Madera Community Hospital

Community Benefits & Social Accountability Report

Fiscal Year Ending June 30, 2010
MADERA COMMUNITY HOSPITAL

John W. Frye, Jr.
Chief Executive Officer
2009 - 2010

Prepared in Compliance with
California’s Community Benefit Law SB697
By
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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 Hospital 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 foot 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.

Madera Community Hospital 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 - 2010

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 in western Madera County.

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
Robert Poythress
William Driggs
Mohammad Arain, M.D.
Anna daSilva
Margaret Diebert
Duane Furman, Ed. D.
Jo Guthrie
Jim Monreal
Allan Nassar, M.D.
Theodore Nassar, M.D.
Wally Nishimoto
Monte Pistoressi
Khalid Rauf, M.D.
Ted Pistoressi
Don Warnock
Jan Zitek

Vice Chair

Secretary

Insurance Agent
Foster & Parker Insurance Agency
Citizen’s Bank
Retired
Medical Staff President - Elect
President Concrete Company
Creative Copy
Retired
President, MCH League Volunteers
Golden Valley School District
Medical Staff President - Past
Medical Staff
Bridge Store
Pistoressi Ambulance
Medical Staff President
President MCH Foundation
Food Products Company
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
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 Behavioral Health Services. Privately owned medical facilities available within the county include two convalescent hospitals, one ambulance service, 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.

<table>
<thead>
<tr>
<th>Madera County</th>
<th>2009</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>148,632</td>
<td>123,109</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Residents Below Poverty Level</th>
<th>City of Madera</th>
<th>County of Madera</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Household Income</td>
<td>$31,033</td>
<td>$46,066</td>
<td>$61,017</td>
</tr>
<tr>
<td>Residents of All Ages Below Poverty Level</td>
<td>32.5%</td>
<td>18.2%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Per Capita Money Income</td>
<td>$11,674</td>
<td>$14,682</td>
<td>$22,711</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education (2008 Estimates)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Graduates (Age 25+)</td>
<td>65.4%</td>
<td>76.8%</td>
<td></td>
</tr>
<tr>
<td>Bachelor’s Degree or Higher</td>
<td>12%</td>
<td>26.8%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Insurance Coverage Estimates July 2005</th>
<th>Number Insured</th>
<th>Number Uninsured</th>
<th>Percent Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Ages</td>
<td>89,146</td>
<td>29,874</td>
<td>25.1%</td>
</tr>
<tr>
<td>Under Age 18</td>
<td>29,540</td>
<td>7,893</td>
<td>21.1%</td>
</tr>
</tbody>
</table>

Cities and zip codes served by the hospital are:
Madera / Madera Ranchos: 93636, 93637, 93638, 93639, Chowchilla: 93610, Raymond: 93653, Kerman: 93630


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.
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 program 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.

<table>
<thead>
<tr>
<th>Medical Staff</th>
<th>Ranked in seriousness of item. Number One being highest.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approximately 24% of Medical Staff Participated</td>
<td></td>
</tr>
</tbody>
</table>
| 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 |

<table>
<thead>
<tr>
<th>Patient Care Staff</th>
<th>Ranked in seriousness of item. Number One being highest.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approximately 9% Participated</td>
<td></td>
</tr>
</tbody>
</table>
| 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 setting. 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 ≥130/80 mmHg
  - Fasting Blood Sugar ≥ 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:

A Progress Report

Madera County Diabetes Coalition and Screening and Referral Program
Program Update

June 30, 2010

This is a brief overview of community blood sugar screening and outreach events performed by the Madera County Diabetes Coalition (MCDC). There are several community outreach events where no blood sugar screening was performed and a couple of events where the consent forms are not available.

The Coalition was originally a committee created to bring awareness of diabetes to Madera County residents through a yearly health fair held during November, National Diabetes Awareness Month. In 2008, it was re-formed, given a new name and established a community wide blood sugar screening program to perform blood sugar screenings at community events year round. Even though current literature about community blood sugar screening discourages the activity because of low yield of undiagnosed diabetics and lack of follow up for those identified, the Coalition decided that it would be a good way to bring awareness of the illness to people of high risk priority populations, Latinos and Native Americans. Although the yield has been low, as expected, many people have increased their awareness of diabetes just from interaction with Coalition members. In 2009, it was determined that screening of diagnosed diabetics was not the purpose of the Coalition and the practice was discontinued. In 2010, it was decided that Coalition staff would begin logging the number of ‘non’ screening encounters as well as the number of participants screened for documentation purposes.

Julie Barker, CHES, MPH, CLC
Program Manager
Madera County Diabetes Screening and Referral Program
Chair, Madera County Diabetes 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

Madera Community Hospital
2009 - 2010
residents of Madera County who may have undiagnosed diabetes or are at risk of developing type 2 diabetes.

**Screening Events at Established Community Events**

*Shirley Regan performing blood sugar testing at a Cooking Class.*

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

**Madera Community Hospital & Madera County Diabetes Coalition**
Madera Community Hospital staff Rose Reyes, R. D. and Diabetes Educator and Lerri Deedon, R.N., CDE, Patient Educator work closely with the Madera County Diabetes Coalition, participating in public screenings, free clinics and educational outreach in the community with the Madera County Diabetes Coalition.

The Diabetes Support group continues to meet at Madera Community Hospital on a monthly basis January through November of each year. Ms. Reyes and Ms. Deedon provide diabetes education and support to attendees. The Diabetes Support group is regularly attended by ten to twenty diabetic patients, many newly diagnosed.
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 Program 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.
Increased R.N. Graduates
NCLEX
Paradigm Academic Support Provided
Begin Paradigm Program
On-Site Counseling, Tutoring And Peer Support Provided
Begin R.N. Pre-Requisite Courses
RN Preparation Courses Offered Including ESL Classes
Offer Career Planning Assistance including Academic Assessment/Testing
Orient Interested Employees About Options And Requirements
Recruit Interested Employees And LVN’s
Cultivate Interest At The High School Level For ROP And Future Nurses Programs
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
- Child Healthcare
- Well child exams
- Complete physicals and PAP Smears
- Employee Physicals
- Sports Physicals
- Treatment of Acute & Chronic Illnesses
- Family Planning Services
- Urgent Care Problems
- Minor injuries and illnesses
- Minor Surgical Procedures
- Preventative Healthcare
- WIC Physicals
- Immunizations
- Lab and X-Ray Services

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

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

Children’s Visitor 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 oversee 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 Children’s Visitor 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.
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
- Post amputation for prosthetic and gait training
- Work hardening
- CNS disorders such as Multiple Sclerosis
- Vestibular/Balance disorders
- Sports Injuries
- Hand Injuries
- General strengthening
- Post Joint replacement rehabilitation for knees, hips and shoulders
- Stroke rehabilitation
- Cognitive Rehabilitation
- Speech, language and swallowing disorders

Educational services provided by the Rehabilitation Services department include:

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

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

**Including Non Community Benefit (Medicare and Bad Debt)**

**07.01.2009 – 06.30.2010**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Persons Served</th>
<th>Benefits</th>
</tr>
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<tbody>
<tr>
<td>Community Health Improvement Services (A)</td>
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<tr>
<td>Community Health Education (A1)</td>
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<tr>
<td>Health Care Support Services (A3)</td>
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<td>Nurses/Nursing Students (B2)</td>
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<td>53,211</td>
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<td>Scholarships/Funding for Professional Education (B4)</td>
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<td>Other (B5)</td>
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<td>Financial and In-Kind Contributions (E)</td>
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<td>Cash Donations (E1)</td>
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<td>In-kind Donations (E3)</td>
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<td>Community Building Activities (F)</td>
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<td>Economic Development (F2)</td>
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<td>Community Benefit Operations (G)</td>
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**Traditional Charity Care**

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<td>**** Traditional Charity Care</td>
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**Government Sponsored Health Care**

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<td>Means-Tested Programs</td>
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**** Government Sponsored Health Care

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**Totals - Community Benefit**

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**Totals with Medicare**

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**Totals Including Medicare and Bad Debt**

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<td>158,904</td>
<td>19,176,978</td>
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_Madera Community Hospital_

*2009 - 2010*
Madera Community Hospital

Activities Detail - Summary

07.01.2009 – 06.30.10

The notation "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: 7,669

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: 2,609

ADULT PROTECTIVE SERVICES - MULTIDICPLINARY 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: 1,641
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: 6,518

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: 4,590

HOSPITAL COUNCIL of NORTHERN AND CENTRAL CALIFORNIA
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: 953

CHAMBER OF COMMERCE INTERAGENCY
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: 953

CHILDREN’S VISITOR CENTER
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 Children’s Visitor Center provides a safe environment for children whose parents/caregivers require medical care or are visiting a Hospital patient.

Benefit Cost: 49,449

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: 381

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: 17,069
COMMUNITY HEALTH EDUCATION & SUPPORT
Administration: John Frye
With the development of a new website Madera Community Hospital provides health care education and resources to the general public. 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:** 67,589

<table>
<thead>
<tr>
<th>Sweet Success Program</th>
<th>07.01.09 – 06.30.10</th>
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<tbody>
<tr>
<td><strong>Number of Patients Seen</strong></td>
<td>117.5</td>
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<tr>
<td>Type 2</td>
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<tr>
<td>GDM</td>
<td>95.5</td>
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<tr>
<td>History of GDM</td>
<td>1</td>
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<tr>
<td>Pre-diabetic Prior to Pregnancy</td>
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| **Ethnicity** | |
| White | 11 |
| Hispanic | 96.5 |
| Other | 1.75 |
| Asian | .5 |

| **Payment Source** | |
| PPO | *4 |
| Medi-Cal | *48 |
| None / Other | *2.5 |

**Data Not Collected 2010 - *Number is for 6 month interval**

| **Sweet Success Encounters** | |
| 1 – 4 | 22 |
| 5-10 | 47 |
| 11-15 | 25 |
| Average | 10 |

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:** 11,494
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: 1,180

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: 4,795

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: 27,397

DEAF & HARD OF HEARING SERVICES
Benefit Cost: 3,220

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: 1,093

ENROLLMENT ASSISTANCE IN PUBLIC PROGRAMS
Admitting: Donalee Davie
The Hospital Financial Counselor 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: 38,056

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: 17,879

HEALTH PROFESSIONS EDUCATION
The provision of classrooms and resources for nursing students enrolled in outside organizations, Madera Community Hospital supports the education of new health professionals.
Benefit Cost: 7,650
MADERA COLLEGE LVN PROGRAM ADVISORY COMMITTEE
Nursing Administration: Mary Farrell
Ms. Farrell assists with program and development of curriculum or 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: 460

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: 857

MADERA HIGH SCHOOL CERTIFIED NURSING ASSISTANT PROGRAM
Ms. Farrell meets with instructors and students to promote nursing and nurse recruitment objectives for the community. Encourages high school students to continue on with a nursing career.
Benefit: 614

MCH JUNIOR VOLUNTEER LEADERSHIP
Human Resources: Christine Watts
The Human Resources Department Staff provide assistance and guidance to Junior Volunteers
Benefit Cost: 1,322

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: 1,753

NURSING CAREER FAIRS – CSUF – FCC & MADERA CENTER
Career fairs are held throughout the school year for students at California State University Fresno, Fresno City College and the Madera Center.
Benefit Cost: 1,092

NURSING CAREER PROMOTION ACTIVITIES
Administrative coordination of MCH nursing students and R.N., and L.V.N. Nurse Sponsorship programs.
Benefit Cost: 3,835

NURSING SCHOLARSHIP FUNDING
Madera Community Hospital provides nursing scholarships to assist in tuition payments for students otherwise unable to attend nursing school.
Benefit Cost: 4,843
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:** 32,746

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:** 4,438

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:** 3,428

ROTARY CLUB MEETINGS & PROJECTS
Administration: John W. Frye, Jr.
Madera Community Hospital employees participate in local Rotary Service Club meetings and activities held at the Hospital. Madera Community Hospital also provides Meeting / Conference Room for Rotary and other community service organization.
**Benefit Cost:** 6,191

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

TELEINTERPRETER 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:** 4,211

TRI-COUNTY HEALTH COMMISSION
The Commission was founded by representatives of three counties, Madera, Fresno and Kings, with the purpose to oversee the development of a “locally” run health plan (CalViva) which will be offered when the Regional Medi-Cal Managed Care is implemented. The Health Commission meets monthly. Mr. Frye serves as an alternate to Dr. Naz on the Commission.
**Benefit Cost:** 1,905
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: 512

Programs: 38
Expenses: 342,776
Madera Community Hospital

Leadership Journal

07.01.2009 – 06.30.2010

ADMINISTRATION - John W. Frye, Jr., CEO
Madera Rotary Club
Mr. Frye has been a participant since 2006 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.

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

Health and Wellness Events

March 13, 2010 – Shriner’s Orthopedic & Burn Clinic (5 hrs)
Children with orthopedic problems and burn victims are screened for possible referral to Shriners hospital in Sacramento.

MCH Foundation
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:

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

Blues Festival – April 13, 2010
The Madera Community Hospital Foundation presents an annual Music Festival. All proceeds go to purchase medical equipment for Madera Community Hospital.

Annual Dinner Dance – September 18, 2010 - MCH Foundation Annual Dinner Dance.
**Trees for Charity – December 4, 2010**
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: August, October and December 2009. February, April and June 2010

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

General Accounting – Diane Neff
Adult Congenital Heart Association 2009 - 2010
As Central CA ACHA Local Group Leader, Ms. Neff makes does the correspondence and other tasks necessary to coordinate the group meetings and the Trees for Charity fundraising event. Ms. Neff attends the Mended Little Hearts meetings held at Children’s Hospital of Central California.

Ms. Neff served on the Transitioning Adult Patients (TAP) Committee at Children’s Hospital Central California from November 2008 through June 2010 (it was disbanded by CHCC at that time). The focus of the committee was to develop a program and timeline for patients at Children’s Hospital to transition out of pediatric care and into adult care.

In April 2010 Ms. Neff became an ACHA Heart to Heart Ambassador. The focus of the Ambassador Program is to provide mentoring services to patients/family members as they encounter medical procedures and other issues such as finding an ACHD doctor, the availability of insurance, getting approved for disability, etc. Time is devoted to emails and phone calls in connection with the Heart to Heart program in FYE 2010. Ms. Neff traveled to Washington DC for training for the Ambassador program.

Home Health – Gail Rowell
Ms. Rowell volunteers each year as the camp nurse at Camp Adahi, the Camp Fire camp sponsored/ managed by the Camp Fire USA Heart of California Council of Madera, California. The resident camp is held for one week in July and is open to Camp Fire Girls and Boys and their friends. It is a true outdoor experience with no tents, cabins, everyone sleeping and eating under the sun and stars.

As camp nurse, Ms. Rowell provides first aide to campers, counselors and other staff. In addition to band aids and cough medicine, TLC and encouragement is provided to homesick campers. Ms. Rowell also participates as a full time counselor.
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:** Financial Assistance Program  
**DATE:** 10/01/04  
**DEPARTMENT:** Administration  
**REVISED:** 1/1/07  
**DEPARTMENTS AFFECTED:** Hospital-Wide and Specifically - Emergency Department, Family Health Services, Home Health, Case Management, Admissions, Credit & Collections and Business Office  
**MASTER INDEX #:**  
**SUBMITTED BY:** VP-Finance/CFO  
**DEPT. #:** 8610

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## 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 it’s 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:**

1. 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 patent’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/CMSP 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/CMSP 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.