

CHOC Children's

SB697
Community Benefit Plan

2011-2012

Prepared by:

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TABLE OF CONTENTS

Section 1 Executive Summary

Summary of Community Benefits by Community Benefit Goal	5
Medicare Disclosure.....	6

Section 2 Mission and Commitment

Organizational Structure.....	8
Mission, Vision and Values	9
Organizational Commitment.....	11
Collaboration with Community Organizations.....	13

Section 3 Communities Served

Community Definition	16
Community Characteristics	17
Community Target Populations	18

Section 4 Health Needs Assessment

Key Highlights Orange County Health Needs Assessment	21
Future Health Needs Assessment.....	22

Section 5 Goals and Strategies

Community Benefit Planning Goals.....	24
Strategies... ..	25

Section 6 Benefit Services

Benefits Data Collection.....	27
Benefit Service by Tabulations.....	27
Collaboration with Other Organizations.....	28

Section 7 Economic Value of Benefits

Value by Organization	30
Value by SB697 Category	30
Value by Community Goal and Economic Group	31
Volunteer Hours	31
Evaluating the Economic Value.....	31

Appendices

Appendix A	Patient Financial Assistance Program Policy Statements
Appendix B	Alphabetical Master List of Benefit Services
Appendix C	Collaborators by Type
Appendix D	Services by Community Benefit Goal

Section 1

Executive Summary



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

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

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

This Community Benefit Plan for the fiscal year ended June 30, 2012, describes the benefit planning process, the benefits provided, and the economic value of the benefits. Community benefits are free or subsidized programs and services provided to meet identified community needs and to serve the public interest.

The majority of the benefit the organization continues to provide is that of a safety-net hospital, caring for any and all children in our community regardless of the ability to pay. Like many other California children's hospitals, CHOC has for many years been paid for such services by state Medi-Cal programs at rates less than the cost of providing care. Beginning in 2010, California implemented a series of Provider Fee Programs to supplement Medi-Cal reimbursement, bringing total reimbursement closer to actual costs. The amount of net provider fee revenue recognized in fiscal years 2012 and 2011 do not necessarily correspond to services in those fiscal years due to accounting recognition rules. The table on Page 4 demonstrates the impact of these programs.

Report Organization

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

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

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

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

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

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

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

Section 6 describes data collection on benefits, tabulates benefits provided by SB697 categories, benefit plan goals and collaborative benefit activities. The annual organization-wide survey of community benefits for fiscal year 2012 identified 95 benefit services provided by the Hospitals.

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

The economic value of the 95 benefit services provided by CHOC Orange and CHOC Mission in fiscal year 2012 is \$56.3 million. Of these dollars, 50.7% (\$28.5 million) served the economically disadvantaged. The economic value of savings from not-for-profit status is \$21.2 million. Thus, in fiscal year 2012 the Hospitals returned \$2.66 in community benefits for each \$1.00 saved from tax-exempt status.

During fiscal year 2012, CHOC was the beneficiary of proceeds from the California Provider Fee Program totaling \$37.6 million, net of applicable expenses. The program revenue was applicable to service dates from January 1, 2011 through June 30, 2011 (\$21.0 million) and service dates beginning July 1, 2011 ending June 30, 2012. Of the latter program, CHOC recognized net proceeds of \$16.6 million in fiscal year 2012. The following table provides economic value information compared to the previous year's report:

Economic Value of Benefit Services Provided:	Fiscal Year 2011	Fiscal Year 2012
As Reported	\$39.0 million	\$56.3 million
Provider Fee Net Revenue	\$47.1 million	\$36.9 million
Economic Value Excluding Provider Fee	\$86.1 million	\$93.2 million

The amount of net provider fee revenue recognized in fiscal years 2012 and 2011 do not necessarily correspond to services in those fiscal years due to accounting recognition rules. In addition to the \$56.3 million in benefits provided for by the Hospitals referenced above, Board members, physicians, employees and volunteers contributed approximately 43,000 hours of volunteer service to the community. A summary of benefit services and volunteer hours by community focus area is summarized on the following page. This summary shows percentages of total benefit dollars and dollars for economically disadvantaged. It also shows the percentages of services that are collaborative.

CHOC Community Benefit Goals

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

Summary of Community Benefits by Community Benefit Goal

<i>Community Benefit Goals</i>	<i>Benefit Dollars</i>				<i>Benefit Services</i>		<i>Volunteer Hours</i>
	CHOC Dollars	CHOC Mission Dollars	Total Dollars	Percent for Economically Disadvantaged (a)	Total Services	Percent Collaborative	
1. Healthcare Access	\$49,473,946	\$226,871	\$49,700,817	57.2%	29	69.0%	(b) 41,820
2. Behavioral Health Access	2,928,906	\$4,115	2,933,021	(a)	11	81.8%	153
3. Disease Prevention	2,402,667	-	2,402,667	0.2%	5	40.0%	74
4. Information Resource	215,868	\$850	216,718	4.9%	10	40.0%	132
5. Injury Prevention	708,730	-	708,730	12.3%	10	70.0%	239
6. Community Action	348,001	11,987	359,988	0.4%	30	90.0%	240
All Benefit Services	\$56,078,118	\$243,823	\$56,321,941	50.7%	95	72.6%	42,658

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

(b) Volunteer hours include 41,600 volunteer physician hours from the CHOC Graduate Medical Education Program

Medicare Disclosure

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

This report does not include unreimbursed costs for Medicare. Medicare is not a significant payer for CHOC Orange and CHOC Mission.

Section 2

Mission and Commitment



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

Organizational Structure

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

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

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

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

CHOC Orange

CHOC Orange operates a 238-bed, acute-care hospital located in Orange, California. CHOC Orange serves the residents of Orange County as well as surrounding counties. Celebrating 48 years of caring for children, the organization is an active member of the community, providing compassionate, quality health care services in a patient and family-centered care environment.

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

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

CHOC Mission

CHOC Mission is a California nonprofit public benefit corporation formed in 1991 and operates a 48-bed acute pediatric hospital located in Mission Viejo, California. CHOC

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

CHOC Children’s Foundation

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

CRC Real Estate Corporation

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

Mission, Vision and Values

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

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

Link to Strategic Planning

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

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

2. Enhance the University of California, Irvine (UC Irvine) Affiliation – Leading children’s hospitals have university affiliations which expand clinical, teaching, and

research capabilities, and such was the motivation behind CHOC's affiliation with UC Irvine. The affiliation provides other benefits as well, including an enhanced ability to recruit pediatric-trained physicians and the ability to access and share technologies and facilities.

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

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

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

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

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

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

Organizational Commitment

Community Benefits

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

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

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

Patient Financial Assistance Program Policy

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

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

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

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

Pediatric Health for the Community

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

The following table shows that community education services served 94,137 persons in fiscal year 2012. Additionally, newsletters and websites providing health information about children reached an additional 12,080,000 people. These efforts allowed the health education program to reach over 12,174,000 individuals and families.

	Number of Services	Volunteer Hours	Staff Hours	Persons Served
Community Education	42	42,141	396,872	94,137
Television and Newsletters	2	-	57	12,080,000
Total	44	42,141	396,929	12,174,137

Organizational Participation

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

Board Participation

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

Staff Participation

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

Physician Participation

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

Collaboration with Community Organizations

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

Health Needs Assessment Collaboration

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

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

Community Programs

The Hospitals' staff members, as well as physicians, and administrators are actively involved in ongoing community-based organizations, coalitions and programs. The team provides expertise, information, support and the hard work needed to make programs, such as the following, successful.

- Boys & Girls Club of Santa Ana
- CalOPTIMA

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

Community Communication

The Hospitals publish both a synopsis and complete community benefit plan, as submitted to the State. The synopsis is posted on its internal web site along with the Hospitals' mission, vision and values statements. A variety of other resources are used to communicate both internally and externally.

➤ Internal Communication Resources:

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

➤ External Communication Resources:

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

Section 3

Communities Served



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

Community Definition

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

Factors considered in defining the community for benefit planning include:

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

CHOC Orange's Service Area

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

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

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

CHOC Mission's Service Area

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

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

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

Community Characteristics

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

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

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

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

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

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

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

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

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

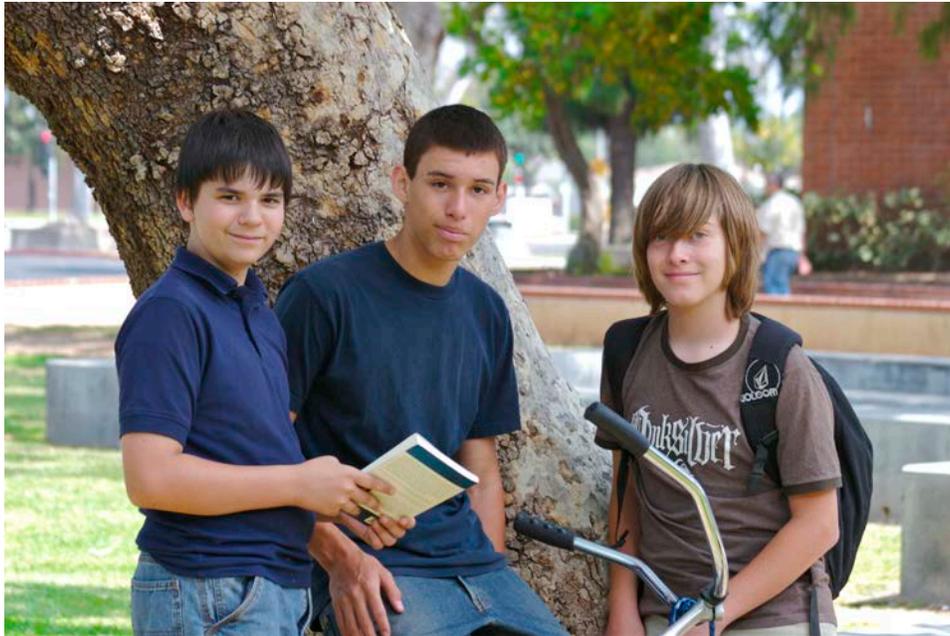
Community Target Populations

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

- **General Community**
 - Children
 - Parents
 - Family
- **Economically Disadvantaged**
 - Children
 - Parents
 - Family
- **Other Special Populations, e.g., health professionals**

Section 4

Health Needs Assessment



Overview and Origins: Orange County Health Needs Assessment

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

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

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

Key Highlights - OCHNA 2010

Access to Healthcare for Children

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

Health Status Improvements

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

Future Health Needs Assessment

OCHNA is an ongoing process with participation and support from healthcare providers and government agencies. Future data collection and information gathering in support of community benefit planning and services will continue and include the following topics.

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

Section 5

Goals and Strategies



This section describes the Community Benefit Plan process that was used to develop the Hospitals' community-benefit goals and strategies, the goals and strategies themselves and progress summaries for each goal for fiscal year 2012.

Community Benefit Planning Goals

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

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

Strategies

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

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

Section 6

Benefit Services



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

Benefits Data Collection

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

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

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

Benefit Service by Tabulations

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

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

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

Services by Organization

The community benefit survey for 2012 identified 95 community benefit services. The following table shows the distribution of service by organization.

Organization	Number of services 2011	Number of Services 2012
CHOC Orange Services	90	88
CHOC Mission Services	6	7
Total Services	96	95

Services SB697 Category

The table below summarizes the number of 2012 benefit services for each SB697.

SB697 Category	Number of Services 2011	Number of Services 2012
A. Medical care services	16	14
B. Other benefits: broader community	34	36
C. Other benefits: vulnerable populations	4	4
D. Health research, education, and training	42	41
Total Services	96	95

Services by Benefit Planning Goals (Community Need)

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

Goals	Number of Services 2011	Number of Services 2012
1. Healthcare Access	30	29
2. Behavioral Health Access	9	11
3. Disease Prevention	6	5
4. Information Resource	8	10
5. Injury Prevention	12	10
6. Community Action	31	30
Total Services	96	95

Collaboration with Other Organizations

As part of the organizational mission, the Hospitals are firmly committed to collaborative efforts that improve the health and well being of children. Of the 95 benefit services, 72.6% or 69 have one or more collaborators. Appendix C lists these collaborative partners.

Section 7

Economic Value of Benefits



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

Value by Organization

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

Organization	Dollar Value ¹
CHOC Orange services	\$56,078,118
CHOC Mission services	243,823
Total Services	\$56,321,941

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

Value by SB697 Category

The dollars for each SB697 category are shown below.

SB697 Category	Dollar Value ¹
Medical care services	\$26,372,002
Other benefits: broader community	6,626,839
Other benefits: vulnerable populations	506,611
Health research, education, and training	22,816,489
Total Services	\$56,321,941

¹The economic value of benefits in 2012 was reduced by \$37.6 million due to the California Provider Fee Program, further described on pages 3 and 4 of this report.

Services by Benefit Planning Goals (Community Need)

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

Benefit Planning Goal	Dollar Value ¹
1. Healthcare Access	\$49,700,817
2. Behavioral Health Access	2,933,021
3. Disease Prevention	2,402,667
4. Information Resource	216,718
5. Injury Prevention	708,730
6. Community Action	359,988
Total Services	\$56,321,941

Value by Community Goal and Economic Group

The summary of dollars by goal and economic group confirms the prominence of providing a continuum of care to the economically disadvantaged (50.7%).

Goals	Broader Community	Economically Disadvantaged (a)	Total Value ¹
1. Healthcare Access	\$21,271,602	\$28,429,215	\$49,700,817
2. Behavioral Health Access	2,933,021	-	2,933,021
3. Disease Prevention	2,398,466	4,201	2,402,667
4. Information Resource	206,070	10,648	216,718
5. Injury Prevention	621,797	86,933	708,730
6. Community Action	358,398	1,590	359,988
Totals	\$27,789,354	\$28,532,587	\$56,321,941
(a) Broader Community services are also available to the economically disadvantaged			

¹The economic value of benefits in 2012 was reduced by \$37.6 million due to the California Provider Fee Program, further described on pages 3 and 4 of this report.

Volunteer Hours

In addition to the 568,621 paid staff hours, Board members, physicians, hospital staff, and auxiliary volunteers contributed another 42,658 volunteer hours. These individuals donate their personal time and effort with no reimbursement or payment. Their personal contributions to community benefit activities are an indispensable component to the hospital's contribution and dedication to the community. A large portion of volunteer hours is time donated by staff and community physicians to the education of pediatric residents and fellows.

Evaluating the Economic Value

A benchmark for evaluating the cost of community benefits is the dollar value of the Hospitals' tax-exempt status. A desirable community benefit dollar-value

exceeds the value of tax-exemption. Elements included in calculating the value of tax-exempt status include:

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

The following table shows that CHOC Orange and CHOC Mission returned \$2.66 in community benefits for each \$1.00 of tax exemption.

Hospital cost of community benefits ¹	\$56,321,941
Value of tax exemption	\$21,211,508
Benefits per dollar of tax-exemption value	\$2.66

¹The economic value of benefits in 2012 was reduced by \$37.6 million due to the California Provider Fee Program, further described on pages 3 and 4 of this report.

Benefit Value versus Marketing Value

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

Non-quantifiable Community Benefits

In addition to quantified benefits described in this plan, many intangible and non-quantified benefits arise from both hospitals' presence. The hospitals indirectly support local businesses in the areas of construction, linen services, parking, medical supply and pharmaceutical distributors, among others. The Hospitals' Board, executives, management, staff and physicians are active community leaders, and the Hospitals are major employers in their communities, employing approximately 2,700 Associates. Additionally, the hospitals are significant purchasers of goods and not exempt from sales and use taxes, which support city, county and state activities. The organizations are also active leaders in and support OCHNA.

Appendices

Appendix A Patient Financial Assistance Program Policy Statements

Appendix B Alphabetical Master List of Benefit Services

Appendix C Collaborators by Type

Appendix D Services by Community Benefit Goal

Appendix A



Manual: Administrative and Patient Care

Section: Finance

Number: L3003

Policy **Procedure**

Title: Patient Financial Assistance and Discount Payment Program Policy

<p>Originator: Janne Gish Janne Gish 02/25/2010 (signature) (Date)</p>	<p>Medical Executive Committee Date Approved:</p>
<p>Department Head: Kerri Schiller (signature) Kerri Schiller 03/25/2010</p>	<p>Board of Directors Date Approved: 03/25/2010</p>
<p>Committee/Medical Staff Dept: Date: Finance Committee 02/25/2010 Kimberly Cripe</p>	<p>Executive Management Team: Kerri Schiller Kerri Schiller _____ 02/25/2010 (signature) (Date)</p>
	<p>Effective Date: 3/01/2011 <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Replaces: 12/07/2007</p>

I. PURPOSE:

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

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CONTINUATION

Manual: Administrative and Patient Care	Number: L3003
Section: Finance	Title: Patient Financial Assistance Program Policy

II. POLICY:

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

III. PROCEDURE:

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CONTINUATION

Manual: Administrative and Patient Care	Number: L3003
Section: Finance	Title: Patient Financial Assistance Program Policy

A. Eligibility

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

"Patient's family" means the following: (a) For persons 18 years of age and older, spouse, domestic partner as defined in Section 297 of the California Family Code; and dependent children under 21 years of age, whether living at home or not; (b) For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.

2. The responsibility for identifying a patient's eligibility for the Financial Assistance Program at, or before, the time of the patient visit to CHOC shall be the responsible of the department registering the patient. This will require the patient or patient's family to complete a "Financial Disclosure" statement. This may also include copies of pertinent documentation (recent pay stubs, income tax returns or other documents to verify monetary assets) to determine the annual family income and personal assets of the patient or patient's family. In those instances described above, where eligibility cannot be established at the time of service, the Patient Financial Services Department shall work with the patient or family to determine eligibility.
3. Patient or patient's family having insurance may also be eligible for the Financial Assistance Program for that portion of the bill not covered by insurance. This may include deductibles, coinsurance, and non-covered services. The determination of a patient's eligibility shall be subject to the same guidelines as an uninsured patient.
4. Calculating the amount of Financial Assistance.
CHOC will obtain information on the patient's family income including wages and salary, welfare payments, social security payments, strike benefits, unemployment benefits, child support, alimony, dividends and interest. The total family income will be compared with the table (see Schedule A) to

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CONTINUATION

Manual: Administrative and Patient Care	Number: L3003
Section: Finance	Title: Patient Financial Assistance Program Policy

determine a patient's eligibility for Financial Assistance under the Federal Poverty Guidelines. Any uninsured patients or patients with high medical costs whose annual household income is at or below 400% of the Poverty Guidelines shall be eligible to apply for Financial Assistance. Financial Assistance may be considered on a partial basis for patients with incomes more than 200% of Poverty Guidelines and less than 400%. Those families with an annual income of 200% or less of the Federal Poverty Guidelines would be eligible for a 100% Financial Assistance adjustment. Uninsured or underinsured patients whose household income, as determined in accordance with the Assistance Application, is less than or equal to 200 % of the poverty guidelines, will receive care free of charge.

CHOC Community Clinic patients are eligible for financial assistance as outlined in this policy utilizing Schedule B to calculate the sliding scale per visit co-pay for patients falling below 200% of the Federal Poverty Guidelines.

Patients applying for Financial Assistance and who are receiving full or partial approval will have their approval for assistance forwarded to the Emergency Room physician billing company for consideration.

5. Discount Payment Policy

For patients with household incomes between 201 percent and 300 percent of the Federal Poverty Level, the Hospital may provide a discounted Private Pay Fee Schedule, whereby the allowable medical expense would be equivalent to a 75% discount off billed charges. At this level, the reimbursement that CHOC would receive shall not exceed the payment that CHOC would receive for the same service or set of services from the Greater of Medicare, Medi-Cal, Healthy Families, or any other government sponsored health program of health benefits in which CHOC participates.

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

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CONTINUATION

Manual: Administrative and Patient Care	Number: L3003
Section: Finance	Title: Patient Financial Assistance Program Policy

CHOC FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY GUIDELINES

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

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

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CONTINUATION

Manual: Administrative and Patient Care	Number: L3003
Section: Finance	Title: Patient Financial Assistance Program Policy

Schedule B

Community Clinic Sliding Fee Schedule Gross Monthly Poverty Income Guidelines

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

PERSONAL ASSETS

If a patient meets the "Household Income" in schedule A above and is found to be eligible for the Financial Assistance Program, a CHOC representative will further review the patient's or patient family's Financial Disclosure Statement to determine if he/she has significant personal assets. It would not be consistent with the intent of this policy to grant Financial Assistance to patients with a significant portfolio of either liquid assets, or other assets against which the patient or patient's family could borrow the amount required to pay his/her indebtedness. For this reason, the CHOC representative should consider and evaluate such assets as bank accounts, the patient's or patient's family entitlement to tax refunds, stocks, bonds and other investments.

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CONTINUATION

Manual: Administrative and Patient Care	Number: L3003
Section: Finance	Title: Patient Financial Assistance Program Policy

This policy will not include in determining eligibility a patient or patient's family retirement or deferred compensation plans qualified under the Internal Revenue Code, or nonqualified deferred compensation plans. Furthermore, the first ten thousand dollars (\$10,000) of a patient's or patient's family monetary assets shall not be counted in determining eligibility nor shall 50% of a patient's monetary asset in excess of ten thousand (\$10,000) be counted in determining eligibility.

5. Any patient or patient's family that qualifies and is approved under the Financial Assistance Program for a partial discount of charges will also be eligible to make monthly payments. CHOC and the patient may negotiate the terms of the payment plan, however the payment plan must be approved by the manager of Patient Financial Services or in the case of a Community clinic patient, the manager of the community clinic. During the approved repayment period CHOC will apply no interest to the discounted account balance.

An extended discount payment plan could be declared inoperative after the patient or patient's family fails to make consecutive payments due during a 90 day period. Prior to declaring an extended payment plan inoperative, CHOC, or its collection agency, or assignee must make a reasonable attempt to notify the patient or patient's family by phone or at the last known phone number and in writing at the last known address, that the extended payment plan may become inoperative and there might be an opportunity to renegotiate, if requested by the patient or patient's family.

B. Exceptions:

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

- The amount owed by the patient or patient's family in relation to his/her total income. If the total patient out of pocket expenses at CHOC exceed 10% of the patient's or patient family's annual income for the prior 12 months.

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CONTINUATION

Manual: Administrative and Patient Care	Number: L3003
Section: Finance	Title: Patient Financial Assistance Program Policy

- The medical status of the patient or of his/her family's provider
 - The patient's or patient family's willingness to work with CHOC in exhausting all other payment sources.
2. Any circumstances that are considered to fall into the "extenuating circumstances" category should be brought to the attention of the Executive Director of Patient Financial Services. Cases falling into this category may require the approval of the Vice President of Finance or Chief Financial Officer.
 3. International Patients: The Financial Assistance Program does not apply to international patients seeking non-emergent care. CHOC will follow routine operating procedures in providing care at our standard published prices. If any international patient is in need of financial assistance for elective or non-emergent care they may apply to CHOC for consideration.

C. Financial Assistance Program Approval/Denial/Appeal Process

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

CHOC (Hospital and Clinics)

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

CHOC Medical Foundation

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

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CONTINUATION

Manual: Administrative and Patient Care	Number: L3003
Section: Finance	Title: Patient Financial Assistance Program Policy

2. At the time a decision is made to approve or deny a patient account for the Financial Assistance Program, a letter will be sent to the patient as a notification of the decision made. If an application for the Financial Assistance Program is denied, a CHOC representative will contact the patient or patient's family to make payment arrangements on the account.
3. Appeal Process: If at any point in the Financial Assistance approval process the application is in dispute the patient or patient's family has the right to request reconsideration of the application at the next level of the approval process. The final determination for denial of Financial Assistance will reside solely with the Senior Vice President and Chief Financial Officer, and their, determination will be considered final.
4. Patient or patient family's appeal must be submitted in writing to the Patient Accounting Director within thirty (30) days of notification of original denial.
5. Provision of the Financial Assistance Program does not eliminate the right to bill, either retrospectively or at the time of service, for all services, when fraudulent, inaccurate or incomplete information has been given in the application process. In addition, CHOC reserves the right to seek all remedies, including by not limited to civil and criminal damages from those who have provided false, inaccurate or incomplete information in order to qualify for the Financial Assistance Program.

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

1. CHOC patient statements will provide notification in English and Spanish advising the patient of CHOC's Financial Assistance Program policy, and the contact information to obtain additional information about assistance.
2. A summary of the Financial Assistance Program along with contact information shall be posted in both English and Spanish in high traffic areas of CHOC, such as Admitting, Emergency Room, Clinics, Outpatient Registration and Patient Accounting Offices.
3. CHOC will provide to all self pay patients at point of service, notice of the Financial Assistance Program and contact information.

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CONTINUATION

Manual: Administrative and Patient Care	Number: L3003
Section: Finance	Title: Patient Financial Assistance Program Policy

E. Collection Process:

1. If a patient qualifies for assistance under the Financial Assistance Program and is making every effort to settle an outstanding bill within a reasonable time period, CHOC or its agent shall not send, nor intimate that it will send, the unpaid account to an outside agency if doing so may negatively impact a patient's credit. If CHOC is forced to send the account to an outside collection agency, the amount referred to the agency shall reflect the reduced payment level for which the patient was eligible under the Financial Assistance Program. At no time will a patient account be referred to an outside collection agency if the account is less than one hundred fifty (150) days from original billing.

In the event the patient makes payments on their CHOC account in excess of total amount of patient responsibility, CHOC will refund any over payment to the patient with interest accrued at the rate set forth in existing law beginning on the date the hospital receives patient payment and it is identified as a patient credit. CHOC however is not required to reimburse the patient or pay interest if the amount owing is under \$5.00. The hospital will recognize the \$5.00 credit for a minimum of 60 days against any patient balance incurred during that period of time.

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

F.

Documentation for Financial Assistance Program Discounts

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

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

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CONTINUATION

Manual: Administrative and Patient Care	Number: L3003
Section: Finance	Title: Patient Financial Assistance Program Policy

- Copies of any additional documentation, notes, etc. that outline extenuating circumstances that were considered in the determination of eligibility for the Financial Assistance Program (if available or needed).
- A copy of the "Approval for Financial Assistance" signed by the appropriate Hospital representative(s) (if available).
- Bankruptcy within the last year (automatic qualification for the Financial Assistance Program).

IV. REPORTS

Financial Assistance shall be logged with the following information:

- A. Patient Data: medical record number, patient name, birth date, insurance status, eligibility for other support. Patient data consisting of Protected Health Information (PHI) will be maintained in a manner that protects the privacy and confidentiality of such information, and will only be logged as necessary for implementation of the Financial Assistance Program.
1. Inpatient or outpatient status
 2. Total patient charges
 3. Financial Assistance expenditures, approved and denied
 4. Date of approval/rejection
 5. Rationale for any rejection
- B. All application files are confidential and will be maintained in a secure location for a minimum of three years after the date of the application and the completion of CHOC's fiscal year end audit. All Financial Assistance Program logs will be maintained for a period of seven years. At the end of the respective period, all information will be destroyed or maintained in a manner to protect the privacy and confidentiality of the patient.

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CONTINUATION

Manual: Administrative and Patient Care	Number: L3003
Section: Finance	Title: Patient Financial Assistance Program Policy

V. REFERENCES

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

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Charity Application Instructions

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

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

CHOC Children's
Attn: Patient Financial Services
455 South Main Street
Orange, CA 92868-3874

If you should need to contact the hospital regarding your application, please call 714-532-7860.

The current published federal poverty guidelines are used in determining eligibility.

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

Proof of Income

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

Other Income Sources/Assets

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

Other Income Sources

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

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

Personal Information

A

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

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

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

Today's Date: _____ Date(s) of Service: _____

Signature: _____

Name: _____

Address: _____

Telephone Number: _____

Assets/Income/Resources

B

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

Annualized Income: \$

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

Appendix B

Alphabetical Master List of Benefit Services

SERVICE TITLE	DESCRIPTION
AMERICAN HEALTH JOURNAL/PBS	A health program that airs on PBS to provide healthcare information to general public.
ASTHMA BREATHMOBILE	The Breathmobile mobile van program is a collaborative effort between CHOC and Orange County schools to provide comprehensive asthma care and management services to underprivileged children of the community.
ATHLETIC TRAINING PROGRAM	Provide trainers (2 FTE's) to work with student athletes in the Irvine Unified School District.
BEHAVIORAL HEALTH SERVICES-MENTAL HEALTH INTERVENTION	Psychology provides assessment, treatment planning and case management service to CHOC Children's patients in the ED who are presenting with suicidal ideation or need a suicide assessment. The treatment planning and case management time is not billable so those hours are donated to best serve these patients.
BIKE AND BIKE HELMET SAFETY	Interactive bicycle safety program for students K-6, including a low-income helmet distribution program for clinic patients.
BRANDMAN UNIVERSITY-CNO ADVISORY GROUP FOR SKILLS LAB	Serve on CNO Advisory working group for Skills Lab for Brandman University.
BRINGING BABY HOME INFANT CLASS	Bringing Baby Home for parents of NICU babies. This class is to equip new parents with some basic parenting skills when they bring their Neonate home from the hospital. How to prepare their environment (temperature, pets, tobacco smoke, visitors), when to call the doctor, and general care reminders for bathing and feeding. There is also time allowed for skill practice such as diaper changing, temperature taking, bathing, calming techniques and swaddling.
BUCKLE BEAR	Preschool and kindergarten program that teaches children the importance of wearing a seat belt and riding safely in a car.
CALIFORNIA STATE UNIVERSITY FULLERTON PHILANTHROPIC FOUNDATION	CHOC's CFO is a member of the California State University Fullerton Philanthropic Foundation board of directors and chairs its nursing initiative.

CALIFORNIA CHILDREN'S HOSPITAL ASSOCIATION	California Children's Hospital Association participation by the CEO, CFO, and government relations leadership including participation in board meetings, CCS Access issues, Public Policy and Governance Best Practice Meetings.
CALIFORNIA COUNCIL FOR EXCELLENCE	California Council for Excellence participation by COO: CCE is an educational foundation that administers the CAPE program.
CALOPTIMA BOARD AND BOARD COMMITTEES	CFO and Chief Governmental Relations Officer participation with CalOptima board and related committees. CalOptima is a county organized health system for low-income families.
CANCER SURVIVORS DAY-COURAGEOUS KIDS CELEBRATION	Annual event for patients and families to celebrate cancer survivors.
CAREPAGES	Enable patients and family to create their own individual web sites to post information on their progress, keep family and friends updated, share information about their treatment, etc.
CAST	County public-private partnership of Orange County's Social Services Agency, Health Care Agency, and the District Attorney's Office and the non-profit Orange County Child Abuse Prevention Center, formed to decrease the trauma for abused children and their families by offering a coordinated child-friendly approach to child abuse investigations. CAST conducts forensic interviews and forensic medical examinations, provides expert legal testimony, and supports victims and non-offending family members with mental health crisis intervention services and voluntary child advocacy services.
CHAPMAN UNIVERSITY GUEST LECTOR	Guest Lector at Chapman University – subject of healthcare finance for Master of Health Administration students.
CHARITY CARE	Charity care provided to families with children who are uninsured or underinsured and cannot afford to pay for their medical care.
CHILD LIFE INTERNSHIP PROGRAM	A comprehensive structured internship (15 week duration) that upon completion, will fulfill eligibility requirements for child life certification.
CHILD LIFE PRACTICUM PROGRAM	A comprehensive structured practicum program for students interested in pursuing a degree related to (or in) Child Life.
CHILD PASSENGER SAFETY	Four-part program designed to reduce automobile-related childhood deaths and injuries; provides car seat giveaways, low-cost purchases, loans, and rentals; program works with local police department to provide ongoing car seat check off points.

CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY	Participate on the Orange County Children and Families Commission to provide needed services to children 0-5 and their families. Represent CHOC at monthly Prop 10 Commission meetings (to allocate funding for community health care, quality child care and education programs for young children and families) and maintain regular communication with Prop 10 staff.
CHILDREN'S HEALTH INITIATIVE - ORANGE COUNTY	Serve as a board member for CHI-OC, whose mission is to provide government funded insurance for all children in Orange County.
CHILDREN'S HOSPITAL ASSOCIATION	Actively participate in government relations and advocacy projects and programs of the Children's Hospital Association.
CHOC CLINIC - GARDEN GROVE	Community-based clinic and outreach services that respond to the health care needs of high-risk and disadvantaged populations.
CHOC EDUCATION CENTER	Donation of CHOC Education center for community organization meetings, classes and support groups.
CHOC FISHING TRIP TO IRVINE LAKE	Fishing trip for CHOC patients and families to encourage socialization in a non-hospital setting.
CHOC NURSE ADVISE (KIDWISE)	24-hour bilingual information phone line providing health information, advice, triage, community services referrals and physician referrals.
CHOC RESIDENCY PROGRAM ADVOCACY ROTATION	Provide advocacy training and experience to pediatricians-in-training to prepare them to help influence public policy to support the health care needs of children in the community.
CLINICA CHOC PARA LOS NINOS	Community-based clinic and outreach services that respond to the health care needs of high-risk and disadvantaged populations.
CLINICAL EDUCATION FOR NEURODIAGNOSTICS	Clinical education for EEG students.
COMMUNITY BENEFIT PLAN - PREPARATION	Delineate and quantify community benefits outreach provided in response to SB 697.
COMMUNITY COMMITTEE HOURS: COMMUNITY EDUCATION	Provide representation and advocacy for children's health and safety issues at vital coalition meetings at local, state and national levels.
COMMUNITY OUTREACH AND EDUCATION	Provide educational curriculum and outreach services to children and families, schools and health care agency providers to enhance community awareness, identification and treatment of asthma and Chronic Lung Disease.
COMMUNITY OUTREACH HEALTH FAIRS	Participation in health fairs; community events.

COSTA MESA CLINIC	Primary care clinic serving children 0-18 years of age.
DISASTER RELIEF PREPAREDNESS	Help with drugs and supplies when disaster happens.
DONATED EQUIPMENT TO ORANGE COAST COLLEGE	Donate equipment to Orange Coast College to educate allied health students in respiratory training.
EDUCATION EVENTS SPONSORED BY THE CHOC INSTITUTES	Provide primary care physicians and clinicians with education regarding the evaluation, management and treatment of pediatric illnesses and disorders. Lecture program topics included adolescent sports injuries, scoliosis, emergency medicine, respiratory obstruction in pediatric patients, disease specific presentations and updates on pediatric vaccines.
EDUCATION FOR PROVIDERS	Clinical observation of developmental evaluations by students and fellows in all disciplines of health care.
ELECTRONEURODIAGNOSTIC TESTING/MONITORING	Service providing electroneurodiagnostic testing and monitoring, GI motility and urodynamics.
GERM BUSTERS/NUTRITION/MEDIA PROGRAMS	In-school programs teaching preschool and school age children awareness related to strangers and personal safety/hygiene and infection prevention/good food choices and food groups.
HEALTH PROFESSIONAL EDUCATION - DIETARY	Affiliations with CSULB and Cal Poly, Pomona plus 1-2 other Dietetic internships to offer undergraduate training for clinical dietitians students.
HEALTH PROFESSIONAL EDUCATION - PHARMACY	Provide pediatric pharmacy practice and pharmacology education to physicians and pharmacy students.
HEART REUNION	Event for patients and families who had heart surgery at CHOC.
HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA	Participation in Hospital Association of Southern California Executive and Planning Committee meetings, which advocates for legislation to improve access to health services and to mental health services. It also works on preparations for natural disasters.
KIDSHEALTH NEWSLETTER	Monthly e-newsletter distributed to subscribers in the community that provides information on parenting, wellness, special events and programs.
KIDS HEALTH CLINICAL ONLINE REFERENCE SYSTEM	Web based tool offering more than 1100 pediatric health and wellness topics for the community.
LATINO HEALTH ACCESS BOARD OF DIRECTORS	The mission of Latino Health Access is to assist in improving the quality of life and health of uninsured, underserved people through quality preventive services and educational programs.
LIFE REMEMBRANCE	Annual event for all CHOC Mission families who have lost a child or baby.

MENTAL HEALTH SCREENING	Behavioral health screening in ED and CCS, team centered care clinics and adolescent medicine clinic.
NUTRITION EDUCATION FOR THE COMMUNITY	Provide necessary nutrition education to children and their families in the community. Emphasis has been on general health eating and obesity prevention. However, presentations targeted for patients dealing with certain diagnoses such as diabetes or epilepsy have also been conducted. Another area of focus has been proper nutrition for the student athlete.
ONCOFERTILITY GIRLS ACADEMY	Participation in the BEWISE (Better Education for Women in Science and Engineering) a program for high school girls to explore the basic science, clinical applications and career options in reproductive science, cancer biology and oncofertility.
ORANGE CHAMBER OF COMMERCE PARTICIPATION	Participate on Legislative Action and Government Affairs committees of the Orange Chamber of Commerce.
ORANGE COUNTY BUSINESS COUNCIL (OCBC)	Participate at meetings and events of the Orange County Business Council to promote well-being of OC residents.
ORANGE COUNTY DEPT. OF EDUCATION MEDICAL OFFICER SEARCH	Serve on the committee to select new Medical Officer for the OC Dept of Education. The goal is to advance student wellness and in doing so, support the OCDE goal of ensuring a world class education where every student succeeds.
ORANGE COUNTY FORUM BOARD MEETINGS	Mission to exchange ideas and to provide members an opportunity to interact directly with international and national decision makers, helping shape the political, cultural, social and economic trends of the future. Also provides opportunity to better understand critical issues from the people who are making critical choices.
ORANGE COUNTY FOUNDATION FOR MEDICAL CARE	CFO participation with the Orange County Foundation for Medical Care, a not-for-profit entity associated with the Orange County Medical Association.
ORANGE COUNTY HEALTHCARE NEEDS ASSESSMENT	Collaborative county-wide effort to comprehensively assess healthcare needs and behavioral risks for all Orange County residents as part of SB 697's three-year assessment requirements.
ORANGE COUNTY MEDICAL ASSOC/CALIF MED ASSOC.	Leadership participation in the Orange County Medical Association and California Medical Association to promote the science and art of medicine, the care and well-being of patients, the protection of the public health, and the improvement of the medical profession.

ORANGE COUNTY RONALD MCDONALD HOUSE PLANNING MEETINGS	Participate in planning meetings for the Orange County Ronald McDonald House.
ORANGE COUNTY SAFE KIDS AND PROMOTION	Coalition focusing on grass roots efforts and collaboration of injury prevention efforts in Orange County following the National SAFE KIDS guidelines.
ORANGE PRIMARY CLINIC	Community-based clinic and outreach services that respond to the health care needs of high-risk and disadvantaged populations.
PACEMAKERS IN CHILDREN AND YOUNG ADULTS ANNUAL REUNION	Annual reunion among Pacemakers/ICD patients to express their experience and ask questions in regards to the device.
PARENTING CLASSES AND WORKSHOPS	Provide parents with the tools and tips for raising healthy children.
PEDIATRIC RN TRAINING PROGRAM	20 week RN Residency provides hands-on experience in pediatrics for RNs from a variety of local universities and colleges.
PHARMACEUTICAL INDIGENT PROGRAM	To provide medications to patients who cannot afford them.
PHARMACY EDUCATION TO PATIENTS AND FAMILIES	Pharmacy education to patients and families in the community.
RESIDENT EDUCATION PROGRAM	Residency Education Program providing pediatric medical specialty education across the continuum of care.
RESPIRATORY THERAPY STUDENT EDUCATION	Respiratory Therapy Students rotate thru CHOC to gain basic understanding required to care for Neonatal and Pediatric patients. Also, supplement the bedside clinical education provided to Nursing Students by the staff RN.
SAFE SITTER	A medically accurate instruction series teaching boys and girls ages 11-13 how to handle emergencies when caring for young children, including basic lifestyle techniques, safety precautions to prevent accidents, and tips on basic child care.
BOYS AND GIRLS CLUB OF SANTA ANA CLINIC	Healthcare services provided to the economically disadvantaged.
SCA IN CHILDREN CONFERENCE	The Sudden Cardiac Arrest in Children and Adolescents Conference is a biennial CHOC-based community, national and international scientific meeting for physicians and medical trainees regarding the current evidence-base for screening, treatment and prevention of sudden cardiac arrest

	due to cardiac and non-cardiac conditions, many of which are identifiable and treatable through adequate screening and available therapeutics. The 2011 meeting was the inaugural scientific session for this Conference and was attended by physicians locally, nationally and internationally.
SCAN COMMITTEE	Review and Evaluate suspected child abuse cases, share information about prevention and available community resources.
SCHOOL REINTEGRATION	Program to help the medically fragile re-enter the regular school program.
SOCIAL SERVICES	Counseling, screening and advocacy to obtain medical care and other support resources for patients/families; psychosocial assessments for patient/family functioning; patient/parent support groups; crisis intervention; coordination.
SPECIAL CHILDREN'S DAY	Offer outdoor activities to children with special needs who otherwise not have the opportunity to participate.
SPOT A SPOT - SKIN CANCER AWARENESS	Spot a Spot Program is a community education program for middle, high school and college students, taught by volunteer medical school students at the school site and at health fairs.
STAYWELL HEALTH INFORMATION ONLINE LIBRARY	Web based tool offering health care topics to patients, families and the community.
STUDENT RELATIONS PROGRAM	Program designed to meet our community's and CHOC's need for future healthcare providers by promoting student clinical placements in the following disciplines: registered nurses, licensed vocational nurses, physical therapists, respiratory care practitioners, radiology technology, dietary, occupational therapy, speech therapy, nursing assistants and medical/clerical.
TEEN DRIVING SAFETY	Provide education on distracted driving to teens in waiting room of Ambulatory Care Clinic and at community health events. Includes a Safety Tip sheet, Parent/Teen passenger Agreement, interactive demonstration and social media messages.
UNIVERSITY OF CALIFORNIA, IRVINE ADMISSIONS COMMITTEE	Participation in review of applications for University of California, Irvine School of Medicine.
UNIVERSITY OF CALIFORNIA, IRVINE SCHOOL OF BIOLOGICAL SCIENCES MENTORING PROGRAM	Program provides mentoring for undergrad students in the School of Biological Sciences who are interested in healthcare careers including public health.
UNFUNDED BASIC AND CLINICAL RESEARCH	Various basic science and pediatric clinical research projects not funded by outside grants or donations. Research areas include Oncology, Neurology, Hematology, Stem Cell and Biomedical Optics as performed by CHOC Research faculty.
UNREIMBURSED CLINICAL RESEARCH	The Pharmacy Department provides support to 7 under-funded research studies in FY09. The Department develops dispensing protocols and procedures, dispense investigational agents, maintain inventory of investigational agents and assist in other aspects of investigational drug protocols.

UNREIMBURSED COSTS OF MEDI-CAL/CCS/CALOPTIMA	Unreimbursed cost of care for Medi-Cal, CCS and CalOPTIMA recipients.
WATER SAFETY	Multi-segmented program for pre-schoolers, children, parents, care givers, grandparents, health care professionals, and the community to increase awareness of the risks of drowning and the action steps to be taken to prevent drowning.

Appendix C

Collaborators by Type

Businesses

Active Parenting Publishers
AllState Insurance Company
American Health Journal
Irvine Lake
Public Broadcasting Service (PBS)
State Farm Insurance

Community Organizations

American Heart Association
Bass Clubs of Southern California
Boys & Girls Club of Garden Grove
Boys & Girls Club of Santa Ana
California Children Services
California Children's Hospital Association
California Council for Excellence
California Medical Association
Child Abuse Prevention Council of Orange County
Child Abuse Services Team
Child Passenger Safety Task Force
Children and Families Commission of Orange County
Children's Health Initiative - Orange County
Children's Hospital Association
Coalition of Orange County Community Health Centers
Drowning Prevention Network
Family Violence Project
Health Options
Hospital Association of Southern California
John Wayne Cancer Foundation
Latino Health Access
Leukemia and Lymphoma Society
Maternal Outreach Management Services (MOMS)
National Drowning Prevention Network
Orange County Business Council
Orange County Chamber of Commerce
Orange County Child Abuse Prevention Center
Orange County Forum
Orange County Health Needs Assessment
Orange County Medical Association
Orange County Safe Kids
Partners for Health Committee
Ronald McDonald House Charities of Southern California
Safe from the Start
Safe Kids Orange County
San Diego Science Alliance
Second Harvest Food Bank
Suspected Child Abuse & Neglect Committee (SCAN)
Violence Prevention Coalition of Orange County

Educational Institutions

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

Other Healthcare Providers

American Academy of Pediatrics
CalOPTIMA
Children's Center at Sutter Medical Center, Sacramento
Children's Hospital & Research Center at Oakland
Children's Hospital Central California
Children's Hospital Los Angeles
College Hospital PET Team
Garden Grove Hospital
Health Dimension, Inc.

Healthy Smiles For Kids of Orange County
Hoag Memorial Hospital Presbyterian
Loma Linda University Children's Hospital
Loma Linda University Medical Center
Lucile Salter Packard Children's Hospital at Stanford
Mattel Children's Hospital at UCLA
Miller's Children's Hospital
Orange County Foundation For Medical Care
Orange County Heart Institute
Presbyterian Intercommunity Hospital
Rady Children's Hospital San Diego
San Antonio Community Hospital
Seattle Children's Hospital
St. Joseph Health System
Texas Children's Hospital
University of California, Irvine Medical Center
University of California, Davis Children's Hospital
University of California, San Diego Children's Hospital
University of California, San Francisco Children's Hospital

Public Sector Agencies

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

Appendix D

Services by Benefit Goal

Goal 1: Healthcare Access

- Asthma Breathmobile
- CalOptima Board and Board Committees
- Charity Care
- Children and Families Commission of Orange County
- Children's Health Initiative - Orange County
- Children's Hospital Association
- CHOC Clinic - Garden Grove
- CHOC Nurse Advise (Kidwise)
- Clinica CHOC Para Los Ninos
- Costa Mesa Clinic
- Education Events sponsored by the CHOC Institutes
- Education For Providers
- Electroneurodiagnostic Testing/Monitoring
- First Five Commission
- Health Professional Education - Dietary
- Health Professional Education – Pharmacy
- Latino Health Access Board of Directors
- Oncofertility Girls Academy
- Orange Primary Care Clinic
- Pediatric RN Training Program
- Pharmaceutical Indigent Program
- Pharmacy Education to patients and families
- Resident Education Program
- Respiratory Therapy Student Education
- Santa Ana Boys and Girls Club Clinic
- Student Relations Program
- Unreimbursed Clinical Research
- Unreimbursed costs of MediCal

Goal 2: Behavioral Health Access

- Behavioral Health Services-Mental Health Interventions
- Child Life Internship Program
- Child Life Practicum Program
- CHOC fishing trip to Irvine Lake
- Clinical Education for Neurodiagnostics
- Life Remembrance
- Mental Health Screening
- Parenting Classes and Workshops
- School Reintegration
- Social Services
- Special Children's Day

Goal 3: Disease Prevention

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

Goal 4: Information Resource

American Health Journal/PBS
Bringing Baby Home Infant Classes
CarePages
Donated Equipment to Orange Coast College
Heart Reunion
KidsHealth Newsletter
KidsHealth Clinical On-line reference system
Pacemakers in Children and Young Adults Annual Reunion
SCA in Children Conference
Staywell Health Information Online Library

Goal 5: Injury Prevention

Athletic Training Program
Bike and Bike Helmet Safety
Buckle Bear
CAST
Child Passenger Safety
Germ Busters/Nutrition/Media Programs
Life Threatening Events Assoc with Pediatric Patients in Sports
Orange County Safe Kids and promotion
Safe Sitter
Teen Driving Safety
Water Safety

Goal 6: Community Action

Brandman University – CNO Advisory Group for Skills Lab
California State University, Fullerton Philanthropic Foundation
California Children's Hospital Association
Cancer Survivors Day-Courageous Kids Celebration
Chapman University guest lecturer
CHOC Education Center
CHOC Residency Program Advocacy Rotation
Community Benefit Plan – preparation
Community Committee Hours: Community Education
Disaster Relief Preparedness
Hospital Association of Southern California
Orange Chamber of Commerce Participation

Orange County Business Council (OCBC)
Orange County Dept. of Education Medical Officer search
Orange County Forum Board Meetings
Orange County Foundation for Medical Care
Orange County Healthcare Needs Assessment
Orange County Medical Assoc/Calif Med Assoc
Orange County Ronald McDonald House Planning Meetings
Orange County Safety Net Task Force
SCAN Committee
UC Irvine Admissions Committee
UC Irvine School of Biological Sciences Mentoring Program