2011 UPDATE TO COMMUNITY BENEFIT PLAN

Submitted to OSHPD by:

May 31, 2012

PROVIDENCE LITTLE COMPANY OF MARY SERVICE AREA

2011 ANNUAL UPDATE TO COMMUNITY BENEFIT PLAN

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Attachments:

1. *Charity Care policy*
2. *Detail Listing and Description of Services/Program Counted as Community Benefit*

I. EXECUTIVE SUMMARY

Overview

The Hospital Community Benefit Program (HCBP), commonly referred to as "SB 697," is a result of a State law passed in 1994. This legislation states that private not-for-profit hospitals such as Providence Little Company of Mary Medical Center, Torrance and Providence Little Company of Mary Medical Center, San Pedro "assume a social obligation to provide community benefits in the public interest" in exchange for their tax-exempt status.

Senate Bill 697 requires that non-profit hospitals conduct a triennial community needs assessment and develop a Community Benefits Plan based on the assessment results. The plan is updated annually and is available for public inspection. Every year, the Providence Health & Services, Southern California and the Providence Little Company of Mary Foundation report on Community Benefit expenses, and accomplishments, through the stories of individuals impacted by community outreach programs sponsored by Providence Little Company of Mary Medical Center, San Pedro and Providence Little Company of Mary Medical Center, Torrance (PLCM).

The two PLCM Medical Centers have substantial geographic overlap in their Service Areas due to their close proximity to each other. The PLCM Primary Service Area is composed of 14 distinct communities in the South Bay area of Los Angeles County. While charity care and the unpaid cost of Medi-Cal are tracked separately for each Medical Center, community benefit program expense is allocated, except where a specific program is only offered to one community.

In several instances, communities of wealth and poverty are geographically adjacent. The disparities that exist throughout the PLCM Service Area is the rationale for a conscious choice to implement community outreach programs in "high need" communities, based on multiple public and private data sources. This Community Needs Index is an additional needs assessment tool that allows for the identification of single zip codes in large communities (Torrance 90501) and further strengthens our ability to target limited community outreach resources on an objective basis.

As People of Providence, we reveal God's love for all,
Especially the poor and vulnerable,
through our compassionate service.

The Providence Mission statement directs special attention ***for the poor and vulnerable.*** This statement of organizational purpose reaffirms our commitment to underserved communities and simultaneously creates new challenges based in the reality that no single organization can met all of the health care needs of high need communities. Accordingly, we work in collaboration with non profit organizations and public entities that share our purpose; our emphasis on the most high need communities in our Service Area allows us to engage individuals and form relationships with Stakeholders that are long lasting and demonstrate our commitment to local communities.

Community Benefit Needs Assessment Process

The focus of our 2010 Community Benefit needs assessment included review of quantitative and qualitative data, as follows:

- Demographics and health access data, by PLCM zip code, from Thomson Reuters,
- Health status survey results from L.A. County Department of Public Health (County) for Service Planning Area (SPA) 8 (South Bay) and local Health Districts within the SPA,
- CNI database to confirm communities with greatest need.
- Local health status/medical home interviews of residents from the six underserved communities where PLCM targets community, using 2007 results for comparison.
- Local survey of Stakeholder representatives from schools, public health, CBO's to facilitate prioritization of community health needs.

These five data sources confirm that access to primary care, wellness education and linkage to community services, are the top three priorities identified in the PLCM Service Area. Within these broad categories, a consensus emerged as to specific areas where resources should be targeted. In collaboration with our partners, outreach programs and services sponsored by the Medical Centers will continue to focus on the six most underserved communities in the Hospitals' Service Area, for both children and adults. The zip code specific data also identified two specific zip codes that meet the definition of underserved communities and these have been added to the communities where we focus our resources.

2010 Needs Assessment Findings.

This 2010 triennial needs assessment used multiple public and private data sources to identify existing disparities across the PLCM Service Area related to socioeconomic and health status measures and resolves that available community outreach resources should be directed to high need communities. Within that framework, we sought out input from a broad range of community stakeholders, including the Los Angeles County, Department of Public Health, more than 25 organizations with whom we partner in local underserved communities and the voice of those who live and work in high need communities. The consensus that emerged was that improvements in access to primary care for children and adults is the top priority, specifically through our mobile clinic for children, the prenatal/ pediatrics clinic,the Vasek Polak Health Clinic for adults and our mobile corps of promotoras who seek to enroll eligible children in Healthy Families and Medi-Cal insurance programs. A strong consensus exists on the need to strengthen and expand prevention efforts around physical activity and the management or prevention of chronic conditions in adults. Finally, a number of emerging topics have been identified as deserving further study and possible inclusion in the Community Benefit Plan.

Measurable Objectives

The 2010Community Benefit Plan set forth a single goal, with four objectives and multiple benchmarks to be accomplished over the next three years. This Update report describes our progress during 2011 towards achieving these three year objectives. Overall, a similar pattern has emerged during 2011, as occurred in the last three year cycle: namely, a majority (60%) of our 15 benchmarks were accomplished and we anticipate that we will continue to improve over the next two years so that we will get ever closer to the objectives set forth in the 2010

Community Benefit Plan. The Goal and Objectives are below and the progress towards benchmarks is detailed in Section 3 of this Update, as follows:

GOAL: As people of Providence, we partner with community stakeholders, reach out to high need communities and build a path to better health, for children and adults, through improved access to primary care and involvement in skills-based health education programs.

Objectives

1. Increase access to low cost/free primary care services.
2. Strengthen/expand physical activity and self-care disease management programs.
3. Analyze and pilot new approaches to emerging health care service delivery needs.
4. Measure PLCM Community Benefit Expenditures and Encounters

Community Benefits Expense. This report includes a separate section of accounting of all Community Benefit expenditures, based on the three categories of community benefit expense established by the Catholic Health Association: 1) charity care, 2) unpaid costs of government programs (Medi-Cal) and 3) community benefit services, which includes outreach to underserved communities, training of the health professions and programs for the broader community.

Total Community Benefit expenditures for 2011 were $43,658,237. This includes charity care expense of $12,395,824, Community Benefit Services in the amount of $14,062,499 and Unpaid Costs of Medi-Cal in the amount of $17,199,914. Our ability to sustain consistent levels of funding for community outreach programs ($3 Million average) in underserved communities has been possible, through contributions from the Medical Centers, Providence Little Company of Mary Foundation and, by attracting new and continuing grants and contracts from private foundations and government entities.

It should be noted that PLCM excludes the Unpaid Costs of Medicare from its Community Benefit calculations and does not publicly report them, but includes them in this report as required by OSHPD regulations. For 2011, unpaid costs of Medicare were $8,651,904 .

The number of individual impacted by PLCM Community Benefit programs in 2011 was 94,628, including 16,994 individuals who received services through the charity care program, 52,019 who were impacted by Community Benefit Services program, and 25,615 who received care through the Hospitals' Medi-Cal program.

II. MISSION

A. Incorporating Mission Philosophy into Community Benefit

The Mission of the Little Company of Mary Sisters is reflected in the historical significance of their name: that small group of women who stood with Mary at the foot of the cross as her son Jesus lay dying. From the beginning, the Sisters' commitment to the poor and vulnerable has manifested itself through outreach to underserved communities and care of the sick and dying. In 1982, Little Company of Mary Hospital voluntarily adopted a social accountability budget and, when the organization expanded during the 1990's to include San Pedro Hospital, the commitment to return the value of the tax exemption continued.

During the 1990's, the Sisters recognized that their diminishing numbers threatened to undo core mission commitments and they decided, in 1998, to become a Member of the Providence Health System. During the transition years, the Sisters retained their Mission statement and, when PHS merged with Providence Services in 2006, the Sisters finalized the transfer of assets and joined in the creation of Providence Health and Services; the Medical Centers governing board adopted the new Mission statement. Today, Providence Little Company of Mary Medical Centers, San Pedro and Torrance, are part of Providence Health & Service, Southern California and are fully aligned with both the Mission and Core Values of the Seattle based Providence Health & Services.

MISSION

As People of Providence,
we reveal God's love for all,
especially the poor and vulnerable,
through our compassionate service.

The new Providence Mission statement did not alter our focus on reaching out to the underserved, but a subtle difference that guides our measurable objectives. While the Mission of the Sisters of Little Company of Mary always affirmed ***meeting the health care needs of our communities***, the new Mission statement is more inclusive because in a world of separateness, the Mission does not discriminate on a social level (*As people of Providence we reveal God's love for **all**)* and specifically directs special attention ***for the poor and vulnerable.*** This statement of organizational purpose reaffirms the organization's commitment to underserved communities and simultaneously creates new challenges that address health disparities in the most economically disadvantaged communities and neighborhoods of the South Bay.

B. Allocation of Community Outreach Resources Reflect the Mission

Central to our community based outreach is the notion that diversity of language and culture is an asset and that disparities can be reduced through collaboration, advocacy among stakeholders and resources targeted to communities with the greatest need. The needs assessment section describes the continuing process for determining which communities within the Service Area have the greatest need, bringing together quantitative and qualitative information to identify specific needs, and in collaboration with community partners, determine what our priorities will be for the next three years.

While our Mission commands special attention to the poor and vulnerable, the Community Benefit Plan also addresses other community needs within a category of expense known as Community Benefit Services. Using guidelines developed by the Catholic Hospital Association[1], these expenses fall into three broad areas: 1) Services for the Broader Community,) Programs for the Poor and Vulnerable, and 3) Health Professions Education. PLCM tracks community benefit expenses throughout the year, as part of its operating commitments.

Community Benefit Services are managed by multiple Hospital Departments, as follows:

Subcategories of Community Benefit Services	Managed By:
Services for the Broader Community	Hospice & Emergency Dept; Solutions Center
Community Based Programs for Poor and Vulnerable	Community Health Department
Medical Centers Programs for Poor and Vulnerable	Social Work Department
Health Professions Education	Education Department

C. Collaboration guides program development

PLCM plays an active role in collaborating with many schools and community organizations throughout the Service Area. For PLCM, collaboration is a process and includes relationship building, capacity building, and strengthening partnerships with community stakeholders that share our values. In 2011, the Community Health Department was composed of 42 employees (28 of whom are full time), who deliver program services in underserved communities and work with community partners to:

- Collect ongoing information about community health needs through interviews, surveys, focus groups and program evaluations which confirm and refine the definition of community health needs.

- Build new relationships and strengthen existing relationships with local schools (Hawthorne, Los Angeles, Lawndale and Torrance Unified School Districts), health care safety net providers (Department of Family Medicine, Harbor UCLA Medical Center, South Bay Family Health Care Center, Wilmington Community Clinic, Harbor Community Clinic, etc.) and CBO's (Rainbow Services, Wilmington YMCA, Toberman Neighborhood Center, Boys and Girls Club of Los Angeles Harbor, Richstone Family Center, Training and Research Foundation, etc) and churches across the PLCM Service Area that are located in high need communities (Holy Family, St. Joseph's, Mary Regina, Sts. Peter and Paul, Faithful Central Bible Church, Islamic Center of Hawthorne, Harbor Christian Church, First United Methodist of San Pedro) .

- Work together on projects that develop capacity to sustain new programs in underserved communities (Energy Boosters, Healthy Kids Express, Lawndale After school programs; CAVA--multi hospital Domestic Violence screening).

[1] *A guide for Planning and Reporting Community Benefit,* Catholic Health Association of the United State, St Louis, MO, 2008

A critical component of successful collaboration is the ability to access resources that document high need communities or neighborhoods, that community Stakeholders have long suspected but do not have the data to confirm their beliefs. These information sources, which we share with local stakeholders, further informs gaps in the safety net and promotes development of non-duplicative resources and services to address those gaps.

PLCM staff expertise functions to strengthen existing community capacity (resources) through the delivery of program services located in underserved communities. At the same time, we have a long term objective to strengthen existing community infrastructure through our own work and by encouraging other community partners to take the next step in building a network of services in underserved communities. We call this idea "capacity building" which simply means that PLCM will take the lead, when we have the expertise, to develop, stabilize and hand over programs to community partners that meet the needs of residents. These successes do not come quickly but when they are achieved they strengthen the bonds between PLCM and community organizations. Four examples of community capacity building that have occurred since 2001:

Program	PLCM Role	Handover Date/Partner	Current Status
Lawndale After School	Wrote State funding for multi-year, after school program at 6 sites, 5 days a week.	May 2001; Lawndale School District/ Richstone Family Center	All 6 sites currently operating
Retinal Telemedicine	Lead agency for screening PPP patients for retinopathy at 3 clinic sites	December 2004; Dept. of Family Medicine Harbor UCLA Medical Center	Camera operates in Wilmington
Healthy Kids Express	Set up mobile clinics in four Hawthorne schools	December 2007; van donated to local FQHC (SBFHC)	FQHC operates
Energy Boosters Project	Wrote federal grant for school district to assure continued improvement in school day physical activity levels	October 2010; PLCM continues as a partner in implementation	All 6 sites up and operating

D. Sustaining Direct Services Programs in Underserved Communities

The problem with limiting community outreach programs to acute health care problems is that unhealthy behaviors never get addressed. When the intervention is limited to "fixing" a medical problem, the opportunity to prevent unhealthy behaviors is lost. Central to successful outreach is the dual focus on direct medical services for acute healthcare needs **and** skills based prevention services that address disparities and create health improvements in underserved communities. The challenge is to design a program with stakeholder input, implement a successful intervention, sustain it, achieve measurable results and, as resources are found, expand to as many high need communities as resources will permit. Our ability to accomplish this result is directly linked to successful results. PLCM Medical Centers and the PLCM Foundation provide the initial pilot funding and we then leverage our results to attract new financial resources from private foundations and government entities, which allows for broader program expansion. This cycle has repeated itself multiple times in the last 12 years. Between 1998 and 2008, there was a

100% increase in the operating budget of community outreach programs, which has been sustained since 2008 with an operating budget that averages $3 Million annually.

Three programs illustrate this process, over time, and demonstrate the value of sticking with the top priorities identified in the needs assessment. In 1995, *Partners for Healthy Kids* (PFHK), a mobile pediatric clinic, began to provide free acute and preventive medical care to uninsured children in four underserved communities: San Pedro 90731, Wilmington, Gardena and Lawndale. Hawthorne School District was added in 2005 following the closure of a local community hospital, in collaboration with a local federally qualified health center, South Bay Family Healthcare. By 2007, the mobile clinics operated at 12 sites[2] with SBFHC taking over the program in Hawthorne under the name *Healthy Kids Express* after we were able to demonstrate financial viability. In 2008, we received a large federal grant from the Centers for Medicare and Medicaid Services (CMA) to initiate intensive outreach and assistance to parents whose children are eligible for Healthy Families or Medi-Cal health insurance. One of the factors cited in the grant award was the long term track record of the mobile clinic in a geographic area that has many eligible but uninsured children. This intensive outreach campaign has further strengthened the FQHC's ability to sustain viability of the *Healthy Kids Express* clinic in Hawthorne.

Early in 2001, PLCM recognized that the childhood obesity epidemic needed a practical solution that would increase physical activity in children. PLCM developed multiple pilot programs during the school day, after school, with parents and through a community coalition. Each of these pilots was initially funded by the Medical Centers; as positive outcomes were achieved it attracted federal grants in 2003 and 2005 and a large demonstration project funded in 2007. Three separate projects were consolidated into a single program with three components (a "peer coach" teacher training model, after school physical activity intervention and family activity events) currently operates at 10 elementary schools. Two characteristics were critical to sustaining progress: core funding from the Hospitals' allowed the ideas to be tested and evaluated, continuing federal grants that allowed for further piloting and expansion, and financial support from the School Districts when school finances were stable.

The final illustration of improving access to primary care and management of chronic conditions is related to the longstanding top health care need for adults, 18-64: access to low cost or free primary care. This is a complex problem due to the size of the uninsured population, which is estimated at 130,000 adults in the PLCMSA.

Our initial effort started in 2000 with the implementation of a diabetes management program for Samoans, a population small in numbers but with one of the highest diabetes prevalence rates of any ethnic group in Los Angeles County. A Public Private Partnership clinic in Carson was the hub of a diabetes screening, treatment and education program, in collaboration with Samoan churches. L.A. Care, a Medi-Cal HMO with 1 Million Members, funded the educational interventions which led to the development of a promotora/community health worker support model. Local Samoans were recruited, trained and employed to provide a range of information

[2] The donation of the medical van and the transition of the Hawthorne clinics to our community partner, SBFHC, continue the same number of schools receiving services each week, with 9 operated by PLCM and 4 by SBFHC. SBFHC.

and support services to improve patient outcomes. Over time, this Healthy Living Project was expanded to Latinos conducted in the native language of participants. Promotoras recruited and tracked participants and facilitated physical activity and nutrition support groups. These successes lead to the concept of building education and linkage functions into a primary care practice, as a way to meet the primary care needs of working uninsured adults. This idea became a reality, in December 2007, with the opening of the Vasek Polak Health Clinic in Hawthorne, which has a large classroom built into the Clinic design. This Clinic uses a low cost, fixed price services delivery model, a self care education model subsidized by grants and free advanced diagnostics through the Medical Center charity program. This clinic has seen dramatic and sustained growth in new patients, total patients, and financial support from private foundations for outreach, education and core operating support from the Medical Centers all of which are critical factors to sustaining the clinic and assuring its long term success. In 2011, 4,560 adults used the Clinic as their medical home.

E. Benefits for the Broader Community & Health Professions Training

The Medical Centers sponsor four separate longstanding programs that benefit the broader community: Hospice Bereavement, free community health education lectures, a paramedic base station and the cost of employees who facilitate support groups for adults with chronic illnesses, on an ongoing basis. In recent years, both Hospitals have initiated nurse training programs that provide hands-on support and Hospital based experience for students enrolled in registered nurse training programs at two local community colleges. We also track the value of employee time spent in preceptorships throughout the Hospitals', consistent with CHA guidelines, within the Health Professions Education category, for the following disciplines: Nursing, Radiology, Speech and Occupational Therapy, Social Work, Laboratory, Pharmacy and Hospice.

F Governing Board Involvement in Community Benefit Planning and Oversight

The PLCM Board of Directors oversees the Community Benefit Plan through regular board reports, the adoption of the triennial Community Benefit Plan, presentations on progress towards measurable objectives, and appoints one of its members to chair the Mission Committee. The Mission Committee is a group of 25 internal and external stakeholders that meets six times a year and is composed of a mix of disciplines, including representatives from health and social services agencies in the South Bay area of Los Angeles County. This includes physicians, interfaith clergy, and individuals with expertise in charity care, foundations, community-based primary care and health education. The Chair of the Mission Committee attends all meetings of the Board of Directors and arranges for staff reports on specific programs.

III. PROGRESS TOWARDS ESTABLISHED MEASUREABLE OBJECTIVES IN 2011

The purpose of establishing measurable objectives that are linked to the PLCM triennial needs assessment is to challenge ourselves to make a difference in the high need South Bay communities that experience significant disparities in access, prevalence of chronic illnesses and levels of physical activity, particularly in children. These high need communities in the South Bay, identified in our 2010 needs assessment, are the focus of our community outreach.

This process of committing to three year measurable objectives was established and approved by the governing board, for the first time, based on the 2007 needs assessment findings and community benefit plan. In the first year (2008) our success rate towards accomplishing our benchmarks was 52% (ie. 11 of 21 benchmarks accomplished). This success rate increased significantly in the second year of this process to 71.5% (15 of 21 benchmarks accomplished); in the third year the success rate increased to 81% (17 of 21 benchmarks accomplished). These results are a good yardstick by which to measure the strength of the three year benchmarks (ie. realistic but not too easy to accomplish and continuing year-to-year improvement in results). By sticking with the same benchmarks for a three year period, the continuous improvement process is reinforced for our community partners, Medical Center officials and the 40+ PLCM employees working in community settings. All of these Stakeholder are engaged in a collaborative process and successful results on benchmarks reflects close working relationships built on trust and respect among Stakeholders.

The Providence Little Company of Mary 2010 triennial needs assessment established 15 measurable objectives for calendar years 2011-13. The 2011 first year success rate is 60% (9 of 15 benchmarks accomplished). This may ultimately be revised upward by one benchmark when pre-post school year physical activity improvements become available. The purpose of this section of the Annual Update is to report on the progress towards these objectives. The first two pages of this section sets forth the measurable objectives published in the 2010 Community Benefit and the remainder of this Section reports the actual accomplishments, comments on progress towards the three year objectives and, as appropriate, strengthens the benchmark where actual experience and future projections suggest that a higher benchmark is appropriate.

The Providence Little Company of Mary Service Area 2010 Community Benefit Plan adopted a single goal, with four measurable objectives, each of which has multiple benchmarks, or indicators which collectively, are expected to help us accomplish specific objectives:

GOAL: As people of Providence, we partner with community stakeholders, reach out to high need communities and build a path to better health, for children and adults, through improved access to primary care and involvement in skills-based health education programs.

Objective 1. Increase access to low cost/free primary care services.

Benchmarks

- Improve access to health care for uninsured children by providing free medical care to 2,800 children, including coordination of specialty/ancillary referrals for 250 children.
- Offer weekly clinics at 9 schools each week; pilot an alternate schedule that allows the clinic to add 10 new school clinics, at schools in the same four communities served by the mobile clinic on a twice a year basis to accommodate immunizations, Medi-Cal outreach and specialized medical clinics.
- Enroll/renew 600 children annually in subsidized health insurance programs.
- Improve access to primary care through a low cost, fixed price, midlevel practitioner service delivery model and increase, by 10%, the number of uninsured adults who utilize the Vasek Polak Health Clinic as their medical home.
- Sustain access to x-ray services for 500 patients at Inglewood FQHC clinic by providing free interpretation of on site X-rays.

Objective 2. Strengthen/expand physical activity and self-care disease management programs.

Benchmarks

- Provide ongoing school day physical education training to 150 teachers and 4,200 children in high need communities.
- Provide after school physical activity programs throughout the school year for 500 children and their adult family members
- Arrange 25 collaborative health and physical education learning events for children and adults in high need communities across the Service Area by involving PLCMSA employees, community based organizations and Community Health staff to organize, plan and implement events.
- 150 uninsured/underinsured adults will complete at least one of the following multi lesson diabetes management programs: self care management, group visits, physical activity/nutritional practices workshop or group visit protocol at the Vasek Polak Health Clinic or at community partner sites using PCLM curriculum.
- Increase physical activity levels 5%, on a pre-post basis, across all physical activity programs using at least one of the following methods: pedometer, accelerometer Fitnessgram, SOFIT observation or self-report.

Objective 3. Analyze and pilot new approaches to emerging health care service delivery needs, after consultation with internal and external Stakeholders.

Benchmarks:

- Explore feasibility and parameters of expanding scope of community outreach services to include one or more of the following:
  - Mental health education Project for children and/or adults
  - Patient navigator Project for seniors
  - Expansion of low cost, fixed price, mid-level practitioner primary care model
  - Strengthen ongoing needs assessment process through the development of academic internships with local School of Public Health

Objective 4. Measure PLCM Community Benefit Expenditures and Encounters

Benchmarks

- The number of individuals impacted by charity care programs will increase 5% over three years **[baseline = 4,733]**;
- The number of individuals impacted by community based outreach programs will increase 5% over 3 years **[baseline = 23,920].**
- Increase charity care expense by 5% over three years, through improved screening**[baseline =$3,770,000].**
- Using CHA guidelines, increase community based outreach expense (non billed/ negative margin) by 9% over 3 years **[baseline = $6,270,000]**

The following chart documents the actual accomplishments in 2011, provides analysis of benchmarks that were accomplished and revises three benchmarks **UPWARD** based on clear trends in the healthcare industry. None of the benchmarks were revised downwards. Special attention will be given to improve the rate of successful accomplishment of identified benchmarks.

MEASUREABLE OBJECTIVES

Objective 1. Increase access to low cost/free primary care services.

	Progress towards Objective	
3 Year Benchmarks established by 2010 Community Benefit Plan	*2011 ACTUAL*	*Comment*
Improve access to health care for uninsured children by providing free medical care to 2,800 children, including coordination of	**3,731** 119	The number of mobile clinic patients increased significantly due to new statutory immunization requirements for middle school & high school students. Total immunizations are expected to go

3 Year Benchmarks established by 2010 Community Benefit Plan	*2011 ACTUAL*	**Comment**
specialty/ancillary referrals for 250 children.		down in future years because they only need to occur at 7th grade. Improvement of coordination of specialty referrals requires collaboration with LAC DHS. PLCM staff is seeking changes to existing referral procedures, primarily at Harbor UCLA Medical Center Both benchmarks will remain the same, but are subject to revision upward based upon 2012 experience. It is anticipated that coordination of referrals, for both children and adults, may lead to an upward revision of these benchmarks.
Offer weekly clinics at 9 schools each week; pilot an alternate schedule that allows the clinic to add 10 new school clinics, at schools in the same four communities served by the mobile clinic on a twice a year basis to accommodate immunizations, Medi-Cal outreach and specialized medical clinics.	**9** 2	Weekly clinics offered at nine elementary/middle schools in LAUSD and Lawndale School District. 2 new intermittent pilot clinics were piloted in the Lawndale Elementary School District (Green Elementary and Addams Middle) On track to sustain and accomplish benchmarks
Enroll/renew 600 children annually in subsidized health insurance programs	**908**	A federal grant allowed us to re-organize health insurance enrollments throughout PLCMSA. Both Medical Centers are contributing financial for this effort after federal funding expires in early 2012. Based on existing trends, we are confident in our ability to sustain higher enrollments. **BENCHMARK REVISED UPWARD TO 800**
Improve access to primary care through a low cost, fixed price, midlevel practitioner service delivery model and increase, by 10%, the number of uninsured adults who utilize the VP Health Clinic as their medical home	**17.8%**	The number of patients seen at Vasek Polak Health Clinic increased from 3,869 in 2010 to 4,560 in 2011. On track to sustain and accomplish benchmarks
Sustain access to x-ray services for 500 patients at Inglewood FQHC clinic by providing free interpretation of on site X-rays	Not accomplished	Existing arrangements provide low cost readings, storage and retrieval of X-rays for Inglewood FQHC. Benchmark remains to be accomplished.
Bold Statistics indicate 2010 objective accomplished for year one.		

MEASUREABLE OBJECTIVES
Objective 2. Strengthen/expand physical activity and self-care disease management programs.

3 Year Benchmarks established by 2010 Community Benefit Plan	*Progress towards Objective*	
Benchmarks	*2011 ACTUAL*	*Comment*
Provide ongoing school day physical education training to 150 teachers and 4,200 children in high need communities.	**160** **4,400**	On track to sustain and accomplish benchmarks
Provide after school physical activity programs throughout the school year for 500 children and their adult family members	**640**	On track to sustain and accomplish benchmarks
Arrange 25 collaborative health and physical education learning events for children and adults in high need communities across the Service Area by involving PLCMSA employees, community based organizations and Community Health staff to organize, plan and implement events.	3	Currently, high priority is being given to sustaining the school day and after school components over the long term. Progress on this objective is limited due to the need for new resources to implement this effort. This benchmark is subject to revision based on needs assessment priorities and 2012 results.
150 uninsured/underinsured adults will complete at least one of the following multi lesson diabetes management programs: self care management, group visits, physical activity/nutritional practices workshop or group visit protocol at the Vasek Polak Health Clinic or at community partner sites using PCLM curriculum	87	During 2011, all 4 components of diabetes management program described in benchmark were implemented. It is anticipated that the benchmark will be met for 2012. Preliminary results from the first 3 cohorts of the Clinic based self care management program have shown statistically significant pre-post decreases in A1C levels. Benchmark remains the same.
Increase physical activity levels 5%, on a pre-post basis, across all physical activity programs using at least one of the following methods: pedometer, accelerometer Fitnessgram, SOFIT observation or self-report.	Not available	External evaluation of the 2011-12 school year will not be available until September 2012. Benchmark remains the same.

Bold Statistics indicate 2010 objective accomplished for year one.

MEASUREABLE OBJECTIVES **Objective 3. Analyze and pilot new approaches to emerging health care service delivery needs, after consultation with internal and external Stakeholders.**		
	Progress towards Objective	
3 Year Benchmarks established by 2010 Community Benefit Plan	*2011 ACTUAL*	*Comment*
Explore feasibility and parameters of expanding scope of community outreach services to include one or more of the following: ○ Mental health education Project for children and/or adults ○ Patient navigator Project for seniors ○ Expansion of low cost, fixed price, mid-level practitioner primary care model ○ Strengthen ongoing needs assessment process through the development of academic internships with local School of Public Health	**YES**	Active planning, gathering of data and financial resources is occurring for bullets #2 and #3 (Navigator Project for Seniors and expansion of mid level practicioner model at Vasek Polak clinic) and will be part of the upcoming budget process. Benchmark remains the same.
Bold Statistics indicate 2010 objective accomplished for year one.		

MEASUREABLE OBJECTIVES **Objective 4. Measure PLCM Community Benefit Expenditures and Encounters**		
	Progress towards Objective	
3 Year Benchmarks established by 2010 Community Benefit Plan	*2011 ACTUAL*	*Comment*
The number of individuals impacted by charity care programs will increase 5% over three years **[baseline = 4,733]**;	**16,994**	As a result of a proactive change of notifying patients of the PLCMSA charity care policy and a review of accounts earlier in the billing process, a substantial increase in the amount of charity care and the number of patients who receive it occurred during 2011. As a result of these changes, the **BENCHMARK IS REVISED UPWARD** to 14,199
The number of individuals impacted by community based outreach programs will increase 5% over 3 years **[baseline = 23,920].**	21,002	As a result of changes in long standing early childhood education funding two separate programs ended in 2011 resulting in a 12% drop in the number of individuals impacted by Community Benefit programs.

3 Year Benchmarks Established by 2010 Community Benefit Plan	Actual 2011	Comment
		Since early childhood education was not one of our top needs in our triennial needs assessment, the program ended. We plan to leave the benchmark the same because it is expected that health care reform changes will result in an increase in the number of people that we connect to community services will occur.
Increase charity care expense by 5% over three years, through improved screening**[baseline =$3,770,000].**	**228%**	As noted, changes in the methods of promoting access to charity care, within PH&S Regional guidelines resulted in a substantial increase in charity care in 2011, to $12,395,824. Accordingly, the **BENCHMARK IS REVISED UPWARD** to $12 Million annually as current trends are expected to continue.
Using CHA guidelines, increase community based outreach expense (non billed/ negative margin) by 9% over 3 years **[baseline = $6,270,000]**	-1.6%	As mentioned, two large early childhood education grants ended in 2011. Expectations are that one may re-occur for the Wilmington community so we will continue to hold the 3 year benchmark and it may well take the full time period to accomplish the benchmark.
Bold Statistics indicate 2010 objective accomplished for year one.		

IV. Community Benefit Expenditures during 2011

PLCM Community Benefit activities are reported to the local community in three broad expenditure categories: 1) charity care, 2) Community Benefit Services and 3) Unpaid Costs of Medi-Cal[3]. For OSHPD reporting purposes, we also identify the unpaid costs of Medicare but they are not publicly reported. The chart below, which summarizes all community benefit for the 2011 documents a substantial increase in charity care, a 28% increase in community benefit services using guidelines established by the Catholic Health Association and a 43% decline in Medi-Cal shortfall due to the provider tax:

Component of Community Benefit Program	2011 Expense
Charity Care	$12,395,824
Community Benefit Services	$14,062,499
Unpaid Costs of Medi-Cal	$17,199,914
TOTAL	**$43,658,327**
Unpaid Cost of Medicare	$8,561,904

Charity Care. In 2010, there was a significant increase in reported charity care from prior years, to $12,395,824. The reason for this change is both Medical Centers are working to improve identification of charity care patients when they enter the Hospital and broader dissemination across outpatient settings The most recent charity care policy is included at the end of this report.**(See Attachment 1--Charity Care Policy)**

Unpaid Costs of Medi-Cal. In the three calendar years preceding 2011, the increase in unpaid costs of Medi-Cal went from $19,948,000 in 2008 to $30,397,00 in 2010. In 2011, this dropped back to $17,199,914 due to provider tax adjustments for California hospitals that resulted in offset to Medi-Cal shortfall, as well as regulatory changes that resulted in more Medi-Cal patients being assigned to HMO's.

Community Benefit Services. This category includes community based outreach programs provided to poor and vulnerable, Medical Center based programs that benefit the poor and vulnerable, services that benefit the broader community and health professions education. For 2011, this amounted to $14,062,499 in accordance with guidelines established and published by the Catholic Healthcare Association. A detailed list of all items counted towards Community Benefit Services is provided at the end of this report. **(See attachment 2. Detail of programs and services counted towards Community Benefit Services.)**

Comparison of expenses within Community Benefit Services subcategories. Community Benefit services category is composed of seven subcategories: 1) Services to the broader community (community lectures & Call Center referrals, Gathering Place, medical library, etc.), 2) Community Health Education--persons in poverty (physical activity in schools, self care management for adults with diabetes, health insurance outreach and enrollment and domestic violence education) and 3) Community Based Clinical Services--persons in poverty (mobile

[3] OSHPD issued guidance in 2006 notifying hospitals to report Medicare shortfall. Medicare shortfall is not publicly reported as a community benefit expense.

pediatric clinic, specialty access and asthma testing), 4)Health Care Support Services--persons in poverty (Case management of uninsured/ underinsured, Post Discharge expense, Taxi & Transportation, etc) and 5) Subsidized Health Services (Vasek Polak Clinic, Women and Childrens Clinic and hospice care for children), 6) Health Professions education (Nursing Institute, preceptorships, CPE.) and 7) Financial and In Kind Contributions.

Expense for *Community based programs for people in poverty* declined 0.6% from from $2,519,358 in 2010 to $2,503,359 in 2011. This contrast with double digit increases in the previous three years and is primarily due to reductions in grant related funding for early childhood education programs. As the results of federal and State funding terminations, we decided to end these programs since they were not among the top three needs identified in the triennial needs assessment. While there is tremendous need for these educational opportunities for children and the parents of young children, we ultimately had to make the difficult decision to end these programs in light of financial constraints, balanced by the top needs identified in our triennial needs assessment. The *Broader Community* subcategory increased78.4%, from $411,664 in 2010 to $734,293 and primarily represents new financial support for hospice bereavement related programs which is a non reimbursed expense under Medicare regulations. The *Community Based Clinical Services for Persons in Poverty* dropped 20%, from $3,022,054 in 2010 to $1,597,238 due primarily to the end of two grants.

For many years, both PLCM Medical Centers have invested substantial resources in post discharge expense for patients who are medically indigent and continue to need a level of care that allows them to return to good health. Over the past three years, both Medical Centers have invested substantial financial resources that compensate hospitalists to manage medically indigent patients both in the Emergency Department and when they are admitted to the Medical Center. In 2010, this expense was $1,331,315. The chart below summarizes community benefit expense for all components of Community Based Services:

Breakout of Community Benefit Services	2011 Total Expense, by sub category
Broader Community	$ 34,293
Community Health Eduction-Persons in Poverty	$2,503,359
Community Based Clinical Services-Persons in Poverty	$1,597,238
Health Care Support Services-People in Poverty	$1,331,315
Subsidized Health Services	$5,272,004
Health Professions Education	$1,814,576
Financial and In Kind Contributions	$ 809,715
Total Community Benefit Services	**$14,062,500**

Overall, PLCM's ability to sustain outreach to poor and underserved populations in light of the recession and dramatic increases in charity care is a departure from prior years that saw double digit increases in support for community outreach to underserved communities in the South Bay. With considerable turbulence in the healthcare industry as the result of expected healthcare reform, our current plans are to sustain existing funding levels and priorities in the face of future uncertainties.

A. Number of Individuals Impacted by PLCM Community Benefit Programs

Across each of the three Community Benefit categories, there has been a steady increase in the number of individuals impacted over the past four years, ranging have 60,426 to 94,628 in 2011. In 2011, the biggest areas of growth was in the charity care and Medi-Cal shortfall areas, which in large part reflect the effect of the economic recession and the continued deterioration of the County Hospitals delivery system as more people without insurance seek care in the public and private sectors. In the Community Benefit Services area, which had seen the most substantial growth in the past three years, the number of people impacted was essentially flat although the actual count declined by 5%, or 2,500 individuals, due to a counting error at the CPSP prenatal clinic which had counted visits instead of patients in 2010. We continue to make improvements in the monitoring and tracking of patients through the implementation of a case management software (Carescope) for community benefit programs which furthers improves our ability to arrive at an unduplicated count of individuals served in a specific time period.

NUMBER OF INDIVIDUALS IMPACTED, BY COMMUNITY BENEFIT CATEGORIES			
	2010	**2011**	**% Change PY**
Charity Care	6,419	16,994	+164%
Medi-Cal	20,665	25,615	+24%
Community Benefit Services	54,787	52,019	-5.0
TOTAL	81,871	94,628	+15.6%

Strategic Mission Priorities

Consistent with the PLCM Mission Statement and the Ethical and Religious Directives for Catholic Healthcare Services, our Community Benefit Plan places a priority on community based outreach to the poor and vulnerable. We carefully track the number of individuals impacted by programs and services provide in underserved communities and seek to leverage PLCM resources with private and governmental support.

Individual Served by Outreach Programs Located in High Need Communities		
Outreach to Poor/Underserved Populations		**2011**
CAVA/SART(Domestic Violence/Sexual Assault)		826
COPA (School Day/After School Physical Activity)		5,236
Children's Health Insurance Program		1,230
Diabetes Education		87
Even Start		30
Partners for Healthy Kids (mobile clinic)		3,652
Promotora Outreach & Referral to Community Resources		3,269
Specialty/Advanced Diagnostics Access (FQHC patients)		1,036
Trinity Kids Care		156
Vasek Polak Health Clinic		4,560
Women (CPSP) and Children's Clinic		1,962
Wilmington Park Ready for School		706
TOTALS		**22,750**

In addition to tracking the number of individuals impacted, the focus on measurable objectives for these programs demands close and continuing monitoring of programs effectiveness. **(See Section III of this report.)** The lack of national standards and benchmarks in the community outreach arena and the obligation that comes with accepting funds from external sources results in close attention to the qualitative and quantitative impact of these programs.

PROVIDENCE
Health & Services
California

Policies & Procedures
California Region

Subject:	**Charity Care and Discount Payment Policy**
Effective Date: 01/01/11 **Supersedes:** 02/01/09	**Category:** Finance **Number:** CA-FIN-5001
***California Management Council* Approval Date:** 04/15/11	**Responsibility for review and maintenance of this policy is assigned to:**
Head of Regional Division **Submission Date:** 04/15/11 **Approval Signature:**	**Author and/or Designee:** *Regional Director, Regulatory and Quality Assurance*
Title: *Chief Financial Officer*	**Policy Applies to:** Patients

POLICY

In keeping with the philosophy and mission of Providence Health & Services, it is the policy of Providence Health & Services, California Region (PHSSC), to provide services to all persons, regardless of age, sex, race, religion, origin, or ability to pay. Upon verifying an inability to pay, PHSSC entities and hospitals (Providence Tarzana Medical Center, Providence Holy Cross Medical Center, Providence Saint Joseph Medical Center, Providence Little Company of Mary Medical Center, Torrance and Providence Little Company of Mary Medical Center, San Pedro) will provide financial assistance to qualifying patients to relieve them of their financial obligation in whole or in part for qualifying medically necessary healthcare services provided by PHSSC. An inability to pay may be identified at any time. Further, financial assistance for qualifying patients is also available from emergency room physicians treating patients at PHSSC acute care hospitals.

PURPOSE

To describe the process PHSSC hospitals will follow in providing financial assistance to qualifying patients. Accordingly, this written policy:

- Describes eligibility criteria for financial assistance – free and discounted (partial charity) care
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Describes the method by which patients may apply for financial assistance
- Describes how PHSSC hospitals will widely publicize the policy within the community served
- Limits the amount each PHSSC hospital will charge for emergency or other medically necessary care provided to individuals eligible for partial charity to an amount generally received by the applicable hospital for Medicare patients

This Policy is to be interpreted and implemented so as to be in full compliance with California Assembly Bill 774, codified at Health and Safety Code Section 127400 *et. seq.*, effective January 1, 2007, as revised by California State Senate Bill 350, effective January 1, 2008 and revised by Assembly Bill 1503 effective January 1, 2011. All collection agencies working on behalf of PHSSC shall also comply with the provisions of AB 774 and SB 350 and applicable PHSSC policies regarding collection agencies. See related Regional Business Office Policy, GOV-107, Debt Collection Standards and Practices Policy.

DEFINITIONS

1) **"Charity care"** refers to full financial assistance to qualifying patients, to relieve them of their financial obligation in whole for medically necessary or eligible elective health care services (full charity).

2) **"Discount payment"** refers to partial financial assistance to qualifying patients, to relieve them of their financial obligation in part for medically necessary or eligible elective health care services (partial charity).

3) **Gross charges** are the total charges at the facility's full established rates for the provision of patient care services before deductions from revenue are applied. Gross charges are never billed to patients who qualify for partial charity or Private Pay Discounts.

4) **Private Pay Discount** is a discount provided to patients who do not qualify for financial assistance and who do not have a third party payer or whose insurance does not cover the service provided or who have exhausted their benefits. See Private Pay Discounting Policy, CA-FIN-5003

5) **Emergency physician** means a physician and surgeon licensed pursuant to Chapter 2 (commencing with Section 2000) of the Business and Professions Code who is credentialed by a hospital and either employed or contracted by the hospital to provide emergency medical services in the emergency department of the hospital, except that an "emergency physician" shall not include a physician specialist who is called into the emergency department of a hospital or who is on staff or has privileges at the hospital outside of the emergency department. Emergency room physicians who provide emergency medical services to patients at PHSSC hospitals are required by California law to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the federal poverty level.

6) **Services Eligible Under the Policy**: The charity care and discount payment policy applies to all services provided to eligible patients receiving medically necessary care or eligible elective care, including self pay patients and co-payment liabilities required by third party payers, including Medicare and Medi-Cal cost-sharing amounts, in which it is determined that the patient is financially unable to pay. Medically necessary health care includes:

   a) Emergency services in the emergency department.

   b) Services for a condition that, if not promptly treated, would lead to an adverse change in the patient's health status.

   c) Non-elective services provided in response to life-threatening circumstances outside of the emergency department (direct admissions).

d) Medically necessary services provided to Medicaid beneficiaries that are non-covered services.

e) Any other medically necessary services determined on a case-by-case basis by PHSSC.

7) **Eligible Elective Health Care** includes:

a) Patients and their physicians may seek charitable services for elective, deferrable care. Elective care becomes eligible for charitable and discount services only when all of the following requirements are met:

i) A member of the medical staff of a PHSSC facility must submit the charitable services request;

ii) The patient is ALREADY a patient of the requesting physician and the care is needed for good continuity of care; aesthetic procedures are not eligible for charitable services;

iii) The physician will provide services at the same discount rate as determined by the hospital per charity guidelines of this policy, up to and including free care;

iv) The patient lives within our service area (as determined by PHSSC); and

v) The patient completes a Financial Assistance Application and receives approval in writing from PHSSC prior to receiving the elective care.

b) Certain elective care, such as aesthetic (cosmetic) procedures, acute rehabilitation unit, sub-acute (vent/trach) unit, skilled nursing facility, chemical dependency unit, and bariatric procedures are generally not eligible for charity care and discount services.

8) **Eligibility for Charity** shall be determined by an inability to pay defined in this policy based on one or more of the following criteria:

a) Presumptive Charity- Individual assessment determines that Financial Assistance Application is not required because:

i) Patient is without a residence address (e.g., homeless);

ii) Services deemed eligible under this policy but not covered by a third party payor were rendered to a patient who is enrolled in some form of Medicaid (Medi-Cal for California residents) or State Indigency Program (e.g., receiving services outside of Restricted Medi-Cal coverage) or services were denied Medi-Cal treatment authorization, as financial qualification for these programs includes having no more than marginal assets and a Medi-Cal defined share of cost as the maximum ability to pay; and/or

iii) Patient's inability to pay is identified via an outside collection agency income/asset search. Should the agency determine that a lawsuit will not be pursued, the account will be placed in an inactive status, where a monthly PHSSC review will determine further action, including possible charity acceptance and cancellation from the agency and removal of credit reporting.

iv) Patient's inability to pay is identified by Regional Business Office staff through an income/asset search using a third party entity.

b) Charity- Individual Assessment of inability to pay requires:

i) Completion of a Financial Assistance Application for the Mary Potter Program for Human Dignity for all facilities in the Providence Health & Services, Southern California Region;

ii) Validation that a patient's gross income is less than two and one-half times (250%) the Federal Poverty Guidelines (FPG) applicable at the time the patient has applied for financial assistance. A patient with this income level will be deemed eligible for 100% charity care; and/or

iii) Validation that a patient's gross income exceeds 250% of the FPG applicable at the time the patient has applied for financial assistance and that their individual financial situation (medical debt load, etc.) makes them eligible for possible discount payment (partial charity care) or 100% charity care. However, patients with gross income less than 350% of FPG will owe no more than 100% of the applicable Medicare allowable amount. This amount shall be recalculated at least annually to remain current with Medicare reimbursement rates and will be based on Medicare rates that specifically apply to the applicable hospital. A patient with a gross income exceeding 350% of FPG will owe no more than the applicable private pay inpatient or outpatient discounted reimbursement rate, or stated co-pay amount, whichever is the lesser. In addition, as required by applicable California law, a patient with a gross income less than 350% of FPG who incurs total medical expenses in excess of ten percent (10%) of gross annual income will receive 100% charity benefit. Further, certain assets (retirement plan vested benefits, IRA's, 401k or 403b assets) may not be considered in determining an ability to pay and the first $10,000 of other monetary assets and 50% of the remaining monetary assets must not be used in the evaluation for financial assistance.

iv) Gross charges never apply to patients who qualify for partial charity or private pay discounts. Once gross charges are adjusted to the appropriate Medicare or private pay rate, the patient liability will not change even if eventually referred to a collection agency.

9) **Charity Care is not**:

a) Bad debt: A bad debt results from a patient's unwillingness to pay or from a failure to qualify for financial assistance that would otherwise prove an inability to pay;

b) Contractual adjustment: The difference between the retail charges for services and the amount allowed by a governmental or contracted managed care payer for covered services that is written off; or

c) Other adjustments:

i) Service recovery adjustments when the patient identified a less than optimal patient care experience;

ii) Risk management adjustments, where a potential risk liability situation is identified and Providence Risk Management has elected to absorb the cost of care and not have the patient billed;

iii) Payer denials where the facility was unable to obtain payment due to untimely billing per contractual terms; or retroactive denial of service by a managed care payer where appeal is not successful.

PROCEDURE/GENERAL INSTRUCTIONS

1) Communication and Notification of the availability of financial assistance within the community of each hospital shall be in accordance with AB 774 and SB 350 and the federal PPACA (Patient Protection and Affordable Care Act).

   a) Signage about the availability of financial assistance will be posted in registration areas of hospitals including emergency rooms and in the Regional Business Office.

   b) A Notice of Collection Practices shall be provided to all patients during registration and included in the final billing statement.

   c) This policy will be posted on each facility's internet page and will otherwise be made available upon request.

   d) Financial Assistance Applications will be available in the registration areas.

   e) PHSSC employees including admitting/registration and financial counseling staffs as well as on site consultants such as Health Advocates will comprehensively screen patients for possible third party coverage and assist patients in applying for coverage when appropriate. Verification that a patient does not qualify for third party coverage or is ineligible for a government program is required before finalizing a charity decision.

2) PATIENT ELIGIBILITY WITH NO APPLICATION. Instances where a Financial Assistance Application is not required per charity definitions:

   a) Treatment Authorization Request (TAR) denials, Medi-Cal non-covered services, and untimely Medi-Cal billing write-offs will be recorded with their respective adjustment transaction codes. Medi-Medi accounts are written off to a unique transaction code to facilitate Medicare Bad Debt reimbursement.

   i) Finance will identify the amounts posted to those codes and transfer those amounts from contractual to charity in the general ledger.

   ii) For Medi-Medi adjustments, that portion not claimed as Medicare bad debt reimbursement will be reclassified as charity in the general ledger.

   b) Services denied due to restricted Medi-Cal coverage will be written off to charity when the denial is received on a Medi-Cal remittance advice.

   c) A patient may be verified as homeless at any time during the revenue cycle. The preferred method is at registration, where a lack of address documentation is indicated and coding to "Homeless" status is completed. This will generate the charity write-off at the time of billing.

d) PHSSC facilities will not engage in extraordinary collection efforts including referral to outside collection agencies before making a reasonable effort to determine whether the patient qualifies for financial assistance. Upon referral, outside collection agencies, in their collection activities, including when performing income and asset searches in preparation for lawsuit authorizations, can verify an inability to pay and can submit the account for charity approval under the following circumstances:

i) Self pay patients with gross incomes at or below 250% of Federal Poverty Guidelines. The entire balance will be deemed charity.

ii) Self pay patients with gross incomes in excess of 250% of FPG, and limited assets, can still qualify for partial or full charity, if medical debt load is significant enough to create an inability to pay. The liability, if gross income is between 250% and 350% of FPG will be no more than Medicare allowable. For gross income in excess of 350% of FPG, the patient's liability will be no more than the self-pay discount rate.

iii) Equity in a principal residence can be considered in asset determination only when income is in excess of 350% of Federal Poverty Guidelines, and a lien against that equity can be approved, but in no instance will foreclosure proceedings be initiated. PHSSC and its collection agencies will wait until the principal residence is sold or re-financed to collect its debt. California law places restrictions on monetary assets that can be considered in making an ability to pay determination. Consistent with California laws, monetary assets shall not include: (1) assets held under a qualified retirement plan; (2) the first ten thousand dollars ($10,000) of a patient's monetary assets; or (3) fifty percent (50%) of a patient's monetary assets in excess of $10,000.

3) PATIENT ELIGIBILITY AS ESTABLISHED BY FINANCIAL NEED PER FINANCIAL ASSISTANCE APPLICATION.

a) All PHSSC employees including registration staff, financial counselors, patient access representatives, patient account representatives, clinical social workers, nurses, case managers, chaplains as well as mission directors and medical staff physicians during their normal course of duties, can identify potential inability to pay situations and refer patients for financial assistance. Clinical social workers identifying potential charitable services cases should liaison with financial counselors/patient access representatives in evaluating charity potential and presenting financial assistance options to the patient/family. In these instances, a Financial Assistance Application can be offered to the patient/family and the account is accordingly documented to help guide future collection efforts.

b) The Financial Assistance Application must be accompanied by proof of income, including copies of recent paychecks, W-2 statements, income tax returns, and/or bank statements showing payroll deposits. If none of these documents can be provided, one of the following is required:

i) If the patient/responsible party is paid in cash, a letter from the employer providing the rate of pay;

ii) If the patient/responsible party is provided services, such as room and board, etc., in lieu of pay for work performed, the person granting the services must provide a letter delineating the services provided and the value of those services; or

iii) If there is no employer/employee arrangement, other written documentation of in-kind income can be considered, on a case-by-case basis.

c) Patients may request a Financial Assistance Application by calling the Regional Business Office (RBO), writing to the mailing address on their patient billing statement, or downloading the form from the PHSSC websites:

d) Patients completing Financial Assistance Applications are responsible for making reasonable effort to supply the information needed to make a determination. Failure to provide that information may result in a denial of the Financial Assistance Application.

4) FINANCIAL ASSISTANCE APPLICATION REVIEW/APPROVAL PROCESS:

a) For restricted services charity write-offs, or homeless patient charity write-offs, the write-off transaction can be initiated by any RBO employee. Standard transaction approval levels will apply.

b) A Financial Assistance Application must be reviewed by a RBO financial counselor. If gross income is at or below 250% of FPG, the counselor may approve the charity application, based on the information submitted with the application (proof of income required). If the gross income exceeds 250% FPG, an assessment for qualification of partial or full charity based on income, assets, and medical debt load will be made by the financial counselor with write-offs subject to standard approval levels.

c) Financial Assistance applications shall be reviewed and approved, denied or returned to the patient with a request for additional information within three business days of receipt.

d) Collection agency requests for charity or Financial Assistance Applications received from a collection agency shall be reviewed by a RBO financial counselor. The counselor shall follow the review process described in b) above in determining inability to pay and approving partial, total or no charity. Standard transaction approval levels will apply.

e) An approved charity determination is applicable to all services referenced in the application AND services provided up to six months after the date of the approved application, provided there is no change in the applicant's financial status that would warrant a reevaluation.

f) If charity is approved at 100%, any patient deposits paid toward accounts approved for charity must be refunded to the account guarantor. This does NOT apply to any third-party payments, including casualty insurance payments or settlements paid from attorney trust accounts. Those payments will be retained and charity will be granted for the difference between gross charges and the sum of those excluded payments. Refunds under this provision will include interest at the rate prescribed in Section 685.010 of the Code of Civil Procedure.

5) Notification of charity determination:

a) In those instances where Medi-Cal restricted services are written off to charity, the notice of charity approval will be sent to the patient.

b) For homeless charity write-offs, no notification is necessary.

c) In all instances where a Financial Assistance Application was submitted, the person approving the Application shall submit a written determination of no charity, partial charity or full charity to the person who submitted the Application on behalf of the patient within ten days of final determination of the completed Application.

d) In the event partial or no charity is approved, the notification letter will advise that the patient may appeal the determination. Appeals should be in writing to:

Regional Director, Regulatory and Quality Assurance
Providence Health & Services, Southern California
4180 190th Street
Torrance CA 90504

The Regional Director, or designee, shall respond to charity denial appeals. Should the patient's appeal be denied, and the original denial upheld, collection activities will be re-started to afford the patient ample opportunity to make payment, per the provisions of applicable California law.

e) If partial charity is approved, the remaining patient balance may be paid in interest-free installments as mutually agreed between patient and facility. Payment will not be considered delinquent, nor will further collection activity occur, as long as any payments made pursuant to a payment plan are not more than 90 days delinquent under the terms of that plan. If an outside collection agency is utilized to collect the unpaid debt, that agency agrees to abide by the requirements of this policy and of AB 774 and SB 350, including not garnishing wages or placing a lien on a principal residents.

6) Processing of charity write-off:

a) If a self-pay discount has been issued, that discount must be reversed to restore full charges. This step permits Finance to apply a ratio of cost to charges against the amount of charity write-off to accurately determine the cost of charity care for external reporting purposes.

b) The 100% charity discount percentage is then applied to the account, using existing adjustment mnemonic/transaction codes.

c) A patient who paid a deposit at the time of service and is entitled to 100% charity, or a patient who paid a deposit and is entitled to partial charity and whose deposit exceeded the final liability per the charity policy, is entitled to both a refund of the excess or full deposit plus interest at the rate prescribed in Section 685.010 of the Code of Civil Procedure. Should a partial charity account need to be referred to an outside agency for collection, the account will be flagged as a partial charity recipient so that the agency can assure that:

i) It will not initiate a lawsuit for purposes of garnishing wages or attaching a lien on a principal residence; and

ii) It will not report the delinquency to a credit-reporting agency until 150 days after the date of service, or 150 days after the patient received partial charity approval.

AUDIT/CONTROL/RECORDS RETENTION:

All Financial Assistance Applications will be retained for a period of seven years from date of completion.

The charity determinations shall be subject to outside review to determine consistency in judgment and to provide further education/training; however, a charity determination shall not be reversed at any time.

Write-off approvals are subject to internal and external audit. Standard transaction approval levels are:

Less than	$ 5,000	Manager Level
Greater than	$5,000 to $10,000	Regional Director,
Greater than	$10,000	Regional Director, Revenue Cycle Management

REFERENCE(S)/RELATED POLICIES

American Hospital Association Charity Guidelines
California Hospital Association Charity Guidelines
California Alliance of Catholic Healthcare Charitable Services Guidelines
Providence Health & Services Commitment to the Uninsured Guidelines
Patient Protection and Affordable Care Act of 2010 (Federal Exemption Standards)
Private Pay Discounting Policy CA-FIN-5003
Regional Business Office Debt Collection Standards and Practices Policy, RBO-GOV-107

COLLABORATION

This policy was developed in collaboration with the following Departments:

PHSSC Finance Division
Providence Health & Services Department of Legal Affairs

ATTACHMENT A

FEDERAL POVERTY GUIDELINE TABLES

2011 HHS Poverty Guidelines

Persons in Family	48 Contiguous States and D.C.
1	$10,890
2	14,710
3	18,530
4	22,350
5	26,170
6	29,990
7	33,810
8	37,630
For each additional person, add	3,820

ATTACHMENT B

NOTICE OF COLLECTION PRACTICES

NOTICE

PATIENT RIGHTS WITH RESPECT TO COLLECTION OF DEBTS FOR HOSPITAL SERVICES

State and Federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or on-line at www.ftc.gov.

If you have coverage through group or private insurance, or other third party payer program, and you wish us to bill that organization, you must supply us with your enrollment information. This requirement is met by presenting your insurance card or other suitable document that provides policy information, (and dependent coverage, if applicable). If you require assistance in paying this debt, you may be eligible for the Medicare, Medi-Cal, Healthy Families, California Children's' Services, liability California Victims of Violent Crimes, automobile medical insurance, or other third-party programs, including charity care. Ask a hospital admissions or business office representative if you would like to pursue these options. Hospital charity and self-pay discount policies may be obtained by either asking an admissions or business office representative for assistance, or by visiting the hospital's web site for a downloadable form.

Non-profit credit counseling services may also be of assistance. Please consult a telephone directory for a listing of these programs.

The patient or responsible person will be required to sign the Conditions of Hospital Admission or Outpatient Treatment. That document will include an acknowledgment of financial responsibility for payment for services provided by the hospital. The hospital will bill any third party payer for which you provide enrollment information. You will be asked to pay co-payments, as prescribed by those payers. You may be responsible for services those programs do not cover. You will be billed following the conclusion of your service, although deposits may be requested prior to services being rendered. Should the debt remain unpaid, the account may be referred to an outside collection agency under contract with the hospital. The collection agency will abide by the above debt collection principles. Should the debt remain unpaid, the collection agency, on behalf of the hospital, will list the unpaid debt with credit-reporting agencies and may initiate legal proceedings, which may result in wage garnishment or a lien placed against an asset of the patient or responsible party. The Providence Health and Services charity policy provides that persons with household gross income below 250% of Federal Poverty Guidelines (FPG) are eligible for full assistance upon submission of a Financial Assistance Application. Persons with gross income above 250% may also be eligible for partial or full assistance, depending upon the information provided on the application.

If you have any questions about this notice, please ask any admissions or business office representative or by calling 800 (insert phone number for appropriate hospital).

ATTACHMENT C

FINANCIAL ASSISTANCE APPLICATION

(Available in English and Spanish)

Date: _____

Dear, _____

The Mary Potter Program is designed to provide financial assistance for those who have medical care needs, but have limited means to pay. Our policy has specific guidelines for qualification. I have enclosed an application for this program to assist you with your hospital bill.

Please complete the enclosed application and return the form to the address below. All information will be kept confidential.

Please attach the following items:

1. Paycheck stubs for 3 months (i.e. disability, unemployment, state aid, or employment)
2. Most recent tax return or W-2
3. Last 3 months of Checking and Savings Account Statements
4. Proof of income for all household members.

If you have any questions, please do not hesitate to contact our customer service office at 800-750-7703.

Return application to:

Regional Business Office

PROVIDENCE HEALTH & SERVICES
SOUTHERN CALIFORNIA REGION
PATIENT FINANCIAL ASSISTANCE APPLICATION

Date of Request: _____

Patient Name: _____ *Account No.* _____

Address: _____ *Date of Service:* _____

City/State: _____ *Zip Code:* _____

SS #: _____ *Telephone #:* _____

Date of Birth: _____

SECTION 1: RESPONSIBLE PARTY (Complete if different from above)

Name: _____

Address: _____

City/State: _____ *Zip Code:* _____

SS #: _____ *Telephone #:* _____

Occupation:

_____

Employer:

_____

Employer Address:

_____

Employer Telephone #: _____

SECTION 2: EVALUATION REQUIRED BY STATE OF CALIFORNIA

Ethnic Origin: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Other*Specify)*_____

City/State of Birth: _____ *Country of Origin:* _____

Are you a U.S. Citizen or Legal Resident? ☐ Yes ☐ No

Do you have documentation of your status? ☐ Yes ☐ No

Mother's Maiden Name: _____

_____

SECTION 3: FINANCIAL EVALUATION

Family Members Living in Household: *Include all persons living in household.*
Include all INCOME (i.e. wages, public assistance, social security, unemployment, alimony, and child support)

Name	Age	Relationship	Annual Income

Monthly Expenses:

Mortgage or Rent Payments: _____

Car Payments: _____

Utilities: _____

Other: (briefly describe)

_____ _____

List all Debts (greater than $500.00):

Description	Amount

List all Assets:

Do you own your home? ☐ Yes ☐ No Market Value _____

Do you own any cars/trucks? ☐ Yes ☐ No

Other assets: _____

SECTION 4: ADDITIONAL INFORMATION

Please make additional comments about your household's financial circumstances that affect your ability to pay the hospital bill:

SECTION 5: CERTIFICATION

I, _____, (person responsible for paying hospital bill) hereby certify that the information contained in the above financial questionnaire is correct and complete to the best of my knowledge. I further understand that intentional misrepresentation or falsification of any information contained in the questionnaire is punishable by law. According to the Fair Debt and Practice Act, the hospital has the right as a creditor to check your credit status with credit agencies. Your signature below will signify that you have been notified of such:

Signature:

_____ *Date:*

Patient or Responsible Party

FOR BUSINESS OFFICE USE ONLY

Approved Assistance: ☐ Full ☐ Partial ☐ Not Approved

Payment Arrangement: ☐ Yes ☐ No Amount per Month: _____

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5/31/2012
Providence Little Company of Mary Service Area
Programs Detail
For period from 1/1/2011 through 12/31/2011

	Monetary Inputs			Outputs
Title / Department	**Expenses**	**Offsets**	**Benefit**	**Persons**
Adopt a Family Unknown (0)	13,750	0	13,750	230
Bereavement & Gathering Place Trinity Care Hospice (9573198)	651,254	0	651,254	4,819
CALREG Health Resource Center Community Services (75287700)	72,207	0	72,207	1,380
Case Management of Uninsured patients Little Company of Mary Hospital (762)	903,348	0	903,348	6,647
Children's Health Insurance Program Community Health (171803)	221,608	0	221,608	1,230
Clinical Pastoral Education (CPE) Clinical Pastoral Education Dept. (86850)	58,043	0	58,043	5
Community Health Community Health (171803)	486,250	0	486,250	3,269
Community Outreach Asthma Screening & Training (COAST) Community Health (171803)	122,677	0	122,677	370
Cost of Fundraising for Community Programs LCM Comm Health Foundation (90)	218,628	0	218,628	Unknown
Creating Opportunities for Physical ACtivity (COPA) COPA (71800)	771,925	0	771,925	5,236
Donations Cash and In Kind Donations (100001)	253,773	0	253,773	Unknown
El Camino College Nursing Program(LCMH) ECC Extension Program (76287402)	11,754	0	11,754	Unknown
Even Start Program Community Health (171803)	121,045	0	121,045	30
Free Space--Use of Hospital Conference Centers Community Services Free Space (100002)	82,100	0	82,100	Unknown
Harbor Community College Extension Program (SPPH) HCC Extension Program(SPPH) (0)	212,222	0	212,222	20
Healthy Living Project Community Health (171803)	347,741	0	347,741	87
Medical Library Medical Library (186900)	28,794	0	28,794	305
Mission Immersion Trip (Mexico) Mission Services (30)	4,800	0	4,800	4
Mother Joseph Fund LCMH & SPH (1000001)	232,162	0	232,162	Unknown
Palliative Care Palliative Care (79273110)	777,335	0	777,335	956
Paramedic radio station Emergency (91111)	414,230	0	414,230	8,767
Partners for Healthy Kids Mobile Clinic Partners for Healthy Kids (171815)	848,642	0	848,642	3,652

5/31/2012
Providence Little Company of Mary Service Area
Programs Detail
For period from 1/1/2011 through 12/31/2011

Title / Department	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
Post Discharge Expense for Medically Indigent Community Health (171803)	215,997	0	215,997	158
Post Discharge Pharmacy Medications Community Health (171803)	106,920	0	106,920	832
Preceptorships Community Health (171803)	1,503,763	0	1,503,763	301
Project Access Specialty Services (75271807)	625,918	0	625,918	1,036
San Pedro Shoe Collection Project 2011 Mission Services (30)	2,080	0	2,080	351
Sexual Assault Response Team Domestic Violence/Sexual Assault Team (87713)	309,375	103,260	206,115	826
Support Groups Unknown (0)	10,830	0	10,830	139
Transportation/Taxi Vouchers for Medically Indigent Community Health (171803)	100,250	0	100,250	3,976
Trinity Kids Care Trinity Care Hospice (9573198)	2,972,850	795,976	2,176,874	156
Usable Supplies Donation Cash and In Kind Donations (100001)	7,222	0	7,222	Unknown
Vasek Polak Health Clinic Vasek POlak Health Clinic (78071832)	1,435,199	384,723	1,050,476	4,560
Wilmington Park Ready for School Wilmington Park RFS (75271818)	348,675	0	348,675	706
Women's and Children's Clinic Women's Clinic (9371861)	1,497,808	644,721	853,087	1,962
Number of Programs 35 Grand Totals	**15,991,175**	**1,928,680**	**14,062,495**	**52,010**

5/31/2012
Providence Little Company of Mary Service Area
Program Detail Full
For period from 1/1/2011 through 12/31/2011

ADOPT A FAMILY

Description: Departments across both Hospitals adopt families at Christmas. The amount of employee time spent on this project during work is tracked for this annual Hospital sponsored project
Gender: Both Males and Females
Department: 0 (Unknown)
Persons: 230
Expenses: 13,750
Revenues: 0
Benefit: 13,750

BEREAVEMENT & GATHERING PLACE

Description: Bereavement services are free ongoing educational services and support to any community member including family members who have lost a loved one to a terminal illness. Gathering Place is a community education resource which includes support groups to help children and adults cope with loss.
Gender: Both Males and Females
Department: 9573198 (Trinity Care Hospice)
Department Contact: Terri Warren (310-257-3592)
Persons: 4,819
Expenses: 651,254
Revenues: 0
Benefit: 651,254

CALREG HEALTH RESOURCE CENTER

Description: Link patients to community services, including registration of comunity members in free community lectures
Gender: Both Males and Females
Department: 75287700 (Community Services)
Department Contact: Traci Smith (310-303-6091)
Persons: 1,380
Expenses: 72,207
Revenues: 0
Benefit: 72,207

CASE MANAGEMENT OF UNINSURED PATIENTS

Description: For patients without insurance and personal physician, individual physicians are compensated for functioning as a primary care physician and managing the patients condition while in the hospital. Specialty physicians who agree to take call to see uninsured patients are compensated for taking call
Gender: Both Males and Females
Department: 762 (Little Company of Mary Hospital)
Department Contact: Liz Dunne
Persons: 6,647
Expenses: 903,348

Revenues: 0
Benefit: 903,348

CHILDREN'S HEALTH INSURANCE PROGRAM

Description: Enroll and retain eligible children in government subsidized Health Insurance programs Medi-Cal and Healthy Families).
Gender: Females
Department: 171803 (Community Health)
Department Contact: Justin Joe (310-514-4362)
Persons: 1,230
Expenses: 221,608
Revenues: 0
Benefit: 221,608

CLINICAL PASTORAL EDUCATION (CPE)

Description: Education and practice in hospital ministry / chaplaincy for theology students, ministers, chaplains, and lay people. Each CPE unit (class) consists of 100 hours of education and 300 hours of supervised ministry. Students learn and practice spiritual care skills, preparing them for ministry in health-care, churches, synagouges, and other organizations.
Gender: Both Males and Females
Department: 86850 (Clinical Pastoral Education Dept.)
Department Contact: Dan Hudson/Sr. Nancy Jurecki (310-303-6122/310-5144364)
Persons: 5
Expenses: 58,043
Revenues: 0
Benefit: 58,043

COMMUNITY HEALTH

Description: Outreach coordinator, vasek polak health clinic promotoras, and Community Health administration
Gender: Both Males and Females
Department: 171803 (Community Health)
Department Contact: Jim Tehan (310-257-3586)
Persons: 3,269
Expenses: 486,250
Revenues: 0
Benefit: 486,250

COMMUNITY OUTREACH ASTHMA SCREENING & TRAINING (COAST)

Description: Provide culturally appropriate asthma screenings, education and management for adults.
Gender: Females
Department: 171803 (Community Health)
Department Contact: Jim Tehan (310-257-3586)

Persons: 370
Expenses: 122,677
Revenues: 0
Benefit: 122,677

COST OF FUNDRAISING FOR COMMUNITY PROGRAMS

Description: Salary expenses for Foundation staff coordinating fund raisers, where the purpose of the special event was specifically designated for community benefit programs.
Gender: Both Males and Females
Department: 90 (LCM Comm Health Foundation)
Department Contact: Joe Zanetta (310-303-5351)
Persons: Unknown
Expenses: 218,628
Revenues: 0
Benefit: 218,628

CREATING OPPORTUNITIES FOR PHYSICAL ACTIVITY (COPA)

Description: This physical activity initiative program uses a three prong strategy to increase physical activity in children through: 1)a peer coach training model for teachers (and their studnets), 2) a direct service after school physical activity program and 3)family nights and special events that promote children and adults (parents and teachers)involved together in physical activity. COPA currently operates at elementary schools in four underserved communities served by the Hawthorne, Lawndale, Los Angeles and Torrance Unified School Districts.
Gender: Both Males and Females
Department: 71800 (COPA)
Department Contact: Jesus Mejia (310-514-5483)
Persons: 5,236
Expenses: 771,925
Revenues: 0
Benefit: 771,925

DONATIONS

Description: Cash and InKind donations to non profit community organizations promoting healthy living or outreach to vulnerable populations by both Medical Centers.
Gender: Both Males and Females
Department: 100001 (Cash and In Kind Donations)
Department Contact: Various
Persons: Unknown
Expenses: 253,773
Revenues: 0
Benefit: 253,773

EL CAMINO COLLEGE NURSING PROGRAM(LCMH)

Description: To provide opportunities for nursing students to gain training and experience in the hospital setting. In collaboration with the El Camino College nursing program, provide financial support for students and space for the College student instructions, including on site simulation lab equipment. Provide program development input and operational oversight to on site projects.
Gender: Both Males and Females
Department: 76287402 (ECC Extension Program)
Department Contact: Ellen Gorbonoff (310-303-5568)
Persons: Unknown
Expenses: 11,754
Revenues: 0
Benefit: 11,754

EVEN START PROGRAM

Description: A comprehensive family literacy program at Barton Hill Elementary School.
Gender: Females
Department: 171803 (Community Health)
Department Contact: Juan Mendez (310-257-3525)
Persons: 30
Expenses: 121,045
Revenues: 0
Benefit: 121,045

FREE SPACE--USE OF HOSPITAL CONFERENCE CENTERS

Description: Provide free meeting space to non profit community groups that promote health education, offer support groups or hold business meetings
Gender: Both Males and Females
Department: 100002 (Community Services Free Space)
Department Contact: Jim Tehan (310-257-3586)
Persons: Unknown
Expenses: 82,100
Revenues: 0
Benefit: 82,100

HARBOR COMMUNITY COLLEGE EXTENSION PROGRAM (SPPH)

Description: To provide opportunities for nursing students to gain training and experience in the hospital setting. In collaboration with the Harbor Community College nursing program, provide financial support for students and space for the College student instruction, including on site simulation lab equipment. Provide program development input and operational oversight to on site project
Gender: Both Males and Females
Department: 0 (HCC Extension Program(SPPH))
Persons: 20
Expenses: 212,222
Revenues: 0
Benefit: 212,222

HEALTHY LIVING PROJECT

Description: Diabetes classes, support groups and self-care workshops provided at Vasek Polak Health Clinic and Carson Care Station
Gender: Both Males and Females
Department: 171803 (Community Health)
Department Contact: Juan Mendez (310-257-3525)
Persons: 87
Expenses: 347,741
Revenues: 0
Benefit: 347,741

MEDICAL LIBRARY

Description: provide information and research services to physicians,students and other health professionals in training, as well as a resource library for the general public
Gender: Both Males and Females
Department: 186900 (Medical Library)
Department Contact: Mary Osborne (310-303-6792)
Persons: 305
Expenses: 28,794
Revenues: 0
Benefit: 28,794

MISSION IMMERSION TRIP (MEXICO)

Description: As part of the Ministry Leadership Formation Program, leaders from across the Service Area travel to Mexico to provide assistance in building houses for the poor in Mexico, in collaboration with a local organization, Esperanza
Gender: Both Males and Females
Department: 30 (Mission Services)
Department Contact: Sr. Colleen Settles (818.847.3350)
Persons: 4
Expenses: 4,800
Revenues: 0
Benefit: 4,800

MOTHER JOSEPH FUND

Description: 5% of the above budget variance in operating income at the San Pedro and Torrance Hospitals is set aside to fund projects that benefit the poor and vulnerable in local communities,
Gender: Both Males and Females
Department: 1000001 (LCMH & SPH)
Department Contact:
Persons: Unknown
Expenses: 232,162

Revenues: 0
Benefit: 232,162

PALLIATIVE CARE

Description: Provide hospital based consultation to patients and physicians related to pain and symptom management for adults with life threatening illnesses
Gender: Both Males and Females
Department: 79273110 (Palliative Care)
Department Contact: Terri Warren (310-257-3520)
Persons: 956
Expenses: 777,335
Revenues: 0
Benefit: 777,335

PARAMEDIC RADIO STATION

Description: The paramedic base station coordinates emergency calls from the paramedic transport team for hospitals in the South Bay area.
Gender: Both Males and Females
Department: 91111 (Emergency)
Department Contact: Kristina Crews (310-303-5684)
Persons: 8,767
Expenses: 414,230
Revenues: 0
Benefit: 414,230

PARTNERS FOR HEALTHY KIDS MOBILE CLINIC

Description: Mobile pediatric clinic provides free acute and preventive medical services to uninsured children (0-18) at 10 under served school sites every week, during the school year; during summer months, the clinic provides immunizations at community events sports physicals for high school athletes. The mobile clinic is a partnership with the Lawndale and Los Angeles Unified School Districts
Gender: Both Males and Females
Department: 171815 (Partners for Healthy Kids)
Department Contact: Jim Tehan (310-257-3586)
Persons: 3,652
Expenses: 848,642
Revenues: 0
Benefit: 848,642

POST DISCHARGE EXPENSE FOR MEDICALLY INDIGENT

Description: Follow up care given to psychiatric or homeless persons, usually at College Hospital.
Gender: Females
Department: 171803 (Community Health)

Department Contact: Gloria S. Noell (310-303-6481)
Persons: 158
Expenses: 215,997
Revenues: 0
Benefit: 215,997

POST DISCHARGE PHARMACY MEDICATIONS

Description: Medications/pharmacy supplies given to those individuals who qualify at low or no cost by both Medical Centers.
Gender: Females
Department: 171803 (Community Health)
Department Contact: Muno Bholat/Hiro Nishi (310-303-5722/310-514-5268)
Persons: 832
Expenses: 106,920
Revenues: 0
Benefit: 106,920

PRECEPTORSHIPS

Description: Across both hospitals, 12 different departments have formal agreement to preceptor student from local colleges/universities related to 9 different health professions: pharmacy, respiratory therapy, nursing, radiation technology, hospice, social work, psychology, physical therapy and occupational therapy. The amount of time spent by Hospital employees preceptoring students is included as a community benefit contribution. Multiple universities enter into formal agreements with both Hospitals related to the oversight and preceptoring of their students. Examples include UCLA, CSULB, El Camino College, Harbor College, Mount St. Mary's etc. Also include Summer Urban Scholars Project
Gender: Both Males and Females
Department: 171803 (Community Health)
Department Contact: Jim Tehan (310-257-3586)
Persons: 301
Expenses: 1,503,763
Revenues: 0
Benefit: 1,503,763

PROJECT ACCESS

Description: In collaboration with a local Federally Qualified Health Center, this project improves access to specialists for uninsured adults who reside in a medically underserved area (MUA)through office consultation in private specialty physician offices, advanced diagnostic procedures at LCMH and the clinic's Inglewood site and through outreach by LCM staff to increase visibility of the Inglewood clinic.
Gender: Both Males and Females
Department: 75271807 (Specialty Services)
Department Contact: Nancy Tsuyuki (310-257-3544)
Persons: 1,036

Expenses: 625,918
Revenues: 0
Benefit: 625,918

SAN PEDRO SHOE COLLECTION PROJECT 2011

Description: Designed & distributed e-mails, flyers and posters in order to collect lightly used shoes with Dr. Ira Diamond, DPM (works out of SACC). Shoes donated to the homeless in LA and will be distributed by Dr. Diamond. Collection project from Tue, 8/29 through Fri 9/30. Gathered from 3 bins throughout our campus, pairs bagged, boxed, taken to storage office, boxes gathered for transport/storage. Facilities assisted delivery downstairs in circle area and into Dr. Diamond/s vehicle. Plastic bags gathered from local supermarkets for distribution. Weekly status updates given to Dr. Diamond prior to collection. Weekly status updates also given to Providence LCMMC San Pedro staff from Mission.
Gender: Females
Department: 30 (Mission Services)
Department Contact: Sr. Nancy Jurecki, OP (310-514-4364)
Persons: 351
Expenses: 2,080
Revenues: 0
Benefit: 2,080

SEXUAL ASSAULT RESPONSE TEAM

Description: Hospital based domestic violence screening/advocate response and outreach to under served communities; forensic nurse exam for victims of sexual assault for the purpose of continuity of patient care and assistance with prosecution
Gender: Both Males and Females
Department: 87713 (Domestic Violence/Sexual Assault Team)
Department Contact: Alicia Hernandez (310.241.4317)
Persons: 826
Expenses: 309,375
Revenues: 103,260
Benefit: 206,115

SUPPORT GROUPS

Description: Provide ongoing support and linkage to community resources for individuals with chronic health issues.
Gender: Both Males and Females
Department: 0 (Unknown)
Persons: 139
Expenses: 10,830
Revenues: 0
Benefit: 10,830

TRANSPORTATION/TAXI VOUCHERS FOR MEDICALLY INDIGENT

Description: Transportation for those individuals that would not otherwise have a way to get "home" safely.
Gender: Females
Department: 171803 (Community Health)
Department Contact: Karen Papadakis-Hill (310-514-5474)
Persons: 3,976
Expenses: 100,250
Revenues: 0
Benefit: 100,250

TRINITY KIDS CARE

Description: Unreimbursed cost of delivering services in the home for children with a terminal illness; includes outreach and education to physicians, parents and providers about Hospice care for children, including how and when to access care.
Gender: Both Males and Females
Department: 9573198 (Trinity Care Hospice)
Department Contact: Terri Warren (310-257-3566)
Persons: 156
Expenses: 2,972,850
Revenues: 795,976
Benefit: 2,176,874

USABLE SUPPLIES DONATION

Description: Donation of usable supplies to the California State University, Dominguez Hills nursing skills lab.
Gender: Females
Department: 100001 (Cash and In Kind Donations)
Department Contact: Finance
Persons: Unknown
Expenses: 7,222
Revenues: 0
Benefit: 7,222

VASEK POLAK HEALTH CLINIC

Description: Vasek Polak Health Clinic provides low cost primary care to uninsured adults using a fixed price payment model. Community Health provides clinic outreach assistance with linkage to health services beyond the scope of clinic services. In collaboration with Clinic staff, community Health also operates a diabetes education program using a self-care model developed at Stanford
Gender: Both Males and Females
Department: 78071832 (Vasek POlak Health Clinic)
Department Contact: Jim Tehan (310.257.3586)
Persons: 4,560
Expenses: 1,435,199
Revenues: 384,723
Benefit: 1,050,476

WILMINGTON PARK READY FOR SCHOOL

Description: Provide case management services at Wilmington Park Elementary School and during home visits to parents of young children, 0-5. Using a promotora, or community health worker, staffing model, the Parent Center provides case management, parenting education and movement exploration so that children will be ready for school.
Gender: Both Males and Females
Department: 75271818 (Wilmington Park RFS)
Department Contact: Juan Mendez (310-257-3534)
Persons: 706
Expenses: 348,675
Revenues: 0
Benefit: 348,675

WOMEN'S AND CHILDREN'S CLINIC

Description: Provides pediatric care to uninsured children and comprehensive prenatal care to low income pregnant mothers eligible for Medi-Cal; provides social and educational services in Spanish to target population.
Gender: Females
Department: 9371861 (Women's Clinic)
Department Contact: (310-784-5800)
Persons: 1,962
Expenses: 1,497,808
Revenues: 644,721
Benefit: 853,087

Totals:

Number of Programs: **35**
Persons: **52,010**
Expenses: **15,991,175**
Revenues: **1,928,680**
Benefit: **14,062,495**