



# COMMUNITY HOSPITAL LONG BEACH

MEMORIALCARE HEALTH SYSTEM

**Annual Report and Plan for Community Benefit  
Community Hospital Long Beach  
Fiscal Year 2013  
(July 1, 2012 – June 30, 2013)**

**Mission –**

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

**Vision –**

**Exceptional People. Extraordinary Care. Every Time.**

**Values –**

**MemorialCare ABCs**

**A – Accountability**

**B – Best Practices**

**C – Compassion**

**S – Synergy**

## **Annual Report and Plan for Community Benefit Fiscal Year 2013 (July 1, 2012 – June 30, 2013)**

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

California Senate Bill 697 (SB697) mandates that non-profit hospitals submit an annual community benefit report and plan detailing their activities related to community benefit for the prior fiscal year and future strategic plans for forthcoming years. Additionally, a triennial community health needs assessment is to be conducted and utilized in setting community benefit priorities.

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

The Community Benefit Report and Plan contained in this document has followed the ASACB guidelines. Community benefit related activity owners (reporters) provided information for fiscal year 2013. Each reporter was provided a hand-out explaining how to identify, count and record community benefit programs and activities. Additionally, each reporter was provided with a "Community Benefit Occurrence Worksheet" which itemizes the qualifying program and activity occurrence by collecting the following data points:

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

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Submitted to:

Office of Statewide Health Planning and Development (OSHPD)  
Sacramento, CA  
November, 2013

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## Letter from the CEO

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

November 1, 2013

Long Beach Memorial, Community Hospital Long Beach and Miller Children's Hospital Long Beach are proud to serve the Greater Long Beach community. Our hospitals serve families in Los Angeles and Orange Counties with a wide range of general and specialty care including, primary medicine, cancer, heart, rehabilitation, orthopedics, pediatrics, neurology, behavioral health and women's services. Our industry leadership has been recognized by accreditation and industry awards such as Leap Frog Patient Safety, Gallup Great Workplace, Magnet designation for our nursing program and quality awards for many of our programs.

To meet the needs of our community our organization continues to evolve and grow. One such community need, access to behavioral health services, was a driving force for the opening of our new Behavioral Health Unit at Community Hospital Long Beach. Furthering our vision of creating a medical home for every member of the community, a strong strategic partnership with The Children's Clinic to provide health and wellness services for the whole community. Our organization is well positioned for the future and has consistently demonstrated: first, our steadfast focus on our mission of high quality health care; second, our razor-sharp commitment to responsible stewardship of our resources, not just our financial resources but, as importantly, our human resources; and third, our continued dedication to provide a wide array of services and programs to meet the changing needs of our diverse community.

One way we are working to care for the entire population of Long Beach is to increase our outreach to patient's and other local hospitals. In collaboration with St. Mary's and our other health care neighbors, we are assessing our community so that we can fully address the health care needs of the people of Long Beach. Here in Long Beach, we are uniquely positioned to continue expanding our services and to foster that change, as we continue to focus on wellness and prevention, and assume more accountability to patients across the continuum of care.

We believe that our dedication to our mission, stewardship and diversification will ensure an organization, which continues to thrive, well into the future. As such, we are committed to strategically focusing our investment of charitable resources to address the unmet health needs of the diverse communities we serve. For fiscal year 2012-2013, Long Beach Memorial, Community Hospital Long Beach and Miller Children's community benefit contributions totaled \$66,914,000 including \$17,372,000 in charity care.

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

Sincerely,



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

## Executive Summary

### What is Community Benefit?

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

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

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

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

## About the Organization

MemorialCare Health System is a leading Southern California not-for-profit integrated delivery system with nearly 11,000 employees and 2,300 affiliated physicians. The MemorialCare hospitals include Long Beach Memorial, Miller Children's Hospital Long Beach, Community Hospital Long Beach, Orange Coast Memorial, Saddleback Memorial - Laguna Hills and San Clemente.

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

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

Community Hospital Long Beach (CHLB) joined the MemorialCare Health System and specifically the Long Beach Memorial and Miller Children's Hospital Long Beach campus on April 29, 2011. These three hospitals are under the same tax identification number but are separately licensed hospitals. CHLB is a 208-bed acute-care hospital that has been providing warm and personalized top-quality medical care that its patients have come to treasure and trust since first opening its doors in 1924. Community Hospital Long Beach has more than 265 board-certified physicians serving the greater Long Beach area, and offers intensive care, state-of-the-art imaging, a comprehensive cancer care center, cardiovascular diagnostics, behavioral health, women's heart screenings, occupational medicine, wellness and diabetes services and more. Additionally, Community Hospital has a 24-hour Emergency Department offering high-tech care and minimal wait times. In fiscal year 2013, Community Hospital Long Beach had more than 23,000 emergency room encounters and nearly 7,800 behavioral health inpatient days.

## Board of Directors

Richard Adams, MD  
Barry Arbuckle, PhD  
Gail Carruthers, MD  
Dave Carver  
Santos Cortez, DDS  
Clifford Hancock, MD  
Russell Hill

Stephen Hryniewicki, MD  
Laurence W. Jackson  
Joseph Maga  
Sean Miller  
Nancy Myers  
Suzanne Nosworthy  
Beverly O'Neill  
Lupe Padilla, MD

## Our Community

### Hospital Service Area

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

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

In 2012, at Community Hospital Long Beach, there were a total of 3,572 admissions related to the emergency department encounters, approximately 17,630 acute in patient days, and 1,459 behavioral health patients. Over 68% of admissions came from zip codes within the city of Long Beach boundaries. The top four zip codes of inpatient origin are 90803, 90804, 90813, 90815 (highlighted in bold on the service area table) reflecting discharge rates of 8.03%, 18.73%, 5.33% and 10.63%

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

<b>CHLB Primary Service Area*</b>	
<b>City</b>	<b>Zip Code(s)</b>
Long Beach	<b>90805, 90806, 90807,</b> 90810, 90808, <b>90813,</b> 90815, 90802, 90804, 90803, 90814
<b>CHLB Secondary Service Area*</b>	
<b>City</b>	<b>Zip Code(s)</b>
Lakewood	90712, 90713
Seal Beach	90740
Compton	90221, 90220
Bellflower	90706
Carson	90745, 90746
Cerritos	90703
Paramount	90723
Los Alamitos	90720
Signal Hill	90755
Cypress	90630
Norwalk	90650
Lynwood	90262
Wilmington	90744

\* Based on most recent OSHPD data available, calendar year 2008

## Community Needs Assessment

In accordance with California state law SB697, which requires nonprofit hospitals to conduct a community health needs assessment every three years, the Long Beach Community Health Needs Assessment (LBCHNA) was a community health survey project designed to determine the health needs of the population living in Long Beach and the surrounding communities. The LBCHNA was a collaborative partnership among the four major hospitals in the city of Long Beach - Community Hospital Long Beach, Long Beach Memorial, Miller Children's Hospital Long Beach, and St. Mary Medical Center. For the 2013 LBCHNA the area hospitals contracted with California State University Long Beach Professor of Health Care Administration, Tony Sinay, PhD, and Associate Professor of Health Sciences, Veronica Acosta-Deprez, PhD.

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

The LBCHNA for 2013 was the seventh and most recent survey.

**Introduction:** Four major non-profit hospitals in the city of Long Beach; Community Hospital of Long Beach, Long Beach Memorial, Miller Children's Hospital Long Beach and St. Mary Medical Center came together in a community partnership to address the health needs of greater Long Beach. Working together in the community, the four local hospitals conducted the greater Long Beach Community Health Needs Assessment (LBCHNA) survey along with key informant survey for 2013. The results of the surveys were shared with community leaders, community-based organizations, stakeholders and the community to improve the quality and quantity of services available; to determine health priorities, and barriers to care and gaps in services available, and to identify social issues/problems in greater Long Beach.

**Methodology:** Survey instruments were developed through an iterative process with questions covering health related topics affecting, children, teens, young adults, adults and the elderly. The survey instrument was provided in English and Spanish languages. The surveys were collected from a convenience sample at community forums, health fairs and events within the city of Long Beach from September 2011 until March 2012 using web technology.

The total number of surveys collected from the LBCHNA and key informants surveys were 1,309 (only 1,066 included) and 122, respectively. Results were reported in bar and pie charts along with few tables to summarize findings. Lastly, secondary data analysis was also conducted to validate the primary data that was collected.

**Results:** This LBCHNA found access to care, chronic diseases, mental health, obesity and prevention to be top five health priorities in greater Long Beach. About 14% of the survey respondents needed medical care but did not receive it. Further investigation showed that lack of health, dental and vision coverage were major barriers to care along with lack of information about where to get care and transportation to services. The most needed health care services were family physician/primary care and behavioral health, specialty care, along with dental care and prescription drugs. Major social issues identified in the study were: lack of exercise, poor nutrition, lack of insurance and affordable health care, air pollution and drug and alcohol programs. Lastly, the study revealed the top five most needed health related services were: transportation, CalFresh (food stamp), before and after school program, counseling and assisted living. Results were mostly consistent between LBCHNA and key informant surveys.

According to respondents, 62% in the CHLB catchment area said they did not have insurance and 26.6% indicated that co-payment was too high, preventing them from obtaining medical care. These were slightly higher figures than those in the overall results; however, this question received only 114 responses and statistics should be cautiously interpreted. The CHLB respondents also had a stronger complaint about the lack of family doctors (57.1% versus 52.2%) but the need for hospital care went down from 37% to 33.3%. The next difference was related to adults in the CHLB market eating less fast food per week. The proportion of adults eating 2-3 times fast food per week declined from 29.4%, to 24.2%, which suggested that there was more available choice in types of food services and that Community Hospital Long Beach and other public health organizations in the area have effective practices to lower this percentage. Obesity, high blood pressure, diabetes, anxiety and asthma were the only health problems with noteworthy difference in computed statistics; about 2-4%. The largest difference was in the proportion of obesity, about 4%, which may suggest that the efforts of local hospitals have made a difference.

**Limitations:** The study used convenience sampling to reach vulnerable populations. The study employed basic statistics so the study results may not be generalizable for the whole population of Long Beach.

**Conclusions and Recommendations:** Hospitals in conjunction with the public health department and community organizations should collaborate and implement the recommendations made in this report. Each hospital should emphasize a certain area (s) so no overlapping occurs. Monitoring and evaluating of each program implemented by hospitals must be made every year until the next LBCHNA report. With the creation of a community partnership, hospitals are able to decrease the amount of duplicate services as well as increase the amount of resources available to target the most significant community needs of a diverse population.

## **Community Hospital Long Beach Community Benefit**

### Accomplishments for fiscal year 2013 (July 1, 2012 – June 30, 2013)

This year, we continued to develop and refine systems that develop our institutional support for community benefit and strengthen our programs to address the identified unmet health needs in our community. We worked to increase

- organizational leadership and evaluation
- the quality of program planning, implementation, and evaluation
- the sustainability of organizational and programmatic commitments

The hospital reviewed and bolstered its commitment to community programs to support its mission. The Community Health Needs Assessment served as a starting point to identify priority community needs and developed programs to address these needs. Current programs and activities were reviewed for relevance, sustainability and impact in light of identified priority needs.

We embarked on our triennial Community Health Needs Assessment (CHNA) partnering with other Long Beach non-profit hospitals, Long Beach Health Department, City of Long Beach Planning and Development Services and the California State University Long Beach. We utilized two types of instruments, each serving a separate population; general public and key informant. Instruments was available on-line as an anonymous survey in English and Spanish. The key informant instrument was also available on-line. Kiosks was available at area health fairs to solicit participation as well as making survey links available on the hospital and City webpages.

When the CHNA was completed, we present the results to the Community Benefit Oversight Committee and reviewed the identified prioritized needs. We categorized gaps in services in the community, document assets and develop and/or support programs and activities that address the priorities. The Community Health Needs Assessment was made widely available to the public.

### **Category A: Community Health Improvement Services**

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

Community Hospital Long Beach provided Community Health Improvement Services through community health education; community based clinical services and health care support services. As part of the community health education, the Diabetes 101 Program was launched in 2005 to provide education and support for people with diabetes and their families, and to attempt to alter the behavioral risk factors that lead to and exacerbate this disease. The program offers diabetes education classes; support groups, and free health screenings. As part of the community based clinical services, the Women’s Heart Health Program provided a low cost screening assessment conducted by a team of Community Hospital clinicians. The main objective of the screening was to help women identify their individual heart disease risk factors and develop an effective strategy to modify their risk. As part of the health care support services, the Behavioral Health unit of Community Hospital was involved in various activities to educate the public on mental health issues.

**Table 1: Community Health Improvement Services**

<b>OSHPD Subcategories</b>	<b>Activity</b>	<b>Persons Served</b>
<b>A1</b>	<b>Community Health Education</b>	<b>426</b>
<b>A2</b>	<b>Community Based Clinical Services</b>	<b>80</b>
	<b>Total</b>	<b>506</b>

**Category B: Health Professions Education**

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

Community Hospital Long Beach has a nursing education program partnering with California State University Long Beach and Long Beach City College. Over 100 student nurses participated in a clinical rotation at Community Hospital.

Other health educational opportunities are offered at Community Hospital, including providing opportunities to students at local area high schools and colleges to perform their internship rotations, clinical and/or volunteers service hours at our hospital. Students were directly supervised by CHLB staff. Fields such as hospital administration, clinical nutrition, and phlebotomy were represented and 126 students categorized as other health professionals were educated.

**Table 2: Category B - Health Professions Education**

<b>OSHPD Subcategories</b>	<b>Activity</b>	<b>Persons Served</b>
<b>B2</b>	<b>Nursing/Nursing Students</b>	<b>130</b>
<b>B3</b>	<b>Other Health Professions Education</b>	<b>3</b>
<b>B5</b>	<b>Other</b>	<b>48</b>
	<b>Total</b>	<b>181</b>

### **Category E: Financial Contributions to Community-Based Organizations**

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

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

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

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

### **Category F: Community Building Activities**

Community Building activities include activities to protect or improve the community's health or safety. Community Hospital employees are involved in many local organizations, which promote health, economic and workforce development.

### **Category G: Community Benefit Operations**

Indirect and direct costs for community benefit operations. Established as an objective in the community benefit plan for FY13, developing the community benefit oversight committee (CBOC), training and communication to community benefit reporters regarding the ASACB standards; to assist in these efforts, presentations were made to hospital department managers and the CBOC regarding the definition of, importance of and

the commitment to community benefit by Community Hospital and the overall MemorialCare Health System.

### Category H: Charity Care

Charity Care is defined as free or discounted health and health-related services provided to persons who cannot afford to pay, care provided to uninsured, low-income patients who are not expected to pay all or part of a bill, or who are able to pay only a portion using an income-related fee schedule, billed health care services that were never expected to result in cash inflows, and the unreimbursed cost to the health system for providing free or discounted care to persons who cannot afford to pay and who are not eligible for public programs. Charity Care does NOT include bad debt. The combined charity care for fiscal year 2013 reported for the three Long Beach hospitals; Long Beach Memorial, Community Hospital Long Beach and Miller Children’s Hospital Long Beach is \$17,372,000.

### Category I: Government Sponsored Health Programs

Government-sponsored health care community benefit includes unpaid charges of public programs, the “shortfall” created when a facility receives payments that are less than charges for caring for public program beneficiaries. Additionally, “Other Public Programs” are medical programs for the indigent, medically indigent or local and state programs that provide payments to health care providers for persons not eligible for Medi-Cal. The unpaid cost of government programs for fiscal year 2013 was recorded as \$0 (without Medicare). This was due to participation in the California Hospital Association Provider Fee program. According to the CHA, the hospital provider fee is an integral element to improving access to health care for some of California’s most vulnerable residents.

**Table 4: Consolidated LBM, MCHLB and CHLB Government Sponsored Health Programs**

Category	Consolidated in 000’s
Unpaid Costs of Medi-Cal & CCS	\$0
Unpaid Costs of Medicare	\$33,625
Others Public Programs	\$0
<b>Total with Medicare</b>	<b>\$33,625</b>
<b>Total without Medicare</b>	<b>\$0</b>

The total number of lives touched through community benefit related programs, associated charity care and participation in government sponsored health programs was 240,139 (LBM, CHLB & MCHLB) at a total quantifiable benefit to the community of \$66,914,000 including the Medicare shortfall for fiscal year 2013.

## Financial Summary of Community Benefit

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

#### COMMUNITY BENEFIT SUMMARY FYE JUNE 30, 2013

1.	CHARITY CARE (a)	\$17,372,000
2.	UNPAID COSTS OF MEDI-CAL (b)*	\$0
3.	OTHERS FOR THE ECONOMICALLY DISADVANTAGED (c)	\$0
4.	EDUCATION AND RESEARCH (d)	\$12,545,000
5.	OTHER FOR THE BROADER COMMUNITY (e)	\$3,372,000
	<b>TOTAL QUANTIFIABLE COMMUNITY BENEFIT LESS UNPAID COST OF MEDICARE</b>	<b>\$33,289,000</b>
6.	UNPAID COSTS OF MEDICARE (b)	\$33,625,000
	<b>TOTAL QUANTIFIABLE COMMUNITY BENEFIT</b>	<b>\$66,914,000</b>

\*Participation in the California Provider Fee initiative

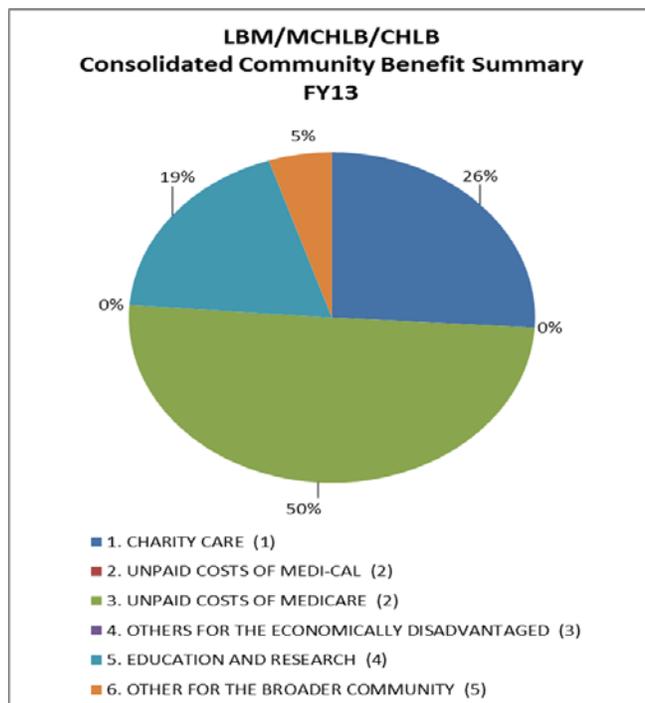
( a ) Charity Care - Includes traditional charity care write-offs to eligible patients at reduced or no cost based upon the individual patient's financial situation.

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

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

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

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



## **Leadership Journal (narrative only; no dollars reported)**

### ***Volunteer services***

Community Hospital Long Beach had more than 100 committed community volunteers who provided over 16,000 hours of service. Volunteers are a very important part of Community Hospital's commitment to providing outstanding service to our patients and to the community. Since 1957, when the first formal recordkeeping of volunteer hours was done, volunteers have donated over 3 million hours to the hospital and the Long Beach community. Volunteers help us with administrative work, staff our information desks, escort patients and guests to various hospital locations, and operate the gift shop. The community members who volunteer at our hospital provide an opportunity to connect to the health care system benefiting not only the hospital but also the community at large.

### ***Behavioral Health***

The new behavioral health program offering inpatient and outpatient services to adults is anticipated to open in September 2013. In addition to traditional modalities, music therapy will be offered, a geriatric psychiatry program and one of the regions only perinatal mood and anxiety disorder programs with both inpatient and outpatient care. Supplementary activities include co-sponsoring "Stomp on the Roof Festival" drumming up community resources for wellness with Art and Services for the Disabled.

### **Community Partners Index**

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

Abuse Response Services  
California

CCEJ Board Meetings

CCEJ Training

Child Abuse Response Team

CHLB Donations

Comprehensive Child Development

CSULB Compliance Seminar

Coast Guard Auxillary

Department of Mental Health

For the Child

Forensic Nurses Training

Healthcare Executives of S.

Homeless Connection Initiative

LA County Medical Association

Long Beach Day Nursery

Long Beach Police Department

Long Beach Unified School District

NAACP

Soroptomist

Toastmasters

YWCA/SART

## Community Benefit Plan FY2014

The health needs that will be addressed for the adult population are:

- Access to care
- Chronic disease
- Mental health
- Overweight/obesity
- Prevention/preventive care

Community Hospital Long Beach (CHLB) plans to meet the identified priority health needs; access to care, mental health, chronic disease, obesity/overweight and preventive care/prevention through a commitment of resources with the following programs and services.

As part of the MemorialCare system, CHLB shares in the community-based clinical services through the Long Beach Memorial family medicine rotations. CHLB plans to meet the identified priority health needs; access to care, mental health, chronic disease, obesity/overweight and preventive care/prevention through a commitment of resources from our family medicine residency program; partnerships with local FQHCs from our system partner hospital, Long Beach Memorial, will provide a needed facility to house an FQHC to be operated by The Children's Clinic (a separate 501c3 non-profit) to build capacity for medical homes in the Long Beach community that are part of the CHLB service area.

CHLB is one of the few area hospital facilities with inpatient behavioral health/mental health inpatient beds. Building on its existing program for behavioral and mental health, CHLB will actively explore opportunities to develop liaisons and partnerships with local organizations to address chemical dependency, behavioral health and mental health issues of the community. CHLB will provide outreach and education in the community to address issues and provided resources for mental health services. A special focus will be outreach to local colleges and universities to provide young adults with mental health information. Additionally, CHLB in partnership with local schools serves as a clinic rotation site for Registered Nurse students to learn about mental health nursing care. CHLB will explore a community partnership with Skills for Prevention, Intervention, Recovery, Individual Treatment and Training (SPIRITT) Family Services. SPIRITT Family Services offers services designed to strengthen the family unit. Their services are designed to positively intervene in the lives of vulnerable youth, teach couples and single parents how to care for their new babies, give parents the skills to overcome addictions and provide for the emotional and physical well-being of their families.

We offer a program that specifically addresses health education for those who suffer from diabetes and their families. Our Diabetes 101 class provides diabetics with the knowledge and skills needed to perform self-care, manage crisis, and initiate lifestyle changes required to successfully manage their disease.

CHLB will offer a number of community-based screenings, immunizations and vaccines. These preventive services will be provided as part of area health fairs, and will be offered

at local agencies and community events. CHLB will continue to offer a program that provides infection control education and support to staff at local Skilled Nursing Facilities. This program assists nursing home staff with critical patient assessment and identification of specific body-site infections.

CHLB will explore a partnership with the City of Long Beach to promote the Healthy Active Long Beach initiative to battle overweight and obesity in our community. In addition, we will provide a healthy choices series of cooking classes to provide “hands on” education on how to prepare healthy, low-fat meals.

## Appendix A – Contact Information

Physical Address of Main Hospital Campus:

1720 Termino Avenue  
Long Beach, CA 90804

Web address:        [www.memorialcare.org](http://www.memorialcare.org)

Administration:

<b>Diana Hendel, PharmD</b> <i>Chief Executive Officer</i>	
<b>Krikor Jansezian, PhD</b> <i>Administrator</i>	<b>Mike Vasilomanolakis, MD</b> <i>Chief of Staff, CHLB</i>

Community Benefit Contacts:

Loara Cadavona  
Special Projects Manager & Government Liaison  
562-494-0835  
[lcadavona@memorialcare.org](mailto:lcadavona@memorialcare.org)

Peter Mackler  
Executive Director, Government Relations and Policy  
714-377-2946  
[pmackler@memorialcare.org](mailto:pmackler@memorialcare.org)

## Appendix B –Financial Assistance Policy

 <b>Memorial Health Services Policies and Procedures</b>	<b>Effective Date: January 12, 2012</b>  Note: For origination date see History at end of Policy.
<b>Subject: Financial Assistance</b>	<b>Approval Signature:</b>  <b>[Barry Arbuckle]</b> <b>Barry Arbuckle</b> <b>President &amp; CEO</b>
<b>Manual: Finance/Purchasing</b>  <b>Policy/Procedure # 236</b>	<b>Sponsor Signature:</b>  <b>[Patricia Tondorf]</b> <b>Patricia Tondorf</b> <b>Executive Director</b> <b>Revenue Cycle Management</b>

**PURPOSE:** Memorial Health Services (MHS) is a non-profit organization that provides hospital services in five distinct Southern California communities. Memorial Health Services and its member hospitals are committed to meeting the health care needs of patients, including those who may be uninsured or underinsured. Consistent with this commitment, MHS has developed this Financial Assistance Policy to assist qualified patients with the cost of medically necessary services.

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

Emergency physicians providing emergency medical services at any MHS hospital are also required by law to provide discounts to uninsured patients or patients with medical costs who are at or below 350 percent of the federal poverty level as defined in this policy.

### POLICY

#### Definitions:

**Financial Assistance-** includes both Charity Care and Low Income Financial Assistance, and is defined as any necessary<sup>1</sup> inpatient or outpatient hospital service that must be provided at an MHS facility to a patient who is unable to pay for care. Patients unable to pay for their care may apply to Memorial Health Services for financial assistance.

<sup>1</sup> Necessary services are defined as health care services or supplies that a physician or other health care provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, injury, disease or its symptoms, and that is not primarily for the convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services or supply at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

Eligibility for patient financial assistance will be evaluated in accordance with the requirements contained in the Financial Assistance Policy.

**Charity Care-** Memorial Health Services has a Charity Care program for patients whose household income is less than or equal to two hundred percent (200%) of the current Federal Poverty Level (FPL) Guidelines. Qualifying patients who also meet all other Financial Assistance Program qualification requirements may be entitled to a discount of one hundred percent (100%) of the patient liability portion of the bill for services, for both insured and uninsured patients.

**Low Income Financial Assistance (LIFA) -** Memorial Health Services also provides Low Income Financial Assistance to patients whose household income is less than or equal to 350% of the current FPL Guidelines, and excluded from Charity Care due to monetary assets. Qualifying patients who also meet all other Financial Assistance Program qualification requirements may be entitled to a discount of the patient liability portion of the bill for services.

**Cash Discount-** Available to all patients not utilizing insurance regardless of income or assets. Under the cash discount program, the patient's payment obligation will be one hundred percent (150%) of the total expected payment, including co-payment and deductible amounts that the Medicare program would have paid for the service if the patient was a Medicare beneficiary

Federal Poverty Level- means the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code.

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

#### Financial Assistance Reporting

All MHS system hospitals will report the amounts of Charity Care financial assistance provided to patients to the California Office of Statewide Health Planning and Development (OSHPD) in accordance with OSHPD regulatory requirements, as described in the OSHPD Accounting and Reporting Manual for Hospitals, Second Edition and any subsequent OSHPD clarification or advisement. To comply with these regulations, each hospital will maintain this policy as written documentation regarding its Charity Care criteria, and for individual patients, each hospital will maintain written documentation regarding all financial assistance determinations. As required by OSHPD, Charity Care provided to patients will be recorded on the basis of actual charges for services rendered.

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

### General Process and Responsibilities

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

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

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

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

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

A complete financial assistance application includes:

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

### Eligibility- refer to grid on appendix A

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

The patient/guarantor bears the burden of establishing eligibility for qualification under any financial assistance program. Patients/guarantors are required to provide timely, honest and complete disclosure in order to obtain financial assistance. The hospital

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reserves the right to require a certified copy of the patient's income tax return. Each hospital will provide guidance and/or direct assistance to patients or their guarantors as necessary to facilitate completion of government low-income program applications when the patient may be eligible. Assistance should also be provided for completion of an application for the MHS Financial Assistance Program.

Completion of the Financial Assistance application and submission of any or all required supplemental information may be required for establishing eligibility with the Financial Assistance Program. Generally, the 2 most recent pay stubs or last year's tax return including W-2 may be required to establish income. Patients applying for Financial Assistance will be mailed a written notice within 10 business days from the date the Patient Financial Services Department receives a completed application with all necessary documentation to approve or deny Financial Assistance.

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

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

Any eligible patient account balance created by a visit that resulted in the request for Financial Assistance Program coverage and those occurring for a period of six (6) months following eligibility determination will be considered for full or partial write-off. Generally, other pre-existing patient account balances outstanding at the time of eligibility determination by the hospital will be included as eligible for write-off at the sole discretion of management, whether tracked as an Accounts Receivable or Bad Debt

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

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

- No insurance coverage under any government or other third party program
- Household<sup>2</sup> income
- Household net worth including all assets, both liquid and non-liquid

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<sup>2</sup> "Household" includes the patient, the patient's spouse, any individual to whom the patient is a dependent and any other individual legally responsible to provide for the patient's health care needs. At age 18, a patient's income will be considered separately, regardless of living arrangements, unless the hospital is informed that the patient is still a dependent.  
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- Employment status
- Unusual expenses
- Family size as defined by Federal Poverty Level (FPL) Guidelines
- Credit history

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

Covered services include necessary inpatient and outpatient hospital care, provided that the services are not covered or reimbursed by any state or federal government program (including Medicare, Medi-Cal, or county indigent programs) or any other third party payer. All patients not covered by third-party insurance and those insured patients who indicate that they are unable to pay patient obligations such as co-payments and deductibles, may be considered for eligibility under the Financial Assistance Program.

For the purpose of determining eligibility for LIFA discounted payment, documentation of income shall be limited to recent pay stubs or income tax returns, and assets will not be considered. Any patient not wishing to disclose their assets will automatically be ineligible for a Charity Care write-off but may still qualify for LIFA.

#### INCOME QUALIFICATION LEVELS

##### Full Charity

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

##### Low Income Financial Assistance (LIFA)

If the patient's household income is less than three hundred fifty percent (350%) of the established poverty income level, based upon current FPL Guidelines, excluded from Charity Care due to monetary assets, and the patient meets all other Financial Assistance Program qualification requirements, the following will apply:

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

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

### ASSET QUALIFICATION

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

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

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

Patients who have assets beyond those specifically exempted will be expected to leverage the assets through independent financing in order to satisfy the patient account. Patients with sufficient assets will be denied eligibility for Charity Care even when they meet basic income qualification requirements.

For the purpose of determining eligibility for discounted payment, either LIFA or Cash Discount, documentation of income shall be limited to recent pay stubs or income tax returns and assets will not be considered

### SPECIAL CIRCUMSTANCES:

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

- If the patient is determined to be homeless he/she will be deemed eligible for the Financial Assistance Program.

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

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

#### OTHER ELIGIBLE CIRCUMSTANCES:

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

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

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

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

Pending Medi-Cal patients not approved for Medi-Cal are also eligible for Charity Care.

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

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

Any patient who experiences a catastrophic medical event may be deemed eligible for financial assistance. The determination of a catastrophic medical event shall be based upon the amount of the patient liability according to the billed charges, and considering the individual's income and assets as reported at the time of occurrence. Management shall use reasonable discretion in making a determination based upon a catastrophic

medical event. As a general guideline, any account with a patient liability for services rendered that exceeds \$100,000 may be considered for eligibility as a catastrophic medical event.

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

#### Criteria for Re-Assignment from Bad Debt to Charity Care

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

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

#### Public Notice

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

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

A patient information brochure that describes the features of the MHS Financial Assistance Program will be made available to patients and members of the general

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public. These notices shall be posted in English and Spanish and any other languages that are representative of five percent (5%), or more, of the patients in the hospital's service area according to the Federal Title VI guidelines.

#### Billing and Collection Practices

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

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

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

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

All extended payment plans will be interest free.

### Confidentiality

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

### Good Faith Requirements

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

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

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

### History:

Origination: May 22, 2006 (Replaces Policies #230 Low Income Financial Assistance (LIFA), Qualifications For: and #231 Charity Care, Qualification and Process for Assignment)

Reviewed/Revised: January 1, 2007

Reviewed/Revised: December 20, 2007

Three Year Review: February 18, 2010

Reviewed/Revised: December 27, 2011

Revised: January 12, 2012

Appendix A.

	CHARITY CARE		CASH DISCOUNT
<b>FPL INCOME LEVEL</b>	0-200%	<= 350% and disqualified from 100% Charity Care	<b>OVER 350%</b>
<b>DISCOUNT</b>	Charity Care <b>100% Write-off</b>	Charity Care- Low Income Financial Assistance Discounted Payment <b>100% of Medicare</b>	<b>Cash Discount</b> <b>150% of Medicare</b>
<b>Income*</b>	For purposes of determining eligibility for charity care, documentation of assets may include information on all monetary assets, but shall not include statements on retirement or deferred compensation plans qualified under the Internal Revenue Code, or nonqualified deferred compensation plans.	For purposes of determining eligibility for discounted payment, documentation of income shall be limited to recent pay stubs or income tax returns.	Not to be Considered
<b>Assets</b>	For purposes of this determination, monetary assets shall not include retirement or deferred compensation plans qualified under the Internal Revenue Code, or nonqualified deferred compensation plans. Furthermore, the first ten thousand dollars (\$10,000) of a patient's monetary assets shall not be counted in determining eligibility, nor shall 50 percent of a patient's monetary assets over the first ten thousand dollars (\$10,000) be counted in determining eligibility.	Not to be considered	Not to be Considered
<b>Qualifications</b>	Available to Uninsured patients or Patients with high medical costs as defined by:(1) Annual out-of-pocket costs incurred by the individual at the hospital that exceed 10 percent of the patient's family income in the prior 12 months. (2) Annual out-of-pocket expenses that exceed 10 percent of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months.	Available to Uninsured patients or Patients with high medical costs as defined by:(1) Annual out-of-pocket costs incurred by the individual at the hospital that exceed 10 percent of the patient's family income in the prior 12 months. (2) Annual out-of-pocket expenses that exceed 10 percent of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months.	Patients not utilizing insurance.

## Financial Assistance Application

### INSTRUCTIONS

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

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

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

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

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

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

4. Your application cannot be processed until *all* required information and/or documents are provided.
5. It is important that you complete, sign, and submit the financial assistance application along with all required attachments within fourteen (14) days.
6. You *must* sign and date the application. If the patient/guarantor and spouse provide information, both *must* sign the application.
7. If you have questions, please call your customer service departments.
  - ▶ Long Beach Memorial and Miller Children's Hospital Long Beach .....866-283-3686
  - ▶ Orange Coast Memorial and Saddleback Memorial ..... 877-647-7372
8. Once complete, please return the application with the required documents to:
  - ▶ MemorialCare, P.O. Box 20894, Fountain Valley, CA 92728-0894

## Financial Assistance Application

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

**ACCOUNT NUMBER:** \_\_\_\_\_

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

<b>FAMILY STATUS</b>		
List all dependents that you support		
<b>Name</b>	<b>Age</b>	<b>Relationship</b>

<b>EMPLOYMENT STATUS</b>	
Patient/Guarantor Employer	Position
Contact Person	Telephone
Spouse Employer	Position
Contact Person	Telephone

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

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

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

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

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



\_\_\_\_\_  
Signature of Patient/Guarantor

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\*Also available in Spanish