

2012 COMMUNITY BENEFIT PLAN



APRIL 2013 Dedicated to identifying and meeting the changing healthcare needs of the people of the Monterey Peninsula and surrounding communities.

Prepared by:

Community Hospital of the Monterey Peninsula

A subsidiary of Community Hospital Foundation

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Executive Summary

This community benefit plan for the fiscal year ending December 31, 2012, describes Community Hospital of the Monterey Peninsula's benefit planning process, the benefits provided, and the economic value of those benefits. Community benefit services are free or subsidized programs and services provided to meet identified community needs and to serve the public interest. The plan both satisfies the requirements and reflects the spirit of California's community benefit legislation, SB 697. It documents organizational leadership, partnerships with other community organizations, and services to meet the needs of at-risk populations in the community.

Report Organization

The report is organized to address all the information suggested in the state's "Checklist for Hospital Community Benefit Plan," issued April 2000.

- **Section 1** documents organizational commitment and participation, including board and hospital staff participation and community involvement. It describes the ways in which the hospital presents the community benefit plan to the public and describes our charity-care policy and non-quantifiable benefits. Appendix A contains a copy of the hospital's charity-care policy. Appendix B contains a copy of the hospital's community benefit program guidelines.
- **Section 2** describes the communities served and summarizes the hospital's community partners by type of organization. Appendix C lists the specific collaborating organizations.
- **Section 3** summarizes the status of community assessment activities and priority needs identified in the assessment.
- **Section 4** summarizes the number of provided services by legislative category and links them to identified community needs.
- **Section 5** summarizes the value of benefits provided by legislative category and links these dollars to identified community needs. Costs for charity care and unpaid costs of public programs (government payer shortfalls) are reported 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.
- **Section 6** Describes measurable objectives, outcome measurement methods, and results.

Summary of 2012 Community Benefits

The community benefit planning process identified 132 benefit services for the current year; these represent an economic value of \$158.4 million. Of these dollars, 27.4 percent (\$43.4 million) specifically serve the economically disadvantaged.

Thirty-four hospital departments were active in providing community benefit services, often working in partnership with various community organizations. In addition, the hospital collaborated with a total of 145 organizations in community benefit activities.

The economic value of savings from tax-exempt status was \$19,718,631. Thus, the hospital returned \$8.03 in community benefits for each \$1.00 saved because of tax-exempt status.

Hospital cost of community benefits	\$158,427,890
Value of tax exemption	\$ 19,718,631
Community benefits per dollar of tax exemption value	\$8.03

SB 697 Category	Dollars
Medical care: vulnerable populations	
Traditional charity care, at cost	\$12,828,582
Unpaid cost of Medi-Cal program	\$30,560,076
Medical care: broader community	
Unpaid cost of Medicare program	\$71,543,305
Unpaid cost of other government programs	\$11,288,699
Negative-margin services	\$14,563,323
Other benefits:	
Broader community and vulnerable populations	\$14,590,313
Health research, education, and training	\$3,053,592
Total benefits	\$158,427,890

In addition to the \$158.4 million in quantifiable community benefit services, board members, physicians, employees, and volunteers reported contributing 24,540 hours of volunteer service to the community.

A summary of benefit services and volunteer hours by community need/focus area is on the following page. The summary shows percentages of total benefit dollars and services.

Summary of Community Benefits by Community Need/Focus Area

Community Focus Area	Benefit Dollars		Benefit Services		Volunteer Hours
	Total	Percentage	Total	Percentage	
Building Healthy Communities	\$1,228,239	0.8%	18	13.6%	9,018
Health Education and Wellness	\$2,573,615	1.6%	75	56.8%	2,687
Improving Access to Care	\$153,889,827	97.1%	19	14.4%	7,007
Special Care for Special Needs	\$736,209	0.5%	20	15.2%	5,828
All Benefit Services	\$158,427,890	100.0%	132	100.0%	24,540

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Section 1 Mission and Commitment

This section describes the mission, vision, and values guiding Community Hospital of the Monterey Peninsula (Community Hospital) in its commitment to benefiting the communities it serves. It summarizes key elements of organizational commitment and participation in community benefit programs. It concludes with an overview of organizational responsibility for benefit planning.

Mission, Vision, and Guiding Principles
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Community Hospital is a nonprofit, integrated healthcare delivery system serving the residents of the Monterey Peninsula and surrounding communities. Community Hospital is a subsidiary of Community Hospital Foundation, a tax-exempt, nonprofit corporation which also owns other healthcare-related entities. The hospital, established in 1934, is an active, caring member of the community that provides compassionate, high-quality healthcare services at a competitive cost. Our board-approved statement gives emphasis to commitment to the community and its vulnerable populations. The board most recently reaffirmed the mission statement on March 5, 2009, and its commitment to and policy governing community benefit services on April 4, 2012.

Mission Statement
<p>Community Hospital of the Monterey Peninsula is dedicated to identifying and meeting the changing healthcare needs of the people of the Monterey Peninsula and surrounding communities.</p> <p>We are committed to providing high-quality services at a competitive cost and within a safe environment.</p> <p>We provide educational and public service programs to enhance the health of our community and the competence of those who provide the service.</p> <p>We care for all who come through our doors, regardless of ability to pay, to the fullest extent allowed by law and available resources.</p>

The hospital's guiding principles and vision statement also emphasize commitment to community service by stressing community collaboration, hospital leadership, and quality healthcare services. Our mission, vision, and guiding principles are the basis for all our community benefit program decisions.

Guiding Principles

Patients come first. Their individual satisfaction with our services is the best measure of our success. In every decision, seek to meet their needs above all others.

Our employees, medical staff, and volunteers are our most important organizational resources. Recognize and develop each person's contribution to the organization. Value the diversity of those whose experiences, cultures, and abilities make up the hospital family and our community.

Broad community participation in our programs is essential. Cultivate thoughtful and active governance, dedicated volunteers, involvement in program planning and assessment, and enlightened philanthropy.

An atmosphere of support and openness encourages innovation. Promote the free exchange of ideas at all levels of our organization.

Quality can be continually improved in an atmosphere of support and openness. Strive to improve service quality by assessing and improving governance, managerial, clinical, and support processes that most affect patient outcomes. Promote the free exchange of ideas and interdisciplinary communication as critical means to this end. Reward full participation in the improvement of our organizational performance.

Quality care must be affordable. Through the prudent application of resources, deliver excellent programs and services that represent a good value for our healthcare consumers.

Be a significant, positive force in our community. Provide quality services to improve the health of our community and the competence of those who provide healthcare services; become personally involved in community affairs.

Caring is as important to quality healthcare as technology. Empower patients and their families to participate in their healthcare by being sensitive to their experiences, privacy, and dignity.

Facilities and policies should be designed to enhance the healing process. Both should be periodically expanded and updated to meet the growing needs of the community.

We are committed to preserving and enhancing the environment. Our purchasing, operational, and disposal practices must contribute to the long-term health and viability of our beautiful region.

We provide financial resources sufficient to meet the present and future healthcare needs of our community.

Guiding Principles (Continued)

Responsibility and honesty are essential. We require the highest standards of ethical behavior, not only of ourselves, but of our colleagues.

Do the right thing. Compliance with all applicable laws and regulations is a cornerstone of our duty to ourselves, our patients, and those with whom we work.

Vision Statement

Community Hospital of the Monterey Peninsula will be the healthcare organization in our region most concerned for those we serve, most chosen for the quality and value of our service, and most respected for the integrity, competency, and commitment of our employees, medical staff, and volunteers.

Organizational Commitment

The depth, breadth, and significant economic value of the benefit services described in this benefit plan, and those of preceding years, demonstrate our strong commitment to community benefit services. Community Hospital's leadership of and participation in hospital-driven and collaborative community needs assessment activities and our investment of time and resources in an objective-oriented benefit planning system also show our commitment to community benefit services and the spirit of SB 697.

Strategic Planning

The hospital's most recent strategic plan, adopted by the Board of Trustees in February 2013, supports the hospital's continuing commitment to community leadership and benefit services in its strategic intents and initiatives. Initiatives are selected for implementation on the basis of community needs assessment activities.

Community Benefit-Related Strategic Plan Goals (excerpts)

Strategic Intent #3 — Employee and Community Health: CHOMP will lead the promotion of evidence-based health and wellness for our community.

Related Strategic Initiatives:

- Expand CHOMP’s proven employee wellness and disease management strategies for diabetes, hypertension, coronary artery disease, and/or lipid management for a total of at least seven health plans or employers.
- Expand CHOMP’s employee health and wellness programs to include value-based insurance design features to our employee wellness discount program.

Strategic Intent #4 — Physician Alignment:

CHOMP will be a leader in promoting, integrating, and facilitating physician service to our entire community and the adoption of evidenced-based, best-practice clinical care. Together with our medical staff leadership, we will proactively address the critical strategic issues of patient access, physician recruitment, leadership development, physician satisfaction, clinical decision support, and information sharing (e.g., coordinated electronic medical records).

Related Strategic Initiatives:

- Improve access to primary care and specialty physicians in demonstrated-need categories by recruiting at least ten new physicians to the community this year.
- Preserve access to existing primary care and specialty physicians in our community through innovative ways to keep their practices sustainable.
- Develop and deploy the patient-centered medical home care model in existing primary care practices.

Strategic Intent #7 — Value-Based Care: CHOMP will be the leader in the development of value-based care models. These models will embrace the concept of integrated population management and will utilize innovative, risk-based, incentive-driven financing models.

Related Strategic Initiative:

- Develop and launch a locally owned and operated self-insured health insurance product to improve access to affordable health insurance for our community.

Charity Care

Policy and Funding: To help meet the needs of low-income and uninsured or underinsured patients, Community Hospital has been providing care for community residents, without regard to their ability to pay, since the organization was founded. Effective January 1, 2007, the sponsored care and discount program also meets the requirements of AB 774. Funding for the program is provided by philanthropic contributions and through the hospital's operating budget. The program grants sponsored (charity) care and/or discounted care solely based on a person's financial need, regardless of age, sex, race, national origin, physical or mental disability, sexual orientation, religion, color, ancestry, marital status, citizenship, medical condition, or veteran status. Patients may apply for assistance before receiving hospital services or after the hospital provides the care. (Appendix A contains a copy of the policy in effect during 2012.)

Implementation and Procedures: The Patient Business Services and Social Services departments screen applicants for the sponsored care and discount programs. Completed applications, including required documentation, are submitted to Patient Business Services or Social Services for initial review and follow up. The patient/responsible party, and/or service department are notified of the final eligibility decision in writing. Should there be any dispute as to the decision made by the hospital on the eligibility or level of eligibility of the patient for either the sponsored care or discount payment program, an appeal of the decision may be made to the director of Patient Business Services.

In 2012, the income limit for sponsored care was 250 percent of the federal poverty guidelines, and the income limit for the discount program was 350 percent of the federal poverty guidelines (these parameters were last updated in 2007). The hospital follows the requirements of AB774 in all respects.

Communication to Patients and the Community: Each patient receives a guide for patients and visitors while in the hospital. This guide describes the sponsored care and discount programs and directs application inquiries to the appropriate department. In addition, Community Hospital publicly displays information on the general program in key service locations and provides information to every patient at the time of registration for services and enclosed with billing statements. Information on specialty programs (e.g., free baseline mammography through the Sherry Cockle Fund and rehabilitation services through the Thomas A. Work, Jr., Fund) are provided to patients who register for these specific services.

Through its public web site, Community Hospital also publicizes the sponsored care and discount programs and illustrates the benefits of the program. A formal presentation about hospital billing practices and sponsored care requirements is provided to community groups on request by our Patient Business Services department.

Non-Quantified Community Benefits

Community Hospital is the sole acute-care provider in its primary service area and a vital member of the Monterey Peninsula community. It enhances the health and well-being of the community in a variety of ways not quantified in this community benefit plan. The hospital is the

largest private employer on the Monterey Peninsula, with approximately 1,947 employees and an annual payroll, including benefits, of \$242 million in 2012.

The hospital's mission has always guided its decisions and policies to improve the overall health of community residents, improve access to health services, and address unmet health needs. Beginning in 1955, trustees voted to build a new facility on 22 acres of donated land to replace an outdated facility which had been serving the community since 1934. Gifts from the community financed two-thirds of the cost of this new facility. This partnership and community generosity have continued and allowed the hospital to purchase new equipment and upgrade facilities in response to changing community needs.

The purchase of Eskaton Monterey Hospital in 1982 allowed Community Hospital to merge the two acute-care facilities. Consumers continue to receive the benefit of the significant operating efficiencies produced by the merger, with hospital charges (average charge per stay) that consistently rank in the lowest quartile for comparable hospitals in Northern California. In response to community need, Community Hospital later converted the former Eskaton Monterey Hospital to the Hartnell Professional Center, a major center for outpatient services. The Recovery Center, a chemical-dependency treatment program for both teens and adults, and Behavioral Health Services, which offers outpatient mental health services, are among the services now located there.

The hospital established an outpatient surgery center in 1987 and expanded its Rehabilitation Services facility in 1992. A new Family Birth Center opened in 1996, offering single-room maternity care. Acquisition and integration of Hospice of the Central Coast and Westland House (formerly called Hospice House) into Community Hospital occurred in 1997, and the Comprehensive Cancer Center facility opened in late 1999.

Community Hospital's Carol Hatton Breast Care Center opened in 2002, in direct response to community requests and following input from local women's organizations. The latest digital screening and diagnostic tools are available to patients under one roof at the center. The center is the most innovative and comprehensive center for the prevention, diagnosis, treatment, and recovery of breast cancer and breast disease on the Central Coast, and the only center in the region to have achieved Center of Excellence designation from the American College of Radiology.

Anticipating the wider community's future growth taking place in Marina, Ft. Ord, Seaside, and along the Highway 68 corridor, in 2004 the hospital opened the expansive, centrally located Ryan Ranch Outpatient Campus which houses an expanded Sleep Disorders Center, Diabetes and Nutrition Therapy programs, an outpatient imaging center, an additional satellite lab, a health resource library, doctors' offices, and administrative offices for the hospital's hospice program and education department.

Three factors drove the decision to develop the Ryan Ranch facility. First, the hospital has provided various outpatient services at the main hospital that could be provided at greater patient convenience outside the inpatient facility. Second, the hospital had offered services in some 16 different locations across the Peninsula and in Salinas, some of which could be coordinated on a single campus. Finally, Community Hospital has a long history of growing in the direction, both geographically and medically, of its community.

In 2005, the hospital opened a new cardiac catheterization laboratory to help meet the growing local need for treatment for heart disease, the number-one cause of death for both men and women.

The final phase of construction of the Pavilions Project concluded in 2012. The first phase, which included larger operating rooms to accommodate a cardiac surgery program as well as upgraded critical-care facilities, opened in late 2006. The second phase, which added a new inpatient wing with 120 private rooms (for a net bed increase of approximately 32 beds, as older units were taken out of service) opened in early 2007. The final phase of the project involved renovation of existing hospital facilities, and was completed in several sub-phases. The first group of services to open in expanded facilities included diagnostic and interventional radiology services, cardiac and pulmonary diagnostic services, the cardiac catheterization laboratory (including the addition of an electrophysiology laboratory), an inpatient rehabilitation gym, and an expanded pharmacy. The significant investment in the Pavilions Project will allow the hospital to meet growing community demand for hospital services.

In 2011, Community Hospital's multi-facility Marina campus opened to help address a wide array of unmet needs of the residents of that and surrounding communities. The campus includes Peninsula Wellness Center (an integrated medical fitness facility designed to help those at risk for and those facing health challenges reduce their risk and improve their health and wellness); a second location for Peninsula Primary Care (providing local residents with access to primary care physicians); outpatient physical, occupational, and speech therapy services; cardiac and pulmonary rehabilitation programs; and satellite laboratory and radiology facilities. In addition, the campus also includes a second location for Monterey Bay Urgent Care, a local physician-owned service in which Community Hospital owns a minority interest.

In 2013, Community Hospital plans to open a new Inpatient Rehabilitation Unit (IRU) in the main hospital. This new service, providing aggressive physical, occupational, and speech therapy in an inpatient setting, was developed in direct response to the unmet need for this service in the local area. Following an internal study, the hospital discovered that the vast majority of patients leaving its acute-care facility who could benefit from this level of post-acute care did not receive it anywhere, largely because of the challenges of families traveling daily to distant locations to participate in the patients' care. When the new IRU is opened, we expect that more people in our community will be able to achieve the significant functional improvement required to live as independently as possible following a disabling injury or illness.

Community Benefit Fund Grants

The hospital's community benefit program includes a significant annual commitment of funds available for grants to nonprofit organizations and multi-agency collaborative organizations in support of health assessment and improvement projects within our service area. Community Hospital gives higher priority to projects that involve collaboration among organizations and make appropriate use of Community Hospital's clinical expertise. Grants are awarded under the community benefit program objectives of building healthy communities, health education and wellness, improving access to care, and providing special care for special needs.

The program's overall priorities and funding are reviewed and approved by the Board of Trustees annually, and grant decisions are made by the President's Administrative Committee. Grant applications are welcome at any time. See Appendix B for the complete description of the grant program.

In 2012, Community Hospital awarded a total of \$237,245 in 20 grants to 17 organizations.

Organizational Participation

Board Participation: The Board of Trustees gives overall leadership to the community benefit process by establishing the mission and strategic goals of the hospital. The board approves the community benefit plan annually, including the program's own mission, scope, and grantmaking guidelines.

Board members serve as ambassadors to the community, serve on board committees, and provide governance to the hospital, the foundation (the hospital's tax-exempt parent corporation), and related entities. As residents of the Monterey Peninsula, they are advocates for community needs and encourage active participation of the hospital and its employees and medical staff in meeting those needs.

Staff Participation: Staff participation begins with an ongoing community benefit inventory to identify community benefit services. Staff works with management in developing mission-driven community benefit activities and in planning appropriate changes in existing services as well as new services. Department directors and their staffs manage and implement essentially all community benefit services, including formulating objectives, collecting data, and providing cost and related data for the community benefit plan.

The following is an overview of the roles of several key departments in community benefit planning and implementation:

- The hospital's community health committee is an interdisciplinary group responsible for planning and coordinating our health education programs and activities, including those for hospital staff, patients, and community members. Beginning in 2013, this committee is also responsible for conducting the needs assessment and recommending the development of programs to meet identified needs.
- Administration, coordinated by a vice president, monitors progress on needs assessment activities and the community benefit program in relation to the strategic plan, as well as oversees the grantmaking program.
- Financial Services oversees the data collection process and produces aggregate reports for the community benefit plan.
- Administration and Financial Services prepare the annual community benefit plan for Board of Trustees review and approval.
- Communication and Marketing prepares community reports on the hospital's community benefit program including segments in the hospital's annual report (3,791 copies distributed), *Pulse* magazine (27,264 households; 2 issues per year), and large ads in local newspapers.

Physician Participation: Physicians contribute through leadership of and participation in community benefit activities. In addition to the chief of staff, there is a designated physician seat on the Board of Trustees. Physicians actively participate in hospital and community programs, in

collaborative relationships with Community Hospital and other providers, and through involvement in medical staff committees such as the Community Health Committee. Several medical staff committees are directly involved in planning mission-driven community benefit activities. Physicians also provide numerous hours of volunteer work within the community.

Community Benefit Plan Responsibility

The ultimate responsibility and oversight for the implementation of the community benefit plan resides with the Board of Trustees, President's Administrative Committee (senior executives), and mid-level management (department heads) of Community Hospital of the Monterey Peninsula.

Section 2 Community and Collaboration

Community Served

Community Hospital's primary service area is the Monterey Peninsula, health facility planning area (HFPA) #707. The Monterey Peninsula includes Carmel, Carmel Valley, Del Rey Oaks, Marina, Monterey, Pacific Grove, Pebble Beach, Sand City, Seaside, Big Sur, and unincorporated areas of Monterey County (see service area map).

Factors used in defining the community for community benefit planning purposes include:

1. Community reliance on Community Hospital's services — the hospital's market share of Peninsula resident discharges was approximately 79 percent in 2012.
2. Hospital reliance on the community — residents of the Peninsula accounted for approximately 78 percent of the hospital's patients in 2012.
3. Community benefit history and collaborative relationships with community organizations.
4. Desires and perspectives of community groups with which the hospital collaborates.

The socioeconomic characteristics of the Monterey Peninsula span a broad spectrum. Carmel and Pebble Beach are relatively affluent communities with substantial retired and senior populations. Big Sur and other unincorporated parts of the County are largely rural in character. The communities surrounding the former Fort Ord army base (Seaside, Marina, and Sand City) are less affluent and continuing to grow, with a younger population, more children, and significant racial and ethnic diversity. In spite of the socioeconomic variations, the Monterey Peninsula is a distinct sub-region of Monterey County with a well-defined sense of community.

Target Groups

The seven target groups within the service area identified for community benefit planning are:

- Children/Youth
- Women
- Men
- Seniors
- Economically disadvantaged
- Community subgroups, e.g., military, students, ethnic populations
- General community

A description of the distribution of benefit services and dollars among these target groups is in Sections 5 and 6.

Collaborations

Since launching our community benefit program, Community Hospital has collaborated with the community on both community assessment and community benefit service activities, including through our grantmaking program and the extensive community involvement of our staff and physicians.

Benefit service collaborations involved 145 local organizations in 2012. The following is a summary of collaborating organizations by type. Appendix C contains a listing of collaborating organizations for community benefit activities.

Collaborating Organizations Community Benefit Activities	
Type of Organization	Number of Organizations
Business Organizations	21
Community Groups	26
Educational Organizations	39
Healthcare Organizations	35
Public Agencies	<u>24</u>
Total Collaborators	145

SERVICE AREA MAP

SERVICE AREA MAP



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Section 3 Community Assessment

Community Hospital continues to be guided by a number of community assessment efforts to measure unmet needs and improve health outcomes. This section describes community assessment methods, results, and future directions.

Physician Manpower Assessment and Action

Since 1999, Community Hospital has engaged in periodic assessment of the adequacy of physician resources needed to meet community healthcare needs. The first study demonstrated that there were unmet needs in certain physician specialties, and that the problem would likely worsen over the next several years. Because the shortages did, in fact, worsen in the intervening years, the Board of Trustees established a formal physician recruitment program in 2001 to provide significant financial support and a more aggressive organizational commitment to meeting these community needs and improving access to care for local residents.

The physician recruitment program includes ongoing assessment of the changing needs and demographics of the hospital's service area, changing market conditions, and active medical staff demographics and practice patterns. The program is regularly updated to reflect this assessment data (as well as changes in applicable laws governing such programs), and recruitment priorities are established annually by hospital administration and medical staff leadership. The program is designed to provide the assistance necessary to bring physicians in specialties with demonstrated local shortages to the hospital's primary service area.

Through 2012, the hospital had successfully recruited 66 physicians to the Monterey Peninsula under the program. All are required to participate in the Medicare, Medi-Cal, and CHAMPUS/TriCare programs, because the shortage of physicians on the Monterey Peninsula willing to do so is particularly acute.

Current recruitment priorities include:

- adult primary care (family/internal medicine and hospitalists)
- cardiology
- endocrinology (inpatient diabetology expertise)
- pulmonary medicine/critical care
- general and vascular surgery
- infectious disease
- neurology (stroke and inpatient neurology expertise)
- obstetrics/gynecology
- pediatrics
- physical medicine and rehabilitation (inpatient expertise)
- psychiatry
- urology

Because the shortage of primary care physicians is the most acute physician manpower issue and unmet healthcare need facing the hospital's community, in 2008 the Board of Trustees took official action to create Peninsula Primary Care, a new nonprofit subsidiary of Community Hospital Foundation.

Peninsula Primary Care (PPC) opened its initial site at the Crossroads in Carmel in September 2009. This site was selected to help address a significant unmet need among the Medicare population in that community. A second site opened in 2011 in Marina. Not only is this community underserved in primary care, but Marina residents also visit an emergency room at a much higher rate than residents of other local communities. As a result, the site includes an urgent care center as well as radiology and laboratory services.

The goal is to recruit additional physicians to practice in our community, as well as provide a stable practice environment for some existing physicians to prevent their leaving the community. We anticipate that each PPC site will require an annual subsidy from Community Hospital of approximately \$1 million when fully operational.

Other Hospital-Driven Assessment Activities

In 2010, Community Hospital completed an updated and comprehensive assessment of our community's unmet healthcare needs. Professional Research Consultants (PRC) was retained to conduct a statistically valid telephone survey of 1,000 randomly selected local adults. The survey was based largely on the Centers for Disease Control and Prevention behavioral risk factor surveillance system. In addition, we collected and analyzed secondary data from national, state, and local sources such as incidence rates of disease, causes of death, etc. All of the data was then compiled and benchmarked against the goals of the national Healthy People 2010 initiative sponsored by the U.S. Department of Health and Human Services.

The analysis of this assessment revealed that existing Community Hospital community benefit services continue to be appropriately directed, but also pointed out potential opportunities to bring greater emphasis to services targeted at obesity and other limitations on physical activity, in addition to three major opportunities described below.

Residents of the Community Hospital service area are failing to meet Healthy People 2020 goals for such foundational health elements as blood pressure screening, high cholesterol, and diabetes deaths (among others). This finding has, in part, led the organization to develop a medical fitness facility in Marina which will provide health assessment, screening, and education, as well as medically supervised exercise programs to assist members in improving their health status and in managing chronic conditions. Services and programs are being designed to meet the needs of residents who are obese and/or face other limitations on their physician activity by providing a safe and welcoming environment for those just beginning to address their health issues. The facility opened in 2011.

The complex healthcare needs of the most vulnerable local residents have also led to the launch of a major new initiative aimed at improving the health status and reducing the need for hospitalization by this population. In late 2011, Community Hospital established a new nonprofit subsidiary, Community Health Innovations, to guide and support area primary care physician practices in implementing the medical home model of care and to support physicians throughout our community in effectively using and sharing electronic health information, and eventually to implement integrated population management strategies. A significant investment is being made in these programs.

Another key finding of the assessment was the higher prevalence of stroke and the higher rate of death from stroke in the local population, when compared to Healthy People 2020 goals. In 2009, Community Hospital became the first Joint Commission-certified primary stroke center in Monterey County and launched an active public education campaign regarding the risk factors for stroke as well

as the importance of recognizing and seeking immediate treatment for the signs of stroke. The quality of care for local stroke patients has improved demonstrably as a result of this successful initiative.

Finally, the updated community needs assessment revealed that access to affordable health insurance has become an even more critical local issue due to the prevailing economic conditions. In 2011, Community Hospital launched a locally owned and operated self-insured health insurance product to improve access to affordable health insurance for our community. And in 2014, Community Hospital will launch a Medicare Advantage insurance plan in Monterey County, offering two types of insurance policies for area Medicare recipients designed to offer affordable access to the traditional healthcare services in our community in addition to the benefits of our disease management, primary care medical home, and other integrated population management expertise.

The community assessment is next scheduled to be updated in 2013.

Section 4 Benefit Services

This section summarizes benefit activities by SB 697 category, community focus, community need, and target group. A complete alphabetical master list of benefit services and descriptions is in Appendix D.

Benefits Data Collection

Benefits data collection begins with an annual update of the hospital's organization-wide inventory of all community benefit activities. The person responsible for each identified benefit service then completes a benefit data form for that service. Information provided 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 primary data management tool.

Benefit Service Tabulations

Each benefit service's SB 697 category and hospital focus area are identified. The CBISA Online program produces data for tables and cross-tabulations for the following categories.

- SB 697 category
- Target group
- Hospital focus area (community need)

The hospital has established focus areas that encompass community needs identified in the community assessment, while reflecting its own community benefit program vision.

Services by SB 697 Category

The community benefit inventory for 2012 identified 132 community benefit services. The distribution of these services as follows:

SB 697 Category	Number of Services
Medical care services	14
Other benefits: broader community	23
Other benefits: vulnerable populations	7
Health research, education, and training	88
Total Services	132

Services by Primary Target Group

Generally, more than one target group uses individual community benefit services. For example, many services for seniors also serve women. The term “primary target group” designates which group generally comprises the intended primary user group.

Primary Target Group	Number of Services
Children/youth	10
Women	5
Men	1
Seniors	3
Economically disadvantaged	12
Community: specific groups ^(a)	42
Community: general	59
Total Services	132
<small>(a) Specific groups include both demographic groups and disease-specific groups, e.g., cancer patients.</small>	

Services by Focus Area (Community Need)

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

Focus Areas	Number of Services
Building healthy communities	18
Health education and wellness	75
Improving access to care	19
Special care for special needs	20
Total Services	132

The five highest-cost benefit services for each of the focus areas are shown below.

Focus Areas: Five Highest-Cost Benefit Services
Building healthy communities <ul style="list-style-type: none">➤ Carpooling incentives/employee shuttle program➤ California Transplant Donor Network support➤ United Way employee campaign➤ Hand sanitizer distribution to promote infection prevention➤ Materials Management donation of supplies
Health education and wellness <ul style="list-style-type: none">➤ Family and patient education and counseling➤ Web site resources➤ <i>Pulse</i> magazine➤ Scholarship program➤ Health news sponsorship
Improving access to care <ul style="list-style-type: none">➤ Unpaid cost of Medicare services➤ Unpaid cost of Medi-Cal services➤ Negative-margin services➤ General charity care (at cost)➤ Unpaid cost of CHAMPUS services
Special care for special needs <ul style="list-style-type: none">➤ Mental health information and referral services➤ Food donations to community➤ Bereavement program➤ Community benefit fund grants➤ Griefbusters

Health and Wellness Services by Type of Service

The distribution of health and wellness community-benefit services by type of service is as follows:

Type of Service	Number of Services
Health education classes	21
Health fairs/screenings	5
Information and presentations	15
Support groups	28
Training classes	7
Other	30
Total Services	106

Community Benefit Fund Grants

Grants are generally single-year commitments to support current or new programs consistent with the mission of Community Hospital. Applications are reviewed and awards are made by the hospital's President's Administrative Committee. Higher priority projects are those that involve collaboration among organizations, make appropriate use of Community Hospital's clinical expertise, and improve access to care. In 2012, there were 20 grants that totaled of \$237,245, with an average amount of \$11,862. The amount and number of grants for each of the four focus areas are listed below:

Focus Area	Number of Grants	Dollar Amounts
Building healthy communities	6	\$ 22,295
Health education and wellness	6	51,250
Improving access to care	1	75,000
Special care for special needs	7	88,700
Total	20	\$237,245

Section 5 Value of Benefit Services

This section presents the dollar value of the community benefit services described in the preceding section. It includes tabulations by SB 697 category and hospital-defined focus area, as well as for staff and volunteer hours. The costs for charity care and government payer shortfall (i.e., unpaid costs of public programs) are reported separately, as are costs by each target group.

Cost-Based Value Definitions

As prescribed by SB 697, community benefit dollars presented in this report include only free, discounted, subsidized, or negative-margin services and the unpaid cost of public programs, less funds received from fees and other sources. Unpaid costs of public programs are presented using the hospital's cost accounting data. No indirect cost is added to unpaid cost of public programs, negative-margin services, general charity, or overhead cost centers. Salaries include employee benefits.

Benefit Value versus Marketing Value

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

Value by SB 697 Category

SB 697 Category	Dollars
Medical care: vulnerable populations	
Traditional charity care, at cost	\$12,828,582
Unpaid cost of Medi-Cal program	\$30,560,076
Medical care: broader community	
Unpaid cost of Medicare program	\$71,543,305
Unpaid cost of other government programs	\$11,288,699
Negative-margin services	\$14,563,323
Other benefits:	
Broader community and vulnerable populations	\$14,590,313
Health research, education, and training	\$3,053,592
Total benefits	\$158,427,890

The five highest-value services for health research, education, and training and other benefits are as follows:

Health Research, Education, and Training	
Benefit	Amount
Family and patient education and counseling	\$493,214
Web site resources	\$338,360
Mental health information and referral services	\$262,621
<i>Pulse</i> magazine	\$251,096
Scholarship program	\$196,995
Other Community Benefit Programs, Including Those Benefiting Vulnerable Populations	
Benefit	Amount
Physician recruitment program	\$10,604,328
Peninsula Primary Care	\$715,353
Carpooling incentives/employee shuttle program	\$662,469
Free prescriptions for needy patients	\$410,257
California Transplant Donor Network support	\$391,549

Value by Focus Area (Community Need)

The following is the dollar value of and number of services for each hospital-identified focus area:

Focus Areas	Amount	Number of Services
Building healthy communities	\$1,228,239	18
Health education and wellness	\$2,573,615	75
Improving access to care	\$153,889,827	19
Special care for special needs	\$736,209	20
Total benefits	\$158,427,890	132

The following is the percentage of dollars and services for each hospital-identified focus area:

Focus Areas	Percent of Dollars	Percent of Services
Building healthy communities	0.8%	13.6%
Health education and wellness	1.6%	56.8%
Improving access to care	97.1%	14.4%
Special care for special needs	0.5%	15.2%
Total	100.0%	100.0%

Volunteer Hours

In addition to the 41,727 paid staff hours contributed toward community benefit services, board members, physicians, hospital staff, and Auxiliary volunteers reported contributing another 24,540 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 of the hospital's contribution and dedication to the community.

Focus Area	Staff Hours	Volunteer Hours
Building healthy communities	8,413	9,018
Health education and wellness	12,653	2,687
Improving access to care	14,703	7,007
Special care for special needs	5,958	5,828
Total hours	41,727	24,540

Evaluating the Economic Value

One benchmark for evaluating the economic value of community benefit services provided is the dollar value of the hospital's 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 Community Hospital returned to the community far more in community benefits than the value of its tax exemption in 2012:

Hospital cost of community benefits	\$158,427,890
Value of tax exemption	\$ 19,718,631
Community benefits per dollar of tax exemption value	\$8.03

Comparison with Prior Year

The following table compares the value of community benefits for 2012 with the value for 2011:

SB 697 Category	2011	2012	Net Change
Medical care: vulnerable populations			
Traditional charity care, at cost	\$11,454,505	\$12,828,582	\$ 1,374,077
Unpaid cost of Medi-Cal program	19,875,163	30,560,076	10,684,913
Medical care: broader community			
Unpaid cost of Medicare program	73,324,351	71,543,305	-1,781,046
Unpaid cost of other government programs	8,710,485	11,288,699	2,578,214
Negative-margin services	12,838,765	14,563,323	1,724,558
Other community benefits	16,143,847	14,590,313	-1,553,534
Health research, education, and training	3,313,992	3,053,592	-260,400
Total quantified benefits	\$145,661,108	\$158,427,890	\$12,766,782

Section 6 Measurable Objectives

This section describes measurable objectives, the method for measuring outcomes for those objectives, and the results for the year.

Scope of Services

The focus of measurable objectives and outcome measures is on health education and wellness services provided in classroom and support-group settings and through the hospital's speakers' bureau.

Health education and wellness services comprise 67 percent of benefit services for the year. They are the principal venue for community outreach. In a primary service area of only 140,000 residents, 31,534 (more than 22 percent of service area residents, assuming no person participated in multiple services) participated in educational classes and support groups alone.

Type of Service	Number of Services	Occurrences	Persons Served
Class	21	112	2,899
Health fair/screening	5	24	12,037
Speakers Bureau event	2	58	6,240
Support group	28	96	10,134
Training	7	10	224
Subtotal	63	300	31,534
Presentation	13	(a)	(a)
Other	30	(a)	(a)
Total	106	---	---
(a) Persons served and occurrences are difficult to quantify for these types of services (e.g., radio spots and Web site inquiries).			

Classes and Support Groups

General Objectives

The general objectives of the health education and wellness benefit services in classroom and support-group settings are as follows:

- **Healthful Behavioral Change**: Assist participants toward more healthful behavior through improved knowledge and skills.
- **Convenience and Relevance**: Provide the services in convenient settings with content that meets participants' perceived needs.

Measuring Outcomes

Standardized participant evaluation forms provide the data for measuring how well the services meet the objectives. Participants complete forms at the conclusion of each class and support group. Participant evaluation questions for each of the general objectives are as follows:

Healthful Behavioral Change:

- Was the information helpful?
- Did you learn a new skill?
- Will you change your lifestyle as a result of what you learned?

Convenience and Relevance:

- Were the time and location convenient?
- Did the instructor meet your needs?
- Would you recommend this class to others?

The hospital recognizes that participant "lifestyle-change" statements are often considered to have a low reliability as an outcome measure. Lifestyle-change statements are, however, a good indicator of whether or not the participant has absorbed and processed pertinent information and, in the context of these community benefit services, appear to be best suited as a reporting mechanism.

Community Hospital health education classes, health fairs, support groups, and training programs served 31,534 persons in 2012, at an average cost of \$37.83 per participant. Compared to the cost of providing the service, the cost of implementing more sophisticated outcome measures (such as those involving pre- and post-testing and independent observations with follow-up surveys) would be prohibitive.

Specific Objectives and Outcomes

For each of the questions, the participants have three choices, two positive (definitely and somewhat) and one negative (not at all). Specific objectives were expressed in terms of the percentage of positive responses of each of the questions. The following two tables show the specific objectives and corresponding outcomes for 2012. In the aggregate, the outcomes more than meet the specific objectives for all the questions.

SPECIFIC OBJECTIVES	
Participant Evaluation Question	Percentage Positive Response
Healthful Behavioral Change	
Was the information helpful?	100%
Did you learn a new skill?	97%
Will you change your lifestyle as a result?	93%
Convenience and Relevance	
Were the time and location convenient?	99%
Did the instructor meet your needs?	100%
Would you recommend this service to others?	100%

OUTCOMES FOR 2012		
Type of Service	Percentage Positive Responses	
	Class	Support Group
Helpful Behavioral Change		
Was the information helpful?	100%	100%
Did you learn a new skill?	98%	96%
Will you change your lifestyle as a result?	92%	95%
Convenience and Instructors		
Were the time and location convenient?	99%	100%
Did the instructor meet your needs?	100%	100%
Would you recommend this service to others?	100%	100%

Health Fairs and Screening Events

Health fairs and screening events are community outreach services which offer education and screening for specific health risks. In 2012, Community Hospital offered education, screening, and tests for the following types of diseases and risks:

- Blood glucose
- Blood pressure
- Carbon monoxide
- Cholesterol
- Infant/child safety
- Peripheral vascular disease
- Prostate cancer
- Skin cancer

General Objectives

The general objectives of the health fairs and screening events are as follows:

- **Risk Detection, Education, and Referral**: Promote wellness through early detection of risk, education of participants, and referral for appropriate healthcare follow-up.

Measuring Outcomes

The data compiled at health fairs and screening events to evaluate how well they meet their objectives are as follows:

Early Risk Detection

- Number of participants
- Number of screenings
- Number of abnormal results

Education and Referral

- Follow-up and education on abnormal screening results outside normal range
- Advice on appropriate contact with family physician or healthcare resource

Specific Objectives and Outcomes

The following two tables show the specific objectives and corresponding outcomes for 2012.

SPECIFIC OBJECTIVES	
Evaluation Measure	Objective
Early Risk Detection	
Number of participants	Within +/- 10% of prior year
Number of screening tests	At least 25% of participants
Percentage of abnormal results	Not applicable
Education and follow-up for abnormal results	
Follow-up and referral	100% of applicable tests ^(a)
^(a) Tests sufficiently outside the normal range.	

OUTCOMES FOR 2012		
Evaluation Measure	Data Value	Specific Outcome
Early Risk Detection		
Number of participants	4,037 ^(a)	Within +/- 17% of prior year
Number of screening tests	2,151	More than one screening per two participants
Number of abnormal results	444	21% abnormal results
Education and follow-up for abnormal results		
Follow-up on abnormal results	444	100% of applicable tests
^(a) Excluding 8,000 for Big Sur Marathon and Half-Marathon Health Expos.		

Appendix A. Charity-Care Policy

POLICY TITLE: FINANCIAL ASSISTANCE PROGRAM SPONSORED CARE & DISCOUNT PAYMENT POLICY	POLICY NUMBER: POLADM5
ORIGINATING DEPARTMENT: PATIENT BUSINESS SERVICES & SOCIAL SERVICES DISTRIBUTION: SOCIAL SERVICES, PAC, SERVICE DEPARTMENTS, PBS	ORIGINAL DATE: 12/01 LAST REVIEW DATE: 11/10 APPROVED BY PAC: REVISION DATE: 4/12 NEXT REVIEW DATE: 4/14

POLICY STATEMENT

Community Hospital of the Monterey Peninsula strives to provide quality services in a caring environment and to make a positive, measurable difference in the health of individuals we serve. Helping to meet the needs of low-income uninsured and underinsured patients is an important component of our commitment to the community.

The criteria Community Hospital of the Monterey Peninsula will follow in qualifying patients for financial assistance programs are described in this policy. Upon approval, financial assistance is provided through one of two programs: (1) the Sponsored Care Program; or (2) the Discount Payment Program. These programs may cover all or part of the cost of services provided, depending on the patient's eligibility, income and resultant ability to pay for services. The Sponsored Care and Discount Payment Programs are intended for patients whose personal or family financial ability to meet hospital expenses is absent or demonstrably restricted, and the benefits provided by the hospital under these programs inure to the benefit of the patient. The minimum requirement for both programs is stated below and is based upon the patient's combined family income as a percent of the Federal Poverty Guidelines (FPL) that are published annually in the Federal Register. <http://aspe.hhs.gov/poverty>. Given Community Hospital of the Monterey Peninsula's service area demographics, available resources and mission to meet the healthcare needs of its community, financial assistance is available for patients with income levels up to 350 percent of the FPL. Community Hospital's Sponsored Care and Discount Payment Programs are intended to fully comply with the Hospital Fair Pricing Policies Act. This policy is intended to be stated as clearly and simply as possible for the benefit of our patients.

The hospital's Sponsored Care Program provides uninsured or underinsured eligible patients with a discount of up to 100% on medically necessary services provided by the hospital. To qualify for the Sponsored Care Program the patient family's gross income must not exceed 250% of the Federal Poverty Level referred to above. In addition, to qualify for the Sponsored Care Program, the value of the patient's monetary assets must not exceed \$110,000.

The Discount Payment Program establishes a discount to be applied to uninsured or underinsured patient accounts and reduce patient liability to the payment amount the hospital would receive from the most generous government sponsored health benefit program under which the hospital participates. Patients with incomes at or below 350% of the Federal Poverty Guidelines may be eligible for the Discount Payment Program.

Patients who are eligible for the Sponsored Care or Discount Payment Program may agree to a reasonable payment plan and make monthly payments if they cannot pay their bill in a lump sum. Such payment

plans will be negotiated with the patient and will be interest free. However, the payment plan may be terminated if the patient does not make all scheduled payments.

ELIGIBILITY AND SERVICES

Patients may be eligible for the Sponsored Care or Discount Payment Program if the following criteria are met. Three classifications of patients may be eligible for participation in the Sponsored Care or Discount Payment Program:

- A self pay patient may be eligible for either the Sponsored Care or Discount Payment Program if the patient does not have third party health insurance coverage, a health care service plan, Medicare or MediCal, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or any other insurance that may cover the hospital services provided to the patient.
- An insured patient may be eligible for the Discount Payment Program if the patient has high medical costs and does not receive a discounted rate from the hospital because of the patient's insurance, provided the patient's out of pocket medical expenses in the 12 months before hospital services were provided exceed 10% of the patient's family income during the same 12 month period.
- An insured patient may be eligible for the Sponsored Care Program if the patient's income and monetary assets meet the eligibility standards explained below and the patient has any out of pocket medical expenses.
- **Documentation Requirements –**
Income: As a condition of eligibility, patients are required to submit proof of their own and their family members' income. As a condition of eligibility, all applicants are required to submit tax returns for the most recently completed calendar year or pay stubs for the last three months to verify their own and their family members' income. If the patient and/or family members do not have income tax returns or pay stubs, the hospital may deny the application for Sponsored Care and Discount Payment.

Monetary Assets: To qualify for the Sponsored Care program, patients are required to provide documentation to establish the value of the patient's monetary assets, in addition to documentation regarding income. Monetary assets include cash, liquid assets, investments, savings, gold, checking accounts, and certificates of deposit. Patients are required to provide bank statements, brokerage account statements and other documentation to verify monetary assets. **Patients are not required to provide documentation of income from retirement plans or deferred compensation plans.**

High Medical Costs: Patients who apply for the Discount Payment Policy due to high medical costs must provide bills, cancelled checks, statements, explanation of benefit documents, or other documentation to prove the amount of the patient's out of pocket medical expenses in the most recent 12 months before hospital services were provided. If the patient pays his/her own insurance premiums, these may be included as medical expenses during the 12 month period. Such out of pocket expenses must amount to at least 10% of the reported family income for the included 12 months.

The patient's failure to provide documentation of income, assets, medical expenses, health benefits coverage, family unit or other requested documentation or to apply for public or private insurance in a timely manner as requested may result in denial of the patient's application for Sponsored Care and Discount Payment Program assistance.

- **Services** - This policy applies only to medically necessary services provided by Community Hospital on or after January 1, 2007. Services provided at the hospital by private health care providers, such as personal physicians and ambulance conveyance, are not covered by this policy. The Sponsored Care Program and Discount Payment Program are available for services provided by Community Hospital that are not paid for by any federal, state, or county programs, entities and/or funding sources, or third party insurance coverage for which an individual applicant is eligible. The hospital may require an uninsured patient to apply for private or public health insurance or sponsorship that may fully or partially cover the charges for care rendered by the hospital, and will provide applications for or referral to these programs to the patient.

Services that are not covered include, but are not limited to:

- All non-hospital billed services such as:
 - Non-hospital based Physicians' Services
 - Ambulance transportation
 - Medications
 - Non-medically necessary bariatric surgery
 - Cosmetic services
 - Services for which, in the opinion of competent hospital staff, are provided only as a stop-gap when a patient is staying at the hospital, or at Westland House, for the convenience of the family and/or physician.
 - Non-medically indicated care.
 - Durable Medical Equipment
 - Oxygen and oxygen supplies
 - Any service or product considered to be experimental by the major payers; services or products unapproved for patient use by the FDA; services or products the provision of which would effectively place the hospital in the position of having to provide such services or products for extended periods of time including when the patient is not a patient of Community Hospital.
- **Application** – Patients may apply for assistance under either the Discount Payment Program or the Sponsored Care Program, or both programs. A patient who applies under both programs and meets eligibility criteria for both programs will be approved for the benefit that is most favorable to the patient. If a patient applies for the Sponsored Care Program, but is ineligible, the hospital will review the application to determine if the patient is eligible for the Discount Payment Program. Applications for the Sponsored Care or Discount Payment Program must be submitted to the hospital within 120 days of the date services were provided, or within 90 days of payment made to the hospital by third party coverage.
 - **Family**- For purposes of the Sponsored Care Program and the Discount Payment Program, “family” is defined as follows: For persons 18 years of age or older, family includes the patient’s spouse, domestic partner and dependent children under 21 years of age, whether living at home or not. For persons under 18 years of age, family includes the patient’s parent(s) or caretaker relatives and other children of the parent(s) or caretaker relative who are under 21 years of age.
 - **Interest Free Payment Plans**- Patients who are eligible for the Sponsored Care or Discount Payment Program, and have a non-covered portion of their bill remaining, may agree to a reasonable payment plan and make monthly payments if they cannot pay their bill in a lump sum. Such payment plans will be negotiated with the patient and will be interest free. However, the hospital may terminate the interest free payment plan if the patient does not timely make all scheduled payments.

Eligibility Criteria Applicable To the Sponsored Care Program

Financial Qualification- two classifications of patients may be eligible for participation in the Sponsored Care Program:

1. A self pay patient who does not have third party health insurance coverage, a health care service plan, Medicare or Medicaid, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or any other insurance that may cover the hospital services provided to the patient.
2. An insured patient whose income and monetary assets meet the eligibility standards explained below and the patient has any out of pocket medical expenses.

Income – To qualify for the **Sponsored Care Program** the patient's family gross income must not exceed 250% of the current federal poverty level (FPL). The FPL is published annually and this policy is updated by incorporating each subsequent edition of the FPL as an attachment.

Monetary Assets- For purposes of eligibility for the Sponsored Care Program, the value of the patient's monetary assets must not exceed \$110,000. Monetary assets are defined as cash, liquid assets, investments, savings, gold, checking accounts, and certificates of deposit. Monetary assets do not include retirement or deferred compensation plans. When determining eligibility for the Sponsored Care Program, the hospital will only consider 50% of the patient's monetary assets over the first \$10,000, (the first \$10,000 is not counted in determining the patient's assets). After this calculation, if a patient's **net** monetary assets exceed \$50,000, the patient is not eligible for the Sponsored Care Program.

The hospital may require waivers or releases from the patient or the patient's family, authorizing the hospital to obtain account information from financial or commercial institutions, or other entities that hold or maintain the monetary assets to verify their value.

Patients wishing to qualify for the Sponsored Care Program must apply for and comply with MediCal or other state or county program requirements before being considered for Sponsored Care. This includes spend down provisions that may be invoked in the qualification for county or state programs.

Eligibility Criteria Applicable To The Discount Payment Program

Financial Qualification- two classifications of patients may be eligible for participation in the **Discount Payment Program**:

1. A self pay patient who does not have third party health insurance coverage, a health care service plan, Medicare or Medicaid, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or any other insurance that may cover the hospital services provided to the patient. This includes VA patients who refuse to access VA facilities for treatment, MIA Patients who refuse to access the county facility or any other likely payer.
2. An insured patient with high medical costs who does not receive a discounted rate from the hospital because of the patient's insurance, provided the patient's out of pocket medical expenses in the 12 months before hospital services were provided exceed 10% of the patient's family income during the same 12 month period. This includes self-paid health insurance premiums if that coverage is used for care at Community Hospital.

Income – To qualify for the Discount Payment Program the patient's family gross income must not exceed 350% of the current federal poverty level (FPL). The FPL is published annually and this policy is updated by incorporating each subsequent edition of the FPL as an attachment.

BENEFITS

Sponsored Care Program

- The Sponsored Care Program provides eligible patients with up to a 100% discount on medical services provided by the hospital. The discount is determined based on the patient's income and monetary assets and the amount of the hospital bill or the portion of the bill that remains unpaid after receipt of payment by the patient's insurer. The discount is described in this policy and on the attached Matrix of Sponsored Care.
- For example, a self pay patient with a gross family income at or below 150% of the federal poverty level whose total hospital charges for medically necessary service would normally cost more than \$10,000 and who qualifies for the Sponsored Care Program will receive a 100% discount, resulting in a bill of zero. An eligible self pay patient with a gross family income between 201 and 250% of the federal poverty level will receive an 85% discount on the total regular hospital charges for medically necessary services provided between \$10,000 and \$20,000.
- An insured patient who is eligible for the Sponsored Care program and with a gross family income at or below 150% of the federal poverty level who owes the hospital less than \$5,001 after payment to the hospital by the patient's insurance company will receive a 95% discount on the portion of the bill due from the patient. An eligible insured patient with gross family income between 200% and 250% of the federal poverty level who owes the hospital \$10,500 after the patient's insurance company pays its share will receive an 85% discount on the patient's portion of the bill.
- However, a patient who is eligible for the Sponsored Care Program will not be charged more than the highest amount the hospital would receive for providing the services from the highest paying government sponsored health benefit program in which the hospital participates. If the payment received by the hospital from an insured patient's insurance company exceeds the amount the hospital would have received from the highest paying government sponsored health benefits program, the patient will not be charged any additional amount for the medically necessary services rendered.

Discount Payment Program

- The Discount Payment Program provides eligible patients a discount on the cost of hospital services.

Eligible patients will not be charged more than the highest amount the hospital would receive for providing the services to a beneficiary of the highest paying government sponsored health benefit program in which the hospital participates. Eligible insured patients with high medical costs will be charged a maximum of the difference between the amount their insurance company pays for services and the highest amount the hospital would receive for the services from a government sponsored health benefit program. Patients who qualify for the Discount Payment Program will be offered the opportunity to agree to interest free extended payment plans for any charges they are unable to pay in a lump sum. Eligible patients must agree in writing to a payment plan within 120 days of receiving services from the hospital. Upon request, a payment plan will be negotiated with each eligible patient, and will remain interest free only if the patient makes timely payments in accordance with the terms of the payment plan. If the patient fails to make regularly scheduled payments during any 90 day period, the hospital may terminate the payment plan, and the entire unpaid balance will be due, together with interest that will accrue on the remaining balance from the date of default at the maximum legal rate. If the patient defaults on any payment, he/she may request that the payment plan be renegotiated.

Only the patient's income and the patient's family members' income, as measured by income tax records or pay stubs, will be requested or considered in determining eligibility for the Discount Payment Program.

Sherry Cockle Fund

- To qualify for services under the Sherry Cockle Fund, a breast care screening program, patients must work in Monterey County and their treating physician must be practicing in Monterey County. Sherry Cockle Fund approval does not require a Medi-Cal denial or financial qualification.

PRACTICE

1. Current and prospective patients may apply for the Sponsored Care or the Discount Payment Program. Information about these programs will be made available at all patient intake and treatment points within Community Hospital facilities, and will be provided to each patient presenting for services. An application for the Sponsored Care and Discount Payment Programs will be provided to all patients who are interested. Additionally, information and applications (if available) for State Medi-Cal, the Healthy Families Program, and any other available government program will be provided to patients upon request and as required by law. A pre-screening interview may be done with patients to ensure that they meet the basic eligibility criteria. Patients will be referred to other available programs if appropriate, including Medi-Cal, the MIA program, and Medicare SSI and other programs described on the attached list of programs and resources. Assistance in applying for these and other Federal, State or County programs is available to any interested patient. An eligible patient who is in the process of obtaining healthcare benefits from a third party or government program may be granted Sponsored Care or Discount Payment benefits under this policy while their application is pending. If the third party healthcare benefits are granted, Patient Business Services will determine whether the coverage is retroactive to the period covered by Sponsored Care or Discount Payment benefits and then file for claim coverage and reverse the hospital's Sponsored Care or Discount Payment award upon receipt of the third party program payment.
2. Patients and prospective patients may request applications under any of the following circumstances:
 - a) Prior to scheduling inpatient or outpatient services
 - b) While receiving recurring outpatient services;
 - c) During an inpatient stay. A Patient Access financial counselor will interview all self-pay inpatients while in the hospital to determine the level of need and may assist the patient in applying for assistance under this policy;
 - d) Up to 120 days following services or up to 90 days following payment of benefits to the hospital due from a third party or parties.

The hospital's Social Services Department reviews applications for Sponsored Care and Discount Payment assistance prior to the provision of services if possible, and for ongoing post hospital continuing care. Sponsored Care or Discount Payment Assistance, ER services, direct admits and post services are reviewed by Patient Access and/or Patient Business Services. The reviewing department verifies that an applicant meets basic eligibility criteria. If basic eligibility criteria are not met, the applicant is not eligible for financial assistance through either the Sponsored Care or Discount Payment Program. The responsibilities, in practice, for the reviewing department in determining initial eligibility are as follows:

- e) Determine that the patient is financially eligible using the eligibility criteria specified in this policy.
- f) Verify the most recent 12 months of family income. If the patient applies only for the Discount Payment Program, only income information can be requested. The income

information that can be requested is limited to the patient's and patient's family member's tax returns or pay stubs. Income from line 22 of the federal tax return is compared with the Federal Poverty Guidelines. If the patient is applying for sponsored care and the line 22 income is below \$10,000 the hospital may request documentation to explain how the individual is living in this area with an income below \$10,000 (e.g. other sources of support, living circumstances, etc.). If these forms of documentation are not available, or are not timely provided by the patient, the hospital may deny the application.

- g) If the patient applies for Sponsored Care verify the patient's assets in accordance with this policy.
3. In support of an application for the Sponsored Care Program, the patient must also identify and provide the value of the patient's assets. Monetary assets include cash, liquid assets, investments, savings, gold, checking accounts, and certificates of deposit. **Monetary assets also include assets held in trust for the patient's benefit (including without limitation assets held in a "special needs trust") to the extent such assets are currently payable to or for the benefit of the patient, or may be payable to or for the benefit of the patient in the discretion of the trustee.** Patients are required to provide bank statements, brokerage account statements and other documentation to verify monetary assets. **Patients are also required to provide a copy of any written trust documentation for a trust which may hold assets includable as monetary assets hereunder, as well as a current account or report describing the nature and value of such trust assets.** Patients are not required to provide documentation of income from retirement plans or deferred compensation plans.

For purposes of eligibility for the Sponsored Care Program the value of the patient's monetary assets must not exceed \$110,000. Monetary assets are defined as cash, liquid assets, investments, savings, gold, checking accounts, and certificates of deposit. **Monetary assets also include assets held in trust for the patient's benefit (including without limitation assets held in a "special needs trust") to the extent such assets are currently payable to or for the benefit of the patient, or may be payable to or for the benefit of the patient in the discretion of the trustee.** Monetary assets do not include retirement or deferred compensation plans. When determining eligibility for the Sponsored Care Program, the hospital will only consider 50% of the patient's monetary assets over the first \$10,000 (the first \$10,000 is not counted in determining the patient's monetary assets). After this calculation, if a patient's net monetary assets exceed \$50,000, the patient is not eligible for the Sponsored Care Program.

The hospital may require waivers or releases from the patient or the patient's family, authorizing the hospital to obtain account information from financial or commercial institutions, or other entities that hold or maintain the monetary assets to verify their value.

Patients wishing to qualify for the Sponsored Care Program must apply for and comply with MediCal or other state or county program requirements before being considered for Sponsored Care. This includes spend down provisions that may be invoked in the qualification for county or state programs.

If the patient is not eligible for the Sponsored Care Program because the patient's monetary assets exceed the allowable limit, or because the patient fails to timely provide requested documentation in order to allow the hospital to verify the patient's monetary assets, the application and the patient and patient's family's income information will be reviewed to determine if the patient is eligible for the Discount Payment Program.

4. Once the application is completed, the patient provides all requested documentation, and the patient meets all eligibility standards, the application may be approved per the hospital's Approval Process described below.
5. Patients who were approved for financial assistance prior to January 1, 2007 under the hospital's financial assistance program may be required to apply for the Sponsored Care or Discount Payment program, and provide documentation in support of their application.
6. Eligibility for the Sponsored Care or Discount Payment Program does not guarantee eligibility for subsequent hospital services. Each application must be evaluated separately. However, a patient may be presumptively eligible if they reapply for the Sponsored Care or Discount Payment Program for hospital services provided within 120 days of a prior approval. For patients who are receiving recurring services (daily, weekly, etc.) the 120 day reapplication requirement may be waived and they may be required to reapply within one year from the date of approval of their application, rather than every 120 days, as long as the recurring services are ongoing. However, the hospital reserves the right to require the patient to reapply for the Sponsored Care or Discount Payment Program and submit documentation in support of the application during the 120 day or one year presumptive eligibility period. Beyond 120 days from completion of services a new application will be required. Sponsored Care and Discount Program coverage for Behavioral Health services will be limited to 30 visits per calendar year, following the limits of coverage found in most insurance benefits packages, unless prior approval by the Director(s) of Behavioral Health Services and Patient Business Services. Sponsored Care and Discount Program eligibility for Recovery Center Services will be limited to a series of 3 extended treatment plans in a lifetime. Failure to complete a treatment plan counts as one full treatment plan for the purpose of this policy.

APPROVAL PROCESS

Pre-Service & Ongoing Hospital or Extra-hospital Services

1. Pre-Service Assistance is reviewed and administered/coordinated by the director of Social Services.
2. If appropriate Pre-Service Assistance is reviewed and signed by the Director of Patient Business Services, Vice President, or President/CEO.
3. Final approval will not be given until approval signatures are obtained.
4. The patient/responsible party, and/or service department are notified of final approval in writing.

Approval Limits:

<u>Cost of Services</u>	<u>Approval Responsible Party</u>
Up to \$1,000	Social Services Staff
Up to \$5,000	Director of Social Services (UR)
Over \$5,000	Director of Patient Business Services, Vice President or CEO.

Post or Mid Hospital-based Services

1. Post or mid-service assistance is reviewed and determined by Patient Business Services, based on the approval limits stated below.
2. If necessary, post or mid-service assistance is reviewed and determined by the Vice President/CFO.
3. Final approval will not be given until all approval signatures are obtained.

4. The patient/responsible party, and/or service department will be notified of final approval in writing.

Approval Limits:

<u>Cost of Services</u>	<u>Approval Responsible Party</u>
Patient Business Services Representatives	up to \$1,000.00
Patient Business Services Lead	\$1,001.00 to \$10,000.00
Patient Business Services Supervisor	\$10,001.00 to \$15,000.00
Assistant Director of Patient Business Services	\$15,001.00 to \$25,000.00
Director of Patient Business Services	\$25,000.00 to \$50,000.00
Hospital Chief Financial Officer	\$50,001.00 and above

APPEAL AND DISPUTE RESOLUTION

Should there be any dispute as to the decision made by the hospital on the eligibility or level of eligibility of the patient for either the Sponsored Care or Discount Payment Program, appeal of the decision may be made to the Director of Patient Business Services. The patient must initiate the appeal by submitting a written appeal within 30 days of the denial of the patient's application for Sponsored Care or Discount Payment. Patients are required to submit additional or different information or documentation to substantiate the reason for the appeal.

The director will review the basis of the dispute or appeal and will render a decision in keeping with the legal obligations of the hospital. Such decision will be given in writing within a reasonable time of receipt of the appeal, usually within 10 working days following the receipt of the patient's Dispute or Appeal. The director's decision will be final.

Refunds

Any amount collected from an eligible patient in excess of the amount due under the hospital's Sponsored Care or Discount Payment Policy will be refunded to the patient together with interest. Please refer to the Patient Business Services Policy: POLCASH2: Refunds to Patients and Insurance for interest rate and calculation information.

Other Programs/Resources Available To Patients

- Medi-Cal (Regular, Emergency, Pru-col)
- Medically Indigent Adult (MIA)
- Healthy Families
- CaliforniaKids
- Breast Cancer Early Detection Program (BCEDP) - mammograms
- Breast Cancer Cervical Cancer Treatment Program (BCCCTP) – mammograms & pap smears
- Impact (Prostate Cancer)
- PACT (Contraceptives/Contraceptive devices)
- Children's Health & Disability Program CHDP – dental, vision, annual exam
- California Children Services CCS
- Access for Infants & Mothers AIM – maternity and infant care

Appendix B. Community Benefit Guidelines

Mission:

Community Hospital is committed to taking a leadership role in assessing and improving the health status of the people in the communities we serve. Under the auspices of our Community Benefit Program, we directly provide and financially support programs that achieve those objectives.

We recognize that community health is as much a social, economic, and environmental issue as a medical one and that no hospital or single provider can improve community health alone. In addition to direct services provided throughout our healthcare system, we work in partnership with other providers and award grants to support independent projects, particularly those which involve collaboration among organizations.

Scope:

Community Hospital's Community Benefit Program includes two primary elements:

1. *Direct Provision of Services*

Community Hospital is a nonprofit, integrated healthcare delivery system providing healthcare services from birth to end of life. Services include acute medical and surgical care, skilled nursing care, emergency care, outpatient and home-based services, satellite laboratories, mental health clinics, chemical dependency treatment, health education and wellness programs, and hospice care. Many of these services are provided free or at very low cost, and Sponsored Care is available for those in financial need.

2. *Community Benefit Fund*

Community Hospital makes grants from the Community Benefit Fund to nonprofit organizations and multi-agency collaborative organizations in support of health assessment and improvement projects within our service area.

Community Hospital gives higher priority to projects that:

- increase access to healthcare for residents of our community (the highest priority);
- involve collaboration among organizations; and
- make appropriate use of Community Hospital's clinical expertise.

Grants are awarded under the following Community Benefit Program objectives:

- **Building Healthy Communities** — assessing community health needs; addressing the health-related goals identified by regional collaborative organizations.
- **Health Education and Wellness** — improving the individual's knowledge of health risks and the impact of lifestyle choices on those risks; strengthening the individual's role in self-care and management of health and disease; early detection of health problems; and enhancing the competence of healthcare professionals.

- **Improving Access to Care** — removing barriers to receiving healthcare services, particularly primary care (currently the highest priority).
- **Special Care for Special Needs** — meeting the physical and behavioral healthcare needs of those at risk due to age, domestic or other violent crime, chemical dependency, mental illness, HIV status, or socioeconomic status.

Grants from the Community Benefit Fund are generally single-year commitments from \$250 to \$10,000 to support current or new programs consistent with the mission of Community Hospital and our Community Benefit Program.

Community Hospital does not make grants to organizations that discriminate in the hiring, advancement, or recruitment of employees or volunteers (including board members) or in the provision of services on the basis of sex (including gender and gender identity), race, religion, national origin, physical or mental disability, sexual orientation, age, color, ancestry, marital status, pregnancy, citizenship, medical condition, veteran status, or genetic information.

Community Hospital does not generally make grants to support individuals, capital projects or endowment funds, or clinical research projects. Solicitation of Community Hospital employees for contributions of money or time on behalf of grant recipients is prohibited.

Grantmaking Process:

The Community Benefit Program, including program objectives and priorities, is reviewed and approved by Community Hospital's Board of Trustees annually. An annual Community Benefit Plan is prepared in compliance with S.B. 697 and submitted to the Office of Statewide Health Planning and Development; summaries of the plan are published in Community Hospital publications and the local newspaper, and complete copies are available to any interested party.

Applications in the form of letter proposals are accepted at any time and are reviewed as received. Grant decisions are made by the hospital's President's Administrative Committee. Prospective applicants are encouraged to call to discuss the hospital's potential interest in the project or send a brief letter proposal to:

Cynthia L. Peck, Vice President, Community Hospital of the Monterey Peninsula
P.O. Box HH, Monterey, California 93942
(831) 625-4528 (831) 625-4948 fax

Letter proposals should include:

- Name and brief description of the organization applying for the grant
- Summary description and timeline of the proposed project or program
- Amount requested and specific purpose of the grant
- Total cost of the proposed project or program
- Identification of any organizations collaborating on the proposed project or program
- Relevance of the project or program to the mission of Community Hospital and our Community Benefit Program
- Statement that the organization is, and will remain so for the duration of the program for which the grant is being sought, in full compliance with Community Hospital's non-discrimination policy as described above.
- Tax identification number

- Applicable Internal Revenue Code section (for example 501(c)(3))
- Name, address, and telephone number of contact person who can provide additional information if needed.

Appendix C. Community Benefit Collaborators

Business Organizations

AT&T Pebble Beach National Pro-Am
Carmel Valley Manor
Curves Health Club
Del Mesa Carmel, Adult Community
Del Monte Shopping Center
Fenton & Keller Law Firm
HealthCPA
Hyatt Hotels & Resorts
In-Shape Health Club
Laguna Seca Raceway
Macy's Monterey

McClatchy-Tribune News Service
Monterey County Business Council
Monterey County Herald
Monterey County Weekly
Pebble Beach Company
Safe Sitter, Inc.
Safeway Supermarkets
SaveMart Supermarkets
Tanimura & Antle

Community Groups

Alliance on Aging
Big Sur International Marathon
Blind and Visually Impaired Center
Boys and Girls Clubs of Monterey
County
Boy Scouts of America
Carmel Foundation
Child Abuse Prevention Council
Community of Caring, Monterey
Peninsula
Community Partnership for Youth
Every 15 Minutes
First 5 of Monterey County
Health Projects Center
Hope Services
Hospice Foundation
Junior League, Monterey Chapter
Kiwanis Club, Salinas
Monterey Bay Christian Church
Monterey Jazz Festival
Monterey Museum of Art
Monterey Peninsula Foundation
Monterey Rape Crisis Center
Monterey Yacht Club
My Museum
Rancho Cielo Youth Campus
Salinas Women's Crisis Center
United Way of Monterey County

Educational Organizations

Alisal Union School District
All Saints' Day School
Cabrillo College Foundation
Cabrillo Community College
California State University, Monterey Bay
California State University, Sacramento
Carmel High School
Carmel Unified School District
Defense Language Institute
Greenfield Unified School District
Hartnell College
Heald College
Junior Wings, Nanao, Japan
Lyceum of Monterey County
Marina High School
Maurine Church Coburn School of Nursing
Mission Trails, ROP
Monterey Adult School
Monterey Bay Aquarium
Monterey County Office of Education
Monterey High School
Monterey Peninsula College
Monterey Peninsula College Foundation
Monterey Peninsula Unified School District
Mount St. Mary's College
Naval Postgraduate School
Ohlone College
Pacific Grove High School
Pacific Grove Unified School District
Rocky Mountain University
Salinas Adult School
Salinas City Elementary School District
Samuel Merritt College
Seaside High School
University of California, San Francisco
University of the Pacific
University of Southern California
University of Vermont
Upward Bound Program, Monterey Peninsula College

Health-Related Organizations

Academy of Nutrition and Dietetics
Alzheimer's Association
American Bone Health
American Cancer Society
American Diabetes Association
American Heart Association
American Medical Response
American Red Cross
American Stroke Association
Arthritis Foundation
Bayer Diagnostics
Big Sur Health Clinic
California Transplant Donor Network
Clinica de Salud del Valle de Salinas
Compassionate Care Alliance
Dominican Hospital
Good Life Home Care
Hazel Hawkins Hospital
Healthy Mothers, Healthy Babies Coalition
Insulet Corporation
Juvenile Diabetes Research Foundation
Mead Johnson Nutritionals
Monterey County Medical Society
Monterey Heart Symposium
National Hospice and Palliative Care Organization
Natividad Medical Center
Ordway Pharmacy
Roche Diagnostics
Salinas Valley Memorial Hospital
Stroke Awareness Foundation
Sunrise Care Center
UCSF Helen Diller Family Comprehensive Cancer Center
United Ostomy Associations of America
Walgreen's Pharmacy
Watsonville Community Hospital
Windsor Care Center

Public Agencies

California Division of Forestry
Cal Fire – CA Dept. of Forestry and Fire
Protection
California Highway Patrol
California Telephone Access Program
Carmel Regional Fire Department
City of Marina
City of Monterey
City of Seaside
Department of Veterans Affairs
Hospital Preparedness Program
Monterey County Department of
Housing
Monterey County Department of Social
and Employment Services
Monterey County District Attorney's
Office
Monterey County Emergency Medical
Services Agency
Monterey County Employment
Development Department
Monterey County Health Department
Monterey County Police Athletic League
Monterey County Sheriff's Office
Monterey County WIC Program
Monterey County Regional Fire
Department
Monterey Police and Fire Departments
Monterey-Salinas Transit District
New Monterey Senior Center,
City of Monterey
Oldemeyer Center, City of Seaside
Workforce Investment Board

Appendix D. Alphabetical Master List

Title of Service	Description of Service
A Conversation with Life program	An information and discussion program on the personal, practical, medical, and spiritual aspects of end-of-life preparation. Learn what to do to prepare, and how best to communicate healthcare wishes to family and medical team, before being unable to speak for yourself.
Advanced weight-loss surgery support group	A support group for individuals who have already undergone weight-loss surgery at least 12 months prior to program involvement.
Aftercare support groups/continuing care groups	Help for Recovery Center patients and families to avoid recurrences of drug abuse and stay drug-free.
Alzheimer's family support group	Biweekly support group to provide families of patients with Alzheimer's disease with information, education, and support.
Aromatherapy	Provide appropriate aromatherapy applications, therapeutic quality essential oils, and equipment to enhance comfort and quality of life for patients, families, and caregivers.
Arthritis support group	Education and support program encouraging self-sufficiency of participants.
AT&T Pebble Beach National Pro-AM Tournament	Registered nurse volunteers (CHOMP and non-CHOMP) to staff medical tents throughout the tournament and provide first-aid supplies.
Attention issues 101: for adults	Education and support program for adults with attention difficulties focused on identifying attention difficulties and developing strategies to improve concentration, planning, and organizing.
AWAKE support group	Presentations regarding the medical aspects of sleep apnea and sleep disorders.
Base Hospital Coordinator	Part-time nurse coordinating all pre-hospital provider activities for Community Hospital and Monterey County.
Bereavement program	Program of individual and group support for coping with death-related grief.
Big Sur Half and International Marathons-medical support	Physician and nurse support and medical supplies for race events.
Billing support services for patients	Service helps support patients with complex medical conditions through reading, understanding, and paying health bills from multiple providers.
Blood Center volunteer services	Volunteers assist clinical staff on mobile sites and in the Blood Center.

Title of Service	Description of Service
Body mechanics applied to nursing	Class for first-year nursing students on proper body mechanics in patient care.
Bone Health Lecture Series	Lecture series for the public on bone health.
Breast cancer early support	An education and support group for women with early diagnosis of breast cancer.
Breastfeeding: the beginning	Class to get breastfeeding off to a good start, prevent problem, and focus on the role of nutrition.
Cabrillo College radiologic technologist class	Training program at community college for radiologic technologists.
California Transplant Donor Network program	Program that provides organs from deceased patients to the California Transport Donor Network.
Cancer Care Symposium	Symposium for clinicians and community members addressing the risks, benefits, and alternatives to cancer screening and improving clinical practices of diagnostic evaluation and treatment.
Cancer Survivor's Day	Picnic luncheon/program for cancer survivors and families at Monterey County Fairgrounds.
Cancer Wellness support group	Weekly support group for any person with cancer and their support person(s).
Caregiver connection	Provides support, resources, and coping strategies to caregivers of patients at end-of-life.
Caregiver's support group	Provides support, information, and self-care for family, friends, and caregivers of cancer patients.
Carpooling incentives/employee shuttle program	Incentives given to employees to encourage them not drive to work alone. Free employee shuttle between CHOMP and area cities.
Children's supplies in CHOMP waiting areas	Distribution of children's supplies (crayons, coloring books, toys, etc.) to Emergency department and other waiting rooms and public areas throughout the hospital.
Chronic pain support group	Ongoing support group teaching coping skills to people with chronic pain.
Collaboration with area schools, colleges and community groups	Collaboration, consultation with area schools, colleges and community groups to review drug policies, education & "best practices" to address substance abuse issues.
Community benefit grants	Community benefit grants to nonprofit organizations and multi-agency collaborative organizations in support of health assessment and improvement projects within the hospital's service area.
Community substance abuse lectures and presentations	Education of general public on variety of mental health/substance abuse topics.
Depression/bipolar support group	Provide additional supportive care for patients.
Diabetes support group	Group for those with type 1 and type 2 diabetes focused on living the day-to-day challenges and conflicts of self-management.
Discharge binders	Binders containing patients' medical information and post-discharge follow-up instructions for use in managing their care in the community setting.
Donation of electronic materials	Disposal of electronic waste.
Donations to community events	Medications donated to the Big Sur International Marathon, the AT&T golf tournament, and Carmel Unified School District 24-hour relay.
Electronic greeting cards	Print and distribute electronic greeting cards for patients that arrive via e-mail from the CHOMP web site.
Emergency preparedness	Collaboration with the Monterey County EMS agency to develop an updated, comprehensive emergency preparedness plan and a community awareness campaign.

Title of Service	Description of Service
Epilepsy support group	Informal group setting that offers mutual support and information for those living with the challenges of epilepsy, their family, and friends.
Every 15 Minutes	Drunk driving prevention program for local high schools.
Family Birth Center tour	Orientation and tour of the Family Birth Center for parents-to-be.
Family/patient education and counseling	Education and counseling for families and patients regarding cancer issues.
Food donations to community	Donation of food for community events.
Free Emergency department medical records	Free copies of Emergency department medical records.
Free prescriptions for needy patients	Underwriting the cost of discharge/outpatient prescriptions for those unable to pay.
General charity care (at cost)	Hospital services for patients in financial need.
Griefbusters	Children's bereavement program offered through schools.
Grieving the loss of a child	Support group for parents who have lost a child through accident or illness.
Hand sanitizer distribution	Distribute hand sanitizer free to the public (0.5-oz bottles) throughout the hospital.
Healing art retreat	A six-hour art therapy program for people with cancer and their support persons.
Healthcare career fair	Introduce high school students to nursing and allied health careers.
Health fair - Educational & Diabetes Nutrition Services	Health fair providing information to the public on health issues as well as blood pressure, blood sugar, and cholesterol screening.
Health fair - Labor of Love	Health fair providing information about pregnancy and pregnancy services at CHOMP.
Health fair – Men’s Wellness Night	A prostate cancer screening event and men’s health fair aimed at high-risk males who have not had a screening for prostate cancer in the past.
Health fair – Mental Health & Substance Abuse	Health fairs providing information to the public on mental health and substance abuse issues and other problems.
Health information series- <i>Knowledge Is Power</i>	Free monthly workshops on health topics such as heart disease, cancer, and arthritis.
Health information series- <i>Poetry in Motion</i>	Free monthly lectures on orthopedic health topics.
Health news sponsorship	Sponsored airing of health news segments on KION and KSBW TV.
Health resource library	Free health library for the public including computer searches and referrals.
Heart Smart supermarket tour	Tours of local supermarkets with instruction on healthy foods and how to read food labels to avoid unhealthy foods.
HIV/AIDS care	HIV education, testing, and counseling; clinical care throughout full spectrum of the disease.
Hospice patient support services	Volunteer respite and psychosocial support for hospice patients' caregivers and families.
Hospital call center	Call center provides continuous customer service for information regarding hospital classes, support groups, and services.
Hospital and community service	Leadership and participation in community organizations.
Hospital on the Hill	A narrated video is presented by Auxiliary volunteers to kindergarten students at Monterey Peninsula elementary schools to expose students to hospital procedures and equipment.

Title of Service	Description of Service
Hospital tours	Tours provided by Auxiliary volunteers to schools and professional groups interested in hospital operations.
In-home blood collection	Phlebotomist sent to homes and skilled nursing facilities to collect blood samples for non-ambulatory patients.
Internships for marriage and family therapists	Internships offering MFT students an opportunity for volunteer hours needed to complete their course work.
Internships for physical therapy students	Free 4-12 week internships for in- and out-patient rehabilitation settings.
Internships in health information technology	Provide internships for students in information technology in a health care environment.
Kids Eat Right	After-school program at local elementary schools that includes education, food preparation, and physical activity.
Legs for Life Screening	Free screening for peripheral vascular disease (PVD), a common circulatory condition associated with leg pain, aching, and/or cramping that comes on with exercise.
Live longer, live stronger	Cancer survivorship program addressing the physical, psychological, social, financial, and spiritual issue that survivors confront.
Look Good, Feel Better	Class for cancer patients covering practical techniques for wearing wigs and scarves and using makeup to enhance appearance during treatment.
Materials Management donation of supplies	Donation of miscellaneous medical supplies and equipment to charitable organizations.
Mental health information and referral service	Phone intake for new patient appointments, information, and referrals to appropriate mental health services and community resources.
Mindfulness Meditation	An 8-week course which consists of intensive training in mindfulness meditation, gentle movement, and group support.
Monterey County Community Health Centers	Community Hospital representative serves on board of directors for Monterey County Community Health Centers.
Monterey County Science Fair - Judge	Judge Monterey County high school students' science projects at Monterey County-wide event.
Mood management class	A class to help you understand the connection between thoughts and emotions and learn practical ways of managing change.
Mood management support group	Ongoing group for Recovery Center patients who are diagnosed with an adjustment, mood, or anxiety disorder.
Negative margin services	Subsidized cost of services for Outpatient Immunology Services and Blood Center.
"On Nutrition" weekly newspaper column	Weekly column discussing nutrition published in <i>The Monterey County Herald</i> .
Ostomy support group	Education and support for people who have had or will have ostomy surgery, their family members, and friends.
Parent support group	Education and support for parents of adolescents who are struggling with drug or alcohol abuse and behavior problems.

Title of Service	Description of Service
Patient navigator training	Trained volunteers who are matched with cancer patients and their supporters to assist them in navigating through the challenges of cancer.
Patient transportation	Free transportation to medical appointments within the community for chronically and terminally ill patients.
Peninsula Health Information Link	Subsidize the purchase of ambulatory electronic medical record systems to encourage physician adoption of technology in their offices.
Peninsula Primary Care	Two clinics (one in Carmel and one in Marina) provide primary care services.
Physician recruitment program	Recruit and retain local physicians for critically needed medical specialties.
Prostate support group	Monthly support group for men with prostate cancer.
Public Access Defibrillator Project (AED)	Donation of automated external defibrillators to public sites on the Monterey Peninsula.
Public Speaking: Review of medication issues and pharmacy careers	Speaker at various groups to review medication issues related to various conditions, services and careers.
<i>Pulse</i> magazine	Free publication containing practical health and wellness information on a variety of topics for the lay audience.
Recovery Center alumni association	Weekly meeting/support activity for Recovery Center alumni.
Recovery Center assessment program	Free assessment interview/consultation for substance abuse disorders, mental health, and dual disorder treatment..
Restless Leg Syndrome support group	A support group for individuals who suffer from restless legs and/or periodic limb movement disorder.
Safe Sitter course	Babysitting course for children 11-13 years old including instruction on safety, child development, and ethics of babysitting.
Scholarship program	Program providing need-based scholarships for students pursuing healthcare careers, both undergraduate and graduate.
School and youth group field trips	Familiarize youth with the hospital to relieve anxiety about hospital visits and to provide exposure to healthcare careers.
Sewing committee	Annual volunteer activity to make sewing projects for newborns and inpatients during the holiday season.
Sexual Assault Response Team	Training of new nurses for Sexual Assault Response Team (SART); maintenance of training equipment for the SART teams.
Share the care	Community non-profit organizing group to support development of care teams for individuals and their families experiencing life-limiting illnesses.
Speaker's Bureau	Bureau providing expert speakers on a variety of medical and healthy industry topics to community groups free of charge.
Stroke support group	Support and information for stroke survivors and their families.
T'ai chi for health	Basic t'ai chi orientation and movements for people of all abilities.
Telecare service	A daily reassurance telephone call to house-bound community residents.

Title of Service	Description of Service
Time to talk: with veterans and their loved ones	Discussion about issues, struggles, and successes related to serving in the military.
Topics in Diabetes	A monthly education group for people wanting more information on diabetes.
Total joint replacement class	Class offered to total joint replacement patients on expected hospital course, exercises, equipment and procedures, and pain management.
Transitions	Provides case management and volunteer services to clients suffering from life threatening illness with a prognosis of 12 months or less.
Tutorial education program	Program providing academic classes for students un-served by special education department.
United Way employee campaign	Employee participation in the United Way campaign to raise funds for local nonprofit organizations.
Unpaid cost of CHAMPUS	Unpaid cost of care for patients covered by CHAMPUS program.
Unpaid cost of Medi-cal	Unpaid cost of care for patients covered by Medi-Cal program.
Unpaid cost of Medicare	Unpaid cost of care for patients covered by Medicare program.
Volunteer hours served by hospital trustees	Members of the organization's Board of Trustees serve in a volunteer capacity on the board and on numerous committees.
Walk and Win	Class series on beginning an exercise program.
Web site	Free health information offered via web site.
Weigh of Life class	Class providing information on the immune system, basic nutrition, food safety, and food supplements.
Weigh of Life II support group	Weight management support group for men and women.
Weight-loss surgery nutrition class	Class on post-gastric bypass nutrition and eating.
Weight-loss surgery support group	Support and information group for anyone who has undergone gastric bypass surgery, has plans to undergo the surgery in the future, or is contemplating the procedure.
Weight-loss surgery: back on track support group	Lecture series with a variety of topics designed to help people better obtain and maintain their weight-loss goals after surgery.
Weight-loss surgery banding support group	Providing peer-to-peer support to those with adjustable gastric bands, with professional guidance and education.
Women's cancer support group	A bi-weekly support group for women facing issues associated with a cancer diagnosis.
Women's Forum for Health	A lecture to promote health education, awareness, and partnerships among local women.
Workforce Investment Board	Volunteer service in healthcare advisory roundtable workforce assessment committee.
Workforce Readiness Initiative	Hospital employee serves as Monterey Peninsula Chamber of Commerce education committee chairperson promoting workforce readiness initiatives for all levels of education in our community.