPovertyLevel.pdf>. March 1, 2010
- I.** Health Center Program Statute: Section 330 of the Public Health Services Act (42 U.S.C.254b)
- J.** Program Regulations 42 code of Federal Regulations (CFR) Part 51c And 42 CFRParts 56.201-56.604 for Community and Migrant Health Centers

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<b>Schedule A</b>				
<b>Published Federal Poverty Guidelines</b>		<b>04/01/12</b>		
Number in Household	Up to 100%	Up to 200%	Up to 300%	Up to 400%
1	\$11,172	\$22,344	\$33,516	\$44,688
2	\$15,132	\$30,264	\$45,396	\$60,528
3	\$19,092	\$38,184	\$57,276	\$76,368
4	\$23,052	\$46,104	\$69,156	\$92,208
5	\$27,012	\$54,024	\$81,036	\$108,048
6	\$30,972	\$61,944	\$92,916	\$123,888
7	\$34,932	\$69,864	\$104,796	\$139,728
8	\$38,892	\$77,784	\$116,676	\$155,568
Discount	100% - except for copayments		75%	50%

**Schedule B**

<b>Community Clinic Sliding Fee Schedule Gross Monthly Poverty Income Guidelines</b>			
<b>Health Plan Code</b>	<b>Charity Care</b>	<b>Self Pay-Special arrangements</b>	<b>Self Pay</b>
<b>Poverty Level</b>	<b>Under 100%</b>	<b>Between 100 and 200%</b>	<b>Above 200%</b>
# of persons in family			
1	\$0-931	\$932-1862	Above \$1863
2	\$1261	\$1262-2522	Above \$2523
3	\$1591	\$1592-3182	Above \$3183
4	\$1921	\$1921-3842	Above \$3843
5	\$2251	\$2252-4502	Above \$4503
6	\$2581	\$2581-5162	Above \$5163
7	\$2911	\$2912-5822	Above \$5823
8	\$3241	\$3242-6482	Above \$6483
<b>Visit Co_Pay</b>	\$10	\$60 New \$40 Established	\$100 Well visit \$85 non well visit

## Charity Application Instructions

The following information and supporting documents must be provided to evaluate this application for a possible reduction of hospital expenses provided by CHOC Children's and CHOC Children's at Mission Hospital.

Please complete all sections of the application and attach copies of the applicable documents. Return the application by mailing to the Patient Financial Services Department at the address listed below:

CHOC Children's  
Attn: Patient Financial Services  
1201 W. La Veta Ave.  
Orange, CA 92868-3874

If you should need to contact the hospital regarding your application, please call 714-532-7860. The current published federal poverty guidelines are used in determining eligibility.

Below is a list of documents required to complete Charity Application:

### **Proof of Income**

Check Stubs or/  
Employers statement of earnings or  
Previous Year Income Tax Returns

### **Other Income Sources/Assets**

Bank Statements (past 2 months)  
Tax Refund entitlements  
Stocks  
Bonds  
Trust Funds  
Property (other than primary residence)

### **Other Income Sources**

Social Security  
Workers Compensation Welfare/AFDC  
Alimony  
Child Support  
Rents  
Support from family members or someone not living in the household

**Please note: This application is valid for 60 days from date of services are rendered.**

**Personal Information**

A

<b>Patient Name:</b>		
<b>Sex:</b> Male Female		<b>Patients SS#</b>
<b>Patients date of birth:</b>		<b>Account Number</b>
<b>Guarantor Name:</b>		
<b>Address:</b>		
<b>Does the patient have medical insurance?</b>	Yes No	
<b>Has patient applied for Medi-Cal or CCS?</b>	Yes No	
<b>Total Number of Family Members: (Include all children 21 and under)</b>		<b>Family Members Ages:</b>
<b>Is Patient a California Resident?</b>	Yes No	
<b>Is this for an Emergency Room Visit?</b>	Yes No	

I certify that the information provided is true and accurate to the best of my knowledge. Further, I have or will apply for any assistance (Medi-Cal, Healthy Families, insurance, etc.) which may be available for payment of medical services, and that I will take any action reasonably necessary to obtain such assistance and will assign or pay to the hospital the amount recovered for medical services.

I understand that this application is a tool for the hospital to evaluate eligibility for financial assistance services. I also understand that the hospital will verify the information, which may include obtaining a credit report. If the information I have given proves to be untrue, or if I fail to comply with the referral process for MediCal, Medicare, California Children's Services, or other identified programs this may result in forfeiture of the right to be considered for the Financial Assistance Program.

Today's Date: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Assets/Income/Resources  
B**

<b>Employee/Employer Name</b>	<b>Employer Information</b>	<b>Monthly Income (prior to taxes)</b>	<b>Hire Date</b>
(Mother) Employee Name:	Address:		
Telephone Number:		\$	
(Father) Employee Name:	Address:		
Telephone Number:		\$	
(Other Employment Income)	Address:		
Telephone Number:		\$	

**Annualized Income:** \$

<b>Assets and Resources</b>			
<b>Funds</b>	<b>Description</b>	<b>Value</b>	
<b>Checking:</b>	Account Number:		
<b>Savings:</b>	Account Number:		
<b>Investments</b>	<b>Description</b>	<b>Value</b>	
<b>Money Market Funds:</b>	Type:		
<b>Stocks:</b>	Type:		
<b>Bonds:</b>	Type:		
<b>Personal Property</b>	<b>Description</b>	<b>Value</b>	<b>Equity</b>
<b>Property (other than primary residence)</b>	Type:		
	Type:		
<b>Assets and Resources:</b>	Type:		

## **Appendix C**

### **Collaborators by Type**

#### **Businesses**

Active Parenting Publishers  
AllState Insurance Company  
American Health Journal  
Anaheim White House Restaurant  
BCBG Max Azria  
Clint Tux Shoppe  
Edwards Life Sciences Corp.  
Irvine Lake  
Kenny the Printer  
MAC Cosmetics  
Public Broadcasting Service (PBS)  
R.W.B. Party Props  
State Farm Insurance

#### **Community Organizations**

American Heart Association  
Bass Clubs of Southern California  
Boys & Girls Club of Garden Grove  
Boys & Girls Club of Santa Ana  
California Children Services  
California Children's Hospital Association  
Child Abuse Prevention Council of Orange County  
Child Abuse Services Team  
Child Passenger Safety Task Force  
Children and Families Commission of Orange County  
Children's Health Initiative - Orange County  
Children's Hospital Association  
Coalition of Orange County Community Health Centers  
Drowning Prevention Network  
Family Violence Project  
Health Options  
Hospital Association of Southern California  
John Wayne Cancer Foundation  
Latino Health Access  
Leukemia and Lymphoma Society  
Long Beach Boat & Ski Club  
Maternal Outreach Management Services (MOMS)  
National Drowning Prevention Network  
Orange County Business Council  
Orange County Chamber of Commerce  
Orange County Child Abuse Prevention Center  
Orange County Forum  
Orange County Health Needs Assessment  
Orange County Medical Association  
Orange County Safe Kids  
Partners for Health Committee

Ronald McDonald House Charities of Southern California  
Safe from the Start  
Safe Kids Orange County  
San Diego Science Alliance  
Suspected Child Abuse & Neglect Committee (SCAN)  
Violence Prevention Coalition of Orange County

### **Educational Institutions**

Anaheim City School District  
Azusa Pacific University  
Biola University  
Brandman University  
California State Polytechnic University, Pomona  
California State University, Dominguez Hills  
California State University, Fullerton  
California State University, Long Beach  
Centralia School District  
Chapman University  
Cypress College  
Garden Grove Unified School District  
Gates School  
Golden West College  
Irvine Unified School District  
La Verne University, Volunteer Services Dept.  
Los Angeles City College  
Magnolia School District  
Mount Saint Mary's College  
Mt. San Antonio Community College  
Newbridge College  
Orange Coast College  
Pio Pico Elementary School  
Rea School  
Saddleback College  
Saddleback Valley School District  
San Joaquin Valley College School of Respiratory Therapy  
San Juan School  
Santa Ana College  
Santa Ana Unified School District  
University of California, Irvine School of Biological Sciences  
University of California, Irvine School of Medicine  
University of California, Irvine  
University of California, Los Angeles  
University of Iowa  
Veeh School

### **Other Healthcare Providers**

American Academy of Pediatrics  
CalOPTIMA  
Children's Center at Sutter Medical Center, Sacramento  
Children's Hospital & Research Center at Oakland

Children's Hospital Central California  
Children's Hospital Los Angeles  
College Hospital PET Team  
Garden Grove Hospital  
Health Dimension, Inc.  
Healthy Smiles For Kids of Orange County  
Hoag Memorial Hospital Presbyterian  
Loma Linda University Children's Hospital  
Loma Linda University Medical Center  
Lucile Salter Packard Children's Hospital at Stanford  
Mattel Children's Hospital at UCLA  
Miller's Children's Hospital  
Orange County Foundation For Medical Care  
Presbyterian Intercommunity Hospital  
Rady Children's Hospital San Diego  
San Antonio Community Hospital  
Seattle Children's Hospital  
St. Joseph Health /Covenant  
Texas Children's Hospital  
University of California, Irvine Medical Center  
University of California, Davis Children's Hospital  
University of California, San Diego Children's Hospital  
University of California, San Francisco Children's Hospital

### **Public Sector Agencies**

Children and Youth Services (CYS) Clinics  
Consumer Product Safety Commission  
Department of Social Services  
Irvine Police Department  
National Institute of Allergy & Infectious Diseases (NIAID)  
National Institute of Child Health & Human Development ((NICHD)  
National Institutes of Health/Collaborative Antiviral Study Group (NIH/CASG)  
Orange County Child Passenger Safety Task Force  
Orange County Department Education Bell Campaign  
Orange County Department of Education  
Orange County Department of Education School Nurses Program  
Orange County District Attorney's Office  
Orange County Fire Association  
Orange County Health Care Agency  
Orange County Mental Health Agencies  
Orange County Sheriff's Department  
Orange County Social Services Agency  
Orange Police Department  
Regional Center of Orange County  
Santa Ana Chamber of Commerce

## **Appendix D**

### **Services by Benefit Goal**

#### **Goal 1: Healthcare Access**

Asthma Breathmobile  
CalOptima Board and Board Committees  
Charity Care  
CHOC Clinic - Garden Grove  
CHOC Nurse Advise (Kidwise)  
Clinica CHOC Para Los Ninos  
Costa Mesa Clinic  
Education Events sponsored by the CHOC Institutes  
Education For Providers  
Health Professional Education - Dietary  
Health Professional Education – Pharmacy  
Nursing Student Perceptorships  
Oncofertility Girls Academy  
Orange Primary Care Clinic  
Pediatric RN Training Program  
Pharmaceutical Indigent Program  
Pharmacy Education to patients and families  
Resident Education Program  
Respiratory Therapy Student Education  
Santa Ana Boys and Girls Club Clinic  
Student Relations Program  
Tilly's Life Center: Teen Empowerment Program  
UC Irvine Child Life Intern Research  
Unreimbursed Clinical Research  
Unreimbursed costs of MediCal

#### **Goal 2: Behavioral Health Access**

Behavioral Health Services-Mental Health Interventions  
Bereavement Support Groups & Day of Remembrance  
Child Life Internship Program  
Child Life Practicum Program  
CHOC fishing trip to Irvine Lake  
Clinical Education for Neurodiagnostics  
Heart Holiday Event  
Life Remembrance  
Mental Health Screening  
Parenting Classes and Workshops  
School Reintegration  
Social Services  
Special Children's Day  
Staying Connected

### **Goal 3: Disease Prevention**

Community Outreach & Education  
Community Outreach Health Fairs  
Nutrition Education for the Community  
Spot a Spot – Skin Cancer Awareness  
Unfunded Basic and Clinical Research

### **Goal 4: Information Resource**

American Health Journal/PBS  
Bringing Baby Home Infant Classes  
CarePages  
CPR Education  
Family Resource Center  
Heart Reunion  
KidsHealth Newsletter  
SCA in Children Conference  
Staywell Health Information Online Library

### **Goal 5: Injury Prevention**

Athletic Training Program  
Bike and Bike Helmet Safety  
Buckle Bear  
Child Passenger Safety  
Germ Busters/Nutrition/Media Programs  
Home Safety  
Orange County Safe Kids and promotion  
Safe Sitter  
Teen Driving Safety  
Water Safety

### **Goal 6: Community Action**

Brandman University – CNO Advisory Group for Skills Lab  
California State University, Fullerton Philanthropic Foundation  
California State University, Fullerton, School of Nursing  
California Children's Hospital Association  
Cancer Survivors Day-Courageous Kids Celebration  
Children and Families Commission of Orange County  
Children's Hospital Association  
CHOC Education Center  
CHOC Residency Program Advocacy Rotation  
Community Benefit Plan – preparation  
Community Committee Hours: Community Education  
Disaster Relief Preparedness

Edwards Life Sciences Innovators Thinkers Forum  
Hospital Association of Southern California  
Orange Chamber of Commerce Participation  
Orange County Business Council (OCBC)  
Orange County Foundation for Medical Care  
Orange County Ronald McDonald House Planning Meetings  
Santa Ana Chamber Board and Committee Participation  
SCAN Committee  
UC Irvine Admissions Committee  
UC Irvine School of Biological Sciences Mentoring Program

