TABLE OF CONTENTS

What is Community Benefit? ................................................................. 3
About Marshall Medical Center ................................................................. 3
Executive Summary .............................................................................. 5
Mission, Values and Principles ............................................................... 6
Community Snapshot ............................................................................. 6
Community Health Needs Assessment .................................................. 8
Commitment to Improve Community Health ....................................... 10
  Summary of Quantifiable Benefits
  November 1, 2014- October 31, 2015 ................................................ 10
  Identified Health Needs for the
  Marshall Medical Center Hospital Service Area: .......................... 10
Community Benefit Plan ....................................................................... 14
Marshall Medical Center
  Financial Assistance Program ............................................................ 18
  Discount Payment and Charity Care Policy ...................................... 27
WHAT IS COMMUNITY BENEFIT?

Community Benefit programs are designed to directly influence access to care aiming to improve the health status of the community. Community Benefit reporting is governed under an IRS reporting requirement (Form 990 Schedule H) at the federal level and a California state law (SB697), which requires non-profit hospitals to submit a community benefit plan and annual report demonstrating what the hospital has provided to the community over the prior fiscal year.

Community benefit programs must meet at least one community benefit objective and within the objective one of these conditions must be met:

- **Improve access to health services** - program is broadly available to the public, include vulnerable or underserved persons, barrier to access is reduced, without the program the community would lose access to a needed service.

- **Enhance health of the community** (program is designed around public health goals, yields measurable improvement in health status or without it, health status would decline; operated in collaboration with public health partners).

- **Advance medical or health care knowledge** (program trains health professionals or students, does not require trainees to join staff, open to professionals in the community, involves research with findings available to the broader public in a reasonable amount of time).

- **Relieve or reduce the burden of government or other community effort** (program relieves a government financial or programmatic burden, government provides the same or similar service not duplicative or competitive, government provides funding of activity, if program is closed there would be a greater cost to the government and/or another non-profit, receives philanthropic support through community volunteers or contributions).

Examples of Community Benefit programs and activities at Marshall Medical Center include charity care (uncompensated care and uninsured care), support groups, health education and health screenings.

ABOUT MARSHALL MEDICAL CENTER

**Marshall's History**

In the late 1950s a group of local citizens saw a great need for improved healthcare services in El Dorado County. The citizens formed a committee to petition the state of California for a nonprofit charter under which a hospital could be built and operated. As a result of this, plans were drawn, funds were solicited, Michigan California lumber company donated land for a hospital site, and Marshall Hospital opened its doors in 1959. A group of dedicated employees worked hard to make the original 49 bed hospital a success.

Marshall Medical Center derives its name from the pioneer James Marshall, who discovered gold at Sutter’s Mill a few miles north of Placerville.

**Marshall Facts**

Marshall Medical Center is an independent, nonprofit community healthcare provider located in the heart of the Sierra Foothills between Sacramento and South Lake Tahoe. Marshall Medical Center includes Marshall Hospital, a fully accredited acute care facility with 113 beds (14 distinct patient skilled nursing beds) located in Placerville; several outpatient facilities in Cameron Park, Placerville, El Dorado Hills and Georgetown; a group of primary and specialty care physicians; and many community health and education programs. Marshall has more than 160 affiliated physicians and a team of more than 1500 employees providing quality healthcare services to more than 180,000 residents of El Dorado County.

Marshall annually provides outstanding healthcare services for 522 newborns, 171,671 outpatient visits and 27,470 emergency department visits. At the Marshall Hospital Campus in Placerville, health services provided include:

- Emergency Department
- Cardiac Services
- Cardiac Rehabilitation
- Intensive Care/Critical Care Unit
- Birth Center
• 99 Acute Inpatient Beds
• Palliative Care
• Diagnostic Imaging Services
• Respiratory Care
• Surgery (outpatient/inpatient)
• Out Patient Physical Rehabilitation
• Out Patient Occupational Therapy
• Out Patient Speech Therapy
• Sleep Lab
• Transitional Care (14 Skilled Nursing Beds)
• Wound Care
• Laboratory

Offsite from the main hospital campus, Marshall has a strong commitment to providing the necessary health services and facilities to support the surrounding community including:

**Placerville**
- Cardiology Services
- Ear, Nose & Throat
- Family & Internal Medicine
- General Surgery
- Hearing Center
- Homecare
- Laboratory
- OB/GYN
- Orthopedics
- Pediatrics
- Plastic Surgery & Esthetician Services
- Pulmonology
- Urology

**Georgetown**
- Divide Wellness Center

**Cameron Park**
- Cancer Resource Center
- Cardiology Services
- Community Health Library
- Diabetes and Nutrition Education
- Diagnostic Imaging
- Family & Internal Medicine
- Gastroenterology
- General Surgery
- Health Education Classes
- Hearing Center
- Hematology/ Oncology
- Infusion Center
- Laboratory
- Nephrology
- OB/GYN
- Outpatient Surgery
- Rheumatology
- Urology

**El Dorado Hills**
- Cardiology
- Family Medicine
- Laboratory
- Physical and Speech Therapy
- Urology
KEY LEADERSHIP AT MARSHALL MEDICAL CENTER

James Whipple, MBA
Chief Executive Officer

James joined Marshall in 1982 as Director of Finance/Chief Financial Officer. He was selected as CEO in 2003. A graduate of California State University, Chico, he double majored in business and economics. James also earned an MBA from the University of Washington. Before joining Marshall, James worked as Assistant Controller for Rideout Memorial Hospital in Marysville, CA.

Shannon Truesdell, RN, MPA
Chief Operating Officer

Shannon joined Marshall in 1989 as manager of Surgical Services. She held a number of progressively responsible nursing leadership positions and was named Assistant Administrator in 2000 and Chief Operating Officer in 2011. Shannon earned her bachelor of science in nursing from San Francisco State University and a masters in public administration – health services, from the University of San Francisco.

Laurie Eldridge
Chief Financial Officer

Laurie joined Marshall in 1990 and has held a number of positions during her tenure, including senior accountant and controller. She was selected as CFO in 2003. Laurie earned her bachelor of science degree in managerial economics at UC Davis. Laurie is a member of the Healthcare Financial Management Association (HFMA).

Reginald Rice Sr., MD
VP, Medical Affairs

A graduate of Loma Linda University School of Medicine in 1963, Dr. Rice founded the Sierra Center for Family Practice, a community health clinic in Placerville. He practiced Family Medicine in Placerville for 22 years and continues as Medical Director of Medical Staff Integration for Marshall Medical Center. His medical activities have included being President of the San Luis Obispo County Medical Society, Director of a New England Family Medicine Residency in Boston, Mass., and Chief of Staff of three hospitals.

Jayne Moore
Chair, Board of Directors

Jayne Moore has lived in El Dorado County since 1961. Jayne is a senior Vice President/Branch Administrator for El Dorado Savings Bank, where she has worked for 35 years. Jane has served on the Marshall Community Board since 2009.

Rajiv Pathak, MD
Chief of Staff

Dr. Pathak received his medical degree from the Government Medical College in Surat, India and completed his residency at UC Davis Medical Center. He is double board certified in Neurology and Internal Medicine. Dr. Pathak has been in private practice in Neurology since 1991.

Kathy Krejci, RN, MBA
Chief Nursing Officer

Kathy began her career as a registered nurse in Marshall’s medical-surgical unit in 1983. She later assumed the position of Director of Patient Care Services in 2000 and was selected as the Chief Nursing Officer in 2010. Kathy earned an MBA in Health Services Administration from the University of Phoenix.
MISSION, VALUES AND PRINCIPLES

Mission Statement

Marshall Medical Center proudly serves the Western slope of El Dorado County. Our mission is to improve the health of our community and offer health services of superior value and quality, centered on the goals and needs of our patients. We strive to deliver service that exceeds our patients’ expectations.

Values and Principles

We at Marshall have dedicated our lives to healing, the prevention of illness and the promotion of wellness, working with chronically ill patients to help them live optimally within the limits of their condition. The Marshall community -- employees, medical staff, volunteers, and leadership -- embrace the following values and principles:

- **Our patients come first.** All other values are overshadowed by the proper care of those who entrust their lives to us. We embrace the diversity of our community and it is our privilege to partner with our patients in their health and to treat them with respect and compassion.

- **Healing is an art.** Medicine flourishes best in a healing environment. Our patients and their families are an essential part of the health care team. We empower them through our support, our example and our teaching. We recognize each patient is an individual and we adapt care to their personal needs. To enrich our healing environment, members of the Marshall community treat each other with the same respect we hold for our patients.

- **Medicine is a science.** Clinical care provided at Marshall is based on the application of nationally recognized best practices. We strive for continued improvement in all aspects of patient care, pursuing growth in our collective expertise. Excellence in prevention, diagnosis and treatment of disease are defined by documented clinical outcomes.

- **Our organization is not defined by walls.** Our organization is defined by the doors we open. The community is best served by a continuum of care, wherever those services are needed, meeting patients wherever they are in the spectrum of health. We reach out to emphasize primary care, prevention, education, research and collaboration with other organizations when their missions complement our own.

- **We bequeath Marshall to future generations.** Our community is best served by organizations that are locally owned and managed. To maintain our independence and meet the present and future needs of the community, we manage Marshall’s finances carefully. We strive to provide the highest quality of care while maintaining exceptional value and unparalleled service.

COMMUNITY SNAPSHOT

Source: 2010-11 El Dorado County Economic & Demographic Profile

Location and Demographics

El Dorado County is located thirty miles east of Sacramento. As the site of James Marshall’s first gold finding in 1848, El Dorado County became the epicenter for the gold rush madness that seized California in the nineteenth century. The gold rush brought visitors from Europe and Mexico, as well as other U.S. states. Their diverse cultural influence is still seen today in El Dorado County. El Dorado County encompasses 1,711 square miles and is home to approximately 182,000 people.

The largest age group in El Dorado County in 2010 is the 50-59 year-old range which represents 17.6 percent of the total county population. This group is followed by those ages 40-49 with 16 percent. Since 2000, the number of people ages 50-59 increased over 55 percent, while those ages 30-39 decreased nearly 27 percent, causing a 5 percent decrease among children in the 0-9 year-old range. Simultaneously, residents 60-69 make up a higher percentage of the population in El Dorado County than the state average.

The white population in El Dorado County is significantly higher than the state average. Approximately 84 percent of residents in El Dorado County classify themselves as white in 2010, while statewide the white population is 42 percent. Hispanics represented the next largest group, with 11 percent of the population, compared to 37 percent in
California. Asians and American Indians are the next largest groups, with 2 percent and 0.7 percent, respectively. Blacks are the smallest census-classified group, with 0.4 percent.

The total nominal median household income in El Dorado County in 2008 was $67,019 -- very compatible to the $61,017 average in California in the same year. El Dorado County’s median household income has been higher than the state average since 2000, indicating that its residents have more spending power than the average Californian.

The average poverty rate in El Dorado County in 2008 was 7.8 percent, well below the statewide average of 13.3 percent. The poverty rate throughout California as a whole has remained relatively constant between 2000 and 2008, increasing less than 1 percent. El Dorado showed a decrease of 0.4 percent between 2007 to 2008. This is certainly a positive trend for the county, and indicates a healthy and growing economy.

County birth rates are consistently below average compared to the state, which is attributable to the higher senior population of the county. Rates have been declining along with those of the state since 1991.

The leading cause of death in El Dorado County is cancer, which is the second leading cause of death in the state. The second leading cause of death in El Dorado County is heart disease, California’s leading cause of death. In the last ten years, the number of deaths caused by heart disease has fluctuated between 343 with 301 deaths in 2008.

Between 2008 and 2009, the number of federal Temporary Aid to Needy Families / CalWORKs cases in the county increased 11 percent, compared to an 8 percent increase in California. In the same year, the number of recipients in the county increased 16 percent, compared to a 9 percent increase in California.

In 2009, approximately 10 percent of the population in El Dorado County was eligible for Medi-Cal programs (17,192 people). In comparison, 18 percent of the population throughout California was eligible. The number of eligibles in the county has been increasing since 2003.
COMMUNITY HEALTH NEEDS ASSESSMENT

Executive Summary

Every three years, nonprofit hospitals are required to conduct community health needs assessments (CHNA) and use the results to develop community health improvement implementation plans. These assessments are required of virtually all nonprofit hospitals by both state and federal laws.

Between early 2012 and February 2013, Valley Vision, Inc., conducted an assessment of the health needs of residents living in Marshall Medical Center’s hospital service area (HSA). For the purposes of the assessment, a health need was defined as: “a poor health outcome and its associated driver.” A health driver was defined as: “a behavioral, environmental, and/or clinical factor, as well as more upstream social economic factors, that impact health.”

The objective of the CHNA was:

To provide necessary information for Marshall Medical Center’s community health improvement plan, identify communities and specific groups within these communities that are experiencing health disparities, especially as these disparities relate to chronic disease, and further identify contributing factors that create both barriers and opportunities for these populations to live healthier lives.

A community-based participatory research orientation was used to conduct this assessment, which included both primary and secondary data. Primary data collection included input from more than 50 members of the HSA, expert interviews with 15 key informants including representatives from El Dorado County Health and Human Services Department, Capitol Health Network, Divide Wellness Center, El Dorado County Community Health Center, Bipolar Insights, ACCEL Coalition, Marshall Medical Center Community Board, and the El Dorado County Mental Health Services, and focus group interviews with 43 community members. In addition, an assessment collected data on more than 70 health assets in the greater El Dorado County area. Secondary data used included health outcome data, socio-demographic data, and behavioral and environmental data at the ZIP code or census tract level. Health outcome data included Emergency Department (ED) visit, hospitalization, and mortality rates related to heart disease, diabetes, stroke, hypertension, chronic obstructive pulmonary disease, asthma, safety, and mental health conditions. Socio-demographic data included data on race and ethnicity, poverty (female headed households, families with children, people over 65 years of age), educational attainment, health insurance status, and housing arrangement (own or rent). Behavioral and environmental data helped describe general living conditions of the HSA such as crime rates, access to parks, availability of healthy food, and leading causes of death.

Analysis of both primary and secondary data revealed five specific Communities of Concern in the Marshall Medical Center HSA that were living with a high burden of disease. These five communities had consistently high rates of negative health outcomes that frequently exceeded county, state, and Healthy People 2020 benchmarks. They were confirmed by experts as areas prone to experiencing poorer health outcomes relative to other communities in the HSA. These five communities are ZIP Code 95619 (Diamond Springs), 95623 (El Dorado), 95634 (Georgetown), 95667 Placerville and 95726 Pollock Pines.

Health Outcome Indicators

Age-adjusted rates of ED visits and hospitalizations due to heart disease, diabetes, stroke, and hypertension were drastically higher in these ZIP codes compared to other ZIP codes in the HSA. In general, Whites had the highest rates for these conditions compared to other racial and ethnic groups. Mortality data for these conditions showed high rates as well.
Environmental and Behavioral Indicators

Analysis of environmental indicators showed that many of these communities had conditions that were barriers to active lifestyles, such as elevated crime rates and a traffic climate unfriendly to bicyclists and pedestrians. Furthermore, these communities frequently had higher percentages of residents who were obese or overweight. Access to healthy food outlets was limited, while the concentration of fast food and convenience stores was high.

Analysis of the health behaviors of these residents also show many behaviors that correlate to poor health, such as having a diet that is limited in fruit and vegetable consumption. When examining these findings with those of the qualitative data (key informant interview and focus groups), a consolidated list of priority health needs of these communities was compiled. These priority health needs are shown in the list below.

Identified health needs for the Marshall Medical Center Hospital Service Area:

- Access to primary and preventative services
- Limited mental health services; lack of access to mental health services
- Lack of access to specialty and follow up care
- Lack of access to inpatient and outpatient substance abuse treatment
- Limited transportation options
- Lack of access to dental care
- Lack of coordination of care among providers; no case management services
- Limited or no nutrition literacy/access to healthy and nutritious foods, food security
- Lack of safe and/or affordable places to exercise
- Perceptions of limited cultural competence in health care and related systems

During the Marshall Annual Strategic Meeting held in July 2013, and a subsequent meeting of community organizations held September 2013, the board, along with key community members, prioritized the health needs and identified the top three. Among those community members present were:

- Patricia Charles-Heathers, EDC Mental Health
- Teri Daly, CAO, EDC
- Jeanine Ellinwood, MD, Snowline Hospice
- Mark Espinosa, Shingle Springs Tribal Health
- Jon Lehrman, MD, ACCEL Program
- Monica Long, ACCEL Program
- Karen Shelnutt, RN, Parish Nursing
- Nancy Symons, Partners in Care
- Denis Thomas, Robinsons Pharmacy
- Brian Veerkamp, Supervisor, El Dorado County
- Jan Walker-Conroy, EDC Public Health
- Chris Weston, EDC Public Health
- Craig Klett, Pastor, Camino SDA
- Matt Huckabee, Center for Violence Free Relationships
- Frank Gates, Cold Springs Community Church
- Marty Hackett, EDC Emergency Services
- Tim Thompson, EDC Sheriff Chaplain
- Stacie Bolton, EDCHCC
- Veronica Velasquez, MD, EDCHCC
- Alicia Paris Pombo, MD, EDC Public Health
- Greg Schwab, Georgetown Fire Department
- Sandra Haskins, Gold Country Retirement
- Carl Hagan, Placerville City Council
- Jared Edmunds, The Pines at Placerville
- Arnel Leus, The Pines at Placerville
- Judith Brandt, MD, Western Sierra Medical Clinic
- Doug Hawkins, Western Slope Health Center
- Laurie Randall, Western Slope Health Center
- Greg Dixon, Saint Patrick’s Catholic Church

This group identified the top three Prioritized Needs for the Marshall Medical Center Service Area as:

- Limited mental health services; lack of access to mental health services
- Lack of access to inpatient and outpatient substance abuse treatment
- Lack of coordination of care among providers; no case management services
COMMITMENT TO IMPROVE COMMUNITY HEALTH

Marshall Medical Center recognizes its obligation to provide service above and beyond its role as a healing facility. For more than 55 years, Marshall has worked to promote the community’s health and wellbeing and comparably, El Dorado County is thriving.

The following community benefits demonstrate tangible ways in which the organization is fulfilling its mission to promote health improvement and provide health services of extraordinary value and quality to our community.

Marshall provides charity care and other financial assistance to those in the community who cannot afford services, or whose health insurance does not cover all services rendered (See Appendix A Financial Assistance Program Discount Payment and Charity Care Policy).

Identified Health Needs for the Marshall Medical Center Hospital Service Area:

Marshall Medical Center is actively addressing many of the needs identified in the assessment. The following describes programs and involvement the hospital has undertaken or will undertake to promote community health.

Access to primary care and preventive services:

- Ongoing recruiting of primary care physicians, FNPs/PAs to meet community needs
- Expansion of access for MediCal covered patients – November, 2013 and ongoing
- Expansion of access for patients covered by Health Exchange (Covered California) – January, 2014 and ongoing

Community Benefit & Economic Value Report
Fiscal Year 2015 (November 2014 - October 2015)

| Persons Served | Total Expense | Offsetting Revenue | Net Benefit To Community | % of Organization
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Care</td>
<td>558</td>
<td>$1,063,025</td>
<td>$366,936</td>
<td>$696,089</td>
</tr>
<tr>
<td>Financial Assistance</td>
<td>352</td>
<td>$1,417,663</td>
<td>$741,290</td>
<td>$676,372</td>
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<tr>
<td>Means Tested / County Ind CMSP</td>
<td>7</td>
<td>$16,726</td>
<td>$13,338</td>
<td>$3,388</td>
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<tr>
<td>Uninsured</td>
<td>2,206</td>
<td>$2,001,981</td>
<td>$1,859,204</td>
<td>$142,777</td>
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<tr>
<td>Medi-Cal</td>
<td>15,369</td>
<td>$44,197,005</td>
<td>$28,547,390</td>
<td>$15,649,615</td>
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<tr>
<td>Medicare</td>
<td>22,726</td>
<td>$112,789,091</td>
<td>$77,244,289</td>
<td>$35,544,802</td>
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<tr>
<td><strong>Total Health Care Services</strong></td>
<td><strong>41,218</strong></td>
<td><strong>$161,485,491</strong></td>
<td><strong>$108,772,447</strong></td>
<td><strong>$52,713,045</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Services</th>
<th>Persons Served</th>
<th>Total Expense</th>
<th>Offsetting Revenue</th>
<th>Net Benefit To Community</th>
<th>% of Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Building Activities</td>
<td>33,584</td>
<td>$266,991</td>
<td>$1,800</td>
<td>$265,191</td>
<td>0.13% 0.00%</td>
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<tr>
<td>Community Health Improvement</td>
<td>2,508</td>
<td>$1,483,714</td>
<td>$78,586</td>
<td>$1,405,128</td>
<td>0.71% 0.04%</td>
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<tr>
<td>Community Health Education</td>
<td>450</td>
<td>$72,522</td>
<td>$9,275</td>
<td>$63,247</td>
<td>0.03% 0.00%</td>
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<tr>
<td>Health Professionals Education</td>
<td>118</td>
<td>$74,718</td>
<td>-</td>
<td>$74,718</td>
<td>0.04% 0.00%</td>
</tr>
<tr>
<td>Financial and In Kind Contributions</td>
<td>unavailable</td>
<td>$97,924</td>
<td>$2,309</td>
<td>$95,615</td>
<td>0.05% 0.00%</td>
</tr>
<tr>
<td><strong>Total Community Services</strong></td>
<td><strong>36,660</strong></td>
<td><strong>$1,995,869</strong></td>
<td><strong>$91,970</strong></td>
<td><strong>$1,903,899</strong></td>
<td><strong>0.96% 0.04%</strong></td>
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<tr>
<td><strong>Total Community Benefit</strong></td>
<td><strong>77,878</strong></td>
<td><strong>$163,481,360</strong></td>
<td><strong>$108,864,417</strong></td>
<td><strong>$54,616,943</strong></td>
<td><strong>78.65%  51.13%</strong></td>
</tr>
</tbody>
</table>

Note 1 - Health Care Services Rendered does not include any Financial Assistance or Charity Care for patients who had commercial insurance, but could not afford their “out of pocket” costs. The number of persons served and total expense would be greater if these patients were included.

Note 2 - Expenses for “Health Care Services Rendered” were calculated using allocated cost from a cost accounting program.
• Develop additional designated Rural Health Clinics in underserved areas – Sept., 2014
• Medi-Cal - Marshall works alongside with other safety net providers to provide care to Medi-Cal patients in El Dorado County. As much as 18% of Marshall’s patient population are Medi-Cal patients.
• ACCEL Care Pathways Marshall participates in Access El Dorado (ACCEL), a countywide health collaborative dedicated to improving El Dorado County residents' access to and quality of health care by developing and implementing a patient case management services program. Each member of the county’s safety net provider network is represented and addresses issues such as assisting residents with enrollment in health insurance and finding medical home. Examples of the Care Pathways include Securing health insurance for newborns and young children, ensuring that insurance coverage is maintained over time, obtaining a medical home for newborns and children, facilitating referrals between primary care practices and pediatric mental health services and specialty care services (e.g. orthopedics and pain management telemedicine). The pathways were created alongside ACCEL strategies to expand primary care provider supply and access to needy populations.

Limited mental health services; lack of access to mental health services
• ** Identified as a priority need for Marshall. See Community Benefit Planning section, Need #1 of this report for details.
• Psychiatric Assessment Marshall Medical Center provides psychiatric assessments to hospital inpatients at no cost to the patient to best determine the patient’s continuum of care after discharge.

Lack of access to specialty and follow-up care
• Ongoing recruiting of primary care physicians, FNP/PA to meet community needs
• Expansion of access for MediCal covered patients
• Develop additional designated Rural Health Clinics in underserved areas

Lack of access to inpatient and outpatient substance abuse treatment
• ** Identified as a priority need for the Marshall. See Community Benefit Planning section, Need #2 of this report for details.

Limited transportation options
• Work with the El Dorado Community Foundation and El Dorado Transit to evaluate potential for expansion of transportation to underserved areas
• Marshall’s Cancer Resource Center provides transportation for cancer patients to and from appointments.

Lack of access to dental care
• Dental services currently offered to underserved populations by the Shingle Springs Health and Wellness center and by the El Dorado County Community Health Center through use of a mobile dental van.
• Expanding to a Cameron Park dental site within 6 months.

Lack of coordination of care among providers; no case management services
• ** Identified as a priority need for the Marshall. See Community Benefit Planning section, Need 3 of this report for details.

Limited or no nutrition literacy / access to healthy nutritious foods, food security
• Not addressing at this time due to limited resources.

Lack of safe and/or affordable places to exercise
• Not addressing at this time due to limited resources.

Perceptions of limited cultural competency in health care and related systems
• Recruiting of primary care physicians and FNP/PA and clinic staff with bilingual language skills, with particular emphasis on Spanish
• Certification of bilingual employees as healthcare interpreters
In addition to the above, Marshall is working to improve the quality of care provided to the community by participating in the following initiatives and activities:

**Primary Stroke Center Accreditation**

In 2013, Marshall acquired certification as a Primary Stroke Center by The Joint Commission. As a certified center, Marshall ensures that stroke victims receive appropriate, time-sensitive treatment and the latest in follow-up care for patients, resulting in better outcomes and recovery.

**Level 3 Trauma Center**

In 2012, Marshall became a verified Level 3 Trauma Center through the American College of Surgeons. As an ACS verified Trauma Center, Marshall’s patient experience seamless interaction and transfer arrangements with regional Level I and Level II Trauma Centers and inclusion in reporting and data practices that help Marshall measure itself amongst other top flight hospitals. Four qualified and experienced general surgeons perform emergency surgeries. Every Emergency Department nurse is a certified trauma nurse, and if hired without certification, must obtain it within one year.

**Cancer Accreditation**

Marshall’s cancer program has been accredited by the Commission on Cancer of the American College of Surgeons for several years. The accreditation follows a rigorous review of the program’s offerings and practices, and assures patients a quality, comprehensive treatment and support experience. Having an accredited Cancer Program in El Dorado County supports better patient outcomes simply from patients not having to drive far for treatments. Additionally, our patient transport vehicle helps patients with transportation issues get to and from appointments. Marshall offers many programs to the community, such as free mammogram screening for women who cannot afford one, resulting in earlier detection of breast cancer.

**Initiative to Reduce Inpatient Readmissions**

Marshall has made concentrated effort to reduce readmissions to the hospital following discharge for a condition or multiple conditions. Improved processes, such as more stringent medication reviews to post-discharge follow-up and support systems have been put in place. The efforts have already had an impact on community health, with the mean rate of readmissions trending down from 2010 to 2013, by about 3.5 percentage points.

**Affair of the Heart**

Affair of the Heart is an event organized by Marshall in February to coincide with Heart Health month. Featuring heart-healthy talks by physicians, exercise demonstrations, educational booths and heart-friendly shopping, the event is a huge hit with the community and attracts a wide variety of people. The knowledge and tools attendees come away with can help them make healthier decisions and improve their lives.

**Women’s Health Expo**

The Women’s Health Expo features health talks by physicians, a 5K fun run/walk and health screenings by Marshall clinicians. Attendees receive health information from the screenings and are able to make decisions about how to improve their health; the screenings can also detect problems people may not have been aware of, leading to further diagnosis and treatment.

**Patient Education Programs/Classes**

One way Marshall supports community health outcomes is by providing a number of educational classes to the community. Our childbirth related classes help expectant mothers take better care of themselves and their children. A key program is Sweet Success, which is a gestational diabetes prevention program. It has shown to decrease premature births among these mothers, and results in better overall health for mom and baby. We also offer life-saving courses and important health improvement courses such as smoking cessation.
Health Professions Education

The Education Department hosts job shadowing events where students from the community are paired with a Marshall employee in a particular health field. The students shadow the employee to gain first-hand experience. Students are able to take that knowledge to further develop their educational goals. We also work with area high school ROP programs to give students on-the-job experience.

Community Partnerships – Board of Directors Participation

Marshall’s leadership continue to support community organizations and service clubs by voluntarily serving on boards of the Chamber of Commerce, El Dorado Community Health Clinic, El Dorado County Economic Development Corp, El Dorado Economic Advisory committee, MORE Youth, Rotary Club, Snowline Hospice

Community Health Library

Marshall operates a Community Health Library with a mission to “promote health and individual responsibility, support informed decision making, and improve communication between health care consumers and providers.” The library is free and open to the public, with more than 3,000 resources and web research access.

Community Sponsorships

Funds are provided to organizations such as the American Cancer Society, Boys & Girls Club, Assistance League of the Sierra Foothills, Cameron Park Community Services District, CASA El Dorado, The Center for Violence Free Relationships, El Dorado Hills Community Services District, El Dorado Food Bank, Hands4Hope, Leadership El Dorado, Pacific Trauma Specialists, Partners in Care, Pink in the Night, Prevention Works, and Rotary Club International.

Marshall Green Initiative

Marshall is a proud leader in “going green” with one of the largest solar programs for hospitals in the nation, a major recycling effort, a selection of supplies and programs to reduce water, waste and energy. Marshall’s green program is not just about helping to preserve equatorial rain forests but can also mean improving your health, improving your overall quality of life and leaving future generations a vibrant beautiful planet through contributing to a sustainable future for our planet.

CHATT
(Heart Active Telephone Treatment)

The CHATT program helps patients manage congestive heart failure (CHF) through telephone calls from a registered nurse who specializes in cardiovascular care. The CHATT program uses a multi-disciplinary approach, which includes a physician, the CHATT RN, CHATT Medical Director, Dietitians, Pharmacists, Medical Social Workers, Laboratory Technologists, Cardiac Rehabilitation Nurses, Home Caregivers, and the patient.

Community Sponsorships

Funds are provided to organizations such as the American Cancer Society, Boys & Girls Club, Assistance League of the Sierra Foothills, Cameron Park Community Services District, CASA El Dorado, The Center for Violence Free Relationships, El Dorado Hills Community Services District, El Dorado Food Bank, Hands4Hope, Leadership El Dorado, Pacific Trauma Specialists, Partners in Care, Pink in the Night, Prevention Works, and Rotary Club International.
COMMUNITY BENEFIT PLAN

Marshall Medical Center continues to build its organizational governance, management structures and focused programmatic efforts for community benefit. In FY 2014, Marshall focused on the following three prioritized health needs derived from the Community Health Needs Assessment.

Prioritized Needs Identified for the Marshall Medical Center Service Area

Among the health needs identified in the Community Health Needs Assessment, the following three were prioritized by community leaders:

- Limited mental health services; lack of access to mental health services
- Lack of access to inpatient and outpatient substance abuse treatment
- Lack of coordination of care among providers; no case management services

Marshall Medical Center is committed to improving health in El Dorado County, but we cannot act alone. Together with other health and welfare organizations and public entities, we will enjoy greater success in influencing community health. To this end, we participate with and fund coalitions and organizations with a broader reach than medical care. Through this involvement, Marshall Medical Center’s community benefit goals and objectives may also be met through these coalitions.

Prioritized Need #1

Limited mental health services; lack of access to mental health services

Background:

There are limited mental health services available, especially for uninsured and in rural areas as many programs and services have been cut due to lack of funding. There is also a stigma around seeking care, especially in the professional community. It is recognized that compliance with treatment can be difficult without support.

Issues:

- Difficulty in getting patients to participate
- Difficulty in educating providers on symptoms and area resources
- Lack of funding
- Identifying what resources are available
- People do not know where to go for help, cannot find providers that take Medi-Cal, or cannot afford sliding scale fees for counseling
- Provide better case management from the start, especially important in cases of homelessness. The first thing people need is help finding a place to get medications and knowledge about how to take them.
- There is a need for more psychiatrists in the community. It can take weeks or months to get an appointment.

Goal FY 15:

- Increase by 15% the capacity for mental health services and professionals in the Western Slope of El Dorado County
- Provide a means for care management for indigent mental health patients with chronic disease

Objectives:

- Evaluate the feasibility of adding mental health professionals in El Dorado County, including the addition of behavioral health professionals to Marshall affiliated primary care clinics and tele-psychiatry in select Marshall-affiliated primary care clinics by September, 2015
- Work with Health Connections toward sustainable funding to provide care management and services for indigent mental health patients with chronic disease.

The Marshall Foundation for Community Health had a grant focus in 2015 for preventive mental health services including funding for Big Brothers, Big Sisters “Start Early” program to address mental health before they become severe and disabling, through education and training of mentors to help normalize mental health conditions, reduce stigma and to reduce the effect of parental mental health issues that affect the child. The Marshall Foundation for Com-
Community Health also provided mental health focused funding to Bipolar Insights to provide outreach and scholarships for low income individuals to attend classes.

The El Dorado Women's fund grant focus of “Breaking the Cycle of Poverty” provided grants to the following agencies:

- Tahoe Turning Point of Placerville who provides a full spectrum of out-patient counselling and therapy services to clients with “Dual Diagnosis” who have co-occurring mental health and addiction disorders.
- NAMI El Dorado County Western Slope to provide education, support, and advocacy for those with mental illness and their families, also to provide a BASICS class directed toward families with a child, or children developing symptoms of mental illness before the age of 13.

The Marshall Medical (Foundation) Physician Advisory Council and Marshall Medical Center's Board of Directors have prioritized and approved the recruitment of a Psychiatrist and Licensed Clinical Social Worker (LSSW) to provide mental health services to outpatients within the Marshall clinics. We are currently in discussions with the El Dorado Community Health Centers to potentially share these resources between facilities to broaden the availability of these important mental health resources and to patients in our community. Active recruitment for a Psychiatrist and LCSW is currently underway. We evaluated the potential of tele-psychiatry and found that it was not financially feasible.

Marshall Medical Center is an active participant on the ACCEL Steering Committee (Access El Dorado, a safety net provider network of multiple health care agencies in El Dorado County). ACCEL’s work on care pathway development included a referral pathway for primary care providers to refer appropriate patients for pediatric mental health services.

Marshall continues to contract with a local Psychiatrist to provide psychiatric consultation to hospitalized patients who have significant behavioral health issues that complicate their hospital stay and recovery. We are exploring the possibility of extending these contracted psychiatric services to Emergency Department patients who are in need of medical management of their significant psychiatric symptoms.

Health Connections is no longer in existence due to inability to attract sustainable funding. Staff who were involved with Health Connections are currently conducting patient care management with the El Dorado Community Health Center and continue to work with a similar patient population.

**Prioritized Health Need #2**

**Lack of access to inpatient and outpatient substance abuse treatment**

**Background:**

In El Dorado County, there are very limited substance abuse treatment services available, especially for uninsured. Behavioral health issues are exacerbated by the lack of residential treatment options. The lack of supportive services creates barriers to achieving and maintaining sobriety. Key informants and focus group participants noted an increase in substance use and abuse as a method for coping with stress. They identified the homeless population as having significant challenges with mental health and substance abuse.

**Issues:**

- Lack of knowledge
- Lack of resources and funding
- Self-medication
- Need to identify drug activity earlier in the school system; need on site presence of law enforcement
- The distance between rural communities makes it difficult to offer services or reach vulnerable populations.
- There is a strong relationship between mental health and substance abuse
Goal FY 15:
• Collaborate with community agencies working to intervene with substance abuse especially among the homeless population in El Dorado County.

Objectives:
• Support and advocate for sustainable funding sources for community resources working to intervene with substance abuse.

Current Status:
• The El Dorado Community Health Centers recently received a California HealthCare Foundation planning grant to explore the implementation of an “Emergency Department (ED) Integrated Medically Assisted Treatment of Opioid Addiction with Buprenorphine” to potentially start the treatment of opioid addiction in the ED, with appropriate referral for ongoing treatment. Marshall Medical Center’s ED Medical Director and department leadership are involved in exploring this option to reduce the incidence of opioid addiction and overdose in the community.
• Marshall Medical Center’s medical staff has provided recent physician and provider education on pain management, the management of addiction in the outpatient setting, the management of addiction during pregnancy and are currently planning on further education in this arena through 2016.

Prioritized Health Need #3
Lack of coordination of care among providers; no case management services

Background:
• Key informants noted that patients are receiving care from multiple providers working independently of one another and that many providers are working in “silos.” Better communication and collaboration would allow everyone to operate more effectively. Focus groups participants reported that many providers did not seem to be aware of community resources or know where to send people for help with other issues. There is a lack of chronic disease management support.

Issues:
• Need to improve communication, collaboration among physicians and community organizations
• Lack of funding
• Community organizations are not familiar with each other
• What does interagency collaboration look like? Is there a good model?

Goal FY 15:
• Expand capacity to coordinate care for chronically ill and rising risk patients in El Dorado County.

Objectives:
• Establish a care management structure within the Medical Foundation to improve care for, and reduce the cost of care for attributed Medicare patients.
• Continue with the CMS Bundled Payment for Care Improvement project, ensuring that quality remains high and costs are reduced for patients within the program.
• Expand the Community Care Network program to manage the care of 115 chronically ill patients by October 31, 2015

Current Status:
• Community Care Network (CCN) – This program, under the direction of Medical Director, Bill Klas, MD and Clinical Director, Penny Lehrman, RN, is using the expertise of Marshall’s physicians, Social Services, Pharmacy and Case Management, Diabetes and Nutrition, CHATT (Congestive Heart Active Telephone Triage) program and other departments to coordinate the care of Marshall’s sickest patients with high utilization of the Emergency Department and inpatient services. The CCN program has implemented a very effective volunteer Health Coach training program and has “graduated” two groups of approximately 12 coaches, who have engaged in assisting in supporting several of the patients enrolled in the CCN. Currently the CCN is managing 114 patients and is receiving direct referrals from outpatient practices. The services of the CCN, including all professional consultation are provided
at no charge to patients. The CCN program has reduced patient average length of stay by more than 1 full day per visit and approximately $680k in insurance costs for admissions to the hospital and Emergency Department visits, from pre-enrollment to post enrollment for these severely ill patients. Actual expenses devoted to operation of the CCN in 2015 were $558,314, and the 2016 budget for the CCN is $770,516.

- Outpatient Care Management program – We are in the process of starting an outpatient program to assist patients with chronic disease better manage their care in an outpatient setting. Priority patients will include patients transitioning from the hospital to home to reduce readmissions. The Outpatient Care Management team, including an RN Care Manager, LVN and Medical Assistants will work with clinic physicians to more effectively manage the “rising risk” patients, ensuring appropriate health screening and early intervention. The team will also focus on ACO patients including the 5,700 enrolled Medicare beneficiaries and the patients with diagnoses associated with the BPCI program including Congestive Heart Failure, Pneumonia, Total Joint and Stroke. The budget for this new program in 2016 is $531,382.
APPENDIX A

Marshall Medical Center
Financial Assistance Program
Discount Payment and Charity Care Policy

Policies:

Marshall Medical Center’s (“Marshall’s”) mission statement, “To provide hospital and health services of extraordinary value and quality to our community”, reflects Marshall’s social accountability to the community in which we are located. Providing discounted payment, as well as charity care, along with other community benefit services is important evidence of Marshall’s mission fulfillment.

It is Marshall’s intention to ensure that every patient of Marshall will be presented before discharge and at time of billing with written notice that includes information regarding the availability of Marshall’s and Emergency Medicine Physicians (EMP) Financial Assistance Program, including information about eligibility, as well as contact information for a hospital office and EMP office from which the person may obtain further information about these policies. An emergency physician who provides emergency medical services at Marshall is required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the Federal poverty level.

Marshall is committed to providing, without discrimination, care for emergency medical conditions to our patients regardless of their eligibility under this Financial Assistance Policy.

Discounted payment and full charity care will each be based on the individual’s ability to pay as defined by AB774 and SB1276, the Federal Poverty Family Income Guidelines, and the attached sliding scale. Following a determination of financial assistance eligibility, an eligible individual will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care.

Confidentiality of information and individual dignity will be maintained for all that seek discounted payment or charity care under these policies. The handling of personal health information will meet all HIPAA requirements.

Purpose:

The purpose of this policy is to define the eligibility criteria for discounted payment and charity care services, administrative, and accounting guidelines for the identification, classification, and reporting of patient accounts as discounted payment or charity care.

Definitions:

Charity Care (no charge to the patient):

Is defined as health care services provided at no charge to the patient, under the policy who does not have or cannot obtain insurance coverage and has an inability to pay.

Deceased Patients

A patient that has expired and has no living spouse / guardian, and does not have an estate that a creditor’s claim filed against will be considered automatically covered as Charity Care. Validation will be secured through verification of marital status and court research of estate notices.

Discounted Payment:

Is defined as health care services provided as a reduced charge, based on the patient’s financial situation, under this policy, and has an inability to pay the total liability.

Eligible Balance:

The balance stated on the appropriate patient billing system as the patients’ responsibility at the time of application. Approved discount payment or charity care will not reduce an amount previously paid by the patient or their designee on behalf of the patients’ debt.

When any patient’s service responsibility exceeds $50,000.00 the balance above $50,000.00 will be discounted by 50% as catastrophic adjustment automatically by the Financial Counselor upon final bill. Patients are not required to apply for this program to
be entitled to this 50% over $50,000.00 discount. If the patient applies and qualifies for the Financial Assistance Program, the remaining balance will receive the appropriate reduction in addition to the catastrophic adjustment.

**Essential Living Expenses:**

Are defined as rent or house payment and maintenance; food and household supplies; utilities and telephone; clothing; medical and dental payments; insurance; school or child care; child or spousal support; transportation and auto expenses, including insurance, gas, and repairs; installment payments; laundry and cleaning; and other extraordinary expenses.

**Federal poverty level:**

The poverty guidelines for families updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of subsection (2) of Section 9902 of Title 42 of the United States Code.

**Financially Qualified Patients:**

A patient who has a family income that does not exceed 350 percent of the federal poverty level and has completed and submitted an application, and review of the application by Marshall shows that the individual qualifies for either Charity or Financial Assistance.

**High Medical Cost:**

A patient whose family income does not exceed 350 percent of the federal poverty level, and if that individual does receive a discounted rate from Marshall as a result of his or her third-party coverage. For these purposes “high medical costs” is defined to mean any of the following:

- Annual out-of-pocket costs at this facility exceed 10% of such patients’ family gross income and essential living expenses in the prior 12 months;
- Annual out-of-pocket expenses that exceed 10% percent of such patient’s family gross income and essential living expenses, if the patient provides documentation of the patient’s medical expenses paid by the patient or the patient’s family in the prior 12 months;

**Interest:**

Marshall Medical Center shall reimburse the patient any amount actually paid in excess of the amount due under this policy, including interest. Interest owed by the Marshall Medical Center to the patient shall accrue at the rate set forth in Section 685.010 of the Code of Civil Procedure, beginning on the date payment by the patient is received by the facility. However, Marshall Medical Center is not required to reimburse the patient or pay interest if the amount due is less than five dollars ($5.00). Marshall Medical Center shall give the patient a credit for the amount due for at least 60 days from the date the amount is due.

**Monetary Assets:**

Assets include all liquid assets, including bank accounts and publicly traded stocks, but will not include retirement, deferred-compensation plans qualified under the Internal Revenue Code, no-qualified deferred-compensation plan, or assets that are not readily convertible to cash, such as real property. In reviewing monetary assets Marshall Medical Center may require a waiver or release from the patient or the patient’s family authorizing the facility to obtain account information from the financial or commercial institution, or other entities that hold or maintain the monetary assets to verify their value. Monetary Assets may be considered in connection with eligibility under the charity care policy only and not for eligibility under the discounted payment policy. In determining eligibility under the charity care policy, the first $10,000 of a patient’s monetary assets shall not be counted, nor shall Marshall count 50% of the patient’s monetary assets above $10,000. The monetary assets that exceed the preceding criteria will be divided by 12 and added to the monthly patient family income.

Information obtained shall not be used for collections activities. This paragraph does not prohibit the use of information obtained by the hospital, collection agency, or assignee independently of the eligibility process for charity care or discounted payment.
Patient’s Family:

- For persons 18 years of age and older, spouse, domestic partner, as defined in Section 297 of the Family Code, and dependent children under 21 years of age, whether living at home or not.
- For persons under 18 years of age, parent, caretaker relatives and other children under the age of 21 years of age of the parent or caretaker relative.

Payment Plan:

Marshall is committed to work with the patient or guarantor to allow for the successful payment of the outstanding debt taking into consideration the patient’s family income and essential living expenses. Payment plans where the monthly payment is less than 10% of the families monthly income after essential living expenses will be flagged to be revisited with the patient or guarantor every 6 (six) months for ability to increase monthly payments. All payment plans will be executed in written document signed by the patient or guarantor.

If Marshall and the patient or their guarantor cannot agree on the payment plan, Marshall shall set the payment plan as defined in SB1276 SEC 5 Section 127454(k) of the Health and Safety Code means “reasonable payment formula” which means monthly payments that are not more than ten (10) percent of a patient’s family income for a month, excluding deductions for the essential living expenses. “Essential living expenses” means, for the purpose of this subdivision, expenses for all of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

Self-Pay Patient:

A patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid and whose injury is not a compensable injury for purposes of workers’ compensation, automobile insurance, or other insurance as determined and documented by Marshall Medical Center. Self-pay patients may include charity care patients.

EXCLUSIONS:

Cosmetic Procedures:

Are defined as those services that modify or improve the appearance of the physical features, irregularity, or defect that is requested by the patient or their guarantor as an elective service. Cosmetic will not be considered as an eligible service under either the discount payment or charity care policy.

Elective Services – Physician Clinic Services:

Those services that are considered not a benefit of the Medi-Cal program will not be considered as eligible under this program.

Hearing Aids and Accessories:

Hearing aids and accessories are not considered a service eligible under this Financial Assistance Program.

Ineligible Balance:

A patient who has coverage through an HMO or qualified under a Medi-Cal program will not be eligible for Charity Care or Financial Assistance when not electing to adhere to the guidance or care protocols of said insurer.

Non-Compliance:

Patient or guarantors failure to cooperate with the screening and application processes for alternative means of funding to cover the costs of services will preclude the patient from eligibility under the Financial Assistance Program. Exceptions to this exclusion may be placed in writing to the following department:

Hospital Patient Billing
Attention: Financial Counselors
1100 Marshall Way
Placerville, CA 95667
Fax: 530-626-2615
PROCEDURES:

Eligibility Criteria:

A. Application:
(See Attachment A “Statement Of Financial Condition”)

1. Only services provided at Marshall Medical Center will be considered eligible for Charity or Discounted Payment Assistance. These services will include hospital services, professional services provided by Marshall Medical Foundation providers and Marshall HomeCare.

2. Alternative means of funding to cover the cost of services will be explored before Charity or Financial Assistance is approved. Patients approved for assistance under this policy may need to agree to cooperate in the process needed to obtain reimbursement for Marshall services from third party sources such as California Victims of Crime funds.

3. Marshall will make appropriate referrals to local county agencies Medi-Cal or other programs to determine potential eligibility. Currently Marshall utilizes The Gardner Group as assignee to assist in this aspect of patient support.

4. Charity Care will be determined on the basis of the following:
   • A Self-Pay Patient whose family income is at or below 138 percent of the Federal Poverty Level.
   • Monetary Assets those that are readily convertible to cash, including bank accounts, and publically traded stocks.
   • Essential living expenses

5. Financial Assistance will be determined on the basis of the following:
   • Has a family income between 139 and 350 percent of the Federal Poverty Level
   • Assets will not be considered

6. The absence of financial data does not preclude eligibility for Charity or Financial Assistance. Marshall may grant Charity or Financial Assistance eligibility in the absence of requested documents or suggest alternative documents that may be available to the patient.

7. The Marshall Medical standardized application form will be used to document each patient’s overall financial situation. This application will be available in the primary language(s) of the service area. Marshall Medical Center will accept a copy of the completed DHCS SAWS-1 as a substitute of the Statement of Financial Condition.

8. A patient or patient’s legal representative requesting charity care, discounted care, or other financial assistance must make every reasonable effort to provide Marshall with documentation of income, essential living expenses, and health benefits coverage within the requested time frame. The failure to make a reasonable effort to provide information that is reasonable and necessary to make a determination concerning charity care or discounted care may be considered by Marshall in making its determination.

9. Once a determination has been made, a notification form will be sent to each applicant, advising him or her of the decision.

10. The data used in making a determination concerning eligibility for discount payment or charity care should be verified to the extent practical in relation to the amount involved. The information used will not be shared or used in any collection efforts related to the patients’ family debt.

<table>
<thead>
<tr>
<th>CHARITY AND DISCOUNTED SERVICES LEVEL DETERMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Care</td>
</tr>
<tr>
<td>Level 1 Financial Assistance</td>
</tr>
<tr>
<td>Level 2 Financial Assistance</td>
</tr>
<tr>
<td>Level 3 Financial Assistance</td>
</tr>
</tbody>
</table>
Patients have the ability to submit application online through the Marshall Medical Center Website. www.marshallmedical.org
- Our Services tab
- Other Services
- Business Office
- Financial Assistance
- Charity Care link

B. Eligibility Period:

The initial Charity and Discounted Payment for financially qualified patients’ approval is valid for six (6) months, from the approved application month.

Eligibility may be reassessed, upon patient request, at the end of the initial period. The patient may submit a letter to the Marshall Medical Center, Financial Counselor unit, requesting up to a six (6) month extension with proof of most recent pay stubs.

After twelve (12) months, a new application must be completed and the patient must screen for alternative funding sources through California Health Benefit Exchange, Medi-Cal, or other state – county funded coverage programs.

C. Homeless Patients – Charity Care:

Patients without a payment source are automatically classified as charity if they do not have a job, mailing address, residence, or insurance. Consideration must also be given to classifying emergency room only patients who do not provide adequate information as to their financial status. In many instances, these patients are homeless and have few resources to cover the cost of their care.

Certification of Homelessness must be signed.

D. Collection Agency or Assignee:

If a collection agency or other assignee identifies that a patient meeting the hospital’s discount payment or charity care eligibility criteria, their patient account may be considered charity care or eligible for discounted payment, even if they were originally classified as a bad debt or otherwise failed to apply for charity care or discounted payment within the specified eligibility period. Collection agency patient accounts meeting Financial Assistance Program criteria will be referred to the hospital billing office and reviewed for eligibility.

E. Special Circumstances:

1. Deceased patients without an estate or third party coverage will be automatically eligible for charity care.

2. In rare occasions, a patient’s individual circumstances may be such that while they do not meet the regular charity care or discounted payment criteria in these policies, they do not have the ability to pay their hospital bill. In these situations, with the approval of the CFO or designee, part or all of their cost of care may be written off as discounted payment or charity care. There must be complete documentation of why the decision was made to do so and why the patient did not meet the regular criteria.

3. Minors seeking care for services deemed “protected” by Federal and State agencies are automatically qualified for charity care.

4. Medi-Cal / CMSP patients are automatically eligible for charity care write-offs related to:
   - Non-benefit non-elective services.
   - Denied days
   - Unbillable services as defined by Medi-Cal / CMSP Billing manual
   - Patients deemed eligible for Medi-Cal/CMSP and Ineligible services prior to establishment of eligibility will be deemed Charity Care eligible. An application is not required for these services.

F. Governmental Assistance:

1. Charity Care and Discounted Payment. In determining whether each individual qualifies for discounted payment or charity care, other county or governmental assistance programs, as well as California Health Benefit Exchange, will be considered. All applications approved at 350% or lower of the federal poverty level will be required to apply for Governmental Assistance. Initial and continued eligibility under the Financial Assistance Program require proof of denial for Medi-
Cal. Acceptance by Governmental Assistance will result in exclusion from the Discount Payment or Charity Care Program except as described in E.4. Individuals will be informed of any governmental or other assistance that may be available to them.

2. Charity Care. Persons eligible for programs such as Medi-Cal, or other government-subsidized insurance through California Health Benefit Exchange, but whose eligibility status is not established for the period, during which the medical services were rendered, may be granted charity care for those services. The eligibility period will be for six (6) months. Marshall Medical Center will make the granting of charity contingent upon applying for governmental program assistance and patient providing proof of denial of benefits.

G. Time Requirements for Determination:

1. While it is desirable to determine the amount of discount payment or charity care for which a patient is eligible as close to the time of service as possible, there is no rigid limit on the time when the determination is made. In some cases, eligibility is readily apparent and a determination can be made before, on, or soon after the date of service. In other cases, it can take investigation to determine eligibility, particularly when the patient has limited ability or willingness to provide needed information. Marshall Medical is committed to work with a patient and any point in the process beginning at or before the time of service.

2. Every effort will be made to determine a patient’s eligibility for Financial Assistance. In some cases, a patient eligibility for either the discount payment or charity care may not have been identified prior to initiating external collection action. Upon request of the patient for consideration of either the discount payment or charity care, all collection efforts will halt until determination can be made. If a patient is determined to be eligible for discounted payment or charity care, the account will be returned to Marshall Medical Center to restart billing process.

H. Matrix for authorized adjustment amount for Charity Care and Discount Payment:

<table>
<thead>
<tr>
<th>POSITION</th>
<th>APPROVAL LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff (trained ), Financial Counselor, Supervisor</td>
<td>Up to $20,000</td>
</tr>
<tr>
<td>Department Director or designee</td>
<td>$20,001.00 - $59,999.99</td>
</tr>
<tr>
<td>CFO, CEO, COO or designee</td>
<td>$60,000 and greater</td>
</tr>
</tbody>
</table>
### I. Accounting for Charity Care and Discount Payment:

To allow the appropriate tracking and monitoring the amount of Charity Care and the amount of Discount Payment being granted, each affiliate will account for the financial assistance write-offs in separate Deduction from Revenue general ledger accounts as follows:

<table>
<thead>
<tr>
<th>GL ACCT</th>
<th>ADJUSTMENT CODE</th>
<th>ADJUSTMENT GUIDANCE</th>
<th>PATIENT PAYS</th>
<th>ELIGIBILITY TYPES</th>
</tr>
</thead>
<tbody>
<tr>
<td>5870-</td>
<td>86050</td>
<td>100%</td>
<td>0%</td>
<td>Charity Care Adjustment</td>
</tr>
<tr>
<td>5870-</td>
<td>Make visit owe</td>
<td>HOSP MMF HC</td>
<td></td>
<td>Discount Payment Adjustment</td>
</tr>
<tr>
<td></td>
<td>86073 Level 1</td>
<td>25% of MCR* MCL MCR</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>86074 Level 2</td>
<td>50% of MCR* MCL MCR</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>5870-</td>
<td>86075 Level 3</td>
<td>100% of MCR* MCL MCR</td>
<td>100%</td>
<td>High Medical Costs</td>
</tr>
<tr>
<td>5870-</td>
<td>86071</td>
<td>is a 50% Adjustment of Any Patient Balance Above 50,000.00</td>
<td>The Entire Balance up to 50,000.00 and then 50% of the Balance over 50,000.00</td>
<td>Catastrophic Adjustment</td>
</tr>
</tbody>
</table>

HOSP = Hospital  
MMF = Marshall Medical Foundation includes : Marshall Center for Primary Care, Pediatrics, Divide Wellness Center, Specialty Care  
HC = Home Care  
MCR = Medicare  
MCL = Medi-Cal rates for HSP40254F

*In rare cases where the MCR rate is more than billed charges, the discount will be based on the Medi-Cal payment rate at the time of service.*

The transaction codes used for accounting of the discount payment and charity care and their mapping to the General Ledger will be reviewed periodically to ensure accuracy by the Director of Finance.
J. Roles and Responsibilities:

At the time of service or prior to discharge any patient that has indicated they are self-pay or expresses concern regarding their ability to pay will be provided the following packet of materials:

1. Cash Patient Handout
2. Application for Medi-Cal / CMSP/ California Health Benefits Exchange

Any patient, or patients’ legal representative, who requests a discounted payment, charity care, or other assistance in meeting their financial obligation to this organization shall make every reasonable effort to provide the organization with documentation of income and health benefits coverage. If the person requests discounted payment or charity care and fails to provide information that is reasonable and necessary for the organization to make a determination, the organization will consider that failure in making its determination.

Eligibility Determinations will be made in accordance with the guidelines as outlined in A, C, E, & F above.

Determination notification will be sent to patients within 48 hours of determination by US mail and recorded according to the recordkeeping outlined in section K.

Unpaid discount payment accounts will be reviewed by the following depending on the patient billing system:
- Hospital – Financial Counselor
- Physician - Financial Counselor
- Home Care – Financial Counselor

Will review each account to ensure

1. 150 days since determination notification was sent to the patient
2. The patient has not made reasonable attempts to make payments
3. The patient has not made contact by letter or phone regarding the outstanding debt

If the patient has made any contact or reasonable attempts to reduce the debt, the patient will be contacted to establish a consistent payment arrangement agreement.

Unpaid Payment Plans

In addition to the review stated above in unpaid discount payment accounts payment plans will be deemed defaulted when the following have occurred:
- Failure to make consecutive payments during a 90-day period.

Before declaring the account no longer operative the Marshall, assignee, or collection agency shall make a reasonable attempt to contact the patient by:
- telephone as indicated on records and
- to give notice in writing to last known address on record that the payment plan may become inoperative, and will offer the opportunity to renegotiate the payment plan.

K. Recordkeeping:

The patients’ record will have the following updates:

1. Have an alert or its equivalent created on the person to notify staff of the determination and the start and end date.
2. Assign a plan code appropriate level of discount payment or charity care with the appropriate effective and end date of the patient discount payment or charity care coverage.
3. All records pertaining to the application, documentation, and final determination will be scanned and available for audit and review. In addition, notes relating to discount payment or charity application and approval or denial will be entered on the patient’s account by the credit notes function.

L. Application of these Policies:

The charity care and discount payment policies described herein do not create an obligation on the part of Marshall Medical Center to pay for any charges or services not included in the Hospital, Physician Clinic Services, or Home Care bill at the time of service. These charity care and discount payment policies
do not apply to services provided within the hospital by physicians or other medical providers including Anesthesiologists, Radiologists, Pathologist, and El Dorado Surgery Center, etc.

M. Public Notice and Posting:

1. Public notice of the availability of assistance through these policies will be posted in the following areas:
   - Emergency department
   - Solution station
   - Admissions office
   - All Outpatient service areas

2. Signage will include the following:
Notice of Availability of Marshall Medical Center’s Discount Payment and Charity Care Policies

In accordance with California Health and Safety Code Sections 127400 et seq., Marshall Medical Center discounts payment or provides charity care to financially qualified patients. Patients who qualify for these discounts or charity care under our policies include patients who meet both of the following qualifications:

1. The patient either is a self-pay patient or has high medical costs, as defined in our discount payment and charity care policies; AND
2. The patient has a family income (as defined in the policies) that does not exceed 350% of the federal policy level.

TO RECEIVE A COPY OF OUR DISCOUNT PAYMENT AND CHARITY CARE POLICIES OR TO APPLY FOR DISCOUNTED PAYMENT OR CHARITY CARE, PLEASE CONTACT OUR FINANCIAL COUNSELORS AT 530-626-2618.

3. Self-Pay patient billings will include the following:
   • A statement of charges for services rendered
   • A request that the patient inform the facility if they have private health insurance, Medicare, Medi-Cal, California Children's Services Program or other coverage.
   • A statement that if the patient does not have insurance coverage, they may be eligible for a government-subsidized insurance through Covered CA (California Health Benefits Exchange), Medicare, Medi-Cal, California Children's Service, discount program or charity care.
   • A statement that the Marshall Medical Center can and will provide applications for Medi-Cal, and the organizations discount payment and charity care along with contact information.
   • Information regarding the financially qualified patient and charity care application, including (a) a statement that, if the patient lacks, or has inadequate, insurance, and meets certain low-and moderate-income requirements, the patient may qualify for discounted payment or charity care; and (b) a statement that the patient may obtain information about the hospital’s discount payment and charity care policies, and how to apply for that assistance by contacting the hospital’s customer service office at (530) 626-2618.

N. RIGHT TO APPEAL:

Each patient or their representative may request an appeal of the decision made by contacting the Customer Service Unit at 530-626-2618, and request an appeal form.

Laurie E Eldridge _________________________________
Approval Signature(s)
Chief Financial Officer
Date: 12.04.14