



COMMUNITY HOSPITAL LONG BEACH

MEMORIALCARE HEALTH SYSTEM

**Annual Report and Plan for Community Benefit
Community Hospital Long Beach
Fiscal Year 2011
(April 29, 2011 – June 30, 2011) ***

Mission –

To improve the health and well being of individuals, families and our communities through innovation and the pursuit of excellence.

Vision –

Exceptional People. Extraordinary Care. Every Time.

Values –

MemorialCare ABCs

A – Accountability

B – Best Practices

C – Compassion

S – Synergy

**Reporting period from when Community Hospital Long Beach was acquired by MemorialCare Health System beginning April 29, 2011)*

**Annual Report and Plan for Community Benefit
Fiscal Year 2011 (April 29, 2011 – June 30, 2011)**

The annual report and plan for community benefit audiences are the Office of Statewide Health Planning and Development (OSHPD), communities being served by Community Hospital Long Beach and community organizations which interact with the hospital.

California Senate Bill 697 mandates that non-profit hospitals submit an annual community benefit report and plan detailing their activities related to community benefit for the prior fiscal year and future strategic plans for forthcoming years. Additionally, a triennial community health needs assessment is to be conducted and utilized in setting community benefit priorities.

Advancing the State of the Art in Community Benefits (ASACB) principles for quantifying and reporting community benefit are part of our efforts to guide establishing priorities for community benefit activities at Long Beach Memorial (LBM), Miller Children's Hospital (MCH), and Community Hospital Long Beach (CHLB). Community benefit categories follow the standards set by the Catholic Health Association (CHA) and the Veterans Health Administration (VHA). Data collection is maintained in the Community Benefit Inventory for Social Accountability (CBISA) software by Lyon's Software Company through an annual subscription.

The Community Benefit Report and Plan contained in this document has followed the ASACB guidelines. One-on-one meetings were conducted with community benefit related activity owners (reporter) between April and June 2011 for fiscal year 2011 for CHLB. Each reporter was provided a hand-out explaining how to identify, count and record community benefit related activities based on the five ASACB core principles. Additionally, each reporter was provided with a "Community Benefit Occurrence Worksheet", which itemizes the qualifying program and activity occurrences by collecting the following data points:

- Volunteer hours
- Persons served
- Salaries and wages for staff
- Purchased services
- Supplies
- Facility space
- Other direct expenses (advertising, mailing etc.)
- Offsetting revenue

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Submitted to:

Office of Statewide Health Planning and Development (OSHPD)
Sacramento, CA
November, 2011

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Letter from the CEO

LONG BEACH MEMORIAL
COMMUNITY HOSPITAL LONG BEACH
Miller Children's Hospital Long Beach
 MEMORIALCARE HEALTH SYSTEM

November 1, 2011

Long Beach Memorial, Community Hospital Long Beach and Miller Children's Hospital Long Beach are proud to serve the Greater Long Beach community. Our hospitals serve families in Los Angeles and Orange Counties with a wide range of general and specialty care including, primary medicine, cancer, heart, rehabilitation, orthopedics, pediatrics, neurology, behavioral health and women's services. Long Beach Memorial is nationally ranked by U.S. News and World Report as one of the Best Regional Hospitals; we maximize the synergy within our hospitals and with our community, to provide excellent care and stewardship.

The health care industry continues to evolve, as does our organization. The changes in health care legislation are fused into our vision, continuing to see a path of positive growth and possibility. Our organization is well positioned for the future and has consistently demonstrated: first, our steadfast focus on our mission of high quality health care; second, our razor-sharp commitment to responsible stewardship of our resources, not just our financial resources but, as importantly, our human resources; and third, our continued dedication to provide a wide array of services and programs to meet the changing needs of our diverse community.

Long Beach Memorial, Community Hospital Long Beach and Miller Children's Hospital Long Beach have made a solid commitment to work in partnership with dedicated individuals and local organizations, to stay true to our vision and values, and to continue investing our resources to best serve those in need.

We believe that our dedication to our mission, stewardship and diversification will ensure an organization, which continues to thrive, well into the future. As such, we are committed to strategically focusing our investment of charitable resources to address the unmet health needs of the diverse communities we serve. For fiscal year 2010-2011, Long Beach Memorial, Community Hospital Long Beach* and Miller Children's community benefit contributions totaled \$62,854,000 including \$46,876,000 in charity care.

We are proud of our commitment to providing extraordinary care, relying on exceptional people and continuing to build a future where we can provide the highest quality of care to our community.

Sincerely,

Diana Hendel

Diana Hendel, Pharm.D
Chief Executive Officer
Long Beach Memorial
Community Hospital Long Beach
Miller Children's Hospital Long Beach

*Community Hospital Long Beach: reporting period 4/29/11 – 6/30/11

Executive Summary

What is Community Benefit?

Community Benefit programs directly influence access to care and improves the health status of the community that a non-profit hospital serves. Community Benefit reporting is governed under an IRS reporting requirement (Form 990 Schedule H) at the federal level and a California state law (SB697), which requires non-profit hospitals to submit a community benefit plan and annual report demonstrating what the hospital has provided to the community over the prior fiscal year.

Community benefit programs must meet at least one community benefit objective and within the objective one of these conditions must be met:

1. **Improve access to health services** (program is – broadly available to the public, include vulnerable or underserved persons, barrier to access is reduced, without the program the community would loose access to a needed service).
2. **Enhance health of the community** (program is – designed around public health goals, yields measurable improvement in health status or without it, health status would decline; operated in collaboration with public health partners).
3. **Advance medical or health care knowledge** (program – trains health professionals or students, does not require trainees to join staff, open to professionals in the community, involves research with findings available to the broader public in a reasonable amount of time).
4. **Relieve or reduce the burden of government or other community effort** (program – relieves a government financial or programmatic burden, government provides the same or similar service but not duplicative or competitive, government provides funding of activity, if program is closed there would be a greater cost to the government and/or another non-profit, receives philanthropic support through community volunteers or contributions).

Examples of Community Benefit programs and activities at Community Hospital include: charity care (uncompensated care and uninsured care), support groups, health education, and health screenings.

About the Organization

MemorialCare Health System is a leading Southern California not-for-profit integrated delivery system with almost 11,000 employees and 2,300 physicians. Hospitals include Long Beach Memorial, the West's second largest academic-community hospital campus; Miller Children's Hospital Long Beach, among the nation's biggest children's hospitals; Community Hospital Long Beach, the city's landmark hilltop hospital; Orange Coast Memorial, the region's fastest growing hospital; Saddleback Memorial -Laguna Hills, named among the "65 Great Community Hospitals" by Becker's Hospital Review; and Saddleback Memorial -San Clemente, the area's primary hospital.

Four leading physician groups joined the health system as the founding members of the MemorialCare Medical Foundation, launched in early 2011. With this addition, our health system now includes five urgent care locations, 21 primary care locations and two specialty care locations, in addition to the MemorialCare HealthExpress retail clinics in Albertsons stores in Huntington Beach, Irvine and Mission Viejo.

The health system has gained widespread recognition for our unique approach to health care. The organization has been identified as one of the Top 100 Integrated Health Networks in the Nation, as well as Top 10 in the West (from SDI). Our hospitals are ranked as high performers in 18 specialties by US News and World Report. We are particularly proud to be one of only 29 companies worldwide selected as a 2011 Gallup Great Workplace winner!

Community Hospital Long Beach (CHLB) joined the MemorialCare Health System and specifically the Long Beach Memorial and Miller Children's Hospital Long Beach campus on April 29, 2011. These three hospitals are under the same tax identification number but are separately licensed hospitals. CHLB is a 208-bed acute-care hospital that has been providing warm and personalized top-quality medical care that its patients have come to treasure and trust since first opening its doors in 1924. Community Hospital Long Beach has more than 265 board-certified physicians serving the greater Long Beach area, and offers intensive care, state-of-the-art imaging, a comprehensive cancer care center, cardiovascular diagnostics, behavioral health, women's heart screenings, occupational medicine, wellness and diabetes services and more. Additionally, Community Hospital has a 24-hour Emergency Department offering high-tech care and minimal wait times.

Board of Directors

Richard Adams, MD
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Our Community

Hospital Service Area

Long Beach, California is the 36th largest city in the nation and the sixth largest in California. It has been designated by the U.S. Census as the most diverse city in the nation. With nearly half a million residents, the ethnic, cultural and language diversity of the city is a source of pride. Long Beach Memorial (LBM), Community Hospital Long Beach (CHLB) and Miller Children's Hospital Long Beach (MCH), these three hospitals make-up Long Beach Memorial Medical Center and are situated in the South Bay area of Los Angeles County within an area referred to as Service Planning Area 8 (SPA 8). According to the 2010 decennial census, 40% of the population identify as Hispanic, nearly 13.5% as African American, 13% as Asian (includes Asian Indian, Chinese, Filipino, Vietnamese, Cambodian etc.), and 29% white. Just over 9% of the total population is aged 65 or older. Children age 14 and under comprise 20% of the population. The median age for the population is 33.2 years. A primary language other than English is spoken in over 45% of the surrounding households located near LBMMC and MCH.

Those living below the federal poverty level make up 18.8% of the population in Long Beach. The median household income is \$50,040. Central Long Beach, which is where LBM and MCH are located, was selected by the California Endowment as one of the communities to be a part of the ten year initiative, Building Healthy Communities: California Living 2.0.

In 2010, at Community Hospital, there were a total of 22,900 emergency department encounters, approximately 13,500 patient days, 1,900 surgeries, and 1,319 admissions to its behavioral health unit. Over 68% of admissions came from zip codes within the city of Long Beach boundaries. The top four zip codes of inpatient origin are 90803, 90804, 90813, 90815 (highlighted in bold on the service area table) reflecting discharge rates of 8.03%, 18.73%, 5.33% and 10.63%, respectively, based on calendar year 2008 OSHPD data.

Community Hospital Long Beach's primary service area is comprised of the eastern and southeastern sections of Long Beach, along with the adjacent cities: Lakewood, Signal Hill, Los Alamitos, and Seal Beach. CHLB's service area has the highest concentration of seniors in Long Beach. The hospital is within 5 miles of most residential neighborhoods in East Long Beach, from Belmont Shore to Los Altos, making the hospital's Emergency Department a critical service to the eastside communities.

Specific facts about our service area and its communities with disproportionate unmet health needs include:

- 42% of all Long Beach households are located in the eastern and southeastern sections of CHLB's service area.¹ This area includes the highest concentration of seniors in Long Beach, just over 50% of all seniors.²

¹ Original Data Source: "SPA 8-Databook", South Bay, United Way of Greater Los Angeles, 1998-1999, found in "CHRS II", Long Beach Community Health Research Study, April 1999, Page 13.

- The Hispanic population remains the largest population in Long Beach, increased 5% over the last ten years, with modest increases in the Asian and African American population. The non-Hispanic White population continues to decline. The Asian community represents the greatest diversity with at least 11 different subcultures.
- The East and Southeastern sections hold the largest concentration of the non-Hispanic White population.³
- Income levels vary throughout CHLB’s service area. Welfare and public assistance are important income sources for many residents (over 22% of the community’s residents receive some type of public assistance). Only 15% of the population lives in owner-occupied housing. 35% of all people on some type of public assistance live in the southeastern section that Community Hospital Long Beach serves.⁴
- Community Hospital Long Beach also serves the Anaheim Corridor. Per capita income in this area ranges from \$6,000 to \$9,629, resulting in 44% of residents living below the poverty level, the highest concentration in the City of Long Beach.
- The Anaheim Corridor has families living in crowded conditions, with household sizes in the service area ranging from 3.08 to 4.41 persons as compared to the California average of 2.87 persons.
- The Anaheim Corridor service area is blighted by problems of crime, gang activity and unemployment and has been targeted by the City of Long Beach for revitalization.
- Statistics show that 59% of Anaheim Corridor residents have not earned a high school diploma. Most young children were born in the U.S., and the community has great hopes for their future—education is a primary concern.

CHLB Primary Service Area*	
City	Zip Code(s)
Long Beach	90802, 90803 , 90804 , 90805, 90806, 90807, 90808, 90810, 90813 , 90814, 90815

² Original Data Source: “SPA 8-Databook”, South Bay, United Way of Greater Los Angeles, 1998-1999, found in “CHRSII,” Long Beach Community Health Research Study, April 1999, Page 16.

³ Original Data Source: So. Cal Association of Governments (1890-1990), Advanced Planning Division, City of Long Beach and LA County Urban Research Unit (1995-2000), found in “CHRS II,” Long Beach Community Health Research Study, April 1999, Pages 14-15.

⁴ Original Data Sources: 1990 U.S. Census, “SPA 8-Databook”, South Bay, United Way of Greater Los Angeles, 1998-1999, found in “CHRS II”, Long Beach Community Health Research Study, April 1999, Page 13.

CHLB Secondary Service Area	
City	Zip Code(s)
Lakewood	90712, 90713
Los Alamitos	90720
Seal Beach	90704, 90720, 90815, 92464
Signal Hill	90755

Community Needs Assessment

In accordance with California state law SB697, which requires nonprofit hospitals to conduct a community health needs assessment every three years, the Long Beach Health Needs Assessment (LBHNA) is a community health survey project designed to determine the health needs of the population living in Long Beach and the surrounding communities. The LBHNA is a collaborative partnership among the four major hospitals in the city of Long Beach - Community Hospital Long Beach, Long Beach Memorial, Miller Children's Hospital, and St. Mary Medical Center. For the 2009 LBHNA the area hospitals contracted with California State University Long Beach Professor of Health Care Administration, Tony Sinay, PhD, and Associate Professor of Health Sciences, Veronica Acosta-Deprez, PhD.

The goal of the project is for the local hospitals and area healthcare providers to utilize the results of the assessment in order to improve the quality and quantity of healthcare services available in the greater Long Beach area. The resulting report helps provide community leaders with long-term strategic planning initiatives focused on the health status and needs of the city. Additionally, the report allows community partners to identify gaps in services and to provide opportunities for collaborative partnerships to address the issues. These partnerships have the potential to improve the health status of the community through program development, access to services, and availability of services.

The Long Beach Health Needs Assessment (LBHNA) for 2009 is the sixth and most recent survey.

Introduction: The commitment of local hospitals – Community Hospital Long Beach, Long Beach Memorial, Miller Children's Hospital, and St. Mary Medical Center is to ensure the health of the population in the city of Long Beach. The Long Beach Health Needs Assessment for 2009 is the sixth survey of its kind in the city by local hospitals. The goal is to utilize the results of the Long Beach Community Health Survey to improve the quality and quantity of services available in the greater Long Beach area. The resulting report helps provide community leaders with long-term strategic planning initiatives focused on the health status and needs of the city. This report also allows community partners to identify gaps in services and to provide opportunities for collaborative partnerships to address the issues. These partnerships have the potential to improve the health status of the community through program development, access to services and availability of services.

Methodology: The 2009 survey instrument was developed through an iterative process and consisted of twenty-seven questions covering topics such as; population demographics, health concerns affecting adults, teens and children and access to services and providers. The survey instrument was provided in both English and Spanish languages. The self administered surveys were distributed to a convenience sample at community forums, events and health fairs within the city of Long Beach from July through November, 2009.

The total number of survey participants was 481. Zip code analysis was undertaken to determine significant gaps in less and most vulnerable areas. Also, key informant survey was administered using web technologies and 16 key informants responded to the survey.

Results: The number one barrier to receiving proper medical care was reported as lack of health insurance. The health care providers needed most were dentists and family doctors.

The affordability of services compared to previous survey years indicate services are less affordable today. The top four needed services that were identified as unaffordable or unavailable were mental health counselor (31%), family planning clinics, transportation, and before-and-after school programs, which are the same as the 2007 assessment. The zip code analysis indicated that the areas of most need without availability to hospital, family physician, dentist, eye doctor, mental health and emergency rooms were located in 90813 and 90805. Prayer was the most utilized alternative health method (30%). The top adult health issues were reported as diabetes and high blood pressure. For teens the top health issues reported were gangs and drug abuse. For children the top health issues were reported as obesity, child abuse and poor nutrition. Further analysis of health issues and zip codes resulted in significant differences between 'Most Vulnerable' and 'Less Vulnerable' areas for all age groups.

According to key informants, the top three providers that were needed for children were mental health counselor, dentist and specialty doctors. For teens mental health counselor, family doctor and dentists were selected. The top three providers that were needed for adults were mental health counselors, specialty Doctor and dentist, and the top three providers that are needed for elderly were mental health counselor, dentist and family doctor. Key informants were asked to identify the top health issues for children, teens, adults and the elderly. The top health issues related to children were asthma, air pollution, lack of affordable health care, lack of health insurance and poor nutrition. The top health issues for teens were gang activities, accidents, drug abuse, asthma, air pollution and depression. Adult health issues identified were depression, diabetes, lack of affordable health care, lack of health insurance and alcohol abuse. The top health issues for the elderly were depression, diabetes, heart disease, poor nutrition and lack of affordable health care.

Limitations: The small convenience sample may not be generalizable to the full population of Long Beach. The survey is self-administered.

Conclusions and Recommendations: As indicated by the data, the areas of opportunity for the health care community to focus on include:

- Transportation continues to be an unmet need
- Mental Health services are needed by a third of the population
- High blood pressure, diabetes and arthritis in the adult population
- Children's health issues remain constant from previous surveys; child abuse, poor nutrition, asthma, obesity and lack of exercise
- Reduction of barriers such as insurance and health care costs to access needed services
- Key informants identified the need of before-and-after school programs for children and teens
- Affordability and access to services for those living in the 'most vulnerable' areas of the city

Community Hospital Long Beach Community Benefit

Accomplishments for fiscal year 2011 (April 29, 2011 – June 30, 2011, reporting period from when Community Hospital Long Beach was acquired by MemorialCare Health System beginning)

Community Hospital Long Beach has concentrated its community benefit resources on instituting programs focused on communities with disproportionate unmet health needs; applying ASACB (Advancing the State of the Art of Community Benefit) standards to enhance existing programs and reviewing metrics to measure outcomes of identified programs.

Our governance oversight process included:

- Integration of Community Hospital Long Beach into the MHS and Long Beach Memorial Community Benefit processes for counting and reporting community benefit.
- Community Benefit Oversight Committee (CBOC) structure approved
- Community Benefit Standards adopted for MemorialCare Health System

Our areas of focus included: access to care, health and wellness, and chronic disease prevention and care. To address the needs of the underserved, following are highlights of activities that Community Hospital Long Beach provided in FY11 to address our community priorities.

Category A: Community Health Improvement Services

Activities or programs carried out or supported for the express purpose of improving community health that are subsidized by the health care organization qualify as Community Health Improvement Services. These services do not generate inpatient or outpatient bills, although there may be nominal fees or sliding scale payments for the services. Community need for the activity must be established. Community benefit activities or programs seek to improve access to health services, enhance public health, advance generalizable knowledge, and relieve government burden. These activities or programs are to be broadly available to the public and serve low-income consumers; reduce geographical, financial or cultural barriers to accessing health services and if ceased to exist would result in access problems; address federal, state or local public health priorities (ex. Eliminating health disparities); leverage or enhance public health activities; would otherwise become the responsibility of government or other tax-exempt organizations; and advance generalizable knowledge through education or research that benefits the public.

Community Hospital Long Beach provides Community Health Improvement Services through its Diabetes 101 and Women's Heart Health Program. Launched in 2005, the Diabetes 101 Program provides education and support for people with diabetes and their families, and attempts to alter the behavioral risk factors that lead to and exacerbate this disease. The program offers diabetes education classes, support groups, and free health screenings. The Women's Heart Health Program provides a low cost screening assessment conducted by a team of Community Hospital clinicians. The main objective of the screening

is to help women identify their individual heart disease risk factors and develop an effective strategy to modify their risk.

Over 130 people were served in the months of May and June through these efforts with a net benefit of over \$6,500.

Table 1: Community Health Improvement Services

Activity	Persons Served
Diabetes Support Group	38
Education Classes	64
Health Screenings	27
Women's Heart Health	5
Total	134

Category B: Health Professions Education

Educational programs that result in a degree, certificate or training necessary to be licensed to practice as a health professional, or continuing education necessary to retain state license or certification by a board in the individual's health profession fall under the Health Professions Education category. Direct costs of health professions education includes: stipends, fringe benefits of interns, residents and fellows; salaries and fringe benefits of faculty directly related to intern and resident education, medical students, nursing programs, and allied health professionals.

Community Hospital Long Beach has a nursing education program partnering with Long Beach City College, Los Angeles Harbor College, California State University Fullerton, and American Career College. Over 30 student nurses participated in a clinical rotation at Community Hospital for the months of May and June.

Other health educational opportunities are offered at Community Hospital, including providing opportunities to students at local area high schools and colleges to perform their internship rotations, clinical and/or volunteers service hours at our hospital. Students are directly supervised by CHLB staff. Fields such as hospital administration, clinical nutrition, information technology, and phlebotomy are represented. For the months of May and June, 15 students categorized as other health professionals were educated.

Nearly 40 health professionals were educated at CHLB in May and June for a net benefit of over \$89,000.

Table 2: Category B - Health Professions Education

Activity	Persons Served
Nursing	32
Other Health Professionals	7
Other	8
Total	47

Category E: Financial Contributions to Community-Based Organizations

Cash contributions or grants and the cost of in-kind contributions that support charity care, health professions education, and other community benefit activities make up category E. In-kind contributions include the cost of staff hours donated by the organization to the community while on the organization's payroll, indirect cost of space donated to tax-exempt community organizations, financial value (cost) of donated food, equipment and supplies.

Community Hospital Long Beach is a community partner in providing dedicated space for examinations of victims of sexual assault. In 1994, Community Hospital was selected as the site for the Sexual Assault Response Team (SART) program. SART is a multidisciplinary team approach for the care of victims of sexual assault of all ages, and is provided for the city of Long Beach and surrounding areas.

Community Hospital also provides dedicated office space for Long Beach Unified School District's Occupational Medicine, and meeting space to local community groups and organizations, including the CCEJ, Long Beach Day Nursery, and the Department of Mental Health Services.

Part of Community Hospital's commitment to its patients is providing complimentary transportation services via taxi, van, or ambulance from hospital to home for Behavioral Health Unit (BHU) patients and others in need.

Financial contributions for the months of May and June were over \$13,000.

Category F: Community Building Activities

Community Building activities include activities to protect or improve the community's health or safety.

Community Hospital employees are involved in many local organizations, which promote health, economic and workforce development, including participation in Goodwill Southern Los Angeles County.

The net benefit for May and June was nearly \$250.

Category G: Community Benefit Operations

Indirect and direct costs for community benefit operations. Established as an objective in the community benefit plan for FY11, developing the community benefit oversight committee (CBOC), training and communication to community benefit reporters regarding the ASACB standards; to assist in these efforts, presentations were made to hospital department managers and the CBOC regarding the definition of, importance of and the commitment to community benefit by Community Hospital and the overall

MemorialCare Health System. The net benefit of community benefit operations for May and June was over \$18,000 for the year.

Category H: Charity Care

Charity Care is defined as free or discounted health and health-related services provided to persons who cannot afford to pay, care provided to uninsured, low-income patients who are not expected to pay all or part of a bill, or who are able to pay only a portion using an income-related fee schedule, billed health care services that were never expected to result in cash inflows, and the unreimbursed cost to the health system for providing free or discounted care to persons who cannot afford to pay and who are not eligible for public programs. Charity Care does NOT include bad debt. The combined charity care for fiscal year 2011 reported for the three Long Beach hospitals; Long Beach Memorial, Community Hospital Long Beach and Miller Children’s Hospital Long Beach is \$46,876,000.

Category I : Government Sponsored Health Programs

Government-sponsored health care community benefit includes unpaid charges of public programs, the “shortfall” created when a facility receives payments that are less than charges for caring for public program beneficiaries. Additionally, “Other Public Programs” are medical programs for the indigent, medically indigent or local and state programs that provide payments to health care providers for persons not eligible for Medi-Cal. In fiscal year 2011, MemorialCare participated in the Hospital Provider Fee initiative, which for LBM, MCHLB and CHLB took a \$30,000,000 loss and turned it into a gain. Historically, Medi-Cal shortfalls (including Outpatient Specialty Care CCS clinics) have totaled approximately \$30,000,000.

Table 9: Consolidated LBM, MCHLB, CHLB Government Sponsored Health Programs

Category	Consolidated in 000’s
Unpaid Costs of Medi-Cal & CCS	- *
Unpaid Costs of Medicare	177
Others Public Programs	496
Total with Medicare	673
Total without Medicare	496

*participation in the Hospital Provider Fee initiative

The total number of lives touched through community benefit related programs, associated charity care and participation in government sponsored health programs was 221,831 (LBM, CHLB & MCHLB) at a total quantifiable benefit to the community of \$62,853,696 for fiscal year 2011.

Financial Summary of Community Benefit

LONG BEACH MEMORIAL, MILLER CHILDREN'S HOSPITAL LONG BEACH AND COMMUNITY HOSPITAL LONG BEACH (CONSOLIDATED FINANCIALS)

COMMUNITY BENEFIT SUMMARY FYE JUNE 30, 2011

		In 000's
1.	CHARITY CARE (a)	\$46,876
2.	UNPAID COSTS OF MEDI-CAL (b)	\$0*
3.	OTHERS FOR THE ECONOMICALLY DISADVANTAGED (c)	\$1,481
4.	EDUCATION AND RESEARCH (d)	\$11,647
5.	OTHER FOR THE BROADER COMMUNITY (e)	\$2,673
	TOTAL QUANTIFIABLE COMMUNITY BENEFIT LESS UNPAID COST OF MEDICARE	\$62,677
6.	UNPAID COSTS OF MEDICARE (b)	\$177
	TOTAL QUANTIFIABLE COMMUNITY BENEFITS	\$62,854

*In fiscal year 2011, MemorialCare participated in the Hospital Provider Fee initiative, which for LBM, MCHLB and CHLB took a \$30,000,000 loss and turned it into a gain.

(a) Charity Care - Includes traditional charity care write-offs to eligible patients at reduced or no cost based upon the individual patient's financial situation.

(b) Unpaid costs of public programs include the difference between costs to provide a service and the rate at which the hospital is reimbursed. Estimated costs are base on the overall hospital cost to charge ratio.

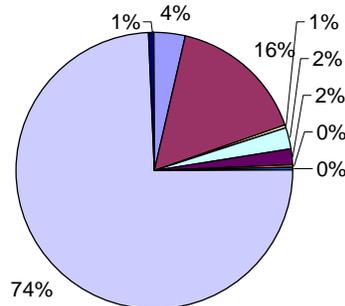
(c) Includes other payors for which the hospital receives little or no reimbursement (County Indigent)

(d) Costs related to the Medical Education programs and Medical Research that the hospital sponsors.

(e) Includes many non billed programs such as community education, screening, support groups, clinics and other self help groups.

Community Benefit for FY11 is calculated at **6.13%** of Operating Expense.

FY11 LBM, MCHLB and CHLB Consolidated Community Benefit by Category



Community Health Improvement Services (A)	Health Professions Education (B)	Subsidized Health Services ©
Research (D)	Financial and In-Kind Contributions (E)	Community Building Activities (F)
Community Benefit Operations (G)	Charity Care (H)	Government Sponsored Health Programs (I)

Leadership Journal (narrative only; no dollars reported)

Volunteer services

Community Hospital Long Beach has approximately 100 committed community volunteers who provided over 5,000 hours of service for the months of May and June. Volunteers are a very important part of Community Hospital's commitment to providing outstanding service to our patients and to the community. Since 1957, when the first formal recordkeeping of volunteer hours was done, volunteers have donated over 3 million hours to the hospital and the Long Beach community. Volunteers help us with administrative work, staff our information desks, escort patients and guests to various hospital locations, and operate the gift shop. The community members who volunteer at our hospital provide an opportunity to connect to the health care system benefiting not only the hospital but also the community at large.

Community Partners Index

In keeping with the community benefit principle of community capacity building and the overall mission and commitment to improve the health and well being of individuals, families and our communities, Community Hospital Long Beach cultivates and maintains strong ties with a network of community stakeholders (list is not exhaustive but highlights key partnerships).

American Career College
California State University Fullerton
CCEJ
City of Long Beach
Coast Guard
Comprehensive Child Development
Department of Mental Health Services
Downtown Long Beach Associates
Forensic Nurse Specialist
Goodwill Southern Los Angeles County

Long Beach Day Nursery
Long Beach Unified School District
Long Beach City College
Los Angeles Harbor College
NAACP
Tichenor Children's Clinic
University of Phoenix
YWCA
Wilson High School

Community Benefit Plan FY2012

In the year ahead, we will continue to develop and refine systems that develop our institutional support for community benefit and strengthen our programs to address the identified unmet health needs in our community. We will work to increase organizational leadership and evaluation; increase the quality of program planning, implementation, and evaluation; and enhance the sustainability of organizational and programmatic commitments.

The Community Health Needs Assessment (CHNA) for the triennial report will be conducted between October, 2011 and February, 2012. The CHNA steering team will have representation from all the Long Beach non-profit hospitals, Long Beach Health

Department, City of Long Beach Planning and Development Services and California State University Long Beach. There will be two types of instruments, each serving a separate population; general public and key informant. Instruments will be available on-line as an anonymous survey in English and Spanish. The key informant instrument will also be available on-line link. Kiosks will be available at area health fairs to solicit participation as well as having survey links available on the hospital and City webpages. Data analysis and report will be presented in June, 2012 and we will work on processes and procedures to make the report publicly available.

FY2012 Priorities:

1. Disease Management
2. Access to Care
3. Prevention
4. Behavioral Health

Each of these priorities ties to the strategic plan for the organization and is an identified community need.

1. **Disease Management:** includes cardiac care, childhood obesity and diabetes. Tied to an identified need by the 2009 Community Health Needs Assessment:
 - 27% of those living in the most vulnerable zip codes indicated childhood obesity as a top concern
 - 28% indicated diabetes as the biggest health issue
 - High blood pressure and adult diabetes identified as an unmet need
2. **Access to care:** Work to foster creation of medical homes and participation in the CCS demonstration project. Tied to an identified need by the 2009 Community Health Needs Assessment:
 - Family physician access and specialty care for children
3. **Prevention:** provide for community and professionals; include free screenings and health education at health fairs and community lectures and annual women's health event. Tied to an identified need by 2009 Community Health Needs Assessment indicated:
 - Top health issue identified for all age groups was obesity
 - Other health conditions identified which would benefit from health education/behavior modification: nutrition, exercise, high blood pressure
4. **Behavioral health:** appropriate identification and assessment with referral is predominately conducted at CHLB and homeless assistance & case management (LBM). Tied to an identified need by 2009 Community Health Needs Assessment indicated:
 - All age categories reported the need for access to mental health services
 - Key informants identified depression as a top issue for all age groups

In order to address the identified needs, we will conduct an assessment to categorize gaps in services in the community, document assets and develop programs and activities that address the priorities.

Appendix A – Contact Information

Physical Address of Main Hospital Campus:

1720 Termino Avenue
Long Beach, CA 90804

Web address: www.memorialcare.org

Administration:

Diana Hendel, PharmD <i>Chief Executive Officer</i>	
Krikor Jansezian, PhD <i>Administrator</i>	James DelloRusso, MD <i>Chief of Staff, CHLB</i>

Community Benefit Contacts:

Loara Cadavona
Special Projects Manager & Government Liaison
562-494-0835
lcadavona@memorialcare.org

Peter Mackler
Executive Director, Government Relations and Policy
714-377-2946
pmackler@memorialcare.org

Appendix B –Financial Assistance Policy

 Memorial Health Services Policies and Procedures	Effective Date: October 22, 2010 Note: For origination date see History at end of Policy.
Subject: Financial Assistance	Approval Signature: Barry Arbuckle President & CEO
Manual: Finance/Purchasing Policy/Procedure # 236 Section:	Sponsor Signature: Patricia Tondorf Executive Director Patient Financial Services Systems

PURPOSE:

Memorial Health Services (MHS) is a non-profit organization which provides hospital services in five distinct Southern California communities. Memorial Health Services and its member hospitals are committed to meeting the health care needs of patients who may be uninsured or underinsured. As part of fulfilling this commitment, MHS provides medically necessary services, without cost or at a reduced cost, to patients who qualify in accordance with the requirements of this Financial Assistance Policy.

The Financial Assistance Policy establishes the guidelines, policies and procedures for use by hospital personnel in evaluating and determining patient qualification for financial assistance. This policy also specifies the appropriate methods for the accounting and reporting of Financial Assistance provided to patients at hospitals within Memorial Health Services.

POLICY:

Financial Assistance Defined

Financial assistance, also known as Charity Care, is defined as any necessary¹ inpatient or outpatient hospital service that must be provided at an MHS facility to a patient who is unable to pay for care. Patients unable to pay for their care must establish eligibility in accordance with requirements contained in the Memorial Health Services Financial Assistance Policy.

Depending upon individual patient eligibility, financial assistance may be granted on a full or partial aid basis. Financial assistance may be denied when the patient or other responsible guarantor does not meet the MHS Financial Assistance Policy requirements.

Financial Assistance Reporting

All Memorial Health System hospitals will report the amounts of financial assistance, full or partial, provided to patients as required for Charity Care. Charity Care reporting will be in accordance with the regulatory requirements issued by the Office of Statewide Health Planning and Development(OSHHPD) as contained in the Accounting and Reporting Manual for Hospitals, Second Edition and any other subsequent clarification or advisement issued by OSHHPD. To

¹ Necessary services are defined as any hospital inpatient or outpatient service, or emergency care that is not entirely elective for patient comfort and/or convenience.

comply with these regulations, each hospital will maintain this policy as written documentation regarding its Charity Care criteria, and for individual patients, each hospital will maintain written documentation regarding all financial assistance determinations. As required by OSHPD, Charity Care provided to patients will be recorded on the basis of actual charges for services rendered.

Charity Care will be reported as an element of each hospital's annual Community Benefit Report submitted to OSHPD and any other appropriate state agencies.

General Process and Responsibilities

Access to emergency medical care shall in no way be affected by whether financial assistance eligibility under this policy exists; emergency medical care will always be provided to the extent the facility can reasonably do so.

All patients who do not indicate coverage by a third party payer will be provided a Medi-Cal application prior to discharge

The Memorial Health Services Financial Assistance Policy relies upon the cooperation of individual applicants for accurate and timely submission of financial screening information. To facilitate receipt of such information, MHS hospitals will use a Financial Assistance application to collect information from patients who:

- Are unable to demonstrate financial coverage by a third party insurer and request financial assistance;
- Insured patients who indicate that they are unable to pay patient liabilities; and
- Any other patient who requests financial assistance

The financial assistance application should be completed as soon as there is an indication the patient may be in need of financial assistance. The form may be completed prior to service, during a patient stay, or after services are completed and the patient has been discharged. Accordingly, eligibility for the MHS Financial Assistance Program may be determined at any time the hospital has sufficient information to determine qualification.

Completion of a financial assistance application provides:

1. Information necessary for the hospital to determine if the patient has income and/or assets sufficient to pay for services;
2. Authorization for the hospital to obtain a credit report for the patient or responsible party;
3. Documentation useful in determining eligibility for financial assistance; and
4. An audit trail documenting the hospital's commitment to providing financial assistance.

Eligibility

Eligibility for financial assistance shall be determined solely by the patient's and/or patient guarantor's ability to pay. Eligibility for financial assistance shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability or religion.

The patient/guarantor bears the burden of establishing eligibility for qualification under any financial assistance program. Patients/guarantors are required to provide timely, honest and complete disclosure in order to obtain financial assistance. Each hospital will provide guidance and/or direct assistance to patients or their guarantors as necessary to facilitate completion of

government low-income program applications when the patient may be eligible. Assistance should also be provided for completion of an application for the MHS Financial Assistance Program.

Completion of the Financial Assistance application and submission of any or all required supplemental information may be required for establishing eligibility with the Financial Assistance Program.

Financial Assistance Program qualification is determined after the patient and/or patient guarantor establishes eligibility according to criteria contained in this policy. While financial assistance shall not be provided on a discriminatory or arbitrary basis, the hospital retains full discretion to establish eligibility criteria and determine when a patient has provided sufficient evidence of qualification for financial assistance. In the event of a dispute regarding eligibility for financial assistance, a patient may seek review from management in Patient Financial Services.

Once determined, Financial Assistance Program eligibility will remain in effect for a period of six (6) months and then may be renewed by the hospital upon submission of required information by the patient. Patient Financial services will develop methods for accurate tracking and verification of financial assistance program eligibility.

Any eligible patient account balance created by a visit that resulted in the request for Financial Assistance Program coverage and those occurring for a period of six (6) months following eligibility determination will be considered for full or partial write-off as Charity Care. Other pre-existing patient account balances outstanding at the time of eligibility determination by the hospital may be included as eligible for write-off at the sole discretion of management.

Patient obligations for Medi-Cal Share of Cost (SOC) payments will not be waived under any circumstance. However, after collection of the patient share of cost portion, any other unpaid balance relating to a Medi-Cal SOC patient may be considered for Charity Care.

Factors considered when determining whether an individual is qualified for financial assistance pursuant to this policy may include, but shall not be limited to the following:

- No insurance coverage under any government or other third party program
- Household² income
- Household net worth including all assets, both liquid and non-liquid
- Employment status
- Unusual expenses
- Family size as defined by Federal Poverty Level (FPL) Guidelines
- Credit history

Eligibility criteria are used in making each individual case determination for coverage under the MHS Financial Assistance Program. Financial assistance will be granted based upon each individual determination of financial need. To assure appropriate allocation of assistance, financial need may be determined based upon consideration of both income and available patient family assets.

Covered services include necessary inpatient and outpatient hospital care provided the services are not covered or reimbursed by Medi-Cal, county indigent programs or any other third party payer. All patients not covered by third-party insurance and those insured patients who indicate

² "Household" includes the patient, the patient's spouse, any individual to whom the patient is a dependent and any other individual legally responsible to provide for the patient's health care needs.

that they are unable to pay patient obligations such as co-payments and deductibles, may be considered for eligibility under the Financial Assistance Program.

For the purpose of determining eligibility for discounted payment, documentation of income shall be limited to recent pay stubs or income tax returns.

INCOME QUALIFICATION LEVELS

Full Charity

If the patient's household income is two hundred percent (200%) or less of the established poverty income level, based upon current FPL Guidelines and the patient meets all other Financial Assistance Program qualification requirements, one hundred percent (100%) of the patient liability portion of the bill for services will be written off.

Low Income Financial Assistance (LIFA)

If the patient's household income is between two hundred one percent (201%) and three hundred fifty percent (350%) of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance Program qualification requirements, the following will apply:

a. Patient's care is not covered by a payer If the services are not covered by any third party payer so that the patient ordinarily would be responsible for the full billed charges, the patient's payment obligation will be one hundred percent (100%) of the total expected payment, including co-payment and deductible amounts, that the Medicare program would have paid for the service if the patient was a Medicare beneficiary. If the service provided is not covered under the Medicare program then the patient will be responsible for forty (40%) of billed charges.

b. Patient's care is covered by a payer If the services are covered by a third party payer so that the patient is responsible for only a portion of the billed charges (i.e., a deductible or co-payment), the patient's payment obligation will be one-hundred percent (100%) of the patient liability portion of total payment up to the point where total payments (patient + insurance) equal one-hundred percent (100%) of the total expected payment, including co-payment and deductible amounts, that the Medicare program would have paid for the service if the patient was a Medicare beneficiary.

ASSET QUALIFICATION

Patient owned assets may be evaluated to determine if sufficient patient household resources exist to satisfy the hospital's bill for services rendered. Evaluation of patient assets will consider both the asset value and amounts owed against the asset to determine if potential net worth is available to satisfy the patient payment obligation.

Recognizing the need to protect basic household assets, each patient family unit evaluated will be allowed the following asset exemptions:

- Primary residence
- One vehicle per patient or two vehicles per family unit
- Tax-exempt retirement program funds
- Ten Thousand Dollars (\$10,000) and fifty percent (50%) greater than Ten Thousand Dollars (\$10,000) in other total assets

Deferred Compensation Plans

Patients who have assets beyond those specifically exempted will be expected to leverage the assets through independent financing in order to satisfy the patient account. Accordingly, patients with sufficient assets available are not qualified for the MHS Financial Assistance Program. Patients with sufficient assets will be denied eligibility even when they meet basic income qualification requirements.

For the purpose of determining eligibility for discounted payment, documentation of income shall be limited to recent pay stubs or income tax returns.

SPECIAL CIRCUMSTANCES:

Any evaluation for financial assistance relating to patients covered by the Medicare Program must include a reasonable analysis of all patient asset net worth, income and expenses, prior to eligibility qualification for the Financial Assistance Program. Such financial assistance evaluations must be made prior to service completion by the MHS hospital.

- If the patient is determined to be homeless he/she will be deemed eligible for the Financial Assistance Program.
- If the patient/guarantor has recently been declared bankrupt by a Federal Bankruptcy Court.

Patients seen in the emergency department, for whom the hospital is unable to issue a billing statement, may have the account charges written off as Charity Care. All such circumstances shall be identified in the account notes or on the patient's Financial Assistance Application as an essential part of the documentation process.

OTHER ELIGIBLE CIRCUMSTANCES:

Memorial Health Services deems those patients that are eligible for any or all government sponsored low-income assistance programs to be indigent. Therefore, such patients are automatically eligible for Charity Care under the MHS Financial Assistance Policy and account balances classified as Charity Care if the government program does not make payment for all services provided, or days during a hospital stay.

For example, patients who qualify for Medi-Cal, CCS, CHDP, Healthy Families, MSI, CMSP or other similar low-income government programs are included as eligible for the MHS Financial Assistance Program.

Any or all non-reimbursed patient account balances are eligible for full write-off as Charity Care. Specifically included as Charity Care are charges related to denied stays, denied days of care, and non-covered services. All Treatment Authorization Request (TAR) denials and any other failure to pay for covered or non-covered services provided to Medi-Cal and/or other government low-income qualified patients are covered.

Patients with restricted coverage, and/or other forms of limitation shall have non-covered amounts classified as Charity Care when payment is not made by the low-income government program.

The portion of Medicare patient accounts (a) for which the patient is financially responsible (coinsurance and deductible amounts), (b) which is not covered by insurance or any other payer including Medi-Cal, and (c) which is not reimbursed by Medicare as a bad debt, may be classified as Charity Care if:

1. The patient is a beneficiary under Medi-Cal or another program serving the health care needs of low-income patients; or
2. The patient otherwise qualifies for financial assistance under this policy and then only to the extent of the write-off provided for under this policy.

Any patient who experiences a catastrophic medical event may be deemed eligible for financial assistance. The determination of a catastrophic medical event shall be based upon the amount of the patient liability at billed charges, and consideration of the individual's income and assets as reported at the time of occurrence. Management shall use reasonable discretion in making a determination based upon a catastrophic medical event. As a general guideline, any account with a patient liability for services rendered that exceeds \$100,000 may be considered for eligibility as a catastrophic medical event.

Any account returned to the hospital from a collection agency that has determined the patient or guarantor does not have the resources to pay his or her bill, may be deemed eligible for Charity Care. Documentation of the patient or guarantor's inability to pay for services will be maintained in the Charity Care documentation file or in the account notes.

Criteria for Re-Assignment from Bad Debt to Charity Care

All outside collection agencies contracted with MHS to perform account follow-up and/or bad debt collection will utilize the following criteria to identify a status change from bad debt to Charity Care:

1. Patient accounts must have no applicable insurance coverage including governmental or other third party payers); and
2. The patient or guarantor must have an Experian credit score rating of less than or equal to 500. If the collection agency is using a credit scoring tool other than Experian, the patient and or guarantor must fall into 20th percentile of credit scores for the method used; and
3. The patient or guarantor has not made a payment within one hundred eighty (180) days of assignment to the collection agency; and
4. The collection agency has determined that the patient/guarantor is unable to pay; and/or
5. The patient does not have a valid Social Security Number and/or an accurately stated residence address in order to determine a credit score.

Public Notice

Each MHS hospital shall post notices informing the public of the Financial Assistance Program. Such notices shall be posting in high volume inpatient, outpatient and emergency service areas of the hospital. Notices shall also be posted in the patient financial services and collection departments. Notices will include contact information on how a patient may obtain more information on financial assistance as well as where to apply for such assistance. These notices shall be posted in English and Spanish and any other languages that are representative of five percent (5%), or more, of the patients in the hospital's service area according to the Federal Title VI guidelines.

Data mailers and statements sent to patients as part of the routine billing process will contain information about the MHS Financial Assistance Program. These notices shall be available in English and Spanish and any other languages that are representative of five percent (5%), or more, of the patients in the hospital's service area according to the Federal Title VI guidelines.

A patient information brochure that describes the features of the MHS Financial Assistance Program will be made available to patients and members of the general public. These notices shall be posted in English and Spanish and any other languages that are representative of five percent (5%), or more, of the patients in the hospital's service area according to the Federal Title VI guidelines.

Billing and Collection Practices

Patients in the process of qualifying for government or hospital low-income financial assistance programs will not be assigned to collections prior to 120 days from the date of initial billing.

If a patient is attempting to qualify for eligibility under the hospital's charity care or discount payment policy and is attempting in good faith to settle an outstanding bill with the hospital by negotiating a reasonable payment plan or by making regular partial payments of a reasonable amount, the hospital shall not send the unpaid bill to any collection agency or other assignee, unless that entity has agreed to comply with guidelines outlined in California Health and Safety Code 127400 et seq. Low-income patients, who at the sole discretion of the hospital are reasonably cooperating to settle an outstanding hospital bill by making regular and reasonable payments towards their outstanding hospital bill, will not be sent to an outside collection agency if doing so would negatively impact the patient's credit. The hospital extended payment plan may be declared no longer operative after the patient's failure to make all consecutive payments due during a 90-day period. Before declaring the hospital extended payment plan no longer operative the hospital shall make a reasonable attempt to contact the patient by phone and, to give notice in writing, that the extended payment plan may become inoperative, and of the opportunity to renegotiate the extended payment plan. Prior to the hospital extended payment plan being declared inoperative, the hospital shall attempt to renegotiate the terms of the defaulted extended payment plan, if requested by the patient. The hospital shall not report adverse information to a consumer credit reporting agency or commence a civil action against the patient or responsible party for nonpayment prior to the time the extended payment plan is declared to be no longer operative. For purposes of this section, the notice and phone call to the patient may be made to the last known phone number and address of the patient.

Patients who communicate that they have an appeal for coverage of services pending will not be forwarded to collections until the final determination of that appeal is made. Examples of appeals are; Health Plan Appeals, Independent Medical Review, Medi-Cal and Medicare coverage appeals.

The hospital shall reimburse the patient or patients any amount actually paid in excess of the amount due under this article, including interest. Interest owed by the hospital to the patient shall accrue at the rate (10% per annum) set forth in Section 685.010 of the Code of Civil Procedure, beginning on the date payment by the patient is received by the hospital. However, a hospital is not required to reimburse the patient or pay interest if the amount due is less than five dollars (\$5.00). The hospital shall give the patient a credit for the amount due for at least 60 days from the date the amount is due.

All extended payment plans will be interest free.

Confidentiality

It is recognized that the need for financial assistance is a sensitive and deeply personal issue for recipients. Confidentiality of requests, information and funding will be maintained for all that seek or receive financial assistance. The orientation of staff and selection of personnel who will implement this policy shall be guided by these standards.

Good Faith Requirements

Every MHS hospital makes arrangements for financial assistance with medical care for qualified patients in good faith and relies on the fact that information presented by the patient is complete and accurate.

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

In the event that a patient qualifies for partial financial assistance under the LIFA component of this Policy and then fails to make payment in full on their remaining patient liability balance, the hospital, at its sole and exclusive discretion, may use any or all appropriate means to collect the outstanding balance while in compliance with California Health and Safety Code 127400 et seq.

HISTORY:

Origination: May 22, 2006 (Replaces Policies #230 Low Income Financial Assistance (LIFA), Qualifications For: and #231 Charity Care, Qualification and Process for Assignment)
Reviewed/Revised: January 1, 2007
Reviewed/Revised: December 20, 2007
Three Year Review: February 18, 2010
Reviewed/Revised: October 22, 2010

Financial Assistance Application

INSTRUCTIONS

1. Please complete *all* areas on the attached application form. If any area does not apply to you, write N/A in the space provided.
2. Attach an additional page if you need more space to answer any question.
3. You *must* provide proof of income when you submit this application. The following documents are accepted as proof of income:

If you filed a federal income tax return you must submit a copy of the following:

- a. Federal income tax return (Form 1040) from the most recent year. You must include all schedules and attachments as submitted to the Internal Revenue Service;
- b. Federal W-2 Form showing wages and earnings;
- c. Two (2) most recent paycheck stubs;
- d. Two (2) most recent and consecutive bank statements; must include all pages of each statement (including blank pages). For all accounts, checking and savings.

If your source of income doesn't require filing a federal income tax return, please provide the following:

- e. Two (2) most recent paycheck stubs;
- f. Two (2) most recent check stubs from any Social Security (award letter acceptable), child support, unemployment, disability, alimony, or other payments;
- g. Two (2) consecutive bank statements; must include all pages of each statement (including blank pages).
- h. If you are paid only in cash, please provide a written statement explaining your income sources.

If you have no income, please provide a letter explaining how you support yourself/family.

4. Your application cannot be processed until *all* required information and/or documents are provided.
5. It is important that you complete, sign, and submit the financial assistance application along with all required attachments within fourteen (14) days.
6. You *must* sign and date the application. If the patient/guarantor and spouse provide information, both *must* sign the application.
7. If you have questions, please call your customer service departments.
 - ▶ Long Beach Memorial and Miller Children's Hospital Long Beach866-283-3686
 - ▶ Orange Coast Memorial and Saddleback Memorial 877-647-7372
8. Once complete, please return the application with the required documents to:
 - ▶ MemorialCare, P.O. Box 20894, Fountain Valley, CA 92728-0894

Financial Assistance Application

- Long Beach Memorial
 Miller Children's Hospital Long Beach
 Orange Coast Memorial
 Saddleback Memorial-Laguna Hills
 Saddleback Memorial-San Clemente

ACCOUNT NUMBER: _____

PATIENT/ GUARANTOR NAME		SPOUSE NAME	
ADDRESS		PHONE	
		Home	
		Work	
SOCIAL SECURITY NUMBER			
Patient/Guarantor		Spouse	

FAMILY STATUS		
List all dependents that you support		
Name	Age	Relationship

EMPLOYMENT STATUS	
Patient/Guarantor Employer	Position
Contact Person	Telephone
Spouse Employer	Position
Contact Person	Telephone

INCOME		
	Patient/Guarantor	Spouse
1. Gross Wages & Salary (before deductions)		
2. Self-Employment Income		
Other Income:		
3. Interests & Dividends		
4. Real Estate Rentals & Leases		
5. Social Security		
6. Alimony		
7. Child Support		
8. Unemployment/Disability		
9. Public Assistance		
10. All Other Sources (attach list)		
Total Income (add lines 1 – 10 above)		

UNUSUAL EXPENSES	
Please provide information on any unusual expenses such as medical bills, bankruptcy, court judgments or settlement payments (attach list as needed)	
Description	Amount

ASSETS		
Please provide an accurate estimate of value for each asset you own. Also, indicate how much you owe on any outstanding debt related to each asset listed.		
Asset	Value	Amount Owed
1. Primary Residence		
2. Other Real Estate (attach list)		
3. Motor Vehicles (attach list)		
4. Other Personal Property		
5. Bank Accounts & Investments		

6. Retirement Plans		
7. Other Assets (attach list)		
Total Amounts (add lines 1 – 7 above)		

By signing below, I/We declare that all information provided is true and correct to the best of my/our knowledge. I/We authorize Memorial Health Services to verify any information listed in this application. I/We expressly grant permission to contact my/our employer, banking, and lending institutions. In addition, my/our credit report may be obtained.



Signature of Patient/Guarantor

Signature of Spouse

Date

Date

*Also available in Spanish