

Saint Agnes Medical Center
**Community Benefits
Annual Report**

for fiscal year ending
June 30, 2014



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Mission Statement

We, Trinity Health and Saint Agnes Medical Center, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Core Values

- ~ Reverence
- ~ Commitment to those who are poor
- ~ Justice
- ~ Stewardship
- ~ Integrity
- ~ Compassion
- ~ Excellence

Vision

Saint Agnes Medical Center will be THE trusted health partner in Central California through its unrelenting pursuit of excellence.

Guiding Behaviors

- ~ We support each other in serving our patients and communities.
- ~ We communicate openly, honestly, respectfully, and directly.
- ~ We are fully present.
- ~ We are all accountable.
- ~ We trust and assume goodness in intentions.
- ~ We are continuous learners.

Executive Summary

Saint Agnes Medical Center (SAMC) is a 436-bed acute care, religious-based, not-for-profit hospital located in the city of Fresno, California. SAMC is privileged to serve the community members of Fresno, Madera, Kings, and Tulare counties since 1929. May of 2013 brought the synergistic merger of Catholic Health Care East and Trinity Health. As a result, SAMC became a proud member of one of the Nation's largest Catholic Health systems. Trinity Health employs nearly 87,000 people in 20 states and has contributed almost \$1 billion in community benefit. Over time, SAMC has expanded in order to keep pace with the demand of our service area community members. The most recent addition to our facilities was a 230,000 s/f North Wing expansion in 2005 which nearly doubled the Medical Center's size. SAMC has a staff of more than 2,600 and 894 volunteers who work diligently to serve the needs of our 1,100,113 service area patrons.

Programs and services of SAMC include: One licensed acute care facility with women and infant services, emergency care, Cancer Services, Endoscopy, Heart & Vascular, Home Health Care, Hospice, Imaging Services, Laboratory Services, Neuroscience, Occupational Health Center, Orthopedics, Surgery, Palliative Care, Pulmonary Rehabilitation, Woman's Services, Hyperbaric Machine, Amputation Prevention, Breast Center, Child Development Center, Medical Library, Outpatient Surgery, Cardiac Rehabilitation, and Satellite Labs. Additionally, SAMC operates four offsite-programs which include: Saint Agnes Health and Hospice, Saint Agnes Cancer Center, Saint Agnes Wound and Ostomy, and California Eye Institute at Saint Agnes.

In response to identified unmet health-related needs in the CHNA published in 2013, during FY 14, SAMC focused on supporting and increasing access to care initiatives. The target population was, and will continue to be, the broader and underserved disadvantaged members of SAMC's service area population. Strategic Community Benefit activities are focused on developing and refining programs that are in line with the mission and values of SAMC, as well as the CHNA.

SAMC's Emergency Department maintains emergency care services on a 24 hour, seven days per week basis. Emergency care is provided to an average of 245 patients per day and ambulance calls average 70 per day.

Children's Hospital Central California operates a satellite NICU unit at SAMC's main facility. This program provides eight community level III and six level II NICU beds.

Spiritual Care Services are available 24 hours, seven days a week for patients, families and staff. SAMC's ministry of healing also actively reaches out to civic, religious, and social entities throughout the service area in an effort to reach as many in need as possible.

SAMC's Community Health Education programs include education and support groups for the communities within our service area. These programs play an essential role in the education and management of conditions and disease states that are prevalent in the service area of SAMC.

Educational programs include: Gestational Diabetes Management / Adult Sickle Cell Management / Lactation Education.

Support Group offerings include: Brain Tumor Support Group / Better Breather's Club Ostomy Support Group / Grief Support Group.

Holy Cross Medical Clinic at Poverello House offers free preventative medical and dental services to all who walk through the door. There are no questions asked and no fees for participants. This program is located in the heart of Fresno California's downtown area and serves the underserved, uninsured, and homeless population of SAMC's service area. A total of 4,278 medical and 622 dental visits occurred in fiscal year 2014. This is a program that is an essential part of Fresno County's safety net that provides care to those in need.

Holy Cross Center for Women (HCCW) serves as a safe day respite for homeless and underserved women and their children. Also located in downtown Fresno California, this center has been meeting the needs of community members for over 30 years. This program provides daytime shelter, counseling and referral services, education and skills training, clothing, laundry services, shower facilities, and social activities. In fiscal year 2014, HCCW provided service to an average of 134 women and 27 children per day. This center and all of its programs are fully funded and facilitated by SAMC.

Community Benefit and Implementation plans for Fiscal Year 2014 accurately document SAMC's commitment to the health and improved quality of life in our service area. Total community benefit dollars reported for Fiscal Year 2014 are \$29,685,526 which equates to 7.9% of operating revenue. Persons served in SAMC's service area total 112,039.

Organizational Commitment

Saint Agnes Medical Center provides a continuum of services that range from preventive to acute care, rehabilitation, and health maintenance. SAMC actively engages in promoting a holistic approach to healthful behavior, lifestyle, and well-being in mind, body, and spirit. SAMC prides itself on community involvement, community capacity building through collaborative efforts, as well as offering programs and services that benefit the residents of its service area.

SAMC's Administration, Board of Trustees, and Community Benefit Committee are committed to the strategic process of identifying, planning, implementing, and evaluating Community Benefit programs. An understanding that change is constant provides a platform of creativity and efficiency for Community Benefit endeavors to grow and evolve. An accurate reading of the virtual pulse of community benefit is necessary and expected by SAMC's internal and external stake-holders.

SAMC's Board of Trustees and Community Benefit Committee review and approve Community Benefit reports, strategic plans, and Mission Services Fund grant allocations. Community health programs are targeted to directly address prioritized community needs as outlined in SAMC's Community Health Needs Assessment report. Great care is given to ensure that all initiatives are in accordance with the policies and procedures of Trinity Health and Saint Agnes Medical Center.

Mission and Community Benefit Committee Responsibilities:

- ~ Support and implement Saint Agnes Medical Center's mission and core values related to health services
- ~ Serve as a resource for SAMC by highlighting information relative to the unmet needs of the medically underserved communities within our service area
- ~ Offer recommendations and insight in regard to the health service needs of Fresno, Madera, Kings and Tulare counties
- ~ Serve as a link between SAMC's Board of Directors and the Community Health Benefit planning process
- ~ Provide leadership for community benefit planning
- ~ Oversee the process and selection of the Mission Services Fund Grant Program

Community

The service area for Saint Agnes Medical Center includes the counties of Fresno, Madera, Kings and Tulare located in the state of California. Near the center of the San Joaquin Valley, SAMC serves a diverse population defined by several factors that are specific to the region.

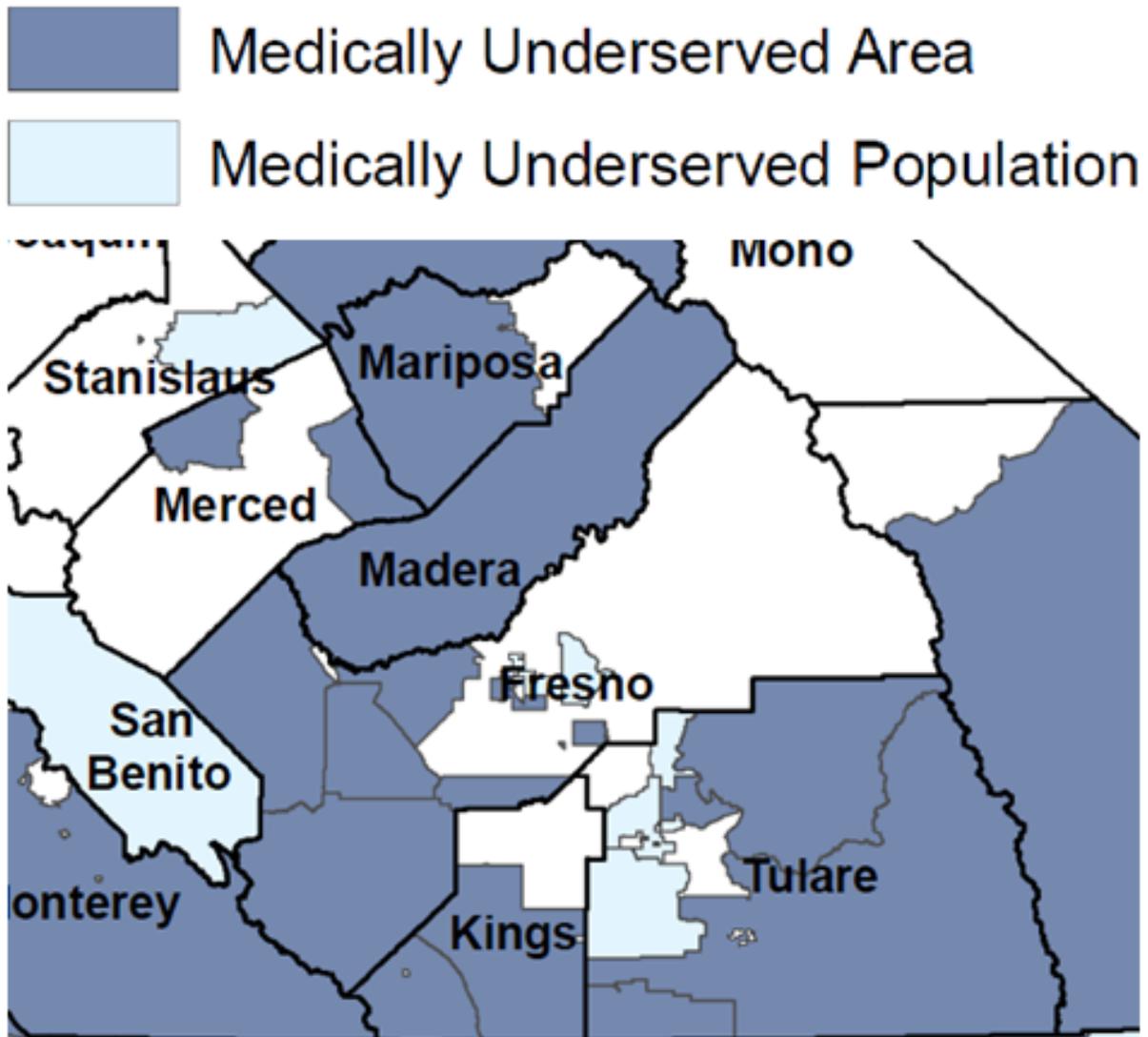
City and county municipalities continue to be a major source of employment for the community members of SAMC's service area. Additional key economy drivers include agriculture, food processing, manufacturing, retailing, and tourism.

The number of community members living below the poverty level in Fresno, Kings, Madera and Tulare Counties are some of the highest in all of California. Poverty is a chronic and unfortunate reality that adversely affects most aspects associated with healthy living. The average percentage of community members living in poverty in SAMC's service area is 22.85% as compared to 15.3% for California. Service area annual median household income levels average \$46,560.50 which is lower than the California median income level of \$61,400.00.

Community members who are 25 years and older that have a college bachelor's degree or greater averages 14.75% compared to 30.5% for the State of California.

Historically, the service area counties of SAMC maintain higher rates of unemployment as compared to the state of California (7.8%). Currently, the unemployment rate for each county is:
Fresno- 12.10% Madera- 11.2% Kings- 13.10% Tulare- 13.4%
On average, SAMC's service area counties experience an unemployment rate that is 4.65% higher than the state of California

All four counties within SAMC's service area are designated, at some level, as Medically Underserved Areas (MUA's). MUA designations are based on an index of four variables; 1) Ratio of primary care physicians per 1,000 population 2) Infant mortality rates 3) Percent of the population with incomes below the poverty level 4) Percent of the population age 65 and over. Respectively, the designated areas are referenced in the following map:



The insurance coverage mix for the area is as follows:

- Commercially insured residents represent 36.9% of the population
- Medi-Cal beneficiaries represent 41.8% of the population
- Medicare beneficiaries represent 1.2% of the population
- Medicare/Medi-Cal beneficiaries represent 3.8% of the population
- A total of 16.4% are uninsured or covered by another government program

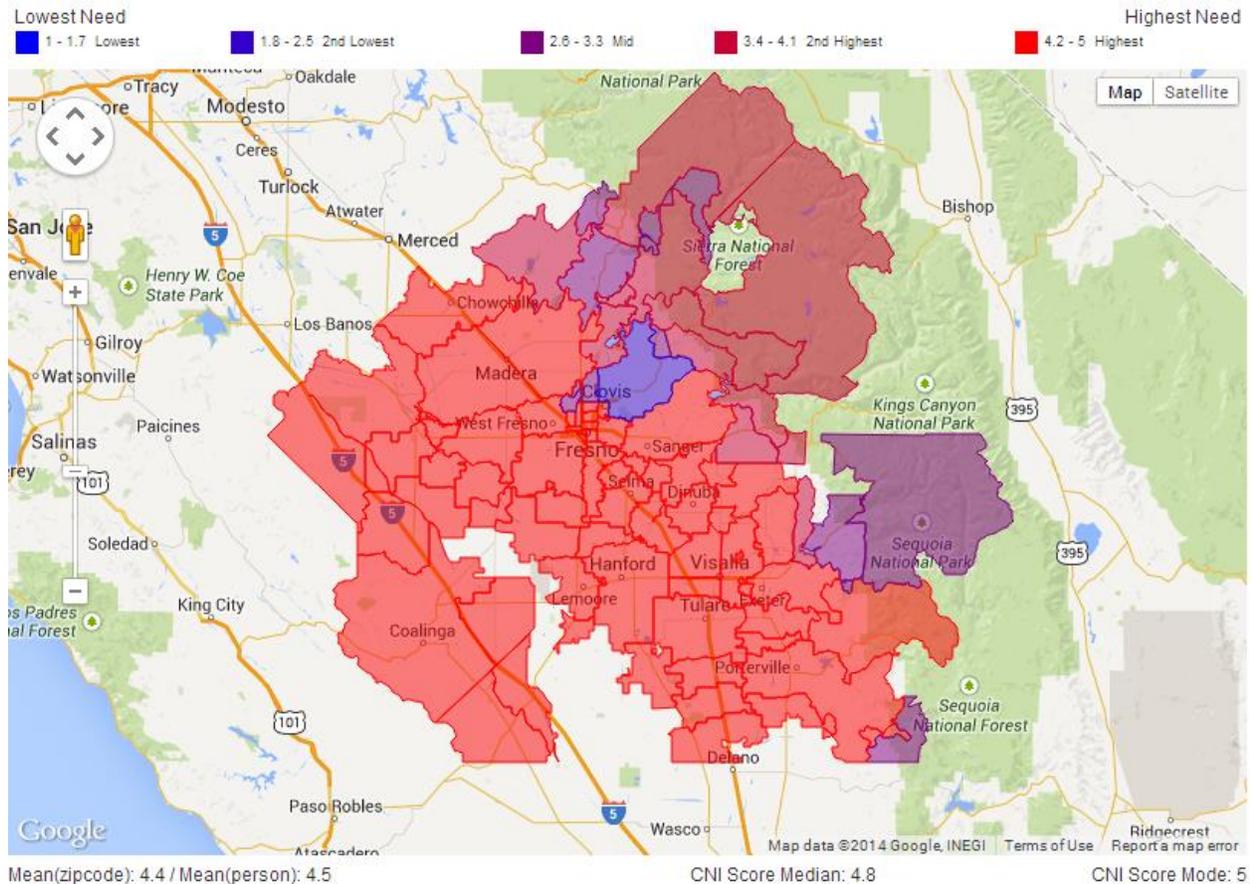
| <u>Population</u> | | | | |
|--|----------------------|----------------------|---------------------|----------------------|
| <u>County</u> | <u>Fresno</u> | <u>Madera</u> | <u>Kings</u> | <u>Tulare</u> |
| Population | 930,450.00 | 150,865 | 152,982 | 442,179 |
| <u>Ethnicity</u> | | | | |
| <u>County</u> | <u>Fresno</u> | <u>Madera</u> | <u>Kings</u> | <u>Tulare</u> |
| Hispanic/Latino | 50.30% | 53.70% | 50.90% | 60.60% |
| Caucasian | 32.70% | 38.00% | 35.20% | 32.60% |
| African American | 4.80% | 3.30% | 6.70% | 1.20% |
| Native American | 0.60% | 1.20% | 0.80% | 0.80% |
| Asian/Pacific Islander | 9.40% | 1.80% | 3.60% | 3.30% |
| Other | 2.20% | 2.00% | 2.80% | 1.50% |
| <u>Average Household Income</u> | | | | |
| <u>County</u> | <u>Fresno</u> | <u>Madera</u> | <u>Kings</u> | <u>Tulare</u> |
| | \$45,741 | \$47,937 | \$48,761 | \$43,803 |
| <u>Unemployment Rate</u> | | | | |
| <u>County</u> | <u>Fresno</u> | <u>Madera</u> | <u>Kings</u> | <u>Tulare</u> |
| | 12.10% | 11.20% | 13.10% | 13.40% |
| <u>Uninsured</u> | | | | |
| <u>County</u> | <u>Fresno</u> | <u>Madera</u> | <u>Kings</u> | <u>Tulare</u> |
| | 19.90% | 21.10% | 19.70% | 22.10% |
| <u>No High School Diploma</u> | | | | |
| <u>County</u> | <u>Fresno</u> | <u>Madera</u> | <u>Kings</u> | <u>Tulare</u> |
| | 27.20% | 32.00% | 28.70% | 31.90% |

Community Need Index (CNI)

CNI ratings are used to help identify the levels of health disparity within specific zip codes. The CNI takes into account underlying economic and structural barriers, as well as, public health data. Using a rating scale of 1-5, the CNI associates the lowest level of health disparity at 1 and the highest at 5.

The weighted average CNI score for SAMC's service area is 4.5 with the median score being 4.8. Most of the service area represents very high levels of health disparity.

The following map demonstrates the levels of disparity in a visual manner:



Community Benefit Planning Process

- *Community Health Needs Assessment (CHNA)*

Saint Agnes Medical Center's Community Health Needs Assessment was completed in a collaborative fashion with 15 service area (Fresno, Kings, Madera, and Tulare Counties) hospitals. The process was facilitated by the Hospital Council of Northern and Central California and was published in March of 2013.

The CHNA is a report that highlights the health status of Saint Agnes Medical Center's service area. A comprehensive review of local area health indicators and social determinants of health provide an in depth understanding of unique obstacles and opportunities. Alignment with the nation's Healthy People 2020 initiative was a priority and systematic design and facilitation was based on this core understanding.

Valid insights were gained through a series of community and facility-staff focus groups, on-line surveys, and interviews of public health directors and facility executives.

Prioritization of leading health indicators and needs were assessed using the following criteria:

- Impact:** Which of the leading indicators, if improved, would make the greatest impact on health, quality of life and health disparities?
- Severity:** Which of the leading indicators is associated with the most severe negative health repercussions in the region?
- Resources:** Which of the leading indicators can be addressed with existing resources across the study region?
- Outcome:** Which of the leading indicators, if addressed effectively, would yield the most visible improvement in mortality and morbidity rates?

Identified high priority health indicators and needs include:

- ~ Access to Care
- ~ Obesity
- ~ Overweight/Physical Activity
- ~ Mental Health
- ~ Diabetes
- ~ Poverty
- ~ Education

Asset Assessment Process

A comprehensive audit of Community Benefit programs was conducted by SAMC's Director of Community Benefit and Outreach. The need for accuracy and efficiency is high and strong adherence was given to the definitions set forth by the Catholic Health Association. Detailed interviews of several key staff members were conducted and both current and newly reported programs were evaluated, defined, and re-defined when necessary. In an effort to ensure accuracy, all evaluation/definition was reviewed by the Director of Community Benefit and SAMC's General Accounting Controller.

Development of SAMC's Implementation Plan

Saint Agnes Medical Center developed its Fiscal Year 2014 Implementation Plan through continuous monitoring of service area resident's health status, gaining a comprehensive understanding of local service area social and economic issues, and creating/fostering relevant partnerships with local Community Benefit Organizations. Understanding that the needs of SAMC's service area affect all local health care providers, Saint Agnes Medical Center has focused on collaboration to effect a greater positive change in the prioritized health needs identified in the Community Health Needs Assessment. Ongoing oversight of SAMC's Community Benefit programs and initiatives is provided by The Mission and Community Benefit Committee of the Board of Trustees.

Planning for the Uninsured/Underinsured Patient Population

Efforts to assist Uninsured and Underinsured patients of Saint Agnes Medical Center include:

- ~ Community outreach
- ~ Patient In-reach
- ~ Financial assistance policies
- ~ Insurance and government program enrollment assistance

Community outreach targeting uninsured and underinsured members of SAMC's service area population plays an essential role in meeting needs of the population. By participating in and supporting local events held by partnering organizations such as Centro La Familia, HandsOn, Fresno Healthy Community Access Partnership, Clinica Sierra Vista, and The Mexican Consulate, SAMC is able to effectively reach at-risk populations. Proactively bringing resources to the people who need it most has proven to be an effective tool.

Patient In-reach is an opportunity for SAMC to reach at-risk population members while they are at our facility. Financial counselors are on staff every day to assist patients with information, applications, and process facilitation. In addition, SAMC offers the services of Med-Assist for complex Medi-Cal application situations. All services are provided at no cost and referrals to relevant community-based programs that fit the needs of each individual increase the value provided by SAMC to its patients.

Financial Assistance Policy is essential to meeting the needs of at-risk community members. Saint Agnes Medical Center has adopted a financial assistance policy that lends itself to providing high levels of assistance for those who qualify. Understanding that needs, economics, and industry related issues create an environment of constant change, SAMC reviews and updates its Financial Assistance Policy as needed in order to remain effective.

Insurance and government program identification/enrollment assistance is provided to any/all in need. Efforts on this front are provided in the community at local area events, as well as within the doors of SAMC's facilities. Resources are posted and available in the form of flyers, brochures, and posters. Discretion is a top priority and our staff is fully trained, ready, willing, and able to help all who are in need.

Summary of Key Program and Initiatives—Fiscal Year 2014

Overall net Community Benefit for fiscal year 2014 equates to \$29.7 million (7.9% of operating revenue) and served 112,039 service area community members.

Community Benefit initiatives and programs supported by Saint Agnes Medical Center include:

Financial Assistance

- ~ Charity Care

Government-Sponsored Means-Tested Health Care

- ~ Unpaid costs of Medi-Cal Program

Community Health Improvement Services

- ~ Holy Cross Center for Women
- ~ Holy Cross Clinic
- ~ Holy Cross Clinic Lab Procedures
- ~ Mission Services
- ~ First Source Health Advocate Program
- ~ Health Care Enrollment Assistance
- ~ Transportation Voucher Program
- ~ Direct Financial Assistance to Poor Patients
- ~ Health Resource Education Program (Gestational Diabetes)
- ~ Lactation Education Program
- ~ Adult Sickle Cell Program
- ~ Better Breathers Club Support Group
- ~ Brain Tumor Support Group
- ~ Breast Cancer Support Group
- ~ Grief Support Group
- ~ Ostomy Support Group

Health Professions Education

- ~ Nurses and Nursing Students
- ~ Other Health Professions

Cash and In-Kind Contributions

- ~ Cash Donations, Broader Community and In Poverty
- ~ Equipment and Medical Supplies
- ~ Clinical Pastoral Education
- ~ Blood Drive Program
- ~ Meeting Room Overhead and Expense

Community Building Activities

- ~ Medical Careers Class (Clovis Unified School District)

Community Benefit Operations

- ~ Staff Costs for Internal Tracking and Reporting Community Benefit
- ~ Other Community Benefit Costs

Financial Assistance

Charity Care

Saint Agnes Medical Center is committed to providing quality healthcare services with compassion and respect, regardless of race, creed, sex, age or financial status. This includes a commitment to provide accessible services to individuals who do not have medical insurance or cannot afford to pay the full self-pay portion of their bill not covered by insurance.

Saint Agnes Medical Center provides a Financial Support Program as a resource to patients who need assistance covering the cost of their medical care. Staff is also available to assist patients in applying for public assistance programs or to establish a manageable monthly payment plan.

All patients may apply for financial support either in advance of or after receiving hospital services. Eligibility is determined on an individual basis, taking into account income, assets and insurance status.

For Fiscal Year 2014, **Charity Care totaled \$7,878,647 and served 5,806** community members.

Government-Sponsored Means-Tested Health Care

Unpaid Cost of Medi-Cal

Government-sponsored means-tested health care community benefit includes unpaid costs of public programs for low-income persons. This is the shortfall created when a service provider receives payments that are less than the cost of caring for public program beneficiaries.

For Fiscal Year 2014, **Unpaid Cost of Medi-Cal totaled \$18,574,000 and served 49,608** community members.

Community Health Improvement Services

Holy Cross Center for Women

Since 1984, Saint Agnes Holy Cross Center for Women has served as a refuge for homeless and underserved women and their children. Sponsored by Saint Agnes Medical Center, the center provides daytime shelter, counseling and referral services, educational and skills training, clothing, laundry services, shower facilities, and social activities.

For fiscal year 2014, the Holy Cross Center for Women provided services to an average of 134 women and 27 children each day. Each month, the center provided clothing to more than 445 individuals and families, 608 showers for women without homes, and 369 loads of laundry for those in need. Services are free to all women and children who walk through the Center's doors.

English as a Second Language classes are held on a regular basis to help women and men who cannot maintain steady enrollment in a community school due to attendance requirements. The need to take advantage of short-term working opportunities in support of their families often outweighs their ability to attend class on a regular basis. All are welcome to return at any time. A computer and sewing room provide women with the equipment and opportunity to learn new skills or maintain those they may already have. A variety of parenting, child care and life skills classes are taught in conjunction with diaper distribution.

Programs for children are housed in The Gathering Place, a learning center complete with books, educational materials, toys and computers. Staff and volunteers supervise the children while their mothers are free to take classes or participate in other on-site programs.

The junior volunteer program (initiated in 1998) was held again during summer break in 2014. This is an eight week program that attracted nineteen local area at-risk youth between ages 11 and 18. Sessions in nutrition, health, preventing obesity, and outdoor activities were offered. An annual field trip to California State University Fresno proved to be a great learning experience for all participants. The program concluded with a graduation ceremony that included several awards for achievement. Several local area stakeholders helped facilitate the program and turned out in force to show their continued support at the graduation ceremony. Local community support continually exceeds expectations and a truly collaborative effort is what makes this program such a great success.

Fortunately, the Holy Cross Center for Women remains appealing and very well kept. The location is enclosed within the safe walls that surround a peaceful and grassy courtyard. This courtyard coupled with the generosity of donors and the participation of local community benefit organizations and groups, makes community celebrations a reality. HCCW collaborates with agencies and other not-for-profit groups to provide education, job skills training, assistance, and recreational activities. Many program participants also receive much needed free medical and dental services at the affiliated Holy Cross Clinic that is within walking distance of the Women's Center.

MaryHaven is an educational facility within the Holy Cross Center for Women. It was opened in 1998 and is designed to help clients become more self-sufficient. Over time, community needs have grown and in response, the MaryHaven facility was expanded in 2005. Participants learn basic skills in sewing, crafts, computers, parenting and English as a Second Language. Additional

offerings include a variety of Self-help courses (personal safety, nutrition, health, family budgeting, improving self-image, and GED classes).

Funding and support for Holy Cross Center for Women are provided by Saint Agnes Medical Center, the Saint Agnes Women's Club, the Saint Agnes Men's Club, and the Saint Agnes Foundation. Future plans include another expansion of the facility to meet the needs of the community. Holy Cross Center for Women is located at 421 "F" Street in downtown Fresno California.

For Fiscal Year 2014, "**days of assistance**" totaled **37,162** and **693 different women were served** (approximately 35% of those served are homeless).

Holy Cross Clinic

In 1982, the Sisters of the Holy Cross and SAMC identified the need for basic medical and dental care. In response, the two groups came together to create the Holy Cross Clinic. The Holy Cross Clinic provides free medical and dental care to Saint Agnes Medical Center's service area community members who are "at-risk" and uninsured/underinsured. Many patients are homeless, but care is provided to all who walk through the door with no questions asked. Many of the Clinic's patients are undocumented and use services because they know that this is a safe environment for them to receive care. Patients are given referral appointments, receive educational material, have lab work done, and receive medications. The main goal of this comprehensive effort is to provide a safe environment where good health practices can be learned.

For Fiscal Year 2014, **medical visits totaled 4,278** and **dental visits totaled 622**.

Holy Cross Clinic Lab Procedures

Patients of the Holy Cross Clinic often need lab work and procedures for diagnostic and health maintenance purposes. Saint Agnes Medical Center is dedicated to providing these services at no cost to the patient.

For Fiscal Year 2014, **Lab Procedure costs totaled \$99,380**.

Mission Services

Mission Services and the Center for Spiritual Care seek to minister to the body, mind and spirit of patients, family members and staff at SAMC. Staff members, who are Certified Chaplains, understand that a person's spiritual needs are not specific to a hospital setting. Influences within the community and beyond often affect community members in many different ways. SAMC's

ministry of healing reaches out to civic, religious, and social entities throughout the service area. Some of the highlights for fiscal year 2014 include the following:

- ~ The Saint John's Bible Program was initiated with the financial assistance and fundraising efforts of the Saint Agnes Foundation. This Bible is an amazing work of art and scripture and has been presented at a number of public forums and displays. The Saint John's Bible will become the cornerstone of a leadership retreat, as well as a local Presbyterian workshop. The dream of purchasing the seven volume set has just become a reality. Saint Agnes Medical Center uses the Saint John's Bible collection as a vehicle to share the spirit of the gospel with community members for years to come.
- ~ The "Hugs from the Spirit" program provided hundreds of soft blankets and cuddly teddy bears to patients in need of warmth and comfort.
- ~ The "Heavenly Hounds" dog visitation program hosts a dozen trained dogs, which visit patients and offer support to staff.
- ~ The Clinical Pastoral Education program is housed within SAMC's facilities and offered support services for community members who desire to become certified Chaplains.
- ~ Patient visitation by Chaplains totaled 27,158 face to face visits.
- ~ Daily and Sunday Mass are televised in-house for patients and families.
- ~ Daily morning and evening prayers are facilitated over the hospital intercom.
- ~ Education and mentoring is an ongoing process. For Fiscal Year 2014, 80 Lay Ministry Volunteers donated what was equal to a 1.4 full time employees.
- ~ Spiritual Care Volunteer Training Programs were offered by chaplaincy staff for new members of SAMC's volunteer program.
- ~ Chaplains attend interdisciplinary rounds on units, and participate in family conferences.
- ~ National Nurse's Week was celebrated with two special events; Special prayer services and the blessing of the hands of medical center personnel.
- ~ Saint Agnes chaplains hosted a National Pastoral Care Week luncheon in October for all local area hospital and hospice chaplains.
- ~ Weekly Sunday Mass is conducted on an ongoing basis.

For Fiscal Year 2014, **Mission Services costs totaled \$25,516**

First Source Health Advocate Program

The service area of Saint Agnes Medical Center is primarily zoned as a "Medically Underserved Area" because of the many challenges faced related to providing health care. Household income levels are low, health care providers are in short supply, poverty is high, and education levels are low as well. The aforementioned climate creates many challenges related to providing care to a

population with so many barriers to care. This is a need that continues to grow and SAMC is dedicated to providing as much assistance as possible.

First Source Health Advocate program is one that assists Saint Agnes Medical Center's patients with finding payment solutions for care received. Assistance and navigation through the intricate process of applying for California's Medicaid (Medi-Cal) health coverage is a first line of defense and helps SAMC's at-risk community members find avenues for access to care. Patients have access to these services both before and after services have been rendered and the program is offered in both English and Spanish languages.

For Fiscal Year 2014, **First Source Health Advocacy costs totaled \$263,706 and served 1,498 community members.**

Health Care Enrollment Assistance

The number of community members without healthcare coverage has increased over time and so has SAMC's commitment to changing that reality. Barriers for Access to Care have been identified as a high priority and SAMC is dedicated to making a positive impact in this arena. Saint Agnes Medical Center will continue the dedication of time and financial resources in an effort to improve this issue and has partnered with several local Community Benefit Organizations to make a relevant impact.

In Fiscal Year 2014, SAMC partnered with Fresno Healthy Communities Access Partners in support of the rollout of California's Health Insurance Exchange called Covered California. Several staff became Certified Enrollment Educators and assisted hundreds of community members to understand California's Health Care Exchange, Covered California. Approaching clients within our facility, as well as out at local area community events proved to be a great way to connect our community members with relevant resources.

California's Medi-Cal system also expanded its income qualification limits to include a larger portion of SAMC's service area population. This expansion resulted in thousands of local area residents now qualifying for health benefits. In an effort to help with the expansion, SAMC dedicated time and staff to ensure proper referral and enrollment of local community members. Supportive efforts also included strategic partnerships in which SAMC provided financial support to local non-profit organizations (Centro La Familia, Clinica Sierra Vista, Clovis Unified School District, and HandsOn) with relevant ties into the target populations. Leveraging and creating relevant relationships within SAMC's community proved to be fruitful as we are proud to have assisted over 4,388 community members with Medi-Cal expansion enrollment and education.

For Fiscal Year 2014, **Health Care Enrollment Assistance totaled \$18,722 and served 4,388 community members.**

Transportation Voucher Program

Access to Care is a high priority need that continues to be unmet for a large segment of SAMC's service area community members. In response, Saint Agnes Medical Center has allocated financial resources for the purchase of taxi vouchers, bus tokens, and other specialized methods of transportation when necessary. All program participants are qualified based on need and these services are offered on a continual basis. SAMC's Care Coordination and Social Services Departments work together to ensure that this barrier to care is not an insurmountable obstacle.

For fiscal year 2014, **Transportation Voucher Program costs totaled \$23,736 and served over 1050 community members.**

Financial Assistance to Poor Patients

The purpose of the Financial Assistance to Poor Patients is to provide resources for the underserved and at-risk community members within SAMC's service area. Just as basic needs can vary, categories of assistance under this program vary as well. One category of care is the provision of medication to both Emergency Department and in-patient clients in need. Often times patients require safe physical transfer to other appropriate facilities for care; this program covers that cost. Short term housing also qualifies, as well as a provision of funds for funeral and cremation costs. Durable medical equipment can be extremely high priced, and this is another category that is available to community members who are in need and at-risk.

For Fiscal Year 2014, **Financial Assistance to Poor Patients costs totaled \$52,474 and served 198 community members.**

Health Resource Education Program (Gestational Diabetes)

Saint Agnes Medical Center's Health Resource Education Program has a focus on gestational diabetes treatment. A staffed Resource Center offers a specialty clinic for women with diabetes before pregnancy, and who discover/develop the condition during their pregnancy. Along with clinical services, this program offers one-on-one and group education opportunities. This program is open to all members of our community and provides care at no cost to participants. Operational hours for the clinic are 8 hours per day, one day per week and walk-ins are welcome. As the occurrence of this condition continues to grow, SAMC remains committed to helping those in need. Resources are, and will continue to be committed to this program.

For Fiscal Year 2014, **Health Resource Education Program costs totaled \$36,858 and served 177 community members.**

Lactation Education Program

The benefits of breast feeding are many and educating community members is a high priority for Saint Agnes Medical Center. As studies continue to demonstrate the health benefits of breast feeding for the mother and child, SAMC continues to support initiatives to promote and support this practice. Our program is available to all service area community members and is offered twelve hours per week. Educational materials are provided and proper technique is taught in a private one-on-one setting.

For Fiscal Year 2014, **Lactation Education Program costs totaled \$113,137.**

Adult Sickle Cell Program

Saint Agnes Medical Center's Adult Sickle Cell Program was established in 1994 in response to a recognized need of service area community members. This program continues to be the only service of its kind between San Francisco and Los Angeles, and plays a vital role in educating sickle cell patients about proper management of the disease. It is designed to make the transition from Pediatric to Adult Sickle Cell care as smooth as possible and is facilitated in close collaboration with the local partnering organization, Children's Hospital Central California. The program's outpatient Clinic provides a setting for patients to be seen by physicians who specialize in Sickle Cell management and care. Overall objectives include proper care management, quality of life improvement, reduced unnecessary use of the emergency department, and increased education levels. SAMC remains committed to offering these resources to the community members of our service area and will continue to add value as opportunities arise.

For Fiscal Year 2014, **Adult Sickle Cell Program costs totaled \$8,809.**

Better Breathers Club Support Group

The Better Breathers Club is a support group offered at Saint Agnes Medical Center that is open to any/all community members. This is a core program of the American Lung Association in California that offers resources and support to those affected by lung disease (patients, family members and caregivers). The group is administered on a monthly basis by Jim Fayle, Pulmonary Rehabilitation Coordinator and Shirley Windsor, Reg. Respiratory Therapist III. This program was started in October of 2013 in response to community need expressed by our constituents and each class is 1 ½ hours.

For Fiscal Year 2014, **Better Breathers Club Support Group costs totaled \$4,633 and served 75 community members.**

Brain Tumor Support Group

The Brain Tumor Support Group is offered to any/all community members living with or affected by brain tumors (family, friends, caregivers and colleagues). This group was started in 1990 in response to the unmet need expressed by the service area community members of SAMC. The group provides emotional support, tools, and information to help with the adjustments in lifestyle associated with having a brain tumor. Facilitated by Paula Jordan, Specialty Surgery Service Line Leader, and Karen Kennedy, Licensed Social Worker, the group meets once a month on SAMC's campus for 1 1/2 hours at a time. Subject matter focuses on both malignant and benign tumor education. The dynamic of the group is diverse in that participants have varying projected life expectancies based on the type of tumor that they have. A sincere environment of support emerges from natural group leaders and the program has proven to be an invaluable enhancement in many community members' lives.

For Fiscal Year 2014, **Brain Tumor Support Group costs totaled \$1,655 and served 28 community members.**

Breast Cancer Support Group

The Breast Cancer support group at SAMC was offered for the first nine months of fiscal year 2014. It was open for any/all community members to attend and the intended audience included all who are affected by breast cancer (patients, caregivers, family, friends, and colleagues). An environment of learning and support was created with the help of a Licensed Clinical Social Worker (LCSW) who was not an employee of SAMC. The cost of the LCSW was paid for by SAMC and the group met on a monthly basis.

For Fiscal Year 2014, **Breast Cancer Support Group costs totaled \$1,463.**

Grief Support Group

Saint Agnes Medical Center's Grief Support Group is offered to any/all members of the community and is in response to an unmet need. Supporting all participants with tools to adjust to life changes resulting from a loss is the main goal. This group meets twice a month and is facilitated by SAMC's Clinical Social Worker, Kong Yang. All of the group meetings are held on SAMC's campus and are 1 ½ hours in length.

For Fiscal Year 2014, **Grief Support Group costs totaled \$2,523 and served 120 community members.**

Ostomy Support Group

The Ostomy Support Group is offered to any/all community members living with or affected by ostomies. This group began in response to the unmet community need identified within Saint Agnes Medical Center's service area. Services provided include emotional support, educational tools, and information to help with lifestyle adjustments. SAMC's Stacy Eldridge, Clinical Nurse III, is the facilitator and convenes the group once a month for two hours at a time. Meetings are held at SAMC's facilities in the Martin meeting room and are highly beneficial to all community members who participate.

For Fiscal Year 2014, **Ostomy Support Group costs totaled \$1,474 and served 50 community members.**

Health Professions Education- Nurses and Nursing Students

In partnership with many local colleges, universities, and specialty schools, Saint Agnes Medical Center provides a clinical setting for undergraduate and vocational training to students. These programs are offered as a benefit to the community and there is no expectation or requirement for participants to work for SAMC. Partnering Educational Institutions include: Fresno City College, National University, Clovis Adult School, California State University Fresno, West Hills Community College, Fresno Adult School, San Joaquin Valley College, and Fresno Pacific University.

In fiscal year 2014, SAMC played an intricate role in facilitating an in-house program to 1,193 Nursing Students. All participants were working toward requirements associated with obtaining certificates and/or licensure to move their career paths forward in the health care industry. A large portion of SAMC's service area is designated as "Medically Underserved," and the importance of leveraging local resources in order to achieve a healthier community proves to be invaluable. The exposure that participants receive is vital to both the students and SAMC. SAMC is proud to support such a robust program.

For Fiscal Year 2014, **Health Professions Education for Nurses and Nursing Students costs totaled \$759,733 and served 1,193 community members.**

Health Professions Education- Other Health Professions

The health care industry offers many varying opportunities for several health related specialties. SAMC proudly offers an environment that supports learning and exposure for the following professions: Paramedics, Respiratory Therapy, Pharmacy Technicians, Imaging, Physical Therapy, HIM, Dietetics, Social Work, Phebo Technicians, and Cardiac Sono Technicians. Exposure to relevant experience is required to obtain critical certificates and licenses and SAMC is honored to partner with the following organizations: West Medical School, CCEMSA, San Joaquin Valley

College, Health College, California State University Fresno, Fresno City College, SRMS-SON, and WCUI.

These programs benefit the community members of SAMC's service area in two distinct ways. First, they provide a learning environment for local students to further their careers. Second, they provide exposure and direction for the future workers and leaders of the health industry. Being that a large percentage of SAMC's service area is designated as a medically underserved area, workforce development is also a critical disparity that needs to be addressed. By leveraging our local human capital resources, SAMC's Health Professions Education program improves the overall health of our community and exposes students to what our area has to offer.

For Fiscal Year 2014, **Health Professions Education for Other Health Professions costs totaled \$261,890 and served 159 community members.**

Cash Donations- Broader Community and Poverty

At times, Saint Agnes Medical Center monetarily supports local non-profit organizations that are working toward changing the identified health needs of our communities as referenced in our Community Health Needs Assessment report. All donated funds are awarded on a restricted basis and are expected to stay in our local service area. In fiscal year 2014, SAMC supported local non-profit Community Benefit Organizations with a total of \$106,990. One of SAMC's largest donations was \$25,000 to support the Fresno Medical Respite Center. This is a local program that provides a safe respite recovery room for our indigent population to recover from medical care. Other recipients and initiatives included support of Catholic Charities, March of Dimes, American Lung Association, American Heart Association, Marjaree Mason Center, Diocese of Fresno, Community Food Bank, American Red Cross, Valley Caregiver Resource Center, and Fresno Unified School District. All donated dollars are awarded strategically and at levels that make sense for SAMC. In an economic market that requires all to accomplish more with less, SAMC strives to help when possible.

For Fiscal Year 2014, **Cash Donations totaled \$106,990**

Equipment and Medical Supplies

Many local and distant communities go without proper medical supplies and equipment due to a lack of financial resources. In an effort to aid organizations in need, SAMC works diligently to provide Medical supplies and equipment as they become available from our Central Distribution Department. Medical supplies and equipment that are close to their "outdates" or are newly classified as obsolete are monitored and distributed to partnering organizations that can put them to good use. As community health issues and disparities become more prevalent, SAMC is dedicated to helping in every way possible.

For Fiscal Year 2014, **Equipment and Medical Supplies donation value totaled \$311,711.**

Clinical Pastoral Education (CPE)

Saint Agnes Medical Center is dedicated to supporting local non-profit organizations that work toward meeting the needs of our community. On a local level, SAMC provides the Clinical Pastoral Education of Central California (CPE) with free office space and equipment throughout the year. The CPE of Central California is an organization with the vision to provide every hospital and service agency in the Central Valley with qualified and accredited spiritual counselors and chaplains. This is a service that Saint Agnes Medical Center fully supports and is proud to be in partnership with.

For Fiscal Year 2014, **Clinical Pastoral Education donation value totaled \$3,888**

Blood Drive Program

In partnership with Central California Blood Center, Saint Agnes Medical Centers holds two employee blood drives onsite annually. The service area of SAMC is often in short supply of blood inventory and helping offset this disparity is a priority. Any and all willing staff members can donate blood during their work shift. A total of 24 SAMC staff graciously donated blood for a combined total of 22 pints of blood. SAMC is dedicated to supporting this initiative for years to come!

For Fiscal Year 2014, the **Blood Drive Program value totaled \$906 and 22 pints of blood were collected.**

Meeting Room Overhead and Expense

In an ever-changing economic market, partnering is essential to meeting the needs of community health. Social determinants of health are increasing in importance and supporting our local Community Benefit Organizations to make positive changes is a high priority for Saint Agnes Medical Center. Many local organizations target initiatives with limited resources and one way that SAMC supports our partners is through use of our facilities. In an effort to help local Community Benefit Organizations meet their goals, SAMC offers space for use as needed. These organizations are addressing community needs that are in line with SAMC's mission and focus areas.

Partners include:

American Cancer Society, Fresno Medical Respite Group, Nursing Leadership Coalition, 5150 task force, Fresno City College Nursing Students, Susan G. Komen, CPE program, Covered CA

For Fiscal Year 2014, **Meeting Room Overhead and Expense value totaled \$1,833.**

Medical Careers Class (Clovis Unified School District)

Saint Agnes Medical Center serves community members in four local Counties; Fresno, Madera, Kings, and Tulare. All of our service area counties are, at some level, defined as "medically underserved areas." As a result, SAMC has made it a priority to educate and expose local students to all of the career opportunities that exist in the health care industry. This effort is primarily focused on workforce development and education.

Offered in partnership with the local Clovis Unified School District, this program is an optional class for students who have expressed an interest in the health care field. This offering is comprised of a comprehensive 15 week program that exposes students to 23 different types of careers available in health care. Students learn about positions ranging from CEO to Supply Chain Management. All participants spend uninterrupted time with managers, Directors, Vice Presidents, and Chief Executives. The end goal is to encourage local youth to stay in school, support their interest in health care, and understand that our local area has ample opportunity for them.

Included in the program are exposures to the following:

Respiratory Therapy, Lab/Imaging, Electronic Medical Records, Food Service, Purchasing/SPD, HIPPA compliance, Security/Safety, Patient Access, Bed Control, Emergency Medicine, Critical Care, Quality Control, PE, Infection Control, Pharmacy, Mission Services, Foundation, Medical Library, HIM, Coding, Discharge Planning, Case Management, Communications, Accounting, Finance, Donor Network, Physical Therapy, Cardiac Rehab, Lift Team, Service Excellence, Facilities management, Procedure Areas, Cath Lab, Operating Room, Executive Management, and Human Resources

For Fiscal Year 2014, **Medical Careers Class value totaled \$16,459 and served 16 community members.**

Community Benefits Reporting & Management

Saint Agnes Medical Center is dedicated to accurate management and accountancy of its community benefit activities. In fiscal year 2014, SAMC hired a full time Director of Community Benefit whose responsibilities include managing, directing, and accounting for all community benefit activities. The Vice President of Mission Services also dedicates time and effort to SAMC's Community Benefit and additional staff includes: The Vice President of the Foundation, Chief Administrative Officer, Chief Executive Officer, Chief Operations Officer, Controller, Associate Council, Manager of Care Coordination and Social Services, and a staff accountant.

The Community Benefit and Mission Services Committee conduct meetings on a quarterly basis to discuss Community Benefit progress and strategy. There is also a Community Benefit sub-

committee that meets as-needed to review and decide on relevant issues. Both the Committee and sub-committee are attended by key staff, as well as, board members and relevant stakeholders.

For Fiscal Year 2014, **Community Benefits Reporting and Management value totaled \$72,760.**

Other Community Benefit Costs

The importance of community benefit in today's health care arena is great. Annually, SAMC incurs several expenses related to this topic. Subjects included in this category include: time spent by key staff in community benefit audit meetings, overhead and office expenses associated with Community Benefit Operations (CBISA annual cost, Office Space, Cell Phone, other expenses), and costs associated with attending educational programs to enhance community benefit program planning and reporting.

For Fiscal Year 2014, **Other Community Benefit Costs totaled \$9,043.**

Non-Quantifiable Benefit

Executive Leadership Activities

The leadership team at Saint Agnes Medical Center supports local community benefit organizations in many ways. Participation on local Boards, Committees and Coalitions allows key leadership the opportunity to share their personal "gift inventory" that is a result of time and experience. Knowledge levels are specific to each person individually and the variety of subject matter expertise amongst SAMC's leadership team is vast and valuable.

For fiscal year 2014, SAMC's Board, Committee and Coalition participation included the following: Down Syndrome Society, American Red Cross Board of Trustees, Disaster Medical and Health Response Committee, Medical Health Emergency Preparedness Advisory Committee, City of Fresno for ADA Accommodations, Fresno Healthy Community Access Partners Board of Trustees, Affordable Care Act Stakeholder Committee, Mental Health Committee, Catholic Charities Board of Trustees, American Heart Association Board of Trustees, Leukemia and Lymphoma Board of Trustees, Heart Association, Medical Group Association, Nursing Education Board of Trustees, Services and Academic Board of Trustees, Steering Board are Fresno City College, Inter-Agency Council, Poverello House, Fresno Respite, Fresno General Plan Implementation and infill Development Task Force, Fresno Rotary Club, Fresno Chamber of Commerce, Fresno County Women's Chamber of Commerce, Clovis Chamber of Commerce, Hospital Council of Northern and Central California, Fresno President's Council,

Donations

Understanding that local and national community benefit campaigns create positive impact for many health disparities, SAMC strategically supports initiatives through donations and sponsorships.

Diverse in scope, the following programs were supported in fiscal year 2014:

American Cancer Society, American Lung Association in California, Healthcare Foundation, Komen Central Valley Race for the Cure, Leukemia and Lymphoma Society, Islamic Cultural Center, Catholic Charities, American Heart Association, Right to Life of Central California, Fresno Unified School District, American Red Cross Central Valley, Valley Caregiver Resource, La Feliz Guild of the Valley, County of Fresno, Town Hall Inc., Fresno Philharmonic Association, CSUF Foundation, Community Food Bank, San Joaquin Memorial, Diocese of Fresno, Our Lady of Victory School, March of Dimes, Marjaree Mason Center, Central California's Women's Conference, and Fresno Medical Respite Center.

Service Guild Volunteers

In Fiscal Year 2014, 520 local men, women, and young community members generously gave of their time in support of our mission to provide quality service to patients, staff, physicians and guests of Saint Agnes Medical Center. Every day SAMC is supported by a dedicated volunteer group that adds immeasurable amounts of value to our Hospital. An intangible is often worth more than what can be measured, and in a time of need, our patients are welcomed and supported by kind-hearted participants. SAMC's incredible team of volunteers donated 54,080 hours of care and we are grateful for every second.

Junior Volunteer Program

With over 250 students from various locations throughout the Central Valley, thousands of hours have been donated in various departments of SAMC. Junior volunteers assist staff with non-clinical tasks in women and infant services and patient care areas. Time is also allocated for work in the Gift Shop and taking the shopping cart to the patient rooms. They greet our visitors at the Guest Services desk and keep patients' loved ones informed while they are in our care.

Throughout the year, Junior Volunteers perform additional value added acts of kindness throughout our facility. Activities include:

- ~ Making tray favors for patients in celebration of every holiday.
- ~ Christmas caroling on all of the floors of the hospital
- ~ Assist as needed with Foundation events (Diaper Drive, Cross City Race, and Fashion Show)

In addition to learning the value of volunteering, participants also enhance leadership skills by managing their own board. Fiscal Year 2014 was a great year with 65 graduating seniors who made a lasting impression on SAMC's patients, patrons, and staff.

Junior Volunteer Scholarship Program

In an effort to support local youth who are committed higher education, SAMC provides scholarships to high school seniors. Working with generous local donors, SAMC raised \$10,000 in fiscal year 2014 and awarded 10-\$1,000 scholarships to local deserving students. This program has been offered for many years and there is no sign of that changing any time soon.

Community Outreach

Community Outreach Events throughout Saint Agnes Medical Center's service area are an important educational vehicle that was leveraged well in fiscal year 2014. With a commitment to support the Medi-Cal expansion effort, as well as the rollout of Covered CA, SAMC dedicated time and resources to reach out to community members. Supporting and participating in over 59 events, SAMC effectively educated participants on many various health topics. Collaboration with local community benefit organizations played an essential role in our success and SAMC is proud to have partnered with the following:

The Mexican Consulate of Fresno, Centro La Familia, Clinica Sierra Vista, HandsOn, Covered CA, Fresno County, Clovis Unified School District, WeConnect, Dewey Square, Fresno Center for New Americans, Univision, Fresno HCAP, and Family Health Care Network.

Community Event Support

Saint Agnes Medical Center staff members are committed to many great local and National causes. This is not a new concept for staff, and we are proud to report that fiscal year 2014 was no exception to the level of support that our staff provides to the community. The following events were supported by staff and all proceeds were raised by their tireless efforts:

- ~ March for Babies
- ~ Komen Fresno Race for the Cure
- ~ ACS Making Strides Against Breast Cancer Walk
- ~ Relay for Life
- ~ Typhoon Haiyan Relief
- ~ American Heart Walk

Community Education

Internal and external educational programs are important for the overall health of SAMC's service area communities. Understanding that specialists exist for different subject matter, SAMC facilitates programs that are specific to its areas of expertise and outsources when appropriate.

Various educational topics include:

- ~ Family Maternity Education

- ~ Caregiver training (wound and hyperbaric)
- ~ Educational program for physicians/nurses
- ~ Host ACLS and PALS classes
- ~ Mended Hearts presentation
- ~ Center for the Blind presentation about Heart Disease
- ~ Prostate Classes to at-risk targets
- ~ Spirit of Women Educational series on Women's Health
 - Spirit Girls Night Out / Get Your Groove Back / Laugh your heart out
 - Agony and de feet / Let it Glow event

Advocacy

Saint Agnes Medical Center leaders advocate locally, statewide, and nationally on issues pertaining to community health. In partnership with the Hospital Council of Northern and Central California, issues that pose a threat to the health and wellbeing of SAMC's service area are taken up with elected officials. Participation in forums and providing information to the public on issues that directly impact them will remain a priority at SAMC.

Homeless Camp Clean Up

The downtown area of Fresno, California has a high concentration of homeless, indigent, and at-risk community members. In Fiscal Year 2014, a situation involving homeless encampments had reached a boiling point. Unsafe conditions involving drug peddling, prostitution, human trafficking, extortion, and murder limited the ability of local community members to gain access to assistance services.

In a collaborative effort with other community benefit organizations and local law enforcement, Saint Agnes Medical Center assisted with the clean-up of a dangerous homeless encampment. After two full days of moving people up and out, a sense of safety has been restored in the area. Knowing that a one-time clean-up effort is not going to solve the problem indefinitely, SAMC is dedicated to keeping an eye on the situation and will help with future needs as they arise.

Health Source Connection

Health Source Connection is a call center that maintains a database of more than 1,300 resources offered from within the Medical Center and throughout the San Joaquin Valley. The program assists callers with easy access to health information, educational classes, support groups and other health related programs and services.

Each call is handled individually with follow-up correspondence sent to each caller in regard to the caller's request. Internet requests are also received and directed where appropriate based on the

need being addressed. This service provides assistance to community members in outlying areas, and in some cases, internationally.

Adopt-an-Angel Program

This is a program that provides new clothes and toys for local children in need during the Christmas season. SAMC is proud to report that over 240 children at the Holy Cross Center for Women were recipients as a result of this program. Many of the staff at SAMC donated time, money and supplies to make this effort a great success.

Back to School Supply Drive

122 backpacks and boxes of school supplies were provided to at-risk children within the service area of Saint Agnes Medical Center. SAMC's Community Health Needs Assessment report identifies both poverty and education as priority issues in our service area. In response the Back to School Drive works to make a positive impact on both disparities.

Community Health Fairs

Saint Agnes Medical Center's service area communities often request assistance with local health fair facilitation. SAMC will typically provide information/education specific to various health related topics, as well as, health screenings such as blood pressure and sugar checks. Some of the events specific to fiscal year 2014 include:

- ~ American Heart Association Team Captains
- ~ Heart Walk educational booth
- ~ Heart Disease presentations at local civic groups such as Fresno Rotary
- ~ Go Red for Women educational booth
- ~ CSU Fresno basketball game educational booth
- ~ Spirit of Women educational booth that included cholesterol and blood pressure screenings
- ~ Women's Health Symposium about Women and Heart Disease
- ~ Table Mountain Health and Safety Fair
- ~ Clovis Unified School District Health Fair
- ~ Fresno Grizzlies Health Fair and first aid kits/supplies

Medical Education

The Saint Agnes Medical Education Department continued its robust education program in Fiscal Year 2014. Medical Education is directed toward improving patient care, enhancing skills and knowledge of our medical staff, and introducing novel therapeutic treatments and research to community healthcare providers. A multitude of symposiums, conferences, live video

presentations, case discussions, and skills trainings were held at SAMC's facilities throughout the year. Senior Leadership is committed to supporting medical education and is demonstrated by the scope and quality of programs offered at no cost to SAMC's medical and professional staff. Many presentations are also offered to the local broader health professional community members.

Men's Club

Saint Agnes Men's Club is a dynamic group of philanthropic men, whose fundraising activities have benefited the Medical Center and its special programs since 1983. Annual fundraising and outreach events include: Casino Night, Summer Sizzle, Golf Championship, Zoo Zoom, and holiday gift package distribution to needy families.

Since its inception, Saint Agnes Men's Club members have generated more than \$3 million to support Saint Agnes patient care services and community outreach programs. For Fiscal Year 2014, event fundraising efforts produced the following:

| | |
|-----------------------------------|---------------|
| Golf Tournament and Casino Night: | Over \$60,000 |
| Summer Sizzle: | Over \$50,000 |
| Zoo Zoom: | Over \$20,000 |
| Opportunity Car Drawing: | Over \$20,000 |

Saint Agnes Men's Club fundraising efforts in Fiscal Year 2014 supported a total of 11 Saint Agnes Medical Center programs and services.

Women's Club

Saint Agnes Women's Club is a diverse group of philanthropic women whose primary focus is to raise awareness and dollars for Saint Agnes Holy Cross Center for Women. Since 1984, the Women's Club has raised more than \$1 million in support of the Women's Center. Annually, the Women's Club fundraising and outreach efforts include a Fashion Show and Diaper Drive. The annual Diaper Drive grows in popularity each year, and to date has brought in more than 250,000 diapers for community members in need.

For Fiscal Year 2014, event fundraising efforts produced the following:

| | |
|----------------------|-------------------------------------|
| Fashion Show: | Over \$60,000 |
| Diaper Drive: | Over \$35,000 & Over 23,000 Diapers |

Medical Library

The William O. Owen Medical Library (located in the North Wing of SAMC's main facility) provides information on patient care, medical research, and health education to Saint Agnes physicians, nurses, and staff. This resource is also available for use by SAMC's patients, family members, students and others. Visitors are welcome to visit or call the library for medical information during normal hours of operation (Monday-Friday, 8:30 a.m.-4 p.m.) and library staff is available to help when needed.

Footsteps

Footsteps, an expansion program of Saint Agnes Hospice, continued its 20-year tradition of supporting children and teens that have experienced a loss or change due to death. Its award-winning expressive arts curriculum offers a healing bridge of communication among children, parents, grandparents and foster parents. Grief is an unpredictable passageway and is different for each individual. Patience and understanding go a long way and over the years many local residents have experienced healing through this program.

Communicating Health

Communicating with constituents and community members is important. At Saint Agnes Medical Center, great care and dedication is used to communicate relevant and helpful information at all times.

Many of SAMC's current efforts include:

- ~ Health Communication Newsletters
- ~ Health based Public Service Announcements on KJOY radio
- ~ Newspaper informational wraps
- ~ Women's Health Educational Series
- ~ Healthy Spirit Magazine
- ~ Comprehensive Website
- ~ Online Health Information Library
- ~ Health Living
- ~ Health Link Magazine

APPENDIX

Appendix A:



Saint Agnes Medical Center

Community Benefit Implementation Plan FY14

Overview

As a member of Trinity Health, a non-profit, Catholic healthcare ministry, Saint Agnes Medical Center is committed to assessing and responding to the needs of the community we serve through our Community Benefit programs. Saint Agnes continues its Community Benefit planning process by monitoring the Central Valley residents' health status, listening to the perceptions of social issues, and also by partnering with others to enhance community health. In addition to community benefit programming, Saint Agnes has established financial assistance policies to continue to provide services to address the needs of poor and underserved individuals and families.

Description of the Community

A key characteristic of the community served by Saint Agnes is the growing ethnic, cultural, and linguistic diversity. Diversity and fluency in English have significant implications for ability to navigate the health care system, as well as posing challenges to hospitals and providers to understand and meet their varied needs. The 2011 U.S. Census estimated that Fresno County's total population is represented by:

- 50.9% Hispanic or Latino origin
- 32.4 % White (not including Hispanic)
- 10.6% Asian and Pacific Islander
- 5.9% African-American
- 3.0% Native American

Economic challenges in the Valley have slowed infrastructure development needed to match the population growth and provide for the needs of the residents. This has particularly affected the poor and underserved. Poverty, health insurance access, and education are significant social determinants of health that impact health outcomes. Fresno County's poverty rate, at 100% of the Federal Poverty Level is 22.49%. By comparison, California's poverty rate as a whole is 13.7%. The percent of the population in Fresno without insurance is 19.57%, and the percent of Fresno residents without a high school diploma is 26.94%. Taken together, these figures indicate a population that is highly vulnerable to negative health outcomes.

Community Health Needs Assessment

Saint Agnes collaborates with others to identify community needs and initiatives to address these needs, especially those of the poor and underserved. In an effort to promote collaboration and inclusivity, in fiscal 2013 Saint Agnes joined 15 hospitals in the neighboring four counties in a Community Benefit Work Group chaired by the Hospital Council to conduct a Community Health Needs Assessment of the Central Valley region, focusing on Fresno, Madera, Tulare, and Kings counties. Quantitative data for the assessment was collected using a data platform provided by Kaiser Permanente in partnership with the Center for Applied Research and Environment Systems at the University of Missouri. The platform provided access to health

indicators that align with the Healthy People 2020 initiative. Qualitative data for the assessment was collected through focus groups and interviews with community members, hospital staff and executives, and county public health directors.

The complete set of findings of the Community Health Needs Assessment can be found in the written report, released in April 2013 and posted on Saint Agnes' website.

Using the data collected for the assessment, the Community Benefit Work Group met to choose strategic priority areas for targeted improvement activities. In order to prioritize the leading health indicators and needs, the work group used four criteria:

1. *Impact*: Which of the leading indicators, if improved, would make the greatest impact on health, quality of life, and health disparities?
2. *Severity*: Which of the leading indicators is associated with the most severe negative health repercussions in the region?
3. *Resources*: Which of the leading indicators can be addressed with existing resources across the study region?
4. *Outcome*: Which of the leading indicators, if addressed effectively, would yield the most visible improvement in our mortality and morbidity rates?

Using these criteria, the work group selected the following high priority health indicators and health needs:

Health Indicators:

Access to Care
Obesity
Overweight/Physical Activity
Mental Health

Health Needs to Address:

Access to Care
Diabetes
Poverty
Education

Due to the strong interaction between Physical Activity, Overweight, Obesity, and Diabetes, these factors were grouped together.

Community Benefit Planning Process

In prioritizing the needs and discussing the next steps, the Community Benefit Work Group recognized that a significant challenge is the need for a collaborative infrastructure in which hospitals, providers, and community groups work together to address the community's greatest needs. At the Community Benefit Work Group's recommendation, the Hospital Council is prepared to distribute the CHNA to hospital CEOs in the region and introduce the potential for collaboration around one or more of the identified health needs. To this end, Saint Agnes is committed to working with various organizations to identify potential solutions to this challenge, including the Hospital Council of Central and Northern California, and the Public Health Institute.

The Public Health Institute addresses emerging public health issues and collaborates with other organizations to develop solutions. One area of focus for PHI is Healthy Communities, with a specific project on Advancing the State of the Art in Community Benefit, led by PHI investigator Dr. Kevin Barnett, DrPH, MCP. Trinity Health has engaged Dr. Barnett in assessing Community Benefit programs throughout the system. As a part of this work, Dr. Barnett is committed to conducting an onsite visit with Saint Agnes to review the hospital's current community benefit program portfolio. This visit will also include a discussion of local dynamics, including competitors, relationships with local community health centers, and engagement in other local efforts, as well as Saint Agnes' institutional priorities and practical issues.

Summary of Community Benefit Programming

| Program | Link to CHNA | Program Objectives | Type of Community Benefit | Number of Persons Served/ Encounters (FY12) | FY14 Budget |
|--------------------------------------|-------------------|--|-----------------------------------|---|----------------------|
| Holy Cross Clinic at Poverello House | Access to Care | To provide basic health care (medical and dental) to individuals without insurance, and to promote and maintain health among the homeless and other uninsured persons. | Community Based Clinical Services | 6951 medical/dental visits | \$509,158 (inc. lab) |
| Holy Cross Center for Women | Poverty/Education | To provide a safe daytime shelter for homeless women, and respond to their basic needs including: provision of clothing for women and children in low-income families and the homeless, classes on self-image, health, nutrition, child abuse, domestic violence, stress, addiction, and other pertinent topics. | Community Building Activities | 41,366 encounters | \$536,649 |
| Lactation/Postpartum Follow-up | Access to Care | To support exclusive breastfeeding for infant well-being based on Fresno County's low breastfeeding rates. All maternity patients are visited by a Clinical Lactation Counselor, and if needed, provided with follow-up appointments for lactation problems and education. | Community Health Education | n/a | \$85,030 |
| Sickle Cell Program | Access to Care | To address lack of sickle cell programs in the Central Valley region. Patients are provided physician consultations and social service assessments, and given further education on living with sickle cell disease. | Community Health Education | n/a | \$4,891 |
| Health Advocates/First Source | Access to Care | Agencies work as advocates for patients in the process of applying for the Medi-Cal program, Medical Indigent Services Program, County Medical Services Program, Medicare Program, or other governmental assistance programs. | Community Based Clinical Services | 772 individuals | \$230,000 |

Access to Care

Saint Agnes continues to support the Holy Cross Clinic at Poverello House. The Clinic's mission is to provide free medical and dental services to the community's growing number of poor, homeless, uninsured, and underinsured. Healthcare services are provided by Saint Agnes staff and volunteers, including physicians, dentists, nurses, and other paid staff, at no charge to the client. In fiscal 2012, the Clinic received over 6900 medical and dental visits. Health education is also provided by the clinic to teach individuals who suffer from chronic conditions like diabetes and asthma how to manage their disease, prevent complications and experience a healthier, more productive lifestyle. Further, the Clinic collaborates with numerous community groups and service providers to reach out to those clients who, in addition to medical or dental services, may need help finding shelter or other support services.

To better serve the uninsured and underinsured populations, Saint Agnes has joined with Fresno Healthy Community Access Partners, a nonprofit organization working to improve access to healthcare for communities in Fresno, and other healthcare and community organizations to engage in health outreach and education activities centered around Covered California, California's health insurance exchange.

Mental Health

In order to discuss and plan for the rapidly growing need for mental health services in the community, Saint Agnes participates in Community Conversations, a group chaired by the Hospital Council set up to discuss how best to serve the mental health population in Fresno.

Poverty and Education

The Holy Cross Center for Women is an integral part of the mission of Saint Agnes Medical Center, and serves as a safe daytime shelter for homeless and underserved women and their children. Their basic needs are responded to through collaborative programs and services, including shower and laundry facilities, snacks, clothing and diapers, arts, crafts, and sewing. In addition, educational opportunities, including English as a Second Language, and skills training contribute to the overall development toward the ability to become self-supporting. In fiscal 2012, the center served an average of 132 women and 21 children per day.

Other Unmet Community Health Needs

Of the five priority areas identified by the external Community Benefit Work Group, Saint Agnes is currently addressing or planning to address four priorities as outlined above. Although Obesity/Overweight/Physical Activity/Diabetes has emerged as a top priority for the region, both the external work group and Saint Agnes believe that it is an area that needs additional infrastructure to make a significant impact. To this end, while there are no current programs or plans to address this need, Saint Agnes will continue to participate in discussions with other community organizations to determine a role for the hospital in improving outcomes in this area.

Monitoring and Evaluation

The Mission and Community Benefit Committee of the Board of Trustees for Saint Agnes monitors and reviews the Community Benefit Ministry Financial Activity and provides governance and oversight of the Community Benefit Implementation Plan, monitoring progress toward goals and targets on a quarterly basis.

Appendix B

Saint Agnes Medical Center Board of Trustees

- ~ **Dr. Carolyn Drake**
- ~ **A. Thomas (Tom) Ferdinandi, Jr., Vice Chair**, Milano Restaurants Int'l. Corp.
- ~ **William Hadcock, MD**
- ~ **Sr. Mary Corita Heid, RSM**
- ~ **Nancy Hollingsworth, RN**, President and CEO, Saint Agnes Medical Center
- ~ **Deborah Ikeda**, Campus President, Willow International Community College Center
- ~ **Vreeland Jones, Esq.(VJ)**, Secretary/General Counsel, Saint Agnes Medical Center
- ~ **Neil Koenig, PhD**
- ~ **Lee Jay Kolligian**
- ~ **Michael Martinez, Chair**, Premier Valley Bank
- ~ **Sr. Kathleen Moroney, CSC**, Immigration Legal Services, Holy Cross Ministries
- ~ **Dianne Nury**
- ~ **Terry O'Rourke**, CHE-Trinity, Inc
- ~ **Craig Saladino**, Saladino's, Inc.
- ~ **Mike Tolladay**, Michael R. Tolladay Construction

Appendix C

Saint Agnes Medical Center Foundation Board

- ~ **Marvin Smith**, Real Estate
- ~ **Anne Franson**, Agriculture
- ~ **Ronald Wathen**, Engineering
- ~ **Kathleen Maxwell**, Medical
- ~ **Sr. Mary Clennon, C.S.C.**, Holy Cross Center for Women
- ~ **Anthony Cubre**, Agriculture
- ~ **Paula De Young**, Real Estate
- ~ **Thomas Ferdinandi, Jr.**, Restaurant
- ~ **Cil Gamber**, Real Estate
- ~ **Dror, Geron**, Auto
- ~ **Augusta Giffen**, Legal and Agriculture
- ~ **Michael Habibe M.D.**, Medical
- ~ **Jeremy Oswald**, Medical
- ~ **Paul Quinn**, CPA
- ~ **Michael Thomason**, Real Estate
- ~ **Rodney Webster**, Banking
- ~ **Austin Ewell**, Legal
- ~ **Penny Hadsel**, Volunteer

- ~ **Bev Sheumake, Real Estate**

Appendix D

Saint Agnes Medical Center Community Benefit and Mission Services Committee

- ~ **Neil Koenig, Chair**
- ~ **Nancy Hollingsworth, CEO**
- ~ **Mike Martinez**
- ~ **Sr. Kathleen Moroney, CSC**
- ~ **Sr. Mary Clennon, CSC**
- ~ **Sr. Sherry Dolan, CSC**
- ~ **Bob Schoettler**
- ~ **Marv Smith, Chair, Foundation Board**
- ~ **Stacy Vaillancourt, CAO**
- ~ **Steve Kalomiris**
- ~ **VJ Jones, Esq.**
- ~ **John Frye, Interim COO**
- ~ **Sr. Francis Christine Alvarez, CSC**
- ~ **Sr. Emily Demuth, CSC**
- ~ **Eric Linville, Director of Community Benefit**

Appendix E

Financial Support Policy

TITLE:

Billing, Collection and Support for Patients with Payment Obligations

PURPOSE:

Trinity Health is a community of persons serving together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Aligned with our Core Values, in particular that of Commitment To Those Who Are Poor, we provide care for persons who are in need and give special consideration to those who are most vulnerable, including those who are unable to pay and those whose limited means make it extremely difficult to meet the health care expenses incurred. Trinity Health is committed to:

- Providing access to quality health care services with compassion, dignity and respect for those we serve, particularly the poor and the underserved in our communities;
- Caring for all persons, regardless of their ability to pay for services; and
- Assisting patients who cannot pay for part or all of the care that they receive.

This Policy balances financial assistance with broader fiscal responsibilities and provides Regional Health Ministries (RHMs) with the Trinity Health requirements for financial assistance for physician, acute care and post-acute care health care services. Each RHM will develop local policies and operating procedures in compliance with these requirements.

DEFINITIONS:

Emergent (service level) - Medical services needed for a condition that may be life threatening or the result of a serious injury and requiring immediate medical attention. This medical condition is generally governed by Emergency Medical Treatment and Active Labor Act (EMTALA).

Family - As defined by the U.S. Census Bureau, a group of two or more people who reside together and who are related by birth, marriage, or adoption. If a patient claims someone as a dependent on their income tax return, according to the Internal Revenue Service rules, they may be considered a dependent for the purpose of determining eligibility under the RHM's financial assistance policy.

Income- Income includes wages, salaries, salary and self-employment income, unemployment compensation, worker's compensation, payments from Social Security, public assistance, veteran's benefits, child support, alimony, educational assistance, survivor's benefits, pensions, retirement income, regular insurance and annuity payments, income from estates and trusts, rents received, interest/dividends, and income from other miscellaneous sources.

Family Income- A person's family income includes the income of all adult family members in the household. For patients under 18 years of age, family income includes that of the parents and/or step-parents, or caretaker relatives. Annual income from the prior 12 month period, or the prior tax year as shown by recent pay stubs or income tax returns and other information.

Proof of earnings may be determined by annualizing the year-to-date family income, taking into consideration the current earnings rate.

Financial Support- Support (charity, discounts, etc.) provided to patients for whom it would be a hardship to pay for the full cost of medically necessary services provided by Trinity Health who meet the eligibility criteria for such assistance.

Uninsured Patient- An individual who is uninsured, having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including without limitation Medicare, Medicaid, SCHIP, and CHAMPUS), Worker's Compensation, or other third party assistance to cover all or part of the cost of care, including claims against third parties covered by insurance to which Trinity Health is subrogated, but only if payment is actually made by such insurance company.

Urgent (service level) - Medical services for a condition not life threatening, but requiring timely medical services.

Service Area -A service area is the list of zip codes comprising a RHM's service market area constituting a "community of need" for primary health care services.

PROCEDURE:

I. Qualifying Criteria for Financial Assistance

RHMs will establish and maintain a Financial Assistance Policy (FAP) designed to address the need for financial assistance and support to patients for all eligible services regardless of race, creed, sex, or age. Eligibility for financial assistance and support from the RHM will be determined on an individual basis using specific criteria and evaluated on an assessment of the patient's and/or family's health care needs, financial resources and obligations.

a. Services eligible for financial support:

- i. All medically necessary services, including medical and support services provided by the RHM, will be eligible for financial support.
- ii. Emergency medical care services will be provided to all patients who present to the RHM's emergency department, regardless of the patient's ability to pay. Such medical care will continue until the patient's condition has been stabilized prior to any determination of payment arrangements.

b. Services not eligible for financial support:

- i. Cosmetic services, other elective procedures and services that are not medically necessary.
- ii. Services not provided and billed by the RHM (e.g. independent physician services, private duty nursing, ambulance transport, etc.).
- iii. As provided in section II. RHMs will make affirmative efforts to help patients apply for public and private programs. RHMs may deny financial support to

those individuals who do not cooperate in applying for programs that may pay for their health care services, but shall not engage in extraordinary collection efforts that could jeopardize the RHM's tax exempt status.

- iv. RHMs may exclude services that are covered by an insurance program at another provider location but are not covered at Trinity Health RHMs after efforts are made to educate the patients and provided that federal Emergency Medical Treatment and Active Labor Act (EMTALA) obligations are satisfied.

c. Residency requirements

- i. RHMs will provide financial support to patients who reside within their service areas and qualify under the RHM's FAP.
- ii. RHMs may identify service areas in their FAP and include service area information in procedure design and training. RHM with a service area residency requirement will start with the list of zip codes provided by System Office Strategic Planning that define the RHMs service areas. RHMs will verify service areas in consultation with their local Community Benefit department. Eligibility will be determined by the RHM using the patient's primary residence zip code.
- iii. RHMs will provide financial support to patients from outside their service areas who qualify under the RHM FAP and who present with an urgent, emergent or life-threatening condition.
- iv. RHMs will provide financial support to patients identified as needing service by physician foreign mission programs conducted by active medical staff for which prior approval has been obtained from the RHMs President or designee.

d. Documentation for Establishing Income

- i. Information provided to the RHM by the patient and/or family should include earned income, including monthly gross wages, salary and self-employment income; unearned income including alimony, retirement benefits, dividends, interest and income from any other source; number of dependents in household; and other information to determine the patient's financial resources.
- ii. Supporting documents such as payroll stubs, tax returns, and credit history may be requested to support information reported and shall be maintained with the completed application and assessment.

e. Consideration for Patient Assets:

RHMs acute care and ambulatory facilities will also establish a threshold level of assets above which the patient's/family's assets will be used for payment of medical expenses and liabilities to be considered in assessing the patient's financial resources.

Protection of certain types of assets and protection of certain levels of assets may be provided in the RHM's FAP.

Protected Assets:

- Equity in primary residence up to an amount determined by the RHM. The Western Region will allow up to \$100,000 (For California 50% after the first \$100,000).
- Business use vehicles, Reasonable equipment required to remain in business.
- Tools or equipment used for business; reasonable equipment required to remain in business.
- Personal use property (2 cars per household, clothing, household items, furniture),
- IRAs, 401K, cash value retirement plans,
- Financial awards received from non-medical catastrophic emergencies,
- Irrevocable trusts for burial purposes, prepaid funeral plans, and/or
- Federal/State administered college savings plans

All other assets will be considered available for payment of medical expenses. Available assets above a certain threshold can either be used to pay for medical expenses or alternatively RHMs may count the excess available assets as current year income in establishing the level of discount to be offered to the patient. A minimum amount of available assets should be protected. The minimum amount is determined by the RHM. SAHS Facilities: \$5,000; California Facility: \$10,000

f. Presumptive Support

- i. RHMs recognize that not all patients are able to provide complete financial information. Therefore, approval for financial support may be determined based on limited available information. When such approval is granted it is classified as "Presumptive Support".
- ii. The predictive model is one of the reasonable efforts that will be utilized by RHMs to identify patients who may qualify for financial assistance prior to initiating collection actions, i.e. write-off to bad debt and referral to collection agency, for the patient account. This predictive model enables Trinity Health RHMs to systematically identify financially needy patients. The predictive model will follow the same discount identified in the FA policy.
- iii. Examples of presumptive cases include:
 - deceased patients with no known estate
 - homeless
 - unemployed patients
 - non-covered medically necessary services provided to patients qualifying for public assistance programs
 - patient bankruptcies, and
 - members of religious organizations who have taken a vow of poverty and have no resources individually or through the religious order.
- iv. For patients who are non-responsive to the application process, other sources of

information, if available, should be used to make an individual assessment of financial need. This information will enable the RHM to make an informed decision on the financial need of non-responsive patients.

- v. For the purpose of helping financially needy patients, a third-party may be utilized to conduct a review of patient information to assess financial need. This review utilizes a health care industry-recognized, predictive model that is based on public record databases. These public records enable the RHM to assess whether the patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process. In cases where there is an absence of information provided directly by the patient, and after efforts to confirm coverage availability are exhausted, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients.
 - vi. In the event a patient does not qualify under the predictive model, the patient may still provide supporting information within established timelines and be considered under the traditional financial assistance application process.
 - vii. Patient accounts granted presumptive support status will be adjusted using *Presumptive Financial Support* transaction codes at such time the account is deemed uncollectable and prior to referral to collection or write-off to bad debt. The discount granted will be classified as financial support; the patient's account will not be sent to collection and will not be included in the RHM's bad debt expense.
- g. Timeline for Establishing Financial Eligibility
- i. Every effort should be made to determine a patient's eligibility for financial support prior to or at the time of admission or service. Financial assistance applications will be accepted until one year after the first billing statement to the patient. The award of financial assistance will then be in effect for 6 months. The hospital has the right to re-verify qualification at any time.
 - ii. Determination for financial support will be made after all efforts to qualify the patient for governmental financial assistance or other programs have been exhausted. Compliance with the process to attempt to gain assistance with a government program is required to be considered or eligible for financial assistance eligibility.
 - iii. Regional Health Ministries will make every effort to make a financial support determination in a timely fashion. If other avenues of financial support are being pursued, the RHM will communicate with the patient regarding the process and expected timeline for determination and shall not attempt collection efforts while such determination is being made.
 - iv. Once qualification for financial support has been determined, subsequent reviews for continued eligibility for subsequent services should be made after a reasonable time period as determined by the RHM.
- h. Level of Financial Support
- i. Each RHM will follow the income guidelines established below in evaluating a patient's

eligibility for financial support. A percentage of the Federal Poverty Guidelines (FAP), which are updated on an annual basis, is used for determining a patient's eligibility for financial support. However, other factors, as identified above, also should be considered such as the patient's financial status and/or ability to pay as determined through the assessment process.

- ii. RHMs are expected to implement the recommended level of financial support set forth in this Procedure. It is recognized that local demographics and the financial support policies offered by other providers in the community may expose some RHMs to large financial risks and a financial burden which could threaten the RHM's long-term ability to provide high quality care. RHMs may request approval to implement thresholds that are less than or greater than the recommended amounts from Trinity Health's Chief Financial Officer.
- iii. Family Income at or below 200% of Federal Poverty Income Guidelines:
 - A full discount off total charges will be provided for uninsured patients whose family's income is at or below 200% of the most recent Federal Poverty Income Guidelines.
 - If the calculation of the patient's income compared to household assets shows an ability to pay, partial payment may be requested and/or financial support amount may be reduced
- iv. Family Income between 201% and 400% of Federal Poverty Income Guidelines:
 - A discount off total charges equal to the RHM's average acute care contractual adjustment for Medicare will be provided for acute care patients whose family income is between 201% and 400% of Federal Poverty Income Guidelines. A discount off total charges equal to the RHMs physician contractual adjustment for Medicare will be provided for ambulatory patients whose family income is between 201% and 400% of Federal Poverty Income Guidelines. The RHM's acute and physician average contractual adjustment amount for Medicare will be calculated utilizing the look back methodology of calculating the sum of paid claims divided by the total or "gross" charges for those claims by the System Office or RHM annually using twelve months of paid claims with a 30 day lag from report date to the most recent discharge date. (equal to or less than what would be charged to the government sponsored health programs for California)
 - Patients with Family Income up to and including 200% of the Federal Poverty Income Guidelines will be eligible for Financial Support for co-pay and deductible amounts provided that there is no conflict with contractual arrangements with the patient's insurer and that they apply for financial assistance.
 - Boise= 50%
 - Nampa= 50%
 - Ontario = 50%
 - Baker City = 28%
 - Fresno= 77%

- v. **Medically Indigent Support / Catastrophic:** Financial support is also provided for medically indigent patients. Medical indigence occurs when a person is unable to pay some or all of their medical bills because their medical expenses exceed a certain percentage of their family or household income (for example, due to catastrophic costs or conditions), regardless of whether they have income or assets that otherwise exceed the financial eligibility requirements for free or discounted care under the RHM's FAP. Catastrophic costs or conditions occur when there is a loss of employment, death of primary wage earner, excessive medical expenses or other unfortunate events. Medical indigence / catastrophic circumstances will be evaluated on a case-by-case basis that includes a review of the patient's income, expenses and assets. If an insured patient claims catastrophic circumstances and applies for financial assistance, medical expenses for an episode of care that exceed 20% of income will permit co-pays and deductibles to qualify as catastrophic charity care. Discounts for medically indigent care for the uninsured will not be less than the RHM's average contractual adjustment amount for Medicare for the services provided or an amount to bring the patients catastrophic medical expense to income ratio back to 20%. Medical indigent and catastrophic financial assistance will be approved by the RHM CFO and reported to the system office Finance.
 - vi. While financial support should be made in accordance with the RHM's established written criteria, it is recognized that occasionally there will be a need for granting additional financial support to patients based upon individual considerations. Such individual considerations will be approved by the RHM CFO and reported to system office Finance.
- h. Accounting and Reporting for Financial Support
- i. In accordance with the Generally Accepted Accounting Principles, financial support provided by Trinity Health is recorded systematically and accurately in the financial statements as a deduction from revenue in the category "Charity Care". For the purposes of Community Benefit reporting, charity care is reported at estimated cost associated with the provision of "Charity Care" services in accordance with the Catholic Health Association.
 - ii. The following guidelines are provided for the financial statement recording of financial support:
 - Financial support provided to patients under the provisions of "Financial Assistance Program", including the adjustment for amounts generally accepted as payment for patients with insurance, will be recorded under "Charity Care Allowance."
 - Write-off of charges for patients who have not qualified for financial support under this procedure and who do not pay will be recorded as "Bad Debt."
 - Prompt pay discounts will be recorded under "Operational Adjustment Administrative" or "Contractual Allowance."
 - Accounts initially written-off to bad debt and subsequently returned from collection agencies where the patient was determined to have met the financial support criteria based on information obtained by the collection agency will be reclassified from "Bad Debt" to "Charity Care Allowance".

II. Assisting Patients Who May Qualify for Coverage

- a. RHMs will make affirmative efforts to help patients apply for public and private programs for which they may qualify and that may assist them in obtaining and paying for health care services. Premium assistance may also be granted on a discretionary basis according to Trinity Health's "Payment of QHP Premiums and Patient Payables Procedure."
- b. RHMs will have understandable, written procedures to help patients determine if they qualify for public assistance programs or the RHM's Financial Assistance Policy.

III. *Effective Communications*

- a. RHMs will provide financial counseling to patients about their health care bills related to the services they received at the RHM and will make the availability of such counseling known.
- b. RHMs will respond promptly and courteously to patients' questions about their bills and requests for financial assistance.
- c. RHMs will utilize a billing process that is clear, concise, correct and patient friendly.
- d. RHMs will make available for review by the public specific information in an understandable format about what they charge for services.
- e. RHMs will post signs and display brochures that provide basic information about their Financial Assistance Policy (FAP) in public locations in the RHM and list those public locations in the RHM's FAP.
- f. RHMs acute care facilities will make the Financial Assistance Policy (FAP), a plain language summary of the FAP and the FAP application form available to patients upon request, in public places in the RHM, by mail and on the RHM website. Any individual with access to the Internet must be able to view, download and print a hard copy of these documents. The RHM must provide any individual who asks how to access a copy of the FAP, FAP application form, or plain language summary of the FAP online with the direct website address, or URL, where these documents are posted.
- g. These documents will be made available in English and in the primary language of any population with limited proficiency in English that constitutes more than 10 percent of the residents of the community served by the RHM. RHMs will list on their website and in the President's office the locations in the RHM where these documents are available.
- h. RHMs will provide a description in the FAP of the measures taken to notify members of the community served by the RHM about the FAP. Such measures may include, for example, the distribution of information sheets summarizing the FAP to local public agencies and nonprofit organizations that address the health needs of the community's low income populations.

IV. Implementation of Accurate and Consistent Policies

- a. Patient Financial Services and Patient Access will educate staff members who work closely with patients (including those working in patient registration and admitting, financial assistance, customer service, billing and collections, physician offices) about billing, financial assistance, collection policies and practices, and treatment of all patients with dignity and respect regardless of their insurance status or their ability to pay for services.
- b. RHMs will honor financial support commitments that were approved under previous financial assistance guidelines. At the end of that eligibility period the patient may be re-evaluated for financial support using the guidelines established in this procedure.

V. Fair Billing and Collection Practices

- a. RHMs will implement billing and collection practices for the patient payment obligations that are fair, consistent and compliant with state and federal regulations.
- b. RHMs will make available to all patients who qualify a short term interest free payment plan with defined payment time frames based on the outstanding account balance. RHMs will also offer a loan program for patients who qualify.
- c. RHMs will have written procedures outlining when and under whose authority a patient debt is advanced for external collection activities that are consistent with this procedure.
- d. The following collection activities may be pursued by the CHE Trinity Health RHM or by a collection agent on their behalf:
 - i. Communicate with patients (call, written, fax, text, email, etc.) and their representatives in compliance with the Fair Debt Collections Act, clearly identifying the RHM. The patient communications will also comply with HIPAA privacy regulations.
 - ii. Solicit payment of the estimated patient payment obligation portion at the time of service in compliance with EMTALA regulations and state laws
 - iii. Provide low-interest loan program for payment of outstanding debts for patients who have the ability to pay but cannot meet the short-term payment requirements. In California if part of the account is charity with the balance on a loan, the loan must be interest free...
 - iv. Report outstanding debts to Credit Bureaus only after all aspects of this procedure have been applied and after reasonable collection efforts have been made in conformance with the RHM FAP.
 - v. Pursue legal action for individuals who have the means to pay but do not pay or who are unwilling to pay. Legal action also may be pursued for the portion of the unpaid amount after application of the RHM's Financial Assistance Policy. An approval by the Trinity Health or RHM CEO/CFO, or the functional leader for

Patient Financial Services for those RHM's utilizing the CHE Trinity shared service center must be obtained prior to commencing a legal proceeding or proceeding with a legal action to collect a judgment (i.e. garnishment of wages, debtor's exam).

- vi. Place liens on property of individuals who have the means to pay but do not or who are unwilling to pay. Liens may be placed for the portion of the unpaid amount after application of the RHM Financial Assistance Policy. Placement of lien requires approval by the CHE Trinity Health or RHM CEO/CFO, or the functional leader for Patient Financial Services for those RHM's utilizing the CHE Trinity shared service center. Liens on primary residence can only be exercised upon the sale of property and will protect certain asset value in the property as documented in each RHM's Procedure. to the Western Region will protect the first \$100,000.
- e. RHM's (or a collection agent on their behalf) shall not pursue action against the debtor's person, such as arrest warrants or "body attachments." Trinity Health recognizes that a court of law may impose an arrest warrant or other similar action against a defendant for failure to comply with a court's order or for other violations of law related to a collection effort. While in extreme cases of willful avoidance and failure to pay a justly due amount when adequate resources are available to do so a court order may be issued; in general, the RHM will first use its efforts to convince the public authorities not to take such an action, and, if not successful, consider the appropriateness of ceasing the collection effort to avoid an action against the person of the debtor.
- f. RHM's may have a System Office approved arrangement with a collection agency, provided that such agreement meets the following criteria:
 - I. The agreement with a collection agency must be in writing;
 - II. Neither the RHM nor the collection agency may at any time pursue action against the debtor's person, such as arrest warrants or "body attachments;"
 - III. The agreement must define the standards and scope of practices to be used by outside collection agents acting on behalf of the RHM, all of which must be in compliance with this procedure;
 - IV. No legal action may be undertaken by the collection agency without the prior written permission of the RHM;
 - V. Trinity Health Legal Services must approve all terms and conditions of the engagement of attorneys to represent the RHM in collection of accounts;
 - VI. All decisions as to the manner in which the claim is to be handled by the attorney, whether suit is to be brought, whether the claim is to be compromised or settled, whether the claim is to be returned to the RHM, and any other matters related to resolution of the claim by the attorney shall be made by the RHM in consultation with Trinity Health Legal Services;
 - VII. Any request for legal action to collect a judgment (i.e., lien, garnishment, debtor's exam) must be approved in writing and in advance with respect to each account by the appropriate authorized RHM representative as detailed in section

V.

- VIII. The RHM must reserve the right to discontinue collection actions at any time with respect to any specific account;
- IX. The collection agency must agree to indemnify RHM for any violation of the terms of its written agreement with the RHM.

VI. *Other Discounts*

- a. **Prompt Pay Discounts:** RHMs may develop a prompt pay discount program which will be limited to balances equal to or greater than \$200.00 and will be no more than 20% of the balance due. The prompt pay discount is to be offered at the time of service and recorded as a contractual adjustment and cannot be recorded as charity care on the financial statements. Prompt Pay discounts do not apply to any accounts that are set up on patient loan programs. Prompt Pay discounts will only be allowed where they do not conflict with commercial payer contracts.
- b. **Self-Pay Discounts:** RHMs will apply a standard self-pay discount off of charges for all registered self-pay patients that do not qualify for financial assistance (e.g., > 400% of FPL) based on the highest -commercial rate paid.
- Boise= 10%
 - Nampa= 10%
 - Ontario = 10%
 - Baker City= 10%
 - Fresno = 22% for Inpatients, 10% for Outpatients
- c. **Additional Discounts:** Adjustments in excess of the percentage discounts described in this procedure may be made on a case-by-case basis upon an evaluation of the collectability of the account and authorized by the RHM's established approval levels.

Should any provision of this FAP conflict with the requirement of the law of the state in which the CHE Trinity Health RHM operates, state law shall supersede the conflicting provision and the RHM shall act in conformance with applicable state law.

Approval Levels for determining

Assistance: Below \$5000: Staff

\$5000 - \$7499: Supervisor/Lead

\$7500- \$10,000: Manager/Site Director

\$10,001 - \$20,000: Regional Director PFS

\$20,001 - \$30,000: VP Finance

Over \$30,000: CFO

REFERENCES:

- Patient Protection and Affordable Care Act statutory section 501(r)

- Internal Revenue Service Schedule H (Form 990)
- Department of Treasury, Internal Revenue Service, Additional Requirements for Charitable Hospitals; Proposed Rule: Volume 77, No. 123, Part II, 26 CFR, Part 1

Saint Agnes Charity Policy

Charity Write-off Guidelines in relation to Federal Poverty Income Levels Applicable to AIR and Bad Debt

Effective July 1, 2014

| | 100% | 200% | 400% | 401% |
|-------------------------|----------|------------|------------|---------------|
| Family Size | Income | Income to: | Income to: | Income above: |
| 1 | \$11,670 | \$23,340 | \$46,680 | \$46,797 |
| 2 | \$15,730 | \$31,460 | \$62,920 | \$63,077 |
| 3 | \$19,790 | \$39,580 | \$79,160 | \$79,358 |
| 4 | \$23,850 | \$47,700 | \$95,400 | \$95,639 |
| 5 | \$27,910 | \$55,820 | \$111,640 | \$111,919 |
| 6 | \$31,970 | \$63,940 | \$127,880 | \$128,200 |
| 7 | \$36,030 | \$72,060 | \$144,120 | \$144,480 |
| 8 | \$40,090 | \$80,180 | \$160,360 | \$160,761 |
| Exclusions | None | | None | None |
| Charity Write-off | 100% | 100% | 77% | |
| Additional Persons, add | \$4,060 | | | |

Appendix F

Financial Report of Community Benefit Ministry Activity

**SAINT AGNES MEDICAL CENTER
REPORT OF COMMUNITY BENEFIT MINISTRY
FOR THE YEAR ENDED JUNE 30, 2014**

| | Net Unsponsored Community Benefit | | | |
|--|-----------------------------------|----------------------------|-----------------------|----------------------------|
| | 2014 | | 2013 | |
| | <u>Persons Served</u> | <u>Amount</u> | <u>Persons Served</u> | <u>Amount</u> |
| Ministry for the poor and underserved | | | | |
| Charity care at cost | 5,806 | \$7,885,332 | 8,131 | \$8,212,070 |
| Unpaid costs of Medi-Cal program | 49,608 | 18,640,000 | 46,383 | 23,408,952 |
| Community health services | 8,097 | 773,843 | 7,072 | 692,840 |
| Community building activities | 43,801 | 397,690 | 40,681 | 408,146 |
| Financial contributions | - | 380,711 | - | 788,605 |
| Ministry for the poor and the underserved | <u>107,312</u> | <u>28,077,576</u> | <u>102,267</u> | <u>33,510,613</u> |
| Ministry for the broader community | | | | |
| Community health services | 4,860 | 217,502 | - | 152,108 |
| Health professions education | 1,368 | 1,038,172 | - | - |
| Community benefit reporting / management | - | 72,760 | - | - |
| Financial contributions | - | 37,990 | - | 106,707 |
| Ministry for the broader community | <u>6,228</u> | <u>1,366,424</u> | <u>-</u> | <u>258,815</u> |
| Total Community Benefit Ministry | <u><u>113,540</u></u> | <u><u>\$29,444,000</u></u> | <u><u>102,267</u></u> | <u><u>\$33,769,428</u></u> |
| Percentage of Operating Revenue | | <u><u>7.5%</u></u> | | <u><u>7.3%</u></u> |

SAINT AGNES MEDICAL CENTER
COMMUNITY BENEFIT MINISTRY ACTIVITY
FOR THE YEAR ENDED JUNE 30, 2014

| | 2014 | | | | 2013 |
|--|----------------|--------------------|--------------------|-----------------------|-----------------------|
| | Persons Served | Total Expense | Offsetting Revenue | Net Community Benefit | Net Community Benefit |
| Ministry for the Poor and Underserved | | | | | |
| Charity Care at Cost: | | | | | |
| Traditional Charity Care | 5,806 | \$7,916,023 | \$30,691 | \$7,885,332 | \$8,212,070 |
| Unpaid Costs of Medi-Cal Program: | | | | | |
| From Hospital Operations | 49,608 | 79,089,000 | 54,906,000 | 24,183,000 | 29,858,952 |
| HQAF Program | | 17,177,044 | 22,720,044 | (5,543,000) | (6,450,000) |
| | 49,608 | 96,266,044 | 77,626,044 | 18,640,000 | 23,408,952 |
| Community Health Services: | | | | | |
| Holy Cross Medical Clinic at Poverello | 4,900 | 346,764 | 12,032 | 334,732 | 334,685 |
| Lab Procedures for HCC at Poverello | | 99,380 | | 99,380 | 114,187 |
| Medi-Cal Eligibility Assistance | 1,498 | 263,706 | | 263,706 | 198,461 |
| Financial Assistance for Poor Patients | 198 | 52,474 | | 52,474 | 45,507 |
| Transportation Voucher Program | 1,501 | 23,551 | | 23,551 | |
| | 8,097 | 785,875 | 12,032 | 773,843 | 692,840 |
| Community Building Activities: | | | | | |
| Holy Cross Center for Women | 43,801 | 581,693 | 184,003 | 397,690 | 408,146 |
| Financial Contributions: | | | | | |
| Donation of Medical Supplies | | 311,711 | | 311,711 | 773,105 |
| Fresno Medical Respite Center | | 25,000 | | 25,000 | |
| Fresno First Steps Home | | 25,000 | | 25,000 | |
| Catholic Charities | | 16,000 | | 16,000 | 15,500 |
| Other | | 3,000 | | 3,000 | |
| | - | 380,711 | - | 380,711 | 788,605 |
| Ministry for the Poor and the Underserved | 107,312 | 105,930,346 | 77,852,770 | 28,077,576 | 33,510,613 |

Ministry for the Broader Community

| | | | | | |
|---|-----------------------|-----------------------------|----------------------------|----------------------------|----------------------------|
| Community Health Services: | | | | | |
| Lactation/Postpartum Follow up | | 113,137 | | 113,137 | 105,674 |
| Health Resource Education Program | 177 | 36,858 | | 36,858 | 34,680 |
| Mission Services | | 25,516 | 7,446 | 18,070 | 5,971 |
| Health Care Enrollment Assistance | 4,388 | 18,722 | 5,410 | 13,312 | |
| Other Community Benefits Costs | | 9,043 | | 9,043 | |
| Sickle Cell Program | | 8,809 | 102 | 8,707 | 5,783 |
| Support Group, Better Breathers Club | 75 | 4,633 | | 4,633 | |
| Clinical Pastoral Education (CPE) | | 3,888 | | 3,888 | |
| Support Group, Grief Support Group | 120 | 2,523 | | 2,523 | |
| Meeting Rooms - Not-for-Profit | | 1,833 | | 1,833 | |
| Support Group, Brain Tumor | 28 | 1,655 | | 1,655 | |
| Support Group, Ostomy Support Group | 50 | 1,474 | | 1,474 | |
| Support Group, Breast Cancer Group | | 1,463 | | 1,463 | |
| Blood Drive Program | 22 | 906 | | 906 | |
| | <u>4,860</u> | <u>230,460</u> | <u>12,958</u> | <u>217,502</u> | <u>152,108</u> |
| Health Profession Education: | | | | | |
| Nurses and Nursing Students | 1,193 | 759,733 | | 759,733 | |
| Other Health Professions | 159 | 261,890 | | 261,890 | |
| Medical Careers Class (CUSD) | 16 | 16,549 | | 16,549 | |
| | <u>1,368</u> | <u>1,038,172</u> | <u>-</u> | <u>1,038,172</u> | <u>-</u> |
| Community Benefits Reporting / Mgt. | - | 72,760 | - | 72,760 | - |
| Financial Contributions | - | 37,990 | - | 37,990 | 106,707 |
| Ministry for the Broader Community | 6,228 | 1,379,382 | 12,958 | 1,366,424 | 258,815 |
| TOTAL | <u>113,540</u> | <u>\$107,309,728</u> | <u>\$77,865,728</u> | <u>\$29,444,000</u> | <u>\$33,769,428</u> |