



DAMERON HOSPITAL ASSOCIATION  
Community Benefit Report 2014

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## Dameron Hospital

Dameron Hospital is a Joint Commission accredited, 202-bed, non-profit community hospital providing exceptional healthcare to generations of San Joaquin County residents for over 100 years and is nationally recognized as a leader in quality and safety. Dameron Hospital strives to promote healing and wellness through compassionate, quality and cost-effective care to meet the identified needs of the community we serve. Dameron Hospital is proud of its past and is dedicated to its future in providing services to the community to meet their healthcare needs. In keeping with a healthier community, Dameron Hospital initiated a smoke-free, tobacco-free environment. Dameron Hospital exists solely to serve the healthcare needs of the greater Stockton area and San Joaquin County, providing the community with advanced technology and state-of-the-art diagnostic and therapeutic equipment, as well as facilities for Inpatient, Outpatient, Occupational Services and an Ambulatory Care Center. Comprehensive patient services include Bariatric, Cardiology, Orthopedics, Emergency/Urgent Care, Obstetrics, Pediatrics, and Imaging Specialties. Dameron Hospital offers a broad array of services for the health maintenance for all age groups. Dameron Hospital is a member of the San Joaquin County Community Health Assessment Collaborative (SJC<sub>2</sub>HAC), which is responsible for producing and releasing, every three years, the Healthier San Joaquin County Community Assessment, required by Federal and State laws. In accordance with these legislative requirements, Dameron Hospital, in collaboration with other members of SJC<sub>2</sub>HAC, conducted an assessment of the community they serve, which encompasses all of San Joaquin County. Based on the results of this assessment, an Implementation Plan was developed detailing how the community needs will be addressed.

This Plan is submitted annually to The California Office of Statewide Health Planning and Development (OSHPD), The Internal Revenue Service, and the Dameron Hospital Board of Directors. The Community Assessment was conducted over eight-months and was led by Valley Vision, Inc., a non-profit community consulting organization dedicated to improving the quality of life for residents across Northern California. The most recent SJC<sub>2</sub>HAC assessment was released in March 2013. The assessment is used to: inform and engage local stakeholders and community members, promote collaborative efforts based on data, solicit community input and obtain group consensus in order to improve the health of our community. This Dameron Hospital Association 2014 Community Benefit Report reflects the 2013 SJC<sub>2</sub>HAC findings, our program and activities which meet the identified needs of the community.

# The Heart of Dameron Hospital

## Our Mission, Vision, and Values

### **Mission**

To support physicians and our employees in providing quality patient care in a safe and caring environment

Our mission, in part, is carried out by meeting the community's health needs by developing and participating in innovative, cost effective and high quality health care services for our patients and the community we serve

### **Vision**

To be the hospital in our community that physicians prefer, patients request, and employees choose

### **Values**

- Leadership: exists throughout all levels of the organization in alignment with our Vision and Mission
- Integrity: consistently demonstrating our values through individual and collective actions
- Teamwork: a committed team working collaboratively to ensure that we support each other
- Service Excellence: everything we do is based upon respect and appreciation for the individuality of physicians, patients, families, co-workers, and vendors
- Financial Stability: deliver high quality services in an effective, efficient and economical manner

## Community Benefit

In a response to the Community Needs Assessment, Programs and Activities were developed to ensure we are providing treatment, education, and healthcare awareness which promote our community's well being. The Leadership of Dameron Hospital ensures that all community activities align with our Mission, Vision and Values. Dameron Hospital provides Community Benefits in many areas of healthcare, including our community outreach and education programs which provide care to the uninsured and underinsured. Community Benefit also includes charity care and the unreimbursed costs of Medicaid and other means-tested government-funded insurance programs for the indigent; as well as health professional education, efforts to build upon the community's healthcare literacy and all costs associated with community benefit operations. Dameron Hospital partners with community agencies and organizations to improve the health and overall wellbeing of San Joaquin County residents; collaborative partnerships include: Valley Vision, Breastfeeding Coalition of San Joaquin County, Community Medical Centers, Inc., Community Partnership for Families of San Joaquin, Dameron Hospital, First 5 San Joaquin, Health Plan of San Joaquin, Kaiser Permanente Central Valley Area, San Joaquin County Office of Education, San Joaquin County Public Health Services, San Joaquin Healthier Community Coalition, St. Joseph's Medical Center, Sutter Tracy Healthy Connections, and University of the Pacific.

In 2013, Valley Vision, Inc., conducted an assessment of the Community Health Needs Assessment (CHNA) of residents living in San Joaquin County.

CHNA's objective was:

*To provide necessary information for participating members of the San Joaquin County Community Health Assessment Collaborative to create implementation plans, identify communities and specific groups within these communities which experience health disparities, especially as these disparities relate to chronic disease, and further identify contributing factors that create both barriers and opportunities for these populations to live healthier lives.*

A robust and comprehensive assessment included both primary and secondary data. Primary data included input from more than 180 members of the Hospital Service Area (HSA), expert interviews with 45 key informants, focus group interviews with 137 community members and more than 300 community health assets surveys were collected. Secondary data included health outcome data, socio-demographic data, behavioral and environmental data at the ZIP

code or census tract level. Analysis of both primary and secondary data revealed 10 specific Communities of Concern, living with a high burden of disease in San Joaquin County. These 10 communities had consistently high rates of negative health outcomes that frequently exceeded county, state, and Healthy People 2020 benchmarks. These Communities of Concern are noted in Figure 2 and described in more detail in Table 1 and Table 2. The 2013 Healthier San Joaquin County Community Assessment can be found at [www.healthiersanjoaquin.org](http://www.healthiersanjoaquin.org). Released in March 2013. Previous SJC<sub>2</sub>HAC community assessments can also be found on this same website. The assessment can also be found on Dameron Hospital's website [www.dameronhospital.org](http://www.dameronhospital.org). SJC<sub>2</sub>HAC is responsible for preparing and releasing the Healthier San Joaquin County Community Assessment, which is produced every three years. The primary goals of the assessment are:

- Engage local stakeholders
- Generate knowledge that will lead to collaborative action
- Identify data that would be useful for policy and advocacy work
- Establish a "Call to Action" for community members
- Assess community needs and assets
- Develop a community dissemination plan
- Provide ongoing tracking and monitoring

Ranking of the seven health needs are shown below:

1. Lack of access to primary and preventative care services
2. Lack of or limited access to health education
3. Lack of or limited access to dental care
4. Limited cultural competence in health and related systems
5. Limited or no nutrition literacy/access to healthy and nutritious foods, food security
6. Limited transportation options
7. Lack of safe and affordable places to be active

Dameron Hospital's 2014 Community Benefit Plan aligns with the four following health needs:

- Access to Primary, Specialty healthcare
- Health Education
- Workforce Development

- Policy work (state level) to improve Community Health

Our 2014 Community Benefit Report: a) describes how Dameron Hospital aligns with SJC<sub>2</sub>HAC and b) outlines additional Community Benefit Programs and Activities at Dameron Hospital. The Community Outreach Specialist assists in the evaluation of the Community Benefit Plan. The Community Outreach Specialist represents Dameron Hospital at the collaborative meetings and community-agency functions throughout San Joaquin County. Data is collected, analyzed, and summarized to evaluate the outcomes of our Community Benefit Plan. A review committee comprised of the Community Outreach Specialist, the Chief Financial Officer, the Director of Finance, members of the Executive Corporate Compliance Committee, and other staff deemed appropriate, meet to evaluate program performance issues, data collection, resource distribution and progress towards meeting the goals of our Plan. The Community Benefit Plan is reported to the Governing Board for approval by the Chief Financial Officer. The Community Benefit Plan is available to the public via the hospital's public website, [www.dameronhospital.org](http://www.dameronhospital.org).

## Overview of San Joaquin County, the Community We Serve

San Joaquin County is one of the original counties of California, created in 1850 and is located in the Central Valley of Northern California; home to approximately 700,000 residents. The County seat is Stockton, the largest incorporated city in the county and is home to almost half of the county's residents. San Joaquin has a rich agricultural presence and is known for its asparagus, strawberries, almonds, cherries, and other abundant crops. The racial and ethnic makeup of county residents includes Whites (68.7%), African American (8.2%), and Native American (2.0%), Asian (15.5%), Pacific Islander (0.7%), and two or more races (4.9%). Hispanic or Latino origin includes (39.4%). According to the US Census (2011), almost 40% of all county residents speak a language other than English at home, and nearly one in four over the age of 25 does not have a high school diploma. San Joaquin County offers its residents affordable housing, abundant recreational facilities, excellent educational opportunities, and diverse cultural resources. As the northernmost county in the Central Valley, San Joaquin County includes the cities of Stockton, Lathrop, Lodi, Manteca, Ripon, Tracy, and Escalon, as well as numerous planned communities, census-designated areas, small towns and unincorporated areas. The U.S Census Bureau anticipates that San Joaquin County's population will reach 789,000 by 2020. Population change by ethnicity will also affect San Joaquin County; the largest increase over the next thirty years will come from an estimated 104.6% increase in the Hispanic/Latino population and the white population will decrease by 8.7%. This represents a significant shift in San Joaquin County demographics. In 2013, unemployment for the county was 14.4% compared to the state rate of 10.1%. San Joaquin County earned a nation-wide reputation for its high number of home foreclosures; in 2013, 22% of all homes were in some stage of foreclosure compared to the state rate of 14% and national rate of 12%. According to the U.S. Department of Urban Housing and Development (HUD), San Joaquin County's median household income has increased 39% over the last decade, reaching \$63,100 in 2010; despite this increase, the County's median household income was lower than the median household income in the United States (\$64,000), and in California (\$71,000). It is important to note that a greater percentage of the San Joaquin County population lives below federal poverty levels compared to the rest of the state of California. HUD projected that San Joaquin County's 2012 median household income was \$66,300. The 2010 Census showed that people aged 60 and older now make up 15% of the population. The 2010 Census also shows people under the age of 20 has decreased to 32.9%. The percentage of the youth population ages 6-17 are projected

to remain nearly constant from 2010 to 2020, while the percentage for those ages 0-5 are projected to increase. Adults aged 19 and older will increase by 31% by the year 2040. These trends show that San Joaquin County's population is slowly aging.

(<http://www.huduser.org/portal/datasets/il/il2012/2012MedCalc.odn>)

## Implementation Plan

The implementation plan was developed following a distinct three step strategic planning process. First, the health needs identified in the CHNA were prioritized by members of the SJC<sub>2</sub>HAC. Second, Dameron Hospital selected four of the prioritized health needs as a primary focus for the purposes of meeting the health needs of the Community. Those chosen most closely aligned with the hospital's Mission and organizational capabilities. The third, and final step, was the development of an implementation plan.

### Step 1: Prioritizing Health Needs

The SJC<sub>2</sub>HAC prioritized and ranked the identified community health needs. Each health need was ranked along two dimensions: 1) the significance or severity of the health need; and 2) the ability of a hospital to make a notable impact on the identified health need.

### Step 2: Identify Health Needs for Dameron Hospital's 2014 focus

Dameron Hospital identified four primary health needs, from the seven, that aligned with its Mission and organizational capabilities. Dameron Hospital's Mission is to support physicians and our employees in providing quality patient care in a safe and caring environment.

### Step 3: Strategic Planning

This process followed two key steps. First, personnel in the hospital were recruited to participate and develop the implementation plan. Second, Dameron Hospital leadership evaluated the implementation plan and its alignment to the community needs assessment. The final Plan is depicted in Table 3. This evaluation and prioritization results were used as the roadmap for our 2014 Community Benefit Plan.

# Identified Health Needs for Dameron Hospital's Community Benefit Plan

## I. Improving Access to Care

Health insurance is a crucial component of health care access. Uninsured people are less likely to receive medical care, more likely to have poor health outcomes, and are more likely to die early. Being uninsured is a significant barrier to accessing necessary health care services, including preventive care and treatment for chronic conditions. Families and individuals without health insurance often have unmet health needs, receive fewer preventive services, experience delays in receiving appropriate care, and experience more hospitalizations that could have been prevented.

The Patient Protection and Affordable Care Act commonly called the Affordable Care Act (ACA) was signed into law by President Barack Obama on March 23, 2010. The ACA was enacted with the goals of increasing the quality and affordability of health insurance, lowering the uninsured rate by expanding public and private insurance coverage. It introduced a number of mechanisms, including mandates, subsidies, and insurance exchanges, meant to increase coverage and affordability. Millions of Californians were able to choose affordable, quality health insurance coverage offered through Covered that took effect January 2014. According to a report released by UCLA's Center for Health Policy Research, just under half (49.7%) of all nonelderly Californians in 2011 were insured through their own or a family member's employment-based coverage. That is down from 55.6% in 2007.<sup>16</sup> Based on UCLA's California Health Interview Survey (CHIS), an estimated 82,000 San Joaquin County residents were living without health insurance in 2011. (17) Dameron Hospital recognizes the need to provide accessible and affordable health care services to the community in which we serve. Dameron provides health care services to poor and underserved patients throughout the community in a variety of ways, including:

- Providing charity care or partial charity discount to those individuals who demonstrate an inability to pay (whose income is at or below 350% of the federal poverty level)
- Providing an uninsured patient discount to uninsured patients who do not qualify for charity care, but still may face hardship paying their medical bills
- Covering the unpaid costs of health care for Medi-Cal patients

Consistent with our mission to provide quality patient care in a safe and caring environment,

with or without compensation, the hospital provides a full charity or charity discount program. Full charity or partial charity discount is offered to those patients who demonstrate an inability to pay for medically necessary services and meets certain income and asset guidelines.

Dameron Hospital strives to ensure that every person receives required services, regardless of ability to pay. The unpaid costs of Medi-Cal and Charity Care comprised 14.3% of the hospital's operating expenses in 2014. The unpaid costs of Medi-Cal, Medicare and charity care comprised 19.3% of the hospital's 2014 operating expenses. Patients that are uninsured or have high medical costs who are at or below 350% of the federal poverty level may be eligible for charity care and discounted payments from emergency room physicians that provide emergency services in our general acute care hospital. The uninsured patient discount is intended to apply to patients who do not qualify for charity care but still may face hardships paying their medical bills.

## II. Health Education

### A. *Diabetes*

Diabetes is the leading cause of kidney failure, adult blindness, amputation, and is a leading contributor to strokes and heart attacks. According to the American Diabetes Association, 25.8 million children and adults (8.3% of the population) have diabetes. The vast majority of U.S. residents who have been diagnosed with diabetes have Type II diabetes. Many people with Type II Diabetes can control their condition by eating well, exercising, losing weight and taking oral medication. Data shows that San Joaquin County has consistently higher rates of diabetes than California. Dameron Hospital offers the Diabetes Outpatient Education Program, which is free to community residents who register for the program. Our on-site program covers every stage of diabetes. Patients who attend the program can achieve a lifestyle of success with our care and guidance. Dameron Hospital has a full staff of dieticians, registered nurses, certified diabetic educators, social workers and physicians to assist local residents in maintaining a normal, active lifestyle. The Diabetes Outpatient Education Program utilizes the American Diabetes Association (ADA) certified U.S. Department of Health "Diabetes Conversation Maps."

- Map 1: On the Road to Managing Diabetes
- Map 2: Diabetes and Healthy Eating
- Map 3: Monitoring Your Blood Glucose
- Map 4: Continuing Your Journey with Diabetes

Dameron offers diabetes education and glucose screenings at numerous health fairs and public events throughout the community. More than 700 people were given diabetic education at these community events. In an effort to improve the health of the community we serve, Dameron Hospital began offering individual counseling sessions, free of charge, for people who are interested in speaking with a diabetic educator. A physician referral is not necessary to request this counseling session; this program began Jan 1, 2013. To date more than 500 community members have taken advantage of these educational sessions. Dameron Hospital is San Joaquin County's certified affiliate of the California Pregnancy and Diabetes Program (Sweet Success). Diabetes is at epidemic levels, and Dameron Hospital has taken a lead in responding to diabetic pregnancy evaluation and successful infant development. The State authorized program covers diet, social behavior, insulin management, and lifestyle counseling. In response to our community's diversity, the program is also offered in Spanish.

### *B. Comprehensive Care for Women and Infants*

Our community outreach nurse focuses on providing education to childbearing women throughout San Joaquin County. Education materials, in both English and Spanish, relating to high-risk pregnancies, gestational diabetes, nutrition, prenatal care and other information is provided at all community events. Dameron Hospital is well known for its comprehensive Women's and Newborn Services. The A.G. Spanos Family's Start-of-Life Center offers specially trained nurses, advanced technology, and a safe, caring environment for both mother and baby. Newborns requiring more advanced care have the advantage of our on-site Level III Intensive Care Nursery with 24-hour neonatology coverage. The Oshtory Pediatric Center is a full-service 24-hour hospital department that treats infants from day 1 to 13 years of age. Dameron Hospital offers several pregnancy and parenthood classes throughout the year, including:

- All Day Prepared Childbirth Classes
- Breastfeeding Support for Expectant and Delivered Families
- Infant CPR and Safety
- NICU/SCN Support Group

Dameron Hospital is certified by California Children's Services as a Community Level III NICU and Community Level Pediatrics. Dameron Hospital provides referral services to local Obstetricians, Perinatologists and Pediatricians. The hospital also provides referrals to Women

Infant and Children (WIC); San Joaquin County Public Health Services' Maternal Child and Adolescent Health services; Black Infant Health; the Family Resource and Referral Center; and the Valley Mountain Regional Center Early Start Program.

### *C. Reading Literacy*

- The Read to Me, Stockton! Program began in 2011 in collaboration with the Stockton Rotary Club and Dolly Parton's Imagination Library. Children, living in a "community of concern", Figure 2, are enrolled in the program at no cost. Each child who is enrolled in the program will receive a new book once a month up to 5 years of age from the Dollywood Foundation. Dameron Hospital began participation at its inception in and continues its participation. Our Maternal Child Birth Clerks ask new parents who reside in "community of concern" to enroll in the program. In 2014, Dameron Hospital continued focusing on children living in zip codes 95202, 95203, 95205 and 95206 and enrolled over 350 children in Read to Me, Stockton! Program.
- Dameron Hospital contributes to increasing health literacy by providing educational materials with pictorial and plain language information at all of our Community events and Health fairs.
- 'Books for Babes' is supported by our Volunteers who are associated with Tau Chapter of Delta Kappa Gamma (UOP Educators sorority). On a monthly basis, books are assembled both in English and Spanish, and a plentiful supply for all new mothers is available on the Mother Baby Unit. This service is associated with San Joaquin County Healthier Community Coalition, which focuses on increasing reading literacy in our community. Dameron Hospital supplies the books necessary to maintain this important program.

### *D. NICU Family Support Group/Families Helping Families*

One of the key components of Dameron's Spanos Start of Life Center is the Dameron Level III Neonatal Intensive Care Unit (NICU). Premature infants can achieve normal growth when assisted by a state-of-the-art Neonatal Unit. The NICU Family Support Group is facilitated by Community Outreach Nurse. The NICU Family Support Group comes together to strengthen families through care and support. In 2014, their fund raising activities raised a total of \$2,700. The funds are used to ease the financial strain for families when their infant remains hospitalized in the NICU.

### *E. Breastfeeding Coalition of San Joaquin County*

The Breastfeeding Coalition of San Joaquin County is made up of representatives from local hospitals, WIC programs, community groups, non-profit organizations, health plans, San Joaquin governmental agencies and interested individuals. The Coalition's objectives are:

- Increase the number of physicians and other primary healthcare providers in San Joaquin County who include breastfeeding/lactation counseling and referral as part of pre-natal care
- In accordance with Healthy People 2010 National Health Promotion and Disease Prevention Objectives, increase to at least 75% the proportion of mothers who initiate breastfeeding; increase to at least 50% the proportion who continue to breastfeed until their infants are 6 months old, and increase to at least 25% the proportion who continue to breastfeed past one year
- Provide accurate and consistent breastfeeding support, information and resources to women, families, health professionals and the community
- Educate local charity and county government officials on the benefits of breastfeeding and involve them in making San Joaquin County baby-friendly.

### *F. Continuing Medical Education*

Dameron Hospital is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide Continuing Medical Education for physicians. Classes are offered at noon on Fridays (excluding Holidays and the months of July and August) in the hospital's Annex building. The classes are open to all physicians throughout the community. Dameron provided 25 continuing medical education classes throughout 2014 and will continue to provide Continuing Medical Education Classes in 2015. A total of 786 medical professionals attended the classes in 2014; and 140 other healthcare professionals.

### *G. Healthier Community Coalition*

Dameron Hospital is an active participant in the San Joaquin County Healthier Community Coalition. The purposes of the Coalition are: a) to provide leadership in the development and coordination of health status improvement efforts in San Joaquin County; b) to provide a forum for health services stakeholders to share ideas and information about projects and seek collaborative partners; and c) to work collaboratively and encourage the efforts of other collaborative attempting to respond to community health issues and problems. Currently we

are collaborating on creating a 211 all inclusive help for all referral services. Dameron staff have co-chaired this Coalition and have participated in key leadership roles since 2011.

### *H. Chronic Obesity*

In 2014 Dameron Hospital initiated a comprehensive Bariatric Services Program. Chronic obesity is the largest health care problem in San Joaquin County, which in turns contributes to Hypertension, Diabetes, and associated Orthopedic dysfunctions. All components of the Bariatric Program are facilitated by our dedicated Bariatric Services Coordinator. Weight loss seminars and support groups are available to the entire community. Seminars are aimed at educating people about the problems of obesity and the surgical options that are available. Dameron also offers a Healthy Lifestyles class which is available to anyone who has had a Bariatric procedure. The class provides reinforcement of concepts to enhance learning and provide a networking opportunity for Bariatric patients. Many areas of San Joaquin County have food deserts, no access to fresh fruit and vegetables, which contribute to obesity in the Afro-American and Hispanic populations.

## **III. Workforce Development**

### *A. Decision Medicine*

This two-week program, sponsored by San Joaquin Medical Society, is designed to introduce high school students to the field of medicine through personal mentoring opportunities and site visits with behind-the-scenes access to some of our regional hospitals, clinics and public health centers. Decision Medicine 2014 took place at various locations in Northern California, including hospitals, various clinics and inside actual private offices of participating physicians in San Joaquin County. Decision Medicine 2014 at Dameron Hospital was a full eight-hour day including student interactive tours into the Core Laboratory, the Pathology Laboratory, American Medical Response ambulance tour, and a tour of the Hospital Data Center; didactic lectures on Basic Hematology & Comparative Cellular Morphology and Forensic Pathology; and hands-on laboratory exercises for Phlebotomy, Blood Specimen Preparation, Blood Smear Technique, Differential Staining Technique, Blood Smear Examination by Light Microscopy, and Blood Typing. In addition, students were provided an individual Complete Blood Analysis (CBC), a preliminary ABO blood group determination, historical information about Dameron Hospital and career information in pathology and laboratory medicine. Twenty-seven students were

hosted at Dameron Hospital which included lunch and refreshments throughout the day. The Director of Risk Management coordinates this Program for Dameron Hospital which includes a Board Member, the Chief Information Officer, a Hospital Administrator, the Laboratory Medical Director, the Laboratory Manager, several Clinical Laboratory Scientists, the Patient Relations Coordinator, and the Employee Relations Coordinator.

### *B. Leadership Stockton*

Leadership Stockton is a program designed to inspire a new generation of men and women to assume leadership roles in the community. The nine-month program challenges and prepares individuals from diverse backgrounds to become influential in the region's future. To develop educated and motivated community leader participants are exposed to civic, civil, education, healthcare and non-profit entities. Participants heard from area healthcare leaders about the current and future state of healthcare. Michael Glasberg Dameron Hospital's Chief Operating Officer and Vice-President of Operations presented on behalf of Dameron Hospital. The roundtable discussion enabled participants to learn about hospital and healthcare facilities located throughout Greater Stockton community. A question and answer period concluded the forum.

### *C. Health Careers Academy*

The Health Careers Academy (HCA) was established in 2011 by the Stockton Unified School District to meet the growing community need for healthcare clinicians in Stockton and the greater San Joaquin County. HCA has a student population of 480 students. The goal of HCA is to produce students who have been challenged with a rigorous A-G college prep curriculum, as well as teaching them health career technical skills. Students are provided with community service opportunities to gain better sense of community awareness and are exposed to various medical professions during their PRN rounds. Upon graduation they leave prepared to join the workforce; pursue further health related vocational training; or attend a four-year college. Dameron Hospital staff are committed to offering tours and speakers at the request of the HCA and serves on the HCA Community Committee to enhance the learning experiences of our future health care professions.

### *D. Association of California Nurse Leaders (ACNL)*

This Association was created and is embraced by nurse leaders throughout California.

Its mission is to develop nurse leaders; advance professional practice; influence health policy; and promote quality and patient safety. With health care reform, implementation of the IOM Future of Nursing initiatives, professional practice issues and regulatory mandates, challenges and opportunities for nurse leaders have never been greater. ACNL helps nurse leaders address these issues together. ACNL provides essential information, statewide networking with peers, progressive leadership development programs and timely educational activities.

Dameron Hospital's Nursing Directors are members of the North Central Chapter; they attend monthly chapter meetings, participate in ACNL projects and sponsor annual ACNL conferences.

Dameron Hospital continued its ACNL membership and active participation through 2014.

## Strategic Plan

The first column lists the identified health needs; the second column lists the goals of Dameron Hospital in meeting the health need; the third column identifies the objectives to be accomplished, and the fourth column identifies measureable outcomes that will allow Dameron Hospital to monitor its progress toward attaining the goal of each health need. Our 2014 Plan resembles 2013 to ensure our goals have been achieved and maintained.

Health Need	Goal	Objectives	Measureable Outcomes
<b>Improve Access to Care</b> Primary, Specialty, and Behavioral Health care	1. Eliminate barriers to healthcare access, for health education and chronic disease management services	1. Provide transportation for those who cannot reach the hospital 2. Provide flu vaccine clinics at easily accessible locations (i.e. Dameron Hospital) 3. Provide no cost, individual sessions with a diabetes educator for those that are enrolled in the San Joaquin MAP program 4. No cost training for San Joaquin Foster families regarding the care of teens with Diabetes 5. Provide information during Community events on diabetes and weight loss management 6. Provide educational information to HPSJ /Ca Care patients regarding Diabetes, perinatal and bariatric services (Dia Del Campesino)	1. Number of bus passes, taxi vouchers issued 2. Number of flu vaccinations administered 3. Value of educational sessions provided and the number attended 4. Value of education materials 5. Value of education materials 6. Value of education materials
	2. Provide comprehensive information about when and how to seek care	1. Seasonal Flu vaccination for all ages and if available the shingle and pneumonia vaccine for adult population.	1. Value of vaccine, educational materials and administration costs
	3. Support community groups by providing meeting room space	1. Provide financial support donated time and equipment 2. Develop linkages with existing programs and organizations	1. Value of donated hours, equipment and financial resources 2. List of partners, activities and leveraged resources

Health Need	Goal	Objectives	Measureable Outcomes
<b>Health Education</b>	1. Connect with residents in their communities and at all community health fairs and provide educational materials using pictorial and plain language	1. Provide ongoing education to the community on childbirth, parenting, breastfeeding, infant safety and CPR, weight loss, nutrition, diabetes awareness and management 2. Provide monthly support groups for weight loss, NICU/SCN families and breastfeeding mothers 3. Continue participation in Stockton Unified School District Health Careers Academy; Decision Medicine 4. Continue participation in community health fairs and events 5. Provide continuing education to community physicians and other healthcare professionals 6. All outreach and education activities should reflect the literacy of the targeted community	1. Number of classes offered; number of attendees 2. Number of support groups offered; number of attendees 3. Value of hours and materials donated 4. Value of hours and materials donated; number of interactions with community members 5. Number of CE classes and professional education events; number of attendees 6. Evaluate the communities understanding by their compliance to health maintenance activities
<b>Workforce Development</b>	1. Participate in local schools and medical society programs. 2. Provide CME for physicians and healthcare professionals.	1. Support youth in choosing healthcare careers. 2. Provide current CME topics to enhance delivery of care.	1. Translated curriculum and materials if needed; list of identified gaps in materials and information 2. Number of CE classes and professional education events; number of attendees
<b>Policy Work (state level) to Improve Community Health – Cultural Competence</b>	1. Engage in policy and advocacy work at the local level to advocate for health-related policy implementation and changes to increase awareness of cultural appropriate care	1. - Actively participate as a member of the San Joaquin Healthier Community Coalition to positively affect local policy; - Examine existing programs and strengthen community partnerships; - Education address the cultural differences and education needs of the community	1. - Document new partnerships and expansion of existing relationships; - Document membership in policy oriented groups and attendance at task force meetings, e.g., First 5, Diabetes, Chronic Disease Management , and Breastfeeding Initiative; - Educational materials address specific cultural needs, utilization of ethnic nutrition samples and models; CME classes address cultural appropriate health maintenance.

## Community Contributions

In addition to the programs and activities previously described, Dameron Hospital also provides staff, volunteer time, and meeting room space for community programs and organizations throughout San Joaquin County. Donations of meeting room space for community groups totaled \$29,800.

### Meeting Space

- NICU and Bariatric support groups
- US Coast Guard
- Alpha Phi Chapter of Chi Eta Phi Nursing Society
- ACNL
- Narcotic Anonymous
- AAUW (American Assoc of University Women)
- Lamaze Prepared Childbirth
- Breastfeeding Coalition
- Healthy Lifestyles
- Northern California Stroke Coord. Meeting
- California Emergency HAM volunteers
- NICU Support Group
- Decision Medicine
- Bariatric Support Group
- California Society for Healthcare Engineering

### Staff Participation

- NICU and Bariatric support groups
- Healthier Community Coalition
- Health and Wellness Family Festival at Lodi Lake
- Flu Shot Clinics
- TB tests Stockton Fire Dept.
- Champions for Change: Network for a Healthy California
- The Record's Literacy and Book Fair-
- Family Fun Day in the Park – Healthy Highway

In addition to our medical services and programs, Dameron Hospital also offers the following Community Benefit and outreach services:

- Complimentary use of classroom for various community education and support groups
- Volunteer Program for community members willing to donate their time in a health care environment
- Sponsorship of health-related community events and activities
- Donations of materials, equipment and supplies to community groups
- Employee volunteer time
- Taxi/bus transportation to and from the Hospital/Clinic, if needed
- Continuing Medical Education for community physicians

- Community education classes
- Diabetic outpatient education program
- Referral service to community sub-specialties at tertiary centers, for population age 21 or under
- Unreimbursed Medi-Cal, Medicare, Charity Care, and Uninsured patient discounts
- Participation in the Decision Medicine program exposing high school students to health care careers to encourage youth to give back to the community and consider a career in medicine
- On-site free wireless internet access and Notary Services
- Workforce development
- Health professional education
- Management participation in local leadership programs and local school mentoring programs
- An online health center "FollowMyHealth"
- Physician recruitment in a medical shortage area
- Staff participation in conducting community health needs assessments
- Multilingual education classes
- Providing a clinical setting for undergraduate/vocational training to students enrolled in outside Programs
- Free Interpreter Services for patients and their designated support person

## Inventory and Economic Valuation of Community Benefits

Category	Reporting Period 2014	Planned 2015
<b>Financial Assistance and Means-Tested Government Programs</b>		
Traditional Charity Care	\$2,158,194	\$2,158,194
Unpaid Cost of Medicaid	\$21,765,223	\$21,765,223
Unpaid Cost of Medicare	\$8,336,533	\$8,336,533
Total for Financial Assistance and Means-Tested Government Programs, excluding unpaid Medicare (minus offset)	\$23,923,416	\$23,923,416
Total for Financial Assistance and Means-Tested Government Programs, including unpaid Medicare (minus offset)	\$32,259,949	\$32,259,949
<b>Other Benefits</b>		
Community Health Improvement Community Benefit Operations	\$85,030.31	\$85,030.31
Health Professions Education	\$11,724	\$11,724
Cash and In-Kind Contributions	\$149,440	\$149,440
Community Building Activities	\$97,279	\$97,279
Subsidized Health Services	\$7,895.01	\$7,895.01
<b>Total Community Benefits (excluding unpaid Medicare)</b>	<b>\$26,9279,352</b>	<b>\$26,929,352</b>
<b>Total Community Benefits (including unpaid Medicare)</b>	<b>\$36,171,321</b>	<b>\$36,171,321</b>

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- 16 Goldeen, Joe. (2012, October 27). Pacific, Kaiser Working on Community Health. The Record. Retrieved from <http://www.recordnet.com> .

**Table 1: San Joaquin County Communities of Concern, with ZIP code, Community Name, and Population**

<b>ZIP Code</b>	<b>Community Name</b>	<b>Population*</b>
95202	Stockton/Downtown	6,934
95203	Stockton/Downtown	17,137
95204	Stockton/Central	27,786
95205	Stockton/Southeast	38,069
95206	Stockton/Southwest	65,004
95231	French Camp	4,374
95258	Woodbridge	4,018
95336	Manteca	42,675
95376	Tracy	49,859
95686	Thornton	1,405
Total Population		257,261

**\*(Source: US Census Bureau, 2010)**

**Table 2: Socio-demographic characteristics for Communities of Concern compared to National and State benchmarks**

Zip code	% Households in poverty over 65 headed	% Families in poverty w/ kids	% Families in poverty female headed	% over 25 with no high school diploma	% Non-White Hispanic	% pop over age 5 with limited Eng	% Unemployed	% No health insurance	% Residents Renting
95202	31.8	56.2	69.7	50.9	85.3	21.3	32.8	45.5	93.9
95203	19.6	30.9	44.4	35.3	78.0	15.8	17.9	40.6	57.4
95204	11.8	21.1	41.8	18.3	60.2	5.0	12.4	29.2	42.8
95205	13.7	34.3	53.9	51.6	86.3	19.0	23.7	41.6	49.0
95206	16.2	25.5	46.9	36.4	88.3	16.5	22.9	25.8	31.2
95231	15.0	37.5	27.4	44.7	70.2	10.9	37.2	34.0	46.6
95258	7.0	6.2	12.9	17.6	34.6	4.4	8.5	16.3	22.8
95336	4.7	8.8	21.5	18.6	48.7	3.7	9.7	16.1	36.9
95376	12.0	6.8	19.1	17.0	62.0	6.5	8.2	13.8	31.0
95686	-	-	-	-	-	-	-	-	-
<i>State</i>	-	-	-	19.4 <sup>1</sup>	-	-	9.8 <sup>2</sup>	21.6 <sup>3</sup>	-
<i>National</i>	8.7 <sup>4</sup>	15.1 <sup>5</sup>	31.2 <sup>6</sup>	12.9 <sup>7</sup>	-	8.7 <sup>8</sup>	7.9 <sup>9</sup>	16.3 <sup>10</sup>	-

<sup>1</sup> 2010 Educational Attainment by Selected Characteristics. US Census Bureau, Unpublished Data. Retrieved from: [http://www.census.gov/compendia/statab/cats/education/educational\\_attainment.html](http://www.census.gov/compendia/statab/cats/education/educational_attainment.html)

<sup>2</sup> US Bureau of Labor Statistics (2012, December). *Unemployment Rates for States Monthly Rankings, Seasonally Adjusted*. Retrieved from: <http://www.bls.gov/web/laus/laumstrk.htm>

<sup>3</sup> Fronstin, P. (2012, December). *California's Uninsured: Treading Water*. California HealthCare Almanac. Retrieved from: <http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/C/PDF%20CaliforniaUninsured2012.pdf>

<sup>4</sup> 2011 rate as reported by De Navas, Proctor, and Smith. (2012). *Income, Poverty, and Health Insurance Coverage in the United States: 2011*. US Department of Commerce- Economic and Statistics Administration- Census Bureau.

<sup>5</sup> Ibid.

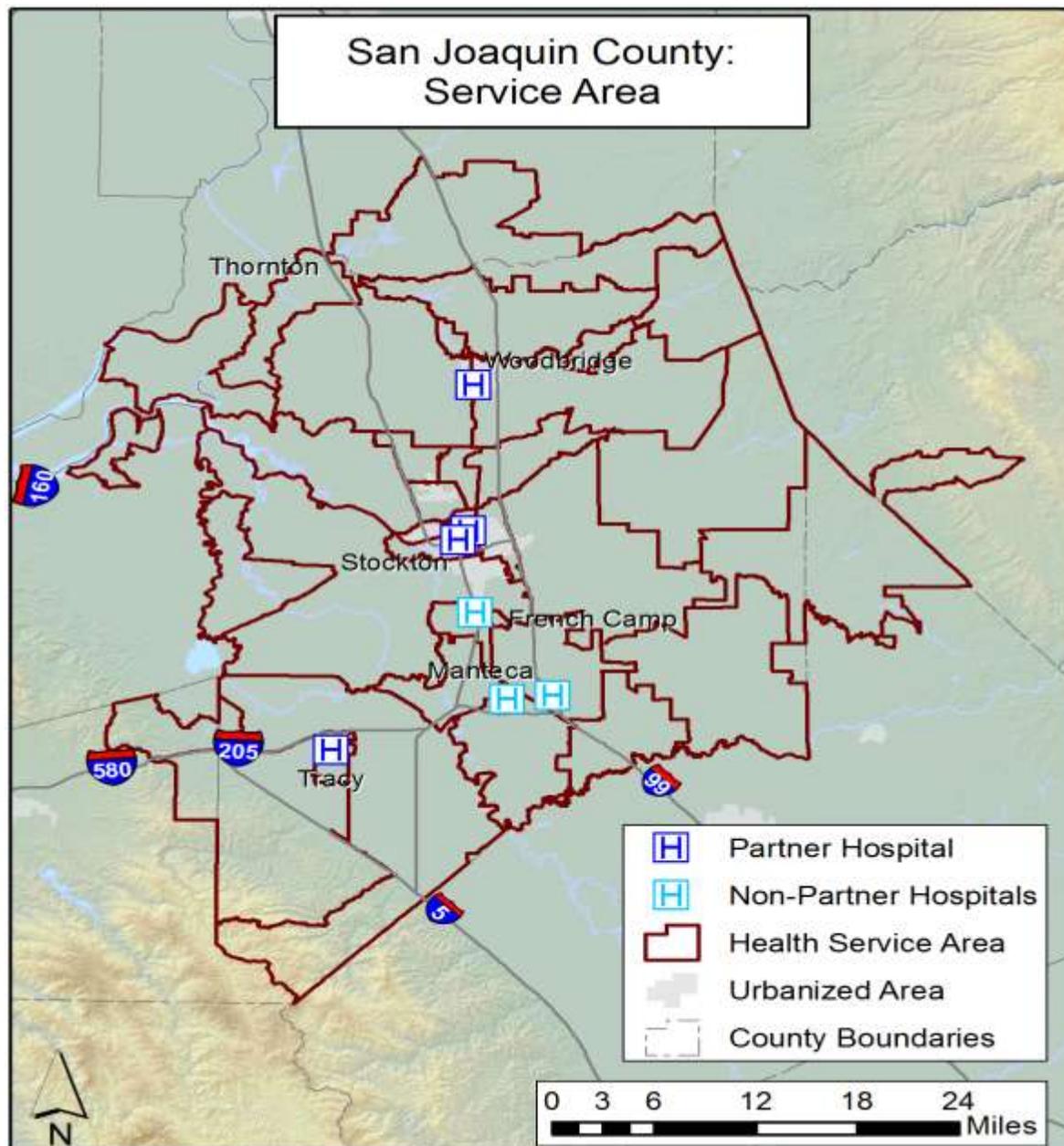


Figure 1 - San Joaquin County showing major cities and highways, as well as the location of all hospitals. Hospitals that partnered with the SJC<sub>2</sub>HAC, as members of the Collaborative, are distinguished from others (non-partnered).

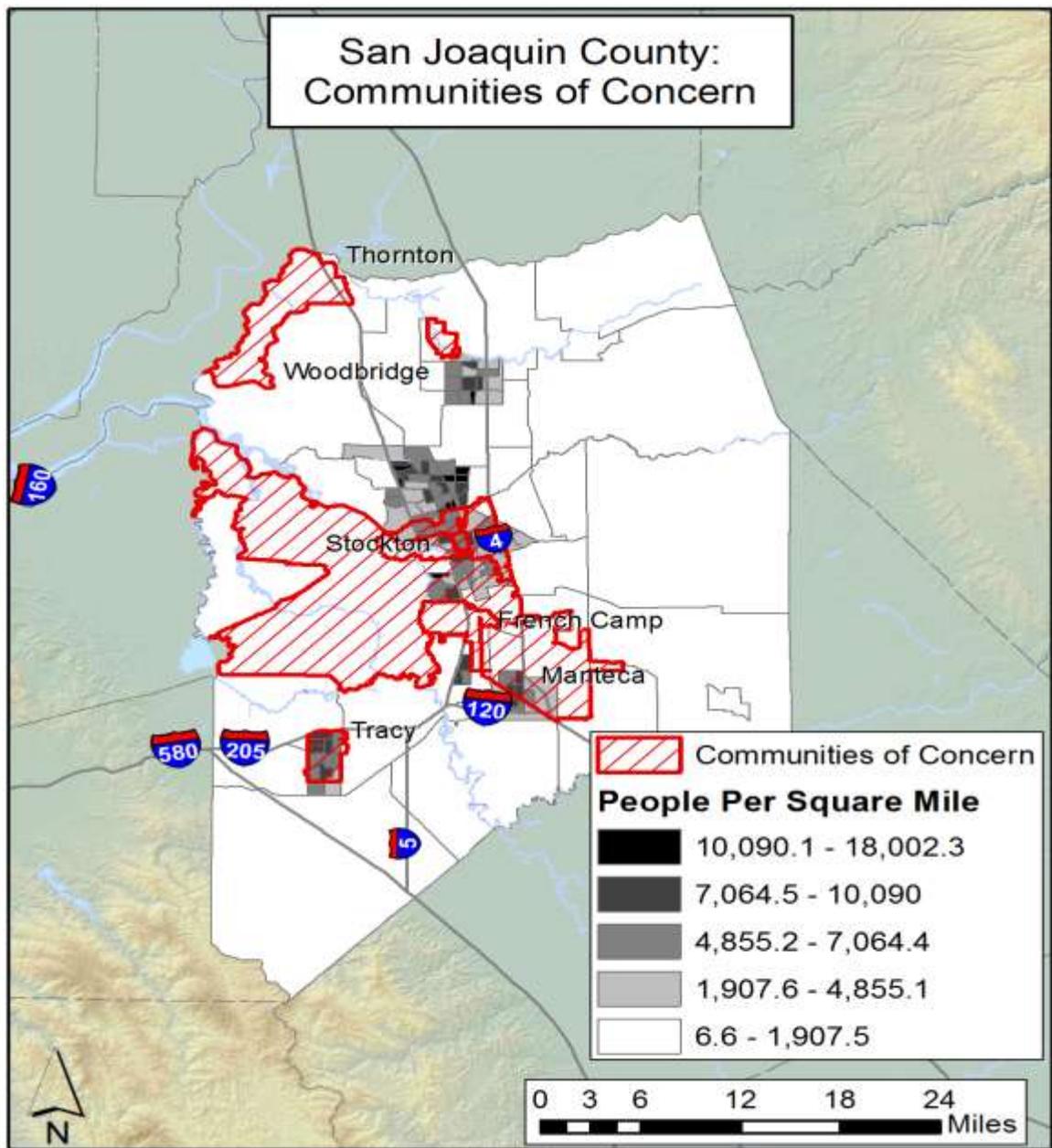


Figure 2: San Joaquin County Communities of Concern

# Appendices

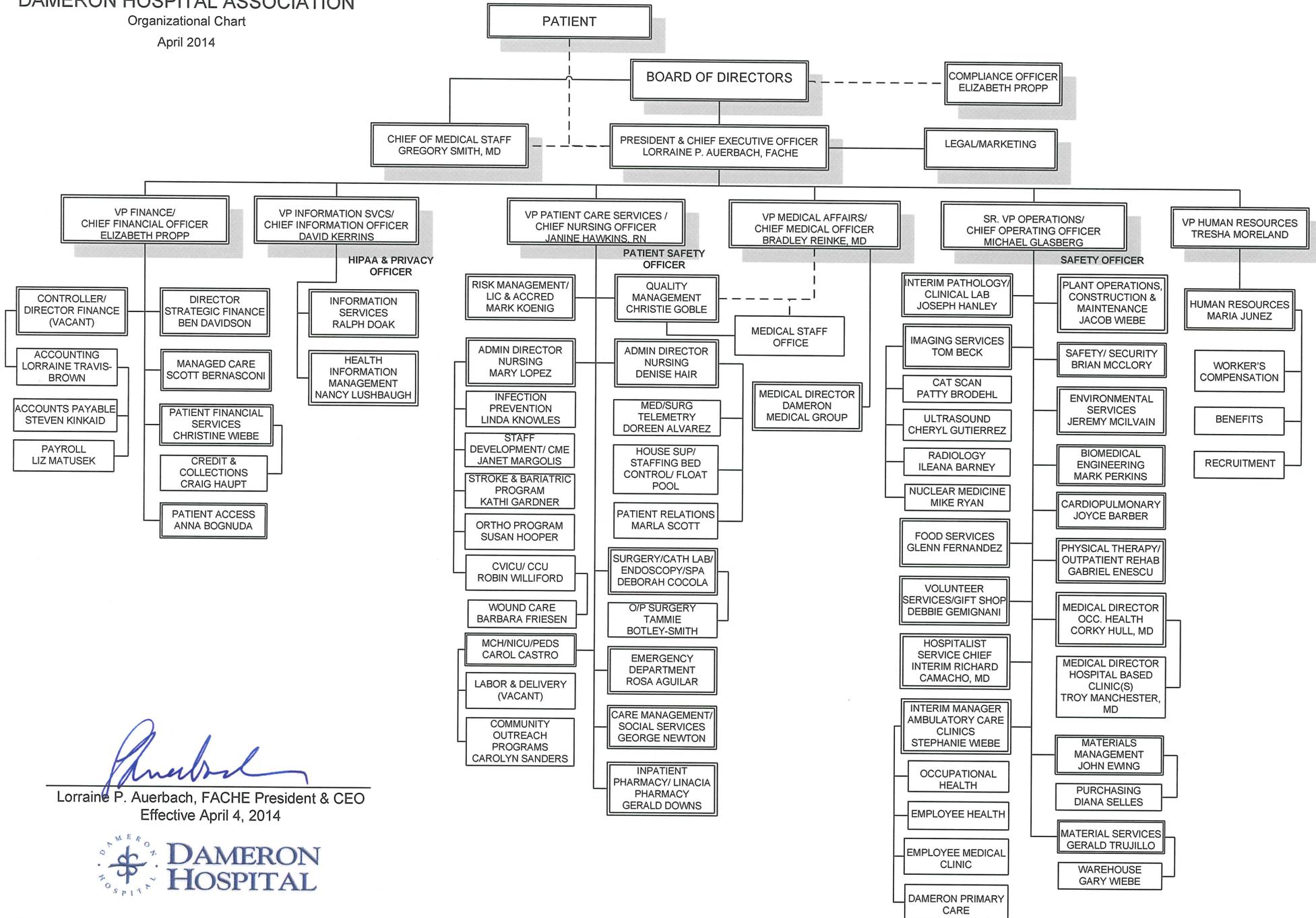
# **Appendix A**

## **Hospital Organizational Chart**

# DAMERON HOSPITAL ASSOCIATION

Organizational Chart

April 2014



Lorraine P. Auerbach, FACHE President & CEO  
Effective April 4, 2014



## Appendix B

### Summary Table of Dameron Hospital's Community Benefit Plan

<b>Benefit</b>	<b>Community Need</b>	<b>Community Affected</b>	<b>Goal</b>	<b>Measureable Objective</b>
Traditional Charity Care and Financial Assistance and Means-Tested Government Programs	<b>Improving Access to Care</b>	Uninsured and underinsured	Allocate 20% of operating expense for charity care and financial assistance and means-tested government programs (excluding Medicare, goal will be at 15% of operating expense)	Financial end-of-year report reflects 20% of operating expense spent on charity care and unpaid costs of financial assistance and means-tested government programs
Improved health care compliance for the community	<b>Health Education</b>	San Joaquin County residents	Provide ongoing and/or periodic community education regarding: <ul style="list-style-type: none"> <li>●Parenting, breastfeeding, infant safety and CPR</li> <li>●Diabetes awareness</li> <li>●Other chronic diseases</li> </ul>	Number of monthly and periodic classes regarding parenting, infant CPR and safety, breastfeeding classes, diabetic education and other chronic disease education. Number of local community health fairs and events where Dameron provides health education
School mentoring programs	<b>Workforce Development</b>	HCA students and students accepted into Decision Medicine program	Active participation in school programs	Participation in Decision Medicine program; participation in HCA program, number of participants
Increased participation of Support Groups	<b>Health Education</b>	<ul style="list-style-type: none"> <li>●Infants</li> <li>●Families of NICU/Special Care Nursery babies</li> <li>●Breastfeeding mothers</li> <li>●Diabetes patients</li> </ul>	Providing staff time, money and equipment meeting space for support groups Employers will provide accessible areas for breastfeeding moms	Number of monthly NICU/SCN and breastfeeding support groups; diabetic educational classes
Health Professions Education	<b>Workforce Development</b>	<ul style="list-style-type: none"> <li>●Accessible to all physicians</li> <li>●All other health care professionals</li> </ul>	Provide continuing medical education to community physicians and other healthcare professionals	Number of scheduled 2014CME classes and health professional education events
Transportation	<b>Improving access to care</b>	<ul style="list-style-type: none"> <li>●Community members without mode of transportation</li> </ul>	Provide transportation to patients who have no other means of transportation to and from the hospital	Yearly cost of taxi service

# **Appendix C**

## **Charity Care Policy**

	<b>Charity Care/Discounted Payment Policy</b>	
	ID Number:	20-01-0034
	Manual:	Departmental Manual
	Division:	Finance
	Policy Level:	Multi-Departmental
	Review Date:	04/02/2017
	Status:	4. Approved
	Primary Owner:	Liz Propp/Dameron

### Policy & Procedure Body

#### I. Policy:

Pursuant to this Policy, the Hospital will provide eligible patients Charity Care or Discounted Payment, together referred to as “financial assistance.” The Hospital shall provide this financial assistance to individuals who demonstrate an inability to pay for Medically Necessary Services. Eligibility guidelines and application procedures for Charity Care and Discounted Payment are detailed in this Policy.

#### II. Purpose:

The purpose of the Charity Care and Discounted Payment Policy (the “**Policy**”) is to define the eligibility criteria and application process set forth by Dameron Hospital Association (the “**Hospital**”) to provide financial assistance to low-income, uninsured and underinsured patients.

This Policy is intended to comply with the Hospital’s mission and values as a nonprofit public benefit organization and with requirements set forth in California Health & Safety Code §§ 127400 *et seq.*

#### III. Definitions:

“**Charity Care**” means Medically Necessary Services provided to a patient at no charge to the patient or his/her family.

“**Discounted Payment**” means that the Hospital shall limit the expected payment for Medically Necessary Services for Financially Qualified Patients to a discounted rate.

“**Emergency Medical Condition**” is defined as:

1. A medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, psychiatric disturbances and/or symptoms of substance abuse, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
  - a. Placing the patient’s health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
  - b. Serious impairment to bodily functions; or
  - c. Serious dysfunctions of any bodily organ or part.
2. With respect to a pregnant woman who is having contractions:
  - a. That there is inadequate time to effect a safe transfer to another hospital before delivery; or
  - b. That transfer may pose a threat to the health or safety of the woman or the unborn child.

“**Essential Living Expenses**” means expenses for any of the following: rent or house payment and

maintenance; food and household supplies; utilities and telephone; clothing; medical and dental payments; insurance; school or child care; child or spousal support; transportation and auto expenses, including insurance, gas and repairs; installment payments; laundry and cleaning; and other extraordinary expenses.

“**Federal Poverty Level**“ is defined in the chart set forth on **Attachment A**, based on the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services.

“**Financially Qualified Patient**“ means a patient who is both of the following:

1. A patient who is a Self-Pay Patient, as defined in Section III.K, or a Patient with High Medical Costs, as defined in Section III.I; and
2. A patient whose family income does not exceed 350 percent of the Federal Poverty Level.

“**Income**“ includes, but is not limited to, wages, salaries, Social Security payments, public assistance, unemployment and workers’ compensation, veterans’ benefits, child support, alimony, pensions, regular insurance and annuity payments, income from estates and trusts, assets drawn down as withdrawals from a bank, sale of property or liquid assets and one-time insurance or compensation payments.

“**Medically Necessary Service**“ means a service or treatment that is absolutely necessary to treat or diagnose a patient and could adversely affect the patient’s condition, illness or injury if it were omitted, and the service or treatment is not considered an elective or cosmetic surgery service or treatment.

“**Patient with High Medical Costs**“ means a patient who meets *all* of the following requirements:

1. A patient with third-party coverage (*i.e.*, not a Self-Pay Patient);
2. A patient whose family income does not exceed 350 percent of the Federal Poverty Level, as set forth in Section III.E; and
3. A patient whose annual out-of-pocket costs incurred by the individual at the Hospital exceed 10 percent of the patient’s family income in the prior 12 months; *or* whose annual out-of-pocket expenses 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.

“**Patient’s family**“ means the following:

1. For persons 18 years of age and older:
  - a. Spouse;
  - b. Domestic partner, as defined in Section 297 of the California Family Code; and
  - c. Dependent children under 21 years of age, whether living at home or not.
2. For persons under 18 years of age:
  - a. Parent;
  - b. Caretaker relative; and
  - c. Other children under 21 years of age of the parent or caretaker relative.

“**Self-Pay Patient**“ means a patient who does not have third-party coverage from a health insurer, health care service plan, Medicare or Medicaid, and whose injury is not a compensable injury for purposes of workers’ compensation, automobile insurance or other insurance, as determined and documented by the Hospital.

“**Reasonable Payment Plan**“ means monthly payments that are not more than 10 percent of a patient’s family income for a month, excluding deductions for Essential Living Expenses.

#### IV. **Eligibility**

##### A. Eligible Services

Financial assistance provided to Hospital patients pursuant to this Policy shall only apply to charges

incurred for Medically Necessary Services. If it is unclear whether a particular service is a Medically Necessary Service, then the Chief Medical Officer or his/her designee shall determine whether services rendered to the patient were Medically Necessary Services.

Emergency physicians who provide emergency medical services in a hospital that provides emergency care are required by law to provide discounts to Self-pay Patients and Patients with High Medical Costs who are at or below 350 percent of the Federal Poverty Level. Patients must contact the emergency physician's billing office for further information regarding financial assistance programs for emergency services.

## B. General Eligibility

Consistent with the Hospital's mission as a nonprofit public benefit organization to operate and furnish care, treatment, hospitalization and other services, with or without compensation, the Hospital will, pursuant to this Policy, provide financial assistance to Financially Qualified Patients.

The Hospital shall determine eligibility for the Charity Care Program or Discounted Payment Program based upon an individual's financial need in accordance with this Policy. Patients seeking Charity Care or Discounted Payment must make reasonable efforts to provide the Hospital with documentation of income and health benefits coverage. If a patient fails to provide information as is reasonable and necessary for the Hospital's eligibility determination, the Hospital may consider such failure in making its determination.

Before a patient can be eligible for the Charity Care Program or the Discounted Payment Program, all available resources must first be applied, including, but not limited to, private health insurance (including coverage offered through the California Health Benefit Exchange), Medicare, Medi-Cal, the Healthy Families Program, the California Children's Services Program, or other state- or county-funded programs designed to provide health coverage.

Patients who are eligible for and/or receive financial assistance under the Charity Care Program or the Discounted Payment Program may not receive financial assistance pursuant to the Hospital's Uninsured Patient Discount Policy (No. 20-01-0036).

Financial assistance under this Policy shall be provided to eligible patients without regard to race, religion, color, creed, age, gender, sexual orientation, national origin or immigration status.

## C. Specific Eligibility

Patients may apply for financial assistance under Section C.1 or Section C.2, as described below.

### 1. Discounted Payment Program

Both Self-Pay Patients and Patients with High Medical Costs shall be eligible to apply for the Discounted Payment Program.

- a. **Self-Pay Patients:** The Hospital shall limit the expected payment for services provided by Hospital to Self-Pay Patients whose documented income is between 150 percent and 350 percent, inclusive, of the Federal Poverty Level, to the amount of payment the Hospital would expect in good faith to receive for providing services under Medicare, Medi-Cal, Healthy Families Program or another government-sponsored health program of health benefits in which the Hospital participates (collectively, "**government-sponsored program rate**"), whichever is greater. If the Hospital provides a service for which there is no established payment by Medicare or any other government-sponsored program of health benefits in which the Hospital participates, then the Hospital shall establish an appropriate Discounted Payment amount.
- b. **Patients with High Medical Costs:** Patients with High Medical Costs whose documented income is between 150 percent and 350 percent, inclusive, of the Federal Poverty Level, shall be liable for the lesser of (i) the balance after any insurance payments are applied or (ii) the applicable government-sponsored program rate.

Patients seeking a Discounted Payment must make reasonable efforts to provide the Hospital with documentation of income (limited to recent pay stubs or income tax returns) and health benefits coverage. Patients with High Medical Costs also must provide documentation of medical expenses paid by such patients or their families in the prior 12 months.

Patients that provide required documentation and qualify under the income requirements of this section may enter into an extended, interest free payment plan in accordance with the Hospital's Extended Payment Plan Policy & Procedure (No. 20-01-0035). The Hospital and the patient shall negotiate the terms of such extended payment plan, and shall take into consideration the patient's family income and Essential Living Expenses. If the Hospital and patient cannot agree on a payment plan, the Hospital shall create a Reasonable Payment Plan.

## 2. Charity Care Program

The Hospital also will provide its Charity Care Program to Financially Qualified Patients who are unable to pay, regardless of insurance status, provided that the patient's income falls below 150 percent of the Federal Poverty Level.

Patients seeking Charity Care must make reasonable efforts to provide the Hospital with documentation of income, monetary assets (including all liquid and non-liquid assets owned, less liabilities and claims against such assets) and health benefits coverage.

However, monetary assets shall not include retirement or deferred-compensation plans qualified under the Internal Revenue Code or nonqualified deferred compensation plans. Also, the first \$10,000 of the patient's monetary assets shall not be counted in determining eligibility, nor shall 50 percent of a patient's monetary assets over the first \$10,000 be counted in determining eligibility. The Hospital may, nonetheless, require waivers or releases from the patient or the patient's family authorizing the Hospital to obtain verifying information from financial or commercial institutions, or other entities that hold or maintain the monetary assets.

## V. Application Procedures

When requesting financial assistance under the Policy, the patient, the patient's guarantor or the patient's legal representative is responsible for providing accurate information and using reasonable efforts to provide all documentation necessary. Below is a list of the responsibilities of the patient, the patient's guarantor or the patient's legal representative during the application process.

- A. To establish eligibility, all patients requesting financial assistance under the Policy will be required to complete the Hospital's Financial Assistance Application form, attached to this Policy as **Attachment B**.
- B. To be considered for the Charity Care Program or Discounted Payment Program under the Policy, the patient must cooperate with the Hospital to provide the information and documentation necessary to apply for other existing financial resources that may be available to cover (fully or partially) the charges for care rendered by the Hospital, including, but not limited to, private health insurance (including coverage offered through the California Health Benefit Exchange), Medicare, Medi-Cal, the Healthy Families Program, the California Children's Services Program, or other state- or county-funded programs designed to provide health coverage.
- C. If a patient applies, or has a pending application, for another health coverage program at the same time s/he applies for a Hospital Charity Care or Discount Payment program, neither application shall preclude eligibility for the other program.
- D. To be considered for Discounted Payment or Charity Care under the Policy, the patient must provide the Hospital with financial and other information needed to determine eligibility. This includes completing the required application forms and cooperating fully with the information-gathering and assessment processes.
- E. A patient who qualifies for Discounted Payment shall cooperate with the Hospital in establishing an

extended payment plan. If the Hospital and patient cannot agree on an extended payment plan, then the Hospital shall create a Reasonable Payment Plan.

- F. A patient who qualifies for a Discounted Payment must make good-faith efforts to honor the payment plan. The patient must promptly notify the Hospital of any change in financial status so that his/her eligibility for financial assistance may be reevaluated by the Hospital pursuant to this Policy.
- G. A patient's failure to mail or otherwise deliver to Hospital a complete Financial Assistance Application within 30 days of the patient's receipt of such application shall result in denial of the request for Discounted Payment or Charity Care. Subsequent requests for consideration will be processed at the sole discretion of the Hospital.
- H. In the event of a dispute, a patient may seek review from the Hospital's Patient Relations and Service Excellence Coordinator.
- I. The following approvals are required for Financial Assistance Applications:

Level	Charity Care/Discounted Care Payment Amount	Required Approvals
1	under \$50,000	Director of Patient Accounting
2	\$50,000 to \$249,999	Director of Patient Accounting and Chief Financial Officer
3	\$250,000 and above	Director of Patient Accounting, Chief Financial Officer and Chief Executive Officer

## **VI. Collections Policies and Procedures for All Applicants**

The Credit and Collections Department will be responsible for determining an individual's ability to pay, utilizing all or a portion of the factors outlined within this Policy.

- A. To balance a patient's need for financial assistance with the Hospital's broader fiscal responsibility to the community of maintaining a financially healthy facility, the Hospital shall make all reasonable efforts to determine the patient's ability to contribute to the cost of their care as set forth herein.
- B. The Hospital shall determine the patient's eligibility for financial assistance as close as possible to the rendering of Medically Necessary Services, though such determination may be made at any time if adequate eligibility information is available.
- C. The Hospital may declare an extended payment plan (including a Reasonable Payment Plan) inoperative if the patient fails to make all consecutive payments during a 90-day period. Before declaring an extended payment plan inoperative, the Hospital, collection agency or assignee shall make a reasonable attempt to contact the patient by telephone, give written notice that the extended payment plan may become inoperative, and inform the patient that s/he may renegotiate the terms of the payment plan.
- D. If the Hospital determines that an individual is unable to pay for all or part of the payment due, and there are no other avenues available to collect on the account, then the uncollected amount will be written off as Charity Care. Otherwise, the account will be pursued as outlined in the Hospital's Collection of Past Due Accounts Policy & Procedure (No. 20-01-0033).
- E. Under no circumstances will contractual write-offs, discounts or any other administrative or courtesy allowances be written off as Charity Care.
- F. Prior to commencing collection activities, the Hospital shall provide the patient with written notice containing a plain language summary of the patient's rights pursuant to California Health and Safety Code Section 127430(a), and a statement that nonprofit credit counseling services may be available in the area.

- G. The Hospital or its assignee that is an affiliate or subsidiary of the Hospital shall not, in dealing with patients eligible under any portion of this Policy, use wage garnishments or liens on primary residences as a means of collecting unpaid Hospital bills.
- H. In dealing with patients eligible under any portion of this Policy, a collection agency or other assignee that is not a subsidiary or affiliate of the Hospital shall not use a wage garnishment (except by court order) or notice or conduct a sale of the patient's primary residence as means of collecting unpaid Hospital bills.
- I. Neither Section VI.G nor Section VI.H of this Policy shall preclude the Hospital, a collection agency or other assignee from pursuing reimbursement or any enforcement remedy or remedies from third-party liability settlements, tortfeasors or other legally responsible parties.
- J. If a patient is attempting to qualify for eligibility under the Hospital's Charity Care Program or Discounted Payment Program and is attempting in good faith to settle an outstanding bill with the Hospital by negotiating an extended payment plan or by making regular partial payments of a reasonable amount, then the Hospital shall not send the unpaid bill to any collection agency or other assignee, unless that entity has agreed to comply with this Policy.
- K. The Hospital or the Hospital's assignee shall not report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 days after initial billing. This period shall be extended if the patient has a pending appeal for coverage of the services until a final determination of the appeal is made.
- L. No information collected by the Hospital for the purpose of determining eligibility for financial assistance shall be used for collections activities. However, the Hospital, collection agency or assignee may use information obtained independently of the eligibility process for the Charity Care Program or the Discounted Payment Program.

## **VII. Notice Requirements**

### **A. Posted Notice**

Signage regarding the Policy is posted at all points of registration, including the emergency department, the billing office, the admissions office and other outpatient settings.

### **B. Written Notice**

Written information about the Policy and copies of the Financial Assistance Application are available in all patient registration areas. The Policy and financial counselor contact information are set forth in the Patient Information Handbook and on the Hospital's website.

The Hospital will provide patients with a written notice that contains information regarding the Hospital's Policy, including eligibility information and contact information for a Hospital employee or Hospital office from which the patient may obtain further information about the Policy. This written notice also will be provided to patients who receive emergency and/or outpatient care and who may be billed for that care, but were not admitted as an inpatient. The Notice shall be available in English and other languages, as determined by the Hospital's primary service area and in accordance with applicable Federal and state law. The Hospital also shall provide such notice at the time of billing.

### **C. Identification of Financially Qualified Inpatients**

Hospital financial counselors will attempt to contact registered inpatients during their hospital stay to assess patients' needs and identify those patients that may be eligible for financial assistance. The Hospital may utilize internal staff or third party agents to assist patients in applying for medical assistance programs funded by city, county, state or federal programs.

## **VIII. References:**

California Health & Safety Code §§ 127400–127446 (Hospital Fair Pricing Policies) and §§ 127450–

127462 (Emergency Physician Fair Pricing Policies)  
California Family Code § 297 (Definition: Domestic Partner)  
U.S. Department of Health and Human Services, Poverty Guidelines, available  
at <http://aspe.hhs.gov/poverty/>  
Internal Revenue Code § 501(c) (3) (Tax-Exempt Organizations)

**IX. Cross References:**

Collection of Past Due Accounts Policy & Procedure #20-01-0033  
Extended Payment Plan Policy & Procedure #20-01-0039  
Uninsured Patient Discount Policy #20-01-0036

**X. Associated Documents:**

DHA Financial Assistance Application Form – Attachment B (English)  
DHA Financial Assistance Application Form – Attachment B (Spanish)

**XI. Approvals:**

Board of Directors: 12/03/2014

*(Policy revised on 03/13/2015 to reflect 2015 U.S. Federal Poverty Guidelines)*

**ATTACHMENT A**

**FEDERAL POVERTY LEVEL**

<b>2015 Federal Poverty Guidelines</b>			
<b>Family Size</b>	<b>Current Annual Federal Poverty Income Level</b>	<b><u>150% of Federal Poverty Income Level</u></b>	<b><u>350% of Federal Poverty Income Level</u></b>
1	\$11,770	\$17,655	\$41,195
2	\$15,930	\$23,895	\$55,755
3	\$20,090	\$30,135	\$70,315
4	\$24,250	\$36,375	\$84,875
5	\$28,410	\$42,615	\$99,435
6	\$32,570	\$48,855	\$113,995
7	\$36,730	\$55,095	\$128,555
8	\$40,890	\$61,335	\$143,115
9	\$45,050	\$67,575	\$157,675
10	\$49,210	\$73,815	\$172,235
Each Additional Family Member	\$4,160	\$6,240	\$14,560

**Document Link Manager**

No Documents Linked

**Attachment Manager**

Attachments List:

<b>Name</b>	<b>Size</b>
 <a href="#">Charity Care &amp; Discount Pymt Cover Letter &amp; Application V2- English.docx</a>	31 KB
 <a href="#">Charity Care &amp; Discount Pymt Cover Letter &amp; Application V2- Spanish.docx</a>	37 KB

# **Appendix C**

## **Uninsured Patient Discount Policy**

	Uninsured Patient Discount	
	ID Number:	20-01-0036
	Manual:	Departmental Manual
	Division:	Finance
	Policy Level:	Multi-Departmental
	Review Date:	12/20/2014
	Status:	4. Approved
	Primary Owner:	Cyrus Dah/Dameron

## Policy & Procedure Body

### I. Policy

A. Dameron Hospital recognizes the need to provide accessible and affordable health care services to the community in which we serve. The uninsured patient discount is intended to apply to patients who do not qualify for charity care, but still may face hardships paying their medical bills. Patients who are offered charity care receive free or substantially discounted services, and thus shall not also receive the UPD. The UPD does not apply to co-payments, deductibles, or cost shares.

B. Dameron also recognizes that it is the policy of the State of California to reward its citizens for their prudence in obtaining insurance coverage for their health care needs. The UPD policy and procedure shall at all times remain consistent with State policy.

### II. Purpose

To provide uninsured patients equitable discounts for medically necessary services from the hospital's reasonable, necessary, usual and customary billed charges as well as information regarding the availability of charity care or government program assistance as required by Health and Safety Code Section 1339.585, effective January 01, 2006.

### III. Definitions

HLA - Hospital Lien Act  
HMO - Health Maintenance Organization  
PPO - Preferred Provider Organization  
UPD - Uninsured Patient Discount

### IV. Text

This Policy and Procedure should be read in conjunction with Charity Care Policy and Procedure #20-01-0034.

### V. Procedure

#### A. Uninsured Patient Eligibility Requirements

The patient or patient's guarantor has the burden of proving eligibility for the UPD. "Uninsured Patient" means either: (1) A patient who is responsible to pay a hospital bill that is not covered, payable or discounted by any type of insurance, governmental program, or responsible third party or entity; or (2) A patient whose benefits under insurance have been exhausted.

In order to qualify as an uninsured patient, the patient or patient's guarantor must verify that he or she is not aware of any insurance, governmental program or third party or entity responsible to pay all or part of the patient's billed charges, or empowered in some manner to discount the billed charges. Insurance in this case includes but is not limited to any HMO, PPO, indemnity coverage, consumer-directed health plan, liability insurance of any kind, workers compensation insurance, legally permissible self-insurance of any kind, and/or medical payments coverage of any kind.

**B. Uninsured Patient Discount**

The UPD is a write-off of a portion of the hospital's reasonable, necessary, usual and customary billed charges, taken at the time the uninsured patient is billed for the hospital services rendered. The amount of the UPD shall be consistent with the policy objectives and purposes outlined above.

**C. Annual Determination of Uninsured Discounts**

The uninsured patient discount is set by the hospital **annually** at an amount between the highest and lowest discounts from billed charges for commercial health plans.

**D. Notification of Availability of Uninsured Patient Discount and Other Financial Assistance**

The hospital will make a good faith effort to identify each patient who is potentially eligible for a UPD, and will provide such patients and/or guarantors with written information regarding UPD eligibility. Hospital shall provide this information to patients and/or guarantors as soon as practical following the hospital's recognition that payers other than the patient or guarantor in all likelihood do not reasonably exist.

**E. Third Party Liens**

This UPD policy and procedure does not apply in any way to charges collected under the California Hospital Lien act ("HLA"), California Civil Code sections 3045.1 to 3045.6. HLA collections shall be in the amount of the hospital's reasonable, necessary, usual and customary billed charges.

**VI. References**

Health and Safety Code Section 1339.585  
California Civil Code sections 3045.1 to 3045.6

**VII. Cross References**

Charity Care Policy and Procedure, #20-01-0034

**VIII. Associated Documents**

None

**IX. Approvals**

Operations Document Review Committee – 05/25/2011  
Chief Financial Officer – 11/18/2011  
Board of Directors – 12/20/2011

**Document Link Manager**

No Documents Linked

**Attachment Manager**

No Attachments

## Appendix D

### Dameron Hospital Services

#### Medical/Surgical Services:

Anesthesia

Cardiology

Dental Surgery

Gastroenterology

Gynecology

Maxillo-Facial Surgery

Neonatology

Neurology

Obstetrics

Oncology

Orthopedics

Otolaryngology

Pediatrics

Pulmonology

Urology

Wound Care

Bariatric Surgery

Cardiothoracic Surgery

Emergency Medicine

General Surgery

Hematology/Oncology

Internal Medicine

Nephrology

Nuclear Medicine

Occupational Medicine

Ophthalmology

Otorhinolaryngology

Pathology

Plastic Surgery

Radiology

Vascular Surgery

#### Nursing Services:

Medical/Surgical Nursing

Telemetry Nursing

#### Specialized Nursing Services:

Acute Dialysis

Basic Emergency Medical

Cardiac Catheterization Laboratory

Cardiovascular Surgery

Coronary Care

Radiological

Endoscopy

Neonatal Intensive Care Nursery

(NICU)

#### Specialized Nursing Services (con't.):

Cardio-vascular Intensive Care (Adult)

Pediatric

Perinatal Service

Labor and Delivery

Mother-Baby Unit, Post partum

Newborn Nursery

**Intradepartmental Surgical Services:**

Preadmission Department

Surgical Suites

Post Anesthesia Care Unit

Preoperative Unit

Ambulatory Surgical Care

Perfusion Services

**Supplemental Services:**

Radiation Therapy-Brachytherapy

Electrophysiology Studies

Nuclear Medicine

Physical Therapy

Care Management/RN/Social Worker

Pathology and Clinical Laboratory

Phlebotomy Services

Dietetic Services

Sweet Success/Diabetes Education

Tele-medicine Pediatric Neuro /ED

Echocardiography

Electroencephalography

Occupational Health/Workers Comp

Respiratory Care

Speech Therapy

Pharmaceutical In-patient

Community Outreach Activities

Diabetes Education

High Risk Infant Follow-Up Clinic

Linacia Pharmacy/Retail

## Appendix E

### San Joaquin County Health Resources

Resources include, but are not limited to:

- American Heart Association
- Breastfeeding Coalition of San Joaquin County
- Charterhouse Center for Families
- Community Medical Centers, Inc.
- Community Hospice
- Council for the Spanish Speaking (El Concilio)
- Dameron Hospital Association
- Delta Blood Bank
- Delta Health Care
- Doctor's Hospital of Manteca
- Dorothy L. Jones Family Resource Center
- Family Resource and Referral Center
- First 5 San Joaquin
- Health Plan of San Joaquin
- Hospice of San Joaquin
- Kaiser Permanente
- Lodi Memorial Hospital
- Planned Parenthood Mar Monte
- San Joaquin County Behavioral Health Services
- San Joaquin County Health Care Services Agency
- San Joaquin County Public Health Services
- San Joaquin General Hospital
- San Joaquin Medical Society
- Dignity Health - St. Joseph's Medical Center
- St. Joseph's Behavioral Health Services
- St. Mary's Interfaith Services
- Sutter Tracy Healthy Connections Resource Center
- University of the Pacific