

Community Benefit Report

Hoag Memorial Hospital Presbyterian

2016

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Hoag Memorial Hospital Presbyterian Community Benefit Plan 2016

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Executive Summary

The Community Health department at Hoag Memorial Hospital Presbyterian was established in 1995. Since its beginning the program has focused on two principal strategies:

- Provide necessary healthcare-related services which are unduplicated in the community.
- Provide financial support to existing community based not-for-profit organizations which already provide effective healthcare and related social services to meet community health needs.

The Department of Community Health, led by its Director, Gwyn Parry, MD, is responsible for the coordination of Hoag's Community Benefit reporting, and provides free and low cost programs to assist the underserved in the community. These include Mental Health Services, Health Ministries Coordination, and a Grants Program. In addition to these services, many other Hoag departments provide community health services including education and support groups which are free to the community.

The Community Benefit program supports organizations that provide a broad range of services, including the following:

- Free medical and dental care
- Adult day care and education for persons who suffer from Alzheimer's disease or mild dementia, with support and education for their caregivers and families
- Transportation services for local senior centers

Finally, Hoag provides uncompensated care (charity) to patients who are unable to pay for the full cost of their care. These expenditures amounted to over \$27 million in Fiscal Year 2016 (July 1, 2015 through June 30, 2016.) Hoag's charity care and self pay discount policy states that self-pay and uninsured patients who are unable to pay for the full cost of their care may qualify for charity or discounts on a sliding scale for incomes up to 400% of the federal poverty level.

Total quantifiable Community Benefit expenditures (excluding Medicare Cost of Unreimbursed Care) for FY2016 amounted to over \$38 million.

This report provides detailed descriptions of Hoag's Community Benefit programs and services, and includes quantifiable data for expenditures by these programs during Fiscal Year 2016.

Introduction

The Hoag Memorial Hospital Presbyterian Community Benefit Program was formalized in 1995 and has grown significantly since that time. We have served over 80 nonprofit community organizations in a variety of health and social service categories. We continue to emphasize the development of sustained collaborative relationships and the provision of unduplicated services to disadvantaged residents in our community as core elements of the program.

Hoag's nonprofit regional health care delivery network consists of two acute-care hospitals – Hoag Hospital Newport Beach, which opened in 1952, and Hoag Hospital Irvine, which opened in 2010 – in addition to ten urgent care centers and seven health centers, and has delivered a level of personalized care that is unsurpassed among Orange County's health care providers. Renowned for its excellence, specialized health care services and exceptional physicians and staff, Hoag is admired as one of California's leading hospitals. It is one of the county's largest employers with approximately 5,000 employees and more than 2,000 volunteers. Hoag's network of more than 1,500 physicians represents 52 different specialties.

Hoag is a designated Magnet[®] hospital by the American Nurses Credentialing Center (ANCC) and is fully accredited by DNV. Hoag offers a variety of health care services to treat virtually any routine or complex medical condition. Through its medical staff, state-of-the-art equipment and modern facilities, Hoag provides a full spectrum of health care services including five institutes that provide specialized services in the following areas: cancer, heart and vascular, neurosciences, women's health, and orthopedics through Hoag's affiliate, Hoag Orthopedic Institute, which consists of an orthopedic hospital and two ambulatory surgical centers.

To further Hoag's commitment to provide comprehensive care to the communities we serve, Hoag Medical Group was established in 2012 with the core values of excellence, innovation and compassion. The physician group comprises specialists and subspecialists in internal medicine, family medicine, pediatrics, geriatrics, endocrinology, genetics, rheumatology, diabetes, allergy & immunology and HIV medicine. In 2013, Hoag entered into an alliance with St. Joseph Health to further expand health care services in the Orange County community, known as St. Joseph Hoag Health.

Hoag has been named one of the Best Regional Hospitals in the 2016-2017 *U.S. News & World Report Metro Edition*, and *Becker's Hospital Review* named Hoag as one of the 2016 "100 Great Hospitals in America" – a designation Hoag has received four times.. National Research Corporation has endorsed Hoag as Orange County's most preferred hospital for the past 20 consecutive years, and for an unprecedented 21years, residents of Orange County have chosen Hoag as one of the county's best hospitals in a newspaper survey by *The Orange County Register*.

History

Hoag opened in 1952 as a community partnership between the Association of Presbyterian Members and the George Hoag Family Foundation, a private charitable foundation.

The George Hoag Family Foundation and the Association of Presbyterian Members represent the two founding organizations of the hospital and continue to provide leadership as corporate members of the Hoag Corporation. These members annually elect the Board of Directors, which consists of 15 members with representatives from the Hoag community and medical staff. The hospitals' Chief Executive Officer is also seated on the board as a voting member.

An annual meeting at the end of the fiscal year provides the corporate members the opportunity for the election/re-election of directors for the ensuing year.

Since its founding the hospital has welded a strong commitment to the community that it serves, including the provision of services for those who constitute a more vulnerable, at-risk population. Such care, for both inpatients and outpatients, is often only partially compensated. With excellence of management and the diligent stewardship of funds, Hoag has been able to sustain its financial strength. As a result, Hoag has been able to maintain a continuing commitment to quality of care while developing and expanding community programs and partnerships. Most of the funds expended upon Hoag's Community Benefit Program are from operating income.

For more information, visit www.hoag.org.

Mission, Vision, and Core Values

Hoag's Mission

Our mission as a nonprofit, faith-based hospital is to provide the highest quality health care services to the communities we serve.

Vision Statement

Hoag is a trusted and nationally recognized healthcare leader

Core Values

Excellence
Respect
Integrity
Patient Centeredness
Community Benefit

Hoag has identified six core strategies as a means to achieve our Vision and maintain our Mission and Values:

Quality and Service

Implement the Quality Management System to drive excellence throughout the organization.

People

Develop a performance-based and integrated culture of patients, physicians and staff.

Physician Partnerships

Create and maintain commitment to the Hoag community from exceptional doctors, through sustainable and satisfying leadership opportunities and mutually beneficial economic relationships.

Strategic Growth

Implement the continuum of care strategy to provide improved access, integration and experience and experiment with new business models to create sustainability for the future.

Financial Stewardship

Achieve enterprise wide growth and financial stability while directly reducing the cost of care.

Community Benefit and Philanthropy

Improve the health of vulnerable populations in Orange County.

Community Benefit Philosophy

We are encouraged by the better angels of our nature and the disposition of our hearts to think favorably of our fellows, regardless of their circumstances, and to serve them well: improving and sustaining their health and the quality of their lives and thus benefiting all.

The Department of Community Health provides direct services and collaborates with other not-for-profit community-based organizations to promote the health of our communities. The department coordinates Hoag's Community Benefit activities, driven by the health needs of our surrounding communities, which are regularly reviewed in an ongoing manner.

Hoag's Community Benefit Program is guided by five Core Principles:

1. *Emphasis on Disproportionate Unmet Health-Related Needs (DUHN)* - We concentrate on residents who have a high prevalence of severity for a particular health concern; and on residents with multiple health problems and limited access to timely high quality health care.
2. *Emphasis on Primary Prevention* – We focus on program activities that address the underlying causes of persistent health problems as part of a comprehensive strategy to improve health status and quality of life in local communities.
3. *Build a Seamless Continuum of Care* – We work to develop and sustain operational linkages between clinical services and community health improvement activities to manage chronic illnesses among uninsured and publicly insured populations.
4. *Build Community Capacity* – We target our charitable resources to mobilize and strengthen existing effective community health services.
5. *Emphasis on Collaborative Governance* – We emphasize *Networking* to exchange information; *Coordination* of synergistic activities; *Cooperation* in sharing resources; and *Collaboration* to enhance the combined capacity of our community health partners.

The department provides services which are unduplicated in the community. These currently include mental health services, case management, and the coordination of faith-based community nursing. In order to promote effective access to health care and related services, the department works in collaboration with a number of not-for-profit community based organizations to provide insurance coverage as well as free services to underserved and vulnerable residents, many of whom are undocumented. Charity care is an integral component of the benefit that Hoag provides to the community. The current hospital Charity Care and Self Pay Discount Policy provide assistance on a sliding scale for uninsured and self-pay patients with family incomes up to 400% of the Federal Poverty Level. The Federal Poverty Level (FPL) is defined as a minimum amount of income that a family needs for food, clothing, transportation, shelter and other necessities. According to the FPL Guidelines established by the department of Health and Human Services, the 2016 FPL for a family of four was \$24,250. The current Charity Care and Self-Pay Discount Policy is provided in Appendix A. In FY2016 the hospital served 12,948 Charity Care cases. Appendix B provides a summary of the quantifiable Community Benefit provided by Hoag in FY2016 (July 1, 2015 through June 30, 2016). Appendix C provides a detailed breakdown of the Community Benefit expenditures by program.

Community Health Committee

The role of the Community Health Committee ("CHC") is to establish, implement and monitor the policies and procedures that will provide the appropriate oversight and governance structure for the activities related to the Community Benefit Program at Hoag Memorial Hospital Presbyterian ("Hospital").

The CHC is a Committee of the Hoag Memorial Hospital Presbyterian Board of Directors (the "Board") and has the primary responsibility of ensuring that Hospital fulfills its moral and legal obligations to the community in serving the underserved and underprivileged through direct and indirect support of philanthropic health-related programs. CHC ensures that Hospital is in full compliance with federal and state regulations governing non-profit hospital organizations pertaining to community benefit and health-related activities.

The CHC ensures that Community Benefit activities are:

- Developed through engagement with community groups and local governmental officials in the identification and prioritization of community needs and to include mechanisms to evaluate the plan's effectiveness.
- Aligned with the mission, vision and strategic objectives/initiatives of the Hospital,
- Consistent with the Hospital's values and founding principles, and
- Developed with the input from Board, Administration and the Medical Staff leadership as appropriate.

The CHC is comprised of Hospital Board members and other members of the community and is supported by the senior management staff of the Community Health department.

Service Objectives

The service objectives of the Community Benefit program remain as initially defined:

- **Access:** To ensure adequate access to medical treatment through the availability of inpatient, outpatient and emergency medical services.
- **Services for Vulnerable Populations:** To provide health care services to uninsured, underinsured and indigent populations.
- **Education/Prevention:** To address the community health needs identified by the community health needs assessment through screening, prevention and education programs and services.
- **Research:** To provide new treatments and technologies to the local community through participation in primary clinical research.
- **Collaboration:** To establish and participate in collaborations which address community health priorities.
- **Coordination:** To provide case management services which coordinate medical and social services for vulnerable community residents.

Community Health Needs Assessment

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Hoag Memorial Hospital Presbyterian (HMHP) on behalf of Hoag Memorial Hospital Presbyterian, Newport Beach and Irvine, as well as Hoag Orthopedic Institute, Irvine. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.

To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Hoag Memorial Hospital Presbyterian by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

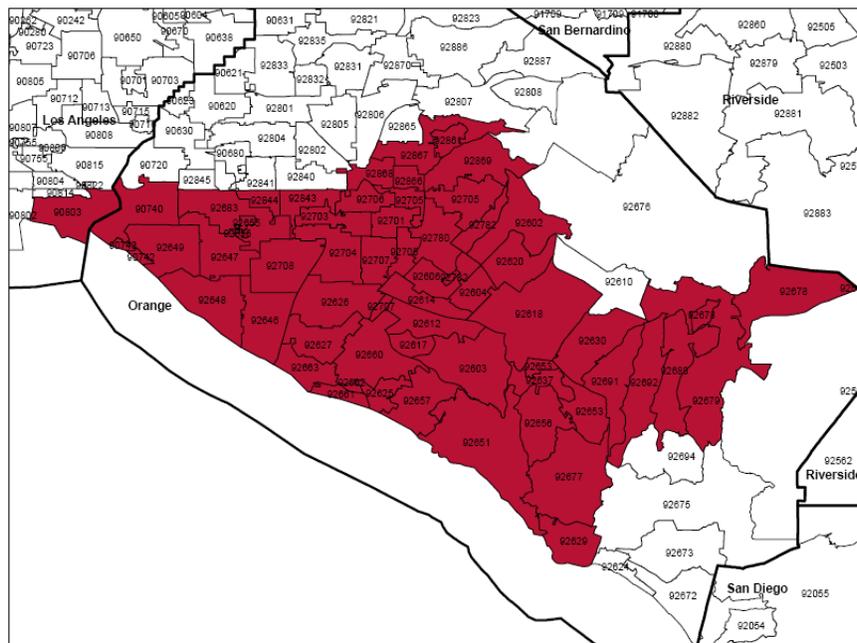
This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey. The survey data used in this assessment reflect data collected by PRC on behalf of Hoag Memorial Hospital Presbyterian in 2013.

Survey Instrument

The survey instrument was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Hoag Memorial Hospital Presbyterian and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “HMHP Service Area” in this report) is defined as each of the 56 residential ZIP Codes comprising the hospital’s service area. This community definition, determined based on the ZIP Codes of residence of recent patients of Hoag Memorial Hospital Presbyterian, is illustrated in the following map.



Sample Approach & Design

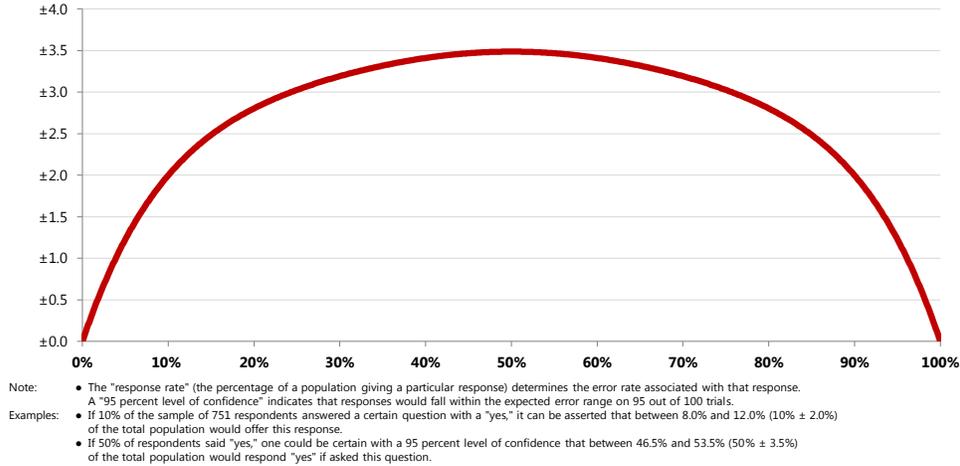
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 751 individuals age 18 and older in the HMHP Service Area. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 751 respondents is $\pm 3.5\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 751 Respondents at the 95 Percent Level of Confidence

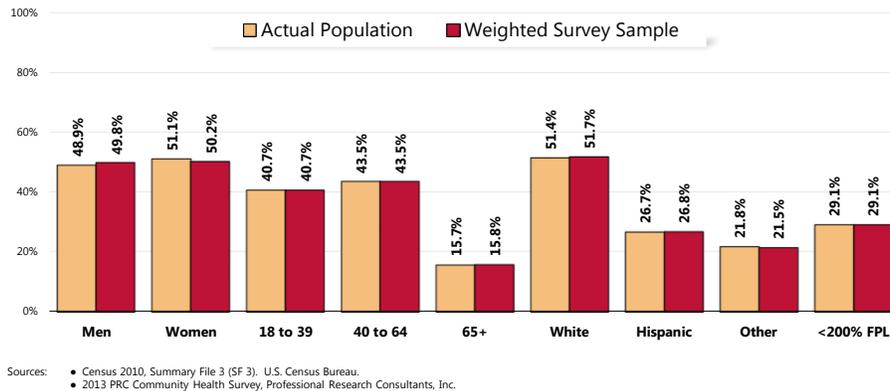


Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents. The following chart outlines the characteristics of the HMHP Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Sample Characteristics

(Hoag Memorial Hospital Presbyterian Service Area, 2013)



Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (*e.g., the 2013 guidelines place the poverty threshold for a family of four at \$23,550 annual household income or lower*). In sample segmentation: “**very low income**” refers to community members living in a household with defined poverty status; “**low income**” refers to households with incomes just above the poverty level, earning up to twice the poverty threshold; and “**mid/high income**” refers to those households living on incomes which are twice or more the federal poverty level. The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Hoag Memorial Hospital Presbyterian; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation.

In all, 151 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Physicians	11	6
Public Health Experts	16	7
Other Health Providers	59	22
Social Service Providers	157	82
Business and Community Leaders	60	34

Input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations:

Minority populations represented:

African-Americans, American Indian/Alaskan Native, Asians, blind/low vision, Cambodians, Caucasians, children, children of prisoners, Chinese, disabled, elderly, ESL, families, Filipinos, foster children, hard-to-reach, Hispanics, homeless, immigrants, Iranians, Japanese, Jewish, Kenyan, Korean, LGBT, low-income, Marshallese, MediCal, Medicare, mentally-ill, middle class, Middle Eastern, multiracial, non-English-speaking, other ethnic demographics, Pacific Islander, Persian, political refugees, pregnant women, Somalian, teen parents, the underserved, the undocumented, uninsured/underinsured, veterans, victims of abuse, Vietnamese, women, young adults

Medically underserved populations represented:

African-Americans, all populations, those with Alzheimer's/dementia, Asians, blind/low-vision, Cambodians, Caucasians, children, children of prisoners, diabetics, disabled, elderly, eligible public program recipients, families, foster children, high-risk for unprotected sexual activity, Hispanic, homebound, homeless, immigrants, Koreans, LGBT, low education level, low-income, Medicaid, MediCal, Medicare, mentally ill, Middle Eastern, MSI, newly-insured, non-English-speaking, non-seniors (don't Qualify for SSD), pregnant women, severe traumatic histories, substance abusers, teenagers, undocumented, unemployed, uninsured/underinsured, veterans, "working-poor" families, young adults

Participants include representatives of the following organizations:

211
AIDS Services Foundation Orange County
Alzheimer's Association
Alzheimer's Family Services Center
American Diabetes Association
American on Track
Boys & Girls Club of Santa Ana
Care Connections Network
Casa Teresa Inc.
City of Irvine
Cordula Cares
Families Forward
HCA
Hoag Memorial Hospital Presbyterian
Hoag Mental Health Center
Illumination Foundation
Irvine Children's Fund
Irvine Public Schools Foundation
Kid Healthy
Laguna Beach Seniors
Latino Health Access
Local Law Enforcement
March of Dimes
MOMS Orange County
Newport-Mesa Unified School District
Orange Coast Unitarian Universalist
Orange County Health Care Agency, Public Health Svcs
Providence Speech and Hearing Center
Seneca Family of Agencies
SeniorServ

NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the service area were obtained from the following sources (specific citations are included with the graphs throughout this report):

California Department of Public Health
Centers for Disease Control & Prevention
National Center for Health Statistics

State of California Department of Justice
US Census Bureau
US Department of Health and Human Services
US Department of Justice, Federal Bureau of Investigation

Note that secondary data reflect county-level data (Orange County)

Benchmark Data

California Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2011 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020



Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Significant Health Needs of the Community

The following “areas of opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment	
Access to Health Services	<ul style="list-style-type: none"> • Lack of Health Insurance Coverage <ul style="list-style-type: none"> ○ Insurance Instability ○ Supplemental Coverage (Seniors)
Cancer	<ul style="list-style-type: none"> • #2 Leading Cause of Death
Dementias, Including Alzheimer's Disease	<ul style="list-style-type: none"> • Alzheimer’s Disease Deaths • <i>Dementias/Alzheimer’s Disease ranked as the #4 top concern among key informants.</i>
Diabetes Mellitus	<ul style="list-style-type: none"> • <i>Diabetes ranked as the #2 top concern among key informants.</i>
Heart Disease & Stroke	<ul style="list-style-type: none"> • #1 (Heart Disease) and #4 (Stroke) Leading Causes of Death
Immunization & Infectious Diseases	<ul style="list-style-type: none"> • Pneumonia/Influenza Deaths
Mental Health & Mental Disorders	<ul style="list-style-type: none"> • <i>Mental Health ranked as the #1 top concern among key informants.</i>
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Children’s Computer Time • <i>Nutrition, Physical Activity & Weight ranked as the #3 top concern among key informants.</i>
Substance Abuse	<ul style="list-style-type: none"> • Adults Seeking Professional Help • <i>Substance Abuse ranked as the #5 top concern among key informants.</i>
Tobacco Use	<ul style="list-style-type: none"> • Smoking Cessation Attempts

Prioritization of Health Needs

On May 27, 2015, a total of 37 community stakeholders met to evaluate, discuss and prioritize health issues for the community, based on findings of the 2015 PRC Community Health Needs Assessment (CHNA). This group included both health providers and representatives of various community organizations. Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. Participants were then provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

Scope & Severity — The first rating was to gauge the magnitude of the problem in consideration of the following:

How many people are affected?

How does the local community data compare to state or national levels, or Healthy People 2020 targets?

To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

Ability to Impact — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc.

Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

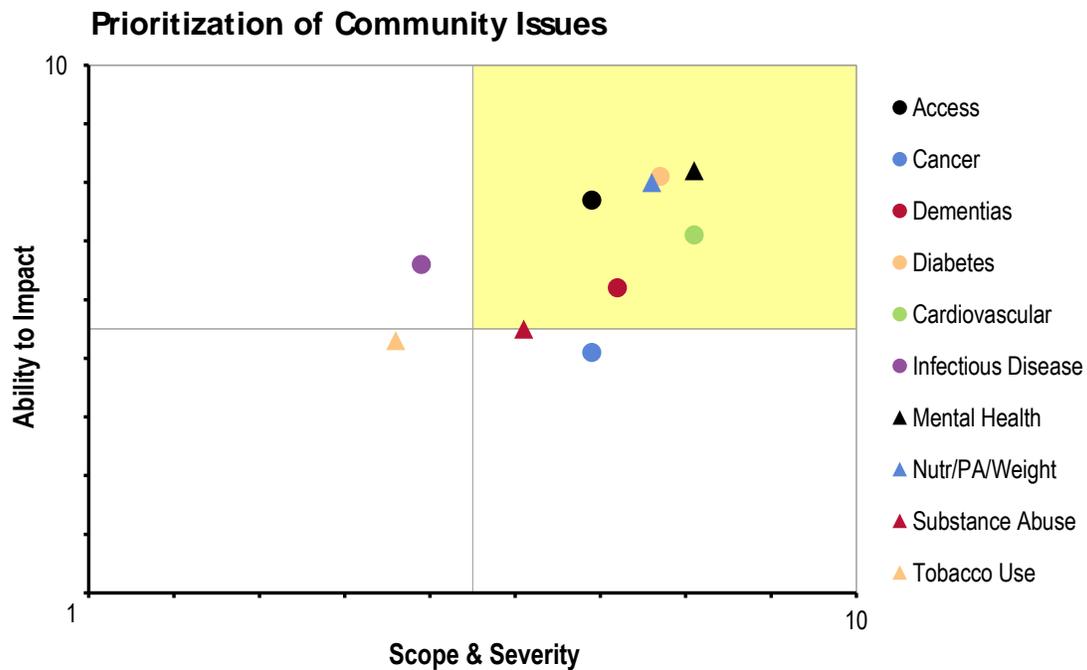
Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score.

Priority Health Issues

This process yielded the following prioritized list of community health needs:

Mental Health
Diabetes
Nutrition, Physical Activity & Weight
Heart Disease & Stroke
Access to Healthcare Services
Dementias, Including Alzheimer's Disease
Cancer
Substance Abuse
Immunization & Infectious Diseases
Tobacco

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right (shaded) quadrant represent health needs rated as most severe, with the greatest ability to impact.



While the hospitals will likely not implement strategies for all of these health issues, the results of this prioritization exercise will be used to inform the development of the hospitals' Implementation Strategies to address the top health needs of the community in the coming years.

Department of Community Health Programs

The department of Community Health provides direct Community Benefit service programs and coordinates Community Benefit reporting at Hoag Hospital. This section of the report provides information for each of the Community Health programs and achievements in FY2016: July 1, 2015- June 30, 2016.

Mental Health Center

The Mental Health Center was created to provide bilingual bicultural services to people who otherwise could not obtain mental health services. The majority of the clients are low-income, uninsured and highly vulnerable and present with a mild to moderate level of distress/symptomatology. These clients have limited health insurance with no mental health/behavioral health benefits or they have benefits but cannot afford the co-payments and/or deductibles.

During FY 2016, the program employed seven full-time bilingual Master's prepared social workers, 6 of the staff are licensed. These social workers provided mental health services to 822 clients in the form of psychotherapy. Resource brokering, and/or case management was provided to 154 individuals. In addition, the program offered psychotherapeutic and psycho educational groups to 2,402 participants. All services were offered on a voluntary basis. Services were offered on a low-cost sliding scale. The sliding scale starts at zero (free services) and increases according to the individual's self-reported annual income level. The vast majority of people were seen at no charge or at a nominal fee per session. A review of client demographics found that the majority of the clients seen through the Mental Health Center were female, Hispanic, and indicated a language other than English as their primary language. The average client age for our adult population was 38.9 years of age and the average age of the minor population was 14.8 years of age. 59% percent of the adult clients and 45% of minor clients reported having an annual household income below \$20,000. The program has proven to be highly efficient and effective. The program utilized a clinical assessment tool (DASS) to measure levels of depression, anxiety, and stress in clients. According to pre and post test scores, clients who participated in either individual or group psychotherapy saw a statistically significant decline in depression, anxiety, and stress scores. The program also implemented a self-esteem assessment tool (Rosenberg) on a pre and post test basis. Across the board for individual and group psychotherapy, there was statistically significant improvement in self-esteem.

In FY 2016, the Mental Health Center provided a supervised clinical internship training program for 9 MSW (Master of Social Work) students. The center collaborates with the University of Southern California, California State University at Fullerton and California State University at Long Beach. Each intern was provided with weekly one hour long supervision and one and a half hour long group supervision for a total of 311 direct clinical supervision hours provided to the group. The internship program includes providing consultation, support, and education to paraprofessionals at partner agencies such as Girls Incorporated and the Newport Mesa Unified School District.

This support included telephone consultation, workshops, and in-service education. In addition to support for the staff of partner agencies, the Mental Health Center offered several different psychotherapeutic and psycho educational groups and workshops for the partner agency clients. These efforts allowed our partner agencies to offer mental health services at no cost to their clientele and all services are provided in-kind to the not-for-profit agencies. Some examples include: a diabetes support group, depression support groups, self-esteem groups, and stress management workshops. Group sessions were also offered for parents, families, and adult couples struggling with relationship issues. During FY 2016, the Mental Health Center acquired a part time Psychiatrist and 44 consultation appointments were scheduled during a 4 month period.

Contact: Rocio Valencia Vega, LCSW at 949 764-8547 or rocio.valenciavega@hoag.org

Health Ministries

Hoag Health Ministries has 67 volunteer RNs that serve communities locally, nationally and internationally through the Faith Community Nursing Program. Celebrating the twenty-ninth year of providing care to faith communities, the FCNs dedicate their time and service to those in need at 36 congregations throughout Orange County. All denominations are welcome to participate in this spiritually centered wellness program, which seeks to incorporate a balance of the mind, body and spirit. Each FCN works independently within their congregation in creating cost-effective individual and population health based preventive health programs specific to the needs, beliefs and practices unique to their faith traditions.

During FY 2016, Health Ministries

- Included 9 denominations amongst the 36 Faith Based Partnerships, located within a 300 square mile area throughout Orange County
- Welcomed a new Catholic Church and the first two Islamic Mosques into the program
- Donated 3,289 volunteer RN hours at the local, national and international level
- Touched the lives of more than 30,000 congregants through individual, group and community interventions
- Administered 7,208 flu vaccine doses to faith members and the community
- Served 693 congregants with spiritually based aging and dementia care lectures
- Trained 106 persons in life-saving CPR & Automated External Defibrillator usage
- Screened Blood Pressure readings for 496 individuals, teaching healthy lifestyle options and Stroke recognition skills
- Organized blood donations, receiving 446 units of life-giving blood

During FY 2016 Nursing Outreach

- Established a Foundations of Faith Community Nursing course; trained and commissioned 30 FCNs in the 36 hour course, drawing RNs from Poway to Placerville
- Provided the annual Spirituality Conference, 'The Humanity of Wholeness', attended by 200 health care professionals, religious leaders and caregivers

Faith Community Nurses, the umbrella term for Parish, Congregational and Crescent Nurses, can provide a variety of services to their communities:

- Integrate Faith and Health – Listens intentionally and offers guidance that promotes wellness, incorporating the individual’s spiritual beliefs
- Personal Health Counselor, Health Advocate and Health Educator – Assists with health care assessments and guides options, provides information and clarification on health and medication concerns, organizes classes on specific health topics.
- Community Resources Liaison – Identifies available health care and social service resources, often for the Older Adult population
- Develops Support Groups - Based on the needs of a congregation
- Trains Volunteers – Coordinates volunteer services to support the Health Ministries program goals

Health Ministries collaborates with a variety of St. Joseph Hoag Health Hospitals, local cities, Alzheimer’s Family Services Center and a host of other community partners who share their information and services with the Faith Community Nurses. It is through these collaborations that the volunteer nurses can provide resources to guide their congregations along the journey towards a mental, physical and spiritual health balance.

Contact: Susan Johnson, RN-BC, MPH at (949)764-6594 or Susan.Johnson2@hoag.org

Project Wipeout

Project Wipeout was created to provide beach and water safety information to the nearby beach communities after seeing an increased incidence of spinal cord injuries in the Hoag Newport Beach Emergency Department. The program was developed to provide education on injury prevention and beach safety for both beach safety service providers and for the general public. Education topics range from general water safety to beach safety, and include rip current safety and escape, marine animal behavior and safety, best practices in the water, and sun protection.

Project Wipeout partners and collaborates with members of the beach safety community, such as lifeguards and the fire department for the county and city agencies, as well as the California Surf Life Saving Association. In FY16, Project Wipeout hosted the annual Lifeguard Conference, with over 200 lifeguards and fire personnel from all over Orange County, and representatives from as far as San Diego and Los Angeles counties. The conference continues to grow, and serves as an opportunity for lifeguards and other service providers to receive education on current beach and water safety information to integrate into their training and safety responses, as well as health and wellness topics pertinent to beach exposures. During FY16, Project Wipeout’s main community outreach took place at large county events, which included the Festival of Children, Imaginology, and the Orange County Fair. Altogether, these events allowed for thousands of interactions between lifeguards, educators, children, and families that included distribution of beach safety materials. Materials include video segments available for class presentations, as well as printed materials such as brochures, coloring books, activity books, and rip current posters. In addition to the three large events, Project Wipeout materials are used by local lifeguards at each agency’s headquarters, both as education materials for beach visitors and as training for the junior guard programs. Materials are available in both English and Spanish, and were sent nationally and internationally, as teaching tools for different water safety agencies outside of California such as New Zealand and Baja California. All materials are available to

download from the Hoag Project Wipeout website: www.hoag.org/projectwipeout.
Contact: Lauren Tabios, MPH at (949) 764-5321 or Lauren.Tabios@hoag.org

Melinda Hoag Smith Center for Health Living

The city of Costa Mesa has been identified as a resource desert due to an absence of sufficient resources to address key health determinants in the community. In order to help address these health determinants in our community, Hoag has created a synergistic model of service delivery, which not only addresses the lack of resources but also seeks to bridge gaps between services. This service delivery model has helped facilitate collaboration and build capacity in our community partner agencies, by providing non-profit partners with physical space and resources within the Melinda Hoag Smith Center for Healthy Living (MHSCHL).

Current Services & Partner Agencies include:

- Hoag's Mental Health Center
- Hoag's Health Ministries
- SOS Children & Family Health Center
- SOS Dr. Robert & Dorothy Beauchamp Child and Family Dental Center
- ASPIRE
- OC Public Health Nursing
- Public Law Center
- National Alliance for the Mentally Ill
- Be the Change Yoga
- Council on Aging OC
- Susan G. Komen OC
- Youth Employment Services
- 211
- Alzheimer's OC
- Orange County Vital Aging Program
- Big Brothers Big Sisters

The MHSCHL has provided space to like-minded community agencies, who seek to improve the quality of lives of those in the community. A key component which makes the collaborative unique, is our centralized registration and case management team. This team screens all client's coming into the center and seeks to identify; socio-economic stressors, potential health risks, mental and emotional health issues, legal issues, access to health care, and other life stressors that can affect ones quality of life. Our case-management team plays a critical role in linking clients to the appropriate services, while also monitoring client's progression through the referral process. This model for service delivery helps bridge gaps between community, clients and agencies, while also leveraging resources and the fostering collaboration between organizations. The MHSCHL's co-location of resources has created a cohesive, one-stop, welcoming environment where community members can find a breadth of services/ support.

Contact: Arturo Diaz, LCSW at 949-764-6578 or Arturo.Diaz@hoag.org

Other Hoag Community Benefit Activities

Hoag's commitment to Community Benefit is best exemplified by the dedication of an entire department to the coordination and provision of Community Benefit programs. However, Hoag's Community Benefit activities are not limited to the department of Community Health. Other hospital departments provided a wide range of Community Benefit activities during FY2016, including health professions education, clinical research, support groups and many more. This section of the report features a discussion of some examples of the Community Benefit activities that were provided by other hospital departments in the current reporting period.

The Mary & Dick Allen Diabetes Center

According to the 2014 National Diabetes Statistics Report from the CDC, nearly 29.1 million Americans live with diabetes and more than 86 million Americans are pre-diabetic. 1 of 4 do not know they have diabetes and 9 of 10 do not know they have prediabetes. The total economic burden in 2012 was \$332 billion for costs related to diagnosed diabetes, undiagnosed diabetes, prediabetes, and gestational diabetes (American Diabetes Association, 2015). Diabetes was the seventh leading cause of death in the US. Many complications and comorbidities include cardiovascular disease, stroke, kidney disease, blindness, and loss of lower limbs. The risk of death for adults with diabetes is 50% higher than for adults without diabetes (CDC, 2014). Nonetheless, diabetes can be managed through expert medical care and embracing healthier lifestyles, which are the driving forces of the Mary & Dick Allen Diabetes Center (referred to as "the Center"). Since its opening in 2009, the Center has offered comprehensive services that include health education by our nurses and dietitians, medication management by our pharmacist, and medical consultation and evaluation by our endocrinologist. The Center has also participated in various outreach events including lectures at the Costa Mesa Senior Center, diabetes risk assessments at local health fairs, and cooking demonstrations.

Program highlights from FY 2016:

Staffing: Clinical social worker (Ana Pimentel, MSW), clinical research scientist (Harsimran Singh, PhD)

Services: 6-8 weeks postpartum oral glucose tolerance test now offered at Center free to patients with referral

Diabetes Self-Management Training/Education (DSMT/E)

Diabetes Self-Management Training/Education (DSMT/E) and Medical Nutrition Therapy (MNT) are the core functions of the Center in which participants learn to live successfully with diabetes through guidance from our dedicated physician, nurses, dietitians, and certified diabetes educators. In FY2016, there were 517 initial DSMT assessments and 2,571 total DSMT encounters. 713 MNT visits were completed. 142 patients were provided free care.

Ueberroth Family Program for Women with Diabetes (Sweet Success)

Expectant mothers with diabetes prior to pregnancy and those diagnosed with gestational diabetes, who are at higher risk of developing Type 2 diabetes after pregnancy, benefit from pre-conception family planning, diabetes education, as well as ante-partum and post-partum glucose management. In a collaborative effort with the Hoag Women's Health Institute and the Department of Perinatology, the program continues to provide perinatology services to a growing number of women with pre-conception and gestational diabetes. During FY 2016, we had a total 661 unique patients and a total of 2492 encounters. Macrosomia rate was 7%, which is significantly lower than the national average of 10%. The Allen Diabetes Center now offers free oral glucose tolerance testing 6-8 weeks postpartum as of May 2016. 22 patients have come to the in a span of a month to receive their testing.

Annual Diabetes Nursing Conference

The Annual Diabetes Conference titled "Diabetes: What's new? What's next?" was held on November 13th. There were 110 attendees which included Certified Diabetes Educators, Pharmacists, Registered Nurses and Registered Dietitians. This one-day conference provided information on diabetes management and topics that included emerging adults and type 1 diabetes, nutrition, diabetes and cognitive impairment, cholesterol management, and the most recent technology and pharmacology updates.

CHOC Children's Services at the Allen Diabetes Center

Children's Hospital of Orange County (CHOC) Diabetes and Endocrine Center at the Allen Diabetes Center provides pediatric specialty care services for patients with diabetes. This program provides clinical services, health maintenance and treatment, and outreach for children considered at risk for developing diabetes. In FY2016, there were 2,178 clinical encounters. Prevention of Obesity and Diabetes through Education Resources (PODER) offers no-cost diabetes and obesity prevention education programs, cooking classes and Zumba exercise classes. PADRE (Pediatric Adolescent Diabetes Research Education Foundation) provides support to Type 1 diabetic patients and to their families through events and educational workshops. 7,629 participants joined the PODER classes, and 119 participants were involved in the PADRE classes.

Herbert Family Program for Young Adults with Type 1 Diabetes

The Herbert Family Program focuses on catering to the unique needs of young adults with Type 1 Diabetes (ages 18-30). The program addresses various aspects including the financial, psychological, social and physical changes that challenge the young adult, their family, and support systems. A clinical social worker and health psychologist have joined our team to address the psychosocial aspect of care. In addition, we hosted a half-day conference in which 55 attendees participated in a discussion-based event focused on various topics such as body image, traveling with T1D, and peer pressure.

Outreach Events

This past year, approximately 715 people participated in the Sweet Life cooking classes. During these classes, a professional chef and our nutritionist and certified diabetes educator provide insight on recipes and nutrition.

The recipes used in the Sweet Life classes are designed by nutritionists and tailored to the dietary needs of individuals with diabetes. We have also continued working with Rea Elementary School on their community garden to provide nutrition education and hands-on learning for kindergartners in regards to adopting healthy lifestyles. Our educators have also participated in various health fairs and senior centers by providing health education materials, presenting lectures, and conducting risk assessments to continue to positively impact the overall health outcomes in our community.

Contact: Eunice Lee, MS, MPH; Eunice.Lee@hoag.org; 949-764-8065

OB Education

Hoag's philosophy is that with the birth of every child, there is also the birth of a new family. Through a variety of educational classes and support services, Hoag's OB Education supports families throughout the exciting journey of pregnancy and parenthood. The comprehensive selection of prenatal classes include: Prepared Childbirth, Breastfeeding, Baby Care Basics, Baby Saver and Multiple Miracles. Other programs offered at no cost to the community include the car seat safety, couples 4th Trimester class, and hospital orientation and tours. Support group programs such as Post-Partum Adjustment, Perinatal Loss and Pregnancy after Loss are also available for free to the community. These support groups are highly attended and facilitated by a Licensed Clinical Social Worker (LCSW). They provide ongoing support, education, and an opportunity to discuss the new challenges of parenthood. Support persons and babies are welcome. Hoag's Babyline is an information hotline for parents that operates five days a week and is answered by an OB Education registered nurse with special expertise and knowledge about pregnancy (before, during, and after), as well as baby care and breastfeeding. The Babyline staff is a key resource for new and expectant parents. The Babyline is available to the community Monday through Friday from 9am – 5:45pm. This hotline received over 12,000 calls in FY 2016.

Contact: Gabi Shaughnessy at 949-764-5940 Gabi.Shaughnessy@hoag.org

Hoag Community Health Associates

The principal strategy of the Department of Community Health is to not “reinvent the wheel” with respect to providing necessary community health programs and services. We work closely with a broad array of community based not-for-profit organizations, and provide grant funding to some organizations whose services are consistent with our priorities. This collaboration enables us to participate in the follow-up process, by providing guidance and monitoring for grantees. This section of the report highlights a few of our community health associates and their achievements in FY2016.

Share Our Selves

Share Our Selves (SOS) is a Coordinated Care Agency with a 46-year history of providing safety-net services to low-income individuals and families living in Orange County. SOS’s commitment to the integration of health and social services for the most at-risk population in our community who are defined as uninsured, insured through government insurance, and homeless remains the mission of SOS.

The SOS clinical network is a Federally Qualified Health Center with special designation as a Healthcare for the Homeless provider. The SOS Community Health Center in Costa Mesa is also nationally recognized as a Patient Centered Medical Home by the National Committee for Quality Assurance. Today, the SOS network of health centers consists of six (6) clinic sites located throughout Orange County with centers of care located: one in Costa Mesa, two in Newport Beach, one in Lake Forest and two school-site centers in Santa Ana. Across this network, SOS provides timely, efficient, and quality health care services throughout the lifecycle inclusive of primary medical, dental, and behavioral health. Ancillary health care services and programs include clinical pharmaceutical services, case management, education, and linkage to specialty and subspecialty health care. SOS’s assurance to the continued provision of care to the low-income population is confirmed by its 2015 Uniform Data System (UDS) outcomes which identified 41,356 provider encounters for 12,724 unduplicated patients; 1,118 identified themselves as homeless. Of the individuals cared for by SOS, 44% were uninsured with 66% insured by MediCal/Medicare, 83% live at or below 100% of the Federal Poverty Level (FPL) with the remaining 17% living below 200% of FPL, 65% identified as Hispanic/Latino, 22% Caucasian, 8% refused to disclose, 3% Asian, with Pacific Islander and African American each at 1% each.

Patient care is complimented by the integration of the SOS Social Services Department providing direct access to extensive support services addressing the social determinants of health. Annually, the Social Services Program serves over 100,000 unduplicated low-income county residents through direct services and referral. Social Services are accessible to all Orange County residents regardless of participation in SOS health care programs. SOS delivers a wide-range of services inclusive of (a) emergency financial aid for basic safety-net services such as rent, utilities, and transportation, (b) eligibility and enrollment into government sponsored health and social programs, (c) social and clinical case management, (d) US Mail services, and (e) a food pantry. In 2016, Social Services expanded to include a Homeless Specialist and formalized

the SOS Center of Care for the Homeless which is principled on providing health and housing to the homeless within our community. SOS relies on a network of partners to enhance accessibility of social services at SOS to include the Public Law Group, CalFresh, and Orange County Health Care Agency providing a Public Health Nurse and Homeless Mental Health Specialist and Mental Health Worker, in addition to Mental Health Association Case Workers. Generous grant funding awarded by Hoag Community Benefit Program during Fiscal Year July 1, 2015 through June 30, 2016 provided SOS the ability to personalize care to 3,371 unduplicated uninsured individuals equating to 8,045 medical encounters at the SOS Community Health Center located in Costa Mesa. Most notable, this partnership reduces the utilization of the Emergency Department as a means of accessing primary health care, increase access to timely, efficient, and quality health care thus improving the well-being of our community.

For more information regarding Share Our Selves www.shareourselves.org

Alzheimer's Family Services Center

Alzheimer's Family Services Center (AFSC) creates happier and healthier days for families affected by the Alzheimer's epidemic in Orange County. We play a key role in Orange County's continuum of long-term care services by providing affordable access to high quality, culturally appropriate dementia care and supportive services that help families maintain their health, financial security, and quality of life. For 36 years, AFSC has promoted an elevated standard of care for patients with dementia. Our exclusive capacity to provide specialized services to this vulnerable population has been recognized nationally by the Alzheimer's Foundation of America with an "Excellence in Care" designation. At present, we are one of just five other facilities in California to hold this prestigious designation.

Our enhanced model of adult day health care services are above and beyond the regulatory requirements for licensed adult day health care providers in California and have proven medical benefits for the patients we serve. For example, the exercise our patients benefit from at our center resulted last year in a reduction of fall risk by 25% and a 47% decrease in emergency room visits in their first 6 months of attendance. We also help family caregivers by alleviating their burden of care, communicating with their loved one's primary care physician, and providing respite, dementia education, and supportive services.

Since 1980, we have served the growing number of families who are affected by the Alzheimer's epidemic in Orange County, a community that is aging at a faster rate than the rest of California and the rest of the nation. Less than 20 years from now, the number of seniors and family caregivers affected by the disease will more than double from 150,000 to nearly 400,000 individuals. The impact of the Alzheimer's epidemic is a growing challenge and public health concern given the rising incidence of the disease in our community, the devastating emotional and financial losses to families, the massive economic burden on our already taxed healthcare system, and the substantial costs to local businesses as a result of declining worker productivity for employed caregivers. We are committed to serving both dementia patients and their family caregivers, who are the primary source of care for individuals with dementia. Our services are grounded in the latest research and clinical guidelines for dementia care, and include:

Mind Boosters Series – a four-week evidence-based educational intervention that equips older adults in the community with the tools needed to maximize and maintain their brain health, learn prevention and risk management strategies for cognitive decline, and gain information about aging and memory loss.

New Connections Club – AFSC’s early-stage track of adult day health care programming provides medical, rehabilitative, psychosocial, and nutritional benefits based on an individualized plan of care within the context of a stimulating recreational program.

Friendship Club – AFSC’s adult day health care program for individuals as they transition into the moderate-to-severe stages of dementia.

Saturday Respite Program – an adult day program (social model) to offered Saturdays from 9 a.m. to 2 p.m. (closed Sundays) that meets the therapeutic and supervisory needs of frail, older adults, who may otherwise be left at home unsupervised.

Intensive Care Management Support – We assign a social worker and a nurse to each family caregiver who has a loved one enrolled in our adult day health care. These professionals become “partners in caring” and can be called upon as needed to troubleshoot issues in care.

Individualized Assessments – All participants enrolling in our adult day care programs receive comprehensive three-day assessments to measure baseline psychosocial and health functioning.

Information, Referral, And Linkages To Appropriate Community Resources – Upon calling the center, every caregiver is connected with a case manager who will listen, provide answers, problem-solve, and link the family to appropriate and diverse resources.

Caregiver Support Groups - Caregivers community-wide have access to a free support group offered twice monthly at AFSC, and facilitated by one of our masters-level clinicians. Support groups represent an important vehicle for caregivers to gain knowledge, skills and support from their peers as well as professional leaders.

Caregiver Depression Screenings – AFSC provides depression screenings and assessment of family caregivers based on clinical need.

Short-Term Counseling Services – Short-term counseling provides an “extra boost” when a caregiver needs focused support to develop and implement solutions for problems in care.

Community Outreach – Community outreach services are designed to improve community health by addressing the lack of accurate information about dementia diagnosis, treatment, and available care-related services among at-risk seniors, families, health care professionals, and the community at-large.

All services are provided by an expert staff of professionals rich in cultural, linguistic, and professional diversity. Generous grant support from the Hoag’s Community Benefit Program helped us serve over 8,900 unduplicated individuals across fiscal year 2015-16. With Hoag’s gift, we were able to provide the following last year:

- 21,000 patient days of care for 253 unduplicated individuals affected by Alzheimer’s disease or another dementia, including medical, therapeutic, nutritional, personal care, and transportation services.
- 2,024 hours of care management by a licensed social worker to 759 unduplicated caregivers
- 855 hours of care management to 457 caregiver inquiries, including information, referral, and telephone counseling.
- 28 support group sessions facilitated by a Masters-leveled clinician, reaching 55 unduplicated caregivers.
- 14 hours of short-term counseling for 4 unduplicated family caregivers.
- 70 hours of community-based healthy brain aging education for 140 unduplicated individuals through the Mind Booster program.
- 7,300 individuals reached across Southern California via 45 community-based events.
- 221 patient days of Saturday care through its new weekend Adult Day Program.
- 24,663 one-way specialized transportation trips tailored to the needs of dementia patients.

Through our continuum of dementia care services, we are equipping Orange County families with the direct care, support, and knowledge they need to delay costly institutionalization of their memory-impaired loved ones.

Contact: Joanna Richardson-Jones, CEO at (714) 593-1840 or JRichardsjones@AFSCenter.org

Access California Services

Access California Services (AccessCal), founded in 1998 is a culturally sensitive community-based organization dedicated to empowering under-served populations, with a focus on Arab-American & Muslim- American communities. AccessCal strives to enhance quality of life and foster self-determination through direct health & human services.

In 2015, AccessCal served non-duplicated 10,000 clients with close to 40,000 services.

AccessCal’s programs and services, delivered in 13 languages, focus on ensuring that underserved immigrant and refugee families i.e. New Americans, live securely and in good health, and are self-sufficient, and able to make a successful transition to America as contributing citizens. Programs include:

- Case Management
- Client Advocacy
- Health Coverage Access Services
- Employment and Tax Preparation Services
- Financial Assistance Services
- Education Services
- Citizenship & Immigration Services
- Community Services & Civic Engagement
- Refugee Social Services
- Refugee Health Services
- Mental Health Services

Partnering with Hoag Hospital's Community Benefit Program allows AccessCal to sustain and enhance both our Health Coverage Access and Mental Health Programs. These programs are the cornerstone of our organization and promote the well-being of our clients on both a physical and behavioral health level.

The Health Coverage Access Program provides outreach and education, government health coverage enrollment and retention, and health education workshops. Clients who come to us uninsured are able to sit down with a bi-cultural bi-lingual certified application counselor (CAC) and receive health coverage assistance as well as education regarding the importance of insurance and practicing preventive healthcare. From July 2015-2016, with Hoag Hospital's generous support, 311 clients have been successfully enrolled in MediCal and/or Covered CA health coverage programs.

The Mental Health Program provides one-on-one and group counseling in which clients are able to sit down with a Marriage and Family Therapist Interns (MFTI) who speak their primary language (who are supervised by a licensed marriage and family therapist) to address challenges that have included but not limited to: post-traumatic stress disorder, domestic violence, child abuse and neglect, depression, and anxiety. Clients have received multiple sessions from our MFTIs and have improved their coping skills in addressing these challenges. From July 2015-2016, with Hoag Hospital's generous support, 25 clients received 6 consecutive sessions each 50 minutes long and demonstrated coping skills improvements.

AccessCal is unique in that our reputation and expertise as a culturally and linguistically competent service provider has enabled us to reach New American individuals and families who typically would not access to critical services due to cultural and linguistic barriers as well as the stigma around mental health. AccessCal serves as a trusted gateway for clients from these communities to receive services to address their health and overall well-being. AccessCal is grateful for Hoag Hospital's support in helping AccessCal sustain and enhance these programs.

Contact: Nahla Kayali, Executive Director at (714) 714-917-0440 or nkayali@accesscal.org

Costa Mesa Family Resource Center (CM FRC)

The Costa Mesa Family Resource Center (CM FRC) is a family friendly community based collaborative with the capacity to provide on-site access to comprehensive prevention, intervention, and treatment services. As one of 15 Family Resource Centers throughout Orange County, the Costa Mesa FRC provides social, educational, health, and supportive services for all families including birth, blended, kinship, adoptive, and foster families. Services are culturally sensitive and offered by staff in the language reflecting the families and communities served. The Costa Mesa FRC serves as a vehicle for engaging local residents and community organizations by actively seeking and promoting leadership of community members through partnership with Community Engagement Advisory Councils (CEAC's).

Families walking into the Costa Mesa FRC can access a menu of "Core Services," which have been designed based on best practices. These Core Services include:

- Counseling
- Parenting Education
- Family Support Services
- Domestic Violence Personal Empowerment Program
- Information and Referral Services

- Comprehensive Case Management Services
- Out of School Time Youth Programs
- Family Reunification Family Fun Activities
- Adoption and Promotion Services

The collaboration with Hoag has strengthened the CM FRC in providing additional community resources and network of supports and services. Located in Hoag's Center for Healthy Living (CHL), the Costa Mesa FRC is able to provide families with access to a broad range of comprehensive services. Below are some highlights from this last Fiscal Year (2015-2016). The collaborative partners that help the CM FRC to provide these services include: Human Options, Girls Inc., Raise Foundation, and Children's Bureau. Additional collaborations have also included Moms of Orange County and Second Harvest Food Program.

Youth Conference This year marked the 1st Annual Teen Dating Conference. The conference was dedicated to promoting awareness about Healthy Relationships while increasing communication between teens and their parents. Over 63 participants attended the event, exceeding the projected number. The event was an overall success.

Food Distributions at CM FRC have been a tremendous help to families not only from the Newport and Costa Mesa areas, but through all of Orange County. This fiscal year, we served over 1,575 families. The food distribution is a collaboration between the Raise Foundation, Costa Mesa FRC, the Center for Healthy Living, and community volunteers who donate their time and support. Food distributions are held the 1st Saturday of the month (excluding holidays) from 1-3pm.

Vision Mobil Clinic This event, held on the premises of the CM FRC and CHL, helped to provide free eye exams and glasses to children and their parents. As a result of this service, we were able to serve over 100 families. Additionally, many community members learned more about the CM FRC.

Out of School Program This last 2015-2016 fiscal year, there were five classes provided for children ages 5 to 14 years. Each of these classes, or labs offered and focused on different topics and modes of enhancing learning. The programming offered through Girls Inc. included an ongoing Scholars Lab, which provided homework assistance to students of all grades.

Contact: Costa Mesa Family Resource Center at (949) 764-8100

Council on Aging

The Council on Aging – Southern California (COASC), which offers specialized programs designed for older and disabled adults, their caregivers and their families, has partnered with the Melinda Hoag Smith Center for Healthy Living (MHSCHL) to bring resources and direct services to our community in need. During the upcoming year, COASC will be offering a variety of classes and services at the MHSCHL, located on Hoag’s Newport Beach campus, to keep the community healthy, connected and protected.

The English as a Second Language (ESL) class helps local minorities develop English skills that would enable them to utilize needed resources and participate in community engagement activities independently. The program will offer two different levels of ESL to develop basic and conversational English language skills necessary for daily living in an English speaking community.

The Health Insurance Counseling and Advocacy Program (HICAP) offers individualized counseling and group seminars about Medicare and other related health insurance topics. HICAP provides beneficiaries with unbiased, accurate Medicare information to help them understand benefit options and choose the benefits best suited for their needs. These classes allow Medicare beneficiaries to compare and contrast plans, and can reduce overall health insurance costs. Last year, the Program helped clients save an estimated \$2.7 million.

Elder financial abuse is one of the fastest growing crimes in California and frequently results in reduced emotional and physical health for seniors. The Financial Abuse Specialist Team (FAST) offers community education seminars and limited financial elder abuse case review to provide knowledge and protection to help avoid financial predators. These seminars will help to identify and understand current financial scams and fraud techniques, inform on what actions to take, and help reduce identity theft.

Contact: Lisa Wright Jenkins, CEO at 714-479-0117 or lwjenkins@coaoc.org

Senior Transportation

The Community Benefit Program collaborates with seven community senior centers for transportation services for their program participants. These organizations offer a broad range of services including congregate meals, health screenings, and educational, social and physical activities for their participants. In providing transportation services for seniors, we assist them in their efforts to sustain good mental and physical health, and to maintain their independence. The seniors use the transportation services to attend doctor appointments, shop and do errands, and participate in group social activities. The organizations served are: Alzheimer’s Family Services Center; Costa Mesa Senior Center; Huntington Beach Council on Aging; Irvine Adult Day Center; Newport Beach’s Oasis Senior Center; Age Well Senior Services, and Laguna Beach Seniors. Total Hoag expenditures on transportation for FY 2016 was \$480,000

Appendices

Appendix A Hoag Hospital Charity Care and Self Pay Discount Policy (Page 33)

Appendix B Hoag Hospital Quantifiable Community Benefit for FY2016 (Page 42)

Appendix C Hoag Hospital Community Benefit Expenditures by Program (Page 43)

APPENDIX A



Policy

Category: REVENUE CYCLE	Effective Date: See footer
Owner: Executive Director, Revenue Cycle	
Title: Financial Assistance Policy	

PURPOSE: This policy outlines Hoag Memorial Hospital Presbyterian’s operational guidelines on the Financial Assistance Program (FAP) in relation to the patient collections process.

SCOPE: Revenue Cycle

AUTHORIZED PERSONNEL: Charity Care Coordinator, Self-Pay Manager, Self-Pay Supervisor, Collectors, Financial Councilors, PAS Supervisors, Insured and Uninsured Patients

Financial Assistance Policy

Policy	<p>Hoag seeks to address patient’s health care and financial needs while remaining committed to the stewardship of Hoag resources. To ensure that Hoag obtains appropriate reimbursement for services provided, several payment options and programs are available to support the needs of uninsured and underinsured patients. When it is determined that a payment solution cannot be obtained through such payment options and programs, then the patient is provided with information about the Hoag Financial Assistance Program (FAP).</p> <p>Patient collections processes shall remain in compliance with Hoag policies relevant to patient financial assistance:</p> <ul style="list-style-type: none"> Any patient who requests financial assistance will be afforded the opportunity to apply and be considered. Access to necessary care shall in no way be affected by whether financial assistance eligibility exists; medically necessary care will always be provided to the extent the Hospital can reasonably do so. The need for financial assistance is a sensitive and deeply personal issue for patients. All Hoag employees will maintain confidentiality of requests for assistance, the information obtained in the application process, and the funding or denial of assistance. In an effort to ensure patients’ post-acute and follow-up health care needs are met, patients who demonstrate lack of financial coverage by third-party insurance are offered information on how the patient may obtain applications for Medicare, Medicaid, Medi-Cal and the Healthy Families Program (CA), coverage offered through the Covered California (CA), or other state or county funded health coverage programs. Hoag will assist patients with applying for
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	government-sponsored programs and follow through to acceptance or denial.
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Patient Collections

Collections Process Overview	<p>It is the expectation that the patient’s estimated cost or liability will be collected in full prior to or at the time of service. If a patient states they cannot pay in full, payment options and programs are offered during the collections process in a consistent sequential order as outlined below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9ead3;"> <th style="text-align: center;">Stage</th> <th style="text-align: center;">Description</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Full payment is requested.</td> </tr> <tr> <td style="text-align: center;">2</td> <td>A reasonable payment plan based on the estimate is offered. A deposit payment is requested, if appropriate.</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Eligibility for Government-Funded Programs is explored in programs including , but not limited to: Medicare Medi-Cal (CA) Covered California other state or county funded health coverage programs</td> </tr> <tr> <td style="text-align: center;">4</td> <td>When a payment solution cannot be found in Stages 1-3, then the patient is provided with information about the Hoag Financial Assistance Program (FAP). Pending applications for coverage through FAP and from a government funded health program will not preclude the patient’s eligibility for eligibility for the other program. Important: If at any time, patient requests information or an application for Hoag Financial Assistance, it is promptly provided to the patient.</td> </tr> </tbody> </table>	Stage	Description	1	Full payment is requested.	2	A reasonable payment plan based on the estimate is offered. A deposit payment is requested, if appropriate.	3	Eligibility for Government-Funded Programs is explored in programs including , but not limited to: Medicare Medi-Cal (CA) Covered California other state or county funded health coverage programs	4	When a payment solution cannot be found in Stages 1-3, then the patient is provided with information about the Hoag Financial Assistance Program (FAP). Pending applications for coverage through FAP and from a government funded health program will not preclude the patient’s eligibility for eligibility for the other program. Important: If at any time, patient requests information or an application for Hoag Financial Assistance, it is promptly provided to the patient.
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Financial Assistance Program

Overview	<p>Hoag Financial Assistance Program (FAP) ensures that medically necessary health care is provided at discounted or no cost to qualified uninsured and underinsured patients. Any uninsured or underinsured patient who is unable to pay his or her Hospital bill and whose income meets the approved federal poverty level (FPL) qualifications will be considered eligible for Hoag Financial Assistance (FA). Additionally, patients who incur qualified High Medical Costs may be deemed eligible for financial assistance.</p> <p>Hoag Hospitals serve all persons in the communities where we are located. We aspire to provide health services with the upmost dignity and</p>
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	<p>compassion for each patient and family in our care. In a confidential and caring environment patients in need are provided financial assistance to pay their Hoag Hospital bills and, in turn, to ensure access to needed healthcare as an essential element of fulfilling their human dignity and ability to live more healed, more whole, and more able to contribute to the common good.</p>
<p>Completion of FAP Application</p>	<p>Upon a patient's request, a Financial Assistance Program (FAP) application shall be provided. Designated personnel will assist patients in completing the Financial Assistance Application and determining eligibility for financial assistance, charity care, or government-funded programs, if applicable. Financial Assistance notices printed in English and Spanish are also placed in the public admission areas at Hoag hospitals. Interpretation services are available to address any questions or concerns and to assist in the completion of Financial Assistance Applications.</p> <p>A patient, or patient's legal representative, who requests a discounted payment, charity care, or other assistance in meeting his or her financial obligation to the hospital shall make every reasonable effort to provide the hospital with documentation of income and health benefits coverage. If the person requests charity care or a discounted payment and fails to provide information that is reasonable and necessary for the hospital to make a determination, the hospital may consider that failure in making its determination.</p> <p>Upon establishing full or partial eligibility under the financial assistance program the coverage will be valid for six (6) months from the date of the eligibility letter. Additionally, other pre-existing patient account outstanding balances at the time of eligibility determination will be included as eligible, excluding exceptions set forth in this policy.</p>
<p>Patient Billing</p>	<p>Patients applying for Hoag Financial Assistance will continue to receive monthly statements as an awareness of the open balance and to encourage patient engagement if needed. Statements mailed to the patient will include a clear and conspicuous notice advising the patient of Hoag Financial Assistance Program and the appropriate contact information. The notice shall also:</p> <ul style="list-style-type: none"> a. advise the patient that he or she may be eligible for programs such as Medicare, Medi-Cal(CA), Covered California or other state or county funded health coverage programs b. how the patient may apply for any of these programs and that the Hospital will provide the patient with an application.(CA) c. that the Hospital will refer the patient to a local consumer assistance center housed at legal services offices.(CA) <p>Disputes:</p> <p>Efforts to collect healthcare debts by an affiliate, subsidiary or external collection agency of Hoag must adhere to the standards set forth in this policy including the definition and application of a reasonable payment plan.</p>

	<p>In dealing with patients eligible for Hoag Financial Assistance or a reasonable payment plan, the Hospital shall not use wage garnishments or place liens on homes as a means of collecting unpaid Hospital bills. This requirement does not preclude Hospitals from pursuing reimbursement from third party liability settlements.</p> <p>Accounts without an existing FAP or payment arrangement will transfer to an external collection agency at 150 days from first patient billing cycle.</p> <p>Accounts with a defaulted payment plan with three consecutive missed payments will transfer to an external collection agency upon review and approval of the department supervisor to ensure reasonable attempts to reach the patient/guarantor were made.</p>
Proof of Income	<p>The patient will submit all necessary income documentation, including copies of IRS forms, W-2 Wages & Earnings, disability payment statements, etc. An application for a government program (i.e., prescription drug assistance programs, DHS, SSI, or any other signed federal program document), may be used to qualify for financial assistance. Financial information obtained will not be used to determine collection activities.</p> <p>In cases where documentation is unavailable, the patient's income may be verified by having the patient sign the assistance application attesting to the veracity to the income information provide. If the proof of income is questionable, validation of the income should be immediately requested.</p>

Income Qualifications – CA Hospitals

Any uninsured or underinsured patient whose family income is less than 400% of the current federal poverty level (FPL) and is unable to pay his or her Hospital bill shall be considered eligible for financial assistance. Full or partial assistance is based on the criteria outlined below:

If the income % of FPL is:	And the patient is:	Then:						
200% or less,	Uninsured <i>or</i> insured	The entire (100%) patient liability portion of the bill for services will be written off.						
201% - 400%,	Uninsured,	<p>The patients' payment obligation will be a percentage of the gross amount the Medicare program would have paid for the service based on the sliding scale below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9ead3;">If the income % of FPL is:</th> <th style="background-color: #d9ead3;">Then the % of Medicare LIKE Rate Payable is:</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">201 – 400%</td> <td style="text-align: center;">50%</td> </tr> </tbody> </table>	If the income % of FPL is:	Then the % of Medicare LIKE Rate Payable is:	201 – 400%	50%		
	If the income % of FPL is:	Then the % of Medicare LIKE Rate Payable is:						
201 – 400%	50%							
	Insured,	<p>The patient's obligation will be reduced by insurance payments:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9ead3;">If:</th> <th style="background-color: #d9ead3;">Then:</th> </tr> </thead> <tbody> <tr> <td style="background-color: #d9ead3;">The amount paid by insurance exceeds what Medicare would have paid,</td> <td style="background-color: #d9ead3;">The entire (100%) patient liability portion of the bill will be written off.</td> </tr> <tr> <td style="background-color: #d9ead3;">The Medicare Payment LIKE Rate is greater than the HMO/PPO Payment Rate for services rendered,</td> <td style="background-color: #d9ead3;">The patient's payment obligation will be based on the HMO/PPO Payment Rate.</td> </tr> </tbody> </table>	If:	Then:	The amount paid by insurance exceeds what Medicare would have paid,	The entire (100%) patient liability portion of the bill will be written off.	The Medicare Payment LIKE Rate is greater than the HMO/PPO Payment Rate for services rendered,	The patient's payment obligation will be based on the HMO/PPO Payment Rate.
If:	Then:							
The amount paid by insurance exceeds what Medicare would have paid,	The entire (100%) patient liability portion of the bill will be written off.							
The Medicare Payment LIKE Rate is greater than the HMO/PPO Payment Rate for services rendered,	The patient's payment obligation will be based on the HMO/PPO Payment Rate.							

201% - 400%,	Insured, yet services are not covered by the payer,	The following will apply:	
		If... The patient ordinarily would be responsible for the full billed charges,	Then ... The total patient payment obligation will be the HMO/PPO Payment Rate.
201% - 400%,	Insured, and services are covered by the payer,	The following will apply:	
		If: The patient is responsible for only a portion of the billed charges (deductible, copay, etc.),	Then: There is no discount.

Automatic Classification for Charity Care

Under the following special circumstances, a patient may be deemed eligible for Charity Care without absolute requirement for submission of a financial assistance application:

Circumstance	CALIFORNIA
Eligible for other FPL-qualified programs	(Addressed in Other Special Circumstances section below)
Disabled	n/a
Deceased	Is deceased and without third-party insurance coverage or identifiable estate, no living spouse
Incarcerated	n/a
Homeless	Is determined to be homeless and is not currently enrolled in Medicare, Medicaid or any government sponsored program, without third-party insurance coverage
Seen in ER, unable to bill	Is treated in the Emergency Department but the Hospital is unable to issue a billing statement
Access to Care	Is treated through an Access to Care Program

Other Special Circumstances	<p>Patients who are eligible for FPL-qualified programs such as Medi-Cal, Medicaid, and other government-sponsored low-income assistance programs, are deemed to be indigent. Therefore, such patients are eligible for Charity Care when payment for services is not made by the programs. Patient account balances resulting from non-reimbursed charges are eligible for full charity write-off. Medi-Cal Share of Cost obligations are not eligible for charity write off or the discount program. Specifically included as eligible are charges related to the following:</p> <p>Denied inpatient stays</p>
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	<p>Denied inpatient days of care Non-covered services Treatment Authorization Request (TAR) denials Denials due to restricted coverage</p>
Presumptive Charity	<p>Hoag recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required information is not provided by the patient, Hoag utilizes an automated, predictive scoring tool to qualify patients for Charity Care. The PARO™ tool predicts the likelihood of a patient to qualify for Charity Care based on publicly available data sources. PARO provides estimates of the patient's likely socio-economic standing, as well as, the patient's household income and size.</p>
Approval Levels	<p>Financial assistance determination will be made only by approved Hospital personnel according to the local Hospital levels of authority.</p> <p>Notification of Determination</p> <p>Patients will receive notification of Hospital determination within 30 days of submitting the completed application and supporting documentation.</p> <p>Patient Disputes</p> <p>FAP qualifications are determined after the application is reviewed for eligibility based on criteria contained in this policy. Financial assistance shall not be provided on a discriminatory or arbitrary basis, however the hospital retains full discretion to establish eligibility criteria based on sufficient evidence and information provided by the patient or guarantor.</p> <p>In the event of a dispute, a patient or guarantor may seek review from management or the executive director of revenue cycle via email at PFS@hoag.org or in writing by providing additional information to support the dispute at:</p> <p style="text-align: center;">Hoag Memorial Hospital Presbyterian Attn: Executive Director of Revenue Cycle 500 Superior, Suite 250 Newport Beach, CA 92663</p>
Proof of insurance	<p>If a hospital bills a patient who has not provided proof of coverage by a third party at the time the care is provided or upon discharge Hoag will provide the patient with a Notice Of Availability Financial Assistance (NAFA)</p>

Definitions

This publication contains the following terms:

Term	Definition
Affordable Care Act (ACA)	A federal mandate that aims to increase the quality and affordability of health insurance.
Charity Care	Medically necessary Hospital services provided at no cost to a patient who lacks or has inadequate insurance and meets defined low-income requirements.
Covered California	California's Health Insurance Marketplace program that provides

Term	Definition
	assistance in shopping for affordable health care and possibly financial assistance. Covered California will also assist in determining qualification for Medi-Cal.
Deposit	When payment arrangements are made, the first installment payment is considered the deposit. The deposit is negotiated, starting at 50% of total estimated patient liability.
Government-Funded Insurance Programs	The following are included in “government-funded insurance programs” (but is not limited to): Medicare Presumptive Eligibility (Medi-Cal) Medi-Cal (CA) Covered California (CA) Out Of State Medicaid
Health Insurance Marketplace	A component of the Affordable Care Act (ACA) is the Health Insurance Marketplace (formerly known as Exchange). Each state is mandated to have this on-line venue for consumers and small businesses to compare and purchase insurance coverage options and to learn if they are eligible for federal insurance subsidies.
High Medical Costs	California: A patient is considered to have High Medical Costs if he or she has either of the following: Annual out-of-pocket costs incurred by the individual at the Hospital that exceed 10 percent of the patient’s family income in the prior 12 months. Annual out-of-pocket expenses that exceed 10 percent of the patient’s family income, if the patient provides documentation of the patient’s medical expenses paid by the patient or the patient’s family in the prior 12 months.
HMO/PPO Payment Rate	The average amount of payment the Hospital would receive from all contracted HMOs/PPOs for providing services. This rate, represented as a percent of total billed charges, is Hospital-specific and updated periodically.
Out of State Medicaid	Hoag will bill for Out of State Medicaid provided a contract is approved by the state and/or obtained through an outsourced vendor.
Medi-Cal (CA)	Medi-Cal is California’s federally funded health insurance programs that pays for a variety of medical services for children and adults who have limited resources and low-income. Under ACA, Medi-Cal has expanded who may be eligible.
Medically Necessary Services	Services or supplies determined to be proper and needed for the diagnosis, direct care or treatment of the medical condition and meet the standards of good medical practice in the medical community.
Excluded services	If services not deemed a medical necessity, CDU, Cosmetic, gastric bypass for weight loss.
Presumptive Charity (PARO, SOS and La Amistad programs)	Share ourselves program (SOS) and La Amistad have been pre-determined to meet the program guidelines as these individuals were determined to be at or below 200% FPL. SOS and La Amistad complete their own screening and approval. Payment Assistance Rank ordering

Term	Definition
	(PARO) Score: PARO is a patient account scoring mechanism. PARO score is evaluated bi-annually and calibrated to reflect the charity care policy of Hoag for evaluation and eligibility criteria.
Medicare	Medicare is a federally funded health insurance program for qualified people age 65 or older. Certain people younger than 65 also qualify based on disabilities or renal disease. This program helps with the cost of health care, but it does not cover all medical expenses or the cost of long-term care. It is not based on low-income. It is not part of the Health Insurance Marketplace, but there are some coverage changes as a result.
Medicare Payment Rate	The average amount of payment the Hospital would receive from Medicare for providing services. This rate is Hospital-specific and updated periodically.
Payment Arrangements / Installment Plans	A plan negotiated and agreed to by the Hospital and the patient that sets the terms of extended payment for services provided by the Hospital. Any pre-service payment plan is based on an estimate and the financial counselors and/or schedulers coordinate payment plans through the self-pay supervisor as Final terms are set up after final billing.
Reasonable Payment Plan (CA)	If Hoag and the patient/guarantor, cannot agree, the Hospital shall create a reasonable payment plan Monthly payments pursuant to a reasonable payment plan cannot exceed more than 10 percent of a patient's family's monthly income, excluding deductions for essential living expenses.
Essential Living Expenses (CA)	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.

Attachment A: Hoag Notice of Availability of Financial Assistance

Mission

Our missions as a non-profit, faith-based hospital is to provide the highest quality health care services to the communities we serve.

What is the Patient Financial Assistance Program?

Hoag Hospital's Financial Counseling Department offers free financial screenings for people who do not have health insurance and cannot pay their hospital bill, as well as patients who do have insurance, but are unable to pay their portion of the bill that insurance does not cover.

Our Financial Counselors will review your eligibility for Medicare, Healthy Families Program, Medi-Cal, or other coverage offered through the California Health Benefit Exchange, California Children's Services program, other state- or county-funded health coverage, or charity care. If you already have coverage through one of these programs please notify our Financial Counselors immediately. Patients ineligible for government assistance may still qualify for discount or charity programs available through Hoag Hospital.

How and When to Apply

Please contact our Financial Counselors immediately after discharge or completion of services by calling 949-764-5564 or by e-mail at FC@hoag.org. We can assist with your application and provide the applications for Medicare, Healthy Families Program, Medi-Cal, or other coverage offered through the California Health Benefit Exchange, California Children’s Services program, other state- or county-funded health coverage. You may also be referred to www.OCGOV.com for local assistance.

If you lack, or have inadequate, insurance, and you meet low- and moderate-income requirements, you may qualify for discounted payment or charity care. Please remember that access to necessary health care is not affected by eligibility for financial assistance. Hoag Memorial Hospital is committed to treating all those who come to us for care.

You may also apply directly for the above programs by accessing their website directly:

Medi-Cal: <http://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>

Affordable Care Act: www.HealthCare.gov to apply by phone Call 1-800-318-2596

Medicare: www.ssa.gov/medicare/apply.html

Hoag Charity care program: www.Hoag.org (Patient & Visitors tab, Billing, Charity Care Application)

Confidentiality

We understand that the need for financial assistance can be a sensitive and deeply personal issue. We are committed to maintaining the confidentiality of requests, information and funding.

For more information please contact one of our Financial Counselors at 949-764-5564, we are available Monday through Friday from 8:30 AM to 4:30 PM, or by e-mail at FC@hoag.org.

Reference:

References	These publications are relevant to this document:	
	Document Type	Title
	Process	Collection Process for Patient Financial Services
	Policy	Financial Counseling – Government-Funded Insurance (RCS.13)
	DLP	Offering Payment Arrangements
	Policy	Patient Discounts (RCS.26)
	Policy	Payment Arrangements (Installment Plans) (RCS.18)

Appendix B

Hoag Hospital Quantifiable Community Benefit Summary Trend FY 2016*

A. Unreimbursed Cost of Direct Medical Care Services - Charity Care

Definition: The direct cost of medical care provided by Hoag; consists of unreimbursed costs (calculated utilizing cost-to-charge ratios) of providing services to the county indigent population, charity care, and care provided to patients identified and referred by the SOS Medical and Dental Clinic

	FY2016	FY2015
¹ County Indigent Programs	\$ 47,065	\$ 365,355
Charity Care	\$ 6,082,000	\$ 6,671,000
MediCal/Cal Optima Cost of Unreimbursed Care	\$ 21,656,359	\$ 21,628,875
Medicare Cost of Unreimbursed Care	\$ 70,033,961	\$ 69,434,051
Total Cost of Unreimbursed Direct Medical Care Svcs	\$ 97,819,385	\$ 98,099,281

B. Benefits for Vulnerable Populations

Definition: Services and support provided to at-risk seniors and children, the indigent, uninsured/underinsured and homeless to facilitate access to preventive and immediate medical care services.

Community Health Services	\$ 801,569	\$ 5,089,050
Subsidized Clinical Specialty Services	\$ 25,818	\$ 65,037
Cash and In-Kind Contributions	\$ 5,125,578	\$ 1,256,131
² Women's Health Care	\$ -	\$ 355,000
Community Benefit Operations	\$ 1,286,461	\$ 1,151,243
Total Benefits for Vulnerable Populations	\$ 7,239,426	\$ 7,916,461

C. Benefits for the Broader Community

Definition: Health education, prevention and screening programs, information and referral services, and supportive services available to community residents.

Community Health Services	\$ 826,709	\$ 855,209
Health Profession Education	\$ 346,968	\$ 303,127
Subsidized Clinical Specialty Services	\$ 181,336	\$ 660,925
Cash and In-Kind Contributions	\$ 2,170,011	\$ 1,489,528
*Women's Health Care	\$ -	\$ 397,677
Community Building Activities	\$ 36,590	\$ 37,700
Total Benefits for the Broader Community	\$ 3,561,614	\$ 3,744,166

Total Community Benefit and Economic Value	\$ 108,620,425	\$ 109,759,908
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Total Community Benefit and Economic Value (excluding Medicare Cost of Unreimbursed Care)	\$ 38,586,464	\$ 40,325,857
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Notes:

*The 2016 Fiscal Year included 12 months: July 1, 2015 through June 30, 2016

1. The MSI Program ended in 2013, replaced by the Medical Safety Net (MSN) Program.

2. In FY16, this category was included as cash/in-kind contributions according to the reporting guidelines of OSHPD and IRS

Appendix C

Benefits for Vulnerable Populations

Net CB Expenditure

Community Health Improvement Services

Mental Health Center-Community Health	\$	801,569
Total Community Health Services	\$	801,569

Subsidized Clinical Specialty Services

ECU Call Panel	\$	25,818
Total Subsidized Clinical Specialty Services	\$	25,818

Cash and In-Kind Contributions

Academy of International Dance- Healthy Lifestyle Program	\$	15,000
Access California Services	\$	50,000
Age Well Senior Services	\$	110,000
Alzheimer's Family Services Center	\$	990,401
Boys and Girls Club of Santa Ana	\$	25,000
Casa Teresa	\$	75,000
Children's Health Initiative of OC (One OC)	\$	25,000
City of HB-Community Services and Senior Programs	\$	55,500
Community Action Partnership of OC	\$	25,000
Community Senior Serve Inc	\$	15,000
Dr. Riba's Health Club (One OC)	\$	75,000
Families Forward	\$	50,000
Food Donations to local non profits	\$	8,700
Girls Inc	\$	15,000
Healthy Smiles for Kids OC	\$	40,000
Human Options	\$	275,000
Illumination Foundation	\$	15,000
Irvine Adult Day Health Services	\$	20,000
Kid Healthy (One OC)	\$	25,000
Kiwanis Costa Mesa	\$	3,000
Latino Health Access-Children's Initiative	\$	75,000
Laurel House	\$	15,000
Mariposa Women and Family Center	\$	25,000
MOMS Orange County	\$	30,000
National Alliance of Mental Health (NAMI)	\$	20,000
Newport Mesa Unified School District (HOPE Clinic)	\$	275,000
Orange County Rescue Mission	\$	35,000
Oak View Renewal Partnership	\$	200,690
OC Vital Brain Aging Program	\$	225
Pediatric Adolescent Diabetes Research Education Foundation	\$	94,911
Project Kinship	\$	20,000
Providence Speech and Hearing Center- Low Income Program	\$	125,000
Public Law Center	\$	25,000
Save Our Youth (SOY)	\$	30,000
SENECA Family of Agencies	\$	20,000
Senior Transportation (5 agencies)	\$	480,000

Share Our Selves Medical and Dental Clinic	\$	1,122,151
Someone Cares Soup Kitchen	\$	25,000
Strength in Support	\$	25,000
Susan G Komen	\$	50,000
Talk About Curing Autism	\$	10,000
The Wooden Floor	\$	10,000
UCI WHSC Grant	\$	500,000
Total Cash and In-Kind Contributions		\$ 5,125,578

Community Benefit Operations

Community Health Department Operations	\$	662,208
Dedicated Staff	\$	613,529
PARO Decision Support (Predictive Modeling for Healthcare)	\$	10,724
Total Community Benefit Operations		\$ 1,286,461

Total Benefits for Vulnerable Populations \$ 7,239,426

Benefits for the Broader Community**Net CB Expenditure*****Community Health Improvement Services***

Community Education and Outreach (various Hoag departments)	\$	393,615
Flu Immunization Clinic Expenses	\$	119,449
Freedom from Smoking Program	\$	6,000
Health Ministries Program	\$	146,964
OB Education Classes	\$	21,216
Parkinson's Community Outreach Coordinator	\$	81,391
Project Wipeout	\$	58,074
Total Community Health Services	\$	826,709

Health Professions Education

Clinical Care Extender Program	\$	176,459
Hospital Case Management Internships	\$	123,825
Pharmacy Student Clinical Rotations	\$	16,500
Physical Therapy Internships	\$	30,184
Total Health Professions Education	\$	346,968

Subsidized Clinical Specialty Services

ETOH/Psych/Ancillary Patient Transfer Program	\$	181,336
Total Subsidized Clinical Specialty Services	\$	181,336

Cash and In-Kind Contributions

AIDS Services Foundation	\$	40,000
Alzheimer's Association	\$	51,000
America on Track	\$	20,000
American Lung Association	\$	10,000
American Red Cross	\$	10,000
CHOC Foundation	\$	150,000
CHOC Pediatric Diabetes Services at the Allen Diabetes Center	\$	515,000
City of Irvine	\$	48,000
City of Newport Beach- OC Alt. Destination Pilot Project	\$	125,000
Crohn's & Colitis	\$	20,000
Domestiv Violence Awareness	\$	1,535
Epilepsy Support Network	\$	25,000
Family Service Team (One OC)	\$	10,000
Facilities Improvement for local non-profit organizations by Hoag REFCO	\$	800
Infectious Disease Association of California	\$	15,000
In-Kind Office Lease/Meeting Space for Non-Profits	\$	387,325
Irvine Children's Fund	\$	45,000
Irvine Public Schools Foundation	\$	100,000
Laguna Beach Seniors	\$	24,000
March of Dimes	\$	15,000
Marshall B Ketchum University	\$	10,000
Newport Beach Police Department- Every 15 Minutes Youth Education	\$	7,000
Newport Community Counseling Center	\$	5,000
Newport Mesa Schools Foundation	\$	10,000

Orange County Bar Foundation	\$	25,000
Orange County Department of Education- Medical Officer	\$	120,000
Orange County Fire Authority Foundation	\$	28,000
Orange County Human Relations	\$	75,000
Orange County Immunization Coalition	\$	5,000
Orange County United Way	\$	10,900
Planned Parenthood WHSC Grant	\$	100,000
Providence Speech and Hearing Center- Huntington Beach Center	\$	106,451
Sweet Success Extension Program (SSEP)	\$	15,000
The Center Orange County	\$	20,000
Youth Employment Services	\$	20,000
Total Cash and In-Kind Contributions	\$	2,170,011

Community Building Activities

Community Disaster Readiness	\$	26,590
Health Funders Partnership of OC	\$	10,000
Total Community Building Activities	\$	36,590

Total Benefits for the Broader Community \$ 3,561,614

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