



Mercy Medical Center

A member of CHW



Mercy Medical Center

Community Benefit Report 2011
Community Benefit Plan 2012

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Executive Summary

Mercy Medical Center (MMC) is a 185 bed acute care, religious-sponsored, not-for-profit hospital located in the city of Merced, California. MMC is a member of Catholic Healthcare West (CHW). MMC's religious sponsor is the Dominican Sisters of Kenosha, Wisconsin, who purchased the hospital in 1948. Last year on May 2, 2010 MMC moved into a brand new 262,000 square foot facility on Mercy Avenue. MMC has a staff of more than 1,300 and professional relationships with more than 250 local physicians.

Mercy Medical Center provides health care services for the health needs of each and every member of our community. Services include: one licensed acute care facility with a family birthing center, intensive care unit, emergency care and four floors covering telemetry and medical/surgical nursing units. Two outpatient facilities that combined services include outpatient home care, physical and cardiac rehabilitation, ambulatory surgery, wound care, laboratory, imaging and a "Medical Assistance Program" pharmacy. There are three rural health clinics; Family Practice (32% of patients are uninsured), General Medicine Clinic (specialist clinic) and Kids Care (92% of the pediatric patients are on MediCal) that combined, see over 4,000 patients a month. The clinics are highlighted in the "Program Digest" section of this report.

Central California Children's Hospital located in Madera, California, operates an eight bed Neonatal Intensive Care Unit, Level II nursery within the Mercy Medical Center.

MMC's Emergency Care maintains 24/7 emergency services and operates the base station for Merced County. Emergency care is provided to an average of 175 patients a day. Ambulance calls average 35 a day. Medical helicopter flights from the hospital average 25 a month, carrying patients primarily to Children's Hospital or Doctor's and Memorial hospitals in Modesto.

The Family Medicine Residency Program was established in 1974 as an affiliate of the University of California, Davis. It is a three program with eight residents in each year, started because of the need for additional primary care physicians in Merced County. More than half of the active medical staff is involved in the resident's training. The residents see inpatients and the patients at the Family Care Clinic. MMC invests more than \$3 million per year to run the residency program.

Language Interpretive Services are contracted with Healthy House, a local medical interpreting training non-profit organization. In addition to interpreters a phone system provides interpretation for over 130 languages. Every patient room now has a Cyacom, interpreter phone. Accommodation of services for the physically challenged and sight/hearing-impaired patients is also provided. There is reference to our Hmong interpreters in the key community benefit program, "South East Asian Out Reach" highlighted on page 14.

Spiritual Care Services are available 24/7 for patients, families and staff. Mercy Medical Center is dedicated to the spiritual dimension of healing and promotes spirituality in the lives of its employees, volunteers and physicians. Spiritual Care has fifteen trained spiritual care volunteers and ten Eucharistic ministers.

Mercy Volunteer Services provide coverage within the hospital, outpatient services and gift shop. There are 190 adult volunteers, 60 high school volunteers and 50 UC Merced students.

Community Benefit activities for FY11 focused on unmet health-related needs of Merced County as identified in the “Health Status Profile 2010”. Following are examples of programs to address disproportionate unmet health related needs (DUHN). Mercy Medical Center’s FY 2011 Community Benefit Report and FY 2012 Plan documents our commitment to the health and improved quality of life in our community. The total community benefit dollars reported in the Community Benefit FY 2011 is \$23,683,327. That is 18.7 percent of the organizations expenses and 17.9 percent of the revenues. Adding into the community benefit dollars the cost of unpaid Medicare and the amount increases to \$39,121,163. This increase changes the percents of the organizations expenses to 30.8 percent and of the revenues to 29.6 percent.

Mercy Health Education is a community outreach program to address prevention of disease, to empower community members to assume responsibility for their health, and to educate people about various medical conditions and the ability they have to make choices. Community education classes that are ongoing include education on asthma, chronic obstructive pulmonary disease, smoking cessation and heart saver CPR/first aid (this class was provided free to 120 ROP/Adult Merced Office of Education students).

Primary Stroke Center MMC is seeking advanced accreditation as a *Primary Stroke Center* from the Joint Commission. Emergency Department nurses will be taking a total 38 hours of continuing education in stroke and stroke care. A community “Stroke Fair” is in the planning to enhance the communities’ awareness of stroke symptoms and stroke treatment. Staff is also reaching out to the community by attending community events to offer “stroke risk assessments”. The purchase of a Mercy Telehealth Network telemedicine robot that has video screens and Webcams, allows patients and doctors to see and talk to each other no matter how many miles apart they are. This equipment should be up and running by January 2012. MMC will be connecting with a seven hospital network. The program hubs are Mercy General and Mercy San Juan, where stroke specialists are available 24/7.

Mission Statement

Catholic Healthcare West Our Mission, Vision, and Values

Our Mission

Catholic Healthcare West and our Sponsoring Congregations are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Our Vision

A growing and diversified health care ministry distinguished by excellent quality and committed to expanding access to those in need.

Our Values

Catholic Healthcare West is committed to providing high-quality, affordable health care to the communities we serve. Above all else we value:

Dignity – Respecting the inherent value and worth of each person.

Collaboration – Working together with people who support common values and vision to achieve shared goals.

Justice – Advocating for social change and acting in ways that promote respect for all persons and demonstrate compassion for our sisters and brothers who are powerless.

Stewardship – Cultivating the resources entrusted to us to promote healing and wholeness.

Excellence – Exceeding expectations through teamwork and innovation.

Organizational Commitment

MMC provides a continuum of health care services ranging from preventive care to acute care, rehabilitation and health maintenance. MMC is actively engaged in promoting a holistic approach to healthful behavior, lifestyles, and well being in mind, body and spirit. It prides itself on community involvement, building community capacity through collaborations, as well as offering programs and services that benefit all the residents of Merced County.

The hospital administration along with Community Board and the Community Advisory Committee exemplify a strong commitment to the process of identifying priority needs, planning, implementing and evaluating the Community Benefit programs.

The Mercy Community Board and the Community Advisory Committee reviews and approves the community benefit reports, oversees the CHW Community Grant process and selections. The community health needs are targeted to directly address the needs of the community as identified in the community needs assessment and in accordance with policies and procedures of CHW and incorporates CHW System wide performance measures identified by the CHW Board.

The Community Board reviews health initiatives and the health needs of the medically under-served and the multicultural populations of Merced County. They provide assistance to administration in developing the strategic direction of the hospital. The Board participates in the process of establishing priorities, plans and programs for the Healthy Communities Initiatives based on an assessment of community needs and assets and monitors progress toward identified goals. They provide advice and consultation concerning the annual operating and capital budgets for the hospital as part of the budget development process and receive periodic reports from management comparing actual operations to budget.

The Community Advisory Committee members assist and advise the community benefit planning process for MMC. The Chair of the committee is a member of MMC's Community Board. The advisory committee meets quarterly and exists to represent or reflect medical under-served communities in Merced County and to assist the Community Benefit planning process of MMC. Special meetings may be arranged as needed. The committee is consulted before MMC takes any action that may materially affect access or availability of health care services for which it is responsible within Merced County. This committee also oversees the CHW Community Grants program selection process.

Committee Responsibility

- Support and implement CHW's mission and core values related to health services
- Serve as a resource for to MMC by bringing forward information relative to unmet needs of the medically under-served communities in Merced County
- Offer recommendations regarding health services needs of Merced County's medically under-served populations
- Serve as a link between MMC's Board of Directors and the Community Health Benefit planning process, coordinating and overseeing the development of the annual Health Benefit Plan
- Provide leadership for community benefit planning

- Oversee the process and selection of the CHW Community Grant Program

For a roster of Community Board and the Community Advisory Committee members see Attachment A

Non-Quantifiable Benefits

In addition to quantifiable benefits, Mercy Medical Center also provides non-quantifiable benefits. These are benefits that are difficult or impossible to measure but are important contributions to the community. Such as:

- MMC staff raised funds to walk in the American Heart Association’s “Heart Walk”, Cancer Society’s “Relay for Life”, National Multiple Sclerosis walk, the March of Dimes walk and the “Angel Babies” walk.
- The first annual Mercy Health Fair was presented this year. It offered over 30 different health screenings and health educational booths manned by Mercy staff representing over 15 Mercy Medical Center’s departments. Over 3,000 Merced county residents attended this event. Over 800 health fair attendees had a health screening.
- In December hospital department participate in the Spiritual Services “Christmas Sharing Project” by adopting needy families and providing non-profit agencies needed resources.
- Participated in the Samaritan’s Purse, “Operation Christmas Child” project by donating 135 shoeboxes filled with items and sent to children living in poverty stricken areas around the world.
- Mercy Cancer Center was a major contributor to the Cancer Society’s “Relay for Life” event.
- Family Care Clinic donates the clinic, staff and resources to the Shriner’s organization for their annual “Crippled Children’s Clinic”.
- Mercy Education Department provided health education to various elementary schools in Merced County reaching out to 1,913 students.
- Mercy provided the Lost Children’s booth and a cancer awareness booth at the five day Merced County Fair.
- Spiritual Services offers a 28 hour course to people in the community to educate them on how to provide spiritual care to the sick in their homes, nursing home and in the hospital.
- The St. Mary’s Orthodox Church uses the hospital chapel for their weekly worship services and uses the education annex for weekly parish gatherings.
- Mercy donates meeting space to nine community support groups.
- Mercy has donated to local physicians many pieces of medical equipment and supplies to be taken to third world countries.
- Mercy staff represents Mercy Medical Center by being members of the American Heart Association, Merced/Mariposa Cancer Society, Multiple Sclerosis Association, Merced Rotary, Merced Kiwanis, Merced Greater Chamber of Commerce, Tobacco Coalition, Asthma Coalition, the BiNational Committee, Building Healthy Communities, Central CA Health Alliance, and the Hinds Hospice “Angel Babies” committee.
- Mercy Emergency Cardiac Care Committee partners with the American Heart Association to involve the Merced/Fresno Area Task Force and Western Territory Region ECC Committee

so that goals that impact health-care BLS, ACLS and PALS courses and the chain of survival initiatives are met.

- Mercy is a member of the Asthma Coalition helping to control asthma through awareness and education.
- Mercy is part of the Merced County Health Care Consortium steering committee initiating the Children's Health Initiative to create Healthy Kids health coverage.

Community

Merced County is located in the heart of the San Joaquin Valley and spans from the coastal ranges to the foothills of Yosemite National Park. The total area is approximately 2,020 square miles with a population of approximately 250,000.

The city of Merced is the County seat and is the largest of the six incorporated cities. County and City municipalities' are a major source of employment along with agricultural related industries, retailing, manufacturing, food processing and tourism.

Mercy Medical Center services all of Merced County. There is only one other hospital in the county, Memorial Los Banos, Sutter Health Affiliate, a 48 bed facility with a basic emergency services. Full filling the health care needs of Merced County is an extremely challenging opportunity.

Merced County has been identified as 49th poverty stricken counties in California. Data gathering and reporting has shown poverty to be a chronic and pervasive reality affecting all aspects of healthy living. Merced County's poverty rate is significantly higher for persons under the age of 18. It is 25.8 per 100 population under age 18 this is 49.1% higher than the rate for the State of California which is 17.3 per 100. The population 25 years and older that have a college bachelor's degree is one of the states lowest at 11.3%. The data shown on Community Needs Index report on page 10 clearly shows that Merced County is a "most needy" area.

The residents have been severely impacted by the recession, unemployment and the drop in property values. At the end of 2010, 1 out of 109 Merced County houses were in foreclosure. Mercy Medical Center's payer profile reflects the demographics of the county. Medicare patients represent 38 – 40% and Medi-Cal 34 – 35%, commercial (HMO, PPO, fee for service) is comparatively lower at 17%.

Merced County has a population of 245,321 (2009) with an annual growth rate of 1.75%. There is a very diverse ethnic population 50.17% Hispanic, 34.32% White, 7.99% Asian/Pacific Islander, 4.11% Black, 2.74% Multi-Racial, 0.51% American Indian & Alaska Native and 0.15% Other. The percentage of the population that speaks a language besides English when at home is 52.4%. The median income is between \$35,000 and \$45,000 with 75% of Merced County households earning less than \$50,000. The unemployment rate is one of the state's highest ranking between 18% - 20%.

Merced County is designated as a *medically underserved area*. This designation is based on an index of four variables – the ratio of primary care physicians per 1,000 populations, the infant mortality rate, the percent of the population with incomes below the poverty level and the percent of the population age 65 and over.

Merced County has moved to a *County Organized Medi-Cal Health Plan*. The program is designed to improve access to health care for Medi-Cal managed care members, as well as provide a broader scope of services to members. There have been program and funding cuts in the state Medi-Cal budget and future changes in Medi-Cal and the disproportionate share hospitals (DSH) program may continue to negatively impact revenue and available services in the hospital and clinic system.

In 2010, the California Endowment launched “*Building Healthy Communities*”, a 10 year strategic plan designed to improve health systems and the physical, social, economic and service structures that support healthy living and healthy behaviors in California. The California Endowment conducted several years of research within all of California’s 58 counties to determine which counties were of the highest need. Out of the 58 counties fourteen were chosen to participate in Building Healthy Community program. Merced County is one of the fourteen with three areas being identified for funding; South Merced, Beachwood/Franklin, and Planada/Le Grand.

Community Benefit Planning Process

Planning Process: Community Needs Assessment Process

Mercy Medical Center has a contract with **Professional Research Consultants, Inc.** to conduct a 2011 community health assessment. The assessment will incorporate both primary and secondary data, as well as both quantitative and qualitative data, to draw a complete picture of the health status in Merced County.

Work on the assessment will begin October 2011. The completed health assessment will be implemented in the Mercy Medical Center 2012 Community Benefit Report.

The Merced County Department of Public Health provided the report, “2007 Merced County, Health Status Profile”. The Department of Public Health indicates that, “the primary data sources for this report come from the California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, County Health Status Profiles – this report was updated in 2010.”

The Health Department staff provided the research for and preparation of the report. An Epidemiologist was called upon to prepare the charts and data summaries.

The “Merced County Health Status Profile 2010” report is attached as Attachment B.

From the reports summary: “Poverty drives up the rates of nearly all disease and injury indicators. Poverty is correlated with decreased longevity, and with higher illness and death rates for nearly all health conditions. In Merced County, data gathering and reporting has shown poverty to be a chronic and pervasive reality.” For Merced County, the indicator, ‘Percent of children under 18 Living in Poverty,’ has remained among the highest in the state for many years.” In 2007 1 out of 4 persons under the age of 18 lived in poverty. Out of California’s 58 counties Merced County’s poverty rate ranked 49th.

At the same time, Merced County has many health indicators with the highest illness and death rates in California. Standardized reporting of health status trends calculated over time indicates that the following are significant health problems in Merced County and still exceed the year 2010 National Health Objectives. The following areas are presented as recommended areas of intervention.

- All cancers
- Diabetes
- Coronary Heart Disease and Stroke

	Zip Code	CNI Score	Population	City	County	State
	95340	4.8	39660	Merced	Merced	California
	95348	4.6	29564	Merced	Merced	California
	95301	4.8	35364	Merced County	Merced	California
	95388	5	12398	Winton	Merced	California

Developing the Community Benefit Report and Plan

A series of meetings were held to develop this plan. It was a collaborative process involving the hospital community board, the community advisory committee, the administrative staff and the CHW corporate staff. At each of the meetings the members reviewed the Community Need Index along with the updated “2010 Merced County Health Status Profile”.

Based on this information, each of the identified health issues was considered. These discussions help determine the overall community benefit program and the specific community health classes offered through the Mercy Health Education department, that are related to the community need. Many of these classes were already offered but we did make some adjustments to ensure that relevant areas of the community were a focus of the outreach efforts. In addition to community classes Mercy Education Department offered health screenings, attended community health fairs and partnered with other health educators in the community. All the health education programs address a priority health issue identified in the county health profile; diabetes, childhood obesity, coronary heart disease, respiratory disease, cerebrovascular disease, breast cancer, and prostate cancer.

In the section of this report, “Description of Key Programs and Initiatives” the Mercy Health Education department along with the General Medicine Clinic, CHW Community Grant Program, and the South East Asian Out Reach Program have been highlighted. Each community program addresses vulnerable populations, improves the health status of the community, and supplies one or more services that are not provided by any other health care organization.

Planning for the Uninsured/Underinsured Patient Population

In planning for the uninsured/underinsured patient population of Merced County the hospital has enacted a corporate wide Financial Assistance/Charity Care policy. This financial assistance information is given to our patients by the Financial Counselors who visit the patients before discharge. The policy and application is also available on the Mercy Medical Center website (mercymercedcares.org).

There is signage throughout the registration departments about the payment assistance program. The brochures are distributed through the registration department as they explain the program. Staff provides information in person to the patients at every opportunity to do so.

Financial Assistance/Charity Care policy is attached as Attachment C.

Plan Report and Update including Measurable Objectives and Timeframes

Summary of Key Programs and Initiatives – FY11

Mercy Medical Center has adopted the five core principles to guide the selection and prioritization of Community Benefit program activities.

- **Disproportionate Unmet Health-Related Needs** -Seek to accommodate the needs to communities with disproportionate unmet health-related needs.
- **Primary Prevention** - Address the underlying causes of persistent health problem.
- **Seamless Continuum of Care** - Emphasize evidence-based approaches by establishing operational linkages (i.e., coordination and re-design of care modalities) between clinical services and community health improvement activities.
- **Build Community Capacity** -Target charitable resources to mobilize and build the capacity of existing community assets.
- **Collaborative Governance** - Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

Key programs and initiatives that have been a major focus of MMC:

Initiative I: Improving Access to Healthcare

- Charity Care for uninsured/underinsured and low income residents
- Family Practice Clinic
- General Medicine Clinic
- Kids Care Clinic
- Merced County Health Care Consortium
- Healthy Communities Access Program
- Family Practice Residency Program

Initiative II: Improving Community Health; Education, Prevention and Treatment of Chronic Diseases

- Asthma Coalition
- Community Health Screenings
- Experience Strength and Hope (Cancer)
- Heart Saver CPR/First Aid Training
- MS Challengers (Multiple Sclerosis)
- Smoking Cessation Program
- Diabetes Community Program
- COPD Support Group
- Mercy Emergency Cardiac Care Committee
- Flu Clinic
- South East Asian Community Out Reach

Initiative III: Improving Birth Outcomes and Infant Care

- Labor of Love (prenatal care & birthing education)
- Lactation
- CHW Community Grant Program – JMJ Maternity Homes
- CHW Community Grant Program – Alpha Crisis “Turning Points”
- Women Infant and Children (WIC) nutrition program

Initiative IV: Improving Physical Activity and Dietary Habits

- Mercy Yoga Classes
- Mercy Zumba Classes
- Mercy Dietary Heart Healthy Meals added to menu

Initiative V: Improving Community Capacity (Mercy’s partnerships with)

- Building Healthy Communities – CA Endowment
- Merced County Bi-National
- Merced County Office of Education ROP/Adult (Mercy Respiratory had 60 students)
- Healthy House
- American Heart Association
- Merced/Mariposa Cancer Society
- Merced Lao Family Community Inc.
- Multiple Sclerosis Association
- Central CA Health Alliance
- Hinds Hospice “Angel Babies”
- Merced/Fresno Area Task Force (emergency preparedness)
- Merced County Medical Reserve Corp
- Merced College
- UC Merced

Description of Key Programs and Initiatives

South East Asian Community Out-Reach	
Hospital CB Priority Areas	<ul style="list-style-type: none"> • Improve Behavioral Health • Promote Healthy Living • Community Building
Program Emphasis	<ul style="list-style-type: none"> • Disproportionate Unmet Health-Related Needs • Primary Prevention • Build Community Capacity • Seamless continuum of care from hospital to clinics
Link to Community Needs Assessment	Poor, underserved, cultural barriers
Program Description	The program which is offered with Healthy House provides out-reach to the South East Asian community especially the Hmong Shaman. Through this partnership education about chronic diseases and Western medicine practices bring the two cultures together for the optimal health and healing of the South East Asian patients.
FY 2011	
Goal FY 2011	<ul style="list-style-type: none"> • Continue the quarterly health education series with the Hmong Shaman and introduce other health related subjects that can help in the prevention and treatment of chronic diseases. • Continue to engage the Mercy staff's awareness of the Hmong Shaman practices. • Promote Hmong Shaman collaboration in other areas where there is a significant Hmong population.
2011 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> • Quarterly health education series provided for the Hmong Shaman, hospital staff and staff from Healthy House. Dinner was provided at each meeting. <ul style="list-style-type: none"> - Series one was about the new hospital and outpatient services with a general tour of the hospital. Five members of the Hmong Health Collaborative from Fresno were guests at this session. - Series two was in the surgery department, tour and educational presentation by surgery staff. - Series three was in the imaging department, tour and educational presentation by imaging staff. - Series four was a presentation about emergency department procedures along with a tour of the ED. • Attendance at the meetings is between 35 – 55 • Mercy goes beyond the legal requirements of providing interpreters to the Hmong population by actually having Hmong interpreters physically in the hospital, particularly in the

	<p>emergency department, seven days a week.</p> <ul style="list-style-type: none"> • Two articles regarding the Shaman visitation policy and the program were written by reporters from the Minnesota Hmong newspaper and the Fresno Hmong newsletter. • Yuba City requested a copy of our hospital Shaman visitation policy.
Baseline	There have been 100 Hmong Shaman graduate from the “Partners in Healing” program. There is a population of over 8,000 Hmong people living in Merced County.
Intervention Strategy for Achieving Goal	Collaborate with Healthy House and Lao Family Community Inc. Maintain Hmong interpreter contract with Healthy House. Encourage Hmong Shaman to attend the quarterly education series. Expand Mercy staff participation in the education series.
Hospitals Contribution/Program Expense	Cost of providing Hmong interpreters is over \$100,000. Cost of the quarterly education series is \$1600.
FY 2012	
Goal 2012	<ul style="list-style-type: none"> • Continue quarterly health education series for Hmong Shaman. • Continue to engage the Mercy staff’s awareness of the Hmong Shaman practices. • Add six new health educational classes in addition to the quarterly health education series that is for the broader Hmong community members. • Offer a special presentation on palliative care and advance directives for the Hmong Shaman and Clan Leaders. • Sponsor a “Partners in Healing” 24 hour orientation class for 8 – 10 Hmong Shaman.
20012 Objective Measure/Indicator of Success	Complete the quarterly health education series with attendance of at least 25 or more Hmong Shaman. 20 – 25 Hmong community members to attend the six new health educational classes. To successfully present palliative care and advance directives to the Hmong Shaman and Clan Leaders, by tracking Hmong that consent to use the Palliative Care. Increase Hmong patient compliance with the help of the Hmong Shaman by tracking wound care appointments and ER visits.
Baseline	There have been 100 Hmong Shaman graduate from the “Partners in Healing” program with a waiting list of 30 more Shaman. There is a population of over 8,000 Hmong people living in Merced County with the majority relying on the Hmong Shaman for health and spiritual guidance.
Intervention Strategy for Achieving Goal	Continue collaboration with Healthy House, Lao Family Community, Inc. Continue staff participation in giving tours and presentations. Order materials that are applicable, order dinners and provide room set-up. Renew interpreter contract with Healthy House. Maintain the strong relationship with the contact person at Healthy House and contact person at Mercy Medical Center.
Community Benefit Category	A1 Community Health Education

Kid's Care Clinic	
Hospital CB Priority Areas	<ul style="list-style-type: none"> • Improve Behavioral Health • Promote Healthy Living • Improve Access to Health Care
Program Emphasis	<ul style="list-style-type: none"> • Disproportionate Unmet Health-Related Needs • Primary Prevention • Seamless continuum of care from hospital to clinics • Collaborative Governance • Comprehensive Perinatal Service Program (CPSP) • Child Health and Disability Prevention Program (CHDP) • Vaccine for Children (VFC) • RIDE/CAIR vaccine program
Link to Community Needs Assessment	Poor, underinsured and working poor individuals who would not otherwise have access to health care, treatment and prevention.
Program Description	Pediatric and obstetrics clinic in collaboration with Merced Faculty Associates.
FY 2011	
Goal 2011	<ul style="list-style-type: none"> • Increase the continuity of care for mother/baby by increasing Mother/Baby clinic from 5x a week to some of the days being full day clinics rather than half day. • Develop a "Women's Service Line" to provide neonatal stress test and ultrasounds which instead of referring patients to the hospital for testing. Research a future special area for OB services. • Enhance the décor of the interior of the building with emphasis on patient safety and comfort.
2011 Objective Measure/Indicator of Success	Completion of the goals outlined for 2011.
Baseline	1.7% of the pediatric patients are self pay, 92% are covered by MediCal
Intervention Strategy for Achieving Goal	Establishing teams to plan and budget for the "Women's Service Line". Work with Administration and Engineering on the building enhancement.
Result FY 2011	<ul style="list-style-type: none"> • Mother/Baby clinic has a provider for 20 hours a week which equals 5 half days each week. • The interior of the building was painted and handicap doors installed
Hospital's Contribution / Program Expense	A grand total of 5,446 vaccines were provided under the VFC program; which are free to the patient.
FY 2012	
Goal 2012	<ul style="list-style-type: none"> • Develop a "Women's Service Line" to provide neonatal stress test and biophysical profiles for OB patients instead of referring patients to the hospital for testing. • Expand the ability to provide CPSP services to mothers who seek car at Kids Care that are covered by Medical, CCA or cash paying • CHDP & VFC improve vaccination compliance and tracking of

	<p>childhood immunizations</p> <ul style="list-style-type: none"> • Join the statewide program RIDE/CAIR. The data base will allow our minor patients who receive vaccines to have information shared throughout the state. This will help prevent missed or duplication of vaccines
2012 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> • “Women’s Service Line” to have 25 patients for FY12. • Increase volume of mothers enrolled in CPSP; expect 50 patients by end FY12 • Childhood vaccines to be 80% compliant
Baseline	1.7% of the pediatric patients are self pay, 92% are covered by Medical
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> • Team approach to accomplish “Women’s Service Line” services <ul style="list-style-type: none"> ✓ Room for testing procedures ✓ Protocols ✓ Appropriate billing and documentation ✓ Staff training ✓ Possible hire PD NP to perform test when LIP not on campus • Apply and gain permission from state to expand services to include Kids Care mothers <ul style="list-style-type: none"> ✓ Offer services to mother at Family care until application for Kids Care is accepted; this has been approved by PHD and state • Implement the RIDE/CAIR program to support the VFC program and provide accurate tracking of immunizations
Community Benefit Category	C3 Hospital Outpatient Services

General Medicine Clinic	
Hospital CB Priority Areas	<p>Hospital Priority Areas identified in the Community Needs Assessment for our hospital:</p> <ul style="list-style-type: none"> • Respiratory Disease • Diabetes • Chronic Diseases • Access to Care
Program Emphasis	<ul style="list-style-type: none"> • Primary Prevention • Building Community Capacity • Seamless Continuum of Care for patients from hospital to clinics • Targeting Vulnerable Populations (e.g. uninsured, underinsured, seniors, language and cultural barriers) • Collaborative Governance
Link to Community Needs Assessment	Poor, underinsured and working poor individuals who would not otherwise have access to health care, treatment and prevention.

Program Description	To provide specialty clinics to cover services that are not available to the poor, underinsured and working poor individuals in the community. Specialty physicians rotate through the clinic to provide orthopedic, podiatry, neurology nephrology, cardiology, urology, gastroenterology, pulmonary and surgery.
FY 2011	
Goal FY 2011	Increase patient access to health services and increase knowledge of self health care by offering physicians with specialties that are not offered to this patient population.
2011 Objective Measure/Indicator of Success	Ensure that the patients needing one of the offered specialty clinics are referred by Family Care to GMC.
Baseline	26% of the GMC service area population is uninsured. Specialty physicians are not available in the community for this population.
Intervention Strategy for Achieving Goal	Market to new specialist coming into the community in order to expand the specialty clinics in order to meet the un met health care needs of the underinsured and/or uninsured.
Result FY 2011	Added in 2010 a rheumatologist, a surgeon, infectious disease physician, a cardiologist and two GI physicians have been added. The cardiologist resigned in 2011.
Hospital's Contribution / Program Expense	Excess medical fees over estimated net patient revenue are \$38,936.
FY 2012	
Goal 2011	Add a new Pulmonologist to the schedule of specialist and to re-introduce podiatry clinics.
2011 Objective Measure/Indicator of Success	Full scheduled clinics for all current specialists offering their services. Increase patient access to health services and increase knowledge of self health care by successful patient relationship and compliance with the specialty offered by the physician
Baseline	800 – 1000 patients a month are seen in the clinic these patients are medically underserved and/or uninsured and would otherwise not be seen by one of the offered specialist.
Intervention Strategy for Achieving Goal	Recruit a new Pulmonologist and offer podiatry clinics Family Practice clinic patients.
Community Benefit Category	C3 Hospital Outpatient Services

Family Care Clinic	
Hospital CB Priority Areas	<ul style="list-style-type: none"> • Improve Behavioral Health • Promote Healthy Living • Improving Access to Health Care
Program Emphasis	<ul style="list-style-type: none"> • Primary Prevention to patient population who would otherwise not be served • Building Community Capacity • Provide services within the community for those lacking transportation to specialist outside of the county • Seamless Continuum of Care for patients from hospital to clinics • Targeting Vulnerable Populations (e.g. uninsured, underinsured, seniors, language and cultural barriers) • Collaborative Governance
Link to Community Needs Assessment	Poor, underinsured and working poor individuals who would not otherwise have access to health care, treatment and prevention.
Program Description	Family Care is a rural primary health care provider. It is a training clinic for the Family Practice residency program in affiliation with UC Davis.
FY 2011	
Goal 2011	Increase patient access to health services and increase knowledge of self health care, decrease inappropriate ED use. Prepare for the installation and usage of electronic medical records and charting.
2011 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> • Start a drug and alcohol counseling program for patients. • Increase community awareness of the expanded clinic hours. • Provide IT resources for electronic medical records and charting.
Baseline	32% uninsured. Clinic sees 2500 to 2700 patients a month
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> • Relationship and schedule for collaborative intervention with Merced County Mental Health started and not completed • Flyers given to patients to increase awareness of extended hours. • Install PC in each exam room
Result FY 2011	<ul style="list-style-type: none"> • Contract written but not approved by end FY10 for drug and alcohol counseling program for patients • PC's were installed but had to be removed due to vandalism; they will be reinstalled in a more secure fashion
Hospital's Contribution / Program Expense	This training clinic, for the Family Practice residency program is in affiliation with UC Davis. Cost to provide primary care administered by the residents to FC patients is incorporated into the \$3 million hospital dollar expense for the program.
FY 2012	
Goal 2012	<ul style="list-style-type: none"> • Complete drug and alcohol counseling program for patients. • Develop a "Women's Service Line" to provide neonatal stress test and biophysical profiles for OB patients instead of referring patients to the hospital for testing. This service will physically be located at Kids Care for this fiscal year, possibly duplicate at FC

	<p>FY13</p> <ul style="list-style-type: none"> • Expand the ability to provide CPSP services to mothers who seek care at Kids Care that are covered by Medical, CCA or cash paying to have services rendered at FC • CHDP & VFC improve vaccination compliance and tracking of childhood immunizations • Join the statewide program RIDE/CAIR. The data base will allow our minor patients who receive vaccines to have information shared throughout the state. This will help prevent missed or duplication of vaccines • Formulate a team to begin the creation of an electronic medical record
2012 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> • “Women’s Service Line” to have 25 patients for FY12. • Increase volume of mothers enrolled in CPSP; expect 50 patients by end FY12 • Childhood vaccines to be 80% compliant
Baseline	Clinic sees 2500 to 2700 patients a month, 32% are uninsured.
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> • Establish a schedule for Merced County Mental Health to be onsite and work with the residents and patients identified as needed addiction counseling and support. • Team approach to accomplish “Women’s Service Line” services <ul style="list-style-type: none"> ✓ Room for testing procedures ✓ Protocols ✓ Appropriate billing and documentation ✓ Staff training ✓ Possible hire PD NP to perform test when LIP not on campus • Apply and gain permission from state to expand services to include Kids Care mothers <ul style="list-style-type: none"> ✓ Offer services to mother at Family care until application for Kids Care is accepted; this has been approved by PHD and state ✓ Implement the RIDE/CAIR program to support the VFC program and provide accurate tracking of immunizations
Community Benefit Category	C3 Hospital Outpatient Services

CHW Community Grants Program	
Hospital CB Priority Areas	<ul style="list-style-type: none"> • Improve Behavioral Health • Promote Healthy Living • Community Building • Improving Access to Health Care • Increase Physical Activity and Healthy Eating to Reduce Chronic Disease
Program Emphasis	<ul style="list-style-type: none"> • Primary Prevention • Build Community Capacity • Collaborative Governance
Link to Community Needs Assessment	Addressing the needs of individuals identified as poor or disenfranchised and in need of health related services to improve their quality of life.
Program Description	This is a grant program designed to give needed funds to community organizations or agencies that are a 501 (c) 3 and that are providing services to underserved populations to improve the quality of their lives. Focus of the grant is identified by the needs described in the community needs assessment.
FY 2011	
Goal FY 2011	To distribute \$82,579 in grants to organizations or agencies meeting the grant requirements and whose proposal is approved by the Community Advisory Committee and the CHW Investment Committee.
2010 Objective Measure/Indicator of Success	Community Advisory Committee members carefully reviewed 10 letters of intents and seven full proposals – programs awarded will be evaluated by CHW in 18 months. Requested funds were over \$300,000.
Baseline	There are many 501 (c) 3 organizations that fulfill a community health-related need effectively and/or efficiently when partnered with the hospital. Monies awarded through the grants program helps to sustain health related programs in the community and/or provide funding for start up programs focusing on health related issues that are not currently being addressed.
Intervention Strategy for Achieving Goal	<p>Once the Community Advisory Committee identified the focus area for the grant, notification was distributed through out Merced County. PSA's ran in the local newspapers and announcements were distributed to Merced County non-profit agencies. A feature story was written for the local newspaper by the paper reporter. Agencies were invited to submit a "Letter of Intent (LOI)". A total of ten LOI's were received, totaling over \$300,000 in requested funds. The Community Advisory Committee met, reviewed the LOI's and voted on seven of the agencies to submit a full proposal. Once the proposals were received the Community Advisory Committee met again, reviewed the proposals and voted on four agencies to receive a grant award, slightly adjusting three of the amounts requested to bring the four grants to the amount available.</p> <p>This year First Five added \$12,000 to the grant cycle awarding additional</p>

	money to JMJ Maternity Homes, Alpha Pregnancy Help Center and ACE Overcomers.
Result FY 2010	<p>\$82,579 in grant money awarded to the community for the purpose of improving the quality of life of the residents of Merced County. Agencies receiving grant funds were;</p> <ul style="list-style-type: none"> • Merced Lao Family Community, Inc. - To start up a new program to provide family focused, home based health and nutrition education to a minimum of 30 families. Amount awarded \$19,579. • JMJ Maternity Homes - To provide pregnant homeless women, ages 18 and up, professional case management services, mental health assessments and treatments and weekly individual and group counseling sessions along with shelter, food and clothing. Amount awarded \$24,000 • Alpha Pregnancy Help Center – To educate young parents through their program “Turning Points”. 25 learning modules covering pre-natal care, nutrition, what to expect during & after pregnancy, stages of labor, first 3 years of life, postpartum depression, and SIDS. Amount awarded \$24,000 • ACE Overcomes – To develop and implement in Merced high schools a health and wellness curriculum that educates teens to reduce teen pregnancy and break the cycle of child abuse by understanding the damaging effects of adverse childhood experiences. Amount awarded \$15,000
Hospital’s Contribution / Program Expense	Distributed grant brochures, ran an ad in the local newspapers. Provided PSA’s to local media sources. Community Advisory Committee reviewed LOI’s, reviewed full proposals and made recommendations to CHW. Awarded grant money to local agencies, totaled \$82,579 + MMC’s cost for operational expenses.
FY 2012	
Goal FY 2012	Grant program awardees to submit program accountability report to CHW mid 2011. The 2011 CHW Community Grant awards to be awarded January 2012. Total grant money available for 2012 is \$94,519.
2012 Objective Measure/Indicator of Success	Individual grantees will monitor their programs and CHW/MMC will review progress and determine if proposal goals have been met.
Baseline	Continue to provide CHW Grant money to other nonprofit organizations that share our values and work to improve the health status and quality of life in our community.
Intervention Strategy for Achieving Goal	Community Advisory Committee will meet to determined the focus for the FY 2011 grant; grant reports will be in the FY12 CB report. Continue with distribution of announcement letters and brochures and media advertisement. Community Advisory Committee members will review the proposals in October 2011.
Community Benefit Category	E1 Cash Donations

Labor of Love	
Hospital CB Priority Areas	<ul style="list-style-type: none"> • Improve Behavioral Health • Promote Healthy Living • Community Building • Improving Access to Health Care
Program Emphasis	<ul style="list-style-type: none"> • Primary Prevention • Seamless Continuum of Care
Link to Community Needs Assessment	The 2006-2008 age-specific birthrates to adolescents in Merced County was ranked 51 st out of 58 counties. Percentage of births to mothers with late or no prenatal care during the first trimester was ranked 55 th and births to mothers with “adequate or better” prenatal care was ranked 56 th . Breastfed infants was among the worst percentages ranking 45 th .
Program Description	This program prepares expectant mothers for the childbirth experience, including the stages of labor, and what to expect during pregnancy and delivery.
FY 2011	
Goal FY 2011	To increase the program’s capability to enroll more expectant mothers, to encourage breastfeeding and prenatal care.
2011 Objective Measure/Indicator of Success	Increase enrollment by providing adequate space. Collaborate with other organizations that lost their funding for childbirth classes. Expand the distribution of educational materials in the community. To add a new breast feeding class to the program.
Baseline	Currently there are no other child birth classes offered in Merced County due to a lack of funding.
Intervention Strategy for Achieving Goal	Outreach measures to other organizations to provide needed information and materials. Increase the enrollment by communicating course information in the local newspaper and hospital community newsletter. Newsletter is sent to 30,000 households.
Result FY 2011	In 2010 there were 144 pregnant women served in 2011 it increased to 168. Each woman brought a breathing coach with them so actual numbers of class participants would have been 288 and 336.
Hospital’s Contribution / Program Expense	Hospital provided space, refreshments, educational materials and instructors. Cost \$13,200.
FY 2012	
Goal 2012	To achieve the objectives indicated and to follow up with the women who have completed the course in order to access the birthing experience and to encourage enrollment in the breastfeeding class.
2012 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> • Expand program’s accessibility to women in the community by collaborating with Castle Family Health Centers, Livingston Medical Group and Golden Valley Health Centers. • Increase accessibility to non-English speaking women in the community by offering the program in Spanish • Demonstrate an increase in availability and accessibility to the childbirth education program by an increase of at least 2.5%

Baseline	Currently there are no other child birth classes offered in Merced County due to a lack of funding.
Intervention Strategy for Achieving Goal	Enhance current practices to improve the continuum of care with hospital departments, community clinics and collaborative community partners. Partner with Family Care and the public health indigent care program (MAP) to improve awareness and access to programs.
Community Benefit Category	A1 Community Health Education

Live Well With Diabetes	
Hospital CB Priority Areas	<ul style="list-style-type: none"> X Promote Healthy Living X Increase Physical Activity and Healthy Eating to Reduce and or Manage Chronic Disease X Community Building
Program Emphasis	<ul style="list-style-type: none"> X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care X Build Community Capacity X Collaborative Governance
Link to Community Needs Assessment	Program is offered because of the high and increasing percentage of diabetes in Merced County. In the Hispanic community, which is over half of Merced Counties population, there is a growing number of diabetes cases. The 2006-2008 age-adjusted mortality rate in Merced County for diabetes ranked 49 th out of 58 counties.
Program Description	This is a weekly program that teaches strategies for understanding, managing and living with diabetes. It's a multi-purpose support program that features medical professional guest speakers and interactive educational experiences. Currently the program is in English with Spanish available only with one on one counseling sessions with the community health educator.
FY 2011	
Goal FY 2011	To help prevent health complications of diabetes and help diabetes patients to manage their diabetes.
2011 Objective Measure/Indicator of Success	Offer the program in Spanish. In 2010 there were 192 contacts through the program in 2011 it increased to 363. Contacts increased by implementing a referral process from inpatient areas to the Mercy Health Education department.

Baseline	There are no other ongoing community (free of charge) educational diabetes classes in Merced County that offer both English and Spanish instructions. This program provides a diabetes support group.
Intervention Strategy for Achieving Goal	Community health educators provide follow-up contacts with participants and track their progress.
Result FY 2011	Please describe the result this project achieved in the community.
Hospital's Contribution / Program Expense	Hospital's contribution was \$11,221.
FY 2012	
Goal 2012	To help prevent health complications of diabetes and help diabetes patients to manage their diabetes. To strengthen program by offering more professional speakers in English, Spanish and Hmong.
2012 Objective Measure/Indicator of Success	To provide different and more ways of reaching people living with diabetes and to help prevent diabetes through education to specific. Increase the attendance by better communication with diabetes patients admitted to the hospital and through other cultural agencies.
Baseline	Continues to be the only free of charge, ongoing community educational diabetes program available in Merced County. Healthy House (a cultural outreach program) has reported an increase of diabetes in the Hmong population.
Intervention Strategy for Achieving Goal	MMC to sponsor a diabetes class to the Hmong Shaman and then discuss what other ways to reach the Hmong diabetes patients. Change the structure of the diabetes weekly classes to a four part series offered three times a year. Current weekly diabetes class will be modeled to be more of a diabetes support group. Examine the possibility of offering an annual diabetes health fair.
Community Benefit Category	A1 Community Health Services

Community Benefit and Economic Value

The classified summary of Quantifiable Benefits is divided into two sections:

- Benefits that were for the Disadvantaged Population
- Benefits for the Broader Community

Benefits for poor include Traditional Charity Care, Unpaid Costs of Medical, Non-Billed Services, Subsidized health Services and Cash/In-Kind Donations.

Benefits for the Broader Community include Unpaid Costs of Medicare, Non-Billed Services, Medical Education, Subsidized health Services, Community Building Activities, and Cash/In-Kind Donations.

Mercy Medical Center uses the cost accounting methodology to determine the net benefit for Medicare, MediCal, traditional charity and means tested programs.

The following page is a copy of the “Classified Summary” of “Unsponsored Community Benefit Expense” from CHISA.

9/13/2011
 211 Mercy Medical Center Merced
 Complete Summary - Classified Including Non Community Benefit (Medicare)
 For period from 7/1/2010 through 6/30/2011

MMCM used the cost accounting methodology.

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses	Revenue
<u>Benefits for Living in Poverty</u>						
Traditional Charity Care	4,479	3,615,295	96,823	3,518,472	2.8	2.7
Unpaid Cost of Medicaid	83,115	82,220,998	72,449,283	9,771,715	7.7	7.4
Means-Tested Programs	16,626	8,129,832	1,629,031	6,500,801	5.1	4.9
Community Services						
Community Benefit Operations	3	8,250	0	8,250	0.0	0.0
Community Health Improvement Services	3	51	0	51	0.0	0.0
Financial and In-Kind Contributions	17	1,157,422	0	1,157,422	0.9	0.9
Totals for Community Services	23	1,165,723	0	1,165,723	0.9	0.9
Totals for Living in Poverty	104,243	5,131,848	74,175,137	20,956,711	16.5	15.9
<u>Benefits for Broader Community</u>						
Community Services						
Community Benefit Operations	3	253,170	0	253,170	0.2	0.2
Community Building Activities	5,676	798,011	1,248	796,763	0.6	0.6
Community Health Improvement Services	27,310	818,111	1,423	816,688	0.6	0.6
Financial and In-Kind Contributions	3,118	172,303	0	172,303	0.1	0.1
Health Professions Education	910	4,141,871	3,454,179	687,692	0.5	0.5
Totals for Community Services	37,017	6,183,466	3,456,850	2,726,616	2.1	2.1
Totals for Broader Community	37,017	6,183,466	3,456,850	2,726,616	2.1	2.1
Totals - Community Benefit	141,260	101,315,314	77,631,987	23,683,327	18.7	17.9
Unpaid Cost of Medicare	34,131	83,187,397	67,749,561	15,437,836	12.2	11.7
Totals with Medicare	175,391	184,502,711	145,381,548	39,121,163	30.8	29.6
Totals Including Medicare	175,391	184,502,711	145,381,548	39,121,163	30.8	29.6

Telling the Story

We report community benefit to be accountable – to our staff, physicians, donors, boards – and most of all to our community. Our mission and values guide our goals and activities. Reporting community benefit demonstrates to our community that “we walk the talk”.

Reporting community benefit is necessary to fulfill government requirements, but it also answers a number of other needs. The most important reasons to report community benefit are:

- Social accountability
- Legal requirements
- Strengthening constituent relationships
- Fostering dialogue on health care policy

We use several methods to communicate our programs and community benefit to the public.

- We publish a weekly public service announcement in the local newspaper; deliver to 30,000 homes a quarterly community newsletter which features class listings and health related articles.
- Local media – including Spanish – print feature stories and run regular press releases. Paid advertisement is used to promote our current and new classes, health services and community partnerships
- To reach the South East Asian population we have partnered with local agencies, Healthy House and Merced Lao Family, to disperse information.
- Mercy sponsors a quarterly meeting for the local Hmong Shaman. Attendance ranges between 30 – 40 for each meeting which provides a different health focus and hospital service.
- The hospital lobby electronic media board continuously provides information on community benefit. This information is provided in partnership with Mercy Foundation, Mission Integration and Marketing. By having this partnership/committee all of our community and internal outreach focuses on our Mission, Vision and Values.
- A MMC quarterly physician newsletter is published and distributed to over 250 physicians.
- Monthly presentations are given to various county service organizations/clubs.

Attachments

Attachment A

Mercy Administration Community Board and Community Advisory Committee Rosters

A five-member senior management team operates the hospital administration.

- David Dunham, President
- Chuck Kassis, VP Operations
- Doreen Hartman, CFO/VP Finance
- Charm Patton, VP Human Resources
- Jessica Rivas, VP Nursing Services/CNE
- Robert Streeter, M.D., VP Medical Affairs

Community Board

A fourteen-member board supports the vision, mission, values, charitable and philanthropic goals of the hospital and CHW. Members are regarded in their community as respected and knowledgeable in their field, are contributing citizens in their community and are knowledgeable about or willing to become educated about hospital and healthcare matters.

- Walter Adams, III – Branch Manager/Crop Consultant
- John Aleman, M.D. – Family Practice
- Sr. Sherry Dolan, RSM
- Benjamin Duran – Supt/President, Merced College, Board Vice Chair
- Eileen Enright, RSM
- Marc Garcia – Superior Court Judge
- Isacc Kim, M.D. – Chief of Staff (Family Practice)
- Paul C. Lo, ESQ. – Attorney at Law
- Barry McAuley – Auto Dealership Owner, Board Chair
- Sr. Abby Newton, OP – VP/Mission Integration
- John Raggio – Retired
- Atulkumar Roy, M.D. – Nephrology/Internal Medicine
- Cynthia Temple – Accounting Firm, Board Secretary
- Janet Young – Associate Chancellor and COS, UC Merced
- David S. Dunham – Hospital President (Ex-Officio)

Community Advisory Committee

Members support the mission, vision, and values, of Mercy Medical Center and are knowledgeable and understand the medical needs of Merced County. They have been residents of the county for five or more years and at least seven members represent the medically under-served.

- Cora Gonzales – Livingston Medical
- John Aleman, M.D. – Family Practice
- Marilyn Mochel – MATCH Coalition
- Tammy Moss-Chandler – Merced County Health Department
- Lee Lor – Merced County Superintendent of Schools
- Gilbert Olquin – Central California Legal Services
- Mae Pierini – Retired
- John Raggio – Retired
- Penny Sawyer – WestMed College
- Tony Slaton – Boys & Girls Club
- Michael Sullivan – Golden Valley Health Center
- Cherpau Vang – Merced Lao Family Community, Inc.
- Hub Walsh – Merced County Board of Supervisors
- Ernestine Woods - Retired

Attachment B

Patient Financial Assistance Policy

CATHOLIC HEALTHCARE WEST SUMMARY OF PATIENT FINANCIAL ASSISTANCE POLICY (June 2008)

Policy Overview:

Catholic Healthcare West (CHW) is committed to providing financial assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, CHW strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with CHW's procedures for obtaining financial assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.

Eligibility for Patient Financial Assistance:

- Eligibility for financial assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
- The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation.

Determination of Financial Need:

- Financial need will be determined through an individual assessment that may include:
 - a. An application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need;
 - b. The use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
 - c. a reasonable effort by the CHW facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
- It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services. The need for financial assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.
- CHW's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance shall be processed promptly, and the CHW facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

Patient Financial Assistance Guidelines:

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the determination as follows:

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;
- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same

services;

- Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services;
- Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the CHW facility.

CHW's administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as income for these purposes.

Communication of the Financial Assistance Program to Patients and the Public:

- Information about patient financial assistance available from CHW, including a contact number, shall be disseminated by the CHW facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the CHW facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the CHW facility.
- Any member of the CHW facility staff or medical staff may make referral of patients for financial assistance. The patient or a family member, a close friend or associate of the patient may also make a request for financial assistance.

Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient financial assistance will be included within the Social Accountability Budget of the CHW facility. CHW facilities will report patient financial assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
- Patient financial assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

Relationship to Collection Policies:

- CHW system management shall develop policies and procedures for internal and external collection practices by CHW facilities that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from CHW, and a patient's good faith effort to comply with his or her payment agreements with the CHW facility.
- For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, CHW facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies.

Regulatory Requirements:

In implementing this policy, CHW management and CHW facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

Attachment C

Merced County Health Status Profile 2010