
Hoag Memorial Hospital Presbyterian Community Benefit Report

2020

January 1st, 2020 – December 31st, 2020



**Office of Statewide Health Planning and Development (OSHPD)
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www.hoag.org

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Hoag Memorial Hospital Presbyterian Community Benefit Plan CY 2020

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EXECUTIVE SUMMARY

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

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

The Department of Community Health, led by its Director, Michael Rose, DrPH spearheads the organizations' efforts in the community, providing several flourishing outreach programs. The department functions with the same vision of promoting population-based health efforts. Housed within the Melinda Hoag Smith Center for Healthy Living (MHSCHL), the department focuses its efforts on improving health and well-being by providing services to the vulnerable and at-risk surrounding community. Programs include mental health services, community nurse navigation, health education and wellness programs, community-based program grants, and many more programs and services through our collaborative partnerships. In addition to these services, many other Hoag departments also provide community health services including education and support groups which are free/and or low cost to the community.

Hoag provides uncompensated care (charity) to patients who are unable to pay for the full cost of their care. These expenditures amounted to approximately \$55 million during CY 2020 (January 1, 2020 through December 31, 2020). Hoag's charity care and self-pay discount policy states that self-pay and uninsured patients who are unable to pay for the full cost of their care may qualify for charity or discounts on a sliding scale for incomes up to 400% of the federal poverty level.

Total quantifiable Community Benefit expenditures (excluding Medicare Cost of Unreimbursed Care) for CY 2020 amounted to over \$70 million.

This report provides detailed descriptions of Hoag's Community Benefit programs and services and includes quantifiable data for expenditures by programs during CY 2020.

CHAPTER I: HISTORY & COMMUNITY BENEFIT STRUCTURE

Introduction

The Hoag Memorial Hospital Presbyterian Community Benefit Program was formalized in 1995 and has grown significantly since that time. We have served over 100 nonprofit community organizations in a variety of health and social service categories. We continue to emphasize the development of sustained collaborative relationships and the provision of unduplicated services to disadvantaged residents in our community as core elements of the program.

Hoag's nonprofit regional health care delivery network consists of two acute-care hospitals – Hoag Hospital Newport Beach, which opened in 1952, and Hoag Hospital Irvine, which opened in 2010 – in addition to 14 urgent care centers and nine health centers, and has delivered a level of personalized care that is unsurpassed among Orange County's health care providers. Renowned for its excellence, specialized health care services and exceptional physicians and staff, Hoag is admired as one of California's leading hospitals. It is one of the county's largest employers with approximately 6,800 employees and more than 2,000 volunteers. Hoag's network of more than 1,700 physicians represents 52 different specialties.

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

To further Hoag's commitment to provide comprehensive care to the communities we serve, Hoag Medical Group was established in 2012 with the core values of excellence, innovation and compassion. The physician group comprises specialists and subspecialists in internal medicine, family medicine, pediatrics, geriatrics, acupuncture, neuromusculoskeletal, endocrinology, genetics, rheumatology, diabetes, allergy & immunology and HIV medicine.

Hoag was once again the highest ranked hospital in Orange County in the 2020-2021 U.S. News & World Report. This marks the fourth year in a row Hoag has achieved this level of recognition. The organization was ranked the #4 hospital in the Los Angeles Metro Area and the #8 hospital in California. Additionally, Hoag was #27 in Neurology & Neurosurgery, #29 in Diabetes & Endocrinology, #33 in Pulmonology & Lung Surgery, #35 in Orthopedics, #37 in Gynecology, #38 in Gastroenterology and GI Surgery, and #40 in Geriatrics. Hoag ranked high performing in

Cancer, Nephrology and Urology as well as in all ten common adult procedures including: Abdominal Aortic Aneurysm Repair, Aortic Valve Surgery, Colon Cancer Surgery, Chronic Obstructive Pulmonary Disease (COPD), Heart Bypass Surgery, Heart Failure, Hip Replacement, Knee Replacement, Lung Cancer Surgery, and Transcatheter Aortic Valve Replacement (TAVR). For an unprecedented 23 years, residents of Orange County have chosen Hoag as one of the county's best hospitals in a local newspaper survey.

History

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

The George Hoag Family Foundation and the Association of Presbyterian Members represent the two founding organizations of the hospital and continue to provide leadership as corporate members of the Hoag Corporation. These members annually elect the Board of Directors, which consists of 17 members with representatives from the Hoag community and medical staff. The hospitals' Chief Executive Officer is also seated on the board as a voting member.

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

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

For more information, visit www.hoag.org.

Mission, Vision, and Core Values

Hoag's Mission

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

Vision Statement

Hoag is a trusted and nationally recognized healthcare leader

Core Values

Excellence
Respect
Integrity
Patient Centeredness
Community Benefit

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

Quality and Service

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

People

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

Physician Partnerships

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

Strategic Growth

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

Financial Stewardship

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

Community Benefit and Philanthropy

Improve the health of vulnerable populations in Orange County.

Community Benefit Philosophy

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

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

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

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

The department provides services which are unduplicated in the community. These currently include mental health services, community nurse navigation, community-based program grants, and other health and wellness programs and services. In order to promote effective access to health care and related services, the department works in collaboration with a number of not-for-profit community-based organizations to provide insurance coverage as well as free services to underserved and vulnerable residents, many of whom are undocumented. Charity care is an integral component of the benefit that Hoag provides to the community. The current hospital Charity Care and Self Pay Discount Policy provides assistance on a sliding scale for uninsured and self-pay patients with family incomes up to 400% of the Federal Poverty Level. The current Charity Care and Self-Pay Discount Policy is provided in Appendix A. Appendix B provides a summary of the quantifiable Community Benefit provided by Hoag in CY 2020 (January 1, 2020 to December 31, 2020). Appendix C provides a detailed breakdown of the Community Benefit expenditures by program.

Community Benefit Committee

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

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

The CBC ensures that Community Benefit activities are:

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

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

Service Objectives

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

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

CHAPTER II: COMMUNITY HEALTH NEEDS ASSESSMENT 2019

Overview

Hoag conducts a Community Health Needs Assessment (CHNA) as required by state and federal law. California Senate Bill 697 and the Patient Protection and Affordable Care Act and IRS section 501(r)(3) direct tax-exempt hospitals to conduct a community health needs assessment and develop an Implementation Strategy every three years. The 2019 CHNA was completed for the 3-year period 2020-2022. The CHNA is a primary tool used by the hospital to determine its community benefit plan, which outlines how it will give back to the community in the form of health and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

The IRS regulations allow for the conduct of joint Community Health Needs Assessments (CHNA) when hospitals define their service area communities the same. In compliance with these regulations, this CHNA was conducted jointly by Hoag Hospital Newport Beach, Hoag Hospital Irvine and Hoag Orthopedic Institute. Project Oversight of the Community Health Needs Assessment process was overseen by: Minzah Malik, MPH, MBA Manager, Community Benefit Program and Lauren Tabios, MPH Specialist of Grants & Special Projects.

Both the CHNA Report and the Implementation Plan for Hoag Memorial Hospital Presbyterian are available publicly at: <https://www.Hoag.org/about-Hoag/community-benefit/reports/>

Service Area

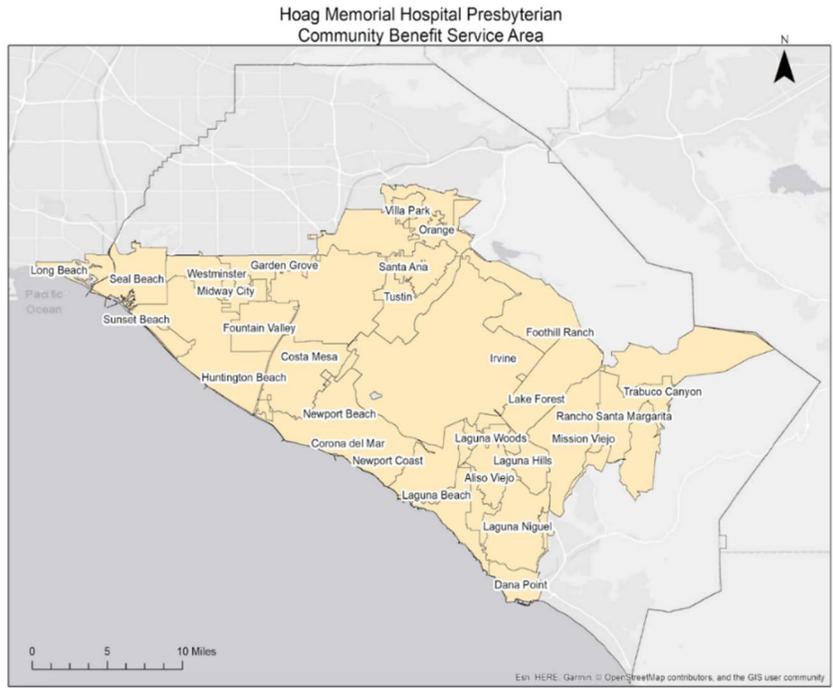
Hoag Hospital Newport Beach is located at 1 Hoag Drive, Newport Beach, CA 92663.
Hoag Hospital Irvine is located at 16200 Sand Canyon Avenue, Irvine, CA 92618.
Hoag Orthopedic Institute is located at 16250 Sand Canyon Avenue, Irvine, CA 92618.

Hoag's service area includes 53 zip codes (See **Table 1.** below) spanning 27 cities and unincorporated communities in both Orange County and Los Angeles County (one zip code is located in Long Beach).

Table 1. Hoag Service Area	
Zip Code(s)	City/Unincorporated Area
92656	Aliso Viejo
92625	Corona Del Mar
92626, 92627	Costa Mesa
92629	Dana Point
92610	Foothill Ranch
92708	Fountain Valley

Table 1. Hoag Service Area	
Zip Code(s)	City/Unincorporated Area
92843, 92844	Garden Grove
92646, 92647, 92648, 92649	Huntington Beach
92602, 92603, 92604, 92606, 92612, 92614, 92617, 92618, 92620	Irvine
92651	Laguna Beach
92653	Laguna Hills
92677	Laguna Niguel
92637	Laguna Woods
92630	Lake Forest
90803	Long Beach
92655	Midway City
92691, 92692	Mission Viejo
92660, 92661, 92662, 92663	Newport Beach
92657	Newport Coast
92866, 92867, 92868, 92869	Orange
92688	Rancho Santa Margarita
92701, 92703, 92704, 92705, 92706, 92707	Santa Ana
90740	Seal Beach
90742	Sunset Beach
92679	Trabuco Canyon
92780, 92782	Tustin
92861	Villa Park
92683	Westminster

Service Area Map



Methodology

Primary Data Collection

Key Stakeholder Interviews (KSIs). Semi-structured interviews were conducted with 21 individuals. Interviewees were selected in collaboration with Hoag Hospital Community Benefit staff. Interviews were conducted to obtain information about the health needs of Orange County residents from a systems-level perspective. Participating interviewees represented the following:

- Health educators/service providers (n=18)
- Medical Research (n=1)
- Community Organizing (n=1)
- Local Funding Agency (n=1)

Interviewees provided information about: (1) health priorities; (2) causes and contributing factors of poor health; (3) access to and availability of service provision; (4) their strengths as service providers; and (5) recommendations and strategies for improving the provision of health services to Orange County residents.

Provider Survey. The Provider Survey was developed and administered online by EVALCORP during March and April 2020 to individuals at over 170 organizations/ departments that provide or fund health services to community members. The survey was distributed to a wide range of county, private, and non-profit agencies who serve residents of Orange County. During the two-month survey administration timeframe, a total of 140 responses were collected and used for analysis. The purpose of the survey was to obtain providers' perspectives and experiences regarding priority health needs, and the availability and provision of health services throughout Orange County.

Community Member Survey. The Community Survey was developed by EVALCORP and distributed online from July 1 through August 10, 2020 to community members via 18 community-based agencies. The survey was distributed through a wide range of county, private, and non-profit agencies who serve residents of Orange County. During the five-week survey administration timeframe, a total of 548 responses were collected.

Focus Groups. Focus groups were conducted to assess current mental and behavioral health needs, access to care, availability of existing resources, and needs can be addressed within Orange County. All focus groups used a semi-structured protocol and were facilitated in one of the following languages: Spanish, English, Vietnamese, or Cambodian (Khmer). Focus groups were purposively sampled to represent a variety of ages from youth to older adults, race/ethnicities, and vulnerable or underserved populations (e.g., LGBTQ+ and veterans). Eight focus groups were successfully conducted with a total of 54 participants in attendance across the eight sessions.

Table 2 provides further details about each of the focus groups.

Table 2. Focus Groups Completed

Focus Group Type	# Participants	Coordinating Agency	Language
Older Adult	7	Council on Aging	Vietnamese
Cambodian	6	Cambodian Family	Cambodian
Teens	8	Girls Inc.	English
Persian	8	OMID	English
Veterans	4	American Legion Post 133	English
Hispanic/Latina women	10	MOMs Orange County	Spanish
LGBTQ+	5	Radiant Health Centers	English
LGBTQ+	6	Radiant Health Centers	Spanish

Secondary Data Collection

Multiple secondary data sources specific to the geographic areas served by Hoag hospital were reviewed to provide information about the hospital’s service area population and baseline health indicators. When data specific to these zip codes and cities were not available, data sources that provide information at the County-level are reported. Sources used in this report reference data collected between 2015 to 2019 and are cited throughout the report, when appropriate. Sources used for the development of the secondary data are referenced within each respective data point.

Limitations

Despite best efforts in ensuring a comprehensive and representative engagement across stakeholder groups, due to budget and time constraints, not every stakeholder group rising in the service area is reflected in the primary data. As is the nature of qualitative data collection, participation varied across initiatives resulting in small sample sizes among specific subpopulations. The data gathered through these engagements represent the lived experiences of those who participated. Responses were coded and summarized according to themes identified by the evaluator and using best practices for analyzing qualitative data. This type of qualitative data analysis yields important findings that complement quantitative data analysis.

For quantitative data in the report, wherever possible, secondary data were drawn from the zip codes specific to Hoag’s service area. However, in circumstances where these data were not attainable by zip code, data from Orange County were included instead. In addition, while the demographic information presented describes residents who live within Hoag’s service area, residents outside the designated service area seek access to health care services within and are likely not represented in the secondary data. Further, when secondary data collection occurs and how recent the data sources are available varies across sources. Nonetheless, best efforts were made to ensure data collection was representative of the community to inform future collaborative efforts to address health needs across the region.

Priority Health Issues

Across community members and local health experts the top themes that emerged were:



Social Determinants to Health. Community members and experts engaged in the CHNA process were asked to describe what they believed to be contributing to the health concerns. The top emergent themes were: (1) difficulty accessing appropriate resources and care, (2) homelessness/housing insecurity, (3) low socioeconomic status, and (4) poor health behaviors (i.e., lack of exercise, poor diet, etc.).

Implementation Strategy 2020-2022

The Implementation Strategy was developed with input from the hospital Community Benefit Committee and the Department of Community Health. The following criteria were used to determine which significant health needs Hoag hospital facilities will address in the Implementation Strategy:

- **Organizational Capacity:** There is capacity to address the issue.
- **Existing Infrastructure:** There are programs, systems, staff and support resources in place to address the issue.
- **Ongoing Investment:** Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.
- **Focus Area:** Has acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.

As a result of the review of needs and application of the above criteria, Hoag will address the following priority health areas during 2020-2022 through a commitment of community benefit programs and charitable resources:

1. Mental Health
2. Access to Care
3. Economic Security
4. Prevention of Chronic Disease & Management
5. Women's Health
6. Substance Use

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy (IS) are to be made widely available to the public and public comment to be solicited. In compliance with these regulations, the previous CHNA and IS were made widely available to the public on the website <https://www.hoag.org/about-hoag/community-benefit/reports/>.

CHAPTER III: DEPARTMENT OF COMMUNITY HEALTH PROGRAMS

The department of Community Health provides direct Community Benefit service programs and coordinates Community Benefit reporting at Hoag Hospital. This section of the report provides information for each of the Community Health programs and achievements in CY 2020 (12 months): January 1, 2020 - December 31, 2020.

Mental Health Center

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

During CY20, the program employed six full-time, one part time and two per diem bilingual Master's prepared social workers, 5 of the staff are licensed. These social workers provided mental health services to 630 clients in the form of psychotherapy. Resource brokering, and/or case management was provided to 310 individuals. In addition, the program offered psychotherapeutic, psycho educational groups and community presentations which resulted in 1,636 encounters. All services were offered on a voluntary basis. Services were offered on a low-cost sliding scale. The sliding scale starts at zero (free services) and increases according to the individual's self-reported annual income level. The vast majority of people were seen at no charge or at a nominal fee per session. A review of client demographics found that the majority of the clients seen through the Mental Health Center were female, Hispanic, and indicated a language other than English as their primary language. 49.83% of our clients reported having an annual household income below \$40,000 and 22% reported an income below \$ 10,000. The program has proven to be highly efficient and effective. The program utilized a clinical assessment tool (DASS) to measure levels of depression, anxiety, and stress in clients. According to pre and post test scores, clients who participated in either individual or group psychotherapy saw a statistically significant decline in depression, anxiety, and stress scores. The program also implemented a self-esteem assessment tool (Rosenberg) on a pre and posttest basis. Across the board for individual and group psychotherapy, there was statistically significant improvement in self-esteem.

In addition to direct mental health services to the community we also provided professional development trainings to mental health professionals for free. A sampling of the trainings offered included: ASIST for suicide assessment and intervention, ACES Interface, NAMI Provider training and Law and Ethics. The number of professionals trained for CY20 was 345.

In CY20, the Mental Health Center provided a supervised clinical internship training program for 8 MSW (Master of Social Work) students. The center collaborates with the University of Southern California, California State University at Fullerton and California State University at Dominguez Hills, California State University at Long Beach and California State University at Los Angeles. Each intern was provided with weekly one hour long supervision and one and a half hour long group supervision. The internship program includes providing consultation, support, and education to paraprofessionals at partner agencies such as Girls Incorporated and the Newport Mesa Unified School District. This support included telephone consultation, workshops, and in-service education. In CY20 we continued to take on yoga therapy interns in collaboration with Be The Change Yoga and Alcheme Yoga Therapy. We successfully trained five interns.

In addition to support for the staff of partner agencies, the Mental Health Center offered several different psychotherapeutic and psycho educational groups and workshops for the partner agency clients. These efforts allowed our partner agencies to offer mental health services at no cost to their clientele and all services are provided in-kind to the not-for-profit agencies. Some examples include: ACES Interface, depression support groups, self-esteem groups, and stress management workshops. Group sessions were also offered to help individuals cope with stress and anxiety related to the pandemic.

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

Community Benefit Grants Program

Hoag's Community Benefit Grants Program serves to reinforce Hoag's mission as a non-profit, faith-based hospital, providing the highest quality health care services to the community. The Community Benefit Grants Program focuses on meeting the unique needs of Orange County residents, with particular emphasis on the disadvantaged and underserved. The program provides grants to community organizations who strive to meet the health and social service related needs of the Orange County community. Beginning in 2019, the opportunity to apply for a grant was made to pre-identified organizations. Invitations to apply will be extended to organizations that meet eligibility requirements and have established their ability to demonstrate positive outcomes.

The eligibility criteria include:

- Organization must have operations in Orange County, CA
- Must be 501(c)(3) tax exempt organization, local government entity, or education institution
- Services are provided to disadvantaged and/or underserved populations
- Services must align with at least one of the identified priority focus areas
- Services are provided within the geographic boundaries of Orange County, CA

The Priority Focus Areas are determined by the Community Health Needs Assessment, conducted every three years. The needs are identified first through secondary data for the county, and then narrowed to significant health needs using input from persons representing the broad interests of the community, as well as persons with special knowledge or expertise in public health. The significant health needs are then prioritized into the Priority Focus Areas that the hospital will plan on addressing through programming and services. The Priority Focus Areas for the Community Benefit Grants Program CY20 were:

1. Mental Health
2. Access to Care
3. Economic Security
4. Prevention of Chronic Disease and Management
5. Women's Health
6. Substance Abuse

CY20 included a 12-month grant cycle from January 1, 2020 – December 31, 2020. Organizations that receive funding are required to submit a progress report, as well as a final outcomes report. During CY20, a total of 70 program grants were funded with a total contribution of \$3,310,000.

Contact: Minzah Malik, MPH, MBA at (949) 764-6597 or Minzah.Malik@hoag.or

Project Wipeout

Project Wipeout was created to provide beach and water safety information to the nearby beach communities after seeing an increased incidence of spinal cord injuries in the Hoag Newport Beach Emergency Department. The program initially provided education on the prevention of spine injuries. Over time, education efforts transitioned towards general beach and water safety and overall injury prevention. Its mission has evolved to inspire water safety culture at the beach and beyond through education and community outreach. Education topics include drowning prevention, rip current safety and escape, marine animal behavior and safety, beach hazards, best practices in the water, and sun protection.

Project Wipeout partners and collaborates with members of the beach safety community, which includes the lifeguard and fire department for the county and city agencies throughout Orange County, the California Surf Life Saving Association, and other lifesaving agencies. Additionally, Project Wipeout works closely with the Orange County Lifeguard Chiefs Association, the Orange County Drowning Prevention Taskforce, and other countywide and southern California collaborative entities. At the national level, Project Wipeout has started to collaborate with the United States Lifesaving Association. Globally, Project Wipeout has gained recognition as a community-based drowning prevention entity.

Due to the impact of COVID-19, Project Wipeout’s community events and lifeguard symposium were cancelled for the year. In March 2020, the second annual Southern California Water Safety Summit was set to take place, only to cancel one week from the conference date.

Education

In lieu of school-based presentations, local lifeguard agencies pivoted to deliver Project Wipeout’s beach safety presentation through recorded presentations for schools. Additionally, lifeguard agencies continued to distribute Project Wipeout materials at each agency’s headquarters, both as education materials for beach visitors and as training for the junior guard programs through spring and summer CY2020. Materials are available in both English and Spanish, and were previously distributed nationally and internationally, as teaching tools for different water safety agencies outside of California, such as within New Zealand and Baja California. All materials are available to download from the Hoag Project Wipeout website:www.hoag.org/projectwipeout.

Contact: Lauren Tabios, MPH at (949) 764-5321 or Lauren.Tabios@hoag.org

Melinda Hoag Smith Center for Healthy Living

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

The Melinda Hoag Smith Center for Healthy Living (MHSCHL) is a robust one-stop shop of interconnected and supportive services that promote health and well-being. The Center houses a wide variety of non-profit partner agencies and the programs that address key issues affecting the health of our community. A key component which makes the collaborative unique and is essentially the glue between the community and the center, is our centralized registration and case management team. This team assures that all client’s coming into the center fill out a screener which seeks to identify; socio-economic stressors, potential health risks, mental and emotional health issues, legal issues, access to health care, and other life stressors that can affect one’s quality of life. Our case-management team plays a critical role in linking clients to the appropriate services, while also monitoring client’s progression through the referral process.

Since opening in 2016 our collaborative has grown to include, but not limited to, the following:

Hoag’s Mental Health Center	Alzheimer’s OC
Hoag’s Health Ministries	Orange County Council on Aging
Hoag’s Promotora Program	Big Brothers Big Sisters
SOS Children & Family Health Center	Serving People in Need
SOS Dr. Robert & Dorothy Beauchamp Child and Family Dental Center	Community for Innovation, Entrepreneurship, Leadership & Opportunities (CIELO)
Public Law Center	Clinic in the Park
National Alliance for the Mentally Ill	Project Self Sufficiency
Be the Change Yoga	MOMs Orange County
CHOC PODER	Human Options
Susan G. Komen OC	Girls Inc.
Council on Aging OC	Children’s Bureau
Project Youth/OC Bar Foundation	Cancer Kinship
Newport Mesa Family Resource Center	Orange County United Way

In addition to our case managers, we have our Promotoras (community health workers) who are community experts who teach and engage residents on a peer level. Promotoras have found strategic tools such as door to door outreach, outreach at community events (i.e. churches, soccer games, school campuses, laundromats, etc.), peer led support groups, and workshops to reach out to community members.

This model of service delivery was originally intended to bridge gaps between community, clients and agencies, while also leveraging resources and fostering collaboration between organizations. The global pandemic of 2020 brought on many unexpected challenges which forced all services to pivot toward not only addressing the new needs in the community but finding creative ways to assist while adhering to CDC guidelines Our 2020 pandemic efforts include:

Life skills and youth support services

- 267 individuals were served by Cielo’s economic self-sufficiency programming
- 81 families received services with Project Self-Sufficiency
- 2710 individuals received services through SPIN (Serving People in Need)
- 2,583 encounters for Girls Inc’s after school homework, resiliency programming, and STEM activities (boys and girls)

Health driven classes focusing on improved health and decrease in obesity

- 1,383 individuals served through wellness classes such as yoga, Zumba and other fitness classes

Education and support to individuals and families affected by mental illness

- 441 individuals participated in a NAMI class/support group
- 1765 individuals had a community encounter with a Promotora
- 59 individuals were either visited at home or met with a Promotora onsite to discuss mental health services
- 40 Promotor mental health education presentation/support groups

COVID Crisis Response Team

- 272 Individuals served through COVID crisis response team.
- 5663 Crisis response & resource brokering

Essential Case Management

- 10,678 Individuals received food assistance
- 149 Rental Assistance Applications
- \$13,455 Emergency gift cards

Legal Aid and Representation

- 240 individuals have received legal consultation or representation from the Public Law Center, focusing on Family Law – divorce, DV, child custody etc.

**Contacts: Arturo Diaz, LCSW at (949) 764-6578 or Arturo.Diaz@hoag.org;
Lauren Tabios, MPH at (949) 764-5321 or Lauren.Tabios@hoag.org**

Nurse Health Coaching

The Clinical Nurse Health and Wellness Coach uses the nursing process as a framework for the nurse coaching process. Designed for individuals living with one or more chronic conditions seeking improved health, the nurse coach assists client in determining and achieving their goals while honoring client values. Most people would like to improve their health, but many are not sure where to begin or they lack the confidence in making changes. Health coaching fills the gap between a doctor or ER visit and the inevitable, “now what do I do” question that follows. The nurse coach meets the client where they are, providing intentional listening and building a relationship of trust. Education and reflection empowers the client to choose the area/s of health they wish to address first; body – mind - spirit. With the help of the nurse coach, clients explore their strengths, values, and challenges, learning to set realistic goals, chart their progress and improve their health. Sessions are offered via Zoom, Tele-session, and now with COVID restrictions lessening, face to face and small group classes are available once again.

Contact: Julia Teal, BSN RN PHN CHWC at 949-764-6977 or Julia.Teal@hoag.org

Promotores Program

In 2003, the Institute of Medicine recommended that Promotores be included on health care teams to improve the health of underserved populations. Promotores serve as links between their communities and health and social service providers. A major role for the promotor is to help reduce health disparities. One of the key skills of a promotor is to build and maintain relationships of mutual trust and respect within their communities. It is through these relationships that a promotor can draw out residents who might not otherwise reach out for help. Promotores are great advocates for individual and community transformation.

The Promotores Program was introduced to Hoag in the spring of 2018 and has served as an effective way to bring the Center *to the community*. The promotores are bilingual and bicultural and serve the same communities in which they live. This neighborhood connection increases their likability, trustworthiness, and the effectiveness of their outreach. Promotores are stationed both at the Melinda Hoag Smith Center for Healthy Living focusing on the Costa Mesa area and the Oakview Family Resource Center focusing on the Huntington Beach area. The promotores all received extensive training under the tutelage of Latino Health Access (a partner agency with expertise in the promotor model and training).

Our promotores are often the first point of contact for many families, especially those in crisis. Promotores have found strategic tools to reach withdrawn and underserved people. These tools

include: door to door outreach, outreach at community events (i.e. churches, soccer games, school campuses, laundromats, etc.), peer led support groups and workshops, and accompaniment to important health related appointments. Promotores also receive referrals from community partner agencies for individuals who would benefit from a visit with the promotor.

The 2020 year brought some unexpected challenges and forced our team to dig deep and pivot several times in order to help meet the critical needs in the community during the pandemic.

The community needs shifted from prevention and general resource brokering to almost 100% crisis intervention with families needing emergency services (health resources, rental assistance, utilities, food, mental health, etc.) in order to stay afloat and to stay safe. The following is some of the accomplishments of the promotores program during CY2020:

- 8438 individuals were connected to the food boxes at the Melinda Hoag Smith Center for Healthy Living
- 917 individuals were connected to food boxes at Oak View Family Resource Center
- 101 families were connected to the emergency gift card program
- 35 families were connected to the SOS Free Backpack Program
- 142 Families were connected to the SOS Rental Assistance Program
- 1855 Individuals were connected to Delivering with Dignity Meal Program
- 100 Families received Thanksgiving Dinners
- 236 families were adopted for the Christmas Holidays
- 2,562 crisis calls were answered
- 349 crisis walk-ins were tended to
- 276 case management cases were opened
- 679 outreach calls were made
- 167 people participated in book clubs
- 86 people attended an outdoor exercise class
- 42 people assisted a support group
- 50 people attended COVID Myth Buster's classes
- 63 people attended Healthy Goal setting classes.

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

COVID Crisis Response Team

The pandemic has been a challenging time for many, but especially hard hit are those living with limited resources in high-risk situations. For those individuals, the Melinda Hoag Smith Center for Healthy Living has filled this gap with its COVID Crisis Response Team, offering a literal lifeline for the most vulnerable in our community. This program was developed and implemented immediately as a response to the emerging and urgent needs of our clients. The team is made up of talented professionals, compassionate volunteers and generous nonprofit partners who care about the well-being of the people in our community hardest hit by the pandemic. Professionals on the team include a social worker from the Mental Health Center, a case manager, and a registered nurse to help families navigate through the numerous issues related to having a COVID diagnosis. In addition to nursing intervention and social support, the team offers comprehensive case management for complex health and psychological needs, along with fulfillment of vital daily needs such as food, utility, and rental assistance. Food boxes, coordinated meal deliveries, hygiene kits and gift cards have helped meet the daily, basic needs of struggling families. The ongoing social support and health education provided by the COVID Crisis Response Team has vastly improved outcomes for so many. The COVID Crisis Response Team has provided a vital lifeline for those in need and is just the latest example of the Center's positive impact on the surrounding community. During CY2020, 460 individuals were served through this program.

Contact: Michael Rose, DrPH, LCSW at (949) 764-6278 or Michael.Rose@hoag.org;

Appendices

Appendix A Hoag Hospital Charity Care and Self Pay Discount Policy

Appendix B Hoag Hospital Quantifiable Community Benefit for CY2020

Appendix C Hoag Hospital Community Benefit Expenditures by Program

APPENDIX A

Current Status: Active		PolicyStat ID: 8915108
	Origination:	1/15/2020
	Effective:	1/30/2020
	Last Approved:	1/30/2020
	Last Revised:	1/15/2020
	Next Review:	1/29/2023
	Owner:	Sue Hawkins: EXEC DIR REVENUE CYCLE
	Area (Category):	Revenue Cycle
	Standards & Regulations:	
	Keywords:	
	Applicability:	Hoag Memorial Hospital Presbyterian

Financial Assistance Policy

HOAG2016-0004008

PURPOSE:

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

SCOPE:

Revenue Cycle

AUTHORIZED PERSONNEL:

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

1. POLICY:

1. Hoag seeks to address patient's health care and financial needs while remaining committed to the stewardship of Hoag resources. To ensure that Hoag obtains appropriate reimbursement for services provided, several payment options and programs are available to support the needs of uninsured and underinsured patients. When it is determined that a payment solution cannot be obtained through such payment options and programs, then the patient is provided with information about the Hoag Financial Assistance Program (FAP).
2. Patient collections processes shall remain in compliance with Hoag policies relevant to patient financial assistance:
 1. Any patient who requests financial assistance will be afforded the opportunity to apply and be considered.
 2. Access to necessary care shall in no way be affected by whether financial assistance eligibility exists; medically necessary care will always be provided to the extent the Hospital can reasonably do so.

3. The need for financial assistance is a sensitive and deeply personal issue for patients. All Hoag employees will maintain confidentiality of requests for assistance, the information obtained in the application process, and the funding or denial of assistance.
4. In an effort to ensure patients' post-acute and follow-up health care needs are met, patients who demonstrate lack of financial coverage by third-party insurance are offered information on how the patient may obtain applications for Medicare, Medicaid, Medi-Cal and the Healthy Families Program (CA), coverage offered through the Covered California (CA), or other state or county funded health coverage programs. Hoag will assist patients with applying for government-sponsored programs and follow through to acceptance or denial.

2. COLLECTIONS PROCESS OVERVIEW:

1. It is the expectation that the patient's estimated cost or liability will be collected in full prior to or at the time of service. If a patient states they cannot pay in full, payment options and programs are offered during the collections process and in consistent sequential order as outlined below:
 1. Full payment is requested
 2. A reasonable payment plan based on estimate is offered. A deposit payment as requested, if appropriate.
 3. Eligibility for government-funded programs is explored in programs including, but not limited to:
 1. Medicare
 2. Medi-Cal (CA)
 3. Covered California
 4. Other state and country funded health coverage programs.
 4. When a payment solution cannot be found in Stages 1- 3, then the patient is provided the information about the Hoag financial assistance program (FAP). Pending applications for coverage through FAP and from a government-funded health program will not preclude the patient's eligibility for eligibility for other programs.

Important: If at any time, patient request information or an application for Hoag financial assistance, it is promptly provided to the patient.

3. FINANCIAL ASSISTANCE PROGRAM OVERVIEW:

1. Hoag Financial Assistance Program (FAP) ensures that medically necessary Health Care is provided at discounted rates at no cost to qualify to uninsured and underinsured patients. Any uninsured or underinsured patient who is unable to pay for his or her Hospital bill and whose income meets the approved Federal Poverty Level (FPL) qualifications will be considered eligible for Hoag Financial Assistance (FA). Additionally, patients who incur qualified High Medical Costs may be deemed eligible for financial assistance.
2. Hoag Hospitals serve all persons in the communities where we are located. We aspire to provide health services with the upmost dignity and compassion for each patient and family in our care. In a confidential and caring environment patients are provided providing financial assistance to pay their Hoag Hospital bills and, in turn, to ensure access to needed healthcare as an essential element of fulfilling their human dignity and ability to live more healed, more whole, and more able to contribute to the common good.

4. COMPLETION OF THE FAP APPLICATION:

1. Upon a patient's request, a Financial Assistance Program (FAP) application will be provided. Designated personnel will assist patients in completing the Financial Assistance Application and determining eligibility for financial assistance, charity care, or government-funded programs, if applicable. Financial Assistance notice printed in English and Spanish are also placed in the public admission areas at Hoag hospitals. Interpretation services are available to address any questions or concerns and to assist in the completion of the Financial Assistance Applications.
2. A patient, our patient's legal representative, who requests a discounted payment, charity care, or other assistance in meeting his or her financial obligation to the hospital shall make every reasonable effort to provide the hospital with documentation of income and health benefits coverage. If the person requests charity care or a discounted payment and fails to provide information that is reasonable and necessary for the hospital to make a determination, the hospital may consider that failure in making its determination.
3. Upon establishing full or partial eligibility under the Financial Assistance Program the coverage will be valid for six (6) months from the date of the eligibility letter. Additionally, other pre-existing patient account outstanding balances at the time of eligibility determination will be included as eligible, excluding exceptions set forth in this policy.
4. The hospital financial system will be updated to reflect the charity discounted amount using the designated adjustment code for the full or partial approved amount.

5. PATIENT BILLING:

1. Patients applying for Hoag Financial Assistance will continue to receive monthly statements as an awareness of an open balance in to encourage patient engagement if needed. Statements mailed to the patient will include a clear and concise notice advising the patient of Hoag Financial Assistance Program and the appropriate contact information.
2. This notice shall also:
 1. Advise the patient that he or she may be eligible for programs such as Medicare Medi-Cal (CA), Covered California or other state or county funded health coverage programs.
 2. How the patient may apply for any of these programs and that the Hospital will provide the patient with an application.
 3. That the Hospital refer the patient to a local consumer assistance center housed a legal services offices.
3. Disputes:
 1. Efforts to collect healthcare debts by an affiliate, subsidiary or external collection agency of Hoag must adhere to the standards set forth in this policy including the definition and application of a reasonable payment plan.
 2. In dealing with patients eligible for Hoag Financial Assistance or reasonable payment plan, the Hospital should not wage garnishments or place liens on homes as a mean of collecting unpaid hospital bills. This requirement does not preclude hospitals from pursuing reimbursement from third-party liability settlements.
 3. Accounts without an existing FAP or payment arrangement will transfer to an external collection agency and 150 days from the first patient billing cycle.

- Accounts with a default in payment plan with three consecutive missed payments will transfer to the external collection agency upon review and approval of the department supervisor to ensure a reasonable attempts to reach the patient / guarantor were made.

6. PROOF OF INCOME:

- The patient will submit all necessary income documents including copies of IRS forms, W-2 wages and earnings, disability payment statements, etc. An application for a government program (i.e. prescription drug assistance programs, DHS, SSI, or any other signed federal program document), may be used to financial assistance. Financial information obtained will not be used to determine collection activities.
- In cases where documentation is unavailable, the patient's income may be verified by having the patient sign assistance application attesting to the veracity to the income provided if the proof of income is questionable, validation of income should be immediately requested.

7. INCOME QUALIFICATIONS- CA HOSPITALS:

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

If the income % of FPL is:	And the patient is:	Then:					
200% or less,	Uninsured or insured	The entire (100%) patient liability portion of the bill for services will be written off.					
201% - 400%.	Uninsured,	The patients' payment obligation will be a percentage of the gross amount the Medicare program would have paid for the service based on the sliding scale below: <table border="1" data-bbox="649 987 1234 1060"> <thead> <tr> <th>If the income % of FPL is:</th> <th>Then the % of Medicare LIKE Rate Payable is:</th> </tr> </thead> <tbody> <tr> <td>201 - 400%</td> <td>50%</td> </tr> </tbody> </table>	If the income % of FPL is:	Then the % of Medicare LIKE Rate Payable is:	201 - 400%	50%	
	If the income % of FPL is:	Then the % of Medicare LIKE Rate Payable is:					
201 - 400%	50%						
Insured,	The patient's obligation will be reduced by insurance payments: <table border="1" data-bbox="633 1081 1250 1228"> <thead> <tr> <th>If:</th> <th>Then:</th> </tr> </thead> <tbody> <tr> <td>The amount paid by insurance exceeds what Medicare would have paid,</td> <td>The entire (100%) patient liability portion of the bill will be written off.</td> </tr> <tr> <td>The Medicare Payment LIKE Rate is greater than the HMO/PPD Payment Rate for services rendered,</td> <td>The patient's payment obligation will be based on the HMO/PPD Payment Rate.</td> </tr> </tbody> </table>	If:	Then:	The amount paid by insurance exceeds what Medicare would have paid,	The entire (100%) patient liability portion of the bill will be written off.	The Medicare Payment LIKE Rate is greater than the HMO/PPD Payment Rate for services rendered,	The patient's payment obligation will be based on the HMO/PPD Payment Rate.
If:	Then:						
The amount paid by insurance exceeds what Medicare would have paid,	The entire (100%) patient liability portion of the bill will be written off.						
The Medicare Payment LIKE Rate is greater than the HMO/PPD Payment Rate for services rendered,	The patient's payment obligation will be based on the HMO/PPD Payment Rate.						
201% - 400%.	Insured, yet services are not covered by the payer,	The following will apply: <table border="1" data-bbox="633 1249 1250 1344"> <thead> <tr> <th>If...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>The patient ordinarily would be responsible for the full billed charges,</td> <td>The total patient payment obligation will be the HMO/PPD Payment Rate.</td> </tr> </tbody> </table>	If...	Then ...	The patient ordinarily would be responsible for the full billed charges,	The total patient payment obligation will be the HMO/PPD Payment Rate.	
If...	Then ...						
The patient ordinarily would be responsible for the full billed charges,	The total patient payment obligation will be the HMO/PPD Payment Rate.						
201% - 400%.	Insured, and services are covered by the payer,	The following will apply: <table border="1" data-bbox="633 1365 1250 1449"> <thead> <tr> <th>If:</th> <th>Then:</th> </tr> </thead> <tbody> <tr> <td>The patient is responsible for only a portion of the billed charges (deductible, copay, etc.),</td> <td>There is no discount.</td> </tr> </tbody> </table>	If:	Then:	The patient is responsible for only a portion of the billed charges (deductible, copay, etc.),	There is no discount.	
If:	Then:						
The patient is responsible for only a portion of the billed charges (deductible, copay, etc.),	There is no discount.						

8. AUTOMATIC CLASSIFICATION FOR CHARITY CARE:

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

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

9. OTHER SPECIAL CIRCUMSTANCES:

1. As validated by the court document of discharge for accounts not yet in collection or as validated by the collection agency, patients who have filed for bankruptcy for the outstanding Hoag debt and the court has granted discharge status.
2. Patients who are eligible for FPL - qualify programs such as Medi-Cal, Medicaid, and other government-sponsored low-income assistance programs, are deemed to be indigent. Therefore, such patients are eligible for Charity Care when payment for services is not made by the program. Patient account balances resulting from non-reimbursed charges are eligible for charity write off. Medi-Cal Share of Cost obligations are not eligible for charity write off or the discount program.

Specifically included as eligible are charges related to the following:

1. Denied inpatient stays for medically necessary services
2. Denied inpatient days of care
3. Eligible non-covered services
4. IP Treatment Authorization Request (TAR) denials
5. Denials due to restricted coverage

10. PRESUMPTIVE CHARITY:

1. Hoag recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required information is not provided by the patient, Hoag utilizes an automated, predictive scoring tool to qualify patients for Charity Care. The PARO™ tool predicts the likelihood of a patient to qualify for Charity Care based on publicly available data sources. PARO provides estimates of the patient's likely socio-economic standing, as well as, the patient's household income and size.
2. QMB patients: Qualified Medicare Beneficiaries: Eligible for charity write off when no secondary or Medical information is obtainable or balance after secondary other than SOC: Medicare providers and suppliers may not bill people in the QMB program for Medicare deductibles, coinsurance or co-pays, but state Medicaid programs may pay for those costs. Under some circumstances, federal law lets states limit how much they pay providers for Medicare cost sharing. Even when that's the case, people in the QMB program have no legal obligation to pay Medicare providers part A or part B cost-sharing. Refer to Prohibition on billing dually eligible individuals enrolled in the QMB program.

11. APPROVAL LEVELS:

1. Financial assistance determination will be made only by approved Hospital personnel according to the local Hospital levels of authority.
2. Notification of Determination
 1. Patients will receive notification of Hospital determination within 30 days of submitting the completed application and supporting documentation.
3. Patient Disputes
 1. FAP qualifications are determined after the application is reviewed for eligibility based on criteria contained in this policy. Financial assistance shall not be provided on a discriminatory or arbitrary basis, however the hospital retains full discretion to establish eligibility criteria based on sufficient evidence and information provided by the patient or guarantor.
4. In the event of a dispute, a patient or guarantor may seek review from management or the executive director of revenue cycle via email at PFS@hoag.org or in writing by providing additional information to support the dispute at:
Hoag Memorial Hospital Presbyterian
Attn: Executive Director of Revenue Cycle
500 Superior, Suite 250
Newport Beach, CA 92663

12. PROOF OF INSURANCE:

1. If a hospital bills a patient who has not provided proof of coverage by a third party at the time the care is provided or upon discharge Hoag will provide the patient with a Notice Of Availability Financial Assistance (NAFA)

13. DEFINITIONS:

Term	Definition
Affordable Care Act (ACA)	A federal mandate that aims to increase the quality and affordability of health insurance.
Charity Care	Medically necessary Hospital services provided at no cost to a patient who lacks or has inadequate insurance and meets defined low-income requirements.
Covered California	California's Health Insurance Marketplace program that provides assistance in shopping for affordable health care and possibly financial assistance. Covered California will also assist in determining qualification for Medi-Cal.
Deposit	When payment arrangements are made, the first installment payment is considered the deposit. The deposit is negotiated, starting at 50% of total estimated patient liability.
Government-Funded Insurance Programs	The following are included in "government-funded insurance programs" (but is not limited to): <ul style="list-style-type: none"> ■ Medicare ■ Presumptive Eligibility (Medi-Cal) ■ Medi-Cal (CA) ■ Covered California (CA) ■ Out Of State Medicaid
Health Insurance Marketplace	A component of the Affordable Care Act (ACA) is the Health Insurance Marketplace (formerly known as Exchange). Each state is mandated to have this on-line venue for consumers and small businesses to compare and purchase insurance coverage options and to learn if they are eligible for federal insurance subsidies.
High Medical Costs	California A patient is considered to have High Medical Costs if he or she has either of the following: <ul style="list-style-type: none"> ■ Annual out-of-pocket costs incurred by the individual at the Hospital that exceed 10 percent of the patient's family income in the prior 12 months. ■ Annual out-of-pocket expenses that exceed 10 percent of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months.
HMO/PPO Payment Rate	The average amount of payment the Hospital would receive from all contracted HMOs/PPOs for providing services. This rate, represented as a percent of total billed charges, is Hospital-specific and updated periodically.
Out of State Medicaid	Hoag will bill for Out of State Medicaid provided a contract is approved by the state and/or obtained through an outsourced vendor.

Term	Definition
Medi-Cal (CA)	Medi-Cal is California's federally funded health insurance programs that pays for a variety of medical services for children and adults who have limited resources and low-income. Under ACA, Medi-Cal has expanded who may be eligible.
Medically Necessary Services	Services or supplies determined to be proper and needed for the diagnosis, direct care or treatment of the medical condition and meet the standards of good medical practice in the medical community.
Excluded services	If services not deemed a medical necessity, CDU, Cosmetic, gastric bypass for weight loss.
Presumptive Charity (PARO, SOS and La Amistad programs)	Share ourselves program (SOB) and La Amistad have been pre-determined to meet the program guidelines as these individuals were determined to be at or below 200% FPL. SOS and La Amistad complete their own screening and approval. Payment Assistance Rank ordering (PARO) Score: PARO is a patient account scoring mechanism. PARO score is evaluated bi-annually and calibrated to reflect the charity care policy of Hoag for evaluation and eligibility criteria.
Medicare	Medicare is a Federally funded health insurance program for qualified people age 65 or older. Certain people younger than 65 also qualify based on disabilities or renal disease. This program helps with the cost of health care, but it does not cover all medical expenses or the cost of long-term care. It is not based on low-income. It is not part of the Health Insurance Marketplace, but there are some coverage changes as a result.
Medicare Payment Rate	The average amount of payment the Hospital would receive from Medicare for providing services. This rate is Hospital-specific and updated periodically.
Payment Arrangements / Installment Plans	A plan negotiated and agreed to by the Hospital and the patient that sets the terms of extended payment for services provided by the Hospital. Any pre-service payment plan is based on an estimate and the financial counselors and/or schedulers coordinate payment plans through the self-pay supervisor as final terms are set up after final billing.
Reasonable Payment Plan (CA)	If Hoag and the patient/guarantor, cannot agree, the Hospital shall create a reasonable payment plan. Monthly payments pursuant to a reasonable payment plan cannot exceed more than 10 percent of a patient's family's monthly income, excluding deductions for essential living expenses.
Essential Living Expenses (CA)	Expenses for any of the following: rent or house payment and maintenance; food and household supplies; utilities and telephone; clothing; medical and dental payments; insurance; school or child care; child or spouse support; transportation and auto expenses, including insurance, gas and repairs; installment payments;

Reference:

Review and/or input for this procedure was given by the following:

Attachments

A: Hoag Notice of Availability of Financial Assistance

Applicability

Hoag Memorial Hospital Presbyterian

COPY

APPENDIX B

Hoag Hospital Quantifiable Community Benefit Summary CY 2020

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

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

	CY 2020	CY 2019
Charity Care	\$ 4,394,268	\$ 6,769,745
MediCal/Cal Optima Cost of Unreimbursed Care	\$ 50,571,478	\$ 44,917,272
Medicare Cost of Unreimbursed Care	\$ 110,249,874	\$ 99,586,083
Total Cost of Unreimbursed Direct Medical Care Svcs	\$ 165,215,620	\$ 151,273,100

B. Benefits for Vulnerable Populations

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

Community Health Services	\$ 1,356,582	\$ 1,529,408
Subsidized Clinical Specialty Services	\$ 126,940	\$ 25,050
Cash and In-Kind Contributions	\$ 8,859,662	\$ 9,913,914
Community Benefit Operations	\$ 1,305,557	\$ 1,390,222
Total Benefits for Vulnerable Populations	\$ 11,648,741	\$ 12,858,594

C. Benefits for the Broader Community

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

Community Health Services	\$ 486,076	\$ 853,687
Health Profession Education	\$ 22,718	\$ 34,840
Subsidized Clinical Specialty Services	\$ 65,562	\$ 92,659
Cash and In-Kind Contributions	\$ 2,979,195	\$ 1,890,856
Total Benefits for the Broader Community	\$ 3,553,551	\$ 2,872,042

Total Community Benefit and Economic Value	180,417,912	167,003,736
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Total Community Benefit and Economic Value (excluding Medicare Cost of Unreimbursed Care)	70,168,038	67,417,653
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Notes:

*The CY 2020 year included 12 months: January 1, 2020-December 31, 2020

APPENDIX C

Benefits for Vulnerable Populations

Net CB Expenditure

Community Health Improvement Services

Mental Health Center-Community Health	\$	890,241
Center for Healthy Living-Community Health	\$	389,556
Nurse Health Coaching- Community Health	\$	76,785
Total Community Health Services	\$	1,356,582

Subsidized Clinical Specialty Services

ECU Call Panel Fees for Uninsured patients	\$	126,940
Total Subsidized Clinical Specialty Services	\$	126,940

Cash and In-Kind Contributions

Academy of International Dance- Healthy Lifestyle Program	\$	20,000
Access California Services	\$	150,000
Age Well Senior Services	\$	125,000
Alzheimer's Family Services Center	\$	2,255,508
American Academy of Pediatrics: Clinic in the Park	\$	100,000
Bracken's Kitchen	\$	70,000
Braille Institute	\$	50,000
Build Futures	\$	50,000
Casa Teresa	\$	50,000
Catholic Charities of OC	\$	75,000
Child Guidance Center, Inc / Strong Families, Strong Children	\$	50,000
Children's Bureau of Southern California	\$	25,641
CHOC Foundation	\$	200,000
City of Costa Mesa-Transportation	\$	125,000
City of Huntington Beach	\$	150,000
City of Newport Beach-Oasis Senior Center-Transportation	\$	125,000
Community Action Partnership of Orange County	\$	50,000
Community for Innovation, Entrepreneurship, Leadership & Opportunities (CIELO)	\$	70,000
Community Health Initiative of OC	\$	55,000
Community Senior Serve Inc	\$	75,000
Council on Aging Orange County	\$	217,250
El Sol Academy	\$	5,000
Families Forward	\$	100,000
Friendship Shelter	\$	25,000
Girls Inc	\$	215,000
Healthy Smiles for Kids OC	\$	50,000
Human Options	\$	120,000

Illumination Foundation	\$	12,263
Innovative Housing Opportunities	\$	50,000
Irvine Adult Day Health Services-Transportation	\$	75,000
Kiwanis Costa Mesa	\$	20,000
Laguna Beach Seniors, Inc (The Susie Q)	\$	50,000
Latino Health Access	\$	213,000
Laurel House- Hope Harbor	\$	40,000
Mary's Shelter	\$	50,000
Mercy House	\$	50,000
Miracles for Kids	\$	50,000
MOMS Orange County	\$	200,000
Moonridge Foundation- Delivering with Dignity	\$	10,000
National Alliance of Mental Health (NAMI)	\$	120,000
Newport Mesa Schools Foundation	\$	20,000
Newport Mesa Unified School District	\$	440,000
Olive Crest: OC Kinship	\$	5,000
One OC: Cancer Kinship	\$	50,000
One OC: Kid Healthy	\$	50,000
Orange County Community Housing Corp	\$	25,000
Orange County Rescue Mission	\$	20,000
Orange County United Way	\$	170,000
Our House Grief Support Center Orange County- Camp Erin	\$	50,000
Pediatric Adolescent Diabetes Research Education Foundation	\$	50,000
People for Irvine Comm Health/211 Orange County	\$	110,000
Project Hope Alliance	\$	69,500
Project Self Sufficiency	\$	50,000
Providence Speech and Hearing Center- Low Income Program	\$	50,000
Public Law Center	\$	60,000
Save Our Youth (SOY)	\$	100,000
Second Harvest Food Bank	\$	130,000
Seegerstrom Center for the Arts- Childrens with Disabilities Program	\$	50,000
SENECA Family of Agencies	\$	30,000
Serving Kids Hope	\$	100,000
Serving People in Need (SPIN)	\$	100,000
Share Our Selves Corporation	\$	726,500
Shoes That Fit	\$	20,000
Someone Cares Soup Kitchen	\$	150,000
St. Jeanne De Lestonnac Clinic	\$	50,000
Strength in Support	\$	50,000
Susan G Komen	\$	75,000
The Cambodian Family	\$	100,000
TIYYA Foundation	\$	25,000
United Cerebral Palsy Association of OC	\$	100,000
Veterans Legal Institute	\$	40,000
Waymakers (formerly Community Services Program)	\$	50,000

Wiseplace	\$	50,000
Young Lives Redeemed	\$	50,000
Youth Employment Services	\$	100,000
Total Cash and In-Kind Contributions	\$	8,859,662

Community Benefit Operations

Community Health Department Operations	\$	803,074
Community Health Needs Assessment	\$	38,099
Dedicated Staff	\$	451,539
ZIRMED/PARO Decision Support (Predictive Modeling for Healthcare)	\$	12,845
Total Community Benefit Operations	\$	1,305,557

Total Benefits for Vulnerable Populations \$ 11,648,741

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

Better Breathers Support Group	\$	6,548
Community Education and Outreach (various Hoag departments)	\$	150,284
Flu Immunization Clinic Expenses	\$	162,581
Health Ministries Program	\$	129,559
OB Education Classes	\$	15,000
Project Wipeout	\$	22,104
Total Community Health Services	\$	486,076

Health Professions Education

Hospital Case Management Internships	\$	18,080
Pharmacy Student Clinical Rotations	\$	3,300
Rehab Therapy Internships	\$	1,338
Total Health Professions Education	\$	22,718

Subsidized Clinical Specialty Services

ETOH/Psych/Ancillary Patient Transfer Program	\$	65,562
Total Subsidized Clinical Specialty Services	\$	65,562

Cash and In-Kind Contributions

American Red Cross	\$	60,000
Alzheimer's Orange County	\$	110,000
Big Brother Big Sisters Of Orange County	\$	100,000
Boys and Girls Club of Huntington Valley	\$	25,689
Charitable Ventures of OC: Project Kinship	\$	25,000
Charitable Ventures of OC: Orange County Grantmakers	\$	10,000
CHOC Pediatric Diabetes Services at the Allen Diabetes Center	\$	1,067,377
Crime Survivors Inc	\$	35,000
Epilepsy Support Network	\$	70,000
In-Kind Office Lease/Meeting/Parking Space for Non-Profits	\$	856,129
LGBTQ Center OC	\$	100,000
Orange County Bar Foundation	\$	100,000
Orange County Human Relations	\$	150,000
One OC: Health Funders Partnership of OC (HFPOC)	\$	10,000
Radiant Health Centers/formerly AIDS Service Foundation	\$	50,000
Regents of The University of Calif Irvine Womens Health	\$	200,000
Trauma Intervention Program	\$	10,000
Total Cash and In-Kind Contributions	\$	2,979,195

Total Benefits for the Broader Community \$ 3,553,551

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