

**St. Rose Hospital**

## **2018 – 2019 Community Benefit Plan**



## Introduction

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Since first opening our doors in 1962, St. Rose Hospital remains committed to meeting the challenges of identifying and providing access to health services for the residents of Hayward and its surrounding communities.

The enactment of SB697 not only provides us with the opportunity to reflect on what St. Rose has done to meet the needs of the community during the past fiscal year, but it also helps to validate our position as an advocate for healthcare in the community. St. Rose Hospital is proud to share its accomplishments in meeting the needs of our residents during this 2018-2019 reporting year and to report on our plans for the coming years.

## Mission Statement

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St. Rose Hospital provides quality health care to our community with respect, compassion and professionalism. We work in partnership with our highly valued physicians and employees to heal and comfort all those we serve.

## Vision

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St. Rose Hospital will be the health care provider of choice in central and southern Alameda County. We actively seek partnerships with all groups and individuals dedicated to improving the overall health of the diverse community we serve.



## Commitment of Boards and Executive Staff

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The mission of St. Rose Hospital is firmly supported by the Board of Directors, the Foundation Board and Executive Staff.

The St. Rose Board of Directors is made up of committed individuals from the community who believe in carrying out the mission of St. Rose. *(See Appendix A for a list of our Board of Directors.)*

The Foundation Board of Directors includes community leaders and other prominent members of Hayward and the surrounding communities who support the belief of providing access to health care to all. The Foundation Board raises much-needed funds to expand services, and purchase equipment and technology to aid our healthcare team in providing quality care to our patients. Some examples of the Foundation's efforts include the expansion in the Cardiovascular and Diagnostic Imaging Services and Women's Services. The Foundation also assists in community outreach efforts and it supports much-needed programs/projects. *(See Appendix B for a list of our Foundation Board of Directors)*

The St. Rose executive staff is firmly committed to the Mission as evidenced in the strategic intent of the hospital. It is the hospital's goal to continually develop and enhance programs that improve health care standards and delivery of care. We look to break down barriers that impede a person's access to medical services.

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## The St. Rose Hospital Community

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St. Rose Hospital is located in Hayward, which today is known as the “Heart of the Bay” because of its central and convenient location in Alameda County. Hayward is the sixth largest city in Alameda County and ranked the 37<sup>th</sup> most populous municipality in California. Hayward’s population has strong cultural and economical diversity. The city’s population of 159,620 is comprised of 30.2% Hispanic or Latino, 39.9% Caucasian, 17.1% Asian and 10.2% African American. For more than 57.8% of the residents, language other than English is used at home, 10.5% live in poverty and 10.1% have no health insurance. The hospital’s primary service area encompasses the cities of Hayward and Union City. (zip codes 94541, 94544, 94545, 94587).

## Community Health Needs Assessment (CHNA) Process

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Working together to ensure that we understand the health needs of the population we serve and the role we play in the overall health system a Community Health Needs Assessment (CHNA) is conducted every 3 years. The Hospital Council of Northern and Central California –on behalf of St. Rose Hospital, Washington Hospital, John Muir Hospital, Kaiser Hospitals (San Leandro, Fremont, Oakland, Richmond, Antioch and Walnut Creek) and UCSF Benioff Children’s Hospital Oakland - partnered with Actionable Insights (AI) to prepare the CHNA report for FY 2018/2019. Despite the wide diversity in background and responsibilities represented by the participants included in the CHNA, there were surprising consistency about the specific health needs of the communities involved. (*See Appendix C for our list of Nonquantifiable Benefits.*)

## Analysis of CHNA Information

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The data gathered for the report is to inform the hospital community about the health status of the county and city residents; to identify gaps in services; and to assist in developing programs and services that guide decision making in regards to the health needs of our community.

St. Rose Hospital has been faithful in its mission of providing access to health care to our community. Many of the critical issues identified by the CHNA are issues that St. Rose Hospital is attempting to address.

## Language /Culturally-Appropriate Services/Access

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St. Rose Hospital is cognizant of providing access to our non-English speaking community for health care services. St. Rose also utilizes a nationally recognized translation and sign language service as our means of communication with non-English speaking patients and families. It provides translation services for over 200 languages. Because the hospital’s service area contains a high concentration of Spanish-speaking families, many of our employees speak Spanish and a variety of other languages, such as Hindi, Urdu, Chinese, Tagalog and American Sign Language, which assists in meeting the growing needs of our diverse community.

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## Health Education

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Health education plays an important role in the overall health and well being of our community. St. Rose is very active in providing education that reaches all ages in our community from prenatal education to senior aging issues.

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## Insurance/Health Coverage/Access to Healthcare

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Obtaining Health Insurance and providing access to healthcare is a priority for St. Rose Hospital. St. Rose has been very active in providing outreach efforts to our uninsured population by caring for the uninsured through our charity program. St. Rose has dedicated staff to provide health insurance assistance and screening for our in-patients as well as patients seen in our Emergency Room. The hospital also hosts an on-site Medi-Cal Assistor to assist our patients and community with applying for Medi-Cal.

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## Intra-County Disparities

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St. Rose Hospital plays an active role in minimizing local disparities by serving as a bridge between our community and others. Hospital staff from many departments within St. Rose serve on committees and advisory boards to make sure that the local community's needs have a voice in county health planning.

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## Cardiovascular and Pulmonary Health Issues

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In today's spectrum of cardiology and radiology services, the ability to perform interventional laboratory procedures is essential and life saving. After conducting an assessment of the healthcare needs of our community, it was discovered that there were no health care facilities in our geographic region that had the capability to perform emergency angioplasty to treat heart attacks. To meet the needs of our community, St. Rose Hospital expanded our Cardiovascular and Diagnostic Imaging Services. This upgrade in technology has had a direct impact in the quality care St. Rose Hospital is able to provide to the community.

Alameda County Emergency Medical Services designated St. Rose Hospital as a "STEMI Receiving Center". In FY 2018/2019, we performed a total of 5382 angioplasties and have maintained a door to balloon time of close to 74.7 minutes, complying with the ACC's recommendation of 90 minutes or less. Not only are we exceeding the recommendations of ACC, but provide a team effort with highly qualified cardiologists, Cath Lab, Out Patient Surgery, Quality Improvement, MedSurg, and ICU staff to best reestablish blood flow to the heart muscle in a timely and safe manner.

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## Elective Percutaneous Coronary Intervention Pilot Program

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To ensure that there are no gaps in Cardiology Services and new programs are developed, St. Rose Hospital sought and was chosen by the state of California to participate in the Elective Percutaneous Coronary Intervention (PCI) Pilot Program. This program provided for by Senate Bill (SB) 891 and the Health and Safety Code Section 1256.01 will allow the State of

California to study the safety of elective PCI in hospitals without cardiovascular surgical services. The program began in June 2010 has been extended due to its success.

A total of 1378 procedures are performed yearly in the Cardiovascular lab and continues to expand. There were 20 Elective PCI's performed under the Elective Percutaneous Coronary Intervention Pilot Program in FY 2018/2019.

## Summary

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St. Rose Hospital is dedicated to be an active participant in the provision of health care services in our community as evidenced by our involvement in meeting these critical issues identified by the CHNA. Our goal is to continue to meet these needs through direct service and community collaboration.

## Community Benefit Plan Update

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The plan that was submitted for FY 2018/2019 listed four goals with supporting objectives. Our progress on these goals is discussed on the following pages:

### I. Behavioral Health

Mental Health Services St. Rose Hospital is not licensed for primary inpatient mental health services. We do work closely with John George Pavilion in San Leandro (part of the Alameda County Health System), and Willow Rock (Psychiatric for Teens ages 12-17) located in San Leandro.

St. Rose Hospital does provide outpatient urgent and immediate services in the Emergency Department utilizing Tele-Psych services.

Mental Health services and counseling for FACES for the Future students are funded in-kind by La Familia Counseling Service.

### II. Economic Stability

#### 1. Economic Security

Since opening its doors in 1962 St. Rose Hospital has been one of the largest employers in Hayward providing economic security in the community. As of September 30, 2019 the Hospital had approximately 800 employees with 138 different job positions.

Education is truly one of the most powerful instruments for reducing poverty and inequality and it sets the foundation for sustained economic growth. St. Rose Hospital provides continuing education programs for its employees, student training programs and community education for the public. There were 610 employees that

participated in 102 classes at St. Rose Hospital for continuing education in FY 2018/2019.

a. Health Career Programs Community Classroom Training Projects

St. Rose Hospital continues to seek new and innovative ways to meet the nursing/healthcare shortage and create employment opportunities.

We have collaborated on several programs to train and recruit into healthcare fields:

1. Bay Area Collaborate Nurse Recruitment Program

We remain active in the Bay Area Collaborate Nurse Recruitment Program to increase enrollment in nursing programs at the local college level by offering additional clinical sites and actively serving as one of the advisory committees for Unitek College.

Our proven leadership methods introduce public health and community building principles that encourage students to meet their achievement goals beginning in their high school years. The students from the programs of SHINE, FACES, EAROP, high school and adult volunteer students around the Bay Area became involved in the community events throughout the county that promote healthy lifestyles and positive social change (e.g., community health fairs and fundraising events).

2. Additional Student Training Programs

Additional ongoing career enhancement programs are offered in collaboration with colleges and educational institutions such as California State University East Bay (CSUEB), Carrington College, Chabot College, Keiser University, Merritt College, Ohlone College, Samuel Merritt University, San Joaquin Valley College, Touro University and many more. In FY 2018/2019, 144 students received 30,733 hours of hands-on clinical training at St Rose Hospital. The following grid reflects the type of students, length of rotation, and school affiliation.

Student Type	# of Students	Clinical Hours
Cal State University East Bay (CSUEB) RN-Med/Surg	9	1620
Cal State University East Bay (CSUEB) Health Science – QI/Laboratory	1	180
Carrington College – Tech-Surgery	1	120
Carrington College – RT-Pulmonary	6	912
Chabot College – RN-Med/Surg, ER, ICU, FBC	30	5,823

Eden Area Regional Occupational Program (EAROP)	8	1287
Kaiser Permanente School	1	528
Keiser University	1	400
Samuel Merritt College – Tech-Xray	4	3,557
Ohlone College – RN-Med/Surg	37	5,110
Samuel Merritt University – RN-FBC	1	120
San Joaquin Valley College – RT-Pulmonary	3	500
SVSTI (Central Supply)	1	240
Touro University – Pharmacist-Pharmacy	5	400
Unitek College – RN-Med/Surg	36	9,936
<b>TOTAL:</b>	<b>144</b>	<b>30,733</b>

### 3. Community Classes and Support Groups

We continue to provide many health maintenance programs including Lamaze, Breastfeeding Basics, and St. Rose Breathers Club.

We offer Lamaze classes to those delivering at St. Rose free-of-charge with great success. Five-series classes were held with a total of 15 couples in attendance of which 94% delivered at St. Rose.

The education department also continues to host support groups such as UFANDA (United Filipino American Nutritionist Dietitian Association) a Diabetic Support Group, Look Good Feel Better (American Cancer Society Support Group), Joy of Living, Diabetes Management, and Prostate World Support Group.

	Total Number of Classes/Events	Total Number of Participants	Unreimbursed Expenses for Room Use & Nurse Salary
Support Group Meetings	73	2,529	\$48,000
Individualized Diabetic and Nutrition Education	4380	4380	\$149,760
<b>TOTAL:</b>		<b>6909</b>	<b>\$197,760</b>

#### 4. Community Health Fair and Wellness Programs

In collaboration with Kaiser Permanente Hospital, the Hospital's Health and Wellness Fair, gave 200 free flu shots to our community on in October during Tent Week. In addition, the hospital also provided 121 blood pressure and glucose screenings. Seven hundred bags of food were distributed also. St. Rose Hospital also participated in a variety of community health fairs providing free blood pressure and glucose screenings. The total of unreimbursed cost to the hospital for providing these screenings and flu shots to the community was \$20,420 for FY 18/19.

Individualized diabetes and nutrition classes are given by our dietitians and patient's nurses free-of-charge to patients after discharge, instruct on glucose monitoring, diet options, and other diabetic wellness issues as well as cardiac and renal education. During this past year we have instructed around 4,380 diabetic patients about diet, nutrition and use of home glucometers. The patient nutrition education is provided free of charge to the patients, therefore the hospital incurred an unreimbursed cost of \$149,760.

#### 5. The St. Rose Community – *Beyond the Four Walls*

St. Rose employees serve our community within the hospital, and we also take our involvement beyond the four walls. The Nurse Leadership Committee was formed by nurses in the Medical/Surgical/Telemetry Department and the Emergency Department to serve the community by volunteering at community events. This year 14 members volunteered at the three Hayward Street Parties three times a year by providing free blood pressure and glucose screenings. They also volunteered at the Health and Wellness Fair. The hospital encourages employees to volunteer their time and participate in a variety of community activities, including:

- Street Parties
- Community Festivals
- Community-Based Programs

#### 6. Auxilian Program

In addition to outreach efforts outside of the hospital, St. Rose has a very active Auxilian program wherein community members volunteer to assist our staff with clerical and patient support. In FY 2018/2019, there were a total of 48 Auxilians, 33 of which volunteered 8,496 hours of service.



2. Housing and Homelessness

Homelessness is a year-round concern. They have higher rates of hospital and emergency department use than the general population and often suffer from serious conditions upon admittance, resulting in high medical costs and potentially long stays. Care Coordination of the Homeless patient is managed through Case Managers and Social Workers to ensure they are discharged to a safe and appropriate locations. Hospital resources are used to insure the patient has the required medication and transportation at discharge. They made 412 follow-up phone calls to insure the patient is taking their medication and following the plan of discharge. All uninsured patients are provided the following:

a. Health Insurance Outreach

St. Rose Hospital is a major provider of care for the Medi-Cal population; collectively referred to as the underinsured. Fifty-two Percent of the patients admitted to St. Rose Hospital during FY 2018 – 2019 were underinsured, comprising of 50 % who had Medi-Cal and 2% who were uninsured. Additional, the hospital provided 21,000 Emergency Room visits to underinsured patients which comprise of 62% of total Emergency Room visits for the Fiscal year. *(See Appendix D for Uncompensated Costs)*

The St. Rose Hospital Foundation assists in providing funds to support hospital services and patient care. The Patient Assistance Fund is an annual appeal dedicated to providing direct support to patients and families who have no insurance or means to pay for medications, equipment and supplies when they are discharged from the hospital. In FY 2018 – 2019 \$5,278 was raised and \$3,761.01 was used to assist those patients who did not have the means to pay for durable medical equipment and medication.

One measure of St. Rose's commitment to providing access to all is seen in the provision of charity care. The Charity Care Policy *(See Appendix E for the Charity Care Policy)* defines how the hospital addresses charity care.

Providing opportunities for obtaining health insurance and access to healthcare is a priority to St. Rose Hospital. Staff at St. Rose Hospital provide screening and evaluations for patients with no insurance and also assess their eligibility for Medi-Cal or other insurance programs geared at underinsured individuals and families. We have staff go in the Emergency Room to screen patients for government and charity care programs. St. Rose has also partnered with CompSpec to provide financial screenings for our inpatient population. CompSpec helped uninsured patients enroll in government programs as well as screens them for any other means of coverage the patient may be eligible for. There were 265 screened patients, of which 220 were approved for Medi-Cal coverage. Currently, CompSpec has 45 active accounts and are perusing Medi-Cal eligibility for 38 applications.

In the Emergency Room, St. Rose Hospital's staff and CompSpec staff work together in screening for Medi-Cal eligibility or other types of insurance. St. Rose participates in Alameda County's On-Site Medi-Cal Enrollment (OSME) program which provides an on-site Medi-Cal enrollment technician to accept Medi-Cal applications here at St. Rose every other week. The Financial Counselor also identifies if patients are eligible for the hospital's charity program.

### III. Health Care Access and Delivery

#### 1. High School / College Programs

##### a. SHINE / Students Helping in the Needs of Everyone

This programs main focus is to provide volunteer opportunities for high school and college students with an interest in pursuing healthcare careers. Each student is asked to make a one year commitment working 1-day a week and 1 weekend shift a month. The role of the student includes greeting guests, discharging and admitting patients.

The Shine program had a total of 36 students who volunteered 6,621 hours of service in FY 2018/2019.

##### b. The FACES for the Future Program

The FACES for the Future Health Scholars Academy at St. Rose Hospital (FACES) is a 2-year health professions internship and leadership development program for at-risk, minority high school students in the 11<sup>th</sup> and 12<sup>th</sup> grades. Each year, FACES partners with the Eden Area Regional Occupational Program (EAROP) to serve 45 students who live in low-income and ethnically diverse areas in San Leandro, San Lorenzo, and Castro Valley in addition to Hayward. FACES students receive: 1) exposure to health careers through internships in 21 different departments at St. Rose Hospital; 2) academic support and tutoring to meet the A-G requirements necessary for higher education; 3) wellness support and psycho-social intervention in partnership with La Familia Counseling Services; and 4) youth leadership development opportunities.

The impact of FACES since its inception in 2007 is measureable. 65% of all students served through the program reported financial struggle. Another 76% reported surviving some sort of trauma or extremely challenging circumstance. However, 100% of all FACES students have graduated from high school, with 80% of these students becoming the first in their families to do so. Upon graduation from FACES, 100% of all students are able to articulate a career goal in healthcare as well as a pathway by which to achieve that goal. Most recently, the FACES graduating class of 2019 experienced a mean GPA improvement of 80% over the course of their two-year commitment, and 92% of the graduating class became the first in their families to enroll into a higher education institution.

FACES is a well-rounded program that not only focuses on the overall well-being of high school students, but also helps them to explore practical career options. FACES knows that Alameda County suffers from growing health workforce shortages in areas like primary care medicine, nursing, public health, allied health, and mental health. In providing support and education specific to the health professions, FACES gives underrepresented students feasible pathways into an industry that needs them. This is critical to the long-term and sustained success of students, their families, and the community as a whole.

#### IV. Healthy Eating / Active Living

St. Rose Hospital's constant presence assures our community of our commitment to the provision of quality health services. St. Rose actively works with government and community agencies and organizations to ensure that local health needs are addressed.

##### 1. Latino Business Roundtable

One such example is the Latino Business Roundtable which was developed to support the large Latino population of Hayward. St. Rose Hospital and the Hayward Chamber of Commerce work collaboratively with the Latino Business Roundtable to assist the Latino Business Community who would like help with their existing business or are interested in starting a business of their own.

Monthly meetings are hosted at St. Rose Hospital with guest speakers and resources such as:

- Access to business networking
- Representation at all levels of government
- Economic development through business promotion
- Information on Hayward demographics
- Solutions to community challenges
- Access to healthcare and educational opportunities.

##### 2. Nonprofit Alliance

The Non-Profit Alliance was developed to support more than 100 nonprofit organizations in the Hayward Chamber of Commerce. Organizations share information about upcoming events. Monthly meetings are hosted and held at St. Rose Hospital with guest speakers.

##### 3. Collaboration with Community Organizations

St. Rose Hospital works collaboratively with a wide variety of community organizations to ensure that issues about the health and welfare of our residents are being addressed. Meetings were hosted at St. Rose Hospital for the following organizations:

Organization/Meeting	Total Number of Classes/Events	Number of Hours	Unreimbursed Expenses for Room Use
CCCMA Occupational Clinic	12	24	\$2,400
Eden Area ROP – Direct Support Professional (DSP) Training	8	35	\$3,500
Eden Health District	2	4	\$400
FACES for the Future Program Workshops	42	126	\$12,600
Hayward Chamber of Commerce	10	20	\$2,000
Hayward Non-Profit Alliance	12	24	\$2,400
Latino Business Round Table	12	24	\$2,400
<b>TOTAL:</b>	<b>88</b>	<b>218</b>	<b>\$25,700</b>

## Goals & Objectives for Fiscal Year 2019/2020

### **I. Behavioral Health**

1. Improve At-Risk Youth and Their Families' Behavioral Health– Allocate Resources to Support:
  - FACES for the Future partnership with La Familia Counseling Services to provide psychosocial support to at-risk student interns and their families.
  - FACES for the Future partnership with La Familia Counseling Services to provide whole-group mental health wellness workshops for student interns.
2. Increase Community Members' Access to Behavioral Health Care Through Care Coordination – Allocate Resources to Support:
  - Mental health evaluations and referrals for in-patients and Emergency Department patients via Case Management/Social Services.
  - Referrals to drug and alcohol programs for in-patients and Emergency Department patients via Case Management/Social Services.
  - Provision of mental health services to Emergency Department patients by a licensed health care professional using real-time videoconferencing services transmitted via the Internet.
  - Emotional support groups for the following topics: Pre- and Ante-natal support; alcohol abuse; cancer survival; other chronic disease survival; eating disorders.

## **II. Economic Stability**

### **1. Build Community Members' Employable Skills – Allocate Resources to Support:**

- FACES for the Future healthcare internships and academic support for at-risk high school students.
- Youth Volunteer Program, providing first-hand experience in the healthcare setting and community service credit to community youth.
- Students Helping In the Needs of Everyone (SHINE) Program, a student volunteer program for high school and college students providing hands-on experience in the healthcare hospitality setting and community service credit to community youth and young adults.
- Senior Volunteer Program (Auxiliary), providing first-hand experience in the healthcare setting to older adults seeking resume-building opportunities and entry-level industry experience.

## **III. Health Care Access and Delivery**

### **1. Improve Low-Income Community Member's Access To Care – Allocate Resources to Support:**

- Participation in government-sponsored programs for low-income individuals (i.e., Medi-Cal Managed Care).
- Provision of Charity Care to ensure low-income individuals obtain needed medical services.
- Financial Counselor, who determines if underserved patients qualify for insurance or other financial aid.

### **2. Improved Community Members' Access to Preventative Medicine and Specialized Care – Allocate Resources to Support:**

- Free flu vaccines at community events.
- Program which places follow-up calls to discharged in-patients and out-patients to check medications and physicians appointments.
- Case Management/Social Services: Referrals and follow-up on over 500 patients transferred to Skilled Nursing Facilities annually.
- Annual Community Health Fair, which provides community members with flu shots, blood pressure screens and glucose and cholesterol screenings.
- Community classes/support groups in the following topics: Lamaze; breastfeeding; parenting; myasthenia gravis; cancer; asthma/respiratory conditions; nutrition/diet.

### **3. Support and Improve the Healthcare Worker Pipeline – Allocate Resources to Support:**

- FACES for the Future healthcare internships and academic support for at-risk high school students.
- Youth Volunteer program, providing first-hand experience in the healthcare setting and community service credit to community youth.

- Students Helping In the Needs of Everyone (SHINE) Program, a student volunteer program for high school and college students providing hands-on experience in the healthcare hospitality setting and community service credit to community youth and young adults.
- Senior Volunteer Program (Auxiliary), providing first-hand experience in the healthcare setting to older adults seeking resume-building opportunity and entry-level industry experience.

#### **IV. Healthy Eating / Active Living**

1. Increase Outreach To Community Members About Health Eating – Allocate Resources to Support:
  - Registered dietitians to consults with diabetic in-patients.
  - Blood pressure checks and health information at various community events.
  - Street Parties and community Health fairs with free blood pressure and glucose screenings.
2. Support Education Within the Community About Healthy/Active Living – Allocate Resources to Support:
  - Classes on the benefits of good nutrition and physical activity.
  - “Vegucation” class on plant-based diets, in partnership with Eden Health District.
  - Street Parties and community health fairs with free blood pressure and glucose screenings.

# LIST OF APPENDICES

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- Appendix B: St. Rose Hospital Foundation Board of Directors, January 2019
- Appendix C: Nonquantifiable Benefits
- Appendix D: Uncompensated Costs
- Appendix E: Charity Care Policy

# APPENDIX A

HAYWARD SISTERS HOSPITAL  
(A California nonprofit corporation dba ST. ROSE HOSPITAL)  
27200 Calaroga Avenue  
Hayward, CA 94545-4383  
510/264-4000

## **BOARD OF DIRECTORS** **JANUARY 2019**

David Kears – Chair

John P. (“Jay”) Harris

Michael Marchiano, MD

Fred Naranjo

Katrina Semmes

Clifford Wong, MD  
(ex officio)



# APPENDIX B

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## ST. ROSE HOSPITAL FOUNDATION BOARD OF DIRECTORS JANUARY 2019

*Ronald G. Peck, Acting Chair*  
*Rosemarie Marchiano, Treasurer*  
*Catherine E. Carlson*  
*Alan McIntosh*  
*Michael Cobb, Executive Director*

Ridhima "Amanda" Ahuja  
Alexandra Budde, DVM  
Sandra D. Davini  
Jeanette De La Torre  
Eve Grau  
Nicky E. Henkelman  
Brian Hughes  
Monisha Jain  
Michael Jones  
Lucy Lopez  
Robert Mallon  
Arun M. Mehta, MD  
Lawrence J. Ratto  
Linda Renteria  
Gail Steele  
Marlene Teel-Heim  
Hon. J. Francisco Zermefio C.

### **Emeritus / Honorary Directors**

Julie Greer  
Richard C. Hardwig  
Ronald F. Ivaldi  
Margaret "Peggy" Lepore  
Robert Putman  
Charles Ramorino  
Pamela A. Russo, RN  
Joel Thornley  
Robin Wilma  
Bing H. Young, MD

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# APPENDIX C

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## NONQUANTIFIABLE BENEFITS

St. Rose Hospital works collaboratively with a wide variety of community organizations to ensure that issues about the health and welfare of our residents are being addressed.

AHS – Fairmont	Rotary Club of Hayward
AHS – Hayward Wellness Center	South Hayward Economic Development Coalition
Alameda Alliance for Health	South Hayward Healthy Start Neighborhood Collaborative
Alameda County Healthcare Services Agency	South Hayward Neighborhood Collaborative
Alameda County Office of Education	Spectrum Community Services
Alameda County Public Health	Tennyson High School ROP
Alzheimer’s Services of the East Bay	Tiburcio-Vasquez Health Center
American Cancer Society	The California Endowment
American Red Cross	The Kid’s Breakfast Club, Inc.
Bay Valley Medical Group – Stanford Healthcare	Union City Police and Fire Department
Donor Network West	Vesper Society
Chabot College	
City of Hayward	
Congregations Organized for Renewal	
Eden Area Jobs for Youth	
Eden ROP	
Eden Health District	
Eden Youth and Family Center – New Start Tattoo Removal	
Emergency Shelter Program, Inc.	
FESCO	
Fremont Bank Foundation	
Glad Tidings Health Ministry	
Gordon and Betty Moore Foundation	
Hayward Adult School	
Hayward Chamber of Commerce	
Hayward Coalition for Youth	
Hayward Coalition for Youth Steering/Policy Committee	
Hayward Collegiate	
Hayward High School	
Hayward Police and Fire Department	
Hayward Unified School District	
Health Insurance Counseling and Advocacy Program (HICAP)	
Immunization Partnership of Alameda County (IPAC)	
Intero Foundation	
Kaiser Foundation Health Plan	
Knights of Malta	
La Clinica de la Raza – San Lorenzo HS Health Center	
La Familia – FRC - Fuller	
Latino Business Roundtable	
Leadership Hayward	
Lighthouse Community Center	
Morton Bakar Center	
Mt. Eden High School	
New Haven Unified School District	
Non-Profit Alliance	
Ohlone College	

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# APPENDIX D

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## Uncompensated Costs

### Uncompensated Costs

Both the California Department of Health Services and California Medical Assistance Commission have determined St. Rose Hospital is a disproportionate share hospital per the criteria established for Senate Bill 855 (SB855) and SB1255 programs. The criteria is fundamentally based upon a disproportionately large volume of low income patients and must also meet Federal criteria.

During FY 2018/2019, approximately 52% of the patients admitted to St. Rose Hospital were underinsured, including 50% MediCal eligible and 2% uninsured. Over 21,000 low-income patients were served in the Hospital's Emergency Room. St. Rose Hospital is the only Disproportionate Share hospital in Central and Southern Alameda County. None of the aforementioned services includes the large number of Medicare patients who are also low-income. The hospital's uncompensated cost for charity care totaled around \$ 1 million in FY 2018/2019.

In addition, the Hospital provides many programs and services at nominal or no charge, which are designed to benefit the broader community. These programs and services include health and well-being education, medications and medical supplies, a short-stay OB program, and an education reimbursement program. The Hospital also operates a 24-hour physician-staffed emergency program. The costs for these services are included in operating expenses in the consolidated statements of operations and changes in net assets.

The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services furnished under its charity care policy. The following information measures the level of charity care provided during FY 2018/2019:

Uncompensated cost of charity care	\$ 694,000
Uncompensated cost of Medi-Cal services	\$ 39,410,215
Uncompensated cost of Medicare services	\$ 27,912,663

# APPENDIX E

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## Charity Care Policy

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Origination: 02/2015  
Last Approved: 02/2019  
Last Revised: 02/2019  
Next Review: 02/2022  
Owner: Renee Frey: PFS Manager  
Policy Area: Admin - Leadership (LD)  
Scope:

## Charity Care

### POLICY

It is the policy of St. Rose Hospital to provide Financial Assistance, consistent with this policy, in the form of free or discounted care to eligible:

1. **Low-income Uninsured Patients**  
(Full Charity Care, Partial Charity Care, Special Circumstances Charity Care)
2. **Patients with High Medical Costs**  
(High Medical Cost Charity Care)

Any modification of this policy must be approved in writing by St. Rose Hospital's Chief Financial Officer. St. Rose Hospital will also provide certain discounts for uninsured patients who do not otherwise qualify for Financial Assistance pursuant to a separate policy.

### PURPOSE

This policy is intended to:

1. Define the forms of available Financial Assistance and the associated eligibility criteria; and
2. Establish the processes that patients shall follow in applying for Financial Assistance and the process St. Rose Hospital will follow in reviewing applications for Financial Assistance; and
3. Provide a means of review in the event of a dispute over a Financial Assistance determination; and
4. Provide administrative and accounting guidelines to assist with identifying, classifying and reporting Financial Assistance; and
5. Establish guidelines and standards that St. Rose Hospital will follow with respect to the collection of patient debt including patients who are eligible for Financial Assistance.

### GENERAL INFORMATION

- A. **Scope of Policy.** This policy does not create an obligation for St. Rose Hospital to pay for charges of physicians or other medical providers including anesthesiologists, radiologists, emergency department physicians, pathologists, etc., not included in the hospital bill.
- B. **Emergency Department Physicians.** An emergency physician, as defined in California Health & Safety Code § 127450, who provides emergency medical services at St. Rose Hospital is also required by law to

provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the federal poverty level. This statement shall not be construed to impose any additional responsibilities upon St. Rose Hospital.

## DEFINITIONS AND ELIGIBILITY

**Financial Assistance is available to eligible patients who receive Covered Services and who follow applicable procedures (such as completing applications and providing required information).**

A. **Financial Assistance.** The term Financial Assistance refers to Full and Partial Charity Care, Special Circumstances Charity Care, and High Medical Cost Charity Care. Guidelines for determining when the Financial Assistance policy applies to particular circumstances that arise during the ordinary course of business are set forth in **Exhibit A**.

1. **Full Charity Care.** Full Charity Care is a complete (100%) write off of the gross billed/undiscounted charges for the Covered Services provided to the patient less any payments made by the patient. Full Charity Care is available to patients:
  - a. Whose Family Incomes are at or below 200 % of the most recent Federal Poverty Income Guidelines (**Exhibit B**); and
  - b. Who have no source of payment for any portion of their medical expenses, including without limitation, commercial or other insurance, government sponsored healthcare benefit programs or third party liability.
2. **Partial Charity Care.** Partial Charity Care is a partial write-off of St. Rose Hospital's undiscounted charges for Covered Services available to patients:
  - a. Whose Family Incomes are between 200 % and 500 % of the federal poverty level according to the most recent Federal Poverty Income Guidelines (**Exhibit B**); and
  - b. Who have no source of payment for any portion of their medical expenses, including without limitation, commercial or other insurance, government sponsored health care benefit programs or third party liability.
  - c. For patients whose Family Incomes are between 200 % and 350 % of the most recent Federal Poverty Income Guidelines (**Exhibit B**), St. Rose Hospital shall limit expected payments for Covered Services to an amount equal to ten percent (10%) of the gross billed/undiscounted charges for the Covered Services provided to the patient less any payments made by the patient. St. Rose Hospital has set the amount of expected payment to be less than the greatest amount St. Rose Hospital would expect to receive from Medicare, Medi-Cal or another government sponsored program of health benefits and shall annually review the discounted provided under this subsection so as to ensure that the expected payment is no greater than the greatest amount St. Rose Hospital would expect to receive from Medicare, Medi-Cal, or another government sponsored health program of health benefits in which St. Rose Hospital participates.
  - d. For patients whose Family Incomes are between 350 % and 500 % of the most recent Federal Poverty Income Guidelines (**Exhibit B**) the expected payment shall limit expected payments for Covered Services to an amount equal to fifteen percent (15%) of the gross billed charges for the Covered Services provided to the patient less any payments made by the patient. St. Rose Hospital has set the amount of expected payment to be less than the greatest amount St. Rose Hospital would expect to receive from Medicare, Medi-Cal or another government sponsored

program of health benefits and shall annually review the discounted provided under this subsection so as to ensure that the expected payment is no greater than the greatest amount St. Rose Hospital would expect to receive from Medicare, Medi-Cal, or another government sponsored health program of health benefits in which St. Rose Hospital participates.

- e. St. Rose Hospital has set the amount of expected payment for patients whose Family Incomes are between 200% and 500% of the most recent Federal Poverty Income Guidelines to be less than the greatest amount St. Rose Hospital would expect to receive from Medicare, Medi-Cal or another government sponsored program of health benefits shall annually review the discounts so as to ensure that the expected payment is no greater than the greatest amount St. Rose Hospital would expect to receive from Medicare, Medi-Cal, or another government sponsored health program of health benefits in which St. Rose Hospital participates.

- 3. **Special Circumstances Charity Care.** Special Circumstances Charity Care allows Uninsured Patients who do not meet the Financial Assistance Criteria set forth in Section 1 or 2 above, or who are unable to follow specified hospital procedures, to receive a complete or partial write-off of St. Rose Hospital's undiscounted charges for Covered Services, with the approval of St. Rose Hospital's Chief Financial Officer or designee. St. Rose Hospital must document the decision, including the reasons why the patient did not meet the regular criteria. The following is a non-exhaustive list of some situations that may qualify for Special Circumstances Charity Care:

- a. **Bankruptcy.** Patients who are in bankruptcy or recently completed bankruptcy.
- b. **Homeless Patients.** Emergency room patients without a payment source if they do not have a job, mailing address, residence or insurance.
- c. **Deceased.** Deceased patients without insurance, an estate, or third party coverage.
- d. **Medicare.** Income-eligible Medicare patients may apply for Financial Assistance for denied stays, denied days of care, and Medicare cost shares. Medicare patients who execute an ABN with respect to non-covered services shall not be eligible.
- e. **Medi-Cal.** Income-eligible Medi-Cal patients may apply for Financial Assistance for denied stays, denied days or care, and non-covered services; however, patients may not receive Financial Assistance for the Medi-Cal Share of Cost. Persons eligible for programs such as Medi-Cal but whose eligibility status is not established for the period during which the medical services were rendered may apply for Financial Assistance.

- 4. **High Medical Cost Charity Care.** High Medical Cost Charity Care for Insured Patients ("High Medical Cost Charity Care") is a partial write-off of St. Rose Hospital's undiscounted charges for Covered Services. High Medical Cost Charity Care is not available for patients receiving services that are already discounted (e.g., package discounts). For Covered Services provided to patients who qualify for High Medical Cost Charity Care, St. Rose Hospital shall limit expected payments to an amount equal to twenty percent (20%) of the gross billed/undiscounted charges for the Covered Services provided to the patient less any payments made by the patient. This discount is available to insured patients who meet the following criteria:

- a. The patient's Family Income is less than 500 % of the Federal Poverty Income Guidelines (**Exhibit B**);
- b. The patient's or the patient's family medical expenses for Covered Services (incurred at St. Rose Hospital or paid to other providers in the past 12 months provided that the patient provides written evidence of payment to St. Rose Hospital) exceed 10% of the patient's Family Income; and

- c. The patient's insurer has not provided a discount off the patient's bill (i.e., the patient is responsible to pay undiscounted charges).

## **B. Other Definitions**

### **1. Covered Services:**

- a. Covered Services for Full Charity Care are all services that are required to be covered by a Knox-Keene licensed Health Care Services Plan, except that those services requiring administrative approval as defined below are not Covered Services.
- b. Covered Services for Partial Charity Care and High Medical Cost Charity Care are all services provided by St. Rose Hospital, except that those services requiring administrative approval as defined below are not Covered Services.
- c. Covered Services for the Uninsured Patient Discount and the Prompt Payment Discount are all services provided by St. Rose Hospital to Uninsured Patients.
- d. Services Requiring Prior Administrative Approval. Due to their unique nature, certain non-emergency services require administrative approval prior to admission and the provision of services. Generally, patients who seek complex, specialized, or high-cost services (e.g., experimental procedures, transplants) must receive administrative approval prior to the provision of services. Patients seeking to receive such services are not eligible for Full Charity Care, Partial Charity Care or High Medical Cost Charity Care unless St. Rose Hospital's executive team makes an exception.

2. **Uninsured Patient.** An Uninsured Patient is a patient who has no source of payment for any portion of their medical expenses including, without limitation, commercial or other insurance, government sponsored healthcare benefit program or third party liability, or whose benefits under insurance have been exhausted prior to admission. Guidelines for determining when the Financial Assistance policy applies to Uninsured Patients under particular circumstances that arise during the ordinary course of business are set forth in **Exhibit A**.

3. **Primary Language of St. Rose Hospital's Service Area.** A language is a primary language of St. Rose Hospital's service area if 5% or more of St. Rose Hospital's local population speaks the language.

4. **Family Income.** Family Income is annual family earnings from the prior 12 months or prior tax year as show by recent pay stubs or income tax returns, less payments made for alimony and child support. Proof of earnings may be determined by annualizing year-to-date family income, giving consideration for current earning rates. For patients over 18 years of age, the patient's family income includes their spouse or domestic partner as defined in Section 297 of the Family Code, and dependent children under 21 years of age, whether living at home or not. For patients under 18 years of age, the patient's family includes their parents, caretaker relatives, and other children under 21 years of age of the parents or caretaker relatives.

# **PROCEDURES**

## **A. Applying for Financial Assistance:**

1. An Uninsured Patient who indicates the financial inability to pay a bill for Covered Services shall be evaluated for Financial Assistance. In order to qualify as an Uninsured Patient, the patient or the patient's guarantor must verify that he or she is not aware of any right to insurance or government program benefits that would cover or discount the bill.



2. The "Statement of Financial Condition/Financial Assistance Application Form," **Exhibit C**, shall be used to document each patient's overall financial condition. This application shall be available in the Primary Language(s) for St. Rose Hospital's service area.
3. A sample of the "Charity Care Calculation Worksheet," **Exhibit D**, is provided to aid in the determination of the amount and type of charity care for which the patient may be eligible.

**B. Financial Assistance Determination and Notice**

**1. Determination:**

- a. St. Rose Hospital will consider each applicant's Financial Assistance application and grant Financial Assistance where the patient meets eligibility requirements and has received (or will receive) Covered Services.
- b. St. Rose Hospital may make Financial Assistance approval contingent upon a patient applying for governmental program assistance, which may be prudent if the particular patient requires ongoing services.
- c. In determining whether each individual qualifies for Financial Assistance, other county or governmental assistance programs should also be considered. Many applicants are not aware that they may be eligible for assistance such as Medi-Cal, Victims of Crime, or California Children Services.
- d. St. Rose Hospital should assist the individual in determining if they are eligible for any governmental or other assistance and provide applications as requested.
- e. Where administrative approval is required, St. Rose Hospital will consider the request for service in a timely fashion and provide a response to the request in writing.

**2. Notice**

- a. While it is desirable to determine the amount of Financial Assistance for which a patient is eligible as close to the time of service as possible, there is no rigid limit on the time when the determination is made. In some cases, eligibility is readily apparent while in other cases further investigation is required to determine eligibility. In some cases, a patient eligible for Financial Assistance may not have been identified prior to initiating external collection action. St. Rose Hospital's collection agencies shall be made aware of this policy so that the agencies know to refer back to St. Rose Hospital patient accounts that may be eligible for Financial Assistance.
- b. Once a Full or Partial Charity Care or High Medical Cost Charity Care determination has been made a "Notification Form" (**Exhibit E**) will be sent to each applicant advising them of the hospital's decision.

**C. Dispute Resolution.** In the event of a dispute over the application of this policy, a patient may seek review by notifying St. Rose Hospital's Chief Financial Officer of the basis of any dispute and the desired relief. Written communication should be submitted within thirty (30) days of the patient's knowledge of the circumstances giving rise to the dispute. The Chief Financial Officer or designee shall review the concerns and inform the patient of any decision on writing.

**D. Recordkeeping.** Records related to Financial Assistance must be readily accessible.

**E. Third Party Liens.** St. Rose Hospital may lien the tort recoveries of Uninsured Patients in a manner consistent with applicable law.

**F. Submission to OSHPD.** Beginning January 1, 2008 and every two years thereafter, St. Rose Hospital's General Counsel will post this policy and any amendments or modifications thereto to the Office of

## COMMUNICATION OF FINANCIAL ASSISTANCE AVAILABILITY

### A. Information Provided to Patients

1. **Preadmission or Registration.** During preadmission or registration (or as soon thereafter as practicable and after stabilization of the patient's emergency medical condition in the case of emergency services), St. Rose Hospital shall provide:
  - a. All patients with information regarding the availability of Financial Assistance (Important Billing Information for Patients, **Exhibit F**).
  - b. Patients who the hospital identifies as uninsured with a Financial Assistance application (**Exhibit C**).
2. **Emergency Services.** In the case of emergency services, St. Rose Hospital shall provide the above information as soon as practicable after stabilization of the patient's emergency medical condition or upon discharge.
3. **All Other Times.** Upon request, St. Rose Hospital shall provide patients with information about their right to request an estimate of their financial responsibility for services, the Statement of Financial Condition form, and/or Important Billing Information for Uninsured Patients.

### B. Postings and Other Notices. Information about Financial Assistance shall also be provided as follows:

1. By posting in a visible manner in locations where there is a high volume of inpatient or outpatient admitting/registration, including, without limitation, the emergency department, billing offices, admitting office, and other hospital outpatient service settings.
2. By posting information about Financial Assistance on St. Rose Hospital's website.
3. By including information about Financial Assistance in bills that are sent to Uninsured Patients. A sample that contains the required information is set forth on **Exhibit G**.
4. By including language on bills sent to Uninsured Patients as specifically set forth in **Exhibit H**.

### C. Applications. St. Rose Hospital shall make applications for Medi-Cal, California Children's Services or any other potentially applicable governmental program readily available and accessible to Uninsured Patients and provide such applications upon request.

### D. Languages. All notices/communications provided in this section shall be available in the Primary Language(s) of St. Rose Hospital's service area and in a manner consistent with all applicable federal and state laws and regulations.

## COLLECTION ACTIVITIES

### A. Assignment to Collection. No patient debt shall be advanced/assigned to collection until the Director of Patient Financial Services or designee has reviewed the account and approved the advancement of the account to collection. If a patient is attempting to qualify for Financial Assistance and/or is attempting to settle an outstanding bill with St. Rose Hospital by negotiating a reasonable payment plan or making regular payments of a reasonable amount, St. Rose Hospital shall not send the unpaid bill to collection or a collection agency. Any extended payment plans shall be interest free.

### B. Use of Collection Agencies. St. Rose Hospital shall obtain an agreement from each collection agency

that it utilizes to collect patient debt consistent with the requirements of this policy, federal law, and state law.

- C. **Collection Methods.** St. Rose Hospital shall not initiate legal or judicial process, sell a patient's debt to another party, or report adverse information about the patient to consumer credit reporting agencies or credit bureaus before St. Rose Hospital has made reasonable efforts to determine whether the patient is eligible for Financial Assistance and in no case shall St. Rose Hospital or any collection agency utilized by St. Rose Hospital shall report adverse information to a consumer credit reporting agency or commence civil action against the patient for non-payment at any time prior to 150 days after the initial billing if the patient is an Uninsured Patient or a patient provides information that he or she may qualify for Financial Assistance. The 150 day period shall be extended if the patient has a pending appeal for coverage for the services and the patient makes a reasonable effort to keep St. Rose Hospital informed of the progress of any appeals

## Attachments:

A: Guidelines for Application of Full and Partial Charity Care, Uninsured Patient Discount and Prompt Payment Discount

B: Charity Care

C: Statement of Financial Condition/Financial Assistance Application

D: Charity Care Calculation Worksheet

E: Notification Form Eligibility for Charity Care

F: Important Billing Information for Patients at St. Rose Hospital

G: Notice of Rights

H: Notice Language on Bills for Uninsured Patients

## Approval Signatures

Step Description	Approver	Date
Governing Board	Shawnee Davis: Project Coordinator	02/2019
Leadership	Rosemarie Padua	01/2019
	Renee Frey: PFS Manager	01/2019

**Guidelines for Application of Full and Partial Charity Care, Uninsured Patient Discount and Prompt Payment Discount**

The following guidelines are intended for use in specific situations that arise in the ordinary course of business.

- |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Co-pays, deductibles and cost shares per direction from insurers, government programs or other third party payors                      | <p>These amounts should be collected from the patient. These amounts are not subject to Full or Partial Charity Care, the Uninsured Patient Discount or the Prompt Payment Discount, except: Patients with Medicare cost share obligations are eligible to apply for Full or Partial Charity Care</p> <p>Patients with Medi-Cal share of cost obligations not entitled to Full or Partial Charity Care</p> |
| 2. Insurance coverage not available due to patient's decision to seek services not covered under insurance contract                       | <p>These amounts should be collected from the patient. Patient is not eligible for Full or Partial Charity Care. The Uninsured Patient Discount applies. If the non-covered services are priced as a package discount then the package discount applies in lieu of the Uninsured Patient Discount. The Prompt Payment Discount applies.</p>                                                                |
| 3. Indemnity insurance company refuses to pay claiming patient has failed to cooperate by providing needed information                    | <p>Patient may be billed. Full and Partial Charity Care and other discounts do not apply.</p>                                                                                                                                                                                                                                                                                                              |
| 4. Services and items that are never covered benefits under the patient's benefit policy (e.g. services that are not medically necessary) | <p>These amounts should be collected from the patient. Patient is not eligible for Full or Partial Charity Care. The Uninsured Patient Discount applies. If the non-covered services are priced as a package discount then the package price applies in lieu of the Uninsured Patient Discount. The Prompt Payment Discount applies.</p>                                                                   |
| 5. Services provided to ineligible members                                                                                                | <p>If coverage is denied, these amounts should be collected from the patient, unless the patient's health plan is responsible for services under terms of the contract. Patient may be eligible for Full or Partial Charity Care. If the patient is not eligible for Full or Partial Charity Care, the</p>                                                                                                 |

**CHARITY CARE POLICY****EXHIBIT A**

- |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                    | Uninsured Patient Discount and Prompt Payment Discount apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 6. Indemnity Insurance Company or Medicare Supplement Plan pays members directly                                                   | Patient may be billed. Full and Partial Charity Care and other discounts do not apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 7. Indemnity Insurance Company, PRO or non-contracted third party payer underpays claiming charges are unreasonable or unsupported | Continue to pursue amounts due from insurance and do not initiate collections for these amounts against patient without approval from St. Rose Hospital's General Counsel. Pursue collection of patient liability amounts as set forth herein.                                                                                                                                                                                                                                                                                                                                                                                                              |
| 8. Charges not covered by insurance because patient exceeded benefit cap prior to admission                                        | These amounts should be collected from the patient. Patient may be eligible for Full or Partial Charity Care. If the patient is not eligible for Full or Partial Charity Care, the Uninsured Patient Discount and Prompt Pay Discounts apply.                                                                                                                                                                                                                                                                                                                                                                                                               |
| 9. Charges not covered by insurance because patient exceeded benefit cap during patient's stay                                     | When a payer pays only a portion of the expected reimbursement for a patient's stay due to exhaustion of the patient's benefits during the stay, St. Rose Hospital should collect from the patient the balance of the expected reimbursement under the payer contract. St. Rose Hospital should not pursue from the patient any amount in excess of the payer's contractual rate under the payer contract. Patients who exceed their benefit cap may apply for Full or Partial Charity Care for the services that are in excess of the benefit cap, and may receive a Prompt Pay Discount. The Uninsured Patient Discount does not apply to these services. |
| 10. Charity care determination creates a credit balance                                                                            | If the charity care determination creates a credit balance in favor of a patient, the refund of the credit balance shall include interest on the amount of the overpayment from the date of the patient's payment at the statutory rate (10% per annum) pursuant to Health & Safety Code § 127440.                                                                                                                                                                                                                                                                                                                                                          |

# CHARITY CARE POLICY 2018 FEDERAL POVERTY GUIDELINE

## EXHIBIT B

Family Size	Period	Federal Poverty Guidelines	If income is below 200 % (shown below) of FPIG, eligible for full charity care	If income is above 200 % but below 350% (shown below) of FPIG, eligible for partial charity care. Expected Payment = 10% of Gross Billed Charges	If income is above 350 % but below 500 % (shown below) of FPIG, eligible for partial charity care. Expected Payment = 15% of Gross Billed Charges
1	Annual	\$12,140.00	\$24,280.00	\$42,490.00	\$60,700.00
	Monthly	\$1,011.67	\$2,023.33	\$3540.83	\$5,058.33
2	Annual	\$16,460.00	\$32,920.00	\$57,610.00	\$82,300.00
	Monthly	\$1,371.67	\$2,743.33	\$4,800.83	\$6,858.33
3	Annual	\$20,780.00	\$41,560.00	\$72,730.00	\$103,900.00
	Monthly	\$1,731.67	\$3,463.33	\$6,060.83	\$8,658.33
4	Annual	\$25,100.00	\$50,200.00	\$87,850.00	\$125,500.00
	Monthly	\$2,091.67	\$4,183.33	\$7,320.83	\$10,458.33
5	Annual	\$29,420.00	\$58,840.00	\$102,970.00	\$147,100.00
	Monthly	\$2,451.67	\$4,903.33	\$8,580.83	\$12,258.33
6	Annual	\$33,740.00	\$67,480.00	\$118,090.00	\$168,700.00
	Monthly	\$2,811.67	\$5,623.33	\$9,840.83	\$14,058.33
7	Annual	\$38,060.00	\$76,120.00	\$133,210.00	\$190,300.00
	Monthly	\$3,171.67	\$6343.33	\$11,100.83	\$15,858.33
8	Annual	\$42,380.00	\$84,760.00	\$148,330.00	\$211,900.00
	Monthly	\$3,531.67	\$7063.33	\$12,360.83	\$17,658.33
<b>Add this amount for each family member beyond 8</b>					
Each Additional Family Member	Annual	\$4,320.00	\$8,640.00	\$15,120.00	\$21,600.00
	Monthly	\$360.00	\$720.00	\$1,260.00	\$1,800.00

**CHARITY CARE POLICY****EXHIBIT C****STATEMENT OF FINANCIAL CONDITION/FINANCIAL ASSISTANCE APPLICATION**

PATIENT NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 ACCOUNT # \_\_\_\_\_ SSN: \_\_\_\_\_  
 (PATIENT) (SPOUSE)

**FAMILY STATUS:** List all dependents that you support

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMPLOYMENT AND OCCUPATION**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
 Contact Person & Telephone Number: \_\_\_\_\_  
 If Self-Employed, Name of Business: \_\_\_\_\_  
 Spouse Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
 Contact Person & Telephone Number: \_\_\_\_\_  
 If Self-Employed, Name of Business: \_\_\_\_\_

**CURRENT MONTHLY INCOME**

		Patient	Spouse
	Gross Pay (Before Deductions)	_____	_____
Add:	Income from Operating Business (if Self-Employed)	_____	_____
Add:	Other Income	_____	_____
	Interest & Dividends	_____	_____
	From Real Estate	_____	_____
	Social Security	_____	_____
	Other (Specify)	_____	_____
	Alimony or Spousal Support	_____	_____
Subtract:	Alimony, Support Payments Paid	_____	_____
Equals	Current Monthly Income	_____	_____

Total Current Monthly Income (Patient + Spouse) = \$ \_\_\_\_\_

**FAMILY SIZE**

Total Family Members: \_\_\_\_\_  
 (add patient, spouse and dependents from above)

	Yes	No
Do you have health insurance?	_____	_____
Are you eligible for any government programs?	_____	_____
Do you have other insurance that may apply (such as auto policy)?	_____	_____
Were your injuries caused by a third party? (such as during car accident)?	_____	_____

By signing this form, I agree to allow St. Rose Hospital to check employment status and credit history for the purpose of determining my eligibility for financial assistance. I understand that I may be required to provide proof of the information I am providing.

\_\_\_\_\_  
 (Signature of Patient or Guarantor)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 (Signature of Spouse)

\_\_\_\_\_  
 Date

**CHARITY CARE POLICY****EXHIBIT D****CHARITY CARE CALCULATION WORKSHEET**

Patient Name: \_\_\_\_\_ Patient Account #: \_\_\_\_\_

Special Considerations/Circumstances:

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	Yes	No
Does Patient have Health Insurance?	_____	_____
Is Patient Eligible for Medicare?	_____	_____
Is Patient Eligible for Medi-Cal?	_____	_____
Is Patient Eligible for Other Government Programs?	_____	_____

If eligibility exists for above programs, patient will not generally be eligible for charity care

Does Patient have other insurance (auto medpay, workers comp)?	_____	_____
Was Patient injured by third party?	_____	_____
Is Patient Self-Pay?	_____	_____

Charity/Financial Assistance Calculation:

Total Family Income  
(From Statement of Financial Condition) \$ \_\_\_\_\_

Family Size (From Statement of Financial Condition) \_\_\_\_\_

Qualification for Financial Assistance (Circle One)	Full	Partial
	High Medical Cost	
	No Eligibility	



**NOTIFICATION FORM  
ELIGIBILITY FOR CHARITY CARE**

St. Rose Hospital has conducted an eligibility determination for charity care for:

\_\_\_\_\_  
PATIENT'S NAME

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
DATES OF SERVICE

The request for charity care was made by the patient or on behalf of the patient on \_\_\_\_\_.

The determination was completed on \_\_\_\_\_.

Based on information supplied by the patient or on behalf of the patient, the following determination has been made:

Your request for charity care has been approved for services rendered on \_\_\_\_\_.

After applying the charity care reduction, the amount owed is \$ \_\_\_\_\_.

Your request for charity care is pending approval. However, the following information is required before any adjustment can be applied to your account:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your request for charity care has been denied because:

REASON:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Granting of charity care is conditioned on the completeness and accuracy of the information provided to the hospital. In the event the hospital discovers you were injured by another person, you have additional income, you have additional insurance or provided inaccurate information regarding your ability to pay for the services provided, the hospital may revoke its determination to grant charity care and hold you and/or third parties responsible for the hospital's charges. If you have any questions on this determination, please contact \_\_\_\_\_ at \_\_\_\_\_.

### **Important Billing Information for Patients at St. Rose Hospital**

Thank you for choosing St. Rose Hospital for your hospital services. The information below is designed to help you understand options available to assist patients pay their hospital bill. This information only applies to your hospital bill and does not include any bills received from physicians, anesthesiologists, clinical professionals, ambulance companies, etc., that may bill you separately for their services.

An emergency physician, as defined in California Health & Safety Code § 127450, who provides emergency medical services at St. Rose Hospital is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 % of the federal poverty level. You will receive a separate bill for the emergency physician services as well. Any questions pertaining to the emergency physician services should be directed to the physician providing the services as represented on the billing statement.

#### **Payment Options**

St. Rose Hospital has many options to assist you with payment of your hospital bill.

Medi-Cal & Government Program Eligibility. You may be eligible for a government sponsored health benefit program. St. Rose Hospital has staff available to assist you with applying for government assistance like Medi-Cal, and California's Children Services to pay your hospital bill. St. Rose Hospital also contracts with a company that may assist you further, if needed.

Financial Assistance Program (Charity & Discount Care). Uninsured patients who have an inability to pay their bill may be eligible for financial assistance. Eligibility for financial assistance is based on income and family size. All potential payer sources must be exhausted before a patient is eligible for financial assistance. Copies of St. Rose Hospital's Financial Assistance Policy, applications for financial assistance, and applications for government programs are available at Patient Registration and our Patient Financial Services Office. We can also send you copies if you contact our Patient Advocate Specialist at 510-780-4342.

**If you have any questions, or if you would like to pay by telephone, please contact the Patient Advocate Specialist at 510-780-4342.**

**NOTICE OF RIGHTS**

Thank you for selecting St. Rose Hospital for your recent services. Enclosed please find enclosed a statement the charges for your hospital visit. Payment is due immediately. Please be aware that this the bill for hospital services only. There may be additional charges for services that will be provided by physicians during your stay in the hospital such as bills from personal physicians and any anesthesiologists, pathologists, radiologists, ambulance companies or other medical professionals who are not employees of the hospital. You may receive a separate bill for these services.

An emergency physician, as defined in California Health & Safety Code § 127450, who provides emergency medical services at St. Rose Hospital is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 % of the federal poverty level. You will receive a separate bill for the emergency physician services as well. Any questions pertaining to the emergency physician services should be directed to the physician providing the services as represented on the billing statement.

Our records indicate that you do not have health insurance coverage or coverage under Medicare, Medi-Cal, Healthy Families, or other similar programs. If you have such coverage, please contact our Patient Accounts Financial Advocate at 510-780-4342 as soon as possible so the information can be obtained and the appropriate entity billed.

St. Rose Hospital has many options to assist you with payment of your hospital bill.

Medi-Cal & Government Program Eligibility. You may be eligible for a government sponsored health benefit program. St. Rose Hospital has staff available to assist you with applying for government assistance like Medi-Cal, and California's Children Services to pay your hospital bill. St. Rose Hospital also contracts with a company that may assist you further, if needed.

Financial Assistance Program (Charity Care). Uninsured patients who have an inability to pay their bill may be eligible for financial assistance. Eligibility for financial assistance is based on income and family size. All potential payer sources must be exhausted before a patient is eligible for financial assistance. Copies of St. Rose Hospital's Financial Assistance Policy, applications for financial assistance, and applications for government programs are available at Patient Registration and our Patient Financial Services Office. We can also send you copies if you contact our Patient Advocate at Specialist at 510-780-4342.

**If you have any questions, or if you would like to pay by telephone, please contact the Patient Advocate Specialist at 510-780-4342.**

### **NOTICE LANGUAGE ON BILLS FOR UNINSURED PATIENTS**

Our records indicate that you do not have health insurance or coverage under Medicare, Medi-Cal, or similar other programs. Patients who lack insurance and meet certain income requirement may qualify for financial assistance. Please contact the Patient Advocate Specialist at 510-780-4342 to obtain further information.