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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 Children’s Hospital or CHOC Orange) and Children’s Hospital at Mission (CHOC Children’s at Mission Hospital or CHOC Mission), hereafter collectively referred to as the “Hospitals,” “CHOC Children’s,” “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 Children’s 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 Children’s - 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, 2018 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.

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, CHOC has for many years 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 2018 and 2017 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 Children’s. 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 2018 identified 89 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 89 benefit services provided by CHOC in fiscal year 2018 was $84.5 million. Of these dollars, 64.6% ($54.6 million) served the economically disadvantaged. The economic value of savings from not-for-profit status is $43.4 million. Thus, in fiscal year 2018 the hospitals returned $1.95 in community benefits for each $1.00 saved from tax-exempt status.

During fiscal year 2018, CHOC was the beneficiary of proceeds from the Hospital Provider Fee Program totaling $56.7 million, net of applicable expenses. The program revenue was applicable to service dates from January 1, 2017 to June 30, 2018. The following table provides economic value information compared to the previous year’s report:

<table>
<thead>
<tr>
<th>Economic Value of Benefit Services Provided:</th>
<th>Fiscal Year 2017</th>
<th>Fiscal Year 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>As Reported</td>
<td>$113.5 million</td>
<td>$84.5 million</td>
</tr>
<tr>
<td>Provider Fee Net Revenue</td>
<td>$48.3 million</td>
<td>$56.7 million</td>
</tr>
<tr>
<td>Economic Value Excluding Provider Fee</td>
<td>$161.8 million</td>
<td>$141.2 million</td>
</tr>
</tbody>
</table>
In addition to the $84.5 million in benefits provided for by the Hospitals referenced above, board members, physicians, associates and volunteers contributed approximately 57,000 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

<table>
<thead>
<tr>
<th>Community Benefit Goals</th>
<th>Benefit Dollars</th>
<th>Benefit Services</th>
<th>Volunteer Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHOC Orange Dollars</td>
<td>CHOC Mission Dollars</td>
<td>Total Dollars</td>
</tr>
<tr>
<td>1. Healthcare Access</td>
<td>$66,359,883</td>
<td>$12,087,857</td>
<td>$78,447,740</td>
</tr>
<tr>
<td>2. Behavioral Health Access</td>
<td>1,009,659</td>
<td>3,419</td>
<td>1,013,078</td>
</tr>
<tr>
<td>3. Disease Prevention</td>
<td>2,866,644</td>
<td>-</td>
<td>2,866,644</td>
</tr>
<tr>
<td>4. Information Resource</td>
<td>1,088,539</td>
<td>2,141</td>
<td>1,090,680</td>
</tr>
<tr>
<td>5. Injury Prevention</td>
<td>48,877</td>
<td>-</td>
<td>48,877</td>
</tr>
<tr>
<td>6. Community Action</td>
<td>984,914</td>
<td>5,868</td>
<td>990,782</td>
</tr>
<tr>
<td>All Benefit Services</td>
<td>$72,358,516</td>
<td>$12,099,285</td>
<td>$84,457,801</td>
</tr>
</tbody>
</table>

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

(b) Volunteer hours include 45,120 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 CHC’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 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 54 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 Mission**

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 Children’s Foundation
CHOC Children’s 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.

Exhibit 2.1
CHOC Children’s
Mission, Vision and Values

<table>
<thead>
<tr>
<th>Mission:</th>
<th>To nurture, advance, and protect the health and well-being of children.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision:</td>
<td>To be the leading destination for children’s health by providing exceptional and innovative care.</td>
</tr>
</tbody>
</table>

Link to Strategic Planning
Listed below are the five strategic goals developed as part of the CHOC 2020 strategic plan:

1. Create CHOC’s pediatric system of care.
2. Deliver high-quality, safe care and an exceptional experience.
3. Expand CHOC’s geographic footprint and grow clinical programs.
4. Enhance research, innovation and teaching.
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:
  - CHOC Orange Clinic
  - CHOC Specialty Clinics
  - CHOC Clinic at the Boys & Girls Club of Santa Ana
  - Clínica CHOC para Niños
  - CHOC Garden Grove Clinic
  - Child Life (Recreational Therapy) Services
  - Community Education
  - Breathmobile

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: public relations, psychology, marketing, cord blood bank, social services, and the Neuroscience, Orthopaedic, Heart and Hyundai Cancer Institutes.

The following table shows that community education services served 652,921 persons in fiscal year 2018. Additionally, newsletters and websites providing health information about children reached an additional 152,907 people. These efforts allowed the health education program to reach over 805,828 individuals and families.

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of Services</th>
<th>Volunteer Hours</th>
<th>Staff Hours</th>
<th>Persons Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Education</td>
<td>55</td>
<td>54,862</td>
<td>386,552</td>
<td>652,921</td>
</tr>
<tr>
<td>Television and Newsletters</td>
<td>1</td>
<td>-</td>
<td>1,000</td>
<td>152,907</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>56</strong></td>
<td><strong>54,862</strong></td>
<td><strong>387,552</strong></td>
<td><strong>805,828</strong></td>
</tr>
</tbody>
</table>

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 principal of SB697 is to strengthen non-profit hospital community-benefit collaborations with other community organizations. Community benefit activities at the hospitals strongly embrace this principal 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
  - *Bearfacts*, bi-weekly associate newsletter
  - Email, memos, as needed
  - Associate forums with the CHOC Executive Management Team
  - Bi-monthly new associate and quarterly management orientation meetings
  - PAWS (intranet)
  - Senior Leader Rounding
  - *Physician Connection*, physician e-newsletter
  - Physician Town Hall Meetings

- **External Communication Resources:**
  - CHOC annual report
  - CHOC.org website
  - CHOC social networking sites (Facebook, Twitter, You Tube, Instagram, Pinterest, Snapchat, CHOC Blog and CHOC Docs Blog)
  - *KidsHealth*, e-newsletter
  - *Physician Connection*, physician 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 Orange’s Service Area**
Based on the factors listed above, the overall service area for CHOC Orange is the central-northern portion of Orange County. (See Exhibit 3.1 for Service Area Map.)

**The Primary Service Area** 81.5% of Orange County children reside in the CHOC Orange primary care service area. Significant cities in this area are: Santa Ana, Anaheim, Fullerton, Orange and Garden Grove.

**The Secondary Service Area** includes all cities and unincorporated areas shown on the service area map.

**CHOC Mission’s Service Area**
Based on the same factors listed above, the overall service area for CHOC Mission is the southern 1/3 part of Orange County. (See Exhibit 3.1 for Service Area Map.)

**The Primary Service Area** 18.5% of Orange County children reside in CHOC Mission’s primary service area. Significant cities in this area are: Mission Viejo, Laguna Niguel, Rancho Santa Margarita, Laguna Hills, Lake Forest, San Clemente and San Juan Capistrano.

**The Secondary Service Area** includes all the other Orange County cities and unincorporated areas shown in the service area map.
Community Characteristics

Population and socioeconomic data projections for 2017-2018 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 Community Health Needs Assessment (CHNA) report.

**Total Population:** Orange County’s population is 3,194,830 making it the third most populous county in California. The median age is 36.4 years, and children up to 18 years of age make up 25% of the total population.

**Socioeconomic Profile:** The median family income in the county is approximately $74,163. In the CHOC service area, 17.6% of children under age 18 live in poverty, compared to 23% of California’s children. This indicator varies across the county, with 26.9% of children in Santa Ana living in poverty compared to 4.8% of children in Mission Viejo (CHOC Mission’s service area). 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/Ethnic Profile:** Orange County’s population is diverse, with 42.9% of the population being Caucasian; 34.0% being Hispanic/Latino; 18.6% being Asian/Pacific Islander; 1.6% being Black; and the remaining 2.9% Other.

**Barriers to Healthcare Access:** include cost, lack of available transportation, difficulty finding acceptable and affordable childcare, discrimination, lack of respectful, friendly and helpful health provider’s front office staff, and long waiting periods to get appointments and long waits in the waiting room, even with an appointment.
Health and Lifestyle Characteristics reported in the CHOC CHNA included the following:

- **Mental health services:** A large number of children in Orange County require support and treatment for mental health concerns. The hospitalization rate per 10,000 Orange County children for serious mental illness and substance abuse has increased by nearly 50% between 2005 and 2014. Mental health is the major component of this hospitalization rate, of which 64% was due to major depression and mood disorders. Mental health services for children and adolescents were the highest priority need identified in CHOC’s 2013 CHNA. Since 2013, CHOC has been actively engaged with many community partners on this topic creating community awareness and raising funds. Further, CHOC is in the process of implementing a comprehensive plan to meet the heretofore unmet behavioral health needs of the children of Orange County across the care spectrum, which includes building an 18-bed inpatient mental health unit.

- **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 11 years. A 2011 California Department of Education study found that about 1% of all children enrolled in the state’s public schools are diagnosed with autism. Orange County has the highest rate, with 1.5%; one child in 63 has been diagnosed with autism and is receiving special education services.

- **Pediatric dental services (especially for those in low income groups):** In January 2015, The Children and Families Commission of Orange County published a brief on Children’s Oral Health Policy, which describes the progression of dental care for children in Orange County over the previous decade and the funding that has been committed for dental services to low income residents. In 2013, there were 54 dentists in Orange County accepting Denti-Cal resulting in a ratio of one pediatric dentist per 1,242 children under 5 years old, among the best of all counties in California. Since then, there has been a reduction in Denti-Cal reimbursement and all but seven dentists have closed their practices to Denti-Cal patients. As a result, the ratio of dentists to children under 5 years old is now estimated to be one pediatric dentist to 4,900 children with Denti-Cal.
Childhood obesity: Dietary habits and exercise are significant behaviors affecting health. Nearly 50% of children in Orange County consume fast food three to four times per week (compared to 39% across California). 49% consume one or more sodas or sweetened drinks per day (compared to 42% in California) and only 20% between 2 and 17 years consume five fruits and vegetables per day. These behaviors contribute to 36% of Orange County fifth grade children being overweight or obese as measured by Body Mass Index (BMI). While this county-wide figure compares favorably to a statewide rate of 40%, it is up from 33.3% three years ago. In Orange County, obesity varies by ethnicity, with Pacific Islander and Hispanic children in Orange County having the most health risk due to body composition.

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 Hospitals’ 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 together as a family unit. Some benefit services are directed at the training and support of health professionals. As a result, the community needs assessment 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

Health Needs Assessment
Community Health Needs Assessment

CHOC conducted its CHNA process independently in the fall of 2016, 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 each CHOC hospital’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

Access to Healthcare for Children

➢ Both the community-at-large and community leaders identified the ability to pay for care (including prescription medicines) 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, highly correlated to areas of lower income.

➢ Access to mental health services for children is the most pressing unmet clinical need in Orange County. While the hospitalization rate for mental illness diagnoses has increased by 50% over the last 10 years, all children under the age of 12 and most between 12 and 18 years have had to be hospitalized outside of Orange County as there are no licensed mental health beds for children under 12 and only 12 beds for those between 12 and 18 years in the County. Access to outpatient mental health services for children is also severely impacted.

➢ In general, access to health care services for children in Orange County is better in Orange County than in the state or country as a whole according to data on the percentage of children who use a doctor’s office or community clinic as their primary source of care. 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.

➢ Finally, access to dental care for low income children in Orange County is inadequate. The ratio of dentists to children under 5 years old is estimated to be one pediatric dentist to 4,900 children with Denti-Cal. The ratio is even more dramatic when the need for sedation is necessary. Wait times for an appointment can be up to eight months. California’s reimbursements are approximately 35% of the national average for comparable Medicaid reimbursed dental services.
Future Health Needs Assessment
Future data collection and information gathering in support of community benefit planning and the needs to be addressed, will be continued by CHOC through its implementation planning process, and will include the following topics:

- Mental health
- Pediatric obesity
- More pediatric specialists
- More pediatricians
- Resources for children with autism spectrum disorders
- Pediatric dental services
- Partnering/collaborating with other agencies
- Outreach to schools
- Treatment for alcohol and substance abuse
- Community education
- Transportation services
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 2018.

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

<table>
<thead>
<tr>
<th>Goal</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Healthcare Access</strong></td>
<td>• Community clinics and Mobile Health Program</td>
</tr>
<tr>
<td></td>
<td>• Financial assistance for patients</td>
</tr>
<tr>
<td></td>
<td>• Enrollment in public insurance programs</td>
</tr>
<tr>
<td></td>
<td>• Physician recruitment and training</td>
</tr>
<tr>
<td></td>
<td>• Specialty clinics</td>
</tr>
<tr>
<td><strong>2. Behavioral Health Access</strong></td>
<td>• Utilize CHOC Psychology Department</td>
</tr>
<tr>
<td></td>
<td>• Utilize CHOC Social Services</td>
</tr>
<tr>
<td></td>
<td>• Collaborate with other community services and providers</td>
</tr>
<tr>
<td><strong>3. Disease Prevention</strong></td>
<td>• CHOC Breathmobile</td>
</tr>
<tr>
<td></td>
<td>• Community education on wellness</td>
</tr>
<tr>
<td><strong>4. Information Resource</strong></td>
<td>• <em>KidsHealth</em> e-newsletter</td>
</tr>
<tr>
<td></td>
<td>• Parent Advice Line (PAL)</td>
</tr>
<tr>
<td></td>
<td>• Physician Education: Cancer, Neuroscience, Orthopaedic and Heart Institutes</td>
</tr>
<tr>
<td></td>
<td>• <em>Physician Connection</em> e-newsletter</td>
</tr>
<tr>
<td></td>
<td>• CHOC Annual Report</td>
</tr>
<tr>
<td></td>
<td>• CHOC.org website</td>
</tr>
</tbody>
</table>
| 5. Injury Prevention | • CHOC social networking sites  
• Lead Orange County SAFE KIDS Coalition  
• Offer neighborhood-based injury prevention programs  
• Collaborate with community coalitions to enhance injury prevention efforts  
• Offer hands-on training to reduce home-related injuries  
• Provide injury prevention information to general community and professionals  
• Drowning prevention and education program  
• Car seat education for community, patients and families |
| --- | --- |
| 6. Community Action | • Board members’ dedication and activities  
• Associate volunteering  
• Assist community organizations |
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 2017 identified 84 community benefit services. The following table shows the distribution of service by organization.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Number of services 2017</th>
<th>Number of Services 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHOC Orange Services</td>
<td>78</td>
<td>82</td>
</tr>
<tr>
<td>CHOC Mission Services</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total Services</strong></td>
<td><strong>84</strong></td>
<td><strong>89</strong></td>
</tr>
</tbody>
</table>
Services SB697 Category
The table below summarizes the number of 2018 benefit services for each SB697.

<table>
<thead>
<tr>
<th>SB697 Category</th>
<th>Number of Services 2017</th>
<th>Number of Services 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Medical care services</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>B. Other benefits: broader community</td>
<td>33</td>
<td>40</td>
</tr>
<tr>
<td>C. Other benefits: vulnerable populations</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>D. Health research, education, and training</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>Total Services</td>
<td>84</td>
<td>89</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Number of Services 2017</th>
<th>Number of Services 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Healthcare Access</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>2. Behavioral Health Access</td>
<td>19</td>
<td>15</td>
</tr>
<tr>
<td>3. Disease Prevention</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>4. Information Resource</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>5. Injury Prevention</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>6. Community Action</td>
<td>19</td>
<td>24</td>
</tr>
<tr>
<td>Total Services</td>
<td>84</td>
<td>89</td>
</tr>
</tbody>
</table>

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 89 benefit services, 60.7% or 54 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.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Dollar Value1</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHOC Orange services</td>
<td>$72,358,516</td>
</tr>
<tr>
<td>CHOC Mission services</td>
<td>12,099,285</td>
</tr>
<tr>
<td><strong>Total Services</strong></td>
<td><strong>$84,457,801</strong></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>SB697 Category</th>
<th>Dollar Value1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical care services</td>
<td>$52,942,568</td>
</tr>
<tr>
<td>Other benefits: broader community</td>
<td>9,206,684</td>
</tr>
<tr>
<td>Other benefits: vulnerable populations</td>
<td>281,832</td>
</tr>
<tr>
<td>Health research, education, and training</td>
<td>22,026,717</td>
</tr>
<tr>
<td><strong>Total Services</strong></td>
<td><strong>$84,457,801</strong></td>
</tr>
</tbody>
</table>

1The economic value of benefits in 2018 was reduced by $56.7 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:

<table>
<thead>
<tr>
<th>Benefit Planning Goal</th>
<th>Dollar Value¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Healthcare Access</td>
<td>$78,447,740</td>
</tr>
<tr>
<td>2. Behavioral Health Access</td>
<td>1,013,078</td>
</tr>
<tr>
<td>3. Disease Prevention</td>
<td>2,866,644</td>
</tr>
<tr>
<td>4. Information Resource</td>
<td>1,090,680</td>
</tr>
<tr>
<td>5. Injury Prevention</td>
<td>48,877</td>
</tr>
<tr>
<td>6. Community Action</td>
<td>990,782</td>
</tr>
<tr>
<td>Total Services</td>
<td>$84,457,801</td>
</tr>
</tbody>
</table>

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 (64.6%).

<table>
<thead>
<tr>
<th>Goals</th>
<th>Broader Community</th>
<th>Economically Disadvantaged (a)</th>
<th>Total Value¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Healthcare Access</td>
<td>$24,170,130</td>
<td>$54,277,610</td>
<td>$78,447,740</td>
</tr>
<tr>
<td>2. Behavioral Health Access</td>
<td>963,409</td>
<td>49,669</td>
<td>1,013,078</td>
</tr>
<tr>
<td>3. Disease Prevention</td>
<td>2,855,548</td>
<td>11,096</td>
<td>2,866,644</td>
</tr>
<tr>
<td>4. Information Resource</td>
<td>1,008,680</td>
<td>82,000</td>
<td>1,090,680</td>
</tr>
<tr>
<td>5. Injury Prevention</td>
<td>30,937</td>
<td>17,940</td>
<td>48,877</td>
</tr>
<tr>
<td>6. Community Action</td>
<td>827,619</td>
<td>163,163</td>
<td>990,782</td>
</tr>
<tr>
<td>Totals</td>
<td><strong>$29,856,323</strong></td>
<td><strong>$54,601,478</strong></td>
<td><strong>$84,457,801</strong></td>
</tr>
</tbody>
</table>

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

¹The economic value of benefits in 2018 was reduced by $56.7 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 408,458.70 paid staff hours, board members, physicians, associates and auxiliary volunteers contributed another 56,573 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 $1.95 in community benefits for each $1.00 of tax exemption.

<table>
<thead>
<tr>
<th>Hospital cost of community benefits¹</th>
<th>$84,457,801</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value of tax exemption</td>
<td>$43,392,565</td>
</tr>
<tr>
<td>Benefits per dollar of tax-exemption value</td>
<td>$1.95</td>
</tr>
</tbody>
</table>

¹The economic value of benefits in 2018 was reduced by $56.7 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 3,990 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
Appendix A
Patient Financial Assistance Program Policy Statements

Manual: Administrative  Section: Finance  Number: L3003
Policy  Procedure

Current Content Expert: Janne Gish
Department Head: William Rohde, Vice President
Finance/Hospital Operations

<table>
<thead>
<tr>
<th>Committee Approval(s)</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance Committee</td>
<td>11/20/17</td>
</tr>
</tbody>
</table>

Executive Management Team Member:
William Rohde, Vice President Finance/Hospital Operations

Medical Executive Committee Approval

<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Board of Directors Approval

<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Effective Date: 11/20/17

I. PURPOSE:

A. Children’s Hospital of Orange County (CHOC Children’s) 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. CHOC Children’s 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 Children’s 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 Children’s.

D. This policy is applicable to all CHOC Children’s Inpatients and Outpatients, including CHOC Children’s Medical Foundation.

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 as is 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 Children’s 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 Children’s.
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 Children’s 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 Children’s 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. Patient receiving services in the Hospital Emergency Room may also be eligible for Financial Assistance in paying for the Emergency Room physician fees.

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 Children's 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 if 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.

   a. CHOC Children's 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 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.

b. CHOC Children's 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 Children's would receive shall not exceed the payment that CHOC Children's would receive for the same service or set of services from the greater of Medicare, Medical, Healthy Families, or other government sponsored health program of health benefits in which CHOC Children's participates.

b. For patients with household incomes between 301% and 400% of the Federal Poverty Level, CHOC Children's 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 Children's would receive shall not exceed the payment that CHOC Children's would receive for the same service or set of services from the greater of Medicare, Medical, Healthy Families, or any other government sponsored health program of health benefits in which CHOC Children's participates.

6. CHOC Children's 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.

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 Children's 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 Children's 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 Children's 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 Children's 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 Children's, 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 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:
1. 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 Children's 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 Children's 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 Children's 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 Children's 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 Children's 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 Children's (Hospital and Clinics)
      - $0.01 - $5,000
      - $5,001 - $50,000
      - $50,001 - $100,000
      - $100,001 - to all appeals
      - Manager
      - Director PFS
      - VP of Revenue Cycle
      - Senior Vice President and Chief Financial Officer

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b. CHOC Children’s 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 Children’s 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 Senior 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 Children’s 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 Children’s patient statements will provide notification in English and Spanish advising the patient of CHOC Children’s 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.
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 Children’s, such as Admitting, Emergency Room, Clinics, Outpatient Registration and Patient Accounting Offices.

3. CHOC Children’s 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 Children’s 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 Children’s 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. At no time will a patient account be referred to an outside collection agency if the account is less than one hundred fifty (150) days from original billing.

2. In the event the patient makes payments on their CHOC Children’s account in excess of total amount of patient responsibility, CHOC Children’s 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 Children’s, 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.

3. CHOC Children’s 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 Children’s bills. This requirement does not preclude CHOC Children’s 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 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 Children's 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:


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.


## Schedule A

**Published Federal Poverty Guidelines – 04/01/2017**

<table>
<thead>
<tr>
<th>Number in Household</th>
<th>Up to 100%</th>
<th>Up to 200%</th>
<th>Up to 300%</th>
<th>Up to 400%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,060</td>
<td>$24,120</td>
<td>$36,180</td>
<td>$48,240</td>
</tr>
<tr>
<td>2</td>
<td>$16,240</td>
<td>$32,480</td>
<td>$48,720</td>
<td>$64,960</td>
</tr>
<tr>
<td>3</td>
<td>$20,420</td>
<td>$40,840</td>
<td>$61,260</td>
<td>$81,680</td>
</tr>
<tr>
<td>4</td>
<td>$24,600</td>
<td>$49,200</td>
<td>$73,800</td>
<td>$98,400</td>
</tr>
<tr>
<td>5</td>
<td>$28,780</td>
<td>$57,560</td>
<td>$86,340</td>
<td>$115,120</td>
</tr>
<tr>
<td>6</td>
<td>$32,960</td>
<td>$65,920</td>
<td>$98,880</td>
<td>$131,840</td>
</tr>
<tr>
<td>7</td>
<td>$37,140</td>
<td>$74,280</td>
<td>$111,420</td>
<td>$148,560</td>
</tr>
<tr>
<td>8</td>
<td>$41,320</td>
<td>$82,640</td>
<td>$123,960</td>
<td>$165,280</td>
</tr>
</tbody>
</table>

**Discount**  
100% - except for copayments  
75%  
50%
## Schedule B

### Sliding Fee Schedule

**Gross Monthly Poverty Income Guidelines**  
Poverty level by Family Size Effective 2017

<table>
<thead>
<tr>
<th>Health Plan Code</th>
<th>Charity Care</th>
<th>Self Pay - Special arrangements</th>
<th>Self Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Poverty Level</strong></td>
<td><strong>100% or under</strong></td>
<td><strong>Between 101 and 200%</strong></td>
<td><strong>Above 200%</strong></td>
</tr>
<tr>
<td># of persons in family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>$0-990</td>
<td>$991-1980</td>
<td>Above $1981</td>
</tr>
<tr>
<td>2</td>
<td>$1335</td>
<td>$1336-2670</td>
<td>Above $2671</td>
</tr>
<tr>
<td>3</td>
<td>$1680</td>
<td>$1681-3360</td>
<td>Above $3361</td>
</tr>
<tr>
<td>4</td>
<td>$2025</td>
<td>$2026-4050</td>
<td>Above $4051</td>
</tr>
<tr>
<td>5</td>
<td>$2370</td>
<td>$2371-4740</td>
<td>Above $4741</td>
</tr>
<tr>
<td>6</td>
<td>$2715</td>
<td>$2716-5430</td>
<td>Above $5431</td>
</tr>
<tr>
<td>7</td>
<td>$3061</td>
<td>$3062-6122</td>
<td>Above $6123</td>
</tr>
<tr>
<td>8</td>
<td>$3408</td>
<td>$3409-6815</td>
<td>Above $6816</td>
</tr>
</tbody>
</table>

**Fee for Service**  
- $10
- $60 New  
- $40 Established

**Labs/Radiology**  
- Unless pays at time of visit @ reduced clinic rates, then "bill to clinic"  
- Unless pays at time of visit @ reduced clinic rates, then "bill to clinic"  
- "Bill to patient" (receives bill from lab/radiology @ regular rates)

**Prescription Meds**  
- Prescription given – Patient pays  
- Prescription given – Patient pays  
- Prescription given – Patient pays

**Supplies (i.e. spacers, crutches)**  
- 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

Deposit:  
- $100 Full Well Visit  
- $85 partials and non-well visit
**Schedule C**  
CHOC/CCMH FAP Extended Payment Plan Form

<table>
<thead>
<tr>
<th>Date:</th>
<th>DOS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name:</td>
<td>ADJ</td>
</tr>
<tr>
<td></td>
<td>Date:</td>
</tr>
</tbody>
</table>

**Monthly Income:** $ 

Subtract Essential Living Expenses:

<table>
<thead>
<tr>
<th>Rent/House Payment</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance</td>
<td>$</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
</tr>
<tr>
<td>Household Supplies</td>
<td>$</td>
</tr>
<tr>
<td>Utilities</td>
<td>$</td>
</tr>
<tr>
<td>Clothing</td>
<td>$</td>
</tr>
<tr>
<td>Medical payments</td>
<td>$</td>
</tr>
<tr>
<td>Insurance</td>
<td>$</td>
</tr>
<tr>
<td>School/Child Care</td>
<td>$</td>
</tr>
<tr>
<td>Child/Spousal Support</td>
<td>$</td>
</tr>
<tr>
<td>Transportation</td>
<td>$</td>
</tr>
<tr>
<td>Auto Exp/Gas/Repairs/Ins</td>
<td>$</td>
</tr>
<tr>
<td>Car Payment</td>
<td>$</td>
</tr>
<tr>
<td>Laundry/Cleaning</td>
<td>$</td>
</tr>
</tbody>
</table>

**Total Expenses**: $ 

Total Income after living expenses $_______________  
Extended Payment Plan, Monthly Payment $______________
<table>
<thead>
<tr>
<th>SERVICE TITLE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASTHMA BREATHMOBILE</td>
<td>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.</td>
</tr>
<tr>
<td>AYA CAREER AND RESOURCE DAY</td>
<td>Emphasis on applying for scholarships, interview skills, and resume writing with special accommodations to the school reintegration and returning to work.</td>
</tr>
<tr>
<td>BEHAVIORAL AND MENTAL HEALTH</td>
<td>Behavioral and mental health advocacy as part of broad coalition including HASC, CalOptima, the Orange County Health Care Agency, St. Joseph Hoag Health, Saddleback Church.</td>
</tr>
<tr>
<td>BEREAVEMENT SUPPORT GROUPS &amp; DAY OF REMEMBRANCE</td>
<td>Support groups for parents and siblings who have lost a child. Annual memorial service to honor children who have died.</td>
</tr>
<tr>
<td>BIKE AND BIKE HELMET SAFETY</td>
<td>Interactive bicycle safety program for students K-6, including a low-income helmet distribution program for clinic patients.</td>
</tr>
<tr>
<td>BRINGING BABY HOME INFANT CLASS</td>
<td>This class is to equip new parents with some basic parenting skills when they bring their Neonate home from the hospital. How to prepare their environment (temperature, pets, tobacco smoke, visitors), when to call the doctor, and general care reminders for bathing and feeding. There is also time allowed for skill practice such as diaper changing, temperature taking, bathing, calming techniques and swaddling.</td>
</tr>
<tr>
<td>CAL STATE UNIV. FULLERTON PHILANTHROPIC FOUNDATION</td>
<td>CHOC’s CFO is a member of the California State University Fullerton Philanthropic Foundation board of directors and chaired its nursing initiative.</td>
</tr>
<tr>
<td>CALIFORNIA CHILDREN’S HOSPITAL ASSOCIATION</td>
<td>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.</td>
</tr>
<tr>
<td>CALOPTIMA BOARD AND BOARD COMMITTEES</td>
<td>CFO and chief governmental relations officer participation with CalOptima board and related committees. CalOptima is a county organized health system for low-income families.</td>
</tr>
<tr>
<td><strong>CANCER SURVIVORS DAY-COURAGEOUS KIDS CELEBRATION</strong></td>
<td>Annual event for patients and families to celebrate cancer survivors.</td>
</tr>
<tr>
<td><strong>CHARITY CARE</strong></td>
<td>Charity care provided to families with children who are uninsured or underinsured and cannot afford to pay for their medical care.</td>
</tr>
<tr>
<td><strong>CHILD LIFE ADOLESCENT AND YOUNG ADULTS SUPPORT GROUPS</strong></td>
<td>Support group that works to support the emotional development of adolescents with cancer, as well as create a peer group for them. Children gain social skills, learn coping strategies for grief, loss, and survivor guilt, and explore professional options.</td>
</tr>
<tr>
<td><strong>CHILD LIFE GRIEF SUPPORT GROUP</strong></td>
<td>Provides ongoing grief support for children, ages 3-18 years, who have experienced the loss of a sibling.</td>
</tr>
<tr>
<td><strong>CHILD LIFE INTERNSHIP PROGRAM</strong></td>
<td>A comprehensive structured internship (15-week duration) that, upon completion, will fulfill eligibility requirements for child life certification.</td>
</tr>
<tr>
<td><strong>CHILD LIFE PRACTICUM PROGRAM</strong></td>
<td>A comprehensive structured practicum program for students interested in pursuing a degree related to (or in) child life.</td>
</tr>
<tr>
<td><strong>CHILD PASSENGER SAFETY</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>CHILDREN &amp; FAMILY IGT MEETING</strong></td>
<td>Funding for various areas of clinical services to support the CalOptima and CHOC Health needs assessment.</td>
</tr>
<tr>
<td><strong>CHILDREN AND FAMILIES COMMISSION OF ORANGE COUNTY</strong></td>
<td>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 child care and education programs for young children and families) and maintain regular communication with Prop 10 staff.</td>
</tr>
<tr>
<td><strong>CHOC CLINIC - GARDEN GROVE</strong></td>
<td>Community-based clinic and outreach services that respond to the health care needs of high-risk and disadvantaged populations.</td>
</tr>
<tr>
<td><strong>CHOC EDUCATION CENTER</strong></td>
<td>Donation of CHOC Education Center for community organization meetings, classes and support groups.</td>
</tr>
<tr>
<td><strong>CHOC NURSE ADVISE (KIDWISE)</strong></td>
<td>24-hour bilingual information phone line providing health information, advice, triage, community services referrals and physician referrals.</td>
</tr>
<tr>
<td><strong>CHOC RESIDENCY PROGRAM ADVOCACY ROTATION</strong></td>
<td>Provide advocacy training and experience to pediatricians-in-training to prepare them to help</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-------------</td>
</tr>
<tr>
<td>CLINICAL RESEARCH - EPILEPSY &amp; HRSA GRANT &amp; PAPERS FOR JOURNALS</td>
<td>To conduct clinical research and share with the larger community to benefit the community by providing better care to children and their families.</td>
</tr>
<tr>
<td>COMMUNITY BENEFIT PLAN - PREPARATION</td>
<td>Delineate and quantify community benefits outreach provided in response to SB 697.</td>
</tr>
<tr>
<td>COMMUNITY BUILDING - RECRUITMENT OF UNDERREPRESENTED MINORITY</td>
<td>Recruit staff from diverse backgrounds for position to work with children with autistic spectrum disorders &amp; to work with children with hematologic disorders and participate in a mental health strategic plan.</td>
</tr>
<tr>
<td>COMMUNITY COMMITTEE HOURS: COMMUNITY EDUCATION</td>
<td>Provide representation and advocacy for children's health and safety issues at vital coalition meetings at local, state and national levels.</td>
</tr>
<tr>
<td>COMMUNITY OUTREACH AND EDUCATION</td>
<td>Provide educational curriculum and outreach services to children &amp; families, schools and health care agency providers to enhance community awareness, identification and treatment of asthma and chronic lung disease.</td>
</tr>
<tr>
<td>COMMUNITY OUTREACH HEALTH FAIRS</td>
<td>Participation in health fairs; community events.</td>
</tr>
<tr>
<td>CPR EDUCATION</td>
<td>CPR training for patients, families, teachers and community members.</td>
</tr>
<tr>
<td>CSR KID’S DAY AT MARINE STADIUM LONG BEACH, CA</td>
<td>This event provides a memorable day of beach and watersports activities for children with special needs and their families.</td>
</tr>
<tr>
<td>DISASTER RELIEF PREPAREDNESS</td>
<td>Disaster preparedness meetings and test runs are designed to ensure CHOC's ability to meet the community's needs in the event of a disaster.</td>
</tr>
<tr>
<td>EDUCATION EVENTS SPONSORED BY THE CHOC INSTITUTES</td>
<td>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.</td>
</tr>
<tr>
<td>EPILEPSY AWARENESS DAY</td>
<td>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.</td>
</tr>
<tr>
<td><strong>EPILEPSY WALK</strong></td>
<td>Coordinated by the Epilepsy Support Network (ESN) of Orange County. Raises awareness of epilepsy and provides psychosocial support for patients with epilepsy.</td>
</tr>
<tr>
<td><strong>FAMILY LEGAL ASSISTANCE AT CHOC CHILDREN'S</strong></td>
<td>This is a medical-legal partnership clinic which meets twice per month to offer advice and services to CHOC patients in need of conservatorships and guardianships.</td>
</tr>
<tr>
<td><strong>FAMILY RESOURCE CENTER</strong></td>
<td>The Family Resource Center enhances CHOC Children’s Patient and Family Centered Care standards by assisting patients, families, visitors and staff with access to resources and information.</td>
</tr>
<tr>
<td><strong>GERM BUSTERS/NUTRITION/MEDIA PROGRAMS</strong></td>
<td>In-school programs teaching preschool and school age children awareness related to strangers and personal safety/hygiene and infection prevention/good food choices and food groups.</td>
</tr>
<tr>
<td><strong>HEALTH PROFESSIONAL EDUCATION - DIETARY</strong></td>
<td>Affiliations with CSULB and Cal Poly, Pomona plus 1-2 other Dietetic internship to offer undergraduate training for clinical dietitian students.</td>
</tr>
<tr>
<td><strong>HEALTH PROFESSIONAL EDUCATION - PHARMACY</strong></td>
<td>Provide pediatric pharmacy practice and pharmacology education to physicians and pharmacy students.</td>
</tr>
<tr>
<td><strong>HEALTH PROFESSIONS EDUCATION - PSYCHOLOGY</strong></td>
<td>Orientation, conferences and supervision costs of psychology practicum students, interns and post docs.</td>
</tr>
<tr>
<td><strong>HEART REUNION</strong></td>
<td>Event for patients and families who had heart surgery at CHOC.</td>
</tr>
<tr>
<td><strong>HELP ME GROW IGT</strong></td>
<td>Participation in Help Me Grow communication platform to expand program funding.</td>
</tr>
<tr>
<td><strong>HOME SAFETY</strong></td>
<td>A program designed to demonstrate the importance of safety measures in the house.</td>
</tr>
<tr>
<td><strong>HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>HYDROCEPHALUS ASSOCIATION CONFERENCE KIDS CAMP</strong></td>
<td>Provide paid staff to work at kid’s camp to allow parents/families to attend full conference activities.</td>
</tr>
<tr>
<td><strong>HYUNDAI WHEELS FOR HOPE 5K/WALK</strong></td>
<td>The mission of Hope on Wheels is to raise awareness for childhood cancer, donate life-</td>
</tr>
<tr>
<td><strong>IN KIND DONATIONS - SUPPLIES</strong></td>
<td>Donation of outdated or not in use supplies to charitable organizations.</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>KIDSHEALTH NEWSLETTER</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>KIDSHEALTH - CLINICAL ON-LINE REFERENCE SYSTEM</strong></td>
<td>Web based tool offering more than 1100 pediatric health and wellness topics for the community.</td>
</tr>
<tr>
<td><strong>LEGACY PROGRAM</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>LIFE REMEMBRANCE</strong></td>
<td>Annual event for CHOC Mission families who have lost a child/baby.</td>
</tr>
<tr>
<td><strong>LOANER BREAST PUMP PROGRAM</strong></td>
<td>Loaner breast pump for mothers of neonates in CCHM NICU who cannot afford their own pump rental or who do not have insurance.</td>
</tr>
<tr>
<td><strong>MARCH OF DIMES CLASSES</strong></td>
<td>Rehab staff provide educational classes through the March of Dimes program for parents on NICU babies.</td>
</tr>
<tr>
<td><strong>MENTAL HEALTH SCREENING</strong></td>
<td>Behavioral health screening in ED and CCS, team centered care clinics and adolescent medicine clinic.</td>
</tr>
<tr>
<td><strong>MENTAL HEALTH SERVICES ACT STEERING COMMITTEE</strong></td>
<td>CHOC's objective is to bring greater attention to pediatric mental health needs that are currently unfunded or underfunded in the MHSA process. This is accomplished through regular public testimony and other engagement of committee members.</td>
</tr>
<tr>
<td><strong>NURSING STUDENT PRECEPTORSHIPS</strong></td>
<td>Provides clinical experience for nursing students.</td>
</tr>
<tr>
<td><strong>NUTRITION EDUCATION FOR THE COMMUNITY</strong></td>
<td>Provide necessary nutrition education to children and their families in the community. Emphasis has been on general healthy eating and obesity prevention. However, presentations targeted for patients dealing with certain diagnoses such as diabetes or epilepsy have also been conducted. Another area of focus has been proper nutrition for the student athlete.</td>
</tr>
<tr>
<td><strong>ONCOFERTILITY GIRLS ACADEMY</strong></td>
<td>Participation in the BEWISE. This is a program for high school girls to explore the basic science, clinical applications and career options in reproductive science, cancer biology and oncofertility.</td>
</tr>
<tr>
<td><strong>ONCOLOGY PATIENT / FAMILY SUPPORT GROUP</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>ORANGE COUNTY BUSINESS COUNCIL (OCBC)</strong></td>
<td>Participate at meetings and events of the Orange County Business Council to promote well-being of OC residents.</td>
</tr>
<tr>
<td><strong>ORANGE COUNTY FORUM BOARD MEETINGS</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>ORANGE COUNTY SAFE KIDS AND PROMOTION</strong></td>
<td>Coalition focusing on grass roots efforts and collaboration of injury prevention efforts in Orange County following the National SAFE KIDS guidelines.</td>
</tr>
<tr>
<td><strong>ORANGE COUNTY RONALD MCDONALD HOUSE PLANNING MEETINGS</strong></td>
<td>Participate in planning meetings for the Orange County Ronald McDonald House.</td>
</tr>
<tr>
<td><strong>PARENTING CLASSES AND WORKSHOPS</strong></td>
<td>Provide parents with the tools and tips for raising healthy children.</td>
</tr>
<tr>
<td><strong>PEDIATRIC RN TRAINING PROGRAM</strong></td>
<td>20-week RN Residency provides hands-on experience in pediatrics for RNs from a variety of local universities and colleges from the local community.</td>
</tr>
<tr>
<td><strong>PHARMACEUTICAL INDIGENT PROGRAM</strong></td>
<td>To provide medications to patients who cannot afford them.</td>
</tr>
<tr>
<td><strong>PHARMACY EDUCATION TO PATIENTS AND FAMILIES</strong></td>
<td>Pharmacy education to patients &amp; families in the community.</td>
</tr>
<tr>
<td>PODER AND KID'S FIT CLUB - DIABETES AND OBESITY PREVENTION CLASSES</td>
<td>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).</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>PROPOSITION 10 COMMISSION AND SUBCOMMITTEE MEETINGS</td>
<td>CEO participation in the Prop 10 Commission (to allocate funding for community health care, quality child care and education programs for young children and families) including participation in Commission meetings, retreats and subcommittee meetings.</td>
</tr>
<tr>
<td>REHABILITATION STUDENT PROGRAM</td>
<td>Provide 8-16 week internships for various professional students attending graduate education at various Universities.</td>
</tr>
<tr>
<td>RESIDENT EDUCATION PROGRAM</td>
<td>Residency education program providing pediatric medical specialty education across the continuum of care.</td>
</tr>
<tr>
<td>RESPIRATORY THERAPY STUDENT EDUCATION</td>
<td>Respiratory therapy students rotate through CHOC to gain basic understanding required to care for neonatal and pediatric patients. Also, supplement the bedside clinical education provided to nursing students by the staff RN.</td>
</tr>
<tr>
<td>SAFE SITTER</td>
<td>A medically accurate instruction series teaching boys and girls ages 11-13 how to handle emergencies when caring for young children, including basic lifestyle techniques, safety precautions to prevent accidents, and tips on basic child care.</td>
</tr>
<tr>
<td>SANTA ANA CHAMBER BOARD AND COMMITTEE PARTICIPATION</td>
<td>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.</td>
</tr>
<tr>
<td>SANTA ANA COLLEGE FOUNDATION BOARD OF DIRECTORS</td>
<td>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.</td>
</tr>
<tr>
<td>SCAN COMMITTEE</td>
<td>Review and evaluate suspected child abuse cases, share information about prevention and available community resources.</td>
</tr>
<tr>
<td><strong>SEGERSTROM DANCE AND MUSIC CLASS FOR CHILDREN WITH DISABILITIES</strong></td>
<td>Rehab department co-hosts and instructs a dance/music class for children with disabilities.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>SOCIAL SERVICES</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>STAFF PRESENTATIONS AT OUTSIDE CONFERENCES</strong></td>
<td>Rehab staff provide educational lectures at professional conferences. Registration fees and travel expenses were covered by the Rehab department for staff providing educational sessions.</td>
</tr>
<tr>
<td><strong>STAYWELL HEALTH INFORMATION ONLINE LIBRARY</strong></td>
<td>Web-based tool offering health care topics to patients, families and the community.</td>
</tr>
</tbody>
</table>
Appendix C
Collaborators by Type

Businesses

Active Parenting Publishers
AllState Insurance Company
Anaheim White House Restaurant
BCBG Max Azria
Clint Tux Shoppe
Kenny the Printer
MAC Cosmetics
R.W.B. Party Props

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
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
Public Sector Agencies

Children and Youth Services (CYS) Clinics
Children’s Hospital Association
Consumer Product Safety Commission
Department of Social Services
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 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
APPENDIX D

Services by Benefit Goal

Goal 1: Healthcare Access

Asthma Breathmobile
CalOptima Board and Board Committees
Charity Care: CHOC Mission
Charity Care: CHOC Orange
CHOC Clinic - Garden Grove
CHOC Nurse Advise (Kidwise)
Education Events sponsored by the CHOC Institutes
Health Professional Education - Dietary
Health Professional Education – Pharmacy
Hydrocephalus Association Conference Kids Camp
Loaner Breast Pump Program
Nursing student preceptorships-CHOC Mission
Oncofertility Girls Academy
Pediatric RN Training Program
Pharmaceutical Indigent Program
Pharmacy Education to patients and families
Resident Education Program
Respiratory Therapy Student Education
Student Relations Program
Unreimbursed Clinical Research
Unreimbursed costs of Medi-Cal: CHOC Mission
Unreimbursed costs of Medi-Cal: CHOC Orange

Goal 2: Behavioral Health Access

Behavioral and Mental Health
Bereavement Support Groups & Day of Remembrance
BeWell OC
Child Life Adolescent and Young Adults Support Groups
Child Life Grief Support Group
Child Life Internship Program
Child Life Practicum Program
Community Building - Recruitment of Underserved Minority
Community Building - Recruitment of Underserved Minority
Health Professions Education - Psychology
Legacy Program
Life Remembrance
MHSA Steering Committee
Oncology Patient / Family Support Group
Parenting Classes and Workshops
Social Services

Goal 3: Disease Prevention
Community Outreach & Education
Community Outreach Health Fairs
Germ Busters/Nutrition/Media Programs
March of Dimes Classes
Nutrition Education for the Community
Unfunded Basic and Clinical Research

Goal 4: Information Resource
AYA Career and Resource Day
Bringing Baby Home-Infant Class
Clinical Research-Epilepsy & HRSA Grant & Papers for Journals
CPR Education
Epilepsy Awareness Day
Epilepsy Walk
Family Resource Center
Heart Reunion
Hyundai Wheels for Hope 5k/Walk
KidsHealth e-newsletter
KidsHealth-Clinical On-line Reference System
PODER and Kid's Fit Club - Diabetes and Obesity Prevention Classes
Rehabilitation Student Program
Staff Presentations at Outside Conferences
Staywell Health Information Online Library

Goal 5: Injury Prevention
Bike and Bike Helmet Safety
Child Passenger Safety
Home Safety
Orange County Safe Kids and promotion
Segerstrom Dance and Music Class for Children with Disabilities
Safe Sitter
Water Safety

Goal 6: Community Action
Cal State Univ. Fullerton - Philanthropic Foundation
California Children's Hospital Assoc.
Cancer Survivors Day-Courageous Kids Celebration
Children & Family IGT Meeting
Children and Families Commission of Orange County
CHOC Education Center
CHOC Pediatric Residency Program Advocacy Rotation
Community Benefit Plan - preparation
Community Committee Hours: Community Education
CSR Kid's Day at Marine Stadium Long Beach, CA
Disaster Relief Preparedness
Family Legal Assistance at CHOC Children's
Help Me Grow IGT
Hospital Association of Southern California
In Kind Donations – Supplies
Orange County Business Council (OCBC)
Orange County Forum Board Meetings
Orange County Ronald McDonald House Planning Meetings
Proposition 10 Commission and Subcommittee Meetings
Santa Ana Chamber Board and Committee Participation
Santa Ana College Foundation Board of Directors
SCAN Committee
UCI Admissions Committee
UCI School of Biological Sciences Mentoring Program