Children's Hospital at

Mission

SB697
Community Benefit Plan

2023-2024

Prepared by

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Section 1

Executive Summary

Children’s HealthCare of California (CHC) is the not-for-profit, tax-exempt parent corporation of Children’s Hospital of Orange County (CHOC Hospital or CHOC Orange) and CHOC at Mission Hospital (CHOC Mission), hereafter collectively referred to as the “Hospitals,” “CHOC,” or the “Organization.” The Hospitals are the principal tertiary and quaternary pediatric hospitals serving Orange County and are the only hospitals exclusively serving infants, children, and adolescents.

Most community benefits provided by the CHOC system are conducted by Children’s Hospital of Orange County, the system’s flagship hospital. Readers are encouraged to obtain the Community Benefit Report of CHOC to better understand the system’s response to community needs.

CHOC has evolved from a community hospital to a world-class, integrated pediatric health care system affiliated with the University of California, Irvine (UC Irvine). The organization is steadfastly committed to the tens of thousands of children and families who depend on CHOC for care, as well as leading the charge in advancing pediatric medicine on a national level. CHOC's brand identity - CHOC - asserts the institution's position in the community and nationally. CHOC Mission's legal name (Children's Hospital at Mission) remains unchanged.

This community benefit plan for the fiscal year ended June 30, 2024, describes the benefit planning process, the benefits provided and the economic value of the benefits. Community benefits are free or subsidized programs and services provided to meet identified community needs and to serve the public interest.

Most of the benefit CHOC Mission continues to provide is that of a safety-net hospital, caring for all children in our community regardless of the ability to pay. Like many other California children’s hospitals over the years, CHOC Mission has been paid for such services by state Medi-Cal programs at rates less than the cost of providing care.

Beginning in 2010, California implemented a series of Hospital Provider Fee Programs to supplement Medi-Cal reimbursement, bringing total reimbursement closer to actual costs. In June 2023, management changed its estimate regarding the probability of future program approvals. This change in estimate resulted in material amounts of provider fee revenue and expense to be recognized in fiscal year 2023, which if used in last year’s report, could cause readers to draw incorrect conclusions. To avoid confusion, the net provider fee used in this report to calculate the unreimbursed cost of providing services to Medi-Cal members in fiscal year 2023 uses the net supplemental revenue applicable only to that specific fiscal year, and not the amounts recognized in the financial statements for that year.

Report Organization

The community benefit plan satisfies the requirements of California’s community benefit legislation and reflects the spirit of SB697 and AB204. The community benefit plan addresses all the information suggested in the state’s “Checklist for Hospital Community Benefit Plans” dated April 2000.

Section 1 provides an executive summary of key report findings and data.

Section 2 documents organizational commitment and participation, including the Hospitals’ board of directors and staff (also referred to as associates) participation and community involvement. It describes non-quantifiable benefits and a patient financial assistance policy. Appendix A contains a copy of the Hospital’s Patient Financial Assistance Program policy.

Section 3 describes the communities served, community demographic and target groups served by community benefit programs and services.

Section 4 describes the Community Health Needs Assessment (CHNA) conducted by the CHOC system. This section describes both current needs and progress made in improving health status in recent years.

Section 5 briefly describes the role of the Hospitals' community benefit plan process that was used to develop the community-benefit goals and strategies, listing the goals with the strategies.

Section 6 describes data collection on benefits, tabulates benefits provided by SB697 categories, benefit plan goals and collaborative benefit activities. The annual organization-wide survey of community benefits for fiscal year 2024 identified 5 benefit services provided by CHOC Mission.

Section 7 summarizes the dollar value of benefits provided by legislative category, linking the dollars to identified community needs. The section shows financial assistance and unpaid costs of public programs (government payor shortfalls) separately. The principal measure for monitoring community benefit services is the dollar value of benefits returned to the community per dollar of tax exemption value received.

The economic value of the 5 benefit services provided by CHOC Mission in fiscal year 2024 was $12.3 million. Of these dollars, 100% ($12.3 million) served economically disadvantaged individuals. The economic value of savings from not-for-profit status is $7.9 million. Thus, in fiscal year 2024, the Hospitals returned $1.55 in community benefits for each $1.00 saved from tax- exempt status.

A summary of benefit services by community focus area is provided on the following page. This summary shows percentages of total benefit dollars and dollars for economically disadvantaged, and the percentage of services that are collaborative.

CHOC Community Benefit Goals

1. **Healthcare Access:** increase access to quality pediatric healthcare resources and information to families, especially low-income and medically underserved, throughout Orange County.
2. **Behavioral Health Access:** enhance the community's access to behavioral health information and social and emotional services, targeting the underserved.
3. **Disease Prevention:** increase awareness of disease prevention and promote early intervention of major diseases that affect the community.
4. **Information Resource:** provide the community with resources for information and education on health risk behaviors.
5. **Injury Prevention:** actively contribute to reducing the number of unintentional injuries to young children, especially targeting low-income, diverse and medically underserved populations.
6. **Community Action:** actively recruit, recognize and advocate for the importance of volunteer leadership and community assistance in providing care for children.

Summary of Community Benefits by Community Benefit Goal					
Community Benefit Goals	***Benefit Dollars***		***Benefit Services***		***Volunteer Hours (b)***
	CHOC Mission Dollars	**Percent for Economically Disadvantaged (a)**	**Total Services**	**Percent Collaborative**	
1.Healthcare Access	$ 12,269,951	100%	4	25%	-
2.Behavioral Health Access	-	-	-	-	-
3.Disease Prevention	-	-	-	-	-
4.Information Resource	3,884	-	1	100	-
5.Injury Prevention	-	-	-	-	-
6.Community Action	-	-	-	-	-
All Benefit Services	**$ 12,273,835**	**100%**	**5**	**40%**	**-**
(a) Broader Community Services are also available to the Economically Disadvantaged					

Medicare Disclosure

The California Department of Healthcare Access and Information (HCAI) regulations require that the Medicare payment shortfalls be included in the community benefit totals. However, the Catholic Health Association of the United States, the Voluntary Hospitals of America and the American Hospital Association have agreed that the unreimbursed costs (payment shortfalls) associated with Medicare patients should not be reported as a community benefit as serving Medicare patients is not a true, differentiating feature of not-for-profit health care. Also, Medicare is one of the best adult payers in many communities and Medicare payments can be higher than for managed care payers. Therefore, HCAI has requested that hospitals report community benefits both with and without the Medicare payment shortfall.

This report does not include unreimbursed costs for Medicare. Medicare is not a significant payer for CHOC Mission.

Section 2

Mission and Commitment

This section describes the organizational structure, and the mission, vision and values, which guide its commitment to the communities served. This section also summarizes key elements of organizational commitment and participation in the community benefits programs. It concludes with an overview of organizational responsibility for benefit planning.

Organizational Structure

CHC, established in July 1986, is the not-for-profit, tax-exempt parent corporation of an integrated pediatric healthcare system, which includes the following corporations:

- Children's Hospital of Orange County (CHOC Orange)
- Children's Hospital at Mission (CHOC Mission)
- CHOC Foundation
- CRC Real Estate Corporation

CHOC Orange and CHOC Mission operate the two principal tertiary and quaternary pediatric hospitals serving Orange County.

CHOC Hospital in Orange

CHOC Orange is a California nonprofit public benefit corporation formed in 1964 and operates a 334-bed, acute-care hospital located in Orange, CA. CHOC Orange serves the residents of Orange County as well as surrounding counties. Celebrating 60 years of caring for children, the organization is an active member of the community, providing compassionate, quality health care services in a patient- and family-centered care environment.

CHOC Orange operates outreach programs to serve the community outside the hospital. These outreach programs include the CHOC Orange Clinic, Clínica CHOC Para Niños, CHOC Clinic at the Boys & Girls Club of Santa Ana and CHOC Garden Grove. The CHOC Breathmobile program brings asthma education, prevention and diagnosis to community centers and schools throughout Orange County.

The hospital's commitment to the highest standards of patient care and safety, as well as performance excellence, earned the organization several accolades – ranked as one of the nation's best children's hospitals by *U.S. News & World Report;* Magnet designation, the highest honor bestowed to hospitals for nursing excellence; and CHOC Orange's pediatric intensive care unit (PICU) has earned the Pediatric Beacon Award for Critical Excellence.

CHOC at Mission Hospital

CHOC Mission is a California nonprofit public benefit corporation formed in 1991 and operates a 54-bed acute pediatric hospital located in Mission Viejo, CA. CHOC Mission is located on the fifth floor of Mission Hospital, a member of the Providence/St. Joseph Health System.

CHOC Foundation
The CHOC Foundation is a California nonprofit public benefit corporation formed in 1964 to help support clinical and non-clinical medical education, research and allied fields of pediatric care exclusively at CHOC Orange and CHOC Mission.

CRC Real Estate Corporation
CRC Real Estate Corporation is a nonprofit public benefit corporation that provides property and real estate services in support of CHOC.

Mission, Vision and Values

In June 2013, the health system's boards of directors affirmed the mission established in April 1999 and approved a new vision statement and updated values statement. The statements emphasize the Hospital's historical community focus and guide ongoing planning and development efforts.

Exhibit 2.1 **CHOC** **Mission, Vision and Values**
Mission: To nurture, advance and protect the health and well-being of children.
Vision: To be the leading destination for children's health by providing exceptional and innovative care.
Values: **Excellence:** Setting and achieving the highest standards in all we do **Innovation:** Advancing children's healthcare by leading with new ideas and technology **Service:** Delivering unmatched personal experience **Collaboration:** Working together with our colleagues and partners to achieve our Mission **Compassion:** Caring with sensitivity and respect **Accountability:** Serving as dedicated stewards of the lives and resources entrusted to us

Link to Strategic Planning

Listed below are the five strategic goals developed as part CHOC's strategic plan:

1. Invest in the high-quality care and services that our patients need.

2. Make it easy to get timely access CHOC services.

3. Demonstrate that people are our most treasured asset.

4. Create healthy people in healthy communities.

5. Demonstrate national leadership in research, academics, and innovation to drive better

outcomes for patients.

Organizational Commitment

Community Benefits

The Organization operates the only two tertiary, pediatric safety-net hospitals in the county that are vital members of the Orange County community. Both Hospitals continue their steadfast organizational commitment to excellence in children's healthcare and community benefits. Specific commitments to community benefits include:

- The large economic value, depth, and breadth of community benefit services
- A history of collaboration with other community organizations
- Continued leadership and participation in community needs assessments
- Negative margin services provided to the community, including:
  - CMG Centrum Clinic
  - Child Life (Recreational Therapy) Services
  - Community Education
  - Wellness on Wheels (formerly the Breathmobile)
  - Speech and Hearing Therapies

In addition to the above services, the Hospitals also provide financial assistance for families that qualify for services at reduced or no cost.

Patient Financial Assistance Program Policy

The Hospitals do not deny necessary medical services to patients due to inability to pay (*see Appendix A for the Patient Financial Assistance Program Policy*). Both Hospitals provide financial assistance, which is budgeted and distributed annually, to assist identified patients in need. The granting of financial assistance is based solely on the ability to pay, regardless of age, gender, sexual orientation, ethnicity, national origin, disability or religion. This funding covers a portion, or all required hospital services as determined by a financial screening process. The Patient Financial Assistance Program Policy provides for up to 400% of poverty guidelines, increasing the number of patients that qualify for financial assistance.

Financial Assistance Implementation: The Hospitals continually update all department managers on changes in hospital policies and procedures, and they are responsible for ensuring that staff is familiar with the same. Changes in policies and procedures are communicated in monthly department head meetings, through bi-monthly internal newsletters; and through specific memos, intranet postings and administrative releases. Staff who interact specifically with assisting in the determination of financial assistance eligibility on a patient-by-patient basis are given additional in-service training.

Financial Assistance Communication: As part of the Hospitals' ongoing public awareness campaigns, the mission statements are included wherever possible on program brochures, facility brochures, medical education information, community education materials, conference invitations and admission materials. Additionally, the Hospitals' financial assistance policy is emphasized in public relations and media relations efforts, foundation campaigns, and selected marketing campaigns. These policies are posted in key areas such as the emergency department and admitting.

Pediatric Health for the Community

Being a community information resource is a high priority at CHOC. The community education department is entirely devoted to this purpose. Other departments also contributing to community education include the following: psychology, child life, marketing, pharmacy, social services, rehabilitation services, population health and the Hyundai Cancer Institutes.

The following table shows that community education services served 256 persons in fiscal year 2024 by CHOC Mission. Please refer to CHOC's Community Benefit Report for information about people reached through newsletters and websites providing health information about children.

	Number of Services	Volunteer Hours	Staff Hours	Persons Served
Community Education	2	-	362	256
Television and Newsletters	-	-	-	-
Total	**2**	**-**	**362**	**256**

Organizational Participation

Organizational participation in community benefits occurs at all levels and takes many forms, both formal and informal. Ultimate responsibility and oversight for the implementation of the community benefit plan resides with the Hospitals' board of directors and executive management team.

Board Participation

The Hospitals' board of directors reaffirmed their commitment with the adoption of the strategic plan and mission, vision, and values statements emphasizing community outreach and community benefits. Members of the board of directors annually review the community benefit plan, act as ambassadors for the Hospitals, and serve on a variety of board committees.

Staff Participation

The Hospitals' staff is involved in the community benefit planning process through the annual survey of community benefits. In addition, the Hospitals' staff serves on many community boards, committees and task forces. They also volunteer at many community events and health fairs. Staff participation helps the Hospitals identify emerging community needs, develop new benefits to meet these needs and make improvements to existing benefit services.

Physician Participation

Physicians actively participate in benefit programs and collaborate with other providers through community-based organizations and advisory groups. As participants in outreach programming and implementation, physicians provide numerous hours of volunteer work within the hospitals, clinics, and the community. CHOC's Community Physician Advisory Panel conducts quarterly physician forum meetings. In these meetings, community-based physicians provide input and feedback on hospital programs and community needs.

Collaboration with Community Organizations

A guiding principle of SB697 is to strengthen non-profit hospital community-benefit collaborations with other community organizations. Community benefit activities at the hospitals strongly embrace this principle in several ways.

Community Programs

The Hospitals' staff members, as well as physicians, and administrators are actively involved in ongoing community-based organizations, coalitions and programs.

The team provides expertise, information, support and the hard work needed to make programs, such as the following, successful.

- CalOPTIMA
- Child Abuse Prevention Council of Orange County
- Drowning Prevention Network
- Local Law Enforcement Agencies
- Orange County Child Care and Development Planning Council
- Orange County Children and Families Commission (Prop 10)
- Orange County Healthcare Agency
- Orange County Healthy Tomorrows Committee
- Orange County Ronald McDonald House and Charities
- Orange County Child Passenger Safety Task Force
- Latino Health Access
- South Orange County Family Resource Center
- Various Orange County school district programs

Community Communication

The Hospitals publish the complete community benefit plan on its website, as submitted to the state. A variety of other resources are used to communicate both internally and externally.

- **Internal Communication Resources:**
  - Monthly department head meetings
  - Staff and committee meetings
  - Weekly informational emails to all associates
  - Email, memos, as needed
  - Bi-monthly new associate and quarterly management orientation meetings
  - PAWS (intranet)
  - Senior leader rounding
  - Physician town hall meetings
  - Virtual associate and physician Town Hall meetings
  - Digital message boards
  - The Den (smart internal communications platform)

- **External Communication Resources:**
  - CHOC Foundation annual report
  - CHOC.org website
  - CHOC social networking sites (Facebook, Twitter, YouTube, Instagram, LinkedIn)
  - CHOC Health Hub, health education and patient stories
  - CHOC Pediatrica blog, resources and news for clinicians
  - CHOC Inside Blog, news and stories about CHOC
  - *Kids Health*, e-newsletter
  - *Pediatrica,* e-newsletter

Section 3

Communities Served

This section describes the criteria used to define the communities served, summarizes community demographics and specifies target populations within the communities.

Community Definition

CHOC Mission serves all of Orange County and a limited number of patients from the western rim of Riverside County and southeast areas of Los Angeles County.

Factors considered in defining the community for benefit planning include:

- Community reliance on the Hospital for benefit services and care, as measured by market share.
- The Hospitals' reliance on the community served, as measured by patient origin.
- Ongoing community benefit services in conjunction with our long-standing relationships and collaborations with community organizations.
- Desires and perspectives of community groups and hospitals involved in the community needs assessment.

CHOC Service Area

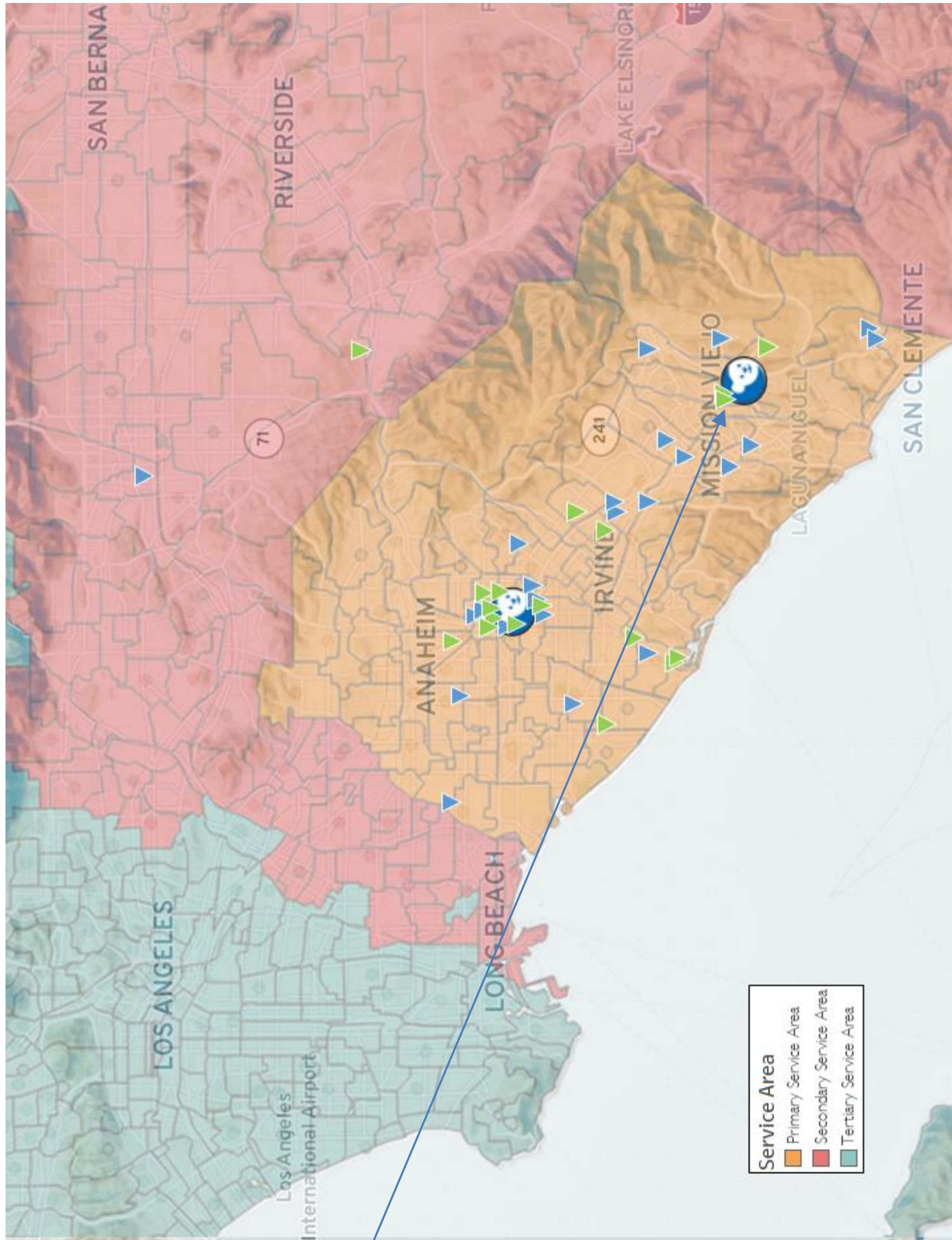
Based on the factors listed above, the CHOC service areas are divided into three regions *(see Exhibit 3.1 for Service Area Map.)*

The Primary Service Area encompasses Orange County. Significant cities in this area include Orange, Santa Ana, Anaheim, Fullerton and Garden Grove in the north, as well as Mission Viejo, Laguna Niguel, Rancho Santa Margarita, Laguna Hills, Lake Forest, San Clemente and San Juan Capistrano in the south.

The Secondary Service Area includes portions of southern Los Angeles County, Riverside County and San Bernardino County, as shown on the service area map.

The Tertiary Service Area includes portions of Los Angeles County, as shown on the service area map.

Exhibit 3.1: Service Area Map



Key

CHOC Hospital in Orange and CHOC at Mission Hospital

CHOC Primary Care

CHOC Specialty Care

Community Characteristics

The demographic characteristics of populations are important in understanding the health challenges, strengths, and opportunities of Orange County. Aspects such as age, race, and ethnicity, income, language, and education are closely linked to health risk and outcomes.

Population Change: The five-year average number of births in Orange County dropped 6.4% between 2011-2015 and 2016-2020, from 37,955 births to 35,539. In 2020 alone, there were just 30,862 births in Orange County. Between 2022 and 2027, the pediatric population is projected to decrease 4.8%. This is higher than the projected 2.9% decrease in California.

Age: The median age in Orange County was 38.1 years in 2015-2019, which is significantly higher than in 2010-2014 at 36.7 years. In 2022, youth ages birth to 19 years made up 24% of the Orange County population.

Race & Ethnicity: Among California's 58 counties, Orange County ranked 9th in racial and ethnic diversity, based on the United States Census Bureau's Diversity Index. Population projections indicate that the overall pediatric population in Orange County is becoming more racially and ethnically diverse.

Children & Youth with Special Healthcare Needs: The percentage of Orange County youth with a disability, defined as one or more sensory disabilities or difficulties with everyday tasks, was 5.2%, similar to California at 5.0%.

Household: Orange County's population has decreased since 2019 and is projected to decrease another 0.03%, from 3,203,504 in 2022 to 3,198,933 in 2027. Average household size is also decreasing; however, the total number of Orange County households is projected to increase 0.2% during this same period. In 2015-2019, about one in four Orange County households (24.4% or 177,665) with children birth to 17 years were single-parent households. Of these, 17.4% were single-mother/female-caregiver households.

Language Spoken: Two thirds of Orange County households (447,323) with children ages birth to 17 years speak at least one language other than English. Among these households, 10.8% or 48,174 households speak English less than "very well". This rate is slightly higher compared to California at 9.3%.

Poverty: In Orange County, approximately 17.1% of children (ages 0-17) live in poverty, and 5.6% (37,448) of children live in deep poverty. In April 2021, 245 Orange County children and youth (0-24 years) were considered homeless. In Orange County, BIPOC (Black, Indigenous, People of Color) children represent 44% of the population under age 18, but 50% of the children living in poverty.

Educational Attainment: In 2015-2019, nearly three in 10 (28.7% or 91,226) Orange County households with children (0-17 years) had a householder with a high school diploma or less.

Health and Lifestyle Needs reported in the CHOC Community Health Needs Assessment (CHNA[1]) include the following:

Depression: In 2020, almost 51% of parents indicated their child was potentially experiencing significant issues related to anxiety and depression. Specifically, approximately 20% of children were exhibiting elevated levels of disruptive behavior, and nearly 50% were experiencing elevated sadness or worry. In 2017-2019, BIPOC students were more likely to report depression-related feelings than their White/Caucasian classmates. Students who identified as gay, lesbian, or bisexual were more than twice as likely to report depression-related feelings than their heterosexual classmates (63.5% to 27.0%).

Suicide: In 2018-2020, in Orange County, suicide was the second leading cause of death among youth ages 1-19 years, with 47 deaths. In Orange County, the percentage of students who seriously considered suicide during the past 12 months ranged from 14.7% among 9th grade students to 19.2% among non-traditional school students in 2017-2019.

Hospitalization: The hospitalization rate for serious mental illness increased 22.6%, from a low of 19.9 in 2016 to 24.4 per 10,000 children in 2020. In 2020, Major Depression and Mood Disorders accounted for the majority (65%) of all such hospitalizations, followed by Bipolar Disorder (9.5%), Schizophrenia/ Psychoses (3%), and Schizoaffective Disorders (1.7%). The 2,155 Orange County-based hospitalizations for mental health or substance use disorders in 2020 accounted for 5.0% of all hospitalizations to youth, including births.

Substance Abuse: Hospitalizations among Orange County youth (0-17 years) for substance-related diagnoses accounted for 2.4% of all youth admissions in 2020. This was a decrease of 3% over the past decade to 0.7 per 10,000 population.

- **Alcohol:** In Orange County, 9th grade (14-15 years), and 11th grade (16-17 years) students were less likely to binge drink when compared to students in non-traditional programs. Orange County 9th and 11th grade students were less likely to report ever having driven a car when they had been using alcohol or drugs or ridden in a car driven by someone who had been using alcohol or drugs, compared to California. However, this rate was higher for Orange County youth in non-traditional education programs (26%) compared to California (15%).
- **Vaping & Cigarette Use:** Vaping is more prevalent than cigarette smoking in both Orange County and California. Since 2013-2015, vaping rates in both Orange County and California have decreased. In 2015-2019, 3% of 9th and 11th grade high school students in Orange County and California reported smoking cigarettes at least one day in the past 30 days.
- **Drug Overdose:** Drug and alcohol-related deaths increased notably across the county during the COVID-19 pandemic years of 2020 and 2021. Between 2019 and 2020, there was an 80% increase, from one death to nine, annually, for youth ages 10-17 years. Although Orange County has experienced one of the lowest all-drug death rates per 100,000 residents in California, the rate increased from 12.2 in 2016 to a high of 19.5 in 2020, a 71.4% increase. Relative to other California counties, Orange County had higher rates of heroin and opioid related deaths.

Insurance: In Orange County, in 2016-2020, 3.3% (24,253) of children were uninsured, representing a drop in uninsured rates by 56.0% since 2010-2014 (7.4% or 53,894). Orange County had the same rate of uninsured children (3.3%) compared to California and a lower rate than the United States (5.2%). Hispanic or Latino/a children continued to have higher uninsured rates than other

[1] The full Community Health Needs Assessment report and references can be found at https://www.choc.org/files/CHOC-community-health-needs-assessment.pdf

racial/ethnic groups (5.2% uninsured in 2019).

Children with Special Healthcare Needs and Children Enrolled in Special Education: In 2016-2019, 13.5% of children (ages 0-17 years) had special healthcare needs in Orange County. This was lower than in California at 14.1%. In 2020, 124.2 per 1,000 Orange County students were enrolled in special education, primarily due to a learning disability, speech or language impairment, or autism.

Community Target Populations

CHOC's primary service area (PSA) is Orange County, California, based on the place of residence of most of its patients served. CHOC's target population is prenatal and neonatal infants, children, and youth through 21 years of age, and up to 25 years of age for patients diagnosed with certain rare conditions. Orange County has a total pediatric population of 782,110 children and youth (0-19 years).

Priority populations included in the CHNA are:

- BIPOC
- Hispanic or Latino/a
- Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual (LGBTQIA+)
- Families of Children with Special Health Care Needs (CSHCN)

Section 4

Community Health Needs Assessment

Community Health Needs Assessment (CHNA)

The purpose of the CHNA is to identify community health assets and issues, gauge and monitor the health of children and the factors that influence their health in Orange County and assist CHOC's Board of Directors and leadership team in setting priorities and allocating resources. CHOC retained a qualified healthcare consulting firm to collect and analyze quantitative and qualitative data from primary and secondary sources. The team also ensured this assessment met requirements for California's revised hospital CHNA and benefit plan, for 501(c)(3) hospitals under Affordable Care Act (ACA) Section 501(r), and for the Department of Health Care Access and Information's (HCAI) annual equity report and health equity plan.

Prioritized Health Needs
Based on results of the primary and secondary data analysis, CHOC's 2022 CHNA identified two health priorities for Orange County:

- Mental health
  - Increase in depressive symptoms among students
  - Increase in hospitalizations for mental illness in 2020, despite the overall decrease in hospitalizations due to the COVID-19 Public Health Emergency
  - Need for prevention, early intervention, and treatment for substance use among youth
- Access to pediatric healthcare services
  - Need for improved access to pediatric services (including pediatric specialists) from diverse providers who understand the county's racial, cultural, and linguistic needs of children and families
  - Geographic disparity in access to pediatric health care

The team also identified four key drivers of health to consider when developing strategies to respond to the two health priorities. The four key drivers of health are:

- Healthy and affordable foods
  - Low participation in food assistance programs
  - Proximity and affordability of food for low-income children and families
- Early learning opportunities and success in school
  - Low participation in childcare subsidies by eligible families
  - Increased rates of chronic absenteeism
- Safe neighborhoods
  - Decreased sense of being safe at school among students
  - Increased community violence
- Connectedness
  - Low levels of connectedness at school among vulnerable students, including Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual (LGBTQIA+) and Black, Indigenous, and People of Color (BIPOC) students
  - Increased self-reported use of social media and screen time among youth as an important risk factor for youth mental health

Key Highlights – CHNA

- More than half (52%) of the community health survey respondents selected poor mental health as the problem with the most significant impact on the overall health of children and families in Orange County. This was identified as a problem less frequently among families (45%) compared to healthcare professionals (67%) and service providers (80%). Within priority populations, 42% of BIPOC, 46% of Hispanic or Latino/a, 23% of LGBTQIA+, and 41% of families of children with special healthcare needs identified mental health as a top problem.

- Eighty-six percent of the survey respondents indicated they have experienced barriers to care. Among respondents who did experience barriers, the number-one barrier in getting services to support their child's(ren's) healthcare and wellness was long appointment wait times (43%), followed by needed evening or weekend appointments (28%), and overly complicated application forms to get health insurance (27%). Furthermore, 9.2% of Orange County children did not have a usual source of care to go to when they were sick or needed health advice. Approximately 5.8% of the group experienced a delay or lack of medical care, and 3.3% experienced a delay or lack of needed prescription medications.

Section 5

Goals and Strategies

This section describes the community benefit plan process that was used to develop the Hospitals' community benefit goals and strategies, the goals and strategies themselves and progress summaries for each goal for fiscal year 2024.

Community Benefit Planning Goals

Executive management utilized the Orange County Health Needs Assessment findings to develop the hospitals' goals for meeting the needs identified in six broad areas.

1. **Healthcare Access:** increase access to quality pediatric healthcare resources and information to families, especially low-income and medically underserved, throughout Orange County.
2. **Behavioral Health Access:** enhance the community's access to behavioral health information and services, targeting the underserved.
3. **Disease Prevention:** increase awareness of disease prevention and promote early intervention of major diseases that affect the community.
4. **Information Resource:** provide the community with resources for information and education of health risk behaviors.
5. **Injury Prevention:** actively contribute to reducing the number of unintentional injuries to young children, especially targeting low-income, diverse and medically underserved populations.
6. **Community Action:** actively recruit, recognize and advocate for the importance of volunteer leadership and community assistance in providing care for children.

Strategies

Specific strategies for each community benefit planning goal were established, which are summarized in the following table.

Summary of Benefit Planning Goals and Strategies	
Goal	**Strategies**
1. Healthcare Access	• Financial assistance for patients • Enrollment in public insurance programs
2. Behavioral Health Access	• Utilize CHOC Psychology Department • Utilize CHOC Social Services • Collaborate with other community services and providers
3. Disease Prevention	• Community education on wellness
4. Information Resource	• *KidsHealth* e-newsletter • Physician Education: Cancer, Neuroscience and Heart Institutes • *Provider Connection* e-newsletter • CHOC Annual Report • CHOC.org website

	• CHOC social networking sites • CHOC blogs
5. Injury Prevention (primarily provided by CHOC Orange location)	• Lead Orange County SAFE KIDS Coalition • Offer neighborhood-based injury prevention programs • Collaborate with community coalitions to enhance injury prevention efforts • Offer hands-on training to reduce home-related injuries • Provide injury prevention information to general community and professionals • Drowning prevention and education program
6. Community Action	• Board members' dedication and activities • Associate volunteering • Assist community organizations

Section 6

Benefit Services

This section summarizes benefit activities by SB697 category, organization, benefit plan goals and target group. A complete alphabetical master list of benefit services and descriptions is in Appendix B.

Benefits Data Collection

Benefits data collection begins with an annual, organization-wide update of the Hospitals' inventory of community benefit activities. The person responsible for each identified benefit service receives and completes a benefit data form for that service. Information requested includes the following:

- Service title, description and objectives
- Target groups and community needs served
- Collaborative partners
- Occurrences and number of persons served
- Staff and volunteer hours and costs

Lyon Software's computer program, CBISA Online, serves as the basic data management tool of the completed annual community benefit survey forms returned by the department managers.

Benefit Service by Tabulations

Each benefit service's SB697 category and the Hospitals' focus area are identified using standard Lyon Software. These reports are exported and summarized to produce tables and cross-tabulations for the following categories.

- SB697 category
- Organization (CHOC Orange and CHOC Mission)
- Hospitals' community benefit plan goals (community need)

The Hospital's community benefit plan goals encompass community needs identified in the community assessment, while reflecting its own community benefit program vision.

Services by Organization

The community benefit survey for 2024 identified 89 community benefit services. The following table shows the distribution of service by organization, each of which files a separate Community Benefit Report.

Organization	Number of services 2023	Number of Services 2024
CHOC Orange Services	78	84
CHOC Mission Services	3	5
Total Services	**81**	**89**

Services SB697 Category

The table below summarizes the number of 2024 benefit services for each SB697 by CHOC Mission.

SB697 Category	Number of Services 2023	Number of Services 2024
A. Medical care services	3	4
B. Other benefits: broader community	-	-
C. Other benefits: vulnerable populations	-	-
D. Health research, education, and training	-	1
Total Services	**3**	**5**

Services by Benefit Planning Goals (Community Need)

The distribution of community benefit services by focus area is reflected below. Appendix C contains a complete listing of services by goal.

Goals	Number of Services 2023	Number of Services 2024
1. Healthcare Access	3	4
2. Behavioral Health Access	-	-
3. Disease Prevention	-	-
4. Information Resource	-	-
5. Injury Prevention	-	-
6. Community Action	-	1
Total Services	**3**	**5**

Collaboration with Other Organizations

As part of the organizational mission, the Hospital is firmly committed to collaborative efforts that improve the health and well-being of children. Of the 5 benefit services, 40% or 2 have one or more collaborators. Appendix C lists these collaborative partners.

Section 7

Economic Value of Benefits

This section presents the dollar value of community benefits and the total number of volunteer hours. The dollars are shown in total and by organization, SB697 category, and focus area. In addition, for each focus area, the section includes the value of benefits for economic group and target audience.

Value by Organization

The following table presents cost of benefit services and paid hours at each of the Hospitals. The dollars shown are net hospital cost, excluding volunteer hours.

Organization	Dollar Value[1]
CHOC Orange services	$155,168,674
CHOC Mission services	12,273,835
Total Services	**$167,442,509**

The value of community benefits shown below includes only free, discounted, subsidized, or negative margin services, and the unpaid cost of public programs. These dollars are hospital costs only, excluding funds received from any other source. Unpaid cost of public programs is calculated using the cost-to-charge ratio for each hospital. Unpaid costs for services adjusted as bad debt are excluded unless information is available that proves the patient's family is eligible for financial assistance. Costs for all services, except unpaid costs, include indirect costs. Employee benefits are included for paid staff-hour costs.

Value by SB697 Category

The dollars for each SB697 category are shown below for CHOC Mission.

SB697 Category for CHOC Mission	Dollar Value
Cost of charity care provided	$ 23,147
Unreimbursed medical costs (the Medi-Cal funding shortfall)	12,063,500
Other programs	183,304
Other benefits: broader community	-
Other benefits: vulnerable populations	-
Health research, education, and training	3,884
Total Services	**$ 12,273,835**

Services by Benefit Planning Goals (Community Need)

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

Benefit Planning Goal	Dollar Value[1]
1. Healthcare Access	$ 12,269,951
2. Behavioral Health Access	-
3. Disease Prevention	-
4. Information Resource	3,884
5. Injury Prevention	-
6. Community Action	-
Total Services	**$ 12,273,835**

Value by Community Goal and Economic Group

The summary of dollars by goal and economic group confirms the prominence of providing a continuum of care to the economically disadvantaged (100%).

Goals	Broader Community	Economically Disadvantaged (a)	Total Value
1. Healthcare Access	-	$ 12,269,951	$ 12,269,951
2. Behavioral Health Access	-	-	-
3. Disease Prevention	-	-	-
4. Information Resource	3,884	-	3,884
5. Injury Prevention	-	-	-
6. Community Action	-	-	-
Totals	**3,884**	**$ 12,269,951**	**$ 12,273,835**
(a) Broader community services are also available to the economically disadvantaged			

Volunteer Hours

In addition to the 362 paid staff hours, board members, physicians, associates and auxiliary volunteers contributed volunteer hours. These individuals donate their personal time and effort with no reimbursement or payment. Their personal contributions to community benefit activities are an indispensable component to the Hospital's contribution and dedication to the community.

Evaluating the Economic Value

A benchmark for evaluating the cost of community benefits is the dollar value of the Hospitals' tax-exempt status. A desirable community benefit dollar-value exceeds the value of tax-exemption. Elements included in calculating the value of tax-exempt status include:

- Interest rate differential on tax-exempt financing for long-term debt
- Property tax on assessed value
- State income tax obligation without tax exemption
- Federal income tax obligation without tax exemption

The following table shows that CHOC Mission returned $1.55 in community benefits for each $1.00 of tax exemption.

Hospital cost of community benefits	$ 12,273,835
Value of tax exemption	$7,921,028
Benefits per dollar of tax-exemption value	**$1.55**

Benefit Value versus Marketing Value

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

Non-quantifiable Community Benefits

In addition to quantified benefits described in this plan, many intangible and non-quantified benefits arise from both hospitals' presence. The Hospitals indirectly support local businesses in the areas of construction, linen services, parking, medical supply and pharmaceutical distributors, among others. The Hospitals' board, executives, management, staff and physicians are active community leaders, and the combined system's two Hospitals are major employers in their communities, employing approximately 6,200 associates. Additionally, the Hospitals are significant purchasers of goods and not exempt from sales and use taxes, which support city, county and state activities.

Appendices

Appendix A: Patient Financial Assistance Program Policy Statements
Appendix B: Alphabetical Master List of Benefit Services
Appendix C: Collaborators by Type
Appendix D: Services by Community Benefit Goal

Appendix A

Patient Financial Assistance Program Policy Statements

Manual: Administrative **Section:** Finance **Number:** L3003v7

☒ **Policy** ☒ **Procedure** **Title:** Patient Financial Assistance and Discount Payment Program

Current Content Expert: Rosamaria Cobery **Department Head:** Terry Closson, Director Revenue Cycle	**Committee Approval(s)** **Date(s)**
Executive Management Team Member: Ken Baxter, Vice President Revenue Cycle ☐New ☒Revised ☐Reviewed (no changes) Track: ☐A ☒C **Replaces:** 12/07, 12/10, 01/12, 09/12, 01/15, 11/17, 09/19, 06/21, 10/22	**Medical Executive Committee Approval Date:** N/A **Board of Directors Approval Date:** N/A **Effective Date**: 05/09/24

I. PURPOSE:

A. CHOC is committed to providing quality healthcare to all patients regardless of the patient's financial status. Patients who meet the established Financial Assistance Program criteria may be eligible to receive Financial Assistance to cover all or portions of the patient's healthcare costs. To apply for Financial Assistance please go to our website (www.CHOC.org/patients-family/pay-bill). CHOC also provides benefits for the broader community in terms of medical education and medical research.

B. Under this policy, Financial Assistance may be provided to patients who are uninsured or underinsured and cannot afford to pay for their own medical care of out of pocket expenses. Eligibility for the Financial Assistance Program shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, disability or religion.

C. In some cases, Financial Assistance may be extended to patients whose financial status makes it impractical or impossible to pay for necessary medical services. The evaluation of the necessity for medical treatment at CHOC will be based upon clinical judgment. The clinical judgment of the patient's physician or the Emergency Department staff physician will be the sole determining criteria for patient's receiving services at CHOC.

D. This policy is applicable to all CHOC Inpatients and Outpatients, including CHOC Medical Foundation. CHOC bases the eligibility for our Financial Assistance off of current Financial Applications. CHOC does not look to outside sources for FAP eligibility or determination.

II. DEFINITIONS:

A. **Patient Data:** Medical record number, patient name, birth date, insurance status, eligibility for other support.

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B. **Patient's family:** For purposes of this policy is as follows:
1. For persons 18 years of age and older, spouse, domestic partner as defined in Section 297 of the California Family Code; and dependent children under 21 years of age, whether living at home or not;
2. For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.

III. POLICY:

A. It is the policy of CHOC to determine eligibility for Financial Assistance at the time of registration, through a financial screening process for all patients not able to meet the deposit requirements of CHOC.

B. This policy distinguishes a bad debt patient from an eligible Financial Assistance patient by the patient's or patient's family unwillingness to pay versus a demonstrated inability to pay. Failure of the patient and/or patient's family to comply with requests for information to substantiate an inability to pay may result in forfeiture of the right to be considered for the Financial Assistance Program.

C. It is the goal of CHOC to identify an eligible Financial Assistance patient at the time of registration; however, if complete information regarding the patient's insurance or financial situation is unavailable due to emergency treatment, or if the patient's/guarantor's or patient family's financial condition changes, the designation as a Financial Assistance patient may be established after the rendering of services, and in some instances even after the production of a patient bill.

D. Should a staff physician or clinician wish to prospectively pursue Financial Assistance for a known patient, the protocol for requesting Financial Assistance can be found on Paws located under the on-line form bank.

E. CHOC will refer a patient or patient's family to alternative programs, (i.e., Medi-Cal, California Children's Services, the California Health Benefit Exchange or any other government sponsored health program for health benefits in which Hospital participates). Failure of the patient and/or patient's family to comply with the referral process may result in forfeiture of the right to be considered for the Financial Assistance Program for the visit or admission in question. Confidentiality of information and the dignity of the patient will be maintained for all that seek or are provided Financial Assistance services.

F. Patients receiving services in the Hospital Emergency Room may also be eligible for Financial Assistance in paying for the Emergency Room physician fees.

G. Below is a list of providers, other than the hospital itself, that provide medically necessary care in the hospital. For convenience they are listed

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by category of care. The list indicates whether the providers are covered by the hospital's FAP.

Medical Specialty/Department	Covered Under Hospital FAP	Not Covered Under Hospital FAP
Allergy and Immunology	x	
Anesthesiology		x
Cardiovascular Diseases	x	
Dental		x
Diagnostic Radiology	x	
Emergency Department		x
Gastroenterology	x	
General/Family Practice	x	
General Surgery		x
Internal Medicine	x	
Neurological Surgery		x
Neurology	x	
Obstetrics & Gynecology	x	
Occupational Medicine	x	
Oncology	x	
Ophthalmology	X	
Surgeons All		x
Otolaryngology	x	
Pathology		x
Pediatrics	x	
Physical Medicine/Rehab	x	
Plastic Surgery	x	
Podiatry		x
Pulmonary Diseases	x	
Therapeutic Radiology	x	
Thoracic Surgery		x
Urology	x	
Other: Psychiatry	x	
Other: Clinical Genetics	x	
Other: Dermatology	x	
Other: Endocrinology	x	
Other: Hematology	x	
Other: Hospitalists	x	
Other: Infectious Disease	x	
Other: Neonatology	x	
Other: Nephrology	x	
Other: Rheumatology	x	
Other Sleep Medicine	x	

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IV. PROCEDURE:

A. Eligibility

1. The identification of Financial Assistance is achieved through determination of the financial status of a patient or patient's family. Such determination should be made at or before the time of registration, or as soon thereafter as is possible. In some cases, such as emergency admissions, it may not be possible to establish eligibility for the Financial Assistance Program until after the patient is discharged. In these instances' or instances where events occur during or after a patient's stay' which change the patient's or patient family's financial status, the patient's eligibility for the Financial Assistance Program shall in no way be affected by the timing of the determination that the patient meets the eligibility criteria.
2. The responsibility for identifying a patient's eligibility for the Financial Assistance Program at, or before, the time of the patient visit to CHOC shall be the responsibility of the department registering the patient. This will require the patient or patient's family to complete a "Financial Disclosure" statement. This may also include copies of pertinent documentation (recent pay stubs, income tax returns or other documents to verify monetary assets) to determine the annual family income and personal assets of the patient or patient's family. In those instances, described above, where eligibility cannot be established at the time of service, the Patient Financial Services Department shall work with the patient or family to determine eligibility.
3. Patient or patient's family having insurance may also be eligible for the Financial Assistance Program for that portion of the bill not covered by insurance. This may include deductibles, coinsurance, and non-covered services. The determination of a patient's eligibility shall be subject to the same guidelines as an uninsured patient.
4. Qualification Period.
   a. Applications to the Financial Assistance Program must be submitted within 240 days post initial self-pay statement bill date.
   b. Patients determined to be eligible may be granted Financial Assistance for period of six months.
5. **Calculating the amount of Financial Assistance.**
   a. CHOC will obtain information on the patient's family income, including wages and salary, welfare payments, social security payments, strike benefits, unemployment benefits, child support, alimony, dividends and interest. The total family income will be compared with the table (see Schedule A) to determine a patient's eligibility for Financial Assistance

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under the Federal Poverty Guidelines. Any uninsured patients or patients with high medical costs whose annual household income is at or below 400% of the Poverty Guidelines shall be eligible to apply for Financial Assistance. Financial Assistance may be considered on a partial basis for patients with incomes more than 200% of Poverty Guidelines and less than 400%. Those families with an annual income of 200% or less of the Federal Poverty Guidelines would be eligible for a 100% Financial Assistance adjustment. Uninsured or underinsured patients whose household income, as determined in accordance with the Assistance Application, is less than or equal to 200% of the poverty guidelines, will receive care, free of charge. In providing charity care, CHOC is required by law to consider the amounts generally billed to individuals who have insurance covering emergency or other medically necessary care ("Amounts Generally Billed" or "AGB") and to guarantee that patients accepted for charity care will not be charged more than AGB for other medically necessary services.

b. CHOC Community Clinic patients are eligible for Financial Assistance as outlined in this policy utilizing Schedule B to calculate the sliding scale per visit co-pay for patients falling below 200% of the Federal Poverty Guidelines.

c. Patients applying for Financial Assistance and who are receiving full or partial approval will have their approval for assistance forwarded to the Emergency Room physician billing company for consideration.

6. **Discount Payment Policy**

a. For patients with household incomes between 201% and 300% of the Federal Poverty Level, the Hospital may provide a discounted Private Pay Fee Schedule, whereby the allowable medical expense would be equivalent to a 75% discount off billed charges. At this level, the reimbursement CHOC would receive shall not exceed the payment that CHOC would receive for the same service or set of services from the greater of Medicare or Medi-Cal.

b. For patients with household incomes between 301% and 400% of the Federal Poverty Level, CHOC may provide a discounted Private Pay Fee Schedule, whereby the allowable medical expense would be equivalent to a 50% discount off billed charges. At this level, the reimbursement that CHOC would receive shall not exceed the payment that CHOC would receive for the same service or set of services from the greater of Medicare or Medi-Cal.

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7. CHOC Financial Assistance Program Eligibility Guidelines are based on the most recently published Federal Poverty Guidelines. Schedule A delineates the household income thresholds according to the Federal Poverty Guidelines, published February, 2024 and amended from time to time.
8. **Personal Assets**
   a. If a patient meets the "Household Income" in Schedule A and is found to be eligible for the Financial Assistance Program, a CHOC representative will further review the patient's or patient family's Financial Disclosure Statement to determine if he/she has significant personal assets. It would not be consistent with the intent of this policy to grant Financial Assistance to patients with a significant portfolio of either liquid assets, or other assets against which the patient or patient's family could borrow the amount required to pay his/her indebtedness. For this reason, the CHOC representative should consider and evaluate such assets as bank accounts, the patient's or patient's family entitlement to tax refunds, stocks, bonds and other investments.
   b. This policy will not include in determining eligibility a patient or patient's family retirement or deferred compensation plans qualified under the Internal Revenue Code, or nonqualified deferred compensation plans. Furthermore, the first ten thousand dollars ($10,000) of a patient's or patient family's monetary assets shall not be counted in determining eligibility nor shall 50% of a patient's monetary asset in excess of ten thousand ($10,000) be counted in determining eligibility.
   c. Any patient or patient's family that qualifies and is approved under the Financial Assistance Program for a partial discount of charges will also be eligible to make monthly payments. CHOC and the patient's family may negotiate the terms of the payment plan. If an agreement between the patient's family and CHOC cannot be reached, the patient's family will be required to complete a CHOC FAP extended payment plan form (Schedule C). Upon receipt of this completed form, CHOC will evaluate the total monthly income of the family minus family essential living expenses. A monthly payment plan will then be offered to the family at a rate not to exceed 10% of income minus essential living expenses. During the approved repayment period, CHOC will apply no interest to the discounted account balance.
   d. An extended discount payment plan could be declared inoperative after the patient or patient's family fails to make

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consecutive payments due during a 90 day period. Prior to declaring an extended payment plan inoperative, CHOC, or its collection agency, or assignee must make a reasonable attempt to notify the patient or patient's family by phone or at last known phone number and in writing at the last known address, that the extended payment plan may become inoperative and there might be an opportunity to renegotiate if requested by the patient or patient's family.

B. Exceptions:

1. It is understood that extenuating circumstances will arise that might require special consideration in approving Financial Assistance for patients who do not meet the established criteria. CHOC representatives should be aware of this when evaluating individual patient cases for the Financial Assistance Program. While it is not possible to provide a definitive or complete listing of all extenuating circumstances that may arise, some important factors to consider would include:
   a. The amount owed by the patient or patient's family in relation to his/her total income. If the total patient out of pocket expenses at CHOC exceed 10% of the patient's or patient family's annual income for the prior 12 months.
   b. The medical status of the patient or of his/her family's provider.
   c. The patient's or patient family's willingness to work with CHOC in exhausting all other payment sources.
2. Any circumstances that are considered to fall into the "extenuating circumstances" category should be brought to the attention of the Director of Patient Financial Services. Cases falling into this category may require the approval of the Vice President of Finance or Chief Financial Officer.
3. **International Patients:**
   The Financial Assistance Program does not apply to international patients seeking elective, non-emergent or emergent care. CHOC will follow routing operating procedures in providing care at our standard published prices.

C. Financial Assistance Program Approval/Denial/Appeal Process

1. Any patient account recommended for partial or total Financial Assistance adjustment, after meeting the guidelines set forth in this policy require the following signature approval process to be followed:
   a. **CHOC (Hospital and Clinics)**

$.01 - $5,000	Manager
$5,001 - $50,000	Director PFS

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$50,001 - $100,000	VP of Revenue Cycle
$100,001 – to all appeals	Executive Vice President and Chief Financial Officer

b. **CHOC Medical Foundation**

$0 - $500	Business Office Supervisor
$501 - $2,500	Business Office Manager
$2,501 - $10,000	Director Physician Business Services
>$10,001	VP of Revenue Cycle

2. At the time a decision is made to approve or deny a patient account for the Financial Assistance Program, a letter will be sent to the patient as a notification of the decision made. If an application for the Financial Assistance Program is denied, a CHOC representative will contact the patient or patient's family to make payment arrangements on the account.
3. **Appeal Process:**
   If at any point in the Financial Assistance approval process the application is in dispute, the patient or patient's family has the right to request reconsideration of the application at the next level of the approval process. The final determination for denial of Financial Assistance will reside solely with the Executive Vice President and Chief Financial Officer, and their determination will be considered final.
4. Patient or patient family's appeal must be submitted in writing to the Patient Accounting Director within thirty (30) days of notification of original denial.
5. Provision of the Financial Assistance Program does not eliminate the right to bill, either retrospectively or at the time of service, for all services, when fraudulent, inaccurate or incomplete information has been given in the application process. In addition, CHOC reserves the right to seek all remedies, including but not limited to civil and criminal damages from those who have provided false, inaccurate or incomplete information in order to qualify for the Financial Assistance Program.

D. Financial Assistance Program: Notification to Patient or Patient's Family

1. CHOC patient statements will provide notification in English and Spanish advising the patient of CHOC Financial Assistance Program policy, and the contact information to obtain additional information about assistance. In addition, all patient statements will include information on how the patient's family can obtain

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information about the California Health Benefit Exchange, as well as county and state funded health plans. Hospital will have applications for state and county plans available for distribution.

2. A summary of the Financial Assistance Program along with contact information shall be posted in both English and Spanish in high traffic areas of CHOC, such as Admitting, Emergency Room, Clinics, Outpatient Registration and Patient Accounting Offices.
3. CHOC will provide to all self-pay patients at point of service, notice of the Financial Assistance Program and contact information, as well as information about government sponsored programs and contact information about the California Health Benefits Exchange.

E. Collection Process:

1. If a patient qualifies for assistance under the Financial Assistance Program and is making every effort to settle an outstanding bill within a reasonable time period, CHOC or its agent shall not send, nor intimate that it will send, the unpaid account to an outside agency if doing so may negatively impact a patient's credit. If CHOC is forced to send the account to an outside collection agency, the amount referred to the agency shall reflect the reduced payment level for which the patient was eligible under the Financial Assistance Program. CHOC will not engage in any extraordinary collection efforts. In the event the patient makes payments on their CHOC account in excess of total amount of patient responsibility, CHOC will refund any over payment to the patient with interest accrued at the rate set forth in existing law beginning on the date the hospital receives patient payment and it is identified as a patient credit. CHOC, however, is not required to reimburse the patient or pay interest if the amount owing is under $5.00. The hospital will recognize the $5.00 credit for a minimum of 60 days against any patient balance incurred during that period of time.
2. CHOC shall not, in dealing with identified uninsured patients at or below 400% of the Federal Poverty Level, use wage garnishments or liens on patient's or patient family's primary residence as a means of collecting unpaid CHOC bills. This requirement does not preclude CHOC from pursuing reimbursement from third party liability settlements.

F. Documentation for Financial Assistance Program Discounts

In cases where it has been determined that a patient qualifies for the Financial Assistance Program, it is important that the patient's file be properly documented in order to facilitate easy identification of the patient, as well as to maintain a proper record of the facts that resulted in the determination of the eligibility for Financial Assistance. The minimum documentation that may be required for each Financial Assistance case may be limited to <u>one</u> of the following:

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1. Copy of the patient's or patient family's completed Financial Disclosure Worksheet, including any supporting documentation to same (i.e., prior year tax returns (preferred documentation), W-2 Forms, or current pay stubs).
2. Copies of additional documentation, notes, etc. that outline extenuating circumstances that were considered in the determination of eligibility for the Financial Assistance Program (if available or needed).
3. A copy of the "Approval for Financial Assistance" signed by the appropriate Hospital representative(s) (if available).
4. Bankruptcy within the last year (automatic qualification for the Financial Assistance Program).

G. Reports

Financial Assistance shall be logged with the following information:

1. Patient data consisting of Protected Health Information (PHI) will be maintained in a manner that protects the privacy and confidentiality of such information and will only be logged as necessary for implementation of the Financial Assistance Program.
   a. Inpatient or outpatient status
   b. Total patient charges
   c. Financial Assistance expenditures, approved and denied
   d. Date of approval/rejection
   e. Rationale for any rejection
2. All application files are confidential and will be maintained in a secure location for a minimum of three years after the date of the application and the completion of CHOC fiscal yearend audit. All Financial Assistance Program logs will be maintained for a period of seven (7) years. At the end of the respective period, all information will be destroyed or maintained in a manner to protect the privacy and confidentiality of the patient.

V. EVIDENCE BASED REFERENCES/BIBLIOGRAPHY:

A. Revenue Cycle Management, Zimmerman and Associates: December 2002.

B. California Hospital Association, Voluntary Principles and Guidelines for Assisting Low-Income Uninsured Patient February 06, 2004.

C. American Hospital Association, Statement of Principles and Guidelines on Hospital Billing and Collection Practices, April 27, 2004.

D. Assembly Bill 774 Chan-Hospitals: fair pricing policies.

E. California Hospital Association, Charity Care Requirements Implementation AB 774 November 3, 2006.

F. Barclays California Code of Regulations, Title 22, Chapter 7, Section 75049.

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G. Department of Health and Human Services, Federal Poverty Income Guidelines, http://coverageforall.org/pdf/FHCE FedPovertyLevel.pdf. March 1, 2010.

H. Health Center Program Statute: Section 330 of the Public Health Services Act (42 U.S.C. 254b).

I. Program Regulations 42 code of Federal Regulations (CFR) Part 51c and 42 CFR Parts 56.201-56.604 for Community and Migrant Health Centers CDPH Issue AFL Related to California Hospital Fair Pricing Policies, November 5, 2014.

REVISION HISTORY

Number	Date	Author	Revision / Updates
L3003v6	10/17/2022	R. Cobery	Updated to 2022 FPL
L3003v7	04/02/2024	R. Cobery	Updated to 2024 FPL IV.A. add section 4. Qualification Period Updated Schedule A and Schedule B I.V.A.4.a. Updated Qualification Period from 180 days to 240 days

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Schedule A

Published Federal Poverty Guidelines for 2024				
Number in Household	**Up to 100%**	**Up to 200%**	**Up to 300%**	**Up to 400%**
1	**$15,060**	**$30,120**	**$45,180**	**$60,240**
2	**$20,440**	**$40,880**	**$61,320**	**$81,760**
3	**$25,820**	**$51,640**	**$77,460**	**$103,280**
4	**$31,200**	**$62,400**	**$93,600**	**$124,800**
5	**$36,580**	**$73,160**	**$109,740**	**$146,320**
6	**$41,960**	**$83,920**	**$125,880**	**$167,840**
7	**$47,340**	**$94,680**	**$142,020**	**$189,360**
8	**$52,720**	**$105,440**	**$158,160**	**$210,880**
Discount	**100% - except for copayments**		**75%**	**50%**

Schedule B

Sliding Fee Schedule Gross Monthly Federal Poverty Level (FPL) Income Guidelines By Family Size - Effective 2024			
Health Plan Code	**Primary Care Charity**	**Self-Pay - Special arrangements**	**Self-Pay**
FPL Guideline	**100% or Under**	**101% - 200%**	**Above 200%**
# persons / family			
1	$0-$1,255	$1,256 -$2,510	Above $2,511
2	$1,703	$1,704 - $3,407	Above $3,408
3	$2,152	$2,153 - $4,303	Above $4,304
4	$2,600	$2,601 - $5,200	Above $5,201
5	$3,048	$3,049 - $6,097	Above $6,098
6	$3,497	$3,498 - $6,993	Above $6,198
7	$3,945	$3,946 - $7,890	Above $7,891
8	$4,393	$4,394 - $8,787	Above $8,787
CMG **Fee for Service**	$10 Sick Visit $0 Flu Vaccine Only Administration WCC services apply for Gateway	$60 New Sick Visit $40 Established Sick Visit $25 Flu Vaccine Only Administration WCC services apply for Gateway	$85 Partials and Non-Well Visit $25 Flu Vaccine Only Administration $100 Full Well visit
Breathmobile Fee for Service	$25 Office Visit $0 Flu Vaccine Only Administration	$25 Office Visit $25 Flu Vaccine Only Administration	$25 Office Visit $25 Flu Vaccine Only Administration
Labs	"Bill to Patient" Unless pays at time of visit @ reduced clinic rates, then "Bill to Clinic"	"Bill to Patient" Unless pays at time of visit @ reduced clinic rates, then "Bill to Clinic"	"Bill to Patient" (receives bill from lab/radiology @ regular rates)
Radiology	"Bill to Patient"	"Bill to Patient"	"Bill to Patient" (Receives bill from Radiology @ regular rates)
Prescription Meds	Prescription given Patient pays	Prescription given Patient pays	Prescription given Patient pays
Supplies (i.e. spacers, crutches)	From clinic stock depending on need	From clinic stock depending on need	

Schedule C
CHOC/CCMH FAP Extended Payment Plan Form

Date:	**DOS:**
Patient Name:	**ADJ Date:**
Monthly Income: $ **Subtract Essential Living Expenses:**	
Rent/House Payment	**$**
Maintenance	**$**
Food	**$**
Household Supplies	**$**
Utilities	**$**
Clothing	**$**
Medical payments	**$**
Insurance	**$**
School/Child Care	**$**
Child/Spousal Support	**$**
Transportation	**$**
Auto Exp/Gas/Repairs/Ins	**$**
Car Payment	**$**
Laundry/Cleaning	**$**
Total Expenses	**$**

Total Income after living expenses **$____________________**
Extended Payment Plan, Monthly Payment **$____________________**

Appendix B
Alphabetical Master List of Benefit Services

SERVICE TITLE	DESCRIPTION
CHARITY CARE	Charity care provided to families with children who are uninsured or underinsured and cannot afford to pay for their medical care.
CPR EDUCATION	CPR training for patients, families, teachers and community members.
LOANER BREAST PUMP PROGRAM	Loaner breast pump for mothers of neonates in CCHM NICU who cannot afford their own pump rental or who do not have insurance.
UNLIMITED POSSIBILITIES	Financial support for Unlimited Possibilities, an organization focused on individuals with disabilities.
UNREIMBURSED COSTS OF MEDI-CAL/CCS/CALOPTIMA	Unreimbursed cost of care for Medi-Cal, CCS and Cal OPTIMA recipients.

APPENDIX C

Collaborators by Type

Community Organizations

American Heart Association
Unlimited Possibilities

APPENDIX D

Services by Benefit Goal

Goal 1: Healthcare Access

Charity Care: CCMH
Loan Breast Pump Program
Unlimited Possibilities
Unreimbursed costs of Medi-Cal: CCMH

Goal 4: Information Resource

CPR Education