



Community Benefits & Social Accountability Report

Fiscal Year Ending June 30, 2009



MADERA COMMUNITY HOSPITAL

**John W. Frye, Jr.
Chief Executive Officer
2008 - 2009**

**Prepared in Compliance with
California's Community Benefit Law SB697
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Madera Community Hospital

Introduction & Background

Madera Community Hospital (MCH) is a general acute care hospital, fully accredited by the American Osteopathic Association Healthcare Facilities Accreditation Program (HFAP) and licensed by the California Department of Public Health. MCH is a member of the Hospital Council of Northern and Central California and the California Healthcare Association.

Sixty three-bed MCH opened on October 1, 1971. MCH currently provides an extensive range of sophisticated diagnostic and treatment services in a 106-bed setting. As a private, not for profit community hospital (501(c) 3), incorporated in the State of California, MCH is dedicated to providing quality healthcare services to Madera and the surrounding communities.

Growing to meet the needs of the community MCH opened a new 16-bed Emergency Department and 10-bed Intensive Care Unit in December of 2000 in a 15,000 square feet addition to the original building. The facility has a separate ambulance entrance, and elevator to transport patients directly from ER to ICU.

Services at MCH include: surgery (both inpatient and outpatient), 24-hour emergency services, specialized intensive care unit, cardiac care unit, medical and surgical care units, maternity care, (including private birthing suites), diagnostic radiology, physical therapy, respiratory therapy, occupational therapy, speech therapy, back classes, special therapy for stroke patients, health education and support groups, and two family health clinics. Home health care is provided by the Madera Community Hospital Home Health Agency.

The Madera Family Health Services Clinic, located on the Hospital campus is open from 8:30 a.m. to 8:00 p.m. seven days per week. Appointments may be made in advance and walk-ins are seen on first come/first serve schedule. The FHS Clinic is staffed with Family Nurse Practitioners and Physician Assistants.

MCH Family Health Services Clinic expanded to provide services at the Chowchilla Medical Center in 2008. The Chowchilla Medical Center, located at 285 Hospital Drive in Chowchilla, is staffed with a full-time physician and Nurse Practitioner or Physician Assistant Monday through Friday and a half day on Saturday. Appointments may be made in advance and walk-ins are seen on first come/first serve schedule. Specialty care is provided by appointment.

The MCH medical staff consists of 66 active staff and 15 courtesy staff, practicing in a broad range of specialties. The hospital employs over 950 people in 40 departments.

Organizational Structure

Madera Community Hospital Board of Trustees - 2009

Madera Community Hospital is a 501(c) 3, not-for-profit community health resource, dedicated to actively promoting and maintaining the health and well-being of residents throughout the Central Valley.

Madera Community Hospital is governed by a 17 member board of trustees. The Board is comprised of community members and local physicians. Listed below are current members of the MCH Board of Trustees.

Chair	Steve Barsotti	Insurance Agent	Foster & Parker Insurance Agency
Vice Chair	Robert Poythress	Vice President	Citizen's Bank
Secretary	William Driggs	Businessman	Retired
	Mohammad Arain, M.D.	Physician	Medical Staff President - <i>Elect</i>
	Anna daSilva	Business Owner	President Concrete Company
	Margaret Diebert	Business Owner	Creative Copy
	Duane Furman, Ed. D.	Educator	Retired
	Jo Guthrie	Volunteer	President, MCH League Volunteers
	Jim Monreal	Education	Golden Valley School District
	Allan Nassar, M.D.	Physician	Medical Staff President - <i>Past</i>
	Theodore Nassar, M.D.	Physician	Medical Staff
	Wally Nishimoto	Business Owner	Bridge Store
	Monte Pistoresi	Business Owner	Pistoresi Ambulance
	Khalid Rauf, M.D.	Physician	Medical Staff President
	Jeanie Rodriguez	Foundation Member	President MCH Foundation
	Don Warnock	Business Owner	Food Products Company
	Jan Zitek	Business Owner	Animal Hospital

Madera Community Hospital Mission Statement

Madera Community Hospital is a not-for-profit community health resource, dedicated to actively promoting and maintaining the health and well-being of residents throughout the Central Valley. We are committed to identifying and serving our community's needs with compassion, concern, care and safety for the individual.

In support of our primary mission, Madera Community Hospital will:

- Be sensitive to the diverse physical, spiritual and psycho-social needs of those we serve, including the alleviation of pain and suffering, and integrally involving the family in care delivery.
- Periodically assess the health status and needs of our community, determine which health services we can appropriately establish and maintain, and act as a catalyst to ensure that priority health needs are met.
- Work collaboratively with physicians, other health providers, and community leaders to develop, offer and continuously evolve a comprehensive and integrated continuum of health services.
- Stimulate high levels of support and participation in educational and outreach initiatives offered to patients, staff and community members in an effort to promote both high levels of individual achievement and community health and well being.
- Prudently manage and utilize our financial resources, while ensuring the provision of high quality, effectively delivered health services.

Vision Statement

Madera Community Hospital will distinguish itself as a leader in identifying and meeting our community's health needs by working in partnership with physicians and others to offer and manage an integrated array of health services upon which a majority of individuals and employers in our community will rely. We will:

- Initiate collaborative relationships and strategic alliances which advance our vision.
- Meet or exceed our customers' expectations through quantifiable clinical and service quality and coordinated care delivery.
- Actively involve employers and community leaders in our success.
- Be flexible to change as community needs evolve.
- Engage a community which recognizes MCH as a vital community health resource.
- Align hospital and physician interests to better serve our community.
- Strategically invest in services and technologies, such as information technologies and non-acute care services.
- Selectively expand our Central Valley presence to serve the growing needs of area residents and purchasers: *Madera *Chowchilla *Kerman *N.W. Fresno

Approved by Board of Trustees: October 8, 2007

Community

Located in the exact center of California, Madera residents have easy access to Yosemite National Park, numerous mountain recreational areas including lakes, the Pacific Coast, and Bay Area as well as Southern California.

Agriculture is the primary economic resource in Madera County creating jobs for permanent and migrant workers. Migrant workers are not the only work source benefiting from agriculture-related works; others include fertilizer companies, farm vehicles, supermarkets, truck-drivers, workers in wineries and food processing plants. Madera depends on agriculture and related fields for a major source of employment.

A wide range of healthcare services are available through the Madera County Public Health Department. Mental health services are provided through Madera County Mental Health Department. Privately owned medical facilities available within the city include two convalescent hospitals, two ambulance services, and Children's Hospital of Central California. Madera Community Hospital is the only acute care facility in the county treating adult patients.

The US Census Bureau QuickFacts, revised July 25, 2008 indicates a 20.7 % population increase in Madera County from April 1, 2000 to July 1, 2009.

<u>Madera County</u>	<u>2009</u>	<u>2000</u>
Population	148,632	123,109

Median Household Income for the city and county of Madera are significantly lower than statewide. In excess of ten percent (10%) of Madera County residents are over sixty five (65) years old. The segment of residents living below poverty level present a tremendous challenge to MCH in meeting the healthcare needs of the community with limited financial resources.

Residents Below Poverty Level	City of Madera	County of Madera	California
Median Household Income	\$31,033	\$46,066	\$61,017
Residents of All Ages Below Poverty Level	32.5%	18.2%	13.3%
Per Capita Money Income	\$11,674	\$14,682	\$22,711
Education (2008 Estimates)			
High School Graduates (Age 25+)		65.4%	76.8%
Bachelor's Degree or Higher		12%	26.6%
Health Insurance Coverage Estimates July 2005			
	Number Insured	Number Uninsured	Percent Uninsured
All Ages	89,146	29,874	25.1%
Under Age 18	29,540	7,893	21.1%

Cities and zip codes served by the hospital are:
Madera / Madera Ranchos: 93637, 93638, 93639, Chowchilla: 93610, Raymond: 93653, Kerman: 93630

¹Source: U.S. Census Bureau: State & County QuickFacts. Data derived from Population Estimates, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report.

² Source: U. S. Census Bureau, 2008 American Community Survey

Planning & Public Review

Board & Hospital Staff in the Planning Process

The Board of Trustees, Board committees, Administrative Staff and the Medical Staff in conjunction with the Leadership Council, work together to implement and carry forward the goals developed in the strategic plan and mission statement as evidenced by review and approval of major equipment purchases and building projects.

Community Involvement and Needs Assessment

Citizen input is obtained in various ways. One very important way is through the participation of members of Madera Community Hospital Board of Trustees, Foundation Board and League of Volunteers. Hospital employees are involved in the community, serving on boards and committees representing the hospital getting and giving input to better the community.

The assessment process to identify, select and prioritize community needs is an ongoing process. Summarized below are examples of assessment tools and community participation.

Vision Madera 2025 Program

The Vision Madera 2025 Program provided Madera Community Hospital with an excellent assessment of the needs of the community and direction to provide a safe and healthy environment for the community as a whole, while meeting the immediate and long term healthcare needs of an economically and ethnically diverse community.

The following excerpt from the “Madera Vision 2025 – Vision Action Plan and Annual Report” summarizes the extensive public participation in the project.

Vision Madera 2025 Vision Overview

In July 2005, Madera engaged in a community process to develop a plan to guide the city to a preferred future. This community-wide effort, the Vision Madera 2025 program, was conducted over two years (2005-2007) and involved hundreds of citizens representing dozens of community interests including business, environment, neighborhood, social service, healthcare, education, government and many others. The product of this endeavor was a Vision Statement describing Madera in 2025, and an Action Plan identifying the programs and projects necessary to achieve that vision. With the help of hundreds of inputs from community volunteers and City of Madera sponsorship, the community now has a Vision and Action Plan. The Vision includes descriptive language describing a preferred future for Vision Madera 2025 in four focus areas:

- A Well-Planned City*
- A Strong Community and Great Schools*
- Good Jobs and Economic Opportunity*
- A Safe, Healthy Environment*

The project involved an extensive public participation program including a citizen task force that advised the City and developed the recommended Vision Madera 2025 Vision and Action Plan. In addition, the general public and various interest groups were engaged through a broad range of outreach activities such as public workshops and forums, newsletters, presentations to community groups, and focus groups. Hundreds of citizens participated in the vision planning process.³

Federal, State and Community Surveys, Data Bases and Reports

Madera Community Hospital Administration and Board of Trustees stay informed on population, health care and economic trends and their relation to the local community. Careful planning and utilization of resources allows Madera Community Hospital to provide a great variety of healthcare and healthcare preventive education to a largely underserved population. The impact of the proposed “Healthcare Reform” to the community and the cost of meeting the mandates should such a program be approved are included in strategic planning.

Madera Community Hospital Community Needs Assessment

July 1, 2008 – June 30, 2009

Overview

This assessment was conducted to obtain Madera Community Hospital's health care providers perception of the healthcare needs of residents of the Madera service area and specifically patients presenting at Madera Community Hospital for medical services.

Survey Process

Surveys were distributed to approximately 200 Madera Community Hospital employees in patient care areas.

Sixty five Madera Community Hospital Active Medical Staff (65) members were provided the opportunity to participate in the survey. Needs were assessed in three areas:

1. Observed health issues in the immediate community
2. Observed behaviors negatively impacting community health
3. Observed situational/ environmental issues with maximum impact on quality of community life/health

Madera Community Hospital Survey Participants by Department

Case Management
Emergency Department
Family Health Services
Home Health Department
Infusion Center
Medical / Surgical
Nutrition Resources
Patient Care Services
Pharmacy Department
Physical Therapy / Rehabilitation
Surgical Services

Madera Community Hospital Medical Staff Physician Participants by Specialty

Cardiology
Family Practice
General Surgery
Internal Medicine
Obstetrics / Gynecology
Pulmonary Medicine
Rheumatology

Community Needs Assessment – Madera Community Hospital

Patient Care & Medical Staff

This assessment depicts the most prevalent issues medical service providers observe in the community and specifically in the Madera Community Hospital environment.

Medical Staff Approximately 24% of Medical Staff Participated	Ranked in seriousness of item. Number One being highest.
1 – Most serious health issues observed in community	
	1 - Diabetes
	2 - Obesity
	3 - Mental Health
2 – Observed behaviors negatively impacting community health	
	1 - Drug/Alcohol Abuse
	2 - Lack of Exercise
	3 - Poor Eating Habits
	4 - Smoking
3 – Issues having greatest effect on quality of life/health in community	
	1 - Access to Healthcare
	2 - Low Income / Poverty/Unemployment
	3 - Lack of Education Regarding Health Life Styles
Patient Care Staff Approximately 9% Participated	Ranked in seriousness of item. Number One being highest.
1 – Most serious health issues observed in community	
	1 - Diabetes
	2 - Obesity
	3 - Heart Disease
2 – Observed behaviors negatively impacting community health	
	1 - Alcohol /Drug Abuse
	2 - Lack of Exercise / Poor Eating Habits
	3 - Smoking
3 – Issues having greatest effect on quality of life/health in community	
	1 - Low Income / Poverty
	2 - Lack of Education Regarding Health Life Styles
	3 - Affordability of Health Care Services

Community Healthcare Improvement Programs

Madera Community Hospital Responding to Identified Healthcare Needs

Comprehensive Prenatal Services Program

Comprehensive Prenatal Services Program (CPSP) at Madera Community Hospital offers classes that may be started at any time during pregnancy. Participation is open to all expectant mothers. Attendance is flexible. As an incentive to encourage regular participation, free baby gifts are received with each class attended. Classes are offered on an individual basis or in a group sitting. Experienced Maternal / Child nurses staff the program.

The Comprehensive Prenatal Services Program includes the following classes:

- ❖ Breastfeeding
- ❖ Infant Care
- ❖ Infant CPR
- ❖ Labor and Delivery
- ❖ Early Pregnancy
- ❖ Nutrition advice
- ❖ Pre-Term Labor

Sweet Success Program

Madera Community Hospital offers the Sweet Success Program for pregnant women with diabetes and diabetic women planning a pregnancy. The Sweet Success Program offers instruction for pre-pregnant and pregnant diabetic women in managing their diabetes. The Sweet Success Program provides instruction/assistance in the following:

- ❖ Dietary adjustments
- ❖ Exercise
- ❖ Self-monitoring of blood glucose levels
- ❖ Adjustments in insulin
- ❖ Regular supervision by their physician

Additional services available through Sweet Success are:

- ❖ Pre-Pregnancy and pregnancy classes and counseling
- ❖ Workshops for health care providers
- ❖ Consultation services to physicians

Madera Community Hospital Labor and Delivery

- ❖ Six Labor, Delivery, and Recovery suites
- ❖ Infant security system
- ❖ Lactation Education
- ❖ Maternal Child tour of services
- ❖ Operating rooms immediately available for cesarean sections
- ❖ Prenatal education

The Labor & Delivery Department encourages family involvement throughout the birthing process and offers extensive classes and parenting resources before and after delivery.

Baby Steps Program

Education and support is provided to new mothers to ensure they have the knowledge and skills to take care of themselves and their new baby. The program provides prenatal education, a reward of points that may be redeemed for baby clothes or care items for keeping prenatal and well baby appointments. Education and support is provided regarding breastfeeding and other practices that promote good health for mother and baby.

Childbirth Classes

Childbirth Classes are provided by for expectant mothers. The classes provide education about childbirth and education in parenting.

Stork Tours

Stork Tours give parents an opportunity to view the Labor and Delivery / Mother / Baby unit. Completion of routine forms prior to admission, and a preview of what to expect during the hospital stay. Two hour classes are held three to four times a month. This is a free service for all mothers delivering at Madera Community Hospital.

Nursing Paradigm Program

Evidence of current and future diverse and specialized health care needs is evident with the aging population. Focus on the Nursing Paradigm Program addresses the increasing need for nursing staff to provide health care services necessary for a population with increased healthcare concerns as a result of ethnic diversity and economic disadvantage.

Community Integrated Work Program

The Community Integrated Work Program provides a setting for physically and mentally challenged special needs community residents to learn life skills, performing in a commercial work environment, to be responsible, productive citizens.

Congestive Heart Failure Support Group

Madera Community Hospital provides a meeting place and a Registered Nurse education for monthly meetings of the Congestive Heart Failure Support Group. Guest speakers are provided whenever possible to provide education on this topic. Frequently the Madera Community Hospital Medical Staff presents information to the group.

Diabetes Support Group

Madera Community Hospital provides a meeting place and a Registered Dietitian for monthly meetings of the Diabetes Support Group. Guest speakers are provided whenever possible to provide education on this topic. Frequently the Madera Community Hospital Medical Staff presents information to the group.

Diabetes Program – Target Population

The Diabetes Program of Madera Community Hospital had defined its target population as individuals residing in Madera County over the age of 18 years who have been diagnosed with either of the following: type 1 or type 2 diabetes, pre-diabetes or metabolic syndrome.

- **Diabetes Mellitus is diagnosed using the American Diabetes Association’s Clinical Practice Guidelines.**
 - Symptoms of diabetes plus casual plasma glucose concentration 200 mg/dl or greater. Casual is defined as any time of day without regard to time since last meal. The classic symptoms of diabetes include polyuria, polydipsia, and unexplained weight loss.

OR

 - FPG 126 mg/dl (7.0 mmol/l). Fasting is defined as no caloric intake for at least 8 h.

OR

 - 2-h post-load glucose 200 mg/dl (11.1 mmol/l) during an OGTT. The test should be performed as described by WHO, using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.
- **Pre-diabetes (Impaired Fasting glucose or Impaired Glucose Tolerance) is diagnosed using the American Diabetes Association’s Clinic Practice Guidelines.**
 - Fasting plasma glucose (FPG) levels 100 mg/dl (5.6 mmol/l) but <126 mg/dl (7.0 mmol/l)

OR

 - Two-hour values in the oral glucose tolerance test (OGTT) of 140 mg/dl (7.8 mmol/l) but <200 mg/dl (11.1 mmol/l).
- **Metabolic Syndrome is diagnosed using National Institutes of Health definition. Three out of five are needed to diagnose metabolic syndrome.**
 - Blood Pressure \geq 130/80 mmHg
 - Fasting Blood Sugar \geq 110 mg/dL
 - Triglycerides >150 mg/dL
 - HDL Cholesterol < 40 mg/dL for a man, < 50 mg/dL for a woman
 - Waist Circumference > 40 inches for a man, > 35 inches for a woman

California Health Interview Survey 2005 statistics indicate Madera County has an adult population of 102,992. Diagnosed diabetes accounts for 8,669. The rate of diagnosed diabetes in Madera County is 8.5%. Of this population, 5-10% would have type 1 diabetes and 90-95% would have type 2 diabetes. The rate of diagnosed diabetes in the State of California is 7.0%. 91.6% of the Madera County population is 18 years or older. The population’s ethnicity is estimated to be 50.8% Hispanic or Latino, 40.3% White, 4.5% Black, 3.3% American Indian.

Education levels in Madera County indicate 65.4% are high school graduate compared to 76.8% of California residents. Bachelor degree holders are 12% compared to 26.6% for California. The Post secondary Education Commission indicates Madera County has an Adult Illiteracy rate of 28.4% in 2003. This is the 5th highest rate of illiteracy in the California.

The median household income in Madera County is \$44,259 compared to California average income of \$59,928. The Madera County poverty level is 16.9%, statewide 12.4%.

The Madera County Diabetes Report 2009 indicates 11.7% of the adults in Madera County have no usual source of care. This includes 6.6% of the adults with diabetes.

Taking these factors into consideration indicates this program needs be staffed to address the needs of a population with lower incomes and literacy levels than the general population of California. Cultural and language issues need to be considered in a population that is 50.8% Hispanic or Latino.

References:

1. Diabetes Care Vol. 27: Suppl. 1 January 2004, page S5-10.
2. California Diabetes Program (2009); Diabetes in California Counties. Sacramento, CA: California Diabetes Program, California Department of Public Health; University of California San Francisco, Institute for Health and Aging.
3. Madera County Quick Facts from the US Census Bureau.
<http://quickfacts.census.gov/qfd/states/06/06039.html>
4. California Postsecondary Education Commission-California County Comparison Graphs. National Center for Education Statistics-State and County Literacy Estimates. <http://nces.ed.gov/naal/estimates/index.aspx>
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A Progress Report

National Diabetes Awareness Month

November 2008

Introduction

In 1996, a small but dedicated group of nurses and health educators from Madera Community Hospital (MCH), Darin M. Camarena Health Center (DMC) and Madera County Public Health Department (MCPHD), came together to address the issue of diabetes in Madera County. The group consisted of only three representatives for most of its existence. At that time, they went by the name of the Madera Diabetes Committee. The goal of the committee was to raise community awareness and provide health education about diabetes, especially to the large Latino community in Madera because they are at high risk of developing diabetes. It was decided that the committee would host a half-day screening event at Madera Community Hospital during November, National Diabetes Awareness Month.

The yearly screening events became comprehensive health fairs. They consisted of hypertension and blood sugar screening, foot and eye screening, English and Spanish presentations about diabetes, heart disease, foot and eye care. Eventually, screening for depression was included.

There were years where community participation at the event was good. One year a health educator sent flyers to every child in the Madera Unified School District and approximately 500 people, adults and children, attended. The fair was successful in that the Latino community participated. However, the focus of the event was to raise awareness and screen for diabetes in the adult population more so than for children. In other years, however, attendance was sporadic.

Madera Community Hospital sponsored the Annual Diabetes Fair as a community outreach event in collaboration with the Health Department and Camarena Health Center. The coordinator of the event traditionally was the registered dietician of Madera Community Hospital's outpatient clinic, Madera Family Health Services (MFHS). Personnel from the Health Department and Camarena Health Center staffed booths, translated, and performed screenings. The Health on Wheels van from Madera County Public Health Department served as a clinic to perform eye exams.

The Madera County Diabetes Project

In 2001, Madera County received funds from the State of California, County Medical Services Project to collaborate with local health care agencies in implementing a diabetes-screening program. Madera Community Hospital, Madera County Public Health Department and Darin M. Camarena Health Center sponsored the program and Madera Community Hospital Home Health Agency administered it. The purpose of the program was to identify undiagnosed diabetics and raise awareness of diabetes in the community.

The Diabetes Project successfully brought attention to the problem of diabetes through the community-wide blood sugar screening events held at rural grocery markets and the weekly flea market in Madera. The program ended in 2005 and free blood glucose screening was no longer available to the public.

The Last Annual Diabetes Fair

With the exception of the year that 500 people attended the fair; attendance at the fair was erratic. In the debriefing meeting for the 2006 fair, the committee decided to change the event date and format to attract more participants.

Inclement weather in November of previous years led to the decision to move the date of the event to September. To attract more people to the fair, the committee modified the format. Participants

signed a consent form that allowed them to migrate through various stations staffed by volunteer nurse practitioners and physician's assistants. Nurses and medical assistants performed blood sugar, blood pressure, feet and eye evaluations. Then, two volunteer physicians would explain each individual's results. Attendees also received information about special shoes, telephones, nutrition and pharmaceutical devices, such as glucometers.

The 2007 Annual Diabetes Fair was very well coordinated. However, attendance again was negligible. Unbeknownst to committee members, there were several pre-scheduled events taking place the same day as the fair, which resulted in very poor turnout. It was then that the committee began to evaluate the effectiveness of the fair.

Community Wide Screening

In 2008, when planning for the next year's fair began, the committee assessed the revised format and lack of attendance at the 2007 Annual Diabetes Fair. Through brainstorming and evaluation, the three-member committee discussed various methods of reaching out to the community to continue performing blood sugar screening and raise awareness about diabetes that would provide better results.

The Madera County Diabetes Project staff had performed blood sugar screening at various community venues like rural markets and the Flea Market as an outreach method during the three years it was in existence. After the project ended, market owners, co-workers and community members asked members of the Diabetes Committee if screening would take place again.

Discussion about population-based community screening led to the decision to identify community events where the committee could perform blood sugar screenings, distribute diabetes educational material and provide one on one health education. Examples of community events identified were Family Fun Day, Picnic in the Park, Old Timer's Day, the weekly Flea Market and flu shot clinics.

Reformation of the Madera County Diabetes Coalition

As planning for screening events ensued, committee membership diminished. The final blow came with the announcement that the dietician from Madera Family Health Services was leaving her position. At that point, only two people were on the committee, both of whom had been involved since the inception of the committee in 1996. One committee member recommended disbanding as interest was becoming non-existent. However, the other member refused to allow the breakup of the committee and nominated the first member to chair the group. In the spring of 2008, the two members began recruiting people from the Madera health care community.

Throughout the spring and summer, the committee grew as more people joined the team and recruited others. By the end of the summer, membership included representatives from Darin M. Camarena Health Center, Madera Family Health Services and Home Health Agency, Madera County Behavioral Health Services, and additional staff from Madera Community Hospital and Madera County Public Health Department. The group decided to rename the committee to the Madera County Diabetes Coalition and produced a mission statement to document the purpose of the coalition.

The mission of the Madera County Diabetes Coalition is to improve the quality of life by coordinating screening and providing education and referral services at no charge to residents of Madera County who may have undiagnosed diabetes or are at risk of developing type 2 diabetes.

A member of the Coalition had written a diabetes screening program plan and determined that the American Diabetes Association discouraged population based, community wide screening because it is not considered a cost effective or efficient method of identifying people at risk of developing type 2 diabetes.

There are two criticisms of population-based screening. One is the cost associated with screening in light of the low yield of people identified with high blood glucose levels. The second criticism is that screening programs often do not have mechanisms for referral and follow up of people with abnormal test levels.

However, an opposing philosophy in the diabetes community suggests that reaching people at the highest risk of having asymptomatic, latent, pre-diabetes, is to perform priority population, or targeted, community based, blood glucose screening in high risk populations. In Madera County, populations at the highest risk of developing type 2 diabetes or having asymptomatic, elevated blood sugar levels, are Latinos, who represent 49% of the population and Native Americans, represented at twice the rate of the State of California. Even though there is not a large population of African Americans in Madera County, the group is also at high risk of having elevated blood sugar levels and it was decided that the coalition chair would recruit members of each of these communities to sit on the coalition.

Screening Events at Established Community Events Trial

Coordination of screening events began in September. The first opportunities to try the new format were Family Fun Day and the Madera County Employee Wellness Fair. However, due to legal issues with off-site screening requirements the screenings were unable to take place. Although, the coalition did have an information booth at Family Fun Day where coalition members Rose Reyes, Mary Salazar, and Marizela De La Torre staffed a booth distributing brochures, patient education material, measuring cups and glucometers that had been provided by pharmaceutical companies.

National Diabetes Awareness Month

As membership in the coalition grew, interest and excitement in performing screening events increased. During October, the coalition convened bi-weekly to discuss and coordinate plans to perform screenings to commemorate National Diabetes Awareness Month.

Coalition members provided ideas for venues and six events were held:

November 5: Madera 'Remate' or Flea Market:

115 blood sugar tests were performed; 108 people signed the Spanish consent form and seven signed the English form. There were five people with abnormal blood sugar levels; all were known diabetics and were followed up by coalition personnel; four had been previously identified by DMC Health Center and one was known to MFHS, but was lost to follow up. Mary Salazar, Ashley Arnold, Melinda Guerrero and Yvonne Mercado staffed the screening.

November 6: Raymond Community Church – MCPHD Flu Shot Clinic:

Seven tests were performed; no Spanish consent forms were completed and no abnormal blood sugar levels discovered. Martha Piceno and Julie Barker staffed the screening.

November 14: Madera County Public Health Department:

Fourteen tests were performed; two people signed Spanish consent forms and twelve people signed the English form. There was one abnormal test however the person was a known diabetic. Shirley Regan and Julie Barker staffed the screening.

November 18: Bass Lake Government Center – MCPHD Flu Shot Clinic:

Twenty-four tests were performed with no Spanish speaking consent forms signed and no abnormal blood sugar levels found. Ashley Arnold, Lucida Vang, Melinda Guerrero and Shirley Regan staffed the screening.

November 25: Madera County First Five – Centro Binacional Para el Desarrollo Indigena Oaxaqueño Nutrition and Cooking Class:

Eleven tests were performed; everyone signed the Spanish consent form and there was one abnormal test. This person was referred to DMC and followed up by coalition personnel the next day. A presentation about diabetes was provided to the class along with blood sugar screening. Shirley Regan and Julie Barker staffed the screening.



Shirley Regan performing blood sugar testing at the Cooking Class.

November 26: Darin M. Camarena Health Center Screening:

Seventy-nine tests were performed; 73 people signed Spanish consent forms in addition, six people signed English forms. There were six abnormal test levels, five were known to DMC, and one was not but was lost to follow up because of an incorrect phone number. All known DMC patients were referred back to the health educators for assessment, and if necessary, referred to their provider. Mary Salazar and Ashley Arnold staffed the screening. In total, there were 250 tests performed with 13 abnormal blood sugar levels, 12 known diabetics and one unknown. Two people with known diabetes were lost to follow up, one person because of incorrect contact information and the other refused service.

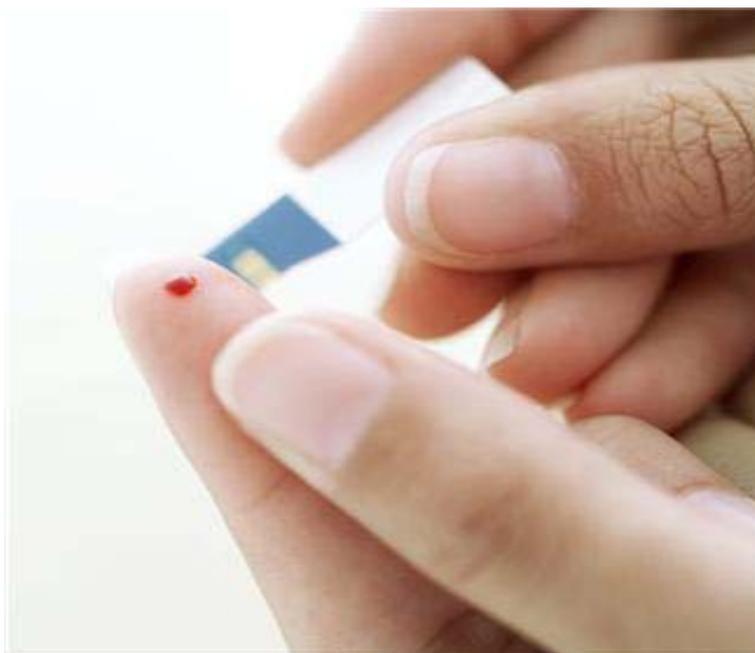


Juana Soto-Sosa, Rose Reyes and Marizela De La Torre at Familia Fun Day!

Summary

The Madera County Diabetes Coalition went through a reformation during which it nearly disbanded, reconstituted itself, and recruited twelve members representing nine different agencies, seven of them new. It changed the format completely from the annual fair to performing community screening at established events. National Diabetes Awareness month was celebrated with five screening events. One person without the diagnosis of type 2 diabetes was identified as having an abnormal blood glucose level and referred to DMC; all other abnormal levels were from people with a known diagnosis of diabetes. Two hundred and fifty people were reached with messages of education and prevention of type 2 diabetes.

Special thanks go to Rich Plummer of Abbott Laboratories for supplying the glucometers and testing supplies used at the screening events. Without his support, we could never have done the screenings. Much gratitude also goes to the many exceptional, new volunteers of the Madera County Diabetes Coalition.



Nursing Paradigm Program

Fresno City College (FCC), the oldest Community College in the state of California, and home of the largest free-standing Associate Degree Nursing in the United States, along with its five partner hospitals, Community Medical Center-Fresno, Kaiser Permanente, Madera Community Hospital, St. Agnes Medical Center and Children's Hospital-Central California, has incorporated unique methodologies to produce more Registered Nurses for the Central Valley. Since inception in 1998, the Paradigm Program has graduated over 200 RN's for the Valley with approximately 60 students enrolled each year.

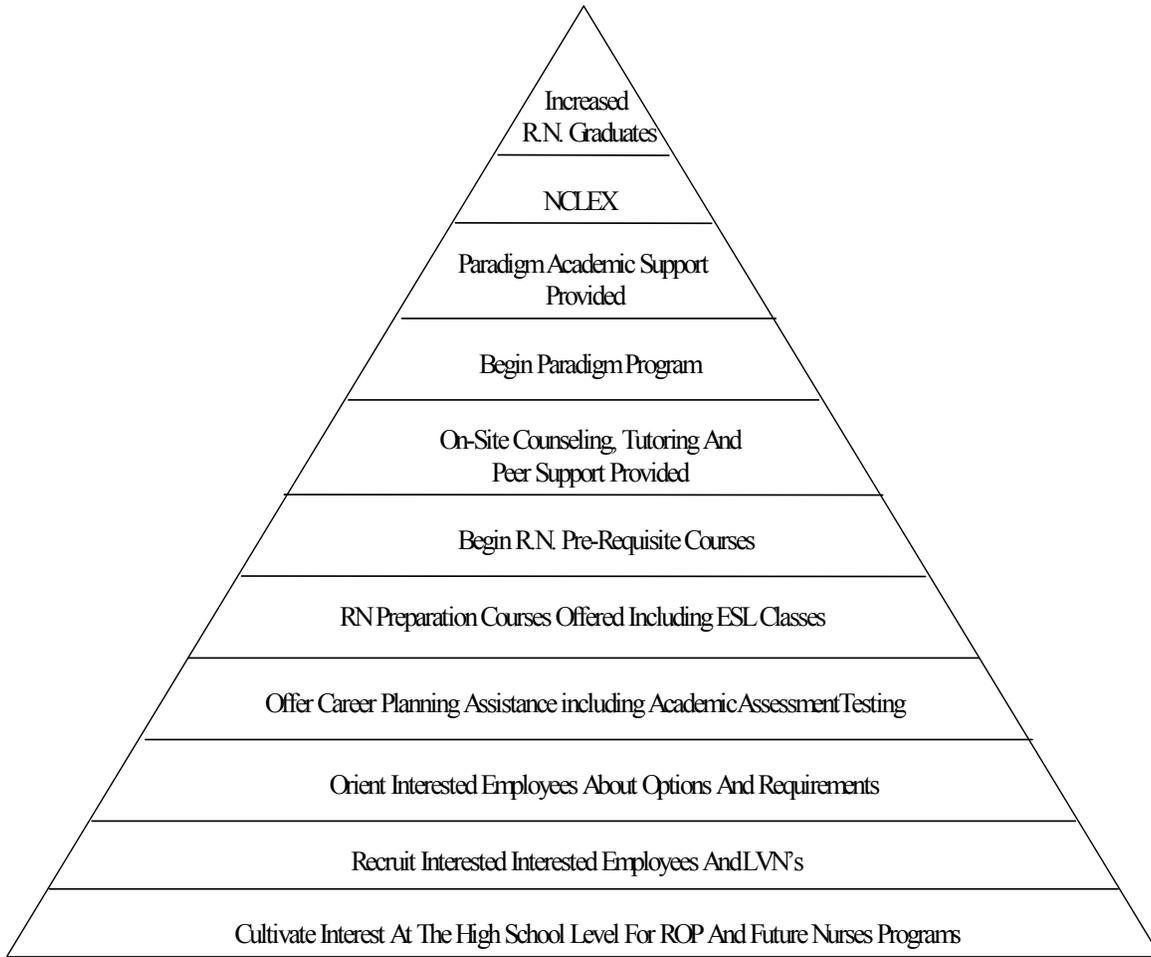
A total of 108 RNs and 11 LVNs will have successfully completed MCH-sponsored nursing programs since 1999 from California State University, Fresno, State Center Community College District (Fresno City College and the Madera Center) and from other nursing programs. This successful and unique program has provided a steady supply of new nurses into the hospital's workforce

Average cost per student is approximately \$15,000.

Paradigm involves an educational agreement between FCC and partner hospitals. FCC provides didactic education for nursing students selected from partner facilities. The clinical sites and instructors are provided by the hospitals. In addition, hospitals assist their students with tuition, books, uniforms, and other forms of support. Mentoring opportunities are available for Paradigm students at both the facility and college level. In addition, Paradigm offers a track for Licensed Vocational Nurses (LVN's) to upgrade their licensure to RN. This track can be completed in one year. The goal of the Paradigm program is to provide a career ladder track for any hospital employee (whether from housekeeping, lab, management, whatever) who wishes to become a Registered Nurse.

The purpose of the Paradigm Nursing Career Ladder Project is twofold: a) to increase educational opportunities in Nursing for health care employees in Fresno area hospitals, thereby b) increasing the number of Registered Nurses (RN) in the greater Fresno/Central Valley of California. The Paradigm Program is essentially a system of career ladders to encourage and empower employees from every level toward career advancement.

Any interested hospital employee who has fulfilled the necessary pre-requisites can apply to the Paradigm Program, and interested employees without pre-requisites can obtain assistance and guidance in doing so. The comprehensive, expedited program offers two different tracks depending upon the experience level of the applicant. Track 1 is a nine-month program, beginning each August, for students who are already LVN's to become RNs. Track 2 is an 18-month program, beginning each January, for any interested employee with completed pre-requisites, to graduate as an RN. Coupled with practical job experience, employees are able to advance their careers by taking advantage of their employer-driven opportunities made possible via the Paradigm partnership. The following is a diagram of the Paradigm Program career ladder structure and support system.



Family Health Services Clinic

The Family Health Services Clinic is staffed with Family Nurse Practitioners and Physician Assistants. Family Health Services also offers specialty clinics in which local Physicians rotate on a regular basis. A wide variety of services are provided, including:

Adult Healthcare	Urgent Care Problems
Child Healthcare	Minor injuries and illnesses
Well child exams	Minor Surgical Procedures
Complete physicals and PAP Smears	Preventative Healthcare
Employee Physicals	WIC Physicals
Sports Physicals	Immunizations
Treatment of Acute & Chronic Illnesses	Lab and X-Ray Services
Family Planning Services	

Most insurances, Medicare and Medi-Cal are accepted. A sliding fee schedule is offered for the uninsured.



Family Health Services
1210 East Almond Avenue, Madera, CA 93637
Open 8:30 am - 8:00 pm, seven days per week
Walk-ins are seen in order of arrival.
Appointments can be made by calling (559) 675-5530

Chowchilla Medical Center Clinic

A new opportunity to meet healthcare needs in the Madera County community of Chowchilla was realized when Madera Community Hospital took over management of the Chowchilla Medical Center Clinic in 2008. Madera Community Hospital assumed full operation of the Chowchilla Medical Center Clinic in 2009. The Chowchilla Clinic is staffed with a full-time Physician and a Nurse Practitioner or Physician Assistant. Podiatry, Internal Medicine, Ophthalmology, and OB/GYN doctors are available by appointment. Walk-in patients are seen in order of arrival for primary healthcare services.



Chowchilla Medical Center

285 Hospital Drive, Chowchilla, CA 93610
Open Monday – Friday, 8:00 am to 6:00 pm
Saturday, 8:00 am to 12:00 pm.
Phone number: (559) 665-3768

A variety of services are provided, including:

Adult Healthcare	Urgent Care Problems
Child Healthcare	Minor injuries and illnesses
Well child exams	Minor Surgical Procedures
Complete physicals and PAP Smears	Preventative Healthcare
Employee Physicals	WIC Physicals
Sports Physicals	Immunizations
Treatment of Acute & Chronic Illnesses	Lab and X-Ray Services
Family Planning Services	

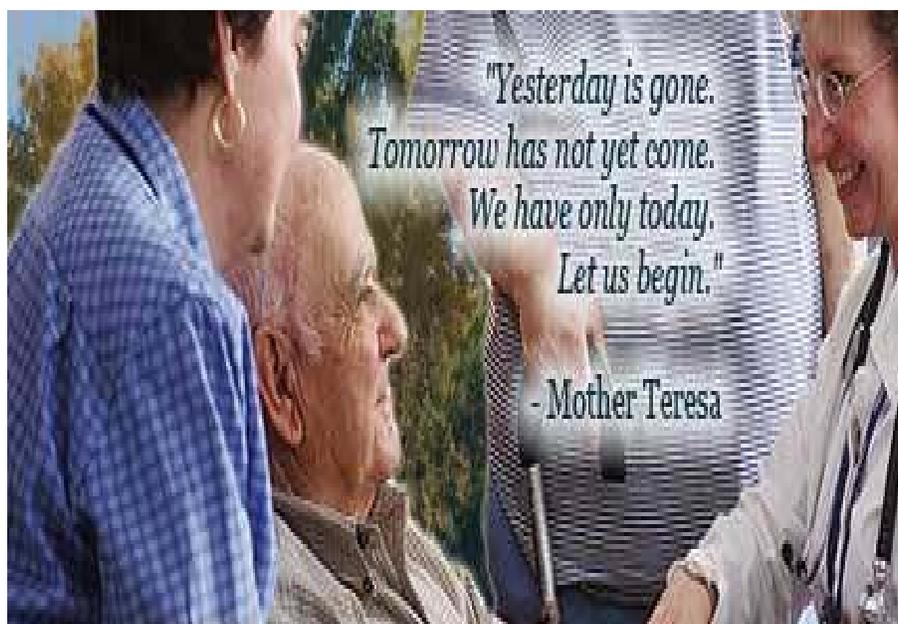
Most insurances, Medicare and Medi-Cal are accepted. A sliding fee schedule is offered for the uninsured.

Home Health Agency

The Madera Community Hospital Home Health Agency is dedicated to providing services to individuals in their place of residence with the goal of gaining maximum independence and an optimal quality of life. Services are offered to adult and geriatric patients in accordance with a Physician-ordered, patient specific plan of care. Home Health is staffed by Registered Nurses, Licensed Vocational Nurses, Physical Therapists, Occupational Therapists, Speech Therapists, Medical Social Workers and Certified Home Health Aides. Patient's may be referred to Home Health Services by Physicians or their staff, Hospital or Convalescent staff, Family members or friends or a patient can call for a referral for themselves. Home Health Agency services include:

Medication Management	Elder Care
Respiratory/Cardiac Management	Infusion Therapy
Pain Management	Diabetic Management
Catheter Management	Enteral Nutrition (Feeding Tubes)
Wound/Ostomy Care	Swallowing Rehabilitation
Community Resources	End-of-Life Care
Post-Operative Rehabilitation	Physical, Occupational and Speech Rehabilitation and Therapy

Referrals are made by simply calling the numbers above and speaking with the intake coordinator. Home Health Agency Staff will then contact the Physician regarding your needs for skilled care.



Madera Community Hospital

Child Care Center

The provision of free childcare services to parents is a goal Madera Community Hospital was able to realize with the opening of the Children's Visitor Center on April 5, 2004.

The center is housed in a modular building located in the front of the hospital, close to the Family Health Services Clinic. It is accessible for women needing a mammogram, x-ray, visiting the family health clinic or when visiting a friend in the hospital. The modular building is 960 square feet.

Each year when RSV warnings and restrictions regarding children in the patient care areas are posted, parents and visitors become frustrated. The childcare facility helps alleviate the stress associated with these restrictions.

Although volunteer assistance will be solicited in this endeavor, a director has been hired to over-see and manage the area. The director works 40 hours per week.

The Children's Visitor Center staff provides seasonally appropriate activities for young visitors as well as good parenting suggestions to interested visitors.



For the convenience of patients and visitors, children can visit the supervised Child Care Center while their parents receive services on the hospital premises only or visit patients in the hospital. The center is open Monday thru Friday from 8:00am - 4:00pm. The provision of free childcare helps prevent children being left unattended in other waiting areas on the hospital campus.

Rehabilitation Center

The Rehabilitation Services department provides services to Inpatients, Outpatients and in the home setting with the goal of assisting each patient to achieve their highest level of functioning. The Rehabilitation Services department is staffed by licensed Physical Therapists, Physical Therapy Assistants, Occupational Therapists and Speech Therapists who have broad-based experience in multiple settings. The clinical services provided by the Rehabilitation Services department include:

Occupational/Industrial injuries	Hand Injuries
Post amputation for prosthetic and gait training	General strengthening
Work hardening	Post Joint replacement rehabilitation for knees, hips and shoulders
CNS disorders such as Multiple Sclerosis	Stroke rehabilitation
Vestibular/Balance disorders	Cognitive Rehabilitation
Sports Injuries	Speech, language and swallowing disorders

Educational services provided by the Rehabilitation Services department include:

Preoperative education	Community education
Assistance ordering durable medical equipment	Educational Volunteer training program
Medical Staff In-services	

All major insurance types (including HMO's and PPO's), Medicare,



Executive Summary
Including Non Community Benefit (Medicare and Bad Debt
7/1/2008 - 6/30/2009

Community Health Improvement Services	
Community Health Education	68,175
Health Care Support Services	23,653
Other	714
Community Health Improvement Services	92,542
Health Professions Education	
Nurses/Nursing Students	19,114
Scholarships/Funding for Professional Education	96,643
Other	17,465
Health Professions Education	133,222
Financial and In-Kind Contributions	
Cash Donations	15,707
In-kind Donations	11,953
Cost of Fundraising for Community Programs	462
Financial and In-Kind Contributions	28,122
Community Building Activities	
Economic Development	1,619
Community Support	153,660
Environmental Improvements	24,406
Coalition Building	476
Community Health Improvement Advocacy	2,438
Workforce Development	15,148
Community Building Activities	197,747
Community Benefit Operations	
Other Resources	22,781
Community Benefit Operations	22,781
Activities Total	474,414
Traditional Charity Care	4,033,711
Government Sponsored Health Care	
Medi-Cal & CMSP Programs – Unpaid Costs	5,653,372
Emergency Department Loss	1,073,295
Medicare Programs – Unpaid Costs	<u>6,373,767</u>
Community Benefit Total: 2008 - 2009	\$ 17,884,145

Madera Community Hospital

Activities Detail - Summary

07.01.2008 – 06.30.2009

Persons served is an approximate number. In many occurrences of benefits provided for the betterment of the Broader Community the number of persons served is unknown.

ADMINISTRATIVE COORDINATION OF MCH NURSING STUDENTS

Nursing Administration: Mary Farrell

Ms. Farrell provides oversight and direction to sponsorship programs for MCH R.N. and & LVN Nursing Students.

Benefit Cost: 8,436

ADULT CONGENITAL HEART ASSOCIATION

General Accounting: Diane Neff

Ms. Neff is the local group leader for the Central California Adult Congenital Heart Association (ACHA) group.

Activities include organizing and attending meetings, outreach, and fundraising events.

Focus is on improving the quality of and extending the lives of adults with congenital heart defects through education, outreach, advocacy and promotion of research. Ms. Neff is co leader of the Fresno Mended Little Hearts Group, serving approximately 16,000 people.

Benefit Cost: 5,906

ADULT PROTECTIVE SERVICES - MULTIDISCIPLINARY TEAM

Case Management: Joan Lopez

This team consists of representatives from police, sheriff, mental health, APS, Home Health Agency, Madera Community Hospital and other community agencies meeting monthly to discuss particular cases requiring a multidisciplinary approach. The team discusses cases determining the agencies that can best assist the senior or disabled person to help them stay safe in their environment and their community

Each agency brings their own expertise in their field to assist in a particular case.

Benefit Cost: 2,379

ADVISORY COMMITTEE - FRESNO CITY COLLEGE NURSING

Nursing Administration: Mary Farrell

In collaboration with Fresno City College Department of Nursing and Hospitals the Committee provides input to the nursing departments on issues related to the professional practice of nursing. Partnering with Fresno area hospitals, Fresno City College and Madera Community Hospital the Committee promotes a successful program that meets the needs of the hospitals and provides invaluable experience for students.

Benefit Cost: 153

ALCOHOL & DRUG ADVISORY BOARD - MADERA COUNTY BEHAVIORAL HEALTH SERVICES

Professional Services: Betty Cates

As an advisory Board the group provides oversight and direction to Madera County Behavioral Health Services regarding prevention of alcohol, drug and gambling abuse. Through education and counseling the goal of the Advisory Board and Madera County Behavioral Health Services is to reduce the number of residents of the community involved in illegal / abusive alcohol, drug and gambling activities.

Benefit Cost: 1,445

ASSISTED LIVING RESOURCE DEVELOPMENT

Case Management: Joan Lopez

Ms. Lopez reviews assisted living resources in the community to assure residents requiring such services are in a safe and healthy environment.

Benefit Cost: 52

ASSOCIATION OF CALIFORNIA NURSE LEADERS

Nursing Administration: Mary Farrell

Ms. Farrell is a member of the Board of Directors for the Fresno Leadership Council attending monthly meetings and serving on sub-committees as needed.

Benefit Cost: 9,586

BABY STEPS PROGRAM MEETING SPACE & STAFF

Administration: John W. Frye, Jr.

Maternal Child: Donna Aldrich, R.N.

Baby Steps Staff provide prenatal education to improve the health of the mother and baby. Partnering with other departments, (Nursing Staff, Physical Therapy, etc.), items needed for newborn care are provided to ensure new mothers have what they need to take care of themselves and new baby.

Meeting space / conference rooms and healthy snacks are provided for meetings.

Benefit Cost: 5,514

BEHAVIORAL HEALTH SERVICES

Case Management: Joan Lopez

Ms. Lopez works with Madera County Behavioral Health Services on a variety of mental health services for residents of Madera County.

Benefit Cost: 671

CALIFORNIA HOSPITAL COUNCIL

Administration: John W. Frye, Jr.

Mr. Frye represents Madera Community Hospital on the California Hospital Council working with Council members to understand and promote areas of common interest in providing healthcare to our communities. The Council works in collaboration with Fresno area hospitals in assessing and meeting healthcare needs of the Fresno/Madera Service Area.

Benefit Cost: 2,438

CHAMBER OF COMMERCE

Administration: John W. Frye, Jr.

Mr. Frye represents Madera Community Hospital in the Madera Chamber of Commerce supporting community activities and business development. Conference rooms are provided for subcommittees to meet.

Benefit Cost: 1,619

CHILD CARE CENTER OPERATIONS: PROVISION OF CHILD CARE

Administration: John W. Frye, Jr.

The MCH Children's Visitor Center opened for children on April 5, 2004. The Children's Visitor Center is available to people coming to the Hospital for a medical appointment, hospital emergency care or to visit patients on the Hospital grounds. Children can visit for up to 2 hours each day. The Child Care Center provides a safe environment for children whose parents/caregivers require medical care or are visiting a Hospital patient.

Benefit Cost: 86,320

CITIZENS ADVISORY COMMITTEE - PRISONS

Administration: John W. Frye, Jr.

Mr. Frye represents Madera Community Hospital on the local prison facility citizen's advisory committee.

Benefit Cost: 476

COMMUNITY BENEFIT OPERATIONS

Professional Services: Betty Cates

Madera Community Hospital conducts needs assessments and provides oversight and management of community benefit programs and the reporting process.

Benefit Cost: 22,781

COMMUNITY HEALTH EDUCATION & SUPPORT

Administration: John Frye

Madera Community Hospital makes health care education available to the public via the MCH website. Additionally, Madera Community Hospital provides health improvement classes and meeting space for topics such as Sweet Success, Stork Tours, Childbirth Classes, Better Breathers, Sleep Apnea and Congestive Heart Failure groups.

Benefit Cost: 14,505

COMMUNITY INTEGRATED WORK PROGRAM

Housekeeping: Jim Johnson

The Community Integrated Work Program allows physically and mentally impaired individuals to gain work experience in the community enabling the individual to grow in social situations, the work environment, self esteem and while being reimbursed. Madera Community Hospital provides a setting for special needs community residents to learn life skills, performing in a commercial work environment and being responsible, productive citizens.

Benefit Cost: 11,988

COMMUNITY NEWSLETTER - INTOUCH

Community Relations: Rae Gomes

Ms. Gomes publishes the community newsletter, "INTOUCH". The newsletter is distributed to residents in the Hospital service area, imparting health education and information of medical services available in the community.

Benefit Cost: 1,995

COMMUNITY RELATIONS

Community Relations: Rae Gomes

Ms. Gomes acts as advisor for the MCH Foundation; scheduling and attending monthly meetings and assisting with fund raising activities. (See Leadership Journal.)

Benefit Cost: 4,767

COMMUNITY WASTE REDUCITON - SHARPS DISPOSAL

Maintenance: Jim Johnson

The community waste reduction / sharps disposal program provides safe disposal of contaminated materials and prevents exposure to contaminated materials.

Benefit Cost: 24,406

MEALS FOR HOSPITAL CHAPLAIN

Dietary Services: Carrie Der Garabedian

Madera Community Hospital provides meals for volunteer clergy staff when providing pastoral care to patients desiring such care.

Benefit Cost: 1,821

WORKER'S COMPENSATION INSURANCE FOR HOSPITAL VOLUNTEERS

Administration: John W. Frye, Jr.

Madera Community Hospital provides Workers' Compensation Insurance for MCH League of Volunteers while volunteering services at the Hospital.

Benefit Cost: 462

DIAL A RIDE & MADERA CAB FARE FOR INDIGENT PATIENTS

Administration: John W. Frye, Jr.

Madera Community Hospital provides transportation for indigent patients through Dial A Ride and Madera Cab Company.

Benefit Cost: 1,381

DISASTER READINESS

Maintenance: Jim Johnson

Costs associated with expanded training, education and task force participation and drills in assuring facility is prepared to serve the community in the event of disaster.

Benefit Cost: 15,467

DISASTER READINESS

Maintenance: Jim Johnson

Madera Community Hospital continually makes changes to accommodate materials necessary for preparedness for prospective disaster, including enhanced security, and rental of a storage facility

Benefit Cost: 47,106

EMERGENCY PREPAREDNESS ADVISORY BOARD MADERA COUNTY

Case Management: Joan Lopez

Ms. Lopez is an active participant on the Madera County Emergency Preparedness Advisory Board. The Board is a multi-disciplinary group of key partners, stakeholders and agencies committed to collaborating on plans to strengthen Madera County's ability to prepare for and respond in the event of bioterrorism or other health threats and emergencies

Benefit Cost: 714

ENROLLMENT ASSISTANCE IN PUBLIC PROGRAMS

Admitting: Donalee Davie / Betty Rios

Ms. Rios assists patients in enrolling in assistance programs. Madera Community Hospital provides staff and office space for hospital staff dedicated to assisting uninsured / indigent patients in applying for medical payment assistance. This assistance enables indigent and/or uninsured residents to obtain medical care more readily in the broader community. Assistance allows Madera Community Hospital to decrease the loss suffered by the facility in provision of charity care, thus serving a greater number of individuals.

Benefit Cost: 9,060

GIFT SHOP STAFFING ASSISTANCE

Administration: John W. Frye, Jr.

Madera Community Hospital provides staffing assistance to the MCH League of Volunteers for Gift Shop Staffing.

Benefit Cost: 15,707

HEALTH FAIR - CERTAINTED PLANT- CHOWCHILLA

Family Health Services Clinic: Karen Paolinelli

Madera Community Hospital Family Health Services Clinic provided education / information on nutrition / lifestyle practices to reduce risk and aid in treatment of chronic diseases, i.e., diabetes, heart disease, obesity, etc., at the Certainteed Plant in Chowchilla.

Educational topics included: 1 - Diabetes Education / Awareness, 2 - Healthy Lifestyle Awareness / Education - (Nutrition / Activity), 3 - Heart Disease Education / Awareness. Increasing awareness of healthy lifestyles equals prevention through education to high risk populations.

Benefit Cost: 549

HUMAN RESOURCES DEPARTMENT

Human Resources: Christine Watts

The Human Resources Department provides Health professions education outreach and support by providing job shadowing, participating in mock interviews, and making presentations at local high schools and colleges throughout the year.

Benefit Cost: 5,000

INTERPRETER SERVICES: DEAF, HARD OF HEARING, NON-ENGLISH SPEAKING

Human Resources: Christine Watts

Madera Community Hospital provides interpreter services for deaf, hard of hearing and non-English speaking patients.

Benefit Cost: 5,319

KIWANIS SERVICE CLUB PARTICIPATION

Administration: John W. Frye, Jr.

Madera Community Hospital employees participate in local Kiwanis Service Club meetings and activities held at the Hospital. Madera Community Hospital also provides Meeting / Conference Room for Kiwanis and other community service organization.

Benefit Cost: 4,368

MADERA COLLEGE LVN PROGRAM ADVISORY COMMITTEE

Nursing Administration: Mary Farrell

Ms. Farrell assists with program and development of curriculum of the local LVN program. Madera Community Hospital encourages enrollment in nursing programs to alleviate the predicted nursing shortage. Curriculum is developed to provide education that is applicable to current healthcare environment.

Benefit Cost: 1,854

MADERA COMPACT BOARD

Administration: John W. Frye, Jr.

The Madera Compact is a coalition of business, community and education leaders working collaboratively to support efforts to improve the quality of life in Madera County. The Madera Compact promotes partnerships with schools to improve the achievement levels and skills of students and prepare them for the increasing demands of society and the workplace.

Benefit Cost: 953

MCH JUNIOR VOLUNTEER LEADERSHIP

Human Resources: Christine Watts

The Human Resources Department Staff provide assistance and guidance to Junior Volunteers

Benefit Cost: 477

NURSING SCHOLARSHIP FUNDING

Madera Community Hospital provides nursing scholarships to assist in tuition payments for students otherwise unable to attend nursing school.

Benefit Cost: 8,301

NURSING STUDENT TUITION LOANS

Madera Community Hospital provides Tuition loans for Nursing Students enabling students otherwise unable to attend school to be able to enter the Nursing Program

Benefit Cost: 51,058

NUTRITION RESOURCES DIETETIC COUNSELING – NON-REIMBURSED

Nutrition Resources: Carrie Der Garabedian

Madera Community Hospital Nutrition Resources Department provides patient dietetic counseling for those patients without insurance.

Benefit Cost: 29,471

PARADIGM PROGRAM

Nursing Administration: Mary Farrell

Ms. Farrell coordinates and supports the RN Nursing Paradigm Nursing Program at Fresno City College. Grants are obtained for funding additional slots to increase the number of hospital employees entering and graduating from RN Nursing Programs. Madera Community Hospital works in partnership with Five Fresno Hospitals and 2 Madera Hospitals to alleviate the nursing shortage

Benefit Cost: 1,074

PAYMENT FOR DAY OFF FOR NURSING STUDENTS STUDY TIME

Nursing Administration: Mary Farrell

Madera Community Hospital reimburses nursing students for study time to enable staff to upgrade skills while supporting themselves/families. This increases the number of nursing graduates, alleviating the nursing shortage.

Benefit Cost: 45,585

PHYSICIAN RECRUITMENT FOR FEDERALLY DESIGNATED MEDICAL UNDERSERVED

Administration: John W. Frye, Jr.

Madera Community Hospital actively recruits and provides support for new physicians in the community to entice physicians to establish a new practice locally, a federally designated medically underserved area.

Benefit Cost: 14,195

POVERELLO HOUSE BOARD OF TRUSTEES

Administration: John W. Frye, Jr.

Mr. Frye serves as Treasurer on the Poverello House Board of Trustees. Poverello House provides food, clothing, shelter and limited medical care to the homeless population.

Benefit Cost: 5,429

PROSTATE SCREENING PROGRAM

Community Relations: Rae Gomes

Madera Community Hospital advertises, makes appointments, and provides staff and space for a free, annual prostate screening program for the public. .

Benefit Cost: 946

PROVISION OF MEETING SPACE FOR COMMUNITY SERVICE ORGANIZATIONS

Administration: John W. Frye, Jr.

Madera Community Hospital provides meeting rooms / space for several non-profit organizations, coalitions, and social service networks, such as Kiwanis, Chamber of Commerce, Soroptimists, Rotary, Lions, etc.

Benefit Cost: 711

ROP ADVISORY COMMITTEE MADERA COUNTY SCHOOLS

Human Resources: Christine Watts

Madera Community Hospital supports the program by providing meeting rooms, and attending meetings to encourage further education for students at risk for drop out.

Benefit Cost: 178

SAN JOAQUIN VALLEY NURSING CONSORTIUM (SJVC)

Nursing Administration: Mary Farrell

The SJVC Nursing Consortium is a 3 year grant funded to promote increased RN pass rates on the RN License National Certification Exams (NCLEX). The goal is to increase the number of RN's in the Valley by 300 in 3 years. The Consortium meets monthly to review pass rates, develop tests NCLEX prep class funding for at risk students and coordinate "Boost Camps" for RN students.

Benefit Cost: 1,534

SHRINER'S ORTHOPEDIC & BURN CLINIC

Community Relations: Rae Gomes

Madera Community Hospital hosts the Shriner's Orthopedic and Burn Clinic on a regular basis. Madera Community Hospital provides advertising, appointment scheduling and meeting room space.

Benefit Cost: 257

Benefit Cost: \$474,414

Madera Community Hospital

Leadership Journal

07.01.2008 – 06.30.2009

ADMINISTRATION - John W. Frye, Jr., CEO

Madera Rotary Club

Mr. Frye participates in Madera Rotary Club, an organization of business and professional women united worldwide, who provide humanitarian service, encourage high ethical standards in all vocations and help build goodwill and peace in the world.

Poverello House

Mr. Frye serves on the Board of Directors of Poverello House. Poverello House serves three meals a day, 365 days a year, to anyone in need; offers free medical and dental care through the Holy Cross Clinic; provides showers and laundry services to the homeless; serves as a day shelter and safe haven for people on the streets, houses a 28-bed residential alcohol and drug rehabilitation program, and a five-bed transitional home; distributes free clothing; provides recreation, mail service, transportation, and, in 2004, opened the Village of Hope, a temporary overnight shelter for homeless people who want an alternative to the streets.

Central Valley Health Policy Institute

Mr. Frye participates in the Central Valley Health Policy Institute, working to improve equity in health and health care by developing the region's capacity for policy analysis and program development through integrating the resources of California State University, Fresno and the communities of the San Joaquin Valley.

Service Organizations

Mr. Frye participates in Kiwanis and numerous other local service organizations.

COMMUNITY RELATIONS – Rae Gomes, Director Volunteer Activities, Committees, Organizations or Boards

Health and Wellness Events

September 20, 2008 - Prostate Screening with Kuldip Behniwal, M.D.

October Breast Health Month - Mammography reduced to \$60.

March 14, 2009 – Shriners Orthopedic & Burn Clinic (5 hrs)

Children with orthopedic problems and burn victims are screened for possible referral to Shriners hospital in Sacramento.

MCH Foundation

MCH Foundation Raises Funds to Support the Hospital.

The MCH Foundation was formed in 1978 as a fundraising arm of Madera Community Hospital. The Foundation Board is made up of 25 volunteer community members. Since its inception, over \$2,000,000 has been raised to purchase medical equipment for the hospital. Most recent purchases include:

2009 \$110,000 to purchase medical equipment for the MCH Rehabilitation Center

2008

\$240,000 to purchase medical equipment

2006

\$200,000 to purchase CT Scanner

2003

\$220,000 to purchase new x-ray equipment

2000

\$230,000 Ten Cardiac Monitoring Units For the new Intensive Care Unit. This system monitors the patient's heart rhythm, respiratory rate, blood pressure and oxygen saturation.

1998

\$4,000 Educational Supplies Medical Equipment and supplies for the ROP Pre-Nursing Course at Madera High School.

1995

\$70,000 State of the Art Hospital Beds

\$45,000 Surgery Room Furnishings for new Outpatient Surgery Center

\$50,000 Defibrillators - restart and stabilize heart rhythms

1993

\$100,000 Telemetry Unit Monitors 16 patients' heart rhythms

MCH Foundation

Each year the Foundation hosts several fundraising events as well as ongoing projects.

Music Festival – April 25, 2009

The Madera Community Hospital Foundation presents an annual Music Festival. All proceeds go to purchase medical equipment for Madera Community Hospital.

Annual Dinner Dance – August 9, 2008

The MCH Foundation Annual Dinner Dance was held at the Holy Spouses Hall.

Trees for Charity – December 6, 2008

Decorated Christmas trees and wreaths were auctioned at the Sunrise Rotary's annual even.

MCH League of Volunteers

Acts as liaison for the hospital and the League of Volunteers. Attend monthly board meetings, quarterly business meeting and luncheon. Attend volunteer conferences.

Soroptimist International of Madera

Member February 2004 – Present. Soroptimist is a philanthropic organization offering college scholarships, mentoring youth and contributing to other community service projects.

Madera Beautification Committee

Appointed in January 2004 by the Madera City Council to serve on the City of Madera Beautification Committee. The Committee makes recommendations to the City Council on ways to enhance the esthetic appearance of the community. This Committee meets monthly.

Vision Madera 2025

The Madera Visioning Project is a community visioning process sponsored by the City of Madera on behalf of the entire community of Madera and all of its citizens. Through this process, community members will come together to build consensus on a preferred future direction for Madera, specifically, participants will:

- Assess Madera today – its strengths, weaknesses and core values
- Analyze where Madera may be headed tomorrow – its key trends and emerging issues.
- Envision what we want Madera to be in the future – our vision for the year 2025
- Plan to achieve our vision over time through a community-led strategic action plan

These activities will be guided by the Madera Vision Partnership (MVP), a citizen task force representing the wider community. Working with the MVP will be several Madera Action Teams (MATs), working groups which will develop the community's vision statement and its action plan.

Throughout the visioning process, participants in the Madera Visioning Project will be focused on four key themes – or “focus areas” – that are central to Madera’s future. They are:

- Growth and Development
- Health and Safety
- Economy and Infrastructure
- Culture and Community

I am a member of the Madera Vision Partnership (MVP) and I have enjoyed the opportunity to work with other community members to help with the visioning process. My area is Health and Safety.

What's next?

A committee of volunteers from the MVP will work together as a drafting committee to finalize the vision statements. We will be refining the materials, combining similar ideas, eliminating obvious redundancies while capturing the intent of the suggestions.

Madera Vision Implementation Committee

I was appointed to the Implementation Committee by the Madera City Council. The purpose of the Implementation Committee is to ensure that the Vision Madera 2025 plans are continued and carried out. The committee is working closely with the City of Madera employees who also serve on the Vision Implementation Committee.

The responsibilities of the Vision Implementation Committee Include:

Schedule and set agendas for six meeting throughout 2008 – 2009

Continue to develop additional lead partners and supporting partners

Create communication protocols to facilitate monthly meetings between City staff and lead partners

Establish timelines for actions where none currently exists

Keep the Vision and Action Plan viable to the community, including publication of the Plan, development and

deployment of a website, development and implementation of a long term media plan, creation of material for and scheduling of speakers bureau presentations

Hold first annual Madera Town Hall meeting

Maintain and expand existing Special Resource Groups

Provide expanded bilingual staff support and print material

Establish a process for Action, Strategy and Vision review

Establish a process for solicitation and incorporation of new Actions

Establish a reporting process to the Community and City Council, including publication of an annual report

Blood Drives

Madera Community Hospital holds blood drives for the Central Valley Blood Center.

Blood Drive Dates: 08.29.08, 10.31.08, 01.09.09, 03.20.09, 5.29.09

Hospital Tours

Conducts Hospital tours for schools, service organizations and expectant parents, prospective physicians and nurses.

General Accounting – Diane Neff

Adult Congenital Heart Association 2008 – 2009

Ms. Neff is the Central California ACHA Local Group Leader. Activities include corresponding with members and the National office regarding the local group's activities, goals and accomplishments.

TAP Committee at Children's Hospital of Central California – Ms. Neff represents ACHA as a member of the TAP Committee at Children's Hospital of Central California. TAP Committee is comprised of staff from CHCC in a variety of specialties and representatives from social programs, insurance companies, Social Security and Fresno County School Nurses. **Committee focus is to create a plan for transition of adolescents still in the CHCC system into appropriate adult care within the community while meeting their medical, physical and psychosocial needs.**

Home Health - Mary Jo Walker

Ms. Walker is the Community Education Coordinator for Home Health. As education coordinator is involved in numerous community activities, however Ms. Walker's activities exceed the responsibilities of the position. A few of additional volunteer activities are noted:

The Aging Network, City of Madera employees Health Fair, Samaritan Women Fundraiser, Home Services Council, Council on Aging, Samaritan Women Mentor, Blood Pressure /Nutrition, & Health-Yosemite Manor, CertainTeed Employee Health Fair, Chukchansi Health Fair, Salvation Army Bell Ringer, Cedar Creek Fall Prevention In-service to residents, Read Fresno, Madera High School South Campus Health Fair.

Professional Services Department - Betty Cates

Alcohol & Drug Advisory Board - Madera County Behavioral Health Services

Ms. Cates is a member of the Madera County Alcohol & Drug Advisory Board, meeting monthly. All meetings are open to the public and residents who have an interest in public funded alcohol and drug treatment services in Madera are encouraged to attend. The Board participates in the planning process, advises the County Behavioral Health Services Director and the Board of Supervisors on aspects of the County Alcohol and Drug Programs and reviews community needs, services, facilities and special programs. The goal of the Advisory Board is to promote the prevention of and recovery from mental illness and substance abuse for the individuals, families, and communities we serve by providing accessible, caring, and culturally competent services.

MCH Employee Contributions

MCH Employee Payroll Deduction

Hospital employees contribute to the Foundation through payroll deduction. Last year employees donated over \$6,000 to help purchase medical equipment and \$4,500 for nursing scholarships.

MCH Community Contributions

Vine of Life

Located in the lobby of the hospital, the Vine of Life is a visible display of the giving of life. All memorials and general contributions to the MCH Foundation automatically apply to the Vine of Life memorial project. Each donor's name is inscribed on a brass plate and displayed on the Vine of Life. This memorial reflects Madera Community Hospital's dedication to life through a commitment to provide both quality and compassionate health care.

Room Sponsorship

When the hospital was opened in 1971, each room was sponsored by an individual or company. The cost to sponsor a patient room was \$3,000. MCH is now seeking new sponsors, as well as renewing room sponsors, to invest \$3,000 to remodel each room. Sponsors are recognized with a door plaque. This ongoing project began several years ago. MCH very much appreciates all those who have become room sponsors.

Annual Fund

At the end of each year a request for support through the MCH Annual Fund Drive goes out to the community. Because of generous donations the Foundation has been able to make major contributions to Madera Community Hospital. These donations are very much appreciated.

**MADERA COMMUNITY HOSPITAL
Policy / Procedure**

SUBJECT:	<u>Financial Assistance Program</u>	DATE:	<u>10/01/04</u>
DEPARTMENT:	<u>Administration</u>	REVISED:	<u>1/1/07</u>
DEPARTMENTS AFFECTED:	<u>Hospital-Wide and Specifically - Emergency Department, Family Health Services, Home Health, Case Management, Admissions, Credit & Collections and Business Office</u>	MASTER INDEX #:	<u></u>
SUBMITTED BY:	<u>VP-Finance/CFO</u>	DEPT. #	<u>8610</u>

REFERENCES:

AB 774 (Chan, 2006), Office of Statewide Health Planning and Development Hospital Technical Letter #16 (October, 2006), California Hospital Association *Voluntary Principles and Guidelines for Assisting Low-Income Uninsured Patient* (2004); Department of Health and Human Services, Office of the Inspector General *Hospital Discounts Offered to Patients Who Cannot Afford to Pay their Hospital Bills* (2004); American Hospital Association *Hospital Billing and Collection Practices*; Various letters and publications from other sources.

PURPOSE:

To promote equal and compassionate access for all individuals needing emergent or imminently necessary healthcare services. To establish guidelines for the authorization of discounts to patients/guarantors who are low-income, underinsured or uninsured for services provided by Madera Community Hospital (MCH).

POLICY:

Introduction

Consistent with the Mission and Vision Statements of Madera Community Hospital, the Hospital shall have policies and procedures in place, approved by its Board of Trustees, to assist low-income, underinsured or uninsured patients/guarantors who claim to not have the ability to pay for their needed healthcare services. This policy shall consider the unique cultural, diversity and economic needs of the community at large. The Financial Assistance Program, sometimes also referred to as a Charity Care Program, will be available to all qualified individuals regardless of age, gender, race, socio-economic or immigrant status, sexual orientation or religious affiliation.

This policy shall not prohibit the Hospital's treatment of patients who present themselves at the Emergency Department and does not supersede the rules and regulations set forth in the EMTALA legislation. Only patients with an immediate or imminent need for necessary healthcare services, as determined by a physician or other licensed healthcare practitioner, shall qualify for this program. Services of a cosmetic nature do not qualify for a discount under this policy. The Hospital's Chief Executive Officer or VP-Finance/CFO may make an exception to this policy for certain individuals who would not normally qualify, based on their specific individual circumstances.

Information Available to the Public and Methods of Communication

The following information shall be made available to patients/guarantors or other interested parties by the Hospital, upon request:

- A copy of this Policy.
- A copy of the Application and Instructions.
- A brochure explaining the benefits available under the Hospital's Financial Assistance Program.

The Hospital shall inform the public of its financial assistance program by the following methods:

- Post a notice about the Financial Assistance Program in public areas for patients to see.
- Include information on statements and other collection correspondence sent to self-pay patients about the availability of the program.
- Communicated by the Case Management staff, Credit & Collections staff, financial counselors and all registration personnel when a patient or guarantor indicates they do not have the ability to pay for their care.
- On the Hospital's website.

All public notices, including this policy, the application & instructions and the brochure shall be made available in English & Spanish (a copy of this policy in Spanish is attached and made a part of this policy).

Staff Training About Availability of Financial Assistance Program

MCH staff who are routinely involved in the registration/admission of patients, those that help manage the healthcare services being received by the patient (such as case managers or social workers) and those in the financial counseling, billing and collection for healthcare services will receive specific training on the availability of the Hospital's Financial Assistance Program to the public. The goal of the training is to make sure that information about the program is available to the public that may qualify for the program and for staff to recognize those patients/guarantors who may qualify for the program but have not yet inquired about it.

Eligibility Criteria and Charges Covered

Those patients/guarantors who claim that they do not have the financial resources to pay for their healthcare services may be eligible for the program if they meet certain income and family size limitations and complete a Financial Assistance Program application. All individuals interested shall cooperate with the Hospital in providing the appropriate information for the Hospital to make a determination of qualification.

This program shall be available to all individuals who meet the qualifications. All amounts due, including co-pays, deductibles, share of costs and non-covered charges remaining after the primary payer (if applicable) has paid, are eligible for discounts under this program.

All Applicants shall first apply for and cooperate with the application process for benefits under State and Federal Public Health Programs, such as California's Medi-Cal/CMSP programs and/or any other public benefit program that they may qualify for. Applicants who refuse to pursue these other benefit programs or are denied eligibility due to an incomplete application will not be eligible for the Financial Assistance Program sponsored by Madera Community Hospital.

Individuals that apply for Medi-Cal/CMSP or other State and Federal programs and are denied due to assets or income levels above qualifying limits may be eligible to receive a discount through the Financial Assistance Program based on their income and family size.

Income Verification, Approval Process and Discount Amount Determination

A qualification determination shall be made based on total family income and the number of family members. Income verification may be done by reviewing pay stubs, tax returns and other information to help establish income levels.

The Hospital shall inform the applicant within 10 business days of receipt of a properly completed Application (a copy of the Instructions and Application are attached to this Policy and made a part thereof) of their acceptance or not into the program. For Applicants who are denied due to lack of information provided on Application or the Hospital's inability to verify income level or family size, shall have the opportunity to provide additional information for consideration. If the application is again denied, the Applicant can ask for a review by the VP-Finance/CFO for an ultimate determination

The discount amount shall be determined by a chart developed by the Hospital based on the Family Federal Poverty Guidelines published periodically in the Federal Register. The Hospital's discount chart (a copy which is attached to this Policy and made a part thereof) shall be updated as the Federal Poverty Level amounts are revised. The Hospital shall provide discounts to qualified patients/guarantors at percentages of 100% down to 40% off hospital charges based on verifiable family income levels from 200% to 350% of the published Federal Poverty Level Chart. Generally speaking, people with family income levels below 200% of the Federal Poverty Guidelines will qualify for a 100% discount on their account.

Presumptive Financial Assistance Determination

The Hospital, based on information available at the time, may determine to presume that a patient qualifies for the Financial Assistance Program even though the person has not applied for the program. In some cases where the patient/guarantor is not willing or is unable to apply for the program, the Hospital may presume they would qualify for the program and apply the discounts available to their account(s) as though they had applied and qualified for the program.

Payment of Remaining Balance on Account and Collection Practices

The hospital shall make every reasonable effort to arrange for an acceptable payment plan for that portion of the patient's bill that is not discounted through this program. All payment arrangements with participants in the Financial Assistance Program will be interest free.

All collection activities being done by the Hospital's Collections Department, or by collection agencies that the Hospital contracts with to perform follow-up collections on unpaid accounts, shall cease when a patient/guarantor claims they do not have the ability to pay these debts. At that time, the patient/guarantor will have the opportunity to apply for the Financial Assistance Program. If the patient/guarantor's application is denied, such collection activities may resume. The Hospital, or its contracted collection agencies, will not use aggressive collection practices towards any patient/guarantor who has been accepted into the Financial Assistance Program, received a partial discount, and has made arrangements with the hospital to pay the remaining balance of his/her account. If the patient/guarantor fails to fulfill their commitment to pay the balance of their account, the hospital may resume normal collection practices on the account.

*Participation Period / Retroactive
Covered Services Period*

A patient's approved participation in the program will last for three (3) months. Towards the end of this period the Manager, Patient Financial Services or a Credit & Collections staff member will contact the

patient to review the application information and determine if it is still correct. If so, another 90 day period may be granted to the patient. The limited participation periods are designed to reevaluate the Applicant's financial situation periodically and confirm his/her qualification for the Financial Assistance Program as personal financial circumstances change. The Patient/Guarantor may be asked to apply for Public Health Programs if it appears they may now qualify for such benefits. No additional Financial Assistance periods

shall be approved for a patient who has unpaid accounts from the previous period until those accounts are paid in full.

Any services received by the patient within the prior ninety (90) days from the date of the approved Application will be eligible for a discount under the Program unless it is determined that the patient/guarantor's financial situation at the time of the prior service would not have qualified them for the program. This retroactive application of discounts will not apply to accounts of the patient that have already been paid – no refunds will be issued to any payer for payments received by Madera Community Hospital for services provided during the retroactive period.

Non-Covered Services

This policy does not apply to charges for services provided by attending or consulting physicians or other medical providers that are not billed by the Hospital. Patients/guarantors will have to discuss any such discounts with the individual medical practitioner directly. Madera Community Hospital has encouraged other medical providers to have Financial Assistance policies consistent with this one in place and to encourage people who appear to not be able to pay for their healthcare services to apply for such programs, where available.

This policy does not apply to services of a cosmetic nature. Only emergent services, and those that are determined by a physician or other healthcare provider to be imminently needed, will qualify for discounts under this policy.

Other

All Financial Assistance Program records shall be kept for a minimum of five (5) years in confidential storage by the Manager, Patient Financial Services. No information about the patient/guarantor or the Application shall be distributed to any party outside the hospital without prior written authorization of the patient/guarantor, except in the process of verifying information on the Application. The information contained on the Application or attached thereto as supporting documentation shall not be used for any reason other than the determination of qualification in the Hospital's Financial Assistance Program.

The hospital's Chief Executive Officer or VP-Finance/CFO are authorized to make exceptions to this policy based on individual circumstances.

PROCEDURE:

- I. Patient Admissions/Registrars and Financial Counselors (excluding Emergency Room Personnel):
 1. At the time of registration of a patient who claims to not have a primary payer source for the services to be received, admissions/registration personnel and financial counselors should question the patient about his/her qualification for Medi-Cal/CMSP benefits or other Public Benefit Programs.
 - a) If it appears that the patient may be eligible for Medi-Cal/CMSP or other programs, the admissions/registration personnel or financial counselor should provide the appropriate application. The financial counselor should encourage the patient to complete the application and should track, as best as possible, the progress of submitting the application and the acceptance or denial by Madera County Social Services Department.
 - b) If the patient is unwilling to cooperate with the application process and, thus, does not qualify for the Financial Assistance Program, the patient should be registered as self-pay and the admissions/registration personnel or financial counselor should discuss payment options with him/her. A review of the patient's recent billing/payment history should be done by the financial counselor to determine if the patient has other unpaid accounts that need to be discussed at the same time. The contact information for the patient/guarantor may be turned over to the outside contractor that assists patients of the Hospital to qualify for Public Assistance Programs for follow-up.

2. Admissions/registration personnel and financial counselors should distribute copies of the Financial Assistance Program Instructions/Application and brochure to those patients/guarantors who claim to not have the financial ability to pay for their healthcare services and would otherwise qualify for the program. This information may come forward during conversations with the patient/guarantor during the registration process or at a later date.
3. Admissions/registration personnel and financial counselors should help answer any questions the patient/guarantor has about the program or application process, stressing the need for proper support documentation to accompany the Application.
4. Patients who are currently admitted into the hospital should be counseled by the financial counselor and/or Case Management staff about the Program. If possible, the Medi-Cal/CMSAP or Financial Assistance Program Application should be completed and signed prior to the patient's discharge from the hospital.
5. Completed Applications for the Financial Assistance Program, along with support documentation, should be forwarded to the Manager, Patient Financial Services for approval or denial.
6. Appropriate notes about the discussions with the patient/guarantor should be documented in the patient accounting system for future reference.
7. For those patients who have already been approved for the Program and are receiving additional health services during the approved period (within 90 days from the date of approval), registration staff should recognize this during the registration process and complete the registration of the patient as a Financial Assistance Program patient. For those patients who are in the program and are not receiving a 100% discount, the registrar or financial counselor should discuss the need for the patient to pay the non-discounted portion of the estimated amount of the charges for the services being received. If the patient absolutely refuses to make a payment for their portion of the charges for the current visit, the registrar should continue with the registration process and have the financial counselor, if available, meet with the patient to discuss payment terms.

II. Credit & Collections Personnel:

1. During the collections follow-up process, Credit & Collections personnel should introduce the Hospital's Financial Assistance Program to those patients/guarantors who claim to not have the financial ability to pay for their prior healthcare services and offer to send to them a Medi-Cal/CMSAP Application and/or the Financial Assistance Program Instructions/Application. Credit & Collections personnel should advise the patient/guarantor that only services received within the last 90 days or the 90 day period after approval of their application are eligible for a discount through the Program.
2. Credit & Collections personnel should help answer any questions the patient/guarantor has about the Program or Application process. Stressing the need for proper support documentation will help with the approval of the Application.
3. Completed Applications, along with support documentation, should be forwarded to the Manager, Patient Financial Services for approval or denial.
4. Credit & Collections personnel should advise the patient/guarantor that if they do not qualify for the Program or do not cooperate with the application process, that they will be financially responsible for the charges accumulated on the account and if they fail to pay their portion due that their account may be turned over to a collection agency for further action. The patient/guarantor should be advised of the discount that the hospital applies to all self-pay accounts.
5. Credit & Collections personnel should offer and set-up acceptable payment plans for the portion of their account that they remain responsible for to those patients/guarantors who qualify for and receive a partial discount. The monthly payment amounts should be based on the policy/procedure regarding in-house self-pay payment plans.
6. Appropriate notes about the discussions and progress made with the patient/guarantor should be documented in the patient accounting system for future reference.

III. Manager, Patient Financial Services:

1. Upon receipt of a completed application, Manager, Patient Financial Services shall initiate the completion of the Financial Assistance Program Application Approval Form (attached to and made part of this Policy). He/she shall review the Application for completeness and appropriate support documentation and document such on the Approval Form. If he/she finds the Application complete and can verify income and family size information from support documentation, he/she shall determine the percentage discount that the patient/guarantor is entitled to per the Financial Assistance Chart (attached to and made part of this Policy). He/she shall determine the discount amount by first locating family size in the left-hand column and scrolling across to the monthly or annual income amount range. The discount percentage is shown at the top of that column.
2. Upon approval of an Application, a letter of approval shall be sent to the patient/guarantor stating acceptance into the Program and what discount percentage he/she has qualified for, the adjustment made to the account and the balance remaining on the account that the patient/guarantor is responsible for, if any. The financial class of the patient shall be changed to CH and a note shall be entered into the patient accounting system stating the date of approval, when the initial 3 month charity period ends and any other relevant facts that need to be documented.
3. Approved Applications which result in a discount greater than \$5,000 must be counter-approved by the VP-Finance/CFO before the approval letter is sent to the patient/guardian.
4. Upon denial of an Application, the Manager, Patient Financial Services shall send a letter of denial to the patient/guarantor stating reason for denial. The patient/guarantor should be encouraged to provide additional information if the Application has been denied due to lack of support documentation. If possible, notes about the application and denial should be entered into the patient accounting system for future reference.
5. The Manager, Patient Financial Services, or designee, shall work with the patient/guarantor as much as possible to help qualify them for the Program. The contact information for the patient/guarantor may be turned over to the outside contractor that assists patients of the Hospital to qualify for Public Assistance Programs.
6. All approved Applications should be reviewed with the patient in the month in which their 90 day financial assistance period ends. The Manager, Patient Financial Services or a Credit & Collections staff member should contact the patient to complete an update of his/her Application information and make a determination if the patient is approved for another 90 day period. Patients who have unpaid balances from the previous approved period shall not be eligible for a renewal period until the accounts are paid in full.
7. At the end of each month, prior to the closing of the patient financial system (B/AR) for that month, run a listing of patients who are in the Financial Assistance Program and make the appropriate discount adjustments to those accounts that have accumulated charges during the month.

