

# DAMERON HOSPITAL



*Dameron Hospital Association Community Benefit Report 2018*

## TABLE OF CONTENTS

Dameron Hospital. . . . .	Page 3-4
Mission, Vision, and Values . . . . .	Page 5
Community Benefit . . . . .	Pages 6-8
Overview of San Joaquin County . . . . .	Pages 9-10
Implementation Plan. . . . .	Page 11
Community Benefit Plan. . . . .	Pages 12-17
Strategic Plan. . . . .	Pages 19-20
Community Contributions. . . . .	Pages 21-22
Economic Valuation. . . . .	Page 23
Maps . . . . .	Page 24-25
Tables. . . . .	Pages 26-27
References . . . . .	Page 28
Appendices. . . . .	Pages 29-51
Appendix A	
Hospital Organizational Chart. . . . .	Page 32
Appendix B	
Summary Table of Community Benefit Plan. . . . .	Pages 33
Appendix C . . . . .	Page 32
Charity Care Policy. . . . .	Pages 33-43
Appendix D . . . . .	Page 44
Uninsured Patient Discount Policy . . . . .	Pages 45-48
Appendix E Dameron Hospital Services. . . . .	Pages 49-50
San Joaquin Services. . . . .	Pages 51



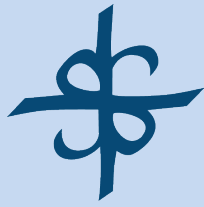
Dameron Hospital is a Joint Commission accredited, 202-bed, not-for-profit community hospital delivering excellent healthcare to generations of San Joaquin County residents for over 107 years and is a nationally recognized as a leader in quality and safety. Dameron Hospital strives to promote healing and wellness through compassionate, quality and cost-effective care to meet the identified needs of the community we serve. Dameron Hospital is proud of its past and is dedicated to its future in providing services to the community to meet their healthcare needs. In keeping with a healthier community, Dameron Hospital is a smoke-free, tobacco-free environment.

Dameron Hospital exists solely to serve the healthcare needs of the greater Stockton area and San Joaquin County, providing the community with advanced technology and state-of-the-art diagnostic and therapeutic equipment, as well as facilities for Inpatient, Outpatient, Physical Therapy, Occupational Services, and Ambulatory Care Center. Dameron Hospital offers a broad array of services for the health maintenance for all age groups. Comprehensive patient services include Bariatric, Cardiology, Orthopedics, Emergency/Urgent Care, and Imaging Specialties.

Dameron Hospital is a member of the San Joaquin County Community Health Assessment Collaborative (SJC<sub>2</sub>HAC), responsible for producing and releasing, every three years, the Healthier San Joaquin County Community Assessment, required by Federal and State laws. In accordance with these legislative requirements, Dameron Hospital, in collaboration with other members of SJC<sub>2</sub>HAC, assessed the community

they serve, which encompasses all of San Joaquin County. Based on the results of this assessment, an Implementation Plan was developed detailing how the community needs will be addressed.

This Plan is submitted annually to The California Office of Statewide Health Planning and Development (OSHPD), The Internal Revenue Service, and the Dameron Hospital Board of Directors. The Community Assessment was conducted over eight-months and was led by Valley Vision, Inc., a non-profit community consulting organization dedicated to improving the quality of life for residents across Northern California. The SJC<sub>2</sub>HAC assessment was released in March 2016. The assessment is used to: inform and engage local stakeholders and community members, promote collaborative efforts based on data, solicit community input and obtain group consensus to improve the health of our community. This Dameron Hospital Association 2018 Community Benefit Report reflects the 2016 SJC<sub>2</sub>HAC findings, our program, and activities to meet the identified needs of the community.



# DAMERON HOSPITAL

*Mission - Vision - Values*

## MISSION

Our mission is to support physicians and our employees in providing quality patient care in a safe and caring environment.

*Dameron Hospital's mission, in part, is carried out by meeting health needs by developing and participating in innovative, cost effective, and high-quality health care services for our patients and the community we serve*

## VISION

To be the hospital in our community physicians prefer, patients request, and employees choose

## VALUES

- *Leadership*: exists throughout all levels of the organization in alignment with our Vision and Mission
- *Integrity*: consistently demonstrating our values through individual and collective actions
- *Teamwork*: a committed team working collaboratively to ensure that we support each other
- *Service Excellence*: everything we do is based upon respect and appreciation for the individuality of physicians, patients, families, co-workers, and vendors
- *Financial Stability*: deliver high quality services in an effective, efficient and economical manner

## Community Benefit

In a response to the Community Needs Assessment, Programs and Activities were developed to ensure we are providing treatment, education, and healthcare awareness to promote our community's wellbeing. The Leadership of Dameron Hospital ensures all community activities align with our Mission, Vision and Values. Dameron Hospital provides Community Benefits in many areas of healthcare to provide care to the uninsured and underinsured and also includes charity care and the unreimbursed costs of Medicaid and other means-tested government-funded insurance programs for the indigent; as well as health professional education, efforts to build upon the community healthcare literacy, and all costs associated with community benefit operations. Dameron Hospital partners with community agencies and organizations to improve the health and overall well-being of San Joaquin County residents; collaborative partnerships include: Valley Vision, Community Medical Centers, Inc., Community Partnership for Families of San Joaquin, Health Plan of San Joaquin, San Joaquin County Office of Education, San Joaquin County Public Health Services, San Joaquin Healthier Community Coalition, St. Joseph's Medical Center, Sutter Tracy Healthy Connections, and University of the Pacific.

CHNA's objective was:

*To provide necessary information for participating members of the San Joaquin County Community Health Assessment Collaborative to create implementation plans, identify communities and specific groups within these communities which experience health disparities, especially as these disparities relate to chronic disease, and further identify contributing factors that create both barriers and opportunities for these populations to live healthier lives.*

A robust and comprehensive assessment included both primary and secondary data. Primary data included input from more than 180 members of the Hospital Service Area (HSA), expert interviews with 45 key informants, focus group interviews with 137 community members and more than 300 community health assessment surveys were collected. Secondary data included health outcome data, socio-demographic data, behavioral, and environmental data at the ZIP code or census tract level. Analysis of both primary and secondary data revealed 10 specific Communities of Concern, living with a high burden of disease in San Joaquin County. These 10 communities had consistently high rates of negative health outcomes that frequently exceeded county, state, and Healthy People 2020 benchmarks. These Communities of Concern are noted in Figure 2 and described in more detail in Table 1 and Table 2. The 2016 Healthier San Joaquin County Community Assessment can be found at [www.healthiersanjoaquin.org](http://www.healthiersanjoaquin.org) released in March 2016. Previous

SJC<sub>2</sub>HAC community assessments can also be found on this same website. The assessment can also be found on Dameron Hospital's website [www.dameronhospital.org](http://www.dameronhospital.org). SJC<sub>2</sub>HAC is responsible for preparing and releasing the Healthier San Joaquin County Community Assessment, which is produced every three years. The primary goals of the assessment are:

- Engage local stakeholders
- Generate knowledge that will lead to collaborative action
- Identify data that would be useful for policy and advocacy work
- Establish a "Call to Action" for community members
- Assess community needs and assets
- Develop a community dissemination plan
- Provide ongoing tracking and monitoring

Ranking of the seven health needs are shown below:

1. Lack of access to primary and preventative care services
2. Lack of or limited access to health education
3. Lack of or limited access to dental care
4. Limited cultural competence in health and related systems
5. Limited or no nutrition literacy/access to healthy and nutritious foods, food security
6. Limited transportation options
7. Lack of safe and affordable places to be active

Dameron Hospital's 2018 Community Benefit Plan aligns with the three following health needs:

- Access to Primary, Specialty healthcare
- Obesity Health Education
- Youth Growth and Development/Education

Our 2018 Community Benefit Report: a) describes how Dameron Hospital aligns with SJC<sub>2</sub>HAC and b) outlines additional Community Benefit Programs and Activities at Dameron Hospital.

The Community Benefit assists in the evaluation of the Community Benefit Plan. Dameron Hospital Community Benefit Director attends the collaborative meetings and community-agency functions throughout San Joaquin County. Data is collected, analyzed, and summarized to evaluate the outcomes of our Community Benefit Plan. A review committee comprised of the Community Benefit Director, the Chief Financial Officer, the Director of Finance, members of the Executive Corporate Compliance Committee, and

other staff deemed appropriate, meet to evaluate program performance issues, data collection, resource distribution, and progress towards meeting the goals of our Plan. The Chief Financial Officer reports the Community Benefit Plan to the Governing Board for approval.



## *Overview of San Joaquin County*

### *The Community We Serve*

San Joaquin County is one of the original counties of California, created in 1850 and is in the Central Valley of Northern California; home to approximately 745,424 residents. Stockton is the County seat, the largest incorporated city in the county and is home to almost half of the county's residents. San Joaquin County is one of the most agriculturally rich regions in California and known for its asparagus, strawberries, almonds, cherries, wine grapes and other abundant crops. The racial and ethnic makeup of county residents includes Whites (67.0%), African American (8.2%), and Native American 2.0%), Asian (16.7%), Pacific Islander (0.8%), and two or more races (5.3%). Hispanic or Latino origin includes (41.6%). According to the US Census (July 2017v), 41.2% (2013-July2017) of all county residents speak a language other than English at home. Nearly one in four over the age of 25 does not have a high school diploma, 18.1% of persons age 25 or more hold a Bachelor's degree.

San Joaquin County housing costs are affordable in comparison to nearby Bay Area communities but has experienced a shortage of housing in 2018 and an surge of self-identified homeless population. San Joaquin offers its residents abundant recreational facilities, excellent educational opportunities, and diverse cultural resources. As the northernmost county in the Central Valley, San Joaquin County includes the cities of Stockton, Lathrop, Lodi, Manteca, Ripon, Tracy, and Escalon, as well as numerous planned communities, census-designated areas, small towns and unincorporated areas.

The U.S Census Bureau anticipates that San Joaquin County's population will reach 789,000 by 2020. Population change by ethnicity will also affect San Joaquin County; the largest increase over the next thirty years will come from an estimated 104.6% increase in the Hispanic/Latino population and the white population will decrease by 8.7%. This represents a significant shift in San Joaquin County demographics. In 2015, unemployment for the county was 8.9% compared to the state rate of 6.2%. San Joaquin County's population is slowly aging. The 2017 Census showed that people aged 65 and older now make up 12.4% of the population.

According to the U.S. Census Bureau (2013-July 2017) San Joaquin County's median household income median is \$57,813 household income, which is aligns with the median income in the United States (\$57,652), and but significantly lower than California (\$67,169). It is important to note that a 15.5% of the San Joaquin

County population lives below federal poverty level with a per capita income of \$24,694. Persons living without health insurance is 7.6% lower than California (8.1%) and the United States (10.2%).

Under the Affordable Care Act (ACA), states were authorized to expand Medicaid, effective January 1, 2014, to many low-income individuals under age 65 who were previously ineligible for coverage. The ACA established a new income eligibility limit of 138 percent of the federal poverty level, increasing the number of Californians eligible. As of March 2016, more than 4.7 million Californians have begun receiving comprehensive health care benefits provided by Medi-Cal since the ACA was implemented.

Under the Affordable Care Act (ACA) millions of Californians have gained health coverage. With new data from the 2017 California Health Interview Survey (CHIS), this issue brief examines trends in coverage rates among nonelderly (under age 65) Californians from 2013, the year prior to full ACA implementation, through 2017.

Of particular note is how the ACA has narrowed disparities in coverage rates between different racial and ethnic groups. In 2017 there continued to be no statistically significant difference in the nonelderly uninsured rate between white, African American, and Asian/Pacific Islander Californians — a major shift since 2013. However, Latinos continued to experience a higher uninsured rate than other groups. Under the Patient Protection and Affordable Care Act (ACA), millions of Californians have gained health coverage. These gains have come either through the expansion of Medicaid (called Medi-Cal in California) to low-income adults earning up to 138% of the federal poverty guideline (FPG), or through Covered California, the state's ACA health insurance marketplace, where people earning up to 400% FPG can purchase subsidized insurance coverage. The major coverage expansions of the ACA were implemented starting in 2014, and by 2016 the uninsured rate among nonelderly Californians had fallen from 15.5% to a historic low of 8.5%. The San Joaquin Valley, which had the highest uninsured rate in 2013 (18.1%), experienced the largest decline, reaching a low of 7.6% in 2017.

Other key findings include:

- The 2017 uninsured rate in California, at 8.5%, remained stable — and nearly 50% lower than it was in 2013, before the ACA was fully implemented.
- In 2017 enrollment in Medi-Cal declined compared to 2016, but this was offset by an increase in private coverage.
- Coverage gains under the ACA were maintained in most regions of the state, but variation across regions continued.
- Coverage gains under the ACA were maintained for low- and moderate-income Californians.

<http://www.census.gov/quickfacts/table/PST045215/06077>)

<http://www.dhcs.ca.gov/individuals/Pages/AffordableCareActLinks.aspx>)

<http://www.chcf.org/publications/2018/03/californias-uninsured>)

<http://kff.org/other/state-indicator/total-population/>)

## Implementation Plan

The implementation plan was developed following a distinct three step strategic planning process. First, the health needs identified in the CHNA were prioritized by members of the SJC<sub>2</sub>HAC. Second, Dameron Hospital selected four of the prioritized health needs as a primary focus for the purposes of meeting the health needs of the Community. Those chosen most closely aligned with the hospital's Mission and organizational capabilities. The third, and final step was the development of an implementation plan.

### Step 1: Prioritizing Health Needs

The SJC<sub>2</sub>HAC prioritized and ranked the identified community health needs. Each health need was ranked along two dimensions: 1) the significance or severity of the health need; and 2) the ability of a hospital to make a notable impact on the identified health need.

### Step 2: Identify Health Needs for Dameron Hospital's 2018 focus

Dameron Hospital identified three primary health needs, from the eleven, that aligned with its Mission and organizational capabilities. Dameron Hospital's Mission is to support physicians and our employees in providing quality patient care in a safe and caring environment.

### Step 3: Strategic Planning

This process followed two key steps. First, personnel in the hospital were recruited to participate and develop the implementation plan. Second, Dameron Hospital leadership evaluated the implementation plan and its alignment to the community needs assessment. The final Plan is depicted in Strategic Plan (pgs. 20-22) This evaluation and prioritization results were used as the roadmap for our 2018 Community Benefit Plan.

## Identified Health Needs for Dameron Hospital's Community Benefit Plan

### I. Improving Access to Care

Health insurance is a crucial component of health care access. Uninsured people are less likely to receive medical care, more likely to have poor health outcomes, and are more likely to die early. Being uninsured is a significant barrier to accessing necessary health care services, including preventive care and treatment for chronic conditions. Families and individuals without health insurance often have unmet health needs, receive fewer preventive services, experience delays in receiving appropriate care, and experience more hospitalizations that could have been prevented.

President Barack Obama signed the Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA), into law on March 23, 2010. The ACA was enacted with the goals of increasing the quality and affordability of health insurance, lowering the uninsured rate by expanding public and private insurance coverage. It introduced several mechanisms, including mandates, subsidies, and insurance exchanges, meant to increase coverage and affordability. Under the Affordable Care Act (ACA), states were authorized to expand Medicaid, effective January 1, 2014, to many low-income individuals under age 65 who were previously ineligible for coverage. The ACA established a new income eligibility limit of 138 percent of the federal poverty level, increasing the number of Californians eligible.

In California, implementation of the Affordable Care Act (ACA) helped lower the uninsured rate from 16% in 2013 to 9% in 2015. However, the latest edition of *California's Uninsured* finds that 2.9 million Californians under 65 remained without coverage. According to the US Census Bureau 7.6% of San Joaquin residents are uninsured, which is slight increase over 2017(7.3%).

<http://www.dhcs.ca.gov/individuals/Pages/AffordableCareActLinks.aspx>

<http://www.chcf.org/publications/2018/03/californias-uninsured>

<http://kff.org/other/state-indicator/total-population/>

Dameron Hospital recognizes the need to provide accessible and affordable health care services to the community in which we serve. Dameron provides health care services to poor and underserved patients throughout the community in a variety of ways, *including*:

- Providing charity care or partial charity discount to those individuals who demonstrate an inability to pay (whose income is at or below 350% of the federal poverty level)
- Providing an uninsured patient discount to uninsured patients who do not qualify for charity care, but still may face hardship paying their medical bills
- Covering the unpaid costs of health care for Medi-Cal patients

Consistent with our mission to provide quality patient care in a safe and caring environment, with or without compensation, the hospital provides a full charity or charity discount program. Full charity or partial charity discount is offered to those patients who demonstrate an inability to pay for medically necessary services and meets certain income and asset guidelines. Dameron Hospital strives to ensure that every person receives required services, regardless of ability to pay. The unpaid costs of Medi-Cal and Charity Care comprised 24.6% of the hospital's operating expenses in 2018. The unpaid costs of Medi-Cal, Medicare and charity care comprised 39.5% of the hospital's 2018 operating expenses. (*Reference: Inventory and Economic Valuation of Community Benefits Pg. 25*). Uninsured Patients that are or who have high medical costs or are below 350% of the federal poverty level may be eligible for charity care and discounted payments from emergency room physicians that provide emergency services in our general acute care hospital. The uninsured patient discount is intended to apply to patients who do not qualify for charity care but still may face hardships paying their medical bills.

Dameron Hospital is one of three area hospitals with Emergency Departments serving upwards of 130 patients per day in a 13 bed ER. Dameron Hospital Emergency Department was expanded to a nine-patient bed Fast Track area, which sits adjacent to the Emergency Room (ER) and allows patients with minor injuries or illnesses to be seen more quickly and efficiently at Dameron Hospital. Dameron Hospital's Fast Track provides timely treatment for patients whose medical condition isn't severe enough to require treatment by the emergency room (ER) team. The Fast Track is an extension of our ER, if the patient's condition is more serious than initially assessed, the patient quickly gets the care needed and admitted if necessary. The expanded area allows Dameron Hospital to ensure patients are seen quickly in the Fast Track while keeping the main ED exam beds available for patients requiring a higher, more critical level of care.

### **Stroke Center Certified**

Dameron Hospital is a certified stroke center, and along with Stanford Medicine, we provide some of the most advanced life-saving care obtainable in our community and the Central Valley. Our highly trained staff and partnership with Stanford is available to offer our stroke patients a wide range of leading-edge treatments based on their condition.

## II. Health Education

### A. Continuing Medical Education

The Institute for Medical Quality/California Medical Association (IMQ/CMA) provides Continuing Medical Education (CME) for physicians accredited at Dameron Hospital. Classes are offered at noon on Fridays (*excluding Holidays and the months of July and August*) in the hospital's Annex building. The classes are open to all physicians throughout the community. Dameron provided 6 continuing medical education classes throughout 2018.

### B. Healthier Community Coalition

Dameron Hospital is an active participant in the San Joaquin County Healthier Community Coalition. The purposes of the Coalition are: a) to provide leadership in the development and coordination of health status improvement efforts in San Joaquin County; b) to provide a forum for health services stakeholders to share ideas and information about projects and seek collaborative partners; and c) to work collaboratively and encourage the efforts of other collaborative attempting to respond to community health issues and problems. Dameron Hospital collaborated on creating an all-inclusive free and confidential service helpline for local resources. The 211 helplines, launched in 2015, is available 24 hours a day, seven days a week. Dameron staff has co-chaired this Coalition and participated in key leadership roles since 2011. Its purpose is to make it easy for people to find the help they need, when they need it. (<http://www.211.org>)

Dameron Hospital participated in the 2019 Community Health Needs Assessment (CHNA). The report will be publicly available at <http://healththiersanjoaquin.org> in May 2019. Additional detail about identified needs, data collected, community input obtained, and prioritization methods used can be found in the CHNA report.

The significant community health needs on the 2016 report identified are:

1. Obesity/Diabetes
2. Education
3. Youth Development
4. Economic Security
5. Violence and Injury
6. Substance Use
7. Access to Housing
8. Access to Care
9. Mental Health
10. Oral Health
11. Asthma/Air Quality

The San Joaquin County 2019 Community Health Needs Assessment (CHNA) presents a comprehensive picture of community health that encompasses the conditions that impact health in the county. The overall goal of the CHNA is to inform and engage local decision-makers, key stakeholders, and the community-at-large in efforts to improve the health and well-being of all San Joaquin County residents. From data collection and analysis to the identification of prioritized needs, the development of the 2019 CHNA report has been an inclusive and comprehensive process guided by a Core Team planning group and broadly representative Steering Committee, with input from hundreds of community residents. This collaborative effort stems from a desire to address local needs and a dedication to improving the health of everyone in the community.

### ***C. Community Health Improvement Plan***

Dameron Hospital's Community Benefit Director participated in creating the San Joaquin County Community Health Improvement Plan (CHIP). The CHIP process was guided by the CHNA Core Planning Group made up of not-for-profit hospitals, two Medicaid Managed Care Plans, Community Medical Centers (federally qualified health centers), Public Health Services, First 5 San Joaquin, and Community Partnerships for Families. The CHIP process also engaged its broadly representative CHNA Steering Committee as well as additional subject matter experts, which altogether included health and social service providers, educators, behavioral health and affordable housing advocates, law enforcement officers, land use and transportation planners, and policymakers. The process identified three priority issues:

- Healthy Eating/Active Living
- High-quality Education
- Community Safety and Social Supports

With these issues serving as the foundation for the CHIP, the Core Planning Group and Steering Committee developed goals, objectives, strategies, and action items for each priority. CHIP is a resource for multiple partners and collaborators in our work to set priorities and coordinate and target resources.

### **D. Diabetes**

San Joaquin County's diabetes and pre-diabetes is at a crisis point. A report from UCLA states that almost half of all adults in San Joaquin County are pre-diabetic. The authors of the comprehensive study found about 2 in 5 young adults in the county have undiagnosed diabetes or pre-diabetes, a precursor to life-threatening type 2 diabetes. Diabetes has been a plague on San Joaquin County for years. It is one of the leading causes of death, out of the state's 58 counties, San Joaquin County ranks 52 for deaths from diabetes, according to the



latest statistics provided by state health officials. In San Joaquin County, 48 percent of its 518,000 adults — roughly 249,000 — are estimated to have pre-diabetes or undiagnosed diabetes. Combined with approximately 47,000 adults who already live with a diabetes diagnosis are almost 300,000 adults in a county of 730,000 residents who are directly impacted. <https://www.recordnet.com/article/20160313/NEWS/160319915>

In response to these statistics Dameron Hospital in conjunction with the Greater Stockton Chamber of Commerce FRESH program hosted a morning symposium to inform and educate community business leaders on how to identify and help their employees and their families identify diabetes and strategies to avoid diabetes. Physician speakers offered education on diabetes and signs of the disease.

Speakers included Dr. Kwabena Adubafour, an internist and leader in diabetes care, in Stockton, California. He received his medical degree from University of Ghana Medical School and has been in practice for more than 20 years. Dr. Álvaro Garza is a retired public health officer. He has local, state, national, and international public health practice and research experience. He received his medical degree from the University of California, San Francisco, School of Medicine, pediatrics residency training at the University of California, San Diego, School of Medicine, and a master's degree in public health from San Diego State University, Graduate School of Public Health. In addition, the eighty attendees, primarily employers, heard from Health Plan of San Joaquin, YMCA on programs for diabetics. Leading the effort to decrease diabetes in their employee population, employers shared their strategies by offering onsite gyms, life coaches, and prepared healthy food to decrease the incidence of diabetes. Dameron secured speakers, provided rooms, healthy snacks, and personnel to accommodate the symposium.

### *Chronic Obesity*

In 2014 Dameron Hospital initiated a comprehensive Bariatric Services Program. Chronic obesity is the largest health care problem in San Joaquin County, which in turns contributes to Hypertension, Diabetes, and associated orthopedic dysfunctions. Our dedicated Bariatric Services Coordinator facilitates all components of the Bariatric Program. Weight loss seminars and support groups are available to the entire community. Dameron offers a Healthy Lifestyles class that is available to anyone who has had a Bariatric procedure. The class provides reinforcement of concepts to enhance learning and provide a networking opportunity to over 478 Bariatric patients in 2018. 141 individuals attended the Bariatric Support Group. Many areas of San Joaquin County have food deserts, no access to fresh fruit and vegetables, which contribute to obesity in the African-American and Hispanic populations.

## Youth Development/Health Education

### A. *Decision Medicine*

This two-week program, sponsored by San Joaquin Medical Society, is designed to introduce high school students to the field of medicine through personal mentoring opportunities and site visits with behind-the-scenes access to some of our regional hospitals, clinics and public health centers. Decision Medicine 2018 took place at various locations in Northern California, including hospitals, various clinics and inside actual private offices of participating physicians in San Joaquin County. Dameron Hospital provided a full eight-hour day of student interactive tours into the Core Laboratory, the Pathology Laboratory, and tour of the Hospital Data Center; didactic lectures on Basic Hematology & Comparative Cellular Morphology and Forensic Pathology; lecture from Stanford/Dameron heart program surgeon, Dr. Maria Currie; hands-on laboratory exercises for Phlebotomy, Blood Specimen Preparation, Blood Smear Technique, Differential Staining Technique, Blood Smear Examination by Light Microscopy, and Blood Typing. In addition, students were provided an individual Complete Blood Analysis (CBC), a preliminary ABO blood group determination, historical information about Dameron Hospital and career information in pathology and laboratory medicine. Dameron Hospital hosted twenty-four students (twenty-two girls and 2 boys) that included lunch and refreshments throughout the day. The Community Benefit Director coordinates this program for Dameron Hospital. Volunteers include a Board Member, Chief Information Officer, Telemetry Director, Hospital Executive Leadership Team Member, Laboratory Medical Director, Laboratory Manager, several Clinical Laboratory Scientists, Patient Relations Coordinator, and Health Educator. San Joaquin Medical Society tracking of Decision Medicine graduates has yielded one *Practicing Physician; one in Residency, seventeen in Med School; two BS/MD Program; 90 Pre-Med Majors in Undergrad; two Nursing; two Physician Assistants; and two Dentist.*

### B. *Leadership Stockton*

Dameron Hospital hosted the 2017-2018 Leadership Stockton is a program designed to inspire a new generation of men and women to assume leadership roles in the community. The nine-month program challenges and prepares individuals from diverse backgrounds to become influential in the region's future. To develop educated and motivated community leader participants are exposed to civic, civil, education, healthcare and non-profit entities. Participants heard from area healthcare leaders about the current and future state of healthcare. Brad Reinke, MD, CMO, Dameron Hospital presented on behalf of Dameron

Hospital. The roundtable discussion enabled participants to learn about hospital and healthcare facilities located throughout Greater Stockton community. A question and answer period concluded the forum. Dameron Hospital provided meeting space, breakfast, lunch, giveaways, and hospital tour.

### *C. Health Careers Academy*

The Health Careers Academy (HCA) was established in 2011 by the Stockton Unified School District to meet the growing community need for healthcare clinicians in Stockton and the greater San Joaquin County. HCA has a student population of 497 students with a senior class of 121. The goal of HCA is to produce students who have been challenged with a rigorous college prep curriculum, as well as teaching them health career technical skills. Students are provided with community service opportunities to gain better sense of community awareness and are exposed to various medical professions during their PRN rounds. Upon graduation, they leave prepared to join the workforce; pursue further health related vocational training; or attend a four-year college. Dameron Hospital staff is committed to offering speakers, mentors and participate in mock interview at the request of the HCA. Our Community Benefit Director serves on the HCA Community Committee to enhance the learning experiences of our future health care professions. 2019 marks the first graduating class yielding a Med School graduate.

### *D. Association of California Nurse Leaders (ACNL)*

This Association was created and is embraced by nurse leaders throughout California. Its mission is to develop nurse leaders; advance professional practice; influence health policy; and promote quality and patient safety. With health care reform, implementation of the IOM Future of Nursing initiatives, professional practice issues and regulatory mandates, challenges and opportunities for nurse leaders have never been greater. ACNL helps nurse leaders address these issues together. ACNL provides essential information, statewide networking with peers, progressive leadership development programs and timely educational activities. Dameron Hospital's Nursing Directors are members of the North Central Chapter that includes monthly chapter meetings, participation in ACNL projects and sponsoring annual ACNL conferences. Dameron Hospital continued its ACNL membership and active participation through 2018.

## Strategic Plan

The first column lists the identified health needs; the second column lists the goals of Dameron Hospital in meeting the health need; the third column identifies the objectives to be accomplished, and the fourth column identifies measurable outcomes that will allow Dameron Hospital to monitor its progress toward attaining the goal of each health need. Our 2018 Plan resembles 2016 to ensure our goals have been achieved and maintained.

Health Need	Goal	Objectives	Measurable Outcomes
Improve Access to Care  <b>Primary, Specialty, and Behavioral Health care</b>	1. Eliminate barriers to healthcare access, for health education and chronic disease management services	1. Provide transportation for those who cannot reach the hospital  2. Provide information during Community events on diabetes and weight loss management	1. Number of bus passes, taxi vouchers issued  2. Value of educational sessions provided and the number attended
	2. Provide comprehensive information about when and how to seek care	1. Seasonal Flu vaccination for all ages and if available the shingle and pneumonia vaccine for adult population	1. Value of vaccine, educational materials and administration costs
	3. Support community groups by providing meeting room space	1. Provide financial support donated time and equipment  2. Develop linkages with existing programs and organizations	1. Value of donated hours, equipment and financial resources  2. List of partners, activities and leveraged resources

Health Need	Goal	Objectives	Measurable Outcomes
<b>Health Education</b>	1. Connect with residents in their communities and at all community health fairs and provide educational materials using pictorial and plain language	<ol style="list-style-type: none"> <li>1. Provide ongoing education to the community on Stroke, Heart Disease prevention and interventional care.</li> <li>2. Provide monthly support groups for weight loss.</li> <li>3. Continue participation in Stockton Unified School District Health Careers Academy; Decision Medicine</li> <li>4. Continue participation in community health fairs and events</li> <li>5. Provide continuing education to healthcare professionals</li> <li>6. All outreach and education activities should reflect the literacy of the targeted community.</li> </ol>	<ol style="list-style-type: none"> <li>1. Number of classes offered; number of attendees</li> <li>2. Number of support groups offered; number of attendees</li> <li>3. Value of hours and materials donated</li> <li>4. Value of hours and materials donated; number of interactions with community members</li> <li>5. Number of CE classes and professional education events; number of attendees</li> <li>6. Evaluate the communities understanding by their compliance to health maintenance activities</li> </ol>
<b>Workforce Development</b>			<ol style="list-style-type: none"> <li>1. Translated curriculum and materials if needed; list of <i>identified gaps in materials and information</i></li> <li>2. Number of CE classes and professional education events; number of attendees</li> </ol>

Health Need	Goal	Objectives	Measurable Outcomes
<b>Policy Work (state level) to Improve Community Health – Cultural Competence</b>	1. Engage in policy and advocacy work at the local level to advocate for health-related policy implementation and changes to increase awareness of cultural appropriate care	<ol style="list-style-type: none"> <li>1. Actively participate in partnerships and community healthcare collaboration activities.</li> <li>2. Member of the San Joaquin Healthier Community Coalition to positively affect local policy</li> <li>3. Examine existing programs and strengthen community partnerships</li> <li>4. Education to address the cultural differences and education needs of the Community</li> <li>5. Member CHA Community Benefit Committee</li> </ol>	<ol style="list-style-type: none"> <li>1. Document new partnerships and expansion</li> <li>2. Membership/Attendance</li> <li>3. Document membership in policy oriented groups and attendance at task force meetings, e.g., CHIP, Public Health.</li> <li>4. Educational materials address specific cultural needs, utilization of ethnic nutrition samples and models; CME classes address cultural appropriate health maintenance</li> <li>5. Teleconference attendance</li> </ol>

## Community Contributions

In addition to the programs and activities previously described, Dameron Hospital also provides staff, volunteer time, and meeting room space for community programs and organizations throughout San Joaquin County. Donations of meeting room space for community groups totaled \$3,600.

Meeting Space	Staff Participation
Bariatric support groups	Bariatric support groups
ACNL	Healthier Community Coalition
American Hospital Association	FRESH/Greater Stockton Chamber of Commerce
American Heart Association	Community of Hope
Chamberland Nursing Students	SUSD Healthcare Academy
CSU Stanislaus	American Heart and Stroke Assoc.
San Joaquin Delta College	Public Health Community Health Improvement Plan
San Joaquin Medical Society Decision Medicine	Decision Medicine
Leadership Stockton	Leadership Stockton
FRESH/Greater Stockton Chamber of Commerce	

***In addition to our medical services and programs, Dameron Hospital also offers the following Community Benefit and outreach services:***

- Complimentary use of classroom for various community education and support groups
- Volunteer Program for community members willing to donate their time in a health care environment
- Sponsorship of health-related community events and activities
- Donations of materials, equipment and supplies to community groups
- Employee volunteer time
- Taxi/bus transportation to and from the Hospital/Clinic, if needed
- Continuing Medical Education for community physicians
- Community education classes
- Referral service to community sub-specialties at tertiary centers, for population age 21 of under
- Unreimbursed Medi-Cal, Medicare, Charity Care, and Uninsured patient discounts
- Participation in the Decision Medicine program exposing high school students to health care careers to encourage youth to give back to the community and consider a career in medicine
- On-site free wireless Internet access and Notary Services
- Workforce development
- Health professional education
- Management participation in local leadership programs and local school mentoring programs
- Online health center “FollowMyHealth”
- Staff participation in conducting community health needs assessments
- Multilingual education classes
- Provide a clinical setting for undergraduate/vocational training to students enrolled in outside programs
- Free Interpreter Services for patients and their designated support person



## Inventory and Economic Valuation of Community Benefits

Category	Reporting Period 2017	Reporting Period 2018	Planned 2019
Financial Assistance and Means-Tested Government Programs			
<b>Traditional Charity Care</b>	\$2,289,442	\$2,445,901	<b>\$2,445,901</b>
<b>Unpaid Cost of Medicaid</b>	\$34,935,684	\$24,278,674	<b>\$24,278,674</b>
<b>Unpaid Cost of Medicare</b>	\$22,601,246	\$20,572,010	<b>\$20,572,010</b>
Total for Financial Assistance and Means-Tested Government Programs, excluding unpaid Medicare (minus offset)	\$37,225,126	\$26,724,575	<b>\$26,724,575</b>
Total for Financial Assistance and Means-Tested Government Programs, including unpaid Medicare (minus offset)	\$59,826,371	\$47,296,585	<b>\$47,296,585</b>
Other Benefits			
<b>Community Health Improvement Services and Community Benefit Operations</b>	\$55,915	\$55,915	<b>\$55,915</b>
<b>Health Professions Education</b>	\$4,550	\$4,550	<b>\$4,550</b>
<b>Cash and In-Kind Contributions</b>	\$22,384	\$22,384	<b>\$22,384</b>
<b>Community Building Activities</b>	\$15,317	\$15,317	<b>\$15,317</b>
<b>Subsidized Health Services</b>	\$2,163	\$35,665	<b>\$36,665</b>
Total Community Benefits (excluding unpaid Medicare)	\$37,225,126	\$26,858,406	<b>\$26,859,406</b>
Total Community Benefits (including unpaid Medicare)	<b>\$59,826,371</b>	<b>\$47,394,751</b>	<b>\$47,394,751</b>

Figure 1

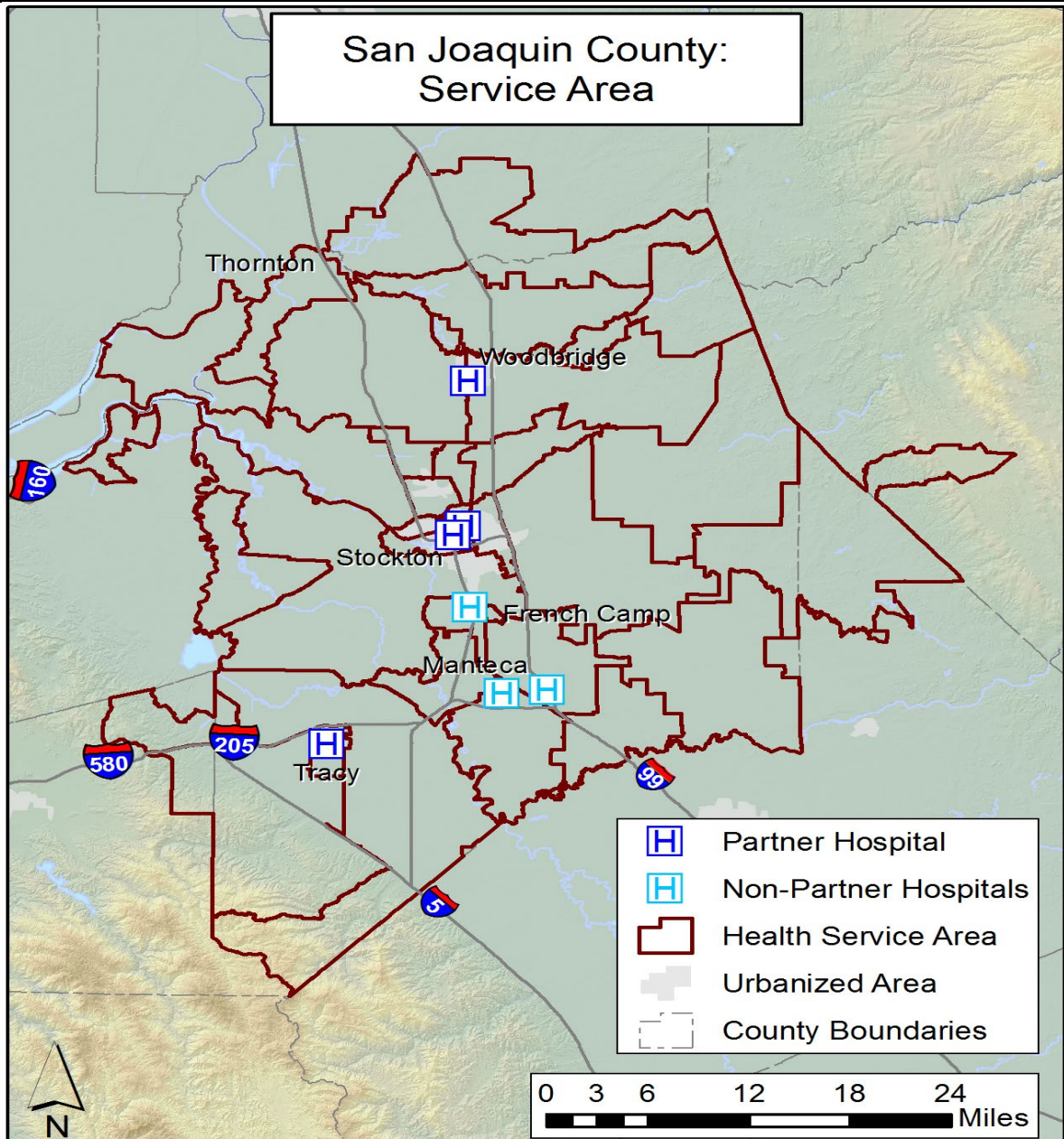


Figure 1 - San Joaquin County showing major cities and highways, as well as the location of all hospitals. Hospitals that partnered with the SJ<sub>2</sub>HAC, as members of the Collaborative, are distinguished from others (non-partnered).

Figure 2

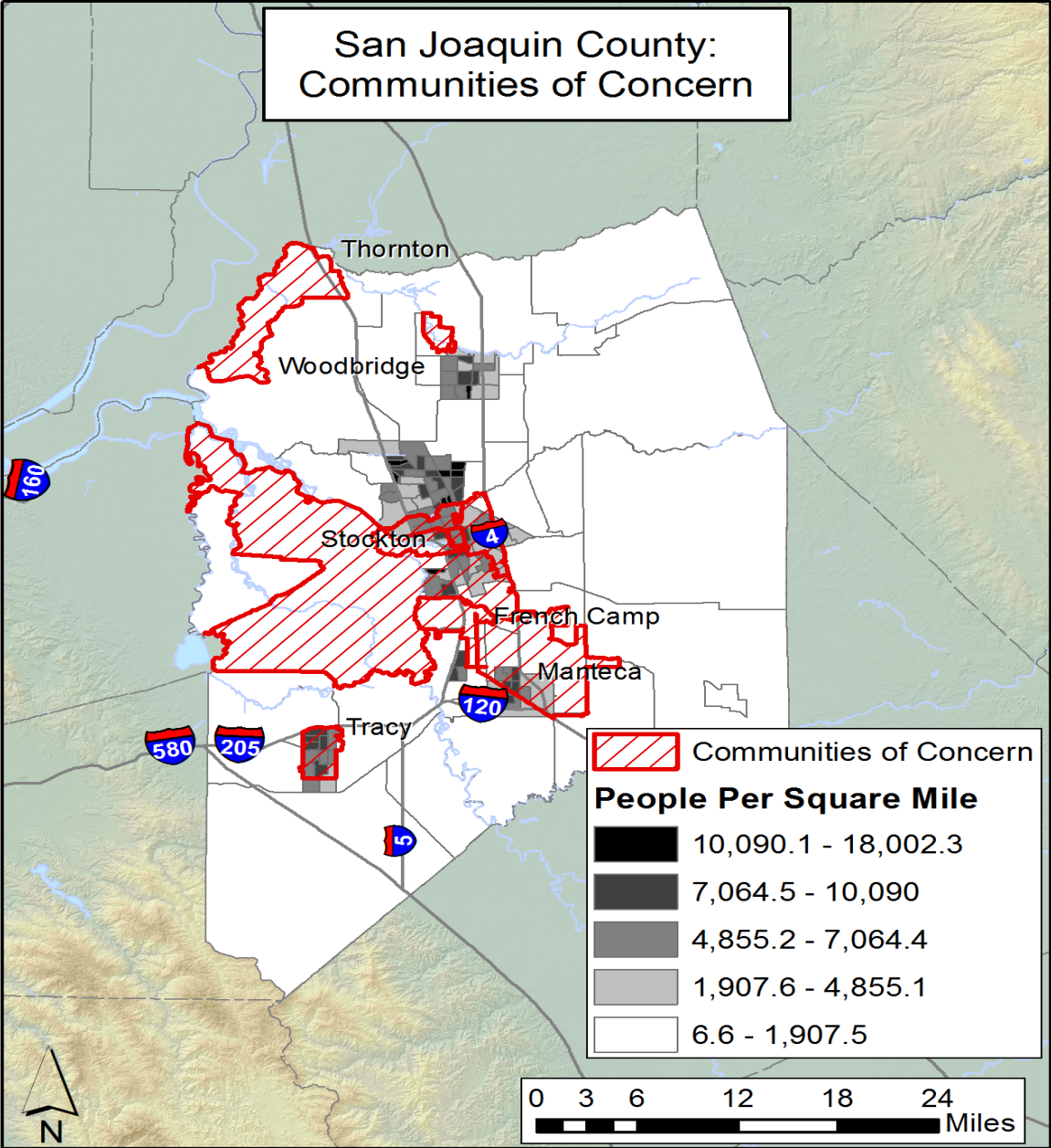


Figure 2: San Joaquin County Communities of Concern

**Table 1: San Joaquin County Communities of Concern,  
With ZIP code, Community Name, and Population**

ZIP Code	Community Name	Population*
95202	Stockton/Downtown	6,521
95203	Stockton/Downtown	15,696
95204	Stockton/Central	27,786
95205	Stockton/Southeast	38,069
95206	Stockton/Southwest	65,004
95231	French Camp	4,374
95258	Woodbridge	4,018
95336	Manteca	42,675
95376	Tracy	49,859
95686	Thornton	1,405
Total Population		255,407

\*(Source: <https://www.zip-codes.com/county/ca-san-joaquin.asp>)

**Table 2: Socio-demographic characteristics for  
Communities of Concern compared to National and State benchmarks**

Zip code	% Households in poverty over 65 headed	% Families in poverty w/ kids	% Families in poverty female headed	% over 25 with no high school diploma	% Non-White Hispanic	% pop over age 5 with limited Eng	% Unemployed	% No health insurance	% Residents Renting
95202	31.8	56.2	69.7	50.9	85.3	21.3	32.8	45.5	93.9
95203	19.6	30.9	44.4	35.3	78.0	15.8	17.9	40.6	57.4
95204	11.8	21.1	41.8	18.3	60.2	5.0	12.4	29.2	42.8
95205	13.7	34.3	53.9	51.6	86.3	19.0	23.7	41.6	49.0
95206	16.2	25.5	46.9	36.4	88.3	16.5	22.9	25.8	31.2
95231	15.0	37.5	27.4	44.7	70.2	10.9	37.2	34.0	46.6
95258	7.0	6.2	12.9	17.6	34.6	4.4	8.5	16.3	22.8
95336	4.7	8.8	21.5	18.6	48.7	3.7	9.7	16.1	36.9
95376	12.0	6.8	19.1	17.0	62.0	6.5	8.2	13.8	31.0
95686	-	-	-	-	-	-	-	-	-
<b>State</b>	-	-	-	19.4 <sup>1</sup>	-	-	9.8 <sup>2</sup>	21.6 <sup>3</sup>	-
<b>National</b>	8.7 <sup>4</sup>	15.1 <sup>5</sup>	31.2 <sup>6</sup>	12.9 <sup>7</sup>	-	8.7 <sup>8</sup>	7.9 <sup>9</sup>	16.3 <sup>10</sup>	-

## References

<sup>1</sup> 2010 Educational Attainment by Selected Characteristics. US Census Bureau, Unpublished Data. Retrieved from: [http://www.census.gov/compendia/statab/cats/education/educational\\_attainment.html](http://www.census.gov/compendia/statab/cats/education/educational_attainment.html)

<sup>2</sup> US Bureau of Labor Statistics (2012, December). *Unemployment Rates for States Monthly Rankings, Seasonally Adjusted*. Retrieved from: <http://www.bls.gov/web/laus/laumstrk.htm>

<sup>3</sup> Fronstin, P. (2012, December). *California's Uninsured: Treading Water*. California HealthCare Almanac. Retrieved from: <http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/C/PDF%20CaliforniaUninsured2012.pdf>

<sup>4</sup> 2011 rate as reported by De Navas, Proctor, and Smith. (2012). *Income, Poverty, and Health Insurance Coverage in the United States: 2011*. US Department of Commerce- Economic and Statistics Administration- Census Bureau.

<sup>5</sup> Ibid.



Bohn, S., & Schiff, E. (2011). The Great Recession and Distribution of Income in California. Public Policy Institute of California

Fujii, Reed. (2013, March 23). Unemployment Rate Rises in S. J. The Record. Retrieved from <http://www.recordnet.com>

San Joaquin County QuickFacts from the US Census Bureau. Retrieved from <http://quickfacts.census.gov>

San Joaquin County Population Projection. (July 2014). Regional Analyst. University of the Pacific, Eberhardt School of Business, Business Forecasting Center, in partnership with the San Joaquin Council of Governments

United States Census Bureau. [www.census.gov](http://www.census.gov)

2013 Healthier San Joaquin County Community Assessment, Population-Age

San Joaquin County Population Projection. (July 2012). Regional Analyst. University of the Pacific, Eberhardt School of Business, Business Forecasting Center, in partnership with the San Joaquin Council of Governments

Health Planning and Development. Retrieved from:  
<http://www.oshpd.ca.gov/HID/SubmitData/CommunityBenefit/HCBPPlannersGuide.pdf>

2013 Healthier San Joaquin County Community Assessment, Household Income

2013 Healthier San Joaquin County Community Assessment, Household Income

U.S. Department of Housing and Urban Development, FY 2012 Median Family Income Documentation System.

California's Hospital Community Benefit Law: A Planner's Guide. (June 2003).

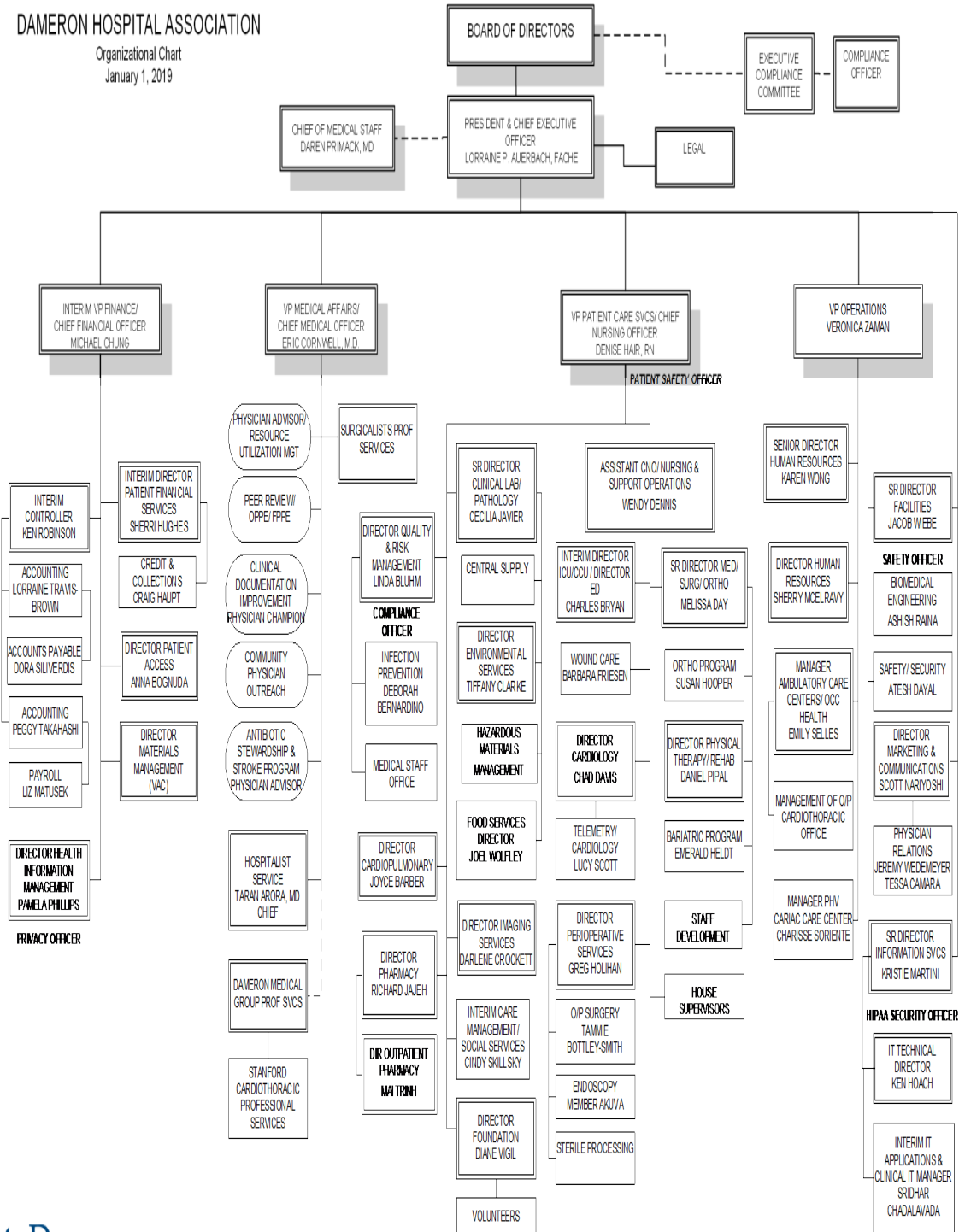
## Appendices

# Appendix A

## Hospital Organizational Chart

### DAMERON HOSPITAL ASSOCIATION

Organizational Chart  
January 1, 2019




Lorraine P. Auerbach, FACHE President & CEO  
Effective January 1, 2019



## Appendix B

### Summary Table of Dameron Hospital's Community Benefit Plan

Benefit	Community Need	Community Affected	Goal	Measurable Objective
<b>Traditional Charity Care and Financial Assistance and Means-Tested Government Programs</b>	<b>Improving Access to Care</b>	Uninsured and underinsured	Allocate 20% of operating expense for charity care and financial assistance and means-tested government programs (excluding Medicare, goal will be at 15% of operating expense)	<b>Financial end-of-year report reflects 20% of operating expense spent on charity care and unpaid costs of financial assistance and means-tested government programs</b>
<b>Improved health care compliance for the community</b>	<b>Health Education</b>	San Joaquin County residents	Provide ongoing and/or periodic community education regarding: <ul style="list-style-type: none"> <li>• Heart Health</li> <li>• Stroke Signs/Prevention</li> <li>• Orthopedic Options</li> </ul>	<b>Number of monthly and periodic chronic disease education. Number of local community health fairs and events where Dameron provides health education</b>
<b>School mentoring programs</b>	<b>Workforce Development</b>	HCA students and students accepted into Decision Medicine program  Schools of Nursing Clinical Rotation and Education	Active participation in school programs	<b>Participation in Decision Medicine program; participation in HCA program, number of participants</b>  <b>Room Space for monthly training</b>
<b>Increased participation of Support Groups</b>	<b>Health Education</b>	☑Obesity Education  ☑Heart & Stroke Education  ☑Orthopedic Care	Providing staff time, money and equipment meeting space for support groups	<b>Monthly Education</b>
<b>Health Professions Education</b>	<b>Workforce Development</b>	☑Accessible to all physicians  ☑All other health care professionals	Provide continuing medical education to community physicians and other healthcare professionals	<b>Number of scheduled 2018 CME classes and health professional education events</b>
<b>Transportation</b>	<b>Improving access to care</b>	☑Community members without mode of transportation	Provide transportation to patients who have no other means of transportation to and from the hospital	<b>Yearly cost of taxi service</b>

	Charity Care/Discounted Payment Policy	
	ID Number:	20-01-0034
	Manual:	Departmental Manual
	Division:	Finance
	Policy Level:	Multi-Departmental
	Review Date:	07/21/2019
	Status:	4. Approved
	Primary Owner:	Liz Propp/Dameron

### Policy & Procedure Body

#### I. Policy:

Pursuant to this Policy, the Hospital will provide eligible patients Charity Care or Discounted Payment, together referred to as "financial assistance." The Hospital shall provide this financial assistance to individuals who demonstrate an inability to pay for Medically Necessary Services. Eligibility guidelines and application procedures for Charity Care and Discounted Payment are detailed in this Policy.

#### II: Purpose:

The purpose of the Charity Care and Discounted Payment Policy (the "**Policy**") is to define the eligibility criteria and application process set forth by Dameron Hospital Association (the "**Hospital**") to provide financial assistance to low-income, uninsured and underinsured patients.

This Policy is intended to comply with the Hospital's mission and values as a nonprofit public benefit organization and with requirements set forth in California Health & Safety Code §§ 127400 *et seq* and with the requirements applicable to tax-exempt hospitals under § 501(r) of the Internal Revenue Code and the Department of Treasury regulations issued thereunder.

#### III. Definitions:

A. "**Charity Care**" means Medically Necessary Services provided to a patient at no charge to the patient or his/her family.

B. "**Discounted Payment**" means that the Hospital shall limit the expected payment for Medically Necessary Services for Financially Qualified Patients to a discounted rate.

C. "**Emergency Medical Care**" means care provided for Emergency Medical Conditions.

D. "**Emergency Medical Condition**" is defined as:

1. A medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, psychiatric disturbances and/or symptoms of substance abuse, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- a. Placing the patient's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- b. Serious impairment to bodily functions; or
- c. Serious dysfunctions of any bodily organ or part.

2. With respect to a pregnant woman who is having contractions:
    - a. That there is inadequate time to effect a safe transfer to another hospital before delivery; or
    - b. That transfer may pose a threat to the health or safety of the woman or the unborn child.
- E. "Essential Living Expenses"** means expenses for any of the following: rent or house payment and maintenance; food and household supplies; utilities and telephone; clothing; medical and dental payments; insurance; school or child care; child or spousal support; transportation and auto expenses, including insurance, gas and repairs; installment payments; laundry and cleaning; and other extraordinary expenses.
- F. "Federal Poverty Level"** is defined in the chart set forth on Attachment A, based on the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services.
- G. "Financially Qualified Patient"** means a patient who is both of the following:
1. A patient who is a Self-Pay Patient, as defined in Section III.L, or a Patient with High Medical Costs, as defined in Section III.J; and
  2. A patient whose family income does not exceed 350 percent of the Federal Poverty Level.
- H. "Income"** includes, but is not limited to, wages, salaries, Social Security payments, public assistance, unemployment and workers' compensation, veterans' benefits, child support, alimony, pensions, regular insurance and annuity payments, income from estates and trusts, assets drawn down as withdrawals from a bank, sale of property or liquid assets and one-time insurance or compensation payments.
- I. "Medically Necessary Service"** means a service or treatment that is absolutely necessary to treat or diagnose a patient and could adversely affect the patient's condition, illness or injury if it were omitted, and the service or treatment is not considered an elective or cosmetic surgery service or treatment.
- J. "Patient with High Medical Costs"** means a patient who meets *all* of the following requirements:
1. A patient with third-party coverage (*i.e.*, not a Self-Pay Patient);
  2. A patient whose family income does not exceed 350 percent of the Federal Poverty Level, as set forth in Section III.F; and
  3. A patient whose annual out-of-pocket costs incurred by the individual at the Hospital exceed 10 percent of the patient's family income in the prior 12 months; *or* whose annual out-of-pocket expenses 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.
- K. "Patient's family"** means the following:
1. For persons 18 years of age and older:
    - a. Spouse;
    - b. Domestic partner, as defined in Section 297 of the California Family Code; and
    - c. Dependent children under 21 years of age, whether living at home or not.

2. For persons under 18 years of age:
  - a. Parent;
  - b. Caretaker relative; and
  - c. Other children under 21 years of age of the parent or caretaker relative.

**L. "Self-Pay Patient"** means a patient who does not have third-party coverage from a health insurer, health care service plan, Medicare or Medicaid, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance or other insurance, as determined and documented by the Hospital.

**M. "Reasonable Payment Plan"** means monthly payments that are not more than 10 percent of a patient's family income for a month, excluding deductions for Essential Living Expenses.

#### **IV. Eligibility**

##### **A. Eligible Services**

Financial assistance provided to Hospital patients pursuant to this Policy shall only apply to charges incurred for Emergency Medical Care and other Medically Necessary Services. If it is unclear whether a particular service is an Emergency Medical Care or other Medically Necessary Service, then the Chief Medical Officer or his/her designee shall determine whether services rendered to the patient were Medically Necessary Services.

Emergency physicians who provide emergency medical services in a hospital that provides emergency care are required by law to provide discounts to Self-Pay Patients and Patients with High Medical Costs who are at or below 350 percent of the Federal Poverty Level. Patients must contact the emergency physician's billing office for further information regarding financial assistance programs for emergency services.

Emergency Medical Care and other Medically Necessary Services provided by professionals or physicians, other than the hospital facility itself, are not covered by the Hospital's financial assistance policies. Professional or physician services include:

- Ambulance Services
- Audiology
- Anesthesiology
- Cardiology
- Dentistry
- Dermatology
- Dialysis
- Emergency Physicians
- Endocrinology
- Gastroenterology
- Gynecology
- Hospitalists
- Internal Medicine
- Magnetic Resonance Imaging (MRI)
- Neonatology
- Nephrology
- Neurology
- Nuclear Medicine
- Obstetrics
- Otolaryngology ENT
- Ophthalmology
- Pathology
- Physician Assistants
- Podiatry
- Psychiatric Services
- Radiation Therapy
- Radiology
- Respiratory Care
- Surgeons
- Urology

##### **B. General Eligibility**

Consistent with the Hospital's mission as a nonprofit public benefit organization to operate and furnish care, treatment, hospitalization and other services, with or without compensation, the Hospital will, pursuant to this Policy, provide financial assistance to Financially Qualified Patients.

The Hospital shall determine eligibility for the Charity Care Program or Discounted Payment

Program based upon an individual's financial need in accordance with this Policy. Patients seeking Charity Care or Discounted Payment must make reasonable efforts to provide the Hospital with documentation of income and health benefits coverage. If a patient fails to provide the information specified in this Policy and the accompanying application form, the Hospital may consider such failure in making its determination.

Before a patient can be eligible for the Charity Care Program or the Discounted Payment Program, all available resources must first be applied, including, but not limited to, private health insurance (including coverage offered through the California Health Benefit Exchange), Medicare, Medi-Cal, the Healthy Families Program, the California Children's Services Program, or other state- or county-funded programs designed to provide health coverage.

Patients who are eligible for and/or receive financial assistance under the Charity Care Program or the Discounted Payment Program may not receive financial assistance pursuant to the Hospital's Uninsured Patient Discount Policy (No. 20-01-0036).

Financial assistance under this Policy shall be provided to eligible patients without regard to race, religion, color, creed, age, gender, sexual orientation, national origin or immigration status.

### C. Specific Eligibility

Patients may apply for financial assistance under Section IV.C.1 or Section IV.C.2, as described below.

#### 1. Discounted Payment Program

Both Self-Pay Patients and Patients with High Medical Costs shall be eligible to apply for the Discounted Payment Program.

- a. **Self-Pay Patients:** The Hospital shall limit the expected payment for Emergency Medical Care and other Medically Necessary Services provided by Hospital to Self-Pay Patients whose documented income is between 150 percent and 350 percent, inclusive, of the Federal Poverty Level, to the "amount generally billed" ("AGB") for such services, which the Hospital determines to be the amount of payment the Hospital would expect in good faith to receive for providing services under Medicare as if such Self-Pay Patient had been a Medicare beneficiary. If the Hospital provides a service for which there is no established payment by Medicare, then the Hospital shall establish an appropriate Discounted Payment amount.
- b. **Patients with High Medical Costs:** Patients with High Medical Costs whose documented income is between 150 percent and 350 percent, inclusive, of the Federal Poverty Level, shall be liable, taking into account any unreimbursed co-payments, co-insurance and deductibles, for the lesser of (i) the balance after any insurance payments are applied or (ii) the AGB.

Patients seeking a Discounted Payment must make reasonable efforts to provide the Hospital with documentation of income (limited to recent pay stubs or income tax returns) and health benefits coverage. Patients with High Medical Costs also must provide documentation of medical expenses paid by such patients or their families in the prior 12 months. For purposes of determining a patient's eligibility under this Policy, the Hospital may request the patient's consent to verify his/her employment status and credit history, as permitted by applicable law.

Patients that provide required documentation and qualify under the income requirements of this section may enter into an extended, interest free payment plan in accordance with the Hospital's Extended Payment Plan Policy & Procedure (No. 20-01-0035). The Hospital and the patient shall negotiate the terms of such extended payment plan, and shall take into consideration the patient's family income and Essential Living Expenses. If the Hospital and patient cannot agree on a payment plan, the Hospital shall create a Reasonable Payment Plan.

## 2. Charity Care Program

The Hospital also will provide its Charity Care Program to Financially Qualified Patients who are unable to pay, regardless of insurance status, provided that the patient's income falls below 150 percent of the Federal Poverty Level.

Patients seeking Charity Care must make reasonable efforts to provide the Hospital with documentation of income, monetary assets (including all liquid and non-liquid assets owned, less liabilities and claims against such assets) and health benefits coverage.

However, monetary assets shall not include retirement or deferred-compensation plans qualified under the Internal Revenue Code or nonqualified deferred compensation plans. Also, the first \$10,000 of the patient's monetary assets shall not be counted in determining eligibility, nor shall 50 percent of a patient's monetary assets over the first \$10,000 be counted in determining eligibility. The Hospital may, nonetheless, require waivers or releases from the patient or the patient's family authorizing the Hospital to obtain verifying information from financial or commercial institutions, or other entities that hold or maintain the monetary assets. For purposes of determining a patient's eligibility under the Policy, the Hospital may request the patient's consent to verify his/her employment status and credit history, as permitted by applicable law.

## V. Application Procedures

When requesting financial assistance under the Policy, the patient, the patient's guarantor or the patient's legal representative is responsible for providing accurate information and using reasonable efforts to provide all documentation necessary. Below is a list of the responsibilities of the patient, the patient's guarantor or the patient's legal representative during the application process.

- A. To establish eligibility, all patients requesting financial assistance under the Policy will be required to complete the Hospital's Financial Assistance Application form, attached to this Policy as **Attachment B**.
- B. To be considered for the Charity Care Program or Discounted Payment Program under the Policy, the patient must cooperate with the Hospital to provide the information and documentation necessary to apply for other existing financial resources that may be available to cover (fully or partially) the charges for care rendered by the Hospital, including, but not limited to, private health insurance (including coverage offered through the California Health Benefit Exchange), Medicare, Medi-Cal, the Healthy Families Program, the California Children's Services Program, or other state- or county-funded programs designed to provide health coverage.
- C. If a patient applies, or has a pending application, for another health coverage program at the same time s/he applies for a Hospital Charity Care or Discount Payment program, neither application shall preclude eligibility for the other program.
- D. To be considered for Discounted Payment or Charity Care under the Policy, the patient must



provide the Hospital with the financial and other information requested on the application needed to determine eligibility. This includes completing the required application forms and cooperating fully with the information-gathering and assessment processes.

- E. A patient who qualifies for Discounted Payment shall cooperate with the Hospital in establishing an extended payment plan. If the Hospital and patient cannot agree on an extended payment plan, then the Hospital shall create a Reasonable Payment Plan.
- F. A patient who qualifies for a Discounted Payment must make good-faith efforts to honor the payment plan. The patient must promptly notify the Hospital of any change in financial status so that his/her eligibility for financial assistance may be reevaluated by the Hospital pursuant to this Policy.
- G. A patient's failure to mail or otherwise deliver to Hospital a complete Financial Assistance Application within 30 days of the final billing statement, which shall be sent at least 90 days from the date of the first post-discharge billing statement, shall result *in* the Hospital beginning collections actions as described in the Hospital's Collection of Past Due Accounts Policy.
- H. In the event of a dispute, a patient may seek review from the Hospital's Patient Relations and Service Excellence Coordinator.
- I. The following approvals are required for Financial Assistance Applications:

Level	Charity Care/Discounted Care Payment Amount	Required Approvals
1	under \$50,000	Director of Patient Accounting
2	\$50,000 to \$249,999	Director of Patient Accounting and Chief Financial Officer
3	\$250,000 and above	Director of Patient Accounting, Chief Financial Officer and Chief Executive Officer

**VI. Collections Policies and Procedures for All Applicants**

The Patient Accounting and Credit and Collections Departments have the authority to advance a patient debt for collections, and will be responsible for determining an individual's ability to pay, utilizing all or a portion of the factors outlined within this Policy. Collection activity will be conducted by the Hospital's Credit and Collections Department or designated collection agency that has agreed to comply with this Policy and the collections procedures set forth in the Hospital's Collection of Past Due Accounts Policy & Procedure (No. 20-01-0033).

- A. To balance a patient's need for financial assistance with the Hospital's broader fiscal responsibility to the community of maintaining a financially healthy facility, the Hospital shall make all reasonable efforts to determine the patient's ability to contribute to the cost of their care as set forth herein.
- B. The Hospital shall determine the patient's eligibility for financial assistance as close as possible to the rendering of Emergency Medical Care or other Medically Necessary Services.

- C.** The Hospital may declare an extended payment plan (including a Reasonable Payment Plan) inoperative if the patient fails to make all consecutive payments during a 90-day period. Before declaring an extended payment plan inoperative, the Hospital, collection agency or assignee shall make a reasonable attempt to contact the patient by telephone, give written notice that the extended payment plan may become inoperative, and inform the patient that s/he may renegotiate the terms of the payment plan.
- D.** If the Hospital determines that an individual is unable to pay for all or part of the payment due, and there are no other avenues available to collect on the account, then the uncollected amount will be written off as Charity Care. Otherwise, the account will be pursued as outlined in the Hospital's Collection of Past Due Accounts Policy & Procedure. Any actions the Hospital may take in the event of nonpayment are set forth in the Hospital's Collection of Past Due Accounts Policy, a copy of which is available and without charge, both by mail and at all points of registration, including the emergency department, the billing office, the admissions office and other outpatient settings.
- E.** Under no circumstances will contractual write-offs, discounts or any other administrative or courtesy allowances be written off as Charity Care.
- F.** Prior to commencing collection activities, the Hospital shall provide the patient with written notice containing a plain language summary of the patient's rights pursuant to California Health and Safety Code Section 127430(a), and a statement that nonprofit credit counseling services may be available in the area. Specific collection activities the Hospital may take and the time frames for pursuing collection actions are set forth in the Hospital's Collection of Past Due Accounts Policy, a copy of which is available and without charge, both by mail and at all points of registration, including the emergency department, the billing office, the admissions office and other outpatient settings.
- G.** The Hospital or its assignee that is an affiliate or subsidiary of the Hospital shall not, in dealing with patients eligible under any portion of this Policy, use wage garnishments or liens on primary residences as a means of collecting unpaid Hospital bills.
- H.** In dealing with patients eligible under any portion of this Policy, a collection agency or other assignee that is not a subsidiary or affiliate of the Hospital shall not use a wage garnishment (except by court order) or notice or conduct a sale of the patient's primary residence as means of collecting unpaid Hospital bills.
- I.** Neither Section VI.G nor Section VI.H of this Policy shall preclude the Hospital, a collection agency or other assignee from pursuing reimbursement or any enforcement remedy or remedies from third-party liability settlements, tortfeasors or other legally responsible parties.
- J.** If a patient is attempting to qualify for eligibility under the Hospital's Charity Care Program or Discounted Payment Program and is attempting in good faith to settle an outstanding bill with the Hospital by negotiating an extended payment plan or by making regular partial payments of a reasonable amount, then the Hospital shall not send the unpaid bill to any collection agency or other assignee, unless that entity has agreed to comply with this Policy, and if the bill has already been sent to a collection agency the Hospital shall suspend such collection services.
- K.** The Hospital or the Hospital's assignee shall not report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 days after the first post-discharge billing statement. This period shall be extended



if the patient has a pending appeal for coverage of the services until a final determination of the appeal is made.

- L. No information collected by the Hospital for the purpose of determining eligibility for financial assistance shall be used for collections activities. However, the Hospital, collection agency or assignee may use information obtained independently of the eligibility process for the Charity Care Program or the Discounted Payment Program.

## **VII. Notice Requirements**

### **A. Website**

This Policy, the Financial Assistance Application form, and a plain language summary of the Policy are made conspicuously available on the Hospital's website and are available for download and printing.

### **B. Hardcopies**

Copies of this Policy, the Financial Assistance Application form, and a plain language summary of the Policy are available upon request and without charge, both by mail and at all points of registration, including the emergency department, the billing office, the admissions office and other outpatient settings.

### **C. Notice to Patients**

The Hospital shall offer a paper copy of a plain language summary of this Policy to patients as part of the intake or discharge process, including for individuals who received emergency or outpatient care and were never admitted as inpatients.

A conspicuous written notice on billing statements will notify and inform recipients about the availability of financial assistance under this Policy. Such notice shall provide the telephone number of the Hospital's department that can provide information about the Policy and the application process and the direct Website address where copies of the FAP, Financial Assistance Application form, and a plain language summary may be obtained.

Signage regarding the Policy, how to obtain more information about the Policy and how to obtain copies of the Policy, the Financial Assistance Application form, and a plain language summary, is posted at all points of registration, including the emergency department, the billing office, the admissions office and other outpatient settings.

Prior to commencing collection activities, the Hospital or its designee shall provide the patient with written notice containing a plain language summary of the patient's rights pursuant to California Health and Safety Code Section 127430(a), and a statement that nonprofit credit counseling services may be available in the area.

### **D. Notice to Members of the Community**

The Hospital will, in addition to informing patients about this Policy, notify and inform members of the community about the availability of financial assistance under this Policy as well as how or where to obtain more information about the Policy and the Financial Assistance

Application process and to obtain copies of the FAP, Financial Assistance Application form, and a plain language summary of the Policy.

#### **E. Translation**

The Hospital will make this Policy, the Financial Assistance Application form, and a plain language summary of the Policy available in English and in any other language that the Hospital determines is spoken by populations in the community with limited English proficiency constituting the lesser of 1,000 individuals or 5 percent of the community served by the Hospital.

#### **F. Identification of Financially Qualified Inpatients**

Hospital financial counselors will attempt to contact registered inpatients during their hospital stay to assess patients' needs and identify those patients that may be eligible for financial assistance. The Hospital may utilize internal staff or third party agents to assist patients in applying for medical assistance programs funded by city, county, state or federal programs.

#### **VIII. References:**

California Health & Safety Code §§ 127400 (Hospital Fair Pricing Policies) and §§ 127450 (Emergency Physician Fair Pricing Policies)

California Family Code § 297 (Definition: Domestic Partner)

U.S. Department of Health and Human Services, Poverty Guidelines, available at <http://aspe.hhs.gov/poverty/>

Internal Revenue Code § 501(c) (3) (Tax-Exempt Organizations)

#### **IX. Cross References:**

Collection of Past Due Accounts Policy & Procedure #20-01-0033

Uninsured Patient Discount Policy #20-01-0036

#### **X. Associated Documents:**

DHA Financial Assistance Application Form – Attachment B (English)

DHA Financial Assistance Application Form – Attachment B (Spanish)

#### **XI. Approvals:**

VP Finance/CFO:

Board of Directors:


**ATTACHMENT A**  
**FEDERAL POVERTY LEVEL**

<b>2017 Federal Poverty Guidelines</b>			
<b>Family Size</b>	<b>Current Annual Federal Poverty Income Level</b>	<b><i>Family Gross Income is below 150% <u>Full Write Off</u></i></b>	<b><i>Family Gross Income is between 150% to 350% <u>Medicare Rate</u></i></b>
1	\$12,060	\$18,090	\$42,210
2	\$16,240	\$24,360	\$56,840
3	\$20,420	\$30,630	\$71,470
4	\$24,600	\$36,900	\$86,100
5	\$28,780	\$43,170	\$100,730
6	\$32,960	\$49,440	\$115,360
7	\$37,140	\$55,710	\$129,990
8	\$41,320	\$61,980	\$144,620
9	\$45,500	\$68,250	\$159,250
10	\$49,680	\$74,520	\$173,880
<i>Each Addtn'l</i>	\$4,180	\$6,270	\$14,630

!1101-01-16 DHA ChariCare Discount Policy Agglication- Attachment 8 <a href="#">English.pdf</a> 274 KB
IJ01-01-16 DHA <a href="#">ChariCare</a> Discount Policy Agglication -Attachment 8 <a href="#">Spanish.pdf</a> 201 K8

## **Appendix D**

### **Uninsured Patient Discount**

	Uninsured Patient Discount	
	ID Number:	20-01-0036
	Manual:	Departmental Manual
	Division:	Finance
	Policy Level:	Multi-Departmental
	Review Date:	11/06/2018
	Status:	4. Approved
	Primary Owner:	Liz Propp/Dameron

### Policy & Procedure Body

#### I. Policy

this Policy, the Hospital will provide uninsured patients equitable discounts for Medically Necessary Services from the Hospital's reasonable, necessary, usual and customary billed charges.

#### II. Purpose

Dameron Hospital recognizes the need to provide accessible and affordable health care services to the community in which it serves. The Uninsured Patient Discount is intended to apply to uninsured patients who do not qualify for financial assistance under the Hospital's Charity Care and Discount Payment policy, but still may face hardships paying their medical bills for Medically Necessary Services.

This Policy is intended to comply with the Hospital's mission and values as a nonprofit public benefit organization and with requirements set forth in California Health & Safety Code Section 127405(d).

#### III. Definitions

- A. "HLA" means Hospital Lien Act.
- B. "HMO" means a Health Maintenance Organization insurance plan.
- C. "Medically Necessary Service" means a service or treatment that is absolutely necessary to treat or diagnose a patient and could adversely affect the patient's condition, illness or injury if it were omitted.

For the purposes of this Policy, Medically Necessary Services does not include services and/or treatment in connection with:

1. Elective services
2. Cosmetic surgery
3. Reversing prior sterilization, artificial insemination, in-vitro fertilization, infertility drugs or any type of artificial impregnation procedure; or
4. A surrogate pregnancy.

- D. "Uninsured Patient" means either:

1. A patient who does not have third-party coverage from a health insurer, health care service plan, Medicare or Medicaid, and whose injury is not a compensable injury for purposes of workers' compensation, automobile insurance or other insurance, as

- determined and documented by the Hospital; or
2. A patient whose benefits under insurance have been exhausted.

- E. "PPO" means a Preferred Provider Organization insurance plan.
- F. "Uninsured Patient Discount" means a write-off of a portion of the Hospital's reasonable, necessary, usual and customary billed charges, taken at the time the uninsured patient is billed for the Medically Necessary Services rendered.

#### **IV. Text**

- A. This Policy and Procedure should be read in conjunction with:
  1. Charity Care/Discount Payment Policy and Procedure (20-01-0034)
  2. Hospital Billing and Financial Guidelines (20-02-0114).

#### **V. Procedure**

##### **A. Eligibility Requirements**

1. The Uninsured Patient Discount is intended to apply to uninsured patients who do not qualify for financial assistance under the Hospital's Charity Care and Discount Payment policy, but still may face hardships paying their medical bills for Medically Necessary Services.
2. Patients who are eligible for and/or receive financial assistance under the Hospital's Charity Care or Discounted Payment Program may not receive financial assistance pursuant to the Hospital's Uninsured Patient Discount policy.
3. In order to qualify as an uninsured patient, the patient or patient's guarantor must verify that he or she is not aware of any insurance, governmental program or third party or entity responsible to pay all or part of the patient's billed charges, or empowered in some manner to discount the billed charges.

Insurance in this case includes but is not limited to any HMO, PPO, indemnity coverage, consumer-directed health plan, private health insurance (including coverage offered through the California Health Benefit Exchange) Medicare, Medi-Cal, Healthy Families Program, California Children's Services Program, or other state- or county-funded program designed to provide health coverage, liability insurance of any kind, workers compensation insurance, legally permissible self-insurance of any kind, and/or medical payments coverage of any kind.

4. The Uninsured Patient Discount Policy does not apply to deductibles, co-payments, co-insurance or cost shares.

##### **B. Notification of Availability of Uninsured Patient Discount and Other Financial Assistance**

The Hospital will make a good faith effort to identify each patient who is potentially eligible for a Uninsured Patient Discount, and will provide such patients and/or guarantors with written information regarding Uninsured Patient Discount eligibility and the Hospital's financial assistance programs, including the contact information for a Hospital employee or Hospital office from which the patient may obtain further information.. Hospital shall provide this information to patients and/or guarantors as soon as practical following the Hospital's recognition that payers other than the patient or guarantor in all likelihood do not reasonably exist.

##### **C. Third Party Liens**

This Uninsured Patient Discount policy and procedure does not apply in any way to charges collected under the California Hospital Lien Act, California Civil Code sections 3045.1 to

3045.6. HLA collections shall be in the amount of the Hospital's reasonable, necessary, usual and customary billed charges.

D. Annual Determination of Uninsured Discounts

The UPD is set by the hospital annually at an amount between the highest and lowest discounts from billed charges for health plans. The Uninsured Patient Discount may differ for inpatient and outpatient services.

VI. References

California Civil Code Sections 3045.1 to 3045.6  
California Health and Safety Code Section 1339.585  
California Health and Safety Code Section 127405(d)

VII. Cross References

Hospital Billing and Financial Guidelines (20-02-0114)

VIII. Associated Documents

None

IX. Approvals

Elizabeth Propp, VP Finance/CFO-11/06/2015

## Dameron Hospital Services

Anesthesia

Bariatric Surgery

Cardiology

Cardiothoracic Surgery

Dental Surgery

Emergency Medicine

Gastroenterology

General Surgery

Gynecology

Hematology/Oncology

Maxillo-Facial Surgery

Internal Medicine

Neurology

Nephrology

### Medical/Surgical Services:

Nuclear Medicine

Oncology

Occupational Medicine

Orthopedics

Ophthalmology

Otolaryngology

Pathology

Pulmonology

Plastic Surgery

Urology

Radiology

Vascular Surgery

### Nursing Services

Medical/Surgical Nursing

Telemetry Nursing



## Specialized Nursing Services

Acute Dialysis	Basic Emergency Medical
Cardiac Catheterization Laboratory	Cardiovascular Surgery
Coronary Care	Cardio-vascular Intensive Care (Adult)
Endoscopy	Radiological

## Intradepartmental Surgical Services

Preadmission Department	Preoperative Unit
Surgical Suites	Ambulatory Surgical Care
Post Anesthesia Care Unit	Perfusion Services

## Supplemental Services

Radiation Therapy-Brachytherapy	Echocardiography
Electroencephalography	Occupational Health/Workers Comp
Nuclear Medicine	Phlebotomy Services
Physical Therapy	Respiratory Care
Care Management/RN/Social Worker	Community Outreach Activities
Pathology and Clinical Laboratory	Pharmaceutical In-patient

## Appendix F

### San Joaquin County Health Resources

*Resources include but not limited to*

211 Resource

Adventist Health-Lodi Memorial Hospital

American Heart Association

Charterhouse Center for Families

Community Medical Centers, Inc.

Community Hospice

Council for the Spanish Speaking (*El Concilio*)

Dameron Hospital Association

Delta Blood Bank

Delta Health Care

Dignity Health - St. Joseph's Medical Center

Doctor's Hospital of Manteca

Family Resource and Referral Center

First 5 San Joaquin

Health Plan of San Joaquin

Hospice of San Joaquin

Kaiser Permanente

Linacia Pharmacy Indigent Program

San Joaquin County Behavioral Health Services

San Joaquin County Health Care Services Agency

San Joaquin County Public Health Services

San Joaquin Medical Society

St. Joseph's Behavioral Health Services

St. Mary's Interfaith Services

Sutter Tracy Healthy Connections Resource Center

University of the Pacific

