



St. Mary's Medical Center

Community Benefit Report 2014
Community Benefit Implementation Plan 2015



A message from Anna Cheung, President and CEO of St. Mary's Medical Center, and Sandra Dratler, Chair of the Dignity Health St. Mary's Medical Center Community Board.

The **Hello humankindness** campaign launched by Dignity Health is a movement ignited and based on the proven idea that human connection, be it physical, verbal, or otherwise, leads to better health. At Dignity Health the comprehensive approach to community health improvement recognizes the multi-pronged effort needed to meet immediate and pressing needs, to partner with and support others in the community, and to invest in efforts that address the social determinants of health.

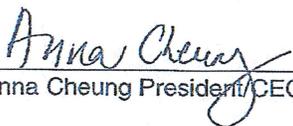
At St. Mary's Medical Center we share a commitment to improve the health of our community and have offered programs and services to achieve that goal. The 2014 Annual Report and 2015 Plan for Community Benefit fulfills section 501 (r) of the Patient Protection and Affordable Care Act, where each hospital must complete a community health needs assessment every three years and develop a community health implementation plan to document how it will address the significant health needs of the community. We are proud to provide this report as a continuation of the work we have done over the past 157 years to better the health of the communities we serve.

In addition, California State Senate Bill 697 requires not-for-profit hospitals to annually report its community benefit efforts and measurable objectives as well as its plans for the coming year. Encouraged and mandated by its governing body, Dignity Health hospitals comply with both mandates at each of its facilities, including those in Nevada and Arizona, and is proud of the outstanding programs and services that have been offered to improve the health of the communities we serve.

In fiscal year 2014, St. Mary's Medical Center provided \$28,021,090 in financial assistance, community benefit, and unreimbursed patient care. Including the unreimbursed cost of caring for patients covered by Medicare, the total expense was \$57,994,578.

Dignity Health's St. Mary's Medical Center Board of Directors has reviewed and approved the annual Community Benefit Report and Implementation Plan at their October 9, 2014 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at 415-668-1000.


Anna Cheung President/CEO

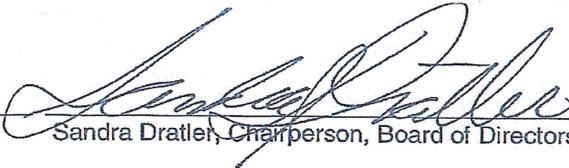

Sandra Dratler, Chairperson, Board of Directors

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EXECUTIVE SUMMARY

St. Mary's Medical Center is sponsored by the Sisters of Mercy and has cared for the people of the San Francisco Bay Area since 1857. In 1986 it was one of the founding hospitals of Dignity Health. A fully accredited teaching hospital in the heart of San Francisco, it has 403 licensed beds, 1102 employees, 532 physicians and credentialed staff, and 254 volunteers. For 157 years, St. Mary's has built a reputation for quality, personalized care, patient satisfaction, and exceptional clinical outcomes. Our Centers of Excellence include Total Joint Center, Spine Center, Oncology, Outpatient Therapies, Acute Physical Rehabilitation, and Cardiology. St. Mary's Breast Imaging Services has been designated as a Breast Center of Excellence by the American College of Radiology and our Cancer Program is accredited with commendation by the American College of Surgeons Commission on Cancer. Becker's Hospital Review named us as one of America's 100 hospitals with outstanding orthopedic programs

We offer a full range of diagnostic services and a 24 hour Emergency Department. Surgical specialties include general, orthopedic, ophthalmology, podiatric, plastic, cardiovascular, and gynecologic surgery. St. Mary's is certified as an Advanced Primary Stroke Center by The Joint Commission and we received the stroke care excellence award. We are one of only two San Francisco hospitals designated as a Blue Distinction® Center from Blue Cross in Knee and Hip Replacement. Health Grades awarded us a Distinguished Hospital Award for Clinical Excellence and named us one of America's 100 top hospitals for General Surgery, Stroke Care, Gastrointestinal Care and Gastrointestinal Medical Treatment. We have the only Adolescent Psychiatric inpatient and day treatment units in our service area. Patients in need of financial assistance are cared for in every department, and our financial counselors help direct them to appropriate assistance including charity care.

At St. Mary's, Community Benefit Program planning is based on the citywide Community Health Needs Assessment, a collaborative process of government and private organizations.

The results of the 2013 Community Health Needs Assessment developed three priority areas for the City and County of San Francisco. These priorities are also referred to as community vital signs.

Priority 1: Ensure Safe and Healthy Living Environments

Priority 2: Increase Healthy Eating and Physical Activity

Priority 3: Increase Access to Quality Health Care and Services

The following programs are integral to achieving our community benefit goals:

Sister Mary Philippa Health Center. The centerpiece of St. Mary's charitable mission, the Sister Mary Philippa Health Center, the largest private hospital-based medical clinic in San Francisco, serves 3,541 needy and underinsured patients. Of the 3,541 patients who call the clinic their Medical Home, 1,276 are members of Healthy San Francisco, 87% of whom have incomes that are below 200% of the federal poverty level. A vital part of the city's healthcare safety net, the clinic provided 40,299 outpatient services in FY 2014 including adult primary care and specialty care. Ancillary services include on-site interpreters, a pharmacy, and access to the hospital's diagnostic services. The clinic also serves as a significant opportunity for physicians in training to provide proctored primary care to a consistent caseload over the course of their residency. This component of their training not only allows them to follow up with patients but also nurtures their sense of social responsibility and desire to serve the greater community.

The impact of the Affordable Care Act has been dramatic for the clinic and the patients in two distinct ways: the first is the access for over 650 patients to a form of portable health insurance – many of them for the first time in their adult lives. The second is that the increasing emphasis on ambulatory panel management and disease management has meant that the Medical Education program is now deploying residents to work in the Clinic for one full week per month without any competing demands on their time from the hospital. Prior to this, the medical residents would come to the clinic one afternoon per week. This dramatic change in access has essentially improved primary care continuity.

Integrated HIV/ AIDS Service. The clinic also operates the largest HIV/AIDS clinic in San Francisco outside of the public health department and provided 12,036 outpatient services to 352 patients during the past fiscal year. The HIV/AIDS program provides adult primary care and specialty care. Specialty services include dermatology, psychiatry, case management, social work, treatment advocacy, gastroenterology, rheumatology, cardiology, oncology, endocrinology, diabetes care and education. Ancillary services include on-site interpreters, a pharmacy, and access to the hospital's diagnostic services.

Diabetes Services at St. Mary's provides education consistent with the *National Guidelines for Diabetes Education*, and is recognized as such by the American Diabetes Association. All of our educators are health professionals with specialty certifications in diabetes education. Our educators provide group and individual education in all aspects of diabetes self care. In addition they provide education to staff members, hospitalized patients, Sister Mary Philippa Health Center diabetes patients, as well as intern and resident physicians. As part of the community outreach program, Diabetes Services organizes public presentations to raise awareness of diabetes or to provide screening for diabetes. St. Mary's provides the area's only free diabetes and prediabetes education series of classes that are ongoing, and meet every Monday of the year except for holidays. The content and delivery of these educational sessions meet the National Standards for Diabetes Education.

Dignity Health/ SMMC Community Grants Program is one way we give back to the community by partnering with other local organizations who share our vision and values. Grants are awarded to programs that espouse one or more of the priorities we are endeavoring to address in order to improve the health of the community. Organizations that receive grants from us are working to improve access to jobs, housing, food, education, exercise programs, legal assistance, and health care for people in low-income and minority communities. We, along with all of Dignity Health are moving toward a "Community of Care" model in which grants proposals must be submitted by three or more agencies that will work together on a common project.

During FY 2014 St. Mary's provided \$ 29,152,625 in community benefit. In addition, the unpaid cost of Medicare of \$31,372,892 brought the total community benefit to \$60,525,517. Equally important, in FY 2014, St. Mary's Medical Center spent a net \$6,159,092 to provide the medically needy with charity care of which 2,130,996 was for general financial assistance and an additional \$4,028,096 covered the costs of means-tested programs such as *Healthy San Francisco*.

MISSION STATEMENT

Dignity Health Mission Statement:

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- delivering compassionate, high-quality, affordable health services;
- serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- partnering with others in the community to improve the quality of life.

ORGANIZATIONAL COMMITMENT

The mission of St. Mary's Medical Center, which is built upon our founding vision of serving those most in need, continues to be the underpinning and core of our Community Benefit work. The St. Mary's Community Board of Directors has sixteen members including religious sponsors, the hospital President, Chief of Staff, medical staff, and members of the San Francisco community. The Community Board of Directors has oversight for the Community Benefit Planning Committee and adherence to the Dignity Health Policies and Procedure for Community Benefit.

The Board's Community Benefit Planning Committee has six board members, as well as a former board member who represent a variety of ethnic communities and includes nonprofit advocates from the areas of health, mental health, and social service perspective. The Board Committee is involved in two ways: through the development of the Strategic Plan (including Community Benefit goals and objectives) and in directing the selection of the priority areas of focus within the hospital itself. A roster of members of the St. Mary's Medical Center Community Board of Directors is included as Attachment A with Community Benefit Planning Committee Members indicated.

Staff support to this committee includes a Sponsor who is the Community Benefit Coordinator and a Sponsor who is Community Liaison; the Director of Community Health and hospital Vice President of Mission and Community Services.

Fulfilling Our Role in Addressing Community Needs

Since 1994, St. Mary's has actively participated in the local initiative *Building a Healthier San Francisco*, a citywide collaborative of non-profit hospitals, the San Francisco Department of Public Health, and a variety of community-based health organizations and philanthropic foundations. This cooperative effort conducts a Community Health Needs Assessment for San Francisco at least every three years. The current assessment was done and presented to the local community during this fiscal year. St. Mary's Community Board members, Administration, and Community Benefit staff participated actively in the development of the assessment and in priority setting sessions which involved many grassroots organizations, as well as in presenting the assessment and plan to the civic community. Based on the needs assessment, three community "vital signs" were identified which inform city-wide as well as institutional planning. The Community Benefit Committee of the Board reviews St. Mary's response to the needs assessment to assure it is in alignment with the hospital's priorities as well as within our capability.

The hospital staff develops this annual report and plan through a collaborative process based on input from the Community Benefit Planning Committee and the hospital Community Board of Directors. Emphasis is placed on addressing needs, reviewing programming and setting priorities based on the Community Health Needs Assessment as well as available hospital resources and our mission. The report receives final approval from the Community Board of Directors. There is an institutional commitment to the Community benefit process with staff time dedicated to these activities and managers attuned to supporting programs and accounting for the service we provide.

With the evolving implementation of the Affordable Care Act, we are committed to continue to care for the most vulnerable in our community within the framework of this new model and to assist people to obtain the coverage for which they are eligible.

The Community Benefit Plan identifies priorities for decisions regarding Community Benefit Programs as well as for the Hospital Community Grants Program. Grantees are selected by the Community Benefit Committee of the board and grants are given to agencies that advance the hospital's response to the Community Health Needs Assessment.

Dignity Health's Community Investment Program provides loans at below market rate interest to non-profit organizations committed to increasing access to jobs, housing, education, social services, and health care for people in low-income communities.

Dignity Health Community Investments that are benefitting our service area include:

- **Mercy Family Plaza:** Located in the Western Addition in San Francisco, this St. Mary's Hospital affiliated building contains 36 units of affordable housing for low income families.
- **San Francisco Housing Development Corp. :** This equity fund was established to revitalize the 3rd Street corridor in the Bayview Hunters Point area of San Francisco through the acquisition, development and rehabilitation of properties in the area.
- **Bay Area Video Corporation:** Located in the Mission District of San Francisco, this non-profit, noncommercial media arts center provides low-income students, access to media, education and technology.
- **Northern California Community Loan Fund** headquartered in San Francisco: This community development financial institution grants loans to individuals and small businesses in disadvantaged areas throughout the Bay Area and Northern California.

The Community Board of Directors' assures that the Community Benefit Planning and implementation efforts include:

- Approve the budget using the five core principles for community benefit programming from the Dignity Health Governance and Administrative Policies for Community Benefit.
- Review and approve the Community Health Needs Assessment
- Utilize the SFHIP (San Francisco Health Improvement Partnership) Vital Signs as the planning guide for the identification of priorities and goals within its Hospital Community Benefit planning process.
- Determine program content based on the priorities within the Community Benefit Plan and the hospital's available resources, capabilities, and areas of strength.
- Design programs guided by evidence-based medicine, objectives grounded in identified need, with measurable outcomes in the areas of behavior and health improvement.
- Target programs guided by the use of the Community Needs Index, population specific data from our SFHIP website <http://www.sfhip.org/>, available human and clinical resources and recognition of hospital areas of expertise. For example, to address the need to *Increase Access to High Quality Health Care and Services*, the hospital operates a community based clinic which serves as a training site for internal medicine residents. The Clinic thus becomes a core expression of the response within the Community Benefit Plan to that need by being a place the community can access free or low cost quality medical care.
- Decisions on program continuation or termination are based on the decision making process that involves quality data, return (or evidence-based outcome) on our investment of care and education within the patient population, targeted group or community.
- Monitor programs through monthly data collection of outcomes related to program objectives. Data is submitted to the hospital Quality Council and through Medical Executive Committee to the hospital Community Board of Directors (see Appendix A).

Non-Quantifiable Benefits

The commitment by St. Mary's does not stop with a small group of individuals, but has been embraced throughout the organization. There are many examples of our hospital staff working collaboratively with community partners, providing leadership and advocacy, stewarding scarce resources, assisting with local capacity building, and participating in community-wide health planning. We, along with staff from other local providers, are members of *Building a Healthier San Francisco* which performed the Community Health Needs Assessment and of SFHIP which includes not only providers but many other community agencies and is charged with carrying forward the health improvement plan.

Much of the aforementioned work is designed to reduce duplication, plan at a community level, and collaborate with other hospitals and smaller non-profit providers to ensure the best impact for all programs.

Examples of other initiatives include:

The “Women in Medicine” program carried out in partnership with Mercy High School, San Francisco, has a select group of students of multiple ethnicities learning about the health care professions through scheduled visits to St. Mary’s Medical Center as well as performing some volunteer service. This year the group is also becoming involved in the local “Soda Tax” initiative with the goal to help curb obesity. One of our diabetes educators has regularly made presentations on diabetes prevention to the high school students.

Environmental improvement - ecology initiatives include:

- Battery Collection Containers: Implementation still in place
- Food waste segregation and composting initiated May, 2011: continued implementation
- Stericycle (Corporate) contract provides us with:
 - Environmental scorecard – to provide a snapshot of our volumes, pounds of waste per adjusted patient day, goals, etc. This scorecard complements our annual Dignity Health environmental report.
 - Training resources – to re-educate staff, as needed
 - Compliance & waste reduction surveys
 - implementation of new waste disposal guidelines in August, 2013
 - segregation – construction debris, bulk trash, landscape ‘green’ waste, etc
 - recycling – increase recycling volume to minimize land-filled waste, etc

Ecology initiatives this year also include the donation to Medshare of supplies that are usable in other settings, and the recycling of 7,110 lbs. of surgical blue wrap to be made into building materials. All of these items would otherwise have gone to a landfill.

Winter donations – In conjunction with the SF Fire Department’s Annual Children’s Toy Drive, our Emergency Department spearheaded employee collections of toys for children in need.

Individual volunteering - employees are involved with a variety of projects on their own time. People serve on boards, on medical missions, professional, civic, religious and political organizations and other local service projects.

COMMUNITY

Description of the Community

St. Mary’s Medical Center is an acute care hospital and ambulatory health care provider serving a geographic service area that includes San Francisco, South San Francisco, Daly City, Pacifica and Southern Marin County. For Community Benefit activities we focus on the City and County of San Francisco. San Francisco is a cosmopolitan city that prides itself in its diversity yet suffers from a lack of affordability. Our location in the geographical center of the city and the unique fact that the city and county are one, surrounded by the Pacific Ocean and the Bay define both our demographics and political environment.

Even as we move out of the recession, the lower income population continues to struggle, most notably in the area of affordable housing. Young professionals in the technology industry continue to move to San Francisco—living in the city and working in Santa Clara, San Mateo and San Francisco counties. Tensions have arisen as affordable housing has been replaced by high priced rentals and condominiums forcing some long-term residents to move out of the city and away from jobs that were previously accessible by public transportation.

Under the Affordable Care Act, people who are above 138% of the federal poverty level tend to choose the plans with lower priced premiums but then are faced with large co-payments when they seek medical care. Bronze Plans (lowest premium) are designed so that insurance companies will pay 60% of covered healthcare expenses with the remaining 40% to be paid by consumers. This level of expense can still be unaffordable to very low income people.

Despite areas of affluence, there remain significant pockets of poverty (as evidenced in the Community Needs Index which follows) particularly in the African American and Hispanic/Latino communities. Because of our proximity to Golden Gate Park and the Haight-Ashbury neighborhood, our emergency department sees a large number of homeless people and others lacking access to primary care.

San Francisco has historically been on the forefront in providing access to health services for its citizens. Since 2007, the Healthy San Francisco program has been in operation, funded by the city, employer contributions and participant fees as well as being subsidized by private hospitals including SMMC. In FY 2014 we provided \$ 4,028,096 to this means-tested program. Healthy San Francisco has offered medical services to San Franciscans regardless of their income, employment or immigration status or pre-existing medical conditions. With the implementation of the Affordable Care Act, Healthy San Francisco continues to provide primarily for people who are undocumented immigrants and plans are to extend the program through the end of 2015 and also to include people over 65 who are ineligible for Medicare.

Community Demographics

The core service area population served by SMMC is 1,072,443 and is projected to remain constant, having grown at an annual rate of .63% between 2010 and 2015.

Demographics relating to the community that is served by our Community Benefits programs (City and County of San Francisco) are summarized below

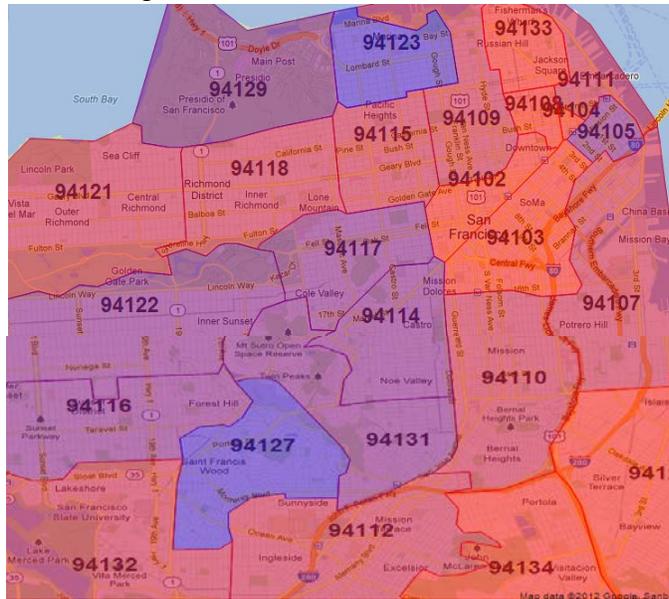
City and County of San Francisco 2014		
Population	825,580	
Ethnic Diversity %	Caucasian	41.7%
	Hispanic	15.4%
	Asian/Pacific Islander	33.8%
	African American	5.3%
	American Indian/Alaska Native	0.2%
	2+ races	3.3%
	Others	0.3%
	Diversity total	100.0%
Average Income	\$108,281	
Uninsured %	15.60%	
No HS Diploma %	14.3%	
Renters %	59%	
Unemployment	7.3 %	
Medicaid Patients %	12.7%	
Community Needs Index score	3.5	

Other facilities in the immediate area are Kaiser Permanente, which cares for its own members, and UCSF, which serves as a tertiary referral and research center as well as providing some general services to the local community. Saint Francis Memorial Hospital and California Pacific Medical Center are other facilities within a few miles. None of the other facilities named provide an on-site clinic exclusively for the underserved. The county hospital, San Francisco General, serves many people in the eastern portion of the city for primary care and is the regional trauma center.

Complementing the work of our Sister Mary Philippa Health Center are Community based outpatient services at Maxine Hall Health Center, Health Right 360° (formerly Haight Ashbury Free Medical Clinic), Cole Street Youth Clinic, and Ocean Park Health Center.

Parts of San Francisco (47 census tracts) are federally designated as Medically Underserved Areas. None of these tracts are contiguous to St. Mary's.

St. Mary's Medical Center Community Needs Index 2013



Lowest Need

1 - 1.7 Lowest

1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

Highest Need

4.2 - 5 Highest

Zip Code	CNI Score	Population	City	County	State
94102	4.6	31602	San Francisco	San Francisco	California
94103	4.4	28526	San Francisco	San Francisco	California
94104	5	351	San Francisco	San Francisco	California
94105	2.8	6399	San Francisco	San Francisco	California
94107	4	24332	San Francisco	San Francisco	California
94108	4.6	13748	San Francisco	San Francisco	California
94109	4	57862	San Francisco	San Francisco	California
94110	4	78562	San Francisco	San Francisco	California
94111	3.6	3568	San Francisco	San Francisco	California
94112	3.8	78572	San Francisco	San Francisco	California
94114	2.6	30083	San Francisco	San Francisco	California
94115	3.6	34797	San Francisco	San Francisco	California
94116	3	43812	San Francisco	San Francisco	California
94117	3	38464	San Francisco	San Francisco	California
94118	3.4	38499	San Francisco	San Francisco	California
94121	3.4	43380	San Francisco	San Francisco	California
94122	3.2	58326	San Francisco	San Francisco	California
94123	2.4	24979	San Francisco	San Francisco	California
94124	4.8	34517	San Francisco	San Francisco	California
94127	1.8	19189	San Francisco	San Francisco	California
94129	2.8	2538	San Francisco	San Francisco	California
94130	3.2	1882	San Francisco	San Francisco	California
94131	2.6	28300	San Francisco	San Francisco	California
94132	3.4	27886	San Francisco	San Francisco	California
94133	4.8	28399	San Francisco	San Francisco	California
94134	4.2	42489	San Francisco	San Francisco	California

CNI Score Median: 3.6

Community Benefit Planning Process

A. Community Needs Assessment Process & Community Benefit Planning Process

During 2012, a Community Health Needs Assessment (CHNA) was conducted by St. Mary's Medical Center in conjunction with the other members of the Community Benefit Partnership for the residents of San Francisco, California. The coalition consists of the following partners:

- Anthem Blue Cross
- California Pacific Medical Center
- Chinese Hospital
- Hospital Council of Northern and Central California
- Kaiser Permanente Hospital
- McKesson Foundation
- Mount Zion Health Fund
- NICOS Chinese Health Coalition
- Saint Francis Memorial Hospital
- San Francisco Community Clinic Consortium
- San Francisco Department of Human Services
- San Francisco Department of Public Health
- San Francisco Foundation
- San Francisco Medical Society
- San Francisco Unified School District
- St. Mary's Medical Center
- UCSF Medical Center
- United Way of the Bay Area

Utilizing the results of the CHNA, the St. Mary's Community Benefit Planning Committee (CBPC), the Community Board of Directors, and hospital leadership review and approve the priorities of the SMMC Community Benefit Plan. The Committee holds to the general principles of serving the neighborhoods by responding to their needs, building on assets in the community, and sustaining the management of resources (e.g., staff, technology, medical supplies, space). Specific actions are undertaken to:

- Emphasize coordination and collaboration with community organizations, especially SFHIP in San Francisco and the Building Healthy San Francisco workgroup where we house data that directs our SMMC Community Benefit Plan.
- Focus the Plan on several key program areas rather than dilute our efforts across numerous issues.
- Commit to projects for three years to generate an appreciable and measurable impact.
- Consider programs based on the extent and severity of the need, the number of people affected, and the potential for St. Mary's to make positive impact on the problem.
- Determine the capability and available resources of the hospital.
- Identify the financial viability of the initiative.
- Assure the consistency of the initiative with the hospital's Mission, Community Benefit priorities (as delineated by SFHIP in SF's "Community Vital Signs") and the hospital's strategic plan.

FY 2012 Community Needs Assessment Process

Since 2010 the St. Mary's Community Benefit plan has focused on the selection of relevant Vital Signs identified at the community level. The Vital Signs are a dynamic portal to San Francisco's priority health issues and associated community resources.

St. Mary's Medical Center collaborates with other non-profit hospitals in San Francisco and the Department of Public Health and other community agencies to complete a Community Health Needs Assessment which has resulted in developing these Vital Signs. This is achieved through a collaborative

process of data collection, collaborative and strategic partnerships, data exchange and sharing. At monthly Community Stakeholder meetings held in 2012, members of the City-wide collaboration hosted participants representing a cross-section of expertise in health and human services. These community stakeholders confirmed the relevance of the health goals and started twenty-four affinity groups comprised of subject matter experts for each of the health goals. The affinity groups developed through the needs assessment process consistently inform the process and the accuracy of the assessment. There are over 147 active non-profit partners and over three hospital systems and one public health department involved in this shared assessment process.

Input and data is acquired through quantitative secondary data and qualitative affinity workgroups. The health goals and Vital Signs developed during this process inform and guide the SMMC 2014 Community Benefit Report, and the 2015 Community Benefit Plan.

Additionally, SMMC makes full use of the Community Needs Index (CNI), which assigns a numerical value to those areas of greatest to lowest needs. The CNI quantifies according to the level of assessed deficits (i.e., income, insurance, employment, language/culture, and housing percentages) within a given neighborhood or community to allow further focus of our community benefit intervention for maximum impact. (Reference Chart and Scoring on Page 11)

SMMC – along with all other hospitals in San Francisco – hosts the assessment online within a website entitled <http://www.sfhip.org/>, which is accessible to all members of the community and enables other community based non-profits to use our collected data and identified stratified communities/populations of need to leverage local, state, or federal grants to address these areas of need. In essence, the website has become its own resource center and enables collaboratives and partnerships to form naturally by area of focus or need.

The identified needs for 2013-15 are:

Priority 1: Ensure Safe and Healthy Living Environments

Priority 2: Increase Healthy Eating and Physical Activity

Priority 3: Increase Access to Quality Health Care and Services

B. Assets Assessment

The Community Benefit Partnership held meetings with community non-profits and respected community members to complete an asset assessment – which is posted on the SFHIP website.

C. Developing the Hospital's Implementation Plan (Community Benefit Report and Plan)

After review by members of the Community Benefit Planning Committee of the SMMC Community Board of Directors, it was decided that SMMC would focus its efforts on two of the three identified vital signs. It was also recommended that internal data elements that directly related to the two vital signs chosen be tracked and followed for any measurable improvement. This process has ensured continuity beginning with assessment, to vital sign identification, to defined response, and concluding with measured outcomes.

Many of the services or programs directly address the needs of vulnerable populations in our community with Disproportionate Unmet Health Needs (DUHN). Communities with DUHN are defined as having a high prevalence or severity of a particular health concern to be addressed by a program activity, or community residents who face multiple health problems and who have limited access to timely, high quality health care. Our community benefit services that address DUHNs include the Sister Mary Philippa Health Center, the Diabetes Program, Senior Services Program, HIV/AIDS Program, and the Community Grants Program.

At SMMC, some of our prominent Community Benefit programs serve to efficiently steward community health care costs. One example of this is the Sister Mary Philippa Health Center, which, by providing a Medical Home and appropriate access to health care, strives to prevent disease progression.

The Community Vital sign which St. Mary's chose not to address this year is:

- Ensure Safe and Healthy Living Environments

We did not select this need because it is beyond the scope of the services we offer and is already being addressed by other organizations in the community.

D. Planning for the Uninsured/Underinsured Patient Population

Dignity Health believes that fear of a hospital bill should not prevent someone from seeking needed care at one of their hospitals. St. Mary's Medical Center adheres to the Patient Payment Assistance Policy (included in the Appendix) established by Dignity Health and makes available free or discounted care to uninsured individuals with incomes up to 500% of the federal poverty level. With the implementation of the ACA, only those ineligible for other coverage can access assistance under the payment assistance policy.

Processes implemented at our facility to ensure patients/families are aware of the assistance available to them include the public posting of the availability of payment assistance in every threshold languages at all registration and admitting areas. Processes to make sure the public is aware of our policy include the posting of available services within the FreePrintShop.org website, and the city's 311 information system (sf311.org). In 2014, in partnership with SEIU local 250, our clinic staff held enrollment clinics with certified enrollment counselors to help people apply for insurance under the ACA.

PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

Programs were developed in response to the current Community Health Needs Assessment and are guided by the following five core principles as established by the St. Mary's Community Benefit Committee and affirmed by the Board:

- **Disproportionate Unmet Health-Related Needs:** Programs that focus on vulnerable populations who lack access to health care because of financial, language/culture, legal or transportation barriers, and/or who possess physical or mental disabilities.
- **Primary Prevention:** Address the underlying causes of persistent health problems.
- **Seamless Continuum of Care:** Linkages between clinical services and community health improvement activities.
- **Build Community Capacity:** Enhance the effectiveness and viability of community based organizations, reduce duplication of effort, and provide the basis for shared advocacy and joint action to address the structural problems in a community.
- **Collaborative Governance:** Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

These goals along with the community-based Vital Signs prioritized for St. Mary's provide the framework for our planning. The major initiatives and key community-based programs operated or substantially supported by St. Mary's in FY2014 sorted by the two priority vital signs they support are listed below.

Programs not intended to be operating in FY2015 are noted by an asterisk (*) although grant recipients can reapply.

- **Increase Healthy Eating and Physical Activity**

- Food Runners program to distribute leftover food to those in need
- Low cost meals for seniors in the hospital cafeteria
- Chronic Disease Self Management Program
- Diabetes Education Program
- Congestive Heart Failure Patient Follow Up
- Senior Mall Walkers
- Senior Yoga
- Sharing the Joy: Food vouchers provided to Clinic Patients
- HIV Services: Food voucher distribution
- Community Grant to Arthur H. Coleman Community Health Foundation for health education, chronic disease management and healthy lifestyle support programs.*

- **Increase Access to Quality Medical Care and Services**

- Enrollment assistance for government programs and charity care* role taken over by OPTUM 360
- Sr. Mary Philippa Health Center: serves as Medical Home to low income patients
- Graduate Medical Education: residents in medicine, orthopedics, podiatry
- Internships: Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Dietician, Marriage Family Therapy, Nursing Assistants, Clinical Pastoral Education
- African American Health Disparities Project
- Community Grant to Community of Care: Self-Help for the Elderly (lead agency), Kimochi Inc, and Asian Women Resource Center to address obesity and diabetes among Asian seniors and children.*
- Fundraising expenses for charity care
- Health Fair screenings and education
- Flu Vaccines provided to Seniors
- Community Grant to Shanti Project for HIV Case Management*
- Various Health Screenings at Health Fairs
- Clinic Mammography project
- Skin Cancer Screenings
- Colon Cancer Screenings
- Breast Cancer Second Opinion Panel
- Breast Cancer Support Group
- HIV Services:
 - Education
 - Drug Assistance Program
- Palliative Care Services
- Community Grant to San Francisco Senior Center for program to assist seniors to transfer from hospital to home*

* Programs not intended to be operating in FY2015 are noted by an asterisk (*) although grant recipients can reapply.

These key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Community Benefit Advisory Group, Executive Leadership, the Community Benefit Planning Committee of the Board and Dignity Health receive updates on program performance and news.

The following pages include Program Digests for key programs describing one or more of the Initiatives listed above:

PROGRAM DIGESTS:

SISTER MARY PHILIPPA HEALTH CENTER	
Hospital CB Priority Areas	<input checked="" type="checkbox"/> Increase access to Quality Medical Care and Services <input type="checkbox"/> Increase Healthy Eating and Physical Activity
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	The Sister Mary Philippa Clinic serves as a Medical Home to more than 3541 underinsured and uninsured patients. Those without access to routine care, underinsured or uninsured patients often delay treatment resulting in more severe illness, increased and inappropriate use of the emergency room, and higher costs.
Program Description	The Clinic offers adult primary care and specialty care including HIV/AIDS, surgery, cardiology, ophthalmology, optometry, gynecology, podiatry, dermatology, rheumatology, and psychiatry. Additional ancillary services include on-site interpreters, a pharmacy, and hospital laboratory and radiology services.
FY 2014	
Goal FY 2014	To provide 1,150 enrollment slots to Healthy San Francisco Patients as Medical Home by the end of FY14
2014 Objective Measure/Indicator of Success	The objective was measured using bi-weekly monitoring of enrolled HSF membership in Clinic Medical Home.
Baseline	At the beginning of FY14 the clinic had enrolled 1276 Healthy San Francisco patients within our Medical Home. This program plays a critical role in the city's safety net for those who are uninsured or underinsured.
Implementation strategy for Achieving Goal	Every two weeks the clinic monitored the enrollment rates and adjusted open/close status accordingly. Clinic PFS staff actively continued to enroll eligible Healthy SF members even when clinic was closed to new enrollees.
Result FY 2014	The Sister Mary Philippa Health Center provided Medical Home services to 1,253 patients for primary care, specialty and ancillary services. In addition, the Center also provided over 1,190 underinsured Med-Cal patients a Medical Home in our clinic. The clinic provided 52,335 outpatient services to patients in FY 2014.
Hospital's Contribution / Program Expense	The hospital subsidized \$4,028,096 for means tested charity care for inpatient and outpatient services in FY14. Additional unpaid costs of SMPHC (clinic) Medicare and Medicaid services are in those respective line items on the classified summary attached.
FY 2015	
Goal 2015	To provide 338 enrollment slots to Healthy San Francisco Patients as Medical Home. We anticipate that the number of HSF patients will decrease with the implementation of the ACA.
2015 Objective Measure/Indicator of Success	The objective will be measured using bi-weekly monitoring of enrolled Healthy San Francisco membership in Clinic Medical Home.
Baseline	The San Francisco County identified Access to Medical Care as the top need in its annual revalidation of the County Health Assessment and priorities.
Implementation strategy for Achieving Goal	Health fair advertising and placement of "clinic-open-status" through Healthy San Francisco clinics, through the network of enrollment assisters, through 311 Program (resource hotline), and through the Free Print Shop Website which lists local resources.
Community Benefit Category	Financial Assistance, Medicaid, Means-Tested Programs

DIGNITY HEALTH/ SMMC COMMUNITY GRANTS	
Hospital CB Priority Areas	<input checked="" type="checkbox"/> Increase access to Quality Medical Care and Services <input checked="" type="checkbox"/> Increase Healthy Eating and Physical Activity
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	St. Mary's prioritizes issues and organizations that either address and/or work with St. Mary's on priority areas, such as addressing issues of medical disenfranchisement, diabetes, hunger, etc
Program Description	St. Mary's Medical Center conducts a community health assessment every three years, and updates it annually. St. Mary's Medical Center then identifies strategic priorities based on this assessment. A parallel objective of Dignity Health's Community Grants Program is to award grants to nonprofit organizations whose proposals respond to the priorities identified within St. Mary's Health Assessments and also respond to the St. Mary's Medical Center Community Benefit Plan.
FY 2014	
Goal FY 2014	To provide Community Grants to Non-Profit Services who enhance, support or otherwise extend the impact and effectiveness of our Hospital Community Benefit Plan.
2014 Objective Measure/Indicator of Success	Focus on disproportionate unmet health-related needs; emphasize primary prevention and address underlying causes of health problems; contribute to a seamless continuum of care; build community capacity; and emphasize collaborative governance.
Baseline	The San Francisco not-for-profit community has seen no increase in funding allocations in the last year, leaving many community based agencies desperate for other sources of support to provide vital services in the community.
Implementation strategy for Achieving Goal	The annual Dignity Health Community Grants Program is a grant pool of hospital dollars that allows St. Mary's to administer a grant program to local community groups.
Result FY 2014	<p>SMMC awarded \$110,000 in Community Grants to 4 organizations:</p> <p>\$25,000 Shanti: primary goal is to establish and maintain a continuity of care for those HIV positive populations who have had the greatest difficulty in accessing and routinely participating in treatment and care.</p> <p>\$40,000 The Asian Health Collaborative (AHC): Self-Help along with Kimochi Inc. and the Asian Women's Resource Center was formed as a Community of Care to address Obesity and Diabetes among Asian seniors and children in San Francisco.</p> <p>\$25,000 Northern California Presbyterian Homes/San Francisco Senior Center: Meets the needs and improves the quality of life of older adults from all cultural and economic backgrounds by providing housing, healthcare, social services and programs that encourage healthy living, lifelong learning and community activities to foster independence and self reliance.</p> <p>\$20,000 Arthur H. Coleman Community Health Foundation: Helps eliminate health disparities among African-Americans in Bayview/Hunters Point and SF through the provision of free health education, chronic disease management and healthful life style support programs.</p>
Hospital's Contribution / Program Expense	The entire grant program cost is completely underwritten by St. Mary's Medical Center including administering the selection process. Total expense: \$116,043.
FY 2015	
Goal 2015	SMMC will completely align their Community Grants Program to the priorities and vital signs selected by the Community Benefit Planning Committee of the SMMC Community Board of Directors. Grants will be given through a competitive application process to agencies that address goals of the prioritized areas. Along with other Dignity Health facilities, we will work with grant applicants to promote interagency collaboration as a "Community of Care" to better address community needs.
2015 Objective Measure/Indicator of Success	Success shall be measured by the completion of the competitive awards process and awarding of grants to agencies that work together to support and enhance our institutional community benefit plan.
Baseline	San Francisco non-profit agencies continue to report a reduction in private donations and reduced public funding availability.
Implementation strategy for Achieving Goal	St. Mary's has awarded these grants with the intention of supporting other not-for-profit agencies in the community who are addressing unmet health priorities. Agencies are being asked to work together to provide greater leverage in meeting community needs.
Community Benefit Category	Financial contributions and in-kind donations

METRIC GOAL 2014: DIABETES LONG-TERM IMPROVEMENT PLAN																													
Hospital CB Priority Areas	<input checked="" type="checkbox"/> Increase access to Quality Medical Care and Services <input checked="" type="checkbox"/> Increase Healthy Eating and Physical Activity																												
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance																												
Link to Community Needs Assessment	Increase Healthy Eating and Physical Activity: Healthy eating and physical activity reduce the incidence of diabetes and are also known to be effective self management activities that help control diabetes. Reasonable control of blood glucose has been shown to reduce the incidence of diabetes complications such as eye, kidney and heart diseases as well as nerve damage. 25.8 million Americans (8.3% of total population) have diabetes and it is estimated that 79 million adults ages 20 and older have pre-diabetes. Studies have shown that by losing weight and increasing physical activity people can prevent or delay pre-diabetes from progressing to diabetes. Support and education are necessary for successful diabetes self-management.																												
Program Description	Diabetes Services at St. Mary's provides education consistent with the <i>National Guidelines for Diabetes Education</i> , and is recognized as such by the American Diabetes Association. All of our educators are health professionals with specialty certifications in diabetes education. Our educators provide group and individual education in all aspects of diabetes self care. In addition they provide education to staff members, hospitalized patients, Sister Mary Philippa Health Center diabetes patients, as well as intern and resident physicians. As part of the community outreach program, Diabetes Services organizes public presentations to raise awareness of diabetes or to provide screening for diabetes. St. Mary's provides the area's only free diabetes and prediabetes education series of classes that are ongoing, and meet every Monday of the year except for holidays. The content and delivery of these educational sessions meet the National Standards for Diabetes Education.																												
FY 2014																													
Goal FY 2014	Continue with our original mission to demonstrate a decrease in ED/hospital admission or re-admissions of clinic participants with diabetes. We are preparing for the TJC Advanced Diabetes Care Certification.																												
2014 Objective Measure/Indicator of Success	1. Decrease # of diabetes related ED admission and hospital readmission rates for clinic patients with diabetes and those inpatients referred to diabetes services. (Hyper and hypoglycemia, new diagnosis, diabetic ketoacidosis) 2. Increase # of diabetes referrals from ED and hospital to outpatient Diabetes Services. (Increase access to information and resources) This project will result in healthier diabetic patients who are statistically much less likely to use the ED for uncontrolled diabetes admissions.																												
Baseline	In California close to 1/3 of hospitalized patients have diabetes as one of the admitting diagnoses.																												
Implementation strategy for Achieving Goal	All RNs are instructed in how and when to make referral to the diabetes educator for their patients. In addition a team of nurse champions are available to assist their peers in making referrals. Doctors and nutritionists make referrals to diabetes education in cases of particular need, disability or complexity of care. Follow up outpatient care is offered as appropriate.																												
Result FY 2014	1. Decrease # of diabetes related ED admission and readmission rates for those patients referred 3 months post referral. (Hyper and hypoglycemia, new diagnosis, DKA) <table border="0"> <tr> <td>Qtr 1 FY 14</td> <td>July-Sept 2013</td> <td>31 referrals</td> <td>16%</td> </tr> <tr> <td>Qtr 2 FY 14</td> <td>Oct-Dec 2013</td> <td>52 referrals</td> <td>5%</td> </tr> <tr> <td>Qtr 3 FY 14</td> <td>Jan-Mar 2014</td> <td>41 referrals</td> <td>0%</td> </tr> <tr> <td>Qtr 4 FY 14</td> <td>Apr-June 2014</td> <td>36 referrals</td> <td>too soon</td> </tr> </table> 2. Increase # of diabetes referrals from the ED and the hospital to outpatient Diabetes Services (Increase access to information and resources) <table border="0"> <tr> <td>Qtr 1 FY14</td> <td>July-Sept 2013</td> <td>31 referrals</td> </tr> <tr> <td>Qtr 2 FY 14</td> <td>Oct-Dec 2013</td> <td>52 referrals</td> </tr> <tr> <td>Qtr 3 FY 14</td> <td>Jan-Mar 2014</td> <td>41 referrals</td> </tr> <tr> <td>Qtr 4 FY 14</td> <td>Apr-June 2014</td> <td>36 referrals</td> </tr> </table>	Qtr 1 FY 14	July-Sept 2013	31 referrals	16%	Qtr 2 FY 14	Oct-Dec 2013	52 referrals	5%	Qtr 3 FY 14	Jan-Mar 2014	41 referrals	0%	Qtr 4 FY 14	Apr-June 2014	36 referrals	too soon	Qtr 1 FY14	July-Sept 2013	31 referrals	Qtr 2 FY 14	Oct-Dec 2013	52 referrals	Qtr 3 FY 14	Jan-Mar 2014	41 referrals	Qtr 4 FY 14	Apr-June 2014	36 referrals
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Qtr 4 FY 14	Apr-June 2014	36 referrals																											
Hospital's Contribution / Program Expense	\$28,810 Includes costs of individual and group educational sessions.																												

FY 2015	
Goal 2015	Advanced Diabetes Care Certification from The Joint Commission
2015 Objective Measure/Indicator of Success	Readmissions due to uncontrolled diabetes will continue to decline and participation in educational programs will increase.
Baseline	Epidemic proportions of current diabetes and immense population with prediabetes.
Implementation strategy for Achieving Goal	Continue individual referrals, education classes for the community, and blood sugar screenings. Add one employee diabetes health screening fair in the fall of 2014. Implement trial group shopping class at area grocery store for willing participants.
Community Benefit Category	Community Health Education

This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending December 31, 2015, other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.

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 Complete Summary - Classified Including Non Community Benefit (Medicare)
 For period from 7/1/2013 through 6/30/2014

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses	Revenues
<u>Benefits for Living In Poverty</u>						
Financial Assistance	1,397	2,130,996	0	2,130,996	0.9	1.0
Medicaid	8,840	22,717,019	9,945,840	12,771,179	5.7	6.1
Means-Tested Programs	1,356	4,028,096	1,053,187	2,974,909	1.3	1.4
Community Services						
Community Benefit Operations	0	462,420	0	462,420	0.2	0.2
Community Building Activities	0	769	0	769	0.0	0.0
Community Health Improvement	3,655	258,107	0	258,107	0.1	0.1
Financial and In-Kind Contributions	19,108	416,531	45,197	371,334	0.2	0.2
Subsidized Health Services	21	9,198	0	9,198	0.0	0.0
Totals for Community Services	22,784	1,147,025	45,197	1,101,828	0.5	0.5
Totals for Living In Poverty	34,377	30,023,136	11,044,224	18,978,912	8.4	9.1
<u>Benefits for Broader Community</u>						
Community Services						
Community Building Activities	120	2,933	0	2,933	0.0	0.0
Community Health Improvement	7,179	542,879	0	542,879	0.2	0.3
Financial and In-Kind Contributions	122	23,392	0	23,392	0.0	0.0
Health Professions Education	18,037	11,042,783	2,569,809	8,472,974	3.8	4.0
Totals for Community Services	25,458	11,611,987	2,569,809	9,042,178	4.0	4.3
Totals for Broader Community	25,458	11,611,987	2,569,809	9,042,178	4.0	4.3
Totals - Community Benefit	59,835	41,635,123	13,614,033	28,021,090	12.4	13.4
Medicare	32,560	92,357,502	62,384,014	29,973,488	13.3	14.3
Totals with Medicare	92,395	133,992,625	75,998,047	57,994,578	25.8	27.7
Totals Including Medicare	92,395	133,992,625	75,998,047	57,994,578	25.8	27.7


 Eric Brettner Chief Financial Officer

Calculations are made utilizing a Cost Accounting System.

Telling the Story

St. Mary's Medical Center is committed to soliciting feedback from the community to help develop goals for its plan. St. Mary's Medical Center collaborated with all private hospitals and the Department of Public Health to develop, evaluate, and publicize our Community Benefit and Charity Care activities in the following ways:

- ❑ St. Mary's Medical Center participated in the Building a Healthy San Francisco Assessment Committee which is charged with accumulating data that informs and directs the selection of key areas of focus in each hospital benefit plan.
- ❑ St. Mary's used the data from the website as the basis for their assessment this cycle.
- ❑ St. Mary's Medical Center participates annually in the public presentation to the San Francisco Health Commission of our Charity Care and Community Benefit Reports.
- ❑ St. Mary's Grants Program derives its direction from the community benefit plan and also requires all community partners to address their applications directly to one of the institutional priorities. Focus is on supporting projects of Communities of Care when at least three nonprofits are brought together around a common agenda to focus on a specific social problem.
- ❑ The Corporate Office of Dignity Health posts the Community Benefit Report and the Community Health Needs Assessment online.
- ❑ The Community Benefit Plan is also submitted to the State of California OSHPD.
- ❑ St. Mary's Medical Center, along with other community partners, have posted the entire Community Benefit Plan and the current Community Health Needs Assessment on San Francisco Health Improvement Partnership website: <http://www.sfhip.org>, the official repository of the most recent County Health Assessment
- ❑ St. Mary's Medical Center posts the entire Community Benefit Plan on our website <http://www.stmarysmedicalcenter.org>. The Community Health Needs Assessment is available on the San Francisco Health Improvement Partnership website: <http://www.sfhip.org>, the official repository of the most recent County Health Assessment.

For more information about SFHIP, San Francisco initiatives and Health Needs Assessment:
<http://www.sfhip.org/>

To view the Community Benefit Report from St. Mary's
online: http://www.dignityhealth.org/stellent/groups/public/@xinternet_con_sys/documents/webcontent/196207.pdf

Appendix A

St. Mary's Medical Center
San Francisco, California
Community Board 2013-2014

Sr. Patricia Boss O.P.*	Sponsor	Dominican Sisters
Anna Cheung*	President and CEO	St. Mary's Medical Center
Pat Coleman *	Executive Director	Arthur H. Coleman Community Health Foundation
Sandra Dratler DrPH*	Retired Professor	University of California School of Public Health
Heather Fong*	Retired Chief	San Francisco Police Department
Valerie O. Fong	Director	City of Palo Alto Utilities Department
Jim Houser	Interim President/CEO	Saint Francis Memorial Hospital
Sr. Phyllis Hughes RSM	Sponsor	Sisters of Mercy
Junona A. Jonas *	Chair	
Judith F. Karshmer Ph.D	Dean and Professor; SF Health Commissioner	University of San Francisco School of Nursing
E. Ann Myers M.D.	Medical Staff	St. Mary's Medical Center
Richard Podolin M.D.	Medical Staff	St. Mary's Medical Center
Kelvin Quan	Chief Administrative Officer	On Lok Lifeways
Sr. Helena Sanfilippo RSM	Sponsor	Sisters of Mercy
Robert Weber M.D.	Chief of Medical Staff	St. Mary's Medical Center
Richard Welch M.D.	Medical Staff	St. Mary's Medical Center

Other Invited Guests

Eric Brettner	Vice President Chief Financial Officer	St. Mary's Medical Center
Brother George Cherrie*	Vice President, Mission & Community Services	St. Mary's Medical Center
Anthony Mistretta	Vice President Nursing, Chief Nurse Executive	St. Mary's Medical Center
Debbie Kolhede	Vice President, Chief Operating Officer	St. Mary's Medical Center
Russ Braun, M.D.	Vice President, Medical Affairs	St. Mary's Medical Center
Glenna Vaskelis	Bay Area Service Leader	Dignity Health

* Member, Community benefit Committee of the Board

Appendix B

DIGNITY HEALTH SUMMARY OF PATIENT PAYMENT ASSISTANCE POLICY (June 2012)

Policy Overview:

Dignity Health is committed to providing payment assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, Dignity Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Payment assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Dignity Health's procedures for obtaining payment assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.

Eligibility for Patient Payment Assistance:

- Eligibility for payment assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
- The granting of payment assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation.

Determination of Financial Need:

- Financial need will be determined through an individual assessment that may include:
 - a. an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need;
 - b. the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
 - c. a reasonable effort by the Dignity Health facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
- It is preferred but not required that a request for payment assistance and a determination of financial need occur prior to rendering of services. The need for payment assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for payment assistance becomes known.
- Dignity Health's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of payment assistance. Requests for payment assistance shall be processed promptly, and the Dignity Health facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

Patient Payment Assistance Guidelines:

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the termination as follows:

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;
- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services;
- Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services;
- Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the Dignity Health facility.

Dignity Health's administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as income for these purposes.

Communication of the Payment Assistance Program to Patients and the Public:

- Information about patient payment assistance available from Dignity Health, including a contact number, shall be disseminated by the Dignity Health facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the Dignity Health facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the Dignity Health facility.
- Any member of the Dignity Health facility staff or medical staff may make referral of patients for payment assistance. The patient or a family member, a close friend or associate of the patient may also make a request for payment assistance.

Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient payment assistance will be included within the Social Accountability Budget of the Dignity Health facility. Dignity Health facilities will report patient payment assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
- Patient payment assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

Relationship to Collection Policies:

- Dignity Health system management shall develop policies and procedures for internal and external collection practices by Dignity Health facilities that take into account the extent to which the patient qualifies for payment assistance, a patient's good faith effort to apply for a governmental program or for payment assistance from Dignity Health, and a patient's good faith effort to comply with his or her payment agreements with the Dignity Health facility.
- For patients who qualify for payment assistance and who are cooperating in good faith to resolve their hospital bills, Dignity Health facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies.

Regulatory Requirements:

In implementing this policy, dignity health management and dignity health facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.