



**SB697**  
**Community Benefit Plan**

**2021-2022**

Prepared by

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# Section 1

## Executive Summary



Children's HealthCare of California (CHC) is the not-for-profit, tax-exempt parent corporation of Children's Hospital of Orange County (CHOC Hospital or CHOC Orange) and CHOC at Mission Hospital (CHOC Mission), hereafter collectively referred to as the "Hospitals," "CHOC," or the "Organization." The Hospitals are the principal tertiary and quaternary pediatric hospitals serving Orange County and are the only hospitals exclusively serving infants, children and adolescents.

CHOC has evolved from a community hospital to a world-class, integrated pediatric health care system affiliated with the University of California, Irvine (UC Irvine). The organization is steadfastly committed to the tens of thousands of children and families who depend on CHOC for care, as well as leading the charge in advancing pediatric medicine on a national level. CHOC's brand identity - CHOC - asserts the institution's position in the community and nationally. CHOC's legal name (Children's Hospital of Orange County) remains unchanged.

The organization is comprised of two pediatric hospitals, a California medical foundation, multiple primary and specialty clinics, programs and services, affiliated locations, a health plan, CHOC Health Alliance (which is a physician-hospital consortium in the CalOptima program) and four centers of excellence, the CHOC Heart, Neuroscience, Orthopaedic and Hyundai Cancer Institutes. The organization also has a Research Institute performing basic science and clinical research. Through its pediatric residency programs, including a combined physician residency program with UC Irvine, CHOC trains tomorrow's pediatric physicians, RNs, pharmacists and therapists.

This community benefit plan for the fiscal year ended June 30, 2022, describes the benefit planning process, the benefits provided and the economic value of the benefits. Community benefits are free or subsidized programs and services provided to meet identified community needs and to serve the public interest. Certain benefits reported in fiscal years 2022 and 2021 include services to the community in connection with the COVID-19 pandemic. CHOC has served as an important community resource by providing information on pediatric healthcare throughout the pandemic; advising school districts, legislators and public health officials in addition to parents and children. The benefits reported in this report exclude revenue lost due to the pandemic and direct COVID-19 expenses, the value of which has been partially recovered through CARES Act funding distributions.

The majority of the benefit the organization continues to provide is that of a safety-net hospital, caring for any and all children in our community regardless of the ability to pay. Like many other California children's hospitals over the years, CHOC has been paid for such services by state Medi-Cal programs at rates less than the cost of providing care. Beginning in 2010, California implemented a series of Hospital Provider Fee Programs to supplement Medi-Cal reimbursement, bringing total reimbursement closer to actual costs. The amount of net provider fee revenue recognized in fiscal years 2022 and 2021 do not necessarily correspond to services in those fiscal years due to program approval timing as well as accounting recognition rules. The table on page 3 demonstrates the impact of these programs.

## **Report Organization**

The community benefit plan satisfies the requirements of California's community benefit legislation and reflects the spirit of SB697. The community benefit plan addresses all the information suggested in the state's "Checklist for Hospital Community Benefit Plans" dated April 2000.

**Section 1** provides an executive summary of key report findings and data.

**Section 2** documents organizational commitment and participation, including the Hospitals' board of directors and staff (also referred to as associates) participation and community involvement. It describes non-quantifiable benefits and a patient financial assistance policy. Appendix A contains a copy of the Hospitals' Patient Financial Assistance Program policy.

**Section 3** describes the communities served, community demographic and target groups served by community benefit programs and services.

**Section 4** describes the Community Health Needs Assessment (CHNA) conducted by CHOC. This section describes both current needs and progress made in improving health status in recent years.

**Section 5** briefly describes the role of the Hospitals' community benefit plan process that was used to develop the community-benefit goals and strategies, listing the goals with the strategies.

**Section 6** describes data collection on benefits, tabulates benefits provided by SB697 categories, benefit plan goals and collaborative benefit activities. The annual organization-wide survey of community benefits for fiscal year 2022 identified 73 benefit services provided by the Hospitals.

**Section 7** summarizes the dollar value of benefits provided by legislative category, linking the dollars to identified community needs. The section shows financial assistance and unpaid costs of public programs (government payor shortfalls) separately. The principal measure for monitoring community benefit services is the dollar value of benefits returned to the community per dollar of tax exemption value received.

The economic value of the 73 benefit services provided by CHOC in fiscal year 2022 was \$143.2 million. Of these dollars, 72.8% (\$104.2 million) served the economically disadvantaged. The economic value of savings from not-for-profit status is \$22.9 million. Thus, in fiscal year 2022, the Hospitals returned \$6.25 in community benefits for each \$1.00 saved from tax-exempt status.

During fiscal year 2022, CHOC was the beneficiary of proceeds from the Hospital Provider Fee Program totaling \$114.9 million, net of applicable expenses. The program revenue was applicable to service dates from July 1, 2017 to June 30, 2022. The following table provides economic value information compared to the previous year's report:

<b>Economic Value of Benefit Services Provided:</b>	<b>Fiscal Year 2021</b>	<b>Fiscal Year 2022</b>
As Reported	\$158.6 million	\$143.2 million
Provider Fee Net Revenue	\$41.4 million	\$114.9 million
Economic Value Excluding Provider Fee	\$200 million	\$258.1 million

In addition to the \$143.2 million in benefits provided for by the Hospitals referenced above, board members, physicians, associates and volunteers contributed approximately 57,519 hours of volunteer service to the community. A summary of benefit services and volunteer hours by community focus area is summarized on the following page. This summary shows percentages of total benefit dollars and dollars for economically disadvantaged. It also shows the percentages of services that are collaborative.

## **CHOC Community Benefit Goals**

1. **Healthcare Access:** increase access to quality pediatric healthcare resources and information to families, especially low-income and medically underserved, throughout Orange County.
2. **Behavioral Health Access:** enhance the community's access to behavioral health information and social and emotional services, targeting the underserved.
3. **Disease Prevention:** increase awareness of disease prevention and promote early intervention of major diseases that affect the community.
4. **Information Resource:** provide the community with resources for information and education on health risk behaviors.
5. **Injury Prevention:** actively contribute to reducing the number of unintentional injuries to young children, especially targeting low-income, diverse and medically underserved populations.
6. **Community Action:** actively recruit, recognize and advocate for the importance of volunteer leadership and community assistance in providing care for children.

## Summary of Community Benefits by Community Benefit Goal

<b>Community Benefit Goals</b>	<b>Benefit Dollars</b>				<b>Benefit Services</b>		<b>Volunteer Hours (b)</b>
	<b>CHOC Orange Dollars</b>	<b>CHOC Mission Dollars</b>	<b>Total Dollars</b>	<b>Percent for Economically Disadvantaged (a)</b>	<b>Total Services</b>	<b>Percent Collaborative</b>	
<b>1. Healthcare Access</b>	\$ 120,100,175	\$ 8,666,291	\$ 128,766,466	80.0%	24	45.8%	49,808
<b>2. Behavioral Health Access</b>	1,417,935	-	1,417,935	3.4%	12	50.0%	7,626
<b>3. Disease Prevention</b>	11,473,243	-	11,473,243	8.8%	3	66.7%	-
<b>4. Information Resource</b>	492,242	-	492,242	28.4%	10	60.0%	-
<b>5. Injury Prevention</b>	75,016	-	75,016	16.5%	4	50.0%	85
<b>6. Community Action</b>	959,607	-	959,607	0%	20	95.0%	-
<b>All Benefit Services</b>	<b>\$ 134,518,218</b>	<b>\$ 8,666,291</b>	<b>\$ 143,184,509</b>	<b>72.8%</b>	<b>73</b>	<b>63.0%</b>	<b>57,519</b>

(a) Broader Community Services are also available to the Economically Disadvantaged

(b) Volunteer hours include 49,686 volunteer physician hours from the CHOC Graduate Medical Education Program



## **Medicare Disclosure**

Office of Statewide Health Planning and Development (OSHPD) regulations require that the Medicare payment shortfalls be included in the community benefit totals. However, the Catholic Health Association of the United States, the Voluntary Hospitals of America and the American Hospital Association have agreed that the unreimbursed costs (payment shortfalls) associated with Medicare patients should not be reported as a community benefit as serving Medicare patients is not a true, differentiating feature of not-for-profit health care. Also, Medicare is one of the best adult payers in many communities and Medicare payments can be higher than for managed care payers. Therefore, OSHPD has requested that hospitals report community benefits both with and without the Medicare payment shortfall.

This report does not include unreimbursed costs for Medicare. Medicare is not a significant payer for CHOC Orange and CHOC Mission.

# Section 2

## Mission and Commitment



This section describes CHOC's organizational structure, and the mission, vision and values, which guide its commitment to the communities served. This section also summarizes key elements of organizational commitment and participation in the community benefits programs. It concludes with an overview of organizational responsibility for benefit planning.

## **Organizational Structure**

CHC, established in July 1986, is the not-for-profit, tax-exempt parent corporation of an integrated pediatric healthcare system, which includes the following corporations:

- Children's Hospital of Orange County (CHOC Orange)
- Children's Hospital at Mission (CHOC Mission)
- CHOC Foundation
- CRC Real Estate Corporation

CHOC Orange and CHOC Mission operate the two principal tertiary and quaternary pediatric hospitals serving Orange County.

### **CHOC Hospital in Orange**

CHOC Orange is a California nonprofit public benefit corporation formed in 1964 and operates a 334-bed, acute-care hospital located in Orange, Calif. CHOC Orange serves the residents of Orange County as well as surrounding counties. Celebrating nearly 60 years of caring for children, the organization is an active member of the community, providing compassionate, quality health care services in a patient- and family-centered care environment.

CHOC Orange operates outreach programs to serve the community outside the hospital. These outreach programs include the CHOC Orange Clinic, Clínica CHOC Para Niños, CHOC Clinic at the Boys & Girls Club of Santa Ana and CHOC Garden Grove. The CHOC Breathmobile program brings asthma education, prevention and diagnosis to community centers and schools throughout Orange County.

The hospital's commitment to the highest standards of patient care and safety, as well as performance excellence, earned the organization several accolades – ranked as one of the nation's best children's hospitals by *U.S. News & World Report*; Magnet designation, the highest honor bestowed to hospitals for nursing excellence; and CHOC Orange's Pediatric Intensive Care Unit (PICU) has earned the Pediatric Beacon Award for Critical Excellence.

### **CHOC at Mission Hospital**

CHOC Mission is a California nonprofit public benefit corporation formed in 1991 and operates a 54-bed acute pediatric hospital located in Mission Viejo, Calif. CHOC Mission is located on the fifth floor of Mission Hospital, a member of the Providence/St. Joseph Health System.

## CHOC Foundation

The CHOC Foundation is a California nonprofit public benefit corporation formed in 1964 to help support clinical and non-clinical medical education, research and allied fields of pediatric care exclusively at CHOC Orange and CHOC Mission.

## CRC Real Estate Corporation

CRC Real Estate Corporation is a nonprofit public benefit corporation that provides property and real estate services in support of CHOC.

## Mission, Vision and Values

In June 2013, the health system's boards of directors affirmed the mission established in April 1999 and approved a new vision statement and updated values statement. The statements emphasize the Hospital's historical community focus and guide ongoing planning and development efforts.

<b>Exhibit 2.1</b>
<b>CHOC</b> <b>Mission, Vision and Values</b>
<b>Mission:</b> To nurture, advance and protect the health and well-being of children.
<b>Vision:</b> To be the leading destination for children's health by providing exceptional and innovative care.
<b>Values:</b> <b><u>Excellence</u>:</b> Setting and achieving the highest standards in all we do <b><u>Innovation</u>:</b> Advancing children's healthcare by leading with new ideas and technology <b><u>Service</u>:</b> Delivering unmatched personal experience <b><u>Collaboration</u>:</b> Working together with our colleagues and partners to achieve our Mission <b><u>Compassion</u>:</b> Caring with sensitivity and respect <b><u>Accountability</u>:</b> Serving as dedicated stewards of the lives and resources entrusted to us

## Link to Strategic Planning

Listed below are the five strategic goals developed as part of the CHOC 2022 strategic plan:

1. Advance as an academic institution and integrate research, education and discovery in everything we do
2. Develop and maintain high impact tertiary/quaternary program
3. Pursue alignment/recruitment of high-impact physician specialties
4. Enable access through technology platforms and virtual health program

5. Develop ambulatory destinations in partnership with other provider groups
6. Expand partnerships and outreach in schools, communities, and with key payers/market leaders
7. Build AYA and transitional programs
8. Fully align the Enterprise Master Plan with the Strategic Plan

## **Organizational Commitment**

### **Community Benefits**

The Organization operates the only two tertiary, pediatric safety-net hospitals in the county that are vital members of the Orange County community. Both Hospitals continue their steadfast organizational commitment to excellence in children's healthcare and community benefits. Specific commitments to community benefits include:

- The large economic value, depth, and breadth of community benefit services
- A history of collaboration with other community organizations
- Continued leadership and participation in community needs assessments
- Negative margin services provided to the community, including:
  - CMG Centrum Clinic
  - Child Life (Recreational Therapy) Services
  - Community Education
  - Breathmobile
  - Speech and Hearing Therapies

In addition to the above services, the Hospitals also provide financial assistance for families that qualify for services at reduced or no cost.

### **Patient Financial Assistance Program Policy**

The Hospitals do not deny necessary medical services to patients due to inability to pay (see *Appendix A for the Patient Financial Assistance Program Policy*). Both Hospitals provide financial assistance, which is budgeted and distributed annually, to assist identified patients in need. The granting of financial assistance is based solely on the ability to pay, regardless of age, gender, sexual orientation, ethnicity, national origin, disability or religion. This funding covers a portion or all required hospital services as determined by a financial screening process. The Patient Financial Assistance Program Policy provides for up to 400% of poverty guidelines, increasing the number of patients that qualify for financial assistance.

**Financial Assistance Implementation:** The Hospitals continually update all department managers on changes in hospital policies and procedures, and they are responsible for ensuring that staff is familiar with the same. Changes in policies and procedures are communicated in monthly department head meetings, through bi-monthly internal newsletters; and through specific memos, intranet postings and administrative releases. Staff who interact specifically with assisting in the determination of financial assistance eligibility on a patient-by-patient basis are given additional in-service training.

**Financial Assistance Communication:** As part of the Hospitals’ ongoing public awareness campaigns, the mission statements are included wherever possible on program brochures, facility brochures, medical education information, community education materials, conference invitations and admission materials. Additionally, the Hospitals’ financial assistance policy is emphasized in public relations and media relations efforts, foundation campaigns, and selected marketing campaigns. These policies are posted in key areas such as the emergency department and admitting.

### **Pediatric Health for the Community**

Being a community information resource is a high priority at CHOC Orange and CHOC Mission. The community education department is entirely devoted to this purpose. Other departments also contributing to community education include the following: psychology, child life, marketing, pharmacy, social services, rehabilitation services, population health and the Hyundai Cancer Institutes.

The following table shows that community education services served 1,436,764 persons in fiscal year 2022. Additionally, newsletters and websites providing health information about children reached an additional 1,268,464 people. These efforts allowed the health education program to reach over 2,705,228 individuals and families.

	<b>Number of Services</b>	<b>Volunteer Hours</b>	<b>Staff Hours</b>	<b>Persons Served</b>
Community Education	33	57,519	435,797	1,436,764
Television and Newsletters	1	-	1,200	1,268,464
<b>Total</b>	<b>34</b>	<b>57,519</b>	<b>436,797</b>	<b>2,705,228</b>

### **Organizational Participation**

Organizational participation in community benefits occurs at all levels and takes many forms, both formal and informal. Ultimate responsibility and oversight for the implementation of the community benefit plan resides with the Hospitals’ board of directors and executive management team.

### **Board Participation**

The Hospitals’ board of directors reaffirmed their commitment with the adoption of the strategic plan and mission, vision, and values statements emphasizing community outreach and community benefits. Members of the board of directors annually review the community benefit plan, act as ambassadors for the Hospitals, and serve on a variety of board committees.

## **Staff Participation**

The Hospitals' staff is involved in the community benefit planning process through the annual survey of community benefits. In addition, the Hospitals' staff serves on many community boards, committees and task forces. They also volunteer at many community events and health fairs. Staff participation helps the Hospitals identify emerging community needs, develop new benefits to meet these needs and make improvements to existing benefit services.

## **Physician Participation**

Physicians actively participate in benefit programs and collaborate with other providers through community-based organizations and advisory groups. As participants in outreach programming and implementation, physicians provide numerous hours of volunteer work within the hospitals, clinics, and the community. CHOC's Community Physician Advisory Panel conducts quarterly physician forum meetings. In these meetings, community-based physicians provide input and feedback on hospital programs and community needs.

## **Collaboration with Community Organizations**

A guiding principle of SB697 is to strengthen non-profit hospital community-benefit collaborations with other community organizations. Community benefit activities at the hospitals strongly embrace this principle in several ways.

## **Community Programs**

The Hospitals' staff members, as well as physicians, and administrators are actively involved in ongoing community-based organizations, coalitions and programs.

The team provides expertise, information, support and the hard work needed to make programs, such as the following, successful.

- Boys & Girls Club of Santa Ana
- CalOPTIMA
- Child Abuse Prevention Council of Orange County
- Drowning Prevention Network
- Local Law Enforcement Agencies
- Orange County Child Care and Development Planning Council
- Orange County Children and Families Commission (Prop 10)
- Orange County Coalition of Community Clinics
- Orange County Healthcare Agency
- Orange County Healthy Tomorrows Committee
- Orange County Ronald McDonald House and Charities
- Orange County Child Passenger Safety Task Force
- Latino Health Access
- Garden Grove Boys & Girls Club
- South Orange County Family Resource Center
- Various Orange County School District Programs

## Community Communication

The Hospitals publish the complete community benefit plan on its website, as submitted to the state. A variety of other resources are used to communicate both internally and externally.

### ➤ Internal Communication Resources:

- Monthly department head meetings
- Staff and committee meetings
- Weekly informational emails to all associates
- Email, memos, as needed
- Bi-monthly new associate and quarterly management orientation meetings
- PAWS (intranet)
- Senior Leader Rounding
- *Provider Connection*, provider e-newsletter
- Physician Town Hall Meetings
- Virtual associate and provider Town Hall meetings
- Digital message boards

### ➤ External Communication Resources:

- CHOC Foundation annual report
- CHOC.org website
- CHOC social networking sites (Facebook, Twitter, YouTube, Instagram, LinkedIn)
- CHOC Health Hub, health education and patient stories
- CHOC Provider Connection Blog, resources and news for care providers
- CHOC Inside Blog, news and stories about CHOC
- *Kids Health*, e-newsletter
- *Provider Connection*, e-newsletter



# Section 3

## Communities Served



This section describes the criteria used to define the communities served, summarizes community demographics and specifies target populations within the communities.

## Community Definition

The Hospitals serve all of Orange County and a limited, although significant, number of patients from the western rim of Riverside County and southeast areas of Los Angeles County.

Factors considered in defining the community for benefit planning include:

- Community reliance on the Hospitals for benefit services and care, as measured by market share.
- The Hospitals' reliance on the community served, as measured by patient origin.
- Ongoing community benefit services in conjunction with our long-standing relationships and collaborations with community organizations.
- Desires and perspectives of community groups and hospitals involved in the community needs assessment.

## CHOC Service Area

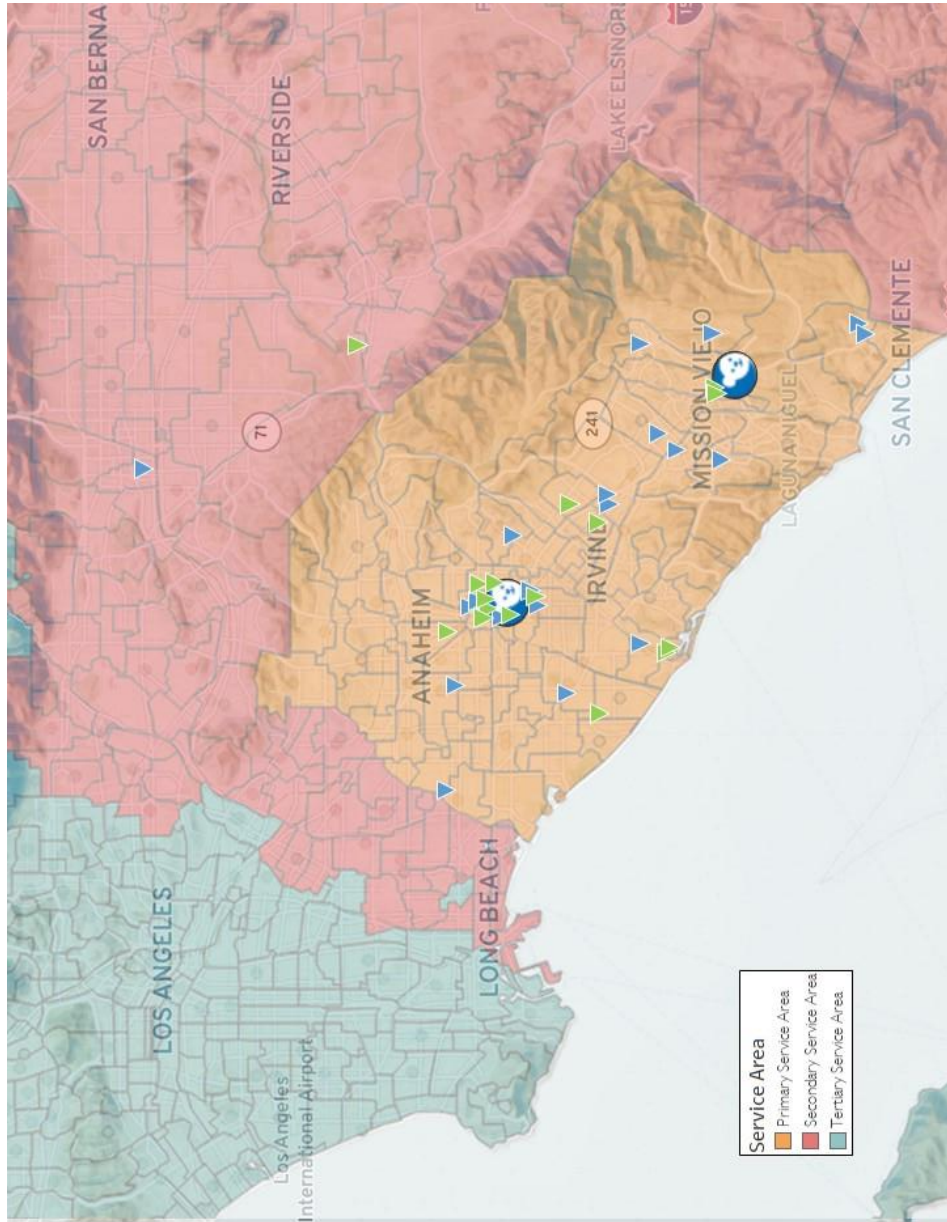
Based on the factors listed above, the CHOC service areas are divided into three regions (*see Exhibit 3.1 for Service Area Map.*)

**The Primary Service Area** encompasses Orange County. Significant cities in this area include Orange, Santa Ana, Anaheim, Fullerton and Garden Grove in the north, as well as Mission Viejo, Laguna Niguel, Rancho Santa Margarita, Laguna Hills, Lake Forest, San Clemente and San Juan Capistrano in the south.

**The Secondary Service Area** includes portions of southern Los Angeles County, Riverside County and San Bernardino County, as shown on the service area map.

**The Tertiary Service Area** includes portions of Los Angeles County, as shown on the service area map.

### Exhibit 3.1: Service Area Map



#### Key

CHOC Hospital in Orange and CHOC at Mission Hospital



CHOC Children's Primary Care



CHOC Children's Specialty Care



## Community Characteristics

Population and socioeconomic data projections for have been collected from a variety of local county and state sources representing community demographics, social and economic factors, health access and utilization, and resources available in the community for the 2019 Community Health Needs Assessment (CHNA) report, the most recently available.

**Total Population:** Orange County's population is 3,252,459, making it the third most populous county in California. The median age is 37.4 years, and children up to 18 years of age make up 22.1% of the total population.

**Socioeconomic Profile:** The median family income in the county is approximately \$88,453. In the CHOC service area, 16.4% of children under age 18 live in poverty, compared to 20.8% of California's children. This indicator varies across the county, with 24.7% of children in Santa Ana living in poverty compared to 1.7% of children in Yorba Linda. Children of low-income families will be eligible for Medi-Cal and potentially CCS (California Children's Services) if they have a qualifying medical condition.

**Racial Composition:** Orange County's population is diverse, with 49.2% of the population being White; 1.8% being Black/African American; 0.6% being American Indian/Alaska Native; 18.1% being Asian; 0.3% being Pacific Islander; 8.8% identifying as Multiple Races; and 21.2% as Other. Of the total Orange County population, 48.7% identify as Hispanic in ethnicity.

**Barriers to Healthcare Access:** Barriers to healthcare access include cost, lack of available transportation, difficulty finding acceptable and affordable childcare, discrimination, long waiting periods to get appointments and long waits in the waiting room, even with an appointment.

**Health and Lifestyle Needs** reported in the CHOC CHNA include the following:

**Mental health services:** Respondents to the CHNA listed the importance of improved pediatric access to mental health services as one of the most critical needs facing Orange County. Mental health services for children and adolescents were the highest priority need identified in both the 2013 and 2016 CHNA. Since then, CHOC has been actively engaged with many community partners on this topic creating community awareness and raising funds. Further, CHOC Hospital in Orange houses the Chereese Mari Lauthere Mental Health Inpatient Center, an 18-bed unit dedicated to the treatment of children ages 3-17 with mental illness. It is the only inpatient facility in Orange County to treat patients younger than 12.

- **Services for children with autism spectrum disorders:** Autism has no single known cause, and the number of diagnosed cases has risen sharply — 300% over the past 12 years. Orange County has the highest diagnosis rate in the state; approximately 19% of special education students have been diagnosed with autism spectrum disorder.
- **Pediatric obesity:** Obesity continues to rank as a top concern in Orange County and is associated with chronic diseases—such as asthma, sleep apnea, ADHD and metabolic disorders—and other critical concerns like bullying, stress in school, low self-esteem, mental health and suicidal ideations. From 2017-18, Orange County saw an increase to an obesity rate of 18.4% among 5th grade students. Especially concerning are families and children in the low-income and medically underserved populations, where significant disparities exist. Barriers to community education about obesity include language barriers, varying cultural perspectives on obesity, food deserts (an area’s limited access to affordable, nutritious food), high food costs and lack of health insurance.
- **Substance abuse:** According to OC Health Care Agency (OCHCA), although Orange County youth are reporting less alcohol and drug use compared to statewide averages, Orange County is seeing an increase in drug-related overdose deaths (of ~80% between 2000-2017) across all age groups.
  - **Opioids:** The OCHCA noted that coastal cities of Orange County are reporting higher opioid use compared to other cities within the county. Compared to California.
  - **Alcohol:** Orange County youth were less likely to drink and drive or ride with someone who had been drinking alcohol; however, of concern is the percentage of 9th grade (12.2%) and 11th grade (16.9%) students who reported drinking and driving or riding with someone who had been drinking.
  - **Vaping:** According to a California Healthy Kids survey, 27.5% of high school students and 13.4% of middle-school students reported having tried vaping. These statistics are higher than the national

average reported by the CDC. The recommended solution to reducing and limiting vaping throughout Orange County is through improved collaboration between CHOC, public agencies and other community organizations.

These and other characteristics described by the assessment provide valuable insight into community needs and priorities and serve to direct community benefit planning efforts, as described in Section 3.

## **Community Target Populations**

The CHOC primary target population is children, both the economically disadvantaged as well as the general community. The Hospitals' experience and research indicate that the care of children is most effective within the context of the family and the community. Therefore, many of the community benefit services are focused on children and their parents as a family unit. Some benefit services are directed at the training and support of health professionals. As a result, the CHNA and benefit planning process identify and use the following target groups:

- **General Community**
  - Children
  - Parents
  - Family
- **Economically Disadvantaged**
  - Children
  - Parents
  - Family
- **Other Special Populations, e.g., health professionals**

# Section 4

## Community Health Needs Assessment



## Community Health Needs Assessment (CHNA)

The purpose of the CHNA is to identify community health assets and issues, determine and monitor the overall health of the population and set health objectives. The final deliverable will then be used to assist the CHOC Board and Senior Management in setting priorities and allocating resources over the next several years. CHOC conducted its CHNA process independently in the fall of 2019, with input and data from numerous authoritative, publicly available sources; a survey of community leaders from various business, social service and public agencies; and a survey of the community-at-large. The CHNA report includes both primary and secondary data analyses that focus on the health and social needs of the population in CHOC's primary service area.

Further, the report was developed to meet the requirements of California SB697, the Patient Protection and Affordable Care Act (PPACA), and Internal Revenue Service section 501(r)(3).

### Key Highlights – CHNA

- Both the community-at-large and community leaders identified the ability to pay for care as the most significant barrier to accessing health care for the children of Orange County. While 95% of children under the age of 18 are insured, the percentage varies by community within Orange County, with high disparity by income level. In general, access to healthcare services for children in Orange County is higher than the state and national rate. However, timely access to certain pediatric specialties/sub-specialties has been identified as a need in the community, both by practicing pediatricians who need to make referrals for their patients as well as parents who are directly seeking care for their children.
- Access to mental health services for children is the most pressing clinical need in Orange County. Of Orange County children under 18, Orange County has a rate of 29.8 emergency room visits and 18.5 hospitalizations per 10,000 populations with a primary diagnosis related to mental health. The age group with significantly higher hospitalization rates due to pediatric mental health is the 15 to 17-year-old group, with 68.6 hospitalizations/10,000 populations. CHOC Hospital in Orange opened its Cherese Mari Lauhere Mental Health Inpatient Center in mid-2018, which houses 18 beds. It is the only inpatient center in Orange County to accommodate children under 12.
- Finally, dental disease is the number one most common pathology in pediatrics, and access to oral healthcare for low-income children in Orange County is inadequate. The Orange County Local Oral Health Program (OC-LOHP) conducted a six-month assessment to create an Oral Health Strategic Plan for 2018-2022. Within Orange County, they found that the utilization of dental services by the Medi-Cal child population is low and varies significantly by age, with Orange County's youngest and oldest children utilizing services at a rate lower than their



counterparts. Utilization of services by Medi-Cal eligible children is higher than the California average but falls short of statewide targets. Due to high costs and lack of access to pediatric dentists, especially those providing general anesthesia or sedation, some families avoid dental care altogether.

## **Prioritized Health Needs**

Top health needs based on the 2016 and 2019 CHNA include:

- Mental Health and Autism
- Access to Pediatric Specialists
- Immunizations (Vaccines) and Infectious Diseases
- Substance Abuse
- Pediatric Obesity
- Respiratory Illness
- Oral Health
- Collaboration and Partnerships with School Programs
- Bullying and Other Stressors in School
- Pediatric Diabetes
- Cost of Child Care
- Housing Affordability

Based on these identified needs, CHOC publishes an Implementation Plan on its website every three years.

# Section 5

## Goals and Strategies



This section describes the community benefit plan process that was used to develop the Hospitals' community benefit goals and strategies, the goals and strategies themselves and progress summaries for each goal for fiscal year 2022.

## **Community Benefit Planning Goals**

Executive management utilized the OCHNA health needs findings to develop the hospitals' goals for meeting the needs identified in six broad areas.

- 1. Healthcare Access:** increase access to quality pediatric healthcare resources and information to families, especially low-income and medically underserved, throughout Orange County.
- 2. Behavioral Health Access:** enhance the community's access to behavioral health information and services, targeting the underserved.
- 3. Disease Prevention:** increase awareness of disease prevention and promote early intervention of major diseases that affect the community.
- 4. Information Resource:** provide the community with resources for information and education of health risk behaviors.
- 5. Injury Prevention:** actively contribute to reducing the number of unintentional injuries to young children, especially targeting low-income, diverse and medically underserved populations.
- 6. Community Action:** actively recruit, recognize and advocate for the importance of volunteer leadership and community assistance in providing care for children.

## Strategies

Specific strategies for each community benefit planning goal were established, which are summarized in the following table.

<b>Summary of Benefit Planning Goals and Strategies</b>	
<b>Goal</b>	<b>Strategies</b>
<b>1. Healthcare Access</b>	<ul style="list-style-type: none"> <li>• Community clinics and Mobile Health Program</li> <li>• Financial assistance for patients</li> <li>• Enrollment in public insurance programs</li> <li>• Physician recruitment and training</li> <li>• Specialty clinics</li> </ul>
<b>2. Behavioral Health Access</b>	<ul style="list-style-type: none"> <li>• Utilize CHOC Psychology Department</li> <li>• Utilize CHOC Social Services</li> <li>• Collaborate with other community services and providers</li> </ul>
<b>3. Disease Prevention</b>	<ul style="list-style-type: none"> <li>• CHOC Breathmobile</li> <li>• Community education on wellness</li> </ul>
<b>4. Information Resource</b>	<ul style="list-style-type: none"> <li>• <i>KidsHealth</i> e-newsletter</li> <li>• Physician Education: Cancer, Neuroscience, Orthopaedic and Heart Institutes</li> <li>• <i>Provider Connection</i> e-newsletter</li> <li>• CHOC Annual Report</li> <li>• CHOC.org website</li> </ul>

	<ul style="list-style-type: none"> <li>• CHOC social networking sites</li> <li>• CHOC blogs</li> </ul>
<b>5. Injury Prevention</b>	<ul style="list-style-type: none"> <li>• Lead Orange County SAFE KIDS Coalition</li> <li>• Offer neighborhood-based injury prevention programs</li> <li>• Collaborate with community coalitions to enhance injury prevention efforts</li> <li>• Offer hands-on training to reduce home-related injuries</li> <li>• Provide injury prevention information to general community and professionals</li> <li>• Drowning prevention and education program</li> <li>• Car seat education for community, patients and families</li> </ul>
<b>6. Community Action</b>	<ul style="list-style-type: none"> <li>• Board members' dedication and activities</li> <li>• Associate volunteering</li> <li>• Assist community organizations</li> </ul>

# Section 6

## Benefit Services



This section summarizes benefit activities by SB697 category, organization, benefit plan goals and target group. A complete alphabetical master list of benefit services and descriptions is in Appendix B.

### **Benefits Data Collection**

Benefits data collection begins with an annual, organization-wide update of the Hospitals' inventory of community benefit activities. The person responsible for each identified benefit service receives and completes a benefit data form for that service. Information requested includes the following:

- Service title, description and objectives
- Target groups and community needs served
- Collaborative partners
- Occurrences and number of persons served
- Staff and volunteer hours and costs

Lyon Software's computer program, CBISA Online, serves as the basic data management tool of the completed annual community benefit survey forms returned by the department managers.

### **Benefit Service by Tabulations**

Each benefit service's SB697 category and the Hospitals' focus area are identified using standard Lyon Software. These reports are exported and summarized to produce tables and cross-tabulations for the following categories.

- SB697 category
- Organization (CHOC Orange and CHOC Mission)
- Hospitals' community benefit plan goals (community need)

The Hospitals' community benefit plan goals encompass community needs identified in the community assessment, while reflecting its own community benefit program vision.

### **Services by Organization**

The community benefit survey for 2022 identified 73 community benefit services. The following table shows the distribution of service by organization.

<b>Organization</b>	<b>Number of services 2021</b>	<b>Number of Services 2022</b>
CHOC Orange Services	64	70
CHOC Mission Services	4	3
<b>Total Services</b>	<b>68</b>	<b>73</b>

## Services SB697 Category

The table below summarizes the number of 2022 benefit services for each SB697.

<b>SB697 Category</b>	<b>Number of Services 2021</b>	<b>Number of Services 2022</b>
A. Medical care services	14	14
B. Other benefits: broader community	31	31
C. Other benefits: vulnerable populations	2	2
D. Health research, education, and training	21	26
<b>Total Services</b>	<b>68</b>	<b>73</b>

## Services by Benefit Planning Goals (Community Need)

The distribution of community benefit services by focus area is reflected below. Appendix C contains a complete listing of services by goal.

<b>Goals</b>	<b>Number of Services 2021</b>	<b>Number of Services 2022</b>
1. Healthcare Access	27	24
2. Behavioral Health Access	11	12
3. Disease Prevention	2	3
4. Information Resource	7	10
5. Injury Prevention	3	4
6. Community Action	18	20
<b>Total Services</b>	<b>68</b>	<b>73</b>

## Collaboration with Other Organizations

As part of the organizational mission, the Hospitals are firmly committed to collaborative efforts that improve the health and well-being of children. Of the 73 benefit services, 63% or 46 have one or more collaborators. Appendix C lists these collaborative partners.



# Section 7

## Economic Value of Benefits



This section presents the dollar value of community benefits and the total number of volunteer hours. The dollars are shown in total and by organization, SB697 category, and focus area. In addition, for each focus area, the section includes value of benefits for economic group and target audience.

### Value by Organization

The following table presents cost of benefit services and paid hours at each of the Hospitals. The dollars shown are net hospital cost, excluding volunteer hours.

Organization	Dollar Value <sup>1</sup>
CHOC Orange services	\$134,518,218
CHOC Mission services	8,666,291
<b>Total Services</b>	<b>\$143,184,509</b>

The value of community benefits shown below includes only free, discounted, subsidized, or negative margin services, and the unpaid cost of public programs. These dollars are hospital costs only, excluding funds received from any other source. Unpaid cost of public programs is calculated using the cost-to-charge ratio for each hospital. Costs for all services, except unpaid costs, include indirect costs. Employee benefits are included for paid staff-hour costs.

### Value by SB697 Category

The dollars for each SB697 category are shown below.

SB697 Category	Dollar Value <sup>1</sup>
Medical care services	\$102,749,568
Other benefits: broader community	11,339,537
Other benefits: vulnerable populations	291,866
Health research, education, and training	28,803,538
<b>Total Services</b>	<b>\$143,184,509</b>

<sup>1</sup>The economic value of benefits in 2022 was reduced by \$114.9 million due to the California Hospital Provider Fee Program, further described on pages 3 and 4 of this report.

## Services by Benefit Planning Goals (Community Need)

The distribution of community benefit services by focus area is as follows:

Benefit Planning Goal	Dollar Value <sup>1</sup>
1. Healthcare Access	\$128,766,466
2. Behavioral Health Access	1,417,935
3. Disease Prevention	11,473,243
4. Information Resource	492,242
5. Injury Prevention	75,016
6. Community Action	959,607
<b>Total Services</b>	<b>\$143,184,509</b>

## Value by Community Goal and Economic Group

The summary of dollars by goal and economic group confirms the prominence of providing a continuum of care to the economically disadvantaged (72.8%).

Goals	Broader Community	Economically Disadvantaged (a)	Total Value <sup>1</sup>
1. Healthcare Access	\$ 25,738,259	\$ 103,028,207	\$ 128,766,466
2. Behavioral Health Access	1,369,250	48,685	1,417,935
3. Disease Prevention	10,467,193	1,006,050	11,473,243
4. Information Resource	352,631	139,611	492,242
5. Injury Prevention	62,634	12,382	75,016
6. Community Action	959,607	-	959,607
<b>Totals</b>	<b>\$ 38,949,574</b>	<b>\$ 104,234,935</b>	<b>\$ 143,184,509</b>

(a) Broader community services are also available to the economically disadvantaged

<sup>1</sup>The economic value of benefits in 2022 was reduced by \$114.9 million due to the California Hospital Provider Fee Program, further described on pages 3 and 4 of this report.

## Volunteer Hours

In addition to the 690,799 paid staff hours, board members, physicians, associates and auxiliary volunteers contributed another 57,519 volunteer hours. These individuals donate their personal time and effort with no reimbursement or payment. Their personal contributions to community benefit activities are an indispensable component to the Hospital's contribution and dedication to the community. A large portion of volunteer hours is time donated by staff and community physicians to the education of pediatric residents and fellows.

## Evaluating the Economic Value

A benchmark for evaluating the cost of community benefits is the dollar value of the Hospitals' tax-exempt status. A desirable community benefit dollar-value exceeds the value of tax-exemption. Elements included in calculating the value of tax-exempt status include:

- Interest rate differential on tax-exempt financing for long-term debt
- Property tax on assessed value
- State income tax obligation without tax exemption
- Federal income tax obligation without tax exemption

The following table shows that CHOC Orange and CHOC Mission returned \$6.25 in community benefits for each \$1.00 of tax exemption.

Hospital cost of community benefits <sup>1</sup>	\$143,184,509
Value of tax exemption	\$22,919,823
<b>Benefits per dollar of tax-exemption value</b>	<b>\$6.25</b>

<sup>1</sup>The economic value of benefits in 2021 was reduced by \$41.4 million due to the California Hospital Provider Fee Program, further described on pages 3 and 4 of this report.

## Benefit Value versus Marketing Value

Community benefit activities are those with uncompensated cost and which address community needs. Health promotion and wellness are the primary goals of community benefits. While some positive marketing value may occur, this benefit plan does not attempt to separate benefit value and marketing value. Estimates of marketing value would be highly subjective and non-informative, since there is no objective way to separate benefit and marketing values.

## Non-quantifiable Community Benefits

In addition to quantified benefits described in this plan, many intangible and non-quantified benefits arise from both hospitals' presence. The Hospitals indirectly support local businesses in the areas of construction, linen services, parking, medical supply and pharmaceutical distributors, among others. The Hospitals' board, executives, management, staff and physicians are active community leaders, and the Hospitals are major employers in their communities, employing approximately 4,795 associates. Additionally, the Hospitals are significant purchasers of goods and not exempt from sales and use taxes, which support city, county and state activities.



## **Appendices**

**Appendix A:** Patient Financial Assistance Program Policy Statements

**Appendix B:** Alphabetical Master List of Benefit Services

**Appendix C:** Collaborators by Type

**Appendix D:** Services by Community Benefit Goal



**Manual:** Administrative

**Section:** Finance

**Number:** L3003

**Policy**    **Procedure**

**Title:** Patient Financial Assistance and Discount Payment Program

## Appendix A Patient Financial Assistance Program Policy Statements

<p><b>Current Content Expert:</b> Terry Closson</p> <p><b>Department Head:</b> Ken Baxter, Vice President Revenue</p> <p><b>Executive Management Team Member:</b> William Rohde, Vice President Finance/Hospital Operations</p> <p><input type="checkbox"/> New  <input checked="" type="checkbox"/> Revised  <input type="checkbox"/> Reviewed (no changes)</p> <p>Track: <input type="checkbox"/> A <input checked="" type="checkbox"/> C</p> <p><b>Replaces:</b> 12/07, 12/10, 01/12, 09/12, 01/15, 11/17, 09/19, 01/21</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: none;"><b><u>Committee Approval(s)</u></b></td> <td style="border-bottom: none;"><b><u>Date(s)</u></b></td> </tr> <tr> <td style="border-top: none;"> </td> <td style="border-top: none;"> </td> </tr> <tr> <td style="border-bottom: none;"><b>Medical Executive Committee Approval Date:</b></td> <td style="border-bottom: none;">N/A</td> </tr> <tr> <td style="border-top: none;"><b>Board of Directors Approval Date:</b></td> <td style="border-top: none;">N/A</td> </tr> <tr> <td style="border-bottom: none;"><b>Effective Date:</b></td> <td style="border-bottom: none;">06/29/21</td> </tr> </table>	<b><u>Committee Approval(s)</u></b>	<b><u>Date(s)</u></b>			<b>Medical Executive Committee Approval Date:</b>	N/A	<b>Board of Directors Approval Date:</b>	N/A	<b>Effective Date:</b>	06/29/21
<b><u>Committee Approval(s)</u></b>	<b><u>Date(s)</u></b>										
<b>Medical Executive Committee Approval Date:</b>	N/A										
<b>Board of Directors Approval Date:</b>	N/A										
<b>Effective Date:</b>	06/29/21										

**I. PURPOSE:**

- A.** CHOC is committed to providing quality healthcare to all patients regardless of the patient’s financial status. Patients who meet the established Financial Assistance Program criteria may be eligible to receive Financial Assistance to cover all or portions of the patient’s healthcare costs. To apply for Financial Assistance please go to our website ([www.CHOC.org/patients-family/pay-bill](http://www.CHOC.org/patients-family/pay-bill)). CHOC also provides benefits for the broader community in terms of medical education and medical research.
- B.** Under this policy, Financial Assistance may be provided to patients who are uninsured or underinsured and cannot afford to pay for their own medical care of out of pocket expenses. Eligibility for the Financial Assistance Program shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, disability or religion.
- C.** In some cases, Financial Assistance may be extended to patients whose financial status makes it impractical or impossible to pay for necessary medical services. The evaluation of the necessity for medical treatment at CHOC will be based upon clinical judgment. The clinical judgment of the patient’s physician or the Emergency Department staff physician will be the sole determining criteria for patient’s receiving services at CHOC.
- D.** This policy is applicable to all CHOC Inpatients and Outpatients, including CHOC Medical Foundation. CHOC bases the eligibility for our Financial Assistance off of current Financial Applications. CHOC does not look to outside sources for FAP eligibility or determination.

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**II. DEFINITIONS:**

- A. Patient Data:** Medical record number, patient name, birth date, insurance status, eligibility for other support.
- B. Patient's family:** For purposes of this policy is as follows:
  1. For persons 18 years of age and older, spouse, domestic partner as defined in Section 297 of the California Family Code; and dependent children under 21 years of age, whether living at home or not;
  2. For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.

**III. POLICY:**

- A.** It is the policy of CHOC to determine eligibility for Financial Assistance at the time of registration, through a financial screening process for all patients not able to meet the deposit requirements of CHOC.
- B.** This policy distinguishes a bad debt patient from an eligible Financial Assistance patient by the patient's or patient's family unwillingness to pay versus a demonstrated inability to pay. Failure of the patient and/or patient's family to comply with requests for information to substantiate an inability to pay may result in forfeiture of the right to be considered for the Financial Assistance Program.
- C.** It is the goal of CHOC to identify an eligible Financial Assistance patient at the time of registration; however, if complete information regarding the patient's insurance or financial situation is unavailable due to emergency treatment, or if the patient's/guarantor's or patient family's financial condition changes, the designation as a Financial Assistance patient may be established after the rendering of services, and in some instances even after the production of a patient bill.
- D.** Should a staff physician or clinician wish to prospectively pursue Financial Assistance for a known patient, the protocol for requesting Financial Assistance can be found on Paws located under the on-line form bank.
- E.** CHOC will refer a patient or patient's family to alternative programs, (i.e., Medi-Cal, California Children's Services, the California Health Benefit Exchange or any other government sponsored health program for health benefits in which Hospital participates). Failure of the patient and/or patient's family to comply with the referral process may result in forfeiture of the right to be considered for the Financial Assistance Program for the visit or admission in question. Confidentiality of information and the dignity of the patient will be maintained for all that seek or are provided Financial Assistance services.
- F.** Patients receiving services in the Hospital Emergency Room may also be eligible for Financial Assistance in paying for the Emergency Room physician fees.

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Below is a list of providers, other than the hospital itself, that provide medically necessary care in the hospital. For convenience they are listed by category of care. The list indicates whether the providers are covered by the hospital's FAP.

Medical Specialty/Department	Covered Under Hospital FAP	Not Covered Under Hospital FAP
Allergy and Immunology	x	
Anesthesiology		x
Cardiovascular Diseases	x	
Dental		x
Diagnostic Radiology	x	
Emergency Department		x
Gastroenterology	x	
General/Family Practice	x	
General Surgery		x
Internal Medicine	x	
Neurological Surgery		x
Neurology	x	
Obstetrics & Gynecology	x	
Occupational Medicine	x	
Oncology	x	
Ophthalmology	X	
Surgeons All		x
Otolaryngology	x	
Pathology		x
Pediatrics	x	
Physical Medicine/Rehab	x	
Plastic Surgery	x	
Podiatry		x
Pulmonary Diseases	x	
Therapeutic Radiology	x	
Thoracic Surgery		x
Urology	x	
Other: Psychiatry	x	
Other: Clinical Genetics	x	
Other: Dermatology	x	
Other: Endocrinology	x	
Other: Hematology	x	
Other: Hospitalists	x	
Other: Infectious Disease	x	
Other: Neonatology	x	
Other: Nephrology	x	
Other: Rheumatology	x	
Other Sleep Medicine	x	



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#### IV. PROCEDURE:

##### A. Eligibility

1. The identification of Financial Assistance is achieved through determination of the financial status of a patient or patient's family. Such determination should be made at or before the time of registration, or as soon thereafter as is possible. In some cases, such as emergency admissions, it may not be possible to establish eligibility for the Financial Assistance Program until after the patient is discharged. In these instances' or instances where events occur during or after a patient's stay' which change the patient's or patient family's financial status, the patient's eligibility for the Financial Assistance Program shall in no way be affected by the timing of the determination that the patient meets the eligibility criteria.
2. The responsibility for identifying a patient's eligibility for the Financial Assistance Program at, or before, the time of the patient visit to CHOC shall be the responsibility of the department registering the patient. This will require the patient or patient's family to complete a "Financial Disclosure" statement. This may also include copies of pertinent documentation (recent pay stubs, income tax returns or other documents to verify monetary assets) to determine the annual family income and personal assets of the patient or patient's family. In those instances, described above, where eligibility cannot be established at the time of service, the Patient Financial Services Department shall work with the patient or family to determine eligibility.
3. Patient or patient's family having insurance may also be eligible for the Financial Assistance Program for that portion of the bill not covered by insurance. This may include deductibles, coinsurance, and non-covered services. The determination of a patient's eligibility shall be subject to the same guidelines as an uninsured patient.
4. **Calculating the amount of Financial Assistance.**
  - a. CHOC will obtain information on the patient's family income, including wages and salary, welfare payments, social security payments, strike benefits, unemployment benefits, child support, alimony, dividends and interest. The total family income will be compared with the table (see Schedule A) to determine a patient's eligibility for Financial Assistance under the Federal Poverty Guidelines. Any uninsured patients or patients with high medical costs whose annual household income is at or below 400% of the Poverty Guidelines shall be eligible to apply for Financial Assistance. Financial Assistance may be considered on a partial basis for patients with incomes more than 200% of Poverty

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Guidelines and less than 400%. Those families with an annual income of 200% or less of the Federal Poverty Guidelines would be eligible for a 100% Financial Assistance adjustment. Uninsured or underinsured patients whose household income, as determined in accordance with the Assistance Application, is less than or equal to 200% of the poverty guidelines, will receive care, free of charge. In providing charity care, CHOC is required by law to consider the amounts generally billed to individuals who have insurance covering emergency or other medically necessary care (“Amounts Generally Billed” or “AGB”) and to guarantee that patients accepted for charity care will not be charged more than AGB for other medically necessary services.

- b. CHOC Community Clinic patients are eligible for Financial Assistance as outlined in this policy utilizing Schedule B to calculate the sliding scale per visit co-pay for patients falling below 200% of the Federal Poverty Guidelines.
- c. Patients applying for Financial Assistance and who are receiving full or partial approval will have their approval for assistance forwarded to the Emergency Room physician billing company for consideration.

**5. Discount Payment Policy**

- a. For patients with household incomes between 201% and 300% of the Federal Poverty Level, the Hospital may provide a discounted Private Pay Fee Schedule, whereby the allowable medical expense would be equivalent to a 75% discount off billed charges. At this level, the reimbursement CHOC would receive shall not exceed the payment that CHOC would receive for the same service or set of services from the greater of Medicare or Medi-Cal.
- b. For patients with household incomes between 301% and 400% of the Federal Poverty Level, CHOC may provide a discounted Private Pay Fee Schedule, whereby the allowable medical expense would be equivalent to a 50% discount off billed charges. At this level, the reimbursement that CHOC would receive shall not exceed the payment that CHOC would receive for the same service or set of services from the greater of Medicare or Medi-Cal.

- 6. CHOC Financial Assistance Program Eligibility Guidelines are based on the most recently published Federal Poverty Guidelines. Schedule A delineates the household income thresholds according to the Federal Poverty Guidelines, published April 1, 2016 and amended from time to time.

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**7. Personal Assets**

- a. If a patient meets the “Household Income” in Schedule A and is found to be eligible for the Financial Assistance Program, a CHOC representative will further review the patient’s or patient family’s Financial Disclosure Statement to determine if he/she has significant personal assets. It would not be consistent with the intent of this policy to grant Financial Assistance to patients with a significant portfolio of either liquid assets, or other assets against which the patient or patient’s family could borrow the amount required to pay his/her indebtedness. For this reason, the CHOC representative should consider and evaluate such assets as bank accounts, the patient’s or patient’s family entitlement to tax refunds, stocks, bonds and other investments.
- b. This policy will not include in determining eligibility a patient or patient’s family retirement or deferred compensation plans qualified under the Internal Revenue Code, or nonqualified deferred compensation plans. Furthermore, the first ten thousand dollars (\$10,000) of a patient’s or patient family’s monetary assets shall not be counted in determining eligibility nor shall 50% of a patient’s monetary asset in excess of ten thousand (\$10,000) be counted in determining eligibility.
- c. Any patient or patient’s family that qualifies and is approved under the Financial Assistance Program for a partial discount of charges will also be eligible to make monthly payments. CHOC and the patient’s family may negotiate the terms of the payment plan. If an agreement between the patient’s family and CHOC cannot be reached, the patient’s family will be required to complete a CHOC FAP extended payment plan form (Schedule C). Upon receipt of this completed form, CHOC will evaluate the total monthly income of the family minus family essential living expenses. A monthly payment plan will then be offered to the family at a rate not to exceed 10% of income minus essential living expenses. During the approved repayment period, CHOC will apply no interest to the discounted account balance.
- d. An extended discount payment plan could be declared inoperative after the patient or patient’s family fails to make consecutive payments due during a 90 day period. Prior to declaring an extended payment plan inoperative, CHOC, or its collection agency, or assignee must make a reasonable attempt to notify the patient or patient’s family by phone or at last known phone number and in writing at the last known

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address, that the extended payment plan may become inoperative and there might be an opportunity to renegotiate if requested by the patient or patient's family

**B. Exceptions:**

It is understood that extenuating circumstances will arise that might require special consideration in approving Financial Assistance for patients who do not meet the established criteria. CHOC representatives should be aware of this when evaluating individual patient cases for the Financial Assistance Program. While it is not possible to provide a definitive or complete listing of all extenuating circumstances that may arise, some important factors to consider would include:

- a. The amount owed by the patient or patient's family in relation to his/her total income. If the total patient out of pocket expenses at CHOC exceed 10% of the patient's or patient family's annual income for the prior 12 months.
  - b. The medical status of the patient or of his/her family's provider.
  - c. The patient's or patient family's willingness to work with CHOC in exhausting all other payment sources.
2. Any circumstances that are considered to fall into the "extenuating circumstances" category should be brought to the attention of the Director of Patient Financial Services. Cases falling into this category may require the approval of the Vice President of Finance or Chief Financial Officer.
3. **International Patients:**  
The Financial Assistance Program does not apply to international patients seeking non-emergent care. CHOC will follow routing operating procedures in providing care at our standard published prices. If any international patient is in need of financial assistance for elective or non-emergent care, they may apply to CHOC for consideration.

**C. Financial Assistance Program Approval/Denial/Appeal Process**

1. Any patient account recommended for partial or total Financial Assistance adjustment, after meeting the guidelines set forth in this policy require the following signature approval process to be followed:

a. **CHOC (Hospital and Clinics)**

\$ .01 - \$5,000	Manager
\$5,001 - \$50,000	Director PFS
\$50,001 - \$100,000	VP of Revenue Cycle
\$100,001 – to all appeals	Executive Vice President and Chief Financial Officer

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**b. CHOC Medical Foundation**

\$0 - \$500	Business Office Supervisor
\$501 - \$2,500	Business Office Manager
\$2,501 - \$10,000	Director Physician Business Services
>\$10,001	VP of Revenue Cycle

2. At the time a decision is made to approve or deny a patient account for the Financial Assistance Program, a letter will be sent to the patient as a notification of the decision made. If an application for the Financial Assistance Program is denied, a CHOC representative will contact the patient or patient's family to make payment arrangements on the account.

**3. Appeal Process:**

If at any point in the Financial Assistance approval process the application is in dispute, the patient or patient's family has the right to request reconsideration of the application at the next level of the approval process. The final determination for denial of Financial Assistance will reside solely with the Executive Vice President and Chief Financial Officer, and their determination will be considered final.

4. Patient or patient family's appeal must be submitted in writing to the Patient Accounting Director within thirty (30) days of notification of original denial.

5. Provision of the Financial Assistance Program does not eliminate the right to bill, either retrospectively or at the time of service, for all services, when fraudulent, inaccurate or incomplete information has been given in the application process. In addition, CHOC reserves the right to seek all remedies, including but not limited to civil and criminal damages from those who have provided false, inaccurate or incomplete information in order to qualify for the Financial Assistance Program.

**D. Financial Assistance Program: Notification to Patient or Patient's Family**

1. CHOC patient statements will provide notification in English and Spanish advising the patient of CHOC Financial Assistance Program policy, and the contact information to obtain additional information about assistance. In addition, all patient statements will include information on how the patient's family can obtain information about the California Health Benefit Exchange, as well as county and state funded health plans. Hospital will have applications for state and county plans available for distribution.

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2. A summary of the Financial Assistance Program along with contact information shall be posted in both English and Spanish in high traffic areas of CHOC, such as Admitting, Emergency Room, Clinics, Outpatient Registration and Patient Accounting Offices.
3. CHOC will provide to all self-pay patients at point of service, notice of the Financial Assistance Program and contact information, as well as information about government sponsored programs and contact information about the California Health Benefits Exchange.

**E. Collection Process:**

1. If a patient qualifies for assistance under the Financial Assistance Program and is making every effort to settle an outstanding bill within a reasonable time period, CHOC or its agent shall not send, nor intimate that it will send, the unpaid account to an outside agency if doing so may negatively impact a patient's credit. If CHOC is forced to send the account to an outside collection agency, the amount referred to the agency shall reflect the reduced payment level for which the patient was eligible under the Financial Assistance Program. CHOC will not engage in any extraordinary collection efforts. In the event the patient makes payments on their CHOC account in excess of total amount of patient responsibility, CHOC will refund any over payment to the patient with interest accrued at the rate set forth in existing law beginning on the date the hospital receives patient payment and it is identified as a patient credit. CHOC, however, is not required to reimburse the patient or pay interest if the amount owing is under \$5.00. The hospital will recognize the \$5.00 credit for a minimum of 60 days against any patient balance incurred during that period of time.
2. CHOC shall not, in dealing with identified uninsured patients at or below 400% of the Federal Poverty Level, use wage garnishments or liens on patient's or patient family's primary residence as a means of collecting unpaid CHOC bills. This requirement does not preclude CHOC from pursuing reimbursement from third party liability settlements.

**F. Documentation for Financial Assistance Program Discounts**

In cases where it has been determined that a patient qualifies for the Financial Assistance Program, it is important that the patient's file be properly documented in order to facilitate easy identification of the patient, as well as to maintain a proper record of the facts that resulted in the determination of the eligibility for Financial Assistance. The minimum documentation that may be required for each Financial Assistance case may be limited to one of the following:

1. Copy of the patient's or patient family's completed Financial Disclosure Worksheet, including any supporting documentation to

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same (i.e., prior year tax returns (preferred documentation), W-2 Forms, or current pay stubs).

2. Copies of additional documentation, notes, etc. that outline extenuating circumstances that were considered in the determination of eligibility for the Financial Assistance Program (if available or needed).
3. A copy of the "Approval for Financial Assistance" signed by the appropriate Hospital representative(s) (if available).
4. Bankruptcy within the last year (automatic qualification for the Financial Assistance Program).

**G. Reports**

Financial Assistance shall be logged with the following information:

1. Patient data consisting of Protected Health Information (PHI) will be maintained in a manner that protects the privacy and confidentiality of such information and will only be logged as necessary for implementation of the Financial Assistance Program.
  - a. Inpatient or outpatient status
  - b. Total patient charges
  - c. Financial Assistance expenditures, approved and denied
  - d. Date of approval/rejection
  - e. Rationale for any rejection
2. All application files are confidential and will be maintained in a secure location for a minimum of three years after the date of the application and the completion of CHOC fiscal yearend audit. All Financial Assistance Program logs will be maintained for a period of seven (7) years. At the end of the respective period, all information will be destroyed or maintained in a manner to protect the privacy and confidentiality of the patient.

**V. EVIDENCE BASED REFERENCES/BIBLIOGRAPHY:**

- A.** Revenue Cycle Management, Zimmerman and Associates: December 2002.
- B.** California Hospital Association, Voluntary Principles and Guidelines for Assisting Low-Income Uninsured Patient February 06, 2004.
- C.** American Hospital Association, Statement of Principles and Guidelines on Hospital Billing and Collection Practices, April 27, 2004.
- D.** Assembly Bill 774 Chan-Hospitals: fair pricing policies.
- E.** California Hospital Association, Charity Care Requirements Implementation AB 774 November 3, 2006.
- F.** Barclays California Code of Regulations, Title 22, Chapter 7, Section 75049.
- G.** Department of Health and Human Services, Federal Poverty Income Guidelines, [http://coverageforall.org/pdf/FHCE FedPovertyLevel.pdf](http://coverageforall.org/pdf/FHCE_FedPovertyLevel.pdf). March 1, 2010.



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- H.** Health Center Program Statute: Section 330 of the Public Health Services Act (42 U.S.C. 254b).
- I.** Program Regulations 42 code of Federal Regulations (CFR) Part 51c and 42 CFR Parts 56.201-56.604 for Community and Migrant Health Centers CDPH Issue AFL Related to California Hospital Fair Pricing Policies, November 5, 2014.

**Schedule A**

<b>Published Federal Poverty Guidelines for 2021</b>				
<b>Number in Household</b>	<b>Up to 100%</b>	<b>Up to 200%</b>	<b>Up to 300%</b>	<b>Up to 400%</b>
<b>1</b>	<b>\$12,760</b>	<b>\$25,520</b>	<b>\$38,280</b>	<b>\$51,040</b>
<b>2</b>	<b>\$17,240</b>	<b>\$34,480</b>	<b>\$51,720</b>	<b>\$68,960</b>
<b>3</b>	<b>\$21,720</b>	<b>\$43,440</b>	<b>\$65,160</b>	<b>\$86,880</b>
<b>4</b>	<b>\$26,200</b>	<b>\$52,400</b>	<b>\$78,600</b>	<b>\$104,800</b>
<b>5</b>	<b>\$30,680</b>	<b>\$61,360</b>	<b>\$92,040</b>	<b>\$122,720</b>
<b>6</b>	<b>\$35,160</b>	<b>\$70,320</b>	<b>\$105,480</b>	<b>\$140,640</b>
<b>7</b>	<b>\$39,640</b>	<b>\$79,280</b>	<b>\$118,920</b>	<b>\$158,560</b>
<b>8</b>	<b>\$44,120</b>	<b>\$88,240</b>	<b>\$132,360</b>	<b>\$176,480</b>
<b>Discount</b>	<b>100% - except for copayments</b>		<b>75%</b>	<b>50%</b>

## Schedule B

<b>Sliding Fee Schedule</b>			
<b>Gross Monthly Poverty Income Guidelines</b>			
Poverty level by Family Size Effective 2017			
<b>Health Plan Code</b>	<b>Charity Care</b>	<b>Self Pay-Special arrangements</b>	<b>Self Pay</b>
<b>Poverty Level</b>	<b>100% or under</b>	<b>Between 101 and 200%</b>	<b>Above 200%</b>
<b># of persons in family</b>			
<b>1</b>	\$0-990	\$991-1980	Above \$1981
<b>2</b>	\$1335	\$1336-2670	Above \$2671
<b>3</b>	\$1680	\$1681-3360	Above \$3361
<b>4</b>	\$2025	\$2026-4050	Above \$4051
<b>5</b>	\$2370	\$2371-4740	Above \$4741
<b>6</b>	\$2715	\$2716-5430	Above \$5431
<b>7</b>	\$3061	\$3062-6122	Above \$6123
<b>8</b>	\$3408	\$3409-6815	Above \$6816
<b>Fee for Service</b>	\$10	\$60 New \$40 Established	Deposit: \$100 Full Well Visit \$85 partials and non-well visit
<b>Labs/Radiology</b>	"Bill to patient" Unless pays at time of visit @ reduced clinic rates, then "bill to clinic"	"Bill to patient" Unless pays at time of visit @ reduced clinic rates, then "bill to clinic"	"Bill to patient" (receives bill from lab/radiology @ regular rates)
<b>Prescription Meds</b>	Prescription given – Patient pays	Prescription given – Patient pays	Prescription given – Patient pays
<b>Supplies (i.e. spacers, crutches)</b>	Assess for ability to pay and give RX or from clinic stock depending on need	Assess for ability to pay and give RX or from clinic stock depending on need	Give RX – Patient pays

**Schedule C  
 CHOC/CCMH FAP Extended Payment Plan Form**

<b>Date:</b>		<b>DOS:</b>	
<b>Patient Name:</b>		<b>ADJ</b>	
		<b>Date:</b>	
<b>Monthly Income: \$</b>			
<b>Subtract Essential Living Expenses:</b>			
<b>Rent/House Payment</b>	<b>\$</b>		
<b>Maintenance</b>	<b>\$</b>		
<b>Food</b>	<b>\$</b>		
<b>Household Supplies</b>	<b>\$</b>		
<b>Utilities</b>	<b>\$</b>		
<b>Clothing</b>	<b>\$</b>		
<b>Medical payments</b>	<b>\$</b>		
<b>Insurance</b>	<b>\$</b>		
<b>School/Child Care</b>	<b>\$</b>		
<b>Child/Spousal Support</b>	<b>\$</b>		
<b>Transportation</b>	<b>\$</b>		
<b>Auto Exp/Gas/Repairs/Ins</b>	<b>\$</b>		
<b>Car Payment</b>	<b>\$</b>		
<b>Laundry/Cleaning</b>	<b>\$</b>		
<b>Total Expenses</b>	<b>\$</b>		

<b>Total Income after living expenses</b>	<b>\$</b>	_____
<b>Extended Payment Plan, Monthly Payment</b>	<b>\$</b>	_____

## Appendix B

### Alphabetical Master List of Benefit Services

SERVICE TITLE	DESCRIPTION
AFTER HOURS CLINIC	Community-based clinic and outreach services that respond to the health care needs of high-risk and disadvantaged populations.
ASTHMA BREATHMOBILE	The BreathMobile mobile van program is a collaborative effort between CHOC and Orange County schools to provide comprehensive asthma care and management services to underprivileged children of the community.
BEREAVEMENT SUPPORT GROUPS & DAY OF REMEMBRANCE	Support groups for parents and siblings who have lost a child. Annual memorial service to honor children who have died.
BEWELL OC	Participate in BeWell OC, a community of caregivers coming together in common purpose to positively impact the mental health and wellbeing of all of Orange County.
BIG BROTHERS BIG SISTERS	Mentor participants help inspire the next generation of healthcare workers and expose to them to diverse career opportunities.
BIKE AND BIKE HELMET SAFETY	Interactive bicycle safety program for students K-6, including a low-income helmet distribution program for clinic patients.
CALIFORNIA CHILDREN'S HOSPITAL ASSOCIATION	California Children's Hospital Assoc. participation by the CEO, the CFO and government relations leadership including participation in Board meetings, CCS Access issues, public policy and governance best practices meetings.
CALOPTIMA BOARD AND BOARD COMMITTEES	CFO and chief governmental relations officer participation with CalOptima board and related committees. CalOptima is a county organized health system for low-income families.
CEO LEADERSHIP ALLIANCE OF ORANGE COUNTY	A working group of CEOs representing the most prominent public and private companies in the community to build a thriving Orange County for all.
CHARITY CARE	Charity care provided to families with children who are uninsured or underinsured and cannot afford to pay for their medical care.
CHILD LIFE GRIEF SUPPORT GROUP	Provides ongoing grief support for children, ages 3-18 years, who have experienced the loss of a sibling.
CHILD LIFE INTERNSHIP PROGRAM	A comprehensive structured internship (15-week duration) that, upon completion, will fulfill eligibility requirements for child life certification.

CHILD LIFE PRACTICUM PROGRAM	A comprehensive structured practicum program for students interested in pursuing a degree related to (or in) child life.
CHILD PASSENGER SAFETY	Four-part program designed to reduce automobile-related childhood deaths and injuries; provides car seat giveaways, low-cost purchases, loans, and rentals; program works with local police department to provide ongoing car seat check off points.
CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY	Participate on the Children and Families Commission of Orange County to provide needed services to children 0-5 and their families. Represent CHOC at monthly Prop 10 Commission meetings (to allocate funding for community health care, quality childcare and education programs for young children and families) and maintain regular communication with Prop 10 staff.
CHILDREN'S HOSPITAL ASSOCIATION	Participate in government relations and advocacy projects and programs of the Children's Hospital Association.
CHILDREN'S MIRACLE NETWORK	Participate in Children's Miracle Network, a North American non-profit organization that raises funds for Children's hospitals, medical research, and community awareness of children's health issues.
CHOC CLINIC – GARDEN GROVE	Community-based clinic and outreach services that respond to the health care needs of high-risk and disadvantaged populations.
CHOC NURSE ADVISE	24-hour bilingual information phone line providing health information, advice, triage, community services referrals and physician referrals.
CHOC RESIDENCY PROGRAM ADVOCACY ROTATION	Provide advocacy training and experience to pediatricians-in-training to prepare them to help influence public policy to support the health care needs of children in the community.
CLINICA CHOC PARA LOS NINOS	Community-based clinic and outreach services that respond to the health care needs of high-risk and disadvantaged populations.
CLINICAL RESEARCH – PHARMACY PUBLICATION	Research paper prepared by staff for professional journal.
CLINICAL RESEARCH - PSYCHOLOGY	To conduct clinical research and share with the larger community to benefit the community by providing better care to children and their families.
CMG CENTRUM CLINIC	Community-based clinic and outreach services that respond to the health care needs of high-risk and disadvantaged populations.
COMMUNITY BENEFIT PLAN - PREPARATION	Delineate and quantify community benefits outreach provided in response to SB697.

COMMUNITY BUILDING - RECRUITMENT OF UNDERREPRESENTED MINORITY	Recruit staff from diverse backgrounds for position to work with children with autistic spectrum disorders & to work with children with hematologic disorders and participate in a mental health strategic plan.
COMMUNITY HEALTH IMPROVEMENT ADVOCACY	Community benefit includes time spent on local, state and federal levels providing pediatric mental health resources, creating awareness of mental illness and advocating for pediatric mental health.
COMMUNITY OUTREACH HEALTH FAIRS	Participation in health fairs; community events.
CPR EDUCATION	CPR training for patients, families, teachers and community members.
EDUCATION EVENTS SPONSORED BY THE CHOC INSTITUTES	Provide primary care physicians and clinicians with education regarding the evaluation, management and treatment of pediatric illnesses and disorders. Lecture program topics included adolescent sports injuries, scoliosis, emergency medicine, respiratory obstruction in pediatric patients, disease specific presentations, and updates on pediatric vaccines.
EPILEPSY AWARENESS DAY	Coordinated by the Epilepsy Awareness Day Foundation, raises awareness of epilepsy, provides psychosocial support for patients with epilepsy and their families, and builds connections between families and healthcare providers and agencies to promote well-being.
HEALTH PROFESSIONAL EDUCATION - DIETARY	Affiliations with CSULB and Cal Poly, Pomona plus 1-2 other Dietetic internship to offer undergraduate training for clinical dietitian students.
HEALTH PROFESSIONAL EDUCATION - PHARMACY	Provide pediatric pharmacy practice and pharmacology education to physicians and pharmacy students.
HEALTH PROFESSIONAL EDUCATION - PSYCHOLOGY	Orientation, conferences and supervision costs of psychology practicum students, interns and post docs.
HOME SAFETY	A program designed to demonstrate the importance of safety measures in the house.
HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA	Participation in Hospital Association of Southern California Executive and Planning Committee meetings which advocates for legislation to improve access to health services and to mental health services. It also works on preparations for natural disasters.
INSTITUTE FOR HEALTHCARE IMPROVEMENT	Participation in Institute for Healthcare Improvement, an international collaborative that strives to improve healthcare quality and safety globally.

KIDSHEALTH NEWSLETTER	Quarterly e-newsletter distributed throughout the community that provides information on parenting, wellness, healthcare and injury prevention, support groups, a community education calendar, special events and programs.
KIDSHEALTH - CLINICAL ON-LINE REFERENCE SYSTEM	Web based tool offering more than 1100 pediatric health and wellness topics for the community.
LEADERSHIP DEVELOPMENT	Provide pediatric mental health presentations in the community.
LEGACY PROGRAM	Provide experiences and materials to families so they can create memories and keepsakes that they can have and cherish after the loss of their loved one.
LOANER BREAST PUMP PROGRAM	Loaner breast pump for mothers of neonates in CCHM NICU who cannot afford their own pump rental or who do not have insurance.
MENTAL HEALTH SERVICES ACT STEERING COMMITTEE	CHOC's objective is to bring greater attention to pediatric mental health needs that are currently unfunded or underfunded in the MSHA process. This is accomplished through regular public testimony and other engagement of committee members.
OUTDOOR EVALUTION CENTERS	Community-based clinic and outreach services that respond to the health care needs of high-risk and disadvantaged populations.
ONCOLOGY PATIENT / FAMILY SUPPORT GROUP	Support group facilitated by Oncology social workers and child life specialists for parents and siblings of Oncology patients. The support group is held every other month and dinner is provided.
ORANGE CHAMBER OF COMMERCE PARTICIPATION	Participate on Legislative Action and Government Affairs committees of the Orange Chamber of Commerce.
ORANGE COUNTY BUSINESS COUNCIL (OCBC)	Participate at meetings and events of the Orange County Business Council to promote well-being of OC residents.
ORANGE COUNTY FORUM BOARD MEETINGS	Mission is to exchange ideas and to provide members an opportunity to interact directly with international and national decision makers, helping shape the political, cultural, social and economic trends of the future. Also provides opportunity to better understand critical issues from the people who are making critical choices.
ORANGE COUNTY SAFE KIDS AND PROMOTION	Coalition focusing on grass roots efforts and collaboration of injury prevention efforts in Orange County following the National SAFE KIDS guidelines.
PATIENT SAFETY ORGANIZATION PARTICIPATION	Participation in the Child Health Patient Safety Organization, an entity that affords all member children's hospitals federal protections to pursue their safety work and share their learnings



PHARMACEUTICAL INDIGENT PROGRAM	To provide medications to patients who cannot afford them.
PHARMACY EDUCATION TO PATIENTS AND FAMILIES	Pharmacy education to patients & families in the community.
PODER AND KID'S FIT CLUB - DIABETES AND OBESITY PREVENTION CLASSES	The endocrine division and clinic offers free education/health promotion classes to the community with the goal of decreasing lifestyle risk factors for developing type II diabetes and obesity in our local pediatric population. Referrals come from community pediatricians and community programs (such as faith-based partner organizations and the YMCA). Classes are offered in Spanish (PODER) and English (Kid's Fit Club).
PROPOSITION 10 COMMISSION AND SUBCOMMITTEE MEETINGS	CEO participation in the Prop 10 Commission (to allocate funding for community health care, quality childcare and education programs for young children and families) including participation in Commission meetings, retreats and subcommittee meetings.
PROVIDENCE SPEECH AND HEARING CENTER	Community-based clinic and outreach services that respond to the health care needs of high-risk and disadvantaged populations.
RESIDENT EDUCATION PROGRAM	Residency education program providing pediatric medical specialty education across the continuum of care.
SANTA ANA CHAMBER BOARD AND COMMITTEE PARTICIPATION	Participate as a member of the Santa Ana Chamber of Commerce Board of Directors and Government Affairs Committee with the goal of building coalition of community leaders and elected officials to support improvements in access to preventive, primary and specialty care for children in Santa Ana.
SANTA ANA COLLEGE FOUNDATION BOARD OF DIRECTORS	Chief Gov't Relations Officer serves on the Santa Ana College Foundation Board of Directors to promote collaboration and partnership with Santa Ana College to connect CHOC leaders with students, promoting mentoring and workforce development, and helping to advance the education mission of the College.
SCAN COMMITTEE	Review and evaluate suspected child abuse cases, share information about prevention and available community resources.

SOCIAL SERVICES	Counseling, screening and advocacy to obtain medical care and other support resources for patients/families; psychosocial assessments for patient/family functioning; patient/parent support groups; crisis intervention; coordination.
SOLUTION FOR PATIENT SAFETY	Participation in Solutions for Patient Safety, an international collaborative of over 160 pediatric facilities across North America. This collaborative works to reduce pediatric harm.
STAYWELL HEALTH INFORMATION ONLINE LIBRARY	Web-based tool offering health care topics to patients, families and the community.
STUDENT RELATIONS PROGRAM	Program designed to meet our community's and CHOC's need for future healthcare providers by promoting student clinical placements in the following disciplines: registered nurses, licensed vocational nurses, physical therapists, respiratory care practitioners, radiology technology, dietary, occupational therapy, speech therapy, nursing assistants and medical/clerical.
UNFUNDED BASIC AND CLINICAL RESEARCH	Various basic science and pediatric clinical research projects not funded by outside grants or donations. Research areas include oncology, neurology, hematology, stem cell and biomedical optics as performed by CHOC research faculty.
UNREIMBURSED CLINICAL RESEARCH	The department develops dispensing protocols and procedures, dispense investigational agents, maintain inventory of investigational agents and assist in other aspects of investigational drug protocols.
UNREIMBURSED COSTS OF MEDICAL/CCS/CALOPTIMA	Unreimbursed cost of care for Medi-Cal, CCS and Cal OPTIMA recipients.
VIRTUAL PEDIATRIC LECTURE	Provide education to community providers in assessing and treating patients for specific conditions related to the topic given, per presentation.

## **Appendix C**

### **Collaborators by Type**

#### **Community Organizations**

American Heart Association  
Boys & Girls Club of Garden Grove  
Boys & Girls Club of Santa Ana  
California Children Services  
California Children's Hospital Association  
Child Abuse Prevention Council of Orange County  
Child Abuse Services Team  
Child Passenger Safety Task Force  
Children and Families Commission of Orange County  
Costa Mesa YMCA  
Epilepsy Awareness Day Foundation  
Epilepsy Support Network of Orange County  
Family Violence Project  
Health Options  
Hospital Association of Southern California  
Latino Health Access  
Leukemia and Lymphoma Society  
Maternal Outreach Management Services (MOMS)  
National Drowning Prevention Network  
Orange County Business Council  
Orange County Safe Kids  
Proposition 10 Commission  
Ronald McDonald House Charities of Southern California  
Safe from the Start  
Safe Kids Orange County  
San Diego Science Alliance  
Sofie's Journey Non-Profit  
Suspected Child Abuse & Neglect Committee (SCAN)  
Violence Prevention Coalition of Orange County  
We Can Foundation

#### **Educational Institutions**

Alliant University  
Anaheim City School District  
Azusa Pacific University  
Biola University

California State Polytechnic University, Pomona  
California State University, Dominguez Hills  
California State University, Fullerton  
California State University, Long Beach  
Centralia School District  
Cypress College  
Garden Grove Unified School District  
Gates School  
Golden West College  
Irvine Unified School District  
La Verne University, Volunteer Services Dept.  
Los Angeles City College  
Magnolia School District  
Mount Saint Mary's College  
Mt. San Antonio Community College  
Orange Coast College  
Pepperdine University  
Rea School  
Saddleback College  
San Joaquin Valley College School of Respiratory Therapy  
San Juan School  
Santa Ana College  
Santa Ana Unified School District  
University of California, Irvine School of Biological Sciences  
University of California, Irvine School of Medicine  
University of California, Irvine Center for Autism and Neurodevelopmental Disorders  
University of California, Irvine  
University of California, Los Angeles  
University of Iowa  
Veeh School

### **Other Healthcare Providers**

American Academy of Pediatrics  
CalOPTIMA  
Children's Center at Sutter Medical Center, Sacramento  
Children's Hospital & Research Center at Oakland  
Children's Hospital Central California  
Children's Hospital Los Angeles  
Cincinnati Children's Hospital  
College Hospital PET Team  
Health Dimension, Inc.  
Healthy Smiles for Kids of Orange County  
Hoag Memorial Hospital Presbyterian  
Loma Linda University Children's Hospital  
Loma Linda University Medical Center  
Lucile Salter Packard Children's Hospital at Stanford  
Mattel Children's Hospital at UCLA  
Miller's Children's Hospital  
Presbyterian Intercommunity Hospital  
Providence St. Joseph Health  
Rady Children's Hospital San Diego  
San Antonio Community Hospital

University of California, Irvine Medical Center  
University of California, Davis Children's Hospital  
University of California, San Diego Children's Hospital  
University of California, San Francisco Children's Hospital

### **Public Sector Agencies**

Children and Youth Services (CYS) Clinics  
Children's Hospital Association  
Consumer Product Safety Commission  
Department of Social Services  
First 5 Orange County  
Health Resources and Services Administration (HRSA)  
Irvine Police Department  
National Institute of Allergy & Infectious Diseases (NIAID)  
National Institute of Child Health & Human Development ((NICHD)  
National Institutes of Health/Collaborative Antiviral Study Group (NIH/CASG)  
Orange Chamber of Commerce  
Orange County AAP Chapter  
Orange County Child Passenger Safety Task Force  
Orange County Department Education Bell Campaign  
Orange County Department of Education  
Orange County District Attorney's Office  
Orange County Fire Association  
Orange County Health Care Agency  
Orange County Mental Health Agencies  
Orange County Sheriff's Department  
Orange County Social Services Agency  
Orange Police Department  
Regional Center of Orange County  
Santa Ana Chamber of Commerce  
Santa Ana Police Department  
Tustin Police Department

## **APPENDIX D**

### **Services by Benefit Goal**

#### **Goal 1: Healthcare Access**

After Hours Clinic  
CalOptima Board and Board Committees  
Charity Care: CCMH  
Charity Care: CHOC  
CHOC Miracle Network  
CHOC – Clinic Garden Grove  
CHOC Nurse Advise  
Clinica CHOC Para Los Ninos  
CMG Centrum Clinic  
Education Events sponsored by the CHOC Institutes  
Health Professional Education - Dietary  
Health Professional Education - Pharmacy  
Loaner Breast Pump Program  
OEC – Orange  
Orange Primary Care Clinic  
Pharmaceutical Indigent Program  
Pharmacy Education to patients and families  
Providence Speech and Hearing Center  
Resident Education Program  
Santa Ana Boys and Girls Club Clinic  
Student Relations Program  
Unreimbursed Clinical Research  
Unreimbursed costs of MediCal: CCMH  
Unreimbursed costs of MediCal: CHOC

#### **Goal 2: Behavioral Health Access**

Bereavement Support Groups & Day of Remembrance  
BeWell OC  
Child Life Grief Support Group  
Child Life Internship Program  
Child Life Practicum Program  
Community Building - Recruitment of Underrepresented  
Health Professional Education - Psychology  
Leadership Development  
Legacy Program  
MHSA Steering Committee  
Oncology Patient / Family Support Group  
Social Services

### **Goal 3: Disease Prevention**

Asthma BreathMobile  
Germ Busters/Nutrition/Media Programs  
Unfunded Basic and Clinical Research

### **Goal 4: Information Resource**

Big Brothers Big Sisters  
Clinical Research - Pharmacy Publication  
Clinical Research - Psychology  
CPR Education  
Epilepsy Awareness Day  
KidsHealth Newsletter  
KidsHealth-Clinical On-line Reference System  
PODER and Kid's Fit Club  
Staywell Health Information Online Library  
Virtual Pediatric Lecture

### **Goal 5: Injury Prevention**

Bike and Bike Helmet Safety  
Child Passenger Safety  
Home Safety  
Orange County Safe Kids and promotion

### **Goal 6: Community Action**

Calif Children's Hospital Assoc-CFO Participation  
California Children's Hospital Assoc Public Policy/BOD  
California Children's Hospital Assoc-Govt Relations participation  
CEO Leadership Alliance of Orange County  
Children and Families Commission (Prop 10)  
Children's Hospital Association  
CHOC Residency Program Advocacy Rotation

Community Benefit Plan - preparation  
Community Health Improvement Advocacy  
Hospital Association of Southern California  
Hospital Association of Southern California Govt Relations  
Institute for Healthcare Improvement  
Orange Chamber of Commerce Participation  
Orange County Business Council (OCBC)  
Orange County Forum Board Meetings  
Patient Safety Organization  
Santa Ana Chamber Board and Committee Participation  
Santa Ana College Foundation Board of Directors  
SCAN Committee  
Solutions for Patient Safety