



Mark Twain Medical Center

Community Health Implementation Strategy 2017– 2019

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EXECUTIVE SUMMARY

Mark Twain Medical Center (MTMC), founded in 1951, is located at 768 Mountain Ranch Road, San Andreas, CA. It became a member of Dignity Health, formerly Catholic Healthcare West, in 1996. The facility is a not-for-profit, 25-bed Critical Access Hospital serving all of Calaveras County, California. Over 300 employees provide the necessary services.

The hospital's services include 24-hour Emergency Services; Inpatient/Outpatient Surgery; Intensive Care Unit; Medical and Surgical Units; General X-ray, Ultrasound, Mammography, CT Scan, MRI and Nuclear Medicine; Respiratory Therapy Services; Cancer/Infusion Center; Orthopedic Center, Gastroenterology Center, Physical Therapy Services; Inpatient Skilled Rehabilitation; Full Service Clinical Lab; Cardiac & Pulmonary Rehabilitation; and Health Education.

In the rural environment of our community, small business, agencies and the hospital partner to provide various events throughout the year that are focused on promoting the health of the community, enhancing quality of life for the residents and showcasing the unique history and natural wonders of our environment. Based on the prioritized health need of the community, a specific focus has been on women's health issues and primary care and prevention.

The significant community health needs that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA), which is publicly available at marktwainmedicalcenter.org. Additional detail about identified needs, data collected, community input obtained, and prioritization methods used can be found in the CHNA report.

Using criteria suggested by Dignity Health (size or scale of problem, severity of problem, disparity and equity, known effective interventions, and resource feasibility and sustainability), the non-profit firm Applied Survey Research (ASR) and Mark Twain Medical Center worked with community partners during a Community Summit to prioritize the health needs into the following needs on which the hospital will focus.

A Community Needs Assessment was conducted in 2017 in support of our stated mission - to improve the health of our greater community. The goal of the assessment is to continually improve the quality of health and health care for county residents by providing accurate and reliable information to community members and health care providers; raising awareness of health needs, changing trends, emerging issues, and community challenges; and providing research-based data for the hospital and the community to continue strategic planning efforts. The focus of the assessment is on health and the major factors that impact health such as the economy, public safety and the natural environment. The lack of access to health care providers was repeatedly mentioned as a driver or barrier that contributes to health needs. Other drivers/barriers mentioned included stigma around mental health issues, lack of transportation, poverty, substance use, lack of health education, and lack of access to preventive care.

The 2017 CHNA significant health needs for Calaveras County needs were prioritized during the interview process, resulting in the following list:

Access to Primary and Specialty Care	Diabetes
Mental Health	Heart Disease, Stroke
Substance Use	Sexual Health
Dental Care	Economic Opportunities
Maternal & Child Health	Food Insecurity
Care for Seniors	Homelessness/Lack of Housing
Nutrition, Diet, Exercise and Obesity	Health Education
	Transportation

The top three prioritized needs from among all identified significant needs are:

- Mental Health
- Access to Primary and Specialty Care
- Chronic Disease Management (diabetes, heart disease, stroke)

In 2017 - 2019, Mark Twain Medical Center will continue to partner with numerous agencies to promote actions to help address identified needs, as described in the “2017 – 2019 Implementation Strategy” section of this report.

To address two of the more prevalent chronic care needs of the community, MTMC will continue to focus on providing education and instruction for the Congestive Heart Failure/Chronic Obstructive Pulmonary Disease and Diabetes Education programs. The goal of these programs is to improve quality of life for participants by increasing their self-efficacy and avoiding hospital admissions. Prioritizing the coordination of care, particularly for patients with mental health needs with other community organizations for those that seek care in our Emergency Room will also be a focus.

The Mark Twain Medical Center Corporate Board of Directors adopted this Implementation Strategy on October 31, 2017. This document is publicly available at marktwainmedicalcenter.org, and hard copies have been distributed to all local partners including, the Public Health Department, The Human Resource Council, The Calaveras Chamber of Commerce, The Volunteer Center, Calaveras Unified School District, Bret Harte Union School District Office and First Five.

Written comments on this report can be submitted to the Mark Twain Community Benefit Department or by e-mail to nicki.stevens@dignityhealth.org.

MISSION, VISION AND VALUES

Our Mission

The mission of Mark Twain Medical Center is to improve the health of our greater community by providing quality health care services, exceeding the expectations of those we serve.

Our Vision

To become one of the top 100 Critical Access Hospitals in the country through the achievement of our Pillars of Excellence.

Our Values

We achieve the mission through our core values of dignity, collaboration, justice, stewardship and excellence, as are seen in the following principles:

1. Continuous improvement of the quality of care delivered
2. Access to care for all
3. Respect for the individual
4. Working with others towards common goals
5. Fostering a sense of family and community
6. Employee development and recognition

Hello humankindness

After more than a century of experience, we've learned that modern medicine is more effective when it's delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. We are successful because we know that the word "care" is what makes health care work. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in the hospital and in the community.

Hello humankindness tells people what we stand for: health care with humanity at its core. Through our common humanity as a healing tool, we can make a true difference, one person at a time.

OUR HOSPITAL AND OUR COMMITMENT

Mark Twain Medical Center (MTMC), founded in 1951, is located at 768 Mountain Ranch Road, San Andreas, CA. In 1996 the hospital became a member of Catholic Healthcare West (CHW), in 2012 CHW changed its name to Dignity Health. The facility is a not-for-profit, 25-bed Critical Access Hospital serving all of Calaveras County, California. Over 300 employees provide the necessary services.

The hospital's services include 24-hour Emergency Services; Inpatient/Outpatient Surgery; Intensive Care Unit; Medical and Surgical Units; General X-ray, Ultrasound, Mammography, CT Scan, MRI and Nuclear Medicine; Respiratory Therapy Services; Cancer/Infusion Center; Orthopedic Center, Gastroenterology Center, Physical Therapy Services; Inpatient Skilled Rehabilitation; Full Service Clinical Lab; Cardiac & Pulmonary Rehabilitation; and Health Education.

MTMC's affiliated medical staff provide Family Practice, Allergy, Alternative Medicine, Hematology, Internal Medicine, Pathology, Psychology, Pediatrics, Gastroenterology, Gynecology, Orthopedic Surgery, General Surgery, Oncology, Ophthalmology, Orthopedic Surgery, Urology, Podiatry, Allergy, Behavioral Health, Dermatology, Radiology, Anesthesiology, Neurology, Pain Management, Emergency Medicine, Cosmetic and Reconstructive Surgery, Cardiology and Pulmonary Medicine.

Access to care in the county is further supported by five MTMC's Clinics located in Arnold, Angels Camp, Copperopolis, San Andreas, and Valley Springs. Services at these Ambulatory Centers include Immediate Care, Primary Care, Behavioral Health, Occupational Health, Pediatrics, General X-ray, Laboratory Draws and Health Education. Additionally, MTMC now also operates four Specialty Care Centers: in Angels Camp for Orthopedics and in San Andreas on the Medical Center campus for Cancer and Infusion Therapy, and Surgical Specialty Care.

Rooted in Dignity Health's mission, vision and values, Mark Twain Medical Center is dedicated to improving community health and delivering community benefit with the engagement of its Center's Health Care Corporation Board of Trustees, Medical Staff Leadership, and Hospital Leadership. The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource.

Each year the Mark Twain Medical Center's Health Care Corporation Board of Trustees, Medical Staff Leadership, and Hospital Leadership help to develop the Community Benefit Plan as part of the annual Strategic Planning process. This process takes into consideration the most current Community Health Needs Assessment, the needs prioritized by the community, and through a process that includes consideration of the organization's Mission, Vision and Values develops strategies and goals for the upcoming years. Hospital leadership then develops tactics to meet these goals and dedicates the resources during the budgetary process and program design. Performance measurements and accountabilities are established.

The Mark Twain Health Care District Board of Directors is comprised of five local elected officials who are responsible for ensuring that appropriate healthcare services are provided to the community. The Mark Twain Medical Center Health Care Corporation Board of Trustees is responsible for governance oversight of hospital operations through a management agreement with Dignity Health.

Mark Twain Medical Center's community benefit program includes financial assistance provided to those who are unable to pay the cost of medically necessary care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, and community health improvement services. Our community benefit also includes monetary grants we provide to not-for-profit organizations that are working together to improve health on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report.

DESCRIPTION OF THE COMMUNITY SERVED

Calaveras County is approximately 130 miles east of San Francisco, 60 miles southeast of Sacramento, and 50 miles east of Stockton. The total population is about 44,000 with an area of 1,008 square miles. Our only incorporated city, the Angels Camp, has a population of about 5,400.

Our county geography begins near sea-level in the west with oak-dotted rolling hills, changes to mixed evergreens and oak forests, then dramatic stands of gigantic trees, and culminates near 8,200 feet in the eastern part of the county with evergreens growing among granite boulders of the Sierra Nevada Range. Major rivers, the Mokelumne and the Stanislaus, form borders north and south.

In Calaveras County, the poorest residents have been severely impacted by the recession, the Butte Fire and the elimination of programs and services that local governments are no longer able to fund. The growing gap in needed services has placed at risk the health of hundreds of underserved individuals and families who are now turning to emergency departments for basic non-acute medical services because they have lost or lack a primary care provider. Our 5 Family Medical Centers (rural health clinics) help to fill this gap. However, it is still estimated that 23% of the visits to the ED are for non-emergent care.

Access to care for these patient populations requires collaborative problem solving at the community level. Not-for-profit health providers must work together to leverage resources and maximize health assets in innovative ways to restore what has been lost, enhance what still exists and ensure sustainable health programs and services are developed and available over the long-term to the populations that need them the most. Community-based collaboration has been and will be a priority and will continue to drive community benefit efforts in the future. It has become more important for community stakeholders to work in partnerships to maximize the limited resources that are available.

Calaveras County is a Health Professional Shortage Area (HPSA) and portions of the County are Medically Underserved Areas (MUA). Besides Mark Twain Medical Center and its five ambulatory care centers, and four specialty care centers, the following facilities and resources are available:

- Convalescent Hospital
- Assisted Living
- Community Clinics
- Children Services
- Home Health Care
- Hospice
- Mental Health
- Drug & Alcohol Abuse Services
- Support Groups & Services
- Transportation

The county has a relatively mature population with the median age of 50.7 years. Additionally, 56% of households have one or more person aged 60 years or older.

The unemployment rate in Calaveras County and throughout the country has steadily declined since 2010, following a ten-year high. The unemployment rate was 6.3% for the county during 2017. In 2012, 20% of Calaveras County residents had very high housing costs.

Total Population: 44,791, down from a high of 44,932 in 2013.

Total Population	44,791
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Race

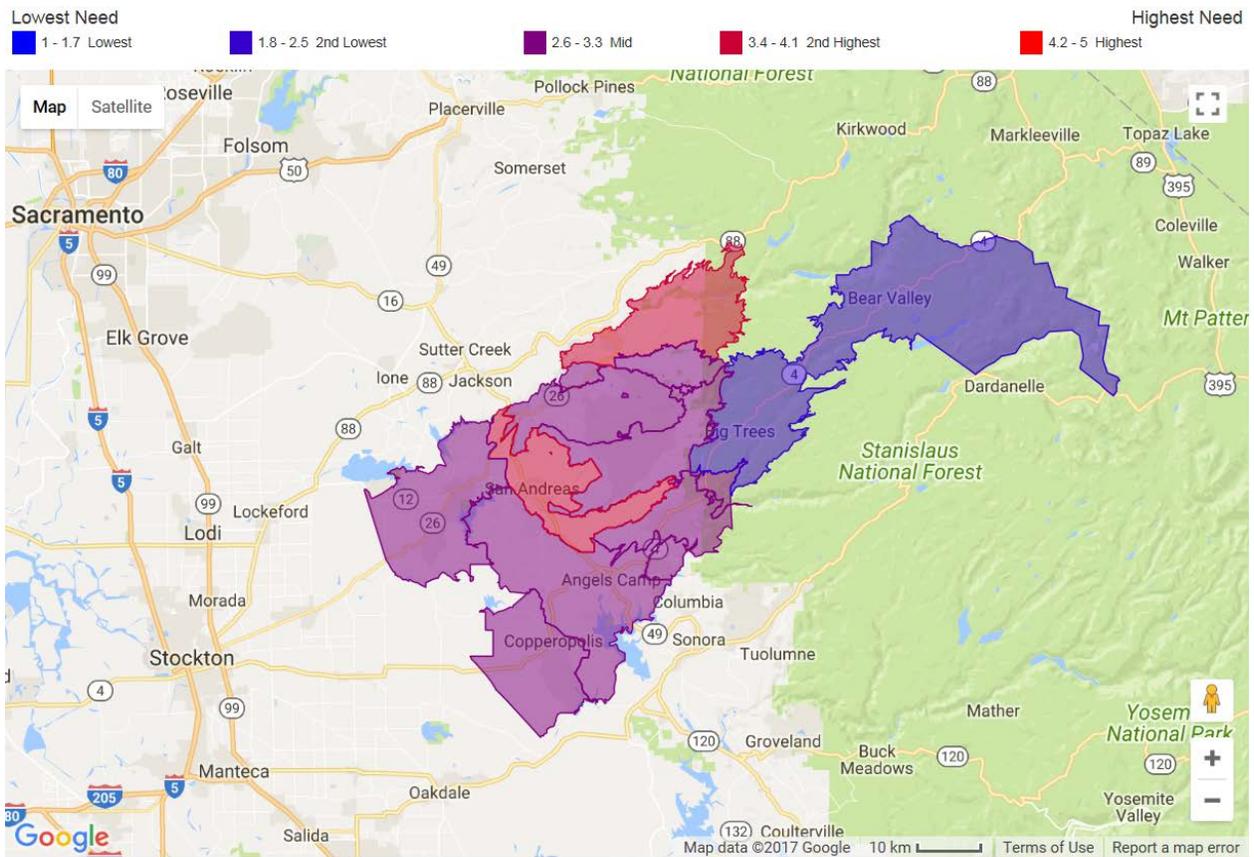
White - Non-Hispanic	80.8%
Black/African American – Non-Hispanic	0.9%
Hispanic or Latino	12.3%
Asian/Pacific Islander	1.7%
All Others	4.3%
Total Hispanic & Race	100.0%

Median Income	\$59,563
Uninsured Estimate	6.2%
Unemployment	6.3%
No HS diploma	7.6%
Medicaid Insurance Estimate	24.7%

* Does not include individuals dually-eligible for Medicaid and Medicare.

Source: © 2017 The Claritas Company, © 2017 Truven Health Analytics LLC

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.



Mean(zipcode): 2.9 / Mean(person): 2.8

CNI Score Median: 2.8

CNI Score Mode: 2.6,2.8,3

Zip Code	CNI Score	Population	City	County	State
95222	3	5421	Angels Camp	Calaveras	California
95223	2.4	5098	Arnold	Calaveras	California
95228	2.6	4346	Copperopolis	Calaveras	California
95232	3	323	Glencoe	Calaveras	California
95245	2.8	2416	Mokelumne Hill	Calaveras	California
95246	3	1742	Mountain Ranch	Calaveras	California
95247	2.8	4771	Murphys	Calaveras	California
95249	3.8	3672	San Andreas	Calaveras	California
95251	2.6	197	Vallecito	Calaveras	California
95252	2.6	14619	Valley Springs	Calaveras	California
95255	3.6	1734	West Point	Calaveras	California
95257	2.8	452	Wilseyville	Calaveras	California

IMPLEMENTATION STRATEGY DEVELOPMENT PROCESS

The hospital engages in multiple activities to conduct its community benefit and community health improvement planning process. These include, but are not limited to: conducting a Community Health Needs Assessment with community input at least every three years; using five core principles to guide planning and program decisions; measuring and tracking program indicators; and engaging hospital leadership and other stakeholders in the development of the annual community benefit plan.

MTMC'S Hospital Leadership oversees community benefit activities for the hospital as it strives to meet the health and wellness needs of the local community. Several members of Mark Twain's senior and middle management team serve the community on a variety of community-based not-for-profit Boards, such as Children and Families Commission, Habitat for Humanity, Soroptimist International, Economic Development Corporation, local Churches and Chamber of Commerce to name a few. In addition, most employees have linkages to various service organizations throughout the communities. Community involvement is evidenced by participation of local business and community leaders in the Hospital's Governing Boards, Finance Committee, Ethics Committee and our Parish Nurse Advisory Committee.

Community Health Needs Assessment Process

A Community Health Needs Assessment was conducted in 2017 as required by State law (SB697) and the federal Affordable Care Act. The needs assessment is a primary tool used by the hospital to determine its community benefit plan, which outlines how the hospital will give back to the community in the form of health care and other community services to address unmet community health needs.

This assessment incorporates components of primary data collection and secondary data analyses that focus on the health and social needs of the MTMC Service Area, which encompasses the cities, towns and communities of Calaveras County that include 22 zip code areas. Targeted interviews were used to gather primary data and opinions from members of the MTMC community. For the interviews, community leaders were contacted and asked to participate in the needs assessment. Secondary data was collected from a variety of sources, including but not limited to: the U.S. Census Bureau; federal, state, and local government agencies; health care institutions; and online databases.

A complete description of CHNA methods, data and community input taken into account for the assessment is in the full report. Both the CHNA executive summary and the entire 2017 report can be found online at marktwainmedicalcenter.org under the 'Community Benefits' section.

CHNA Significant Health Needs

ASR facilitated conversations with key community members that resulted in the list of prioritized community health needs listed below. Unmet health needs included access to health care, substance use, oral health, chronic health issues, maternal and child health, and social determinants of health (economic opportunities, homelessness and food insecurity). Specific populations identified as having greater need included youth with emotional issues or substance use disorders, women, children in low-income households, and isolated seniors. Rural parts of the county were identified as having greater health needs.

MTMC awarded \$32,371 to local originations for community grant to meet the needs of the senior population. The 2017 honorees will be collaborating together under the project called “Healthy Seniors Now.” Included below in the program are the following organizations:

- ***Murphys Senior Center*** (provides free services to older adults including educational events, lunch and exercise.);
- ***Common Ground Senior Services*** (supports the independence of individuals with disabilities through resources, advocacy and services);
- ***Calaveras County Behavioral Health*** (provides the community with a wide range of mental health services for children, youth and adults in Calaveras County.)
- ***Area 12 On Aging*** (Information and Assistance, In-Home Support, Minor Home Repair, Care Management and Outreach.)
- ***Calaveras County Senior Center*** (provides exercise, lunch and social groups for seniors)

Healthy Seniors Now incorporates most of the Community Health Principles, primarily Building Community Capacity, Demonstrating Collaboration and Emphasizing primary prevention. Community capacity and collaboration will be done throughout the program by addressing community exercise needs and providing classes. In addition, primary prevention will be completed by providing exercise and health classes to address health problems.

Healthy Seniors Now addresses the significant health needs of adult diabetes and high blood pressure, also Healthy Seniors Now addresses the added health needs of limited mental health resources. Healthy Seniors Now is also in line with the MTMC Implementation Plan by providing Preventive Services including health education, classes and workshops.

The lack of access to health care providers was repeatedly mentioned as a driver or barrier that contributes to health needs. Other drivers/barriers mentioned included stigma around mental health issues, lack of transportation, poverty, substance use, lack of health education, and lack of access to preventive care. "We are a sick community: We have many elderly residents, smokers, high levels of obesity and chronic disease. On the other side, we have a shortage of doctors."

-- *Key Informant*

The IRS CHNA requirements state that hospital facilities must identify significant health needs of the community, and prioritize those health needs. In order to identify significant health needs, ASR facilitated a discussion with stakeholders during the Community Summit, during which they reviewed all of the quantitative and qualitative data, the list of significant health needs and their impact on the community. They were given the option to add or delete needs, and then went through a prioritization process using criteria suggested by Dignity Health (size or scale of problem, severity of problem, disparity and equity, known effective interventions, and resource feasibility and sustainability), to narrow the list to three, combining and redefining some to fit the specific needs of the county.

The three identified significant health needs health needs are listed and described below:

MENTAL HEALTH

According to the CDC, there are social determinants of health that need to be in place to support mental health. Mental health is defined as a state of well-being that includes the ability to cope with stress, work productively, and contribute positively to the community. Evidence suggests that positive mental health results in improved health outcomes. Conversely, evidence also suggests that poor mental health is related to the incidence and treatment of chronic disease, physical inactivity, smoking, alcohol abuse, and poor sleep.

Experts cited mental health as a significant health need in Calaveras County. One expert stated, “There is no psychiatrist in the county. If they qualify, they can go via the county behavioral health system, but if their case is not severe, or they have private insurance, there are very few options.” Experts also explained that wait times and a shortage of providers might contribute to an increase in ER use, “especially for mental health issues.” In Calaveras County, mental health services are needed for those with low income and/or mild to moderate mental illness.

ACCESS TO PRIMARY & SPECIALTY CARE

The U.S. Department of Health and Human Services (HHS) designates certain areas as being medically underserved. They are known as Health Professional Shortage Areas (HPSA). There are three categories of HPSAs: primary care (shortage of primary care clinicians), dental (shortage of oral health professionals), and mental health (shortage of mental health professionals). There is another designation known as a Medically Underserved Area (MUA); they are areas or populations designated by the U.S. Department of Health and Human Services as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. Calaveras County is both a Health Professional Shortage Area (HPSA) and a Medically Underserved Area (MUA).

CHRONIC DISEASE MANAGEMENT (DIABETES, HEART DISEASE, STROKE)

Experts agreed that an integrated care approach to managing illness was a significant health need in Calaveras County. This includes screenings, check-ups, monitoring and coordinating treatment, and patient education. Experts agreed that the elevated population of veterans and seniors in Calaveras County contribute to the need to address coordinated care to manage chronic disease including but not limited to diabetes, heart disease, and stroke.

SUGGESTION FOR IMPROVEMENTS OR SOLUTIONS

Suggestions for improvements or solutions included:

- Providing resources to increase access to care through transportation, improving appointment timeliness, and increasing the number of providers.
- Allocating resources to help seniors stay at home through in-home services and transportation services.
- Funding programs offering health education in schools and for the public were mentioned frequently as a suggestion to encourage health literacy.
- Prioritizing the coordination of care, particularly for patients with mental health needs was suggested.
- Improving access to services for dental care, maternal/child care, and mental health

care were frequently mentioned.

- Policy ideas included addressing food and drink choices in schools and during parent clubs, and implementing regulations that would mandate school health education.

Creating the Implementation Strategy

The hospital engages in multiple activities to conduct its Implementation Strategy development process. These include, but are not limited to: conducting a Community Health Needs Assessment with community input at least every three years; using five core principles to guide planning and program decisions; measuring and tracking program indicators; and engaging hospital leadership and other stakeholders in the development of the annual community benefit plan.

MTMC's hospital leadership oversees community benefit activities for the hospital as it strives to meet the health and wellness needs of the local community. Several members of Mark Twain's senior and middle management team serve the community on a variety of community-based not-for-profit Boards, such as Children and Families Commission, Habitat for Humanity, Soroptimist International, Economic Development Corporation, local Churches and Chamber of Commerce to name a few. In addition, most employees have linkages to various service organizations throughout the communities. Community involvement is evidenced by participation of local business and community leaders in the Hospital's Governing Boards, Finance Committee, Ethics Committee and our Patient Advisory Committee. ASR conducted primary research via key informant interviews with four Calaveras County experts from various organizations.

In February and March of 2017, experts were consulted, including the County Health Officer and the Director of Public Health Nursing. All these experts had countywide experience and expertise.

In March 2017, Mark Twain Medical Center and ASR hosted a Community Summit with stakeholders, informing them about the data, asking for input about the data findings, and collectively developing a list of priority issue areas. ASR presented primary and secondary data and then invited attendees to discuss their reactions to the data, their thoughts about the story behind the data, and their ideas of what areas to focus on for improvement. Attendees discussed resources and current interventions focused on these issues, and how to strengthen or develop new interventions to improve outcomes. Stakeholders were asked to review the data and to prioritize the 3-5 most pressing needs in the county. This Community Summit fulfills the federal requirement for community input to prioritize health needs.

The list below indicates the participants in the Community Summit:

- Resource Connection Food Bank
- Calaveras County Unified School District
- Calaveras Health and Human Services Agency
- Calaveras Health and Human Services Agency
- Calaveras County Office of Education
- Veterans Services
- First 5 Calaveras County
- Mark Twain Medical Center

ASR compiled the research and provided comparisons with existing benchmarks (Healthy People 2020, statewide and national averages). Secondary data was collected from a variety of sources including but not limited to: federal, state, and local government agencies; academic institutions; economic development groups; health care institutions; and online databases.

Secondary data sources included:

- The United States Census Bureau’s American Community Survey (ACS) is a federal secondary source providing comprehensive economic, housing, population, and social data.
- The California Healthy Kids Survey (CHKS) is a wide-ranging, youth self-reported data collection tool, providing a reliable health risk assessment to schools and communities.
- County Health Rankings offers county-level data using national and state data sources to measure the health of counties using scientifically-informed weights.
- Local agencies and institutions for secondary data include Area 12 Agency on Aging and Central Sierra Continuum of Care Point-in-Time Census.

The CHNA report was adopted by the Mark Twain Medical Center Community Board of Directors on June 27, 2017. The report is widely available to the public on the hospital’s website until two subsequent CHNAs are completed. Written comments on this report can be submitted to Mark Twain Medical Center’s Community Benefit Office at 768 Mountain Ranch Rd, San Andreas, CA 95249, or by email to Nicki.Stevens@dignityhealth.org.

2017 – 2019 IMPLEMENTATION STRATEGY

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years. It summarizes planned activities with statements on anticipated impacts, planned collaboration, and patient financial assistance to address access. Program Digests provide detail on select programs' goals, measurable objectives, expenses and other information.

The strategy and plan specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

Strategy and Program Plan Summary

High Prevalence of and Disparities in Chronic Health Conditions

- Reduce health disparities by addressing diabetes, COPD, and CHF among the general population with disproportionate unmet health-related need.
 - Continue to collaborate with Public Health on community education.
 - Enhance participation in Chronic Disease Management classes by 10% by FYE 2021 (baseline FYE17).
 - Promote awareness of local programs to patients such as;
 - Tobacco programs
 - SNAP
 - Community Gardens
 - Fit for the Future Calaveras (Public Health)

Poor Access to Primary and Preventive Care

- For RHC patient population continue to improve provider compliance of primary prevention measures for diabetes management (HgA1C) and enhancement of nutritional counseling. Continue to promote and improve the health status and quality of life of the community by partnering with others and serving the poor and disenfranchised
 - Continue to work with the Health Care District and other community stakeholders to review the 2017 Community Needs Assessment and identify the key issues to maximize the quality of the health initiatives.
- Utilize our newly created grant-funded Patient Navigator in the E.D. This role is sponsored by California Health and Wellness (Calaveras County's managed Medi-Cal plan) and is designed to work with patients covered by California Health and Wellness. However, during times when those patient volumes are lower in the E.D., the Navigator is able to help other patients as well, with items like making a connection with a PCP, setting a follow-up visit for after discharge, etc.
- Evaluate opportunities for health improvement / addressing the health care needs of the elderly.
 - Re-admission rates at target
 - Participation in Chronic Disease Management classes increased by 10% by FYE 2018
 - HEDIS rates for HgA1C rates in RHCs

Access to resources and support for Mental Health population

The community population as a whole is suffering from multiple mental health struggles. There is data that demonstrates that the youth are faced with issues related to sexual identity, self-esteem, peer and family relationships. These children are showing signs of mental illness/distress at school, and findings have revealed that there is an increase of untreated mental illness and depression at home. In Calaveras County there are not enough resources or providers. The homeless population was 56 in 2015, and has increased in 2017 to 221.

- Evaluate opportunities for mental health improvement/addressing the healthcare needs for the youth, adult and senior population.
 - Continue to meet quarterly with Professional Mental Health Countywide task force to develop best practices with known local resources
 - Since our Telehealth Go-Live for Psych has helped result in a decreased average length of stay for our mental and behavioral health patients who later go on to a long term psych facility from 23 hours down to 20 hours. The psychiatrist who “beams in” on the telehealth robot is able to order stabilizing medications, make treatment recommendations and suggestions for disposition. This added team member to the ER makes a big difference in the customized care this venerable population receives in our ER.
 - MTMC has recently awarded several non-profits a grant for the 2018 ‘Calaveras Youth Health Initiative’. This program will work with regional centers to bring mental health services to rural areas. Provide workshops for teens and their parents; have a dedicated social worker or psychologist available for cancer patients; work in tandem with local agencies for placement and collaboration with all county resources; provide more mental health screenings and ongoing counseling, as well as assistance in maintaining medication.

Health Need: Poor Access to Primary and Preventive Care			
Strategy or Activity		Active FY17	Planned FY18 and FY19
	The lack of access to health care providers was repeatedly mentioned as a driver or barrier that contributes to health needs.		
Enhance access to Primary and Specialty Care	Continue to work with the HealthCare District and other community stakeholders to review the 2017Community Needs Assessment and identify the key issues to maximize the quality of the health initiatives.	☒	☒
Evaluate opportunities for health improvement / addressing the health care needs of the elderly.	<ul style="list-style-type: none"> ○ Re-admission rates at target ○ Participation in Chronic Disease Management classes increased by 10% by FYE 2018 ○ HEDIS rates for HgA1C rates in RHCs 	☒	☒
Care navigation for vulnerable populations	Utilize our newly created grant-funded position to place a Patient Navigator in the E.D. This role is sponsored by California Health and Wellness and is designed to work with patients covered by California Health and Wellness. During	☒	☒

	times when those patient volumes are lower in the E.D., the Navigator is able to help other patients as well, with items like making a connection with a PCP, setting a follow-up visit for after discharge, etc.		
Anticipated Impact:	For RHC patient population continue to improve provider compliance of primary prevention measures for diabetes management (HgA1C) and enhancement of nutritional counseling. Continue to promote and improve the health status and quality of life of the community by partnering with others and serving the poor and disenfranchised.		

Health Need: High Prevalence of and Disparities in Chronic Health Conditions			
Strategy or Activity		Active FY17	Planned FY18 and FY19
	Reduce health disparities by addressing diabetes, COPD, and CHF among the general population with disproportionate unmet health-related need.		
Continue to collaborate with Public Health on community education.	Reduce health disparities by addressing diabetes, COPD, and CHF among the general population with disproportionate unmet health-related need.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patient Education	Promote awareness of local programs to patients	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patient support for services	Enhance participation in Chronic Disease Management classes by 10% by FYE 2017 (baseline FYE16)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Anticipated Impact: Lower the high Prevalence of and Disparities in Chronic Health Conditions Provide an integrated care approach to managing illness was a significant health needs in Calaveras County. This includes screenings, check-ups, monitoring and coordinating treatment, and patient education.			

Health Need: Access to resources and support for Mental Health			
Strategy or Activity		Active FY17	Planned FY18 and FY19
	Enhance opportunities for mental health improvement/addressing the healthcare needs for the youth, adult and senior population.		
Calaveras Youth Health Initiative	<p>MENTAL HEALTH:</p> <ol style="list-style-type: none"> 1. Healthy Stress Management – Art Therapy, Recreation Therapy through Sports 2. Coping Skills - HorseSpeak - Equine horse-assisted therapy and counseling 3. Finding Fulfillment and self-worth 4. Yoga for Trauma <p>PHYSICAL HEALTH:</p> <ol style="list-style-type: none"> 5. Healthy Eating - Gardens To Grown In – Teach gardening skills and prepare fresh meals 6. Drug and Alcohol Prevention – Calaveras County Substance Abuse Prevention 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	EMOTIONAL HEALTH: 7. Building Self-Esteem – Job training skills and finding where your skills and passions intersect 8. Confidence Building – HorseSpeak – Team building exercises with horses 9. Building Healthy Relationships – Calaveras County Behavioral Health Provide school-based health care to children and families		
Care navigation for vulnerable populations	Telehealth for Psych has decreased average length of stay for our mental and behavioral health patients who later go on to a long term psych facility from 23 hours down to 20 hours. The psychiatrist who “beams in” on the telehealth robot is able to order stabilizing medications, make treatment recommendations and suggestions for disposition. This added team member to the ER makes a big difference in the customized care this venerable population receives in our ER.	☒	☒
Mental Health Task Force	Continue to partner and meet quarterly with Professional Mental Health Countywide task force to develop best practices with known local resources	☒	☒
Anticipated Impact: The hospital’s initiatives to address access to care are anticipated to result in: early identification and treatment of mental health issues; confidence building and healthy life style choices for the youth population; increased knowledge about how to access and navigate the health care system; and increased primary care “medical homes” among those reached by navigators and promotoras.			

Anticipated Impact

The anticipated impacts of the hospital’s activities on significant health needs are summarized above, and for select program initiatives are stated in the Program Digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital is committed to measuring and evaluating key initiatives. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health program in triennial Community Health Needs Assessments.

Planned Collaboration

Mark Twain Medical Center collaborates with multiple community agencies in delivering many of its community health programs in response to identified needs. Several of those partners include the Public Health Department, The Human Resource Council, The Calaveras Chamber of Commerce, The Volunteer Center, Calaveras Unified School District, Bret Harte Union School District Office and First Five. Several specific examples are contained in the Strategy and Program Plan Summary section of this report, above, and in the detailed Program Digests.

Financial Assistance for Medically Necessary Care

Mark Twain Medical Center delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of this mission, the hospital provides financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. A plain language summary of the hospital's Financial Assistance Policy is in Appendix C.

The hospital notifies and informs patients and members of the community about the Financial Assistance Policy in ways reasonably calculated to reach people who are most likely to require patient financial assistance. These include:

- providing a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process;
- providing patients a conspicuous written notice about the Policy at the time of billing;
- posting notices and providing brochures about the financial assistance program in hospital locations visible to the public, including the emergency department and urgent care areas, admissions office and patient financial services office;
- making the Financial Assistance Policy, Financial Assistance Application, and plain language summary of the Policy widely available on the hospital's web site;
- making paper copies of these documents available upon request and without charge, both by mail and in public locations of the hospital; and
- providing these written and online materials in appropriate languages.

Notice of the financial assistance program is posted in locations visible to the public, including the emergency department, billing office, admissions office, and other areas reasonably calculated to reach people who are most likely to require financial assistance from the hospital. The hospital provides brochures explaining the financial assistance program in registration, admitting, emergency and clinic locations and in patient financial services offices.

The Financial Assistance Policy, the Financial Assistance Application, and plain language summary of the Policy are widely available on the hospital's web site, and paper copies are available upon request and without charge, both by mail and in public locations of the hospital. Written notices, posted signs and brochures are printed and available online in appropriate languages.

Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report. The digests include program descriptions and intervention actions, statements of which health needs are being addressed, any planned collaboration, and program goals and measurable objectives.

Flu/Pneumonia Immunizations at Health Fairs

Significant Health Needs Addressed	<input type="checkbox"/> Chronic Conditions <input checked="" type="checkbox"/> Access to Primary Care Services <input type="checkbox"/> Preventive Care Services
Core Principles Addressed	<input type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input type="checkbox"/> Contribute to a Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Demonstrate Collaboration
Program Description	The hospital supports Health Fairs at two locations throughout the county, including Murphys and San Andreas. Services provided include flu/pneumonia immunizations.
Community Benefit Category	A2 – Community Based Clinical Services
Planned Actions for 2017 - 2019	
Program Goal / Anticipated Impact	Improve access to primary care and preventive services for the residents of the Mark Twain Medical Center service area to sustain or improve health.
Measurable Objective(s) with Indicator(s)	Residents obtaining immunizations at the Health Fairs will have decreased incidents of illness; decreased admissions and/or length of hospital stay for flu/pneumonia.
Intervention Actions for Achieving Goal	Increase marketing about the Health Fairs. Provide additional immunizations in underserved areas with mini health fairs.
Planned Collaboration	MTMC collaborates with the Public Health Department and dozens of other community organizations.

Diabetes Management Program	
Significant Health Needs Addressed	<input checked="" type="checkbox"/> Chronic Conditions <input type="checkbox"/> Access to Primary Care Services <input checked="" type="checkbox"/> Preventive Care Services
Core Principles Addressed	<input type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Emphasize Prevention <input type="checkbox"/> Contribute to a Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Demonstrate Collaboration
Program Description	The Diabetes Self-Management Education (DSME) program started in August, 2012 and is conducted by a Certified Diabetes Educator/Registered Dietitian who provides patient education within the hospital's service community of Calaveras County. Patient assessments, consultations and education occur at MTMC's Family Medical Centers (five locations within Calaveras County) to increase outreach and access. Self-management topics include, but are not limited to: Diabetes Overview, Monitoring, Physical Activity, Healthy Eating, Meal Planning, Problem Solving, and Reducing Risks.
Community Benefit Category	A2 – Community Based Clinical Services
Planned Actions for 2017 - 2019	
Program Goal / Anticipated Impact	Certified Diabetes Educator Consultant contracted to provided diabetes education to patients within the communities of Calaveras County through referrals from practitioners. Patient consultations/education occur at MTMC's Family Medical Centers (five locations within Calaveras County) to increase outreach and access. Including working with Public Health.
Measurable Objective(s) with Indicator(s)	Fifty percent of the participants or greater who received Diabetes Self-Management Education (DSME) will avoid diabetes-related admissions to the hospital or emergency department for the three months following their participation in the program.
Intervention Actions for Achieving Goal	<p>Certified Diabetes Educator providing Diabetes Self-Management Education to parents through individual consultation and group classes. Self-Management topics include but are not limited to:</p> <ul style="list-style-type: none"> • Diabetes overview • Monitoring • Physical Activity • Medications • Healthy Eating • Carbohydrate Counting • Meal Planning • Problem Solving • Reducing Risks <p>Data collected will aid in evaluating the effectiveness of our DSME program to help determine areas for growth and improvement for the next fiscal year.</p>
Planned Collaboration	Local Medical Providers and the Public Health Department are the catalyst to provide outreach.

Chronic Heart Disease and Pulmonary Disease Management

Significant Health Needs Addressed	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Chronic Conditions <input type="checkbox"/> Access to Primary Care Services <input type="checkbox"/> Preventive Care Services
Core Principles Addressed	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input checked="" type="checkbox"/> Contribute to a Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Demonstrate Collaboration
Program Description	Residents of the community have a high mortality and morbidity rate from chronic diseases such as COPD and CHF.
Community Benefit Category	A1 – a Community Health Education – Lectures/Workshops
Planned Actions for 2017 - 2019	
Program Goal / Anticipated Impact	Work with local providers to identify class participants. Begin classes.
Measurable Objective(s) with Indicator(s)	MTMC will be enhancing Cardiac Services with the support of the local Cardiology group. MTMC will team up with Calaveras County Public Health to decrease the readmission rates among vulnerable population.
Intervention Actions for Achieving Goal	Working in partnership with CCPH to create a framework for resources to be offered to the community. Attending monthly interdisciplinary meetings as we build up the references and resources needed to educate the community.
Planned Collaboration	None at this time.

Access to resources and support for Mental Health population

Significant Health Needs Addressed	<ul style="list-style-type: none"> ✓ Chronic Conditions ✓ Access to Primary Care Services ✓ Preventive Care Services
Core Principles Addressed	<ul style="list-style-type: none"> ✓ Focus on Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	Enhance opportunities for mental health improvement/addressing the healthcare needs for the youth, adult and senior population.
Community Benefit Category	A2. Community-based clinical services A1 – a Community Health Education – Lectures/Workshops
Planned Actions for 2017 - 2019	
Program Goal / Anticipated Impact	With the use of Telehealth for Psych continue to decrease average length of stay for our mental and behavioral health patients who later go on to a long term psych facility from 23 hours down to 20 hours.
Measurable Objective(s) with Indicator(s)	The psychiatrist who “beams in” on the telehealth robot is able to order stabilizing medications, make treatment recommendations and suggestions for disposition.
Intervention Actions for Achieving Goal	This valuable service in the ER makes a big difference in the customized care this venerable population receives in our ER.
Planned Collaboration	Continue to partner and meet quarterly with Professional Mental Health Countywide task force to develop best practices with known local resources. Support the 2018 Grant recipients with their Calaveras Youth Health Initiative (CYHI) program.

APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS

BOARD OF TRUSTEES

MARK TWAIN MEDICAL CENTER HEALTHCARE CORPORATION

Dr. William Griffin – Chairman, Radiologist

Linn Reed – Trustee, Occupational Rehabilitation Therapist

Dave Woodhams – Treasurer, Orthodontist

Chuck Kassis –President/CEO of Mercy Merced

Dr. Sean Anderson - Physician

Randall Ross – President/CEO of Mercy Hospital of Folsom

Susan Atkinson – Trustee, Retired

We wish to acknowledge the committed staff of Mark Twain Medical Center and all of those individuals serving on the Steering Committee, whose commitment of time, resources, and expert counsel have guided our 2017 community health needs assessment.

- Mark Campbell, Superintendent, Calaveras Unified School District
- Kathryn Eustis, Director, Youth Development and Prevention Programs Calaveras County Office of Education
- Tina Mather, Manager, The Resource Connection Food Bank
- Teri Lane, Executive Director First 5 Calaveras County
- Linda Winn, RN, PHN, Health Education Manager, Calaveras Health and Human Services Agency
- Colleen H. Rodriguez, Director, Calaveras Health and Human Services Agency
- Chile Beretz, Veterans Service Officer
- Mark D. Ksenzulak, Contract Management Analyst Calaveras Health and Human Services Agency
- Nicki Stevens, Manager, Marketing and Business Development Mark Twain Medical Center
- Robert Diehl, President, Mark Twain Medical Center

APPENDIX B: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS

The hospital delivers a number of community programs and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

Health Fairs (Free Admission) – Throughout the year, Mark Twain Medical Center is involved with many Health Fairs. Community Service Organizations attend the health fair and provide community education and service to those in attendance. Cholesterol Screening, Blood Pressure Checks, Bone Density Studies and Health Education are just a few of the services provided.

In September, MTMC'S conducted its 18th Annual Fall Health Fair on the hospital campus. Over 60 informational booths featured health, exercise, wellness, childcare, safety, traditional and alternative medicine, health foods, quality of life and recreation. Free Cholesterol and Osteoporosis screenings and Blood Pressure Checks were conducted, as well as flu (367) and pneumonia vaccinations. Over 350 blood draws/tests were provided at a discounted price. In March 2017, MTMC'S conducted its 6th Annual Spring Health Fair at Ironstone Vineyards to accommodate the residents along the Highway 4 Corridor. Although not as large as our Fall Health Fair, it has grown dramatically in its six years.

Financial Assistance – Our Financial Assistance expense in FY2017 amounted to \$294,005 for persons benefited, and there were 26,470 visits from our traditional Financial Assistance, Unpaid Costs of Medical and Medicare and other Public Programs.

Breast Cancer Early Detection Program – Mark Twain Medical Center participates in the California State funded Breast Cancer Early Detection Program (BDECP) as a provider of clinical services and advanced diagnostics. Staff physicians and the hospital reach out to women over 40 who, because of financial or insurance limitations, are not able to receive annual breast exams and mammograms. Actual number of participants is not tracked by MTMC.

Medication Vouchers – Without having access to proper medication at home, patients would need to remain hospitalized. This program provides medication vouchers to inpatients who cannot afford needed medications. The total benefit for this service in FY2017 was \$1,100

Immunizations – Annual vaccination against influenza is the primary means for minimizing serious adverse outcomes from influenza virus infections. These infections result in approximately 20,000 deaths and 110,000 hospitalizations per year in the United States. The amount of trivalent inactivated influenza vaccine produced for distribution in the United States has increased substantially. During FY2017, over 1,100 influenza vaccinations were administered. Donations were accepted, but not required. Starting in 2007, the hospital began to offer pneumonia vaccinations at their annual Fall Health Fair and now offer them at all Health Fairs.

Mark Twain Medical Center sponsors healthy heart activities at County Fair -

Mark Twain Medical Center (MTMC) teamed up with the American Heart Association to help provide a heart healthy focus at the Calaveras County Fair. MTMC staff also assisted in demonstrating CPR at the event.

Teddy Bear Clinic – This annual activity brings all of the kindergartners in Calaveras County to our hospital to learn more about what happens at a hospital. The children are taken on a tour of the hospital and visit several departments where they can diagnose their “teddy bear wellness patient.” The purpose of the clinic is to reduce some of the apprehension about the hospital and to remind the children that we are not always about pain and shots. The event also includes health promotion education for the children.

Mini-Health Fairs – A series of mini-health fairs were conducted in the community. Partnerships with the Music in the Parks, sponsored by the Calaveras County Arts Council; the Farmer’s Market, sponsored by the Angels Camp Business Association; and the First Friday Concerts, hosted by the Murphy’s Community Club, all provided venues for the Fairs. The Fairs include health information, blood pressure checks, strength testing, advice from nurse/mid-level, etc. We also participated in an employee health fair at Black Oak Casino in neighboring Tuolumne County to provide health information to their 400+ employees.

Baby Sitting Basics – 32 boys and girls from ages 11-15 attended this class to educate our youth to responsibly care for young children.

Disaster Preparedness – During the year, over 400 persons in Calaveras County participated in communications workgroups and educational classes to coordinate communications between Public Safety, Public Health and MTMC. Partners include law enforcement, Fire, EMS, EMSA, Public Health and EMA. The goal is to improve processes and coordinate technologies for emergency service organizations.

Pink In The Night – This is a Cancer awareness group providing education to persons who have experienced a breast cancer related illness. There is also an annual lighting ceremony where over 500 persons are in attendance including all area junior football teams. Various businesses in Calaveras County are provided stings of pink light bulbs which are kept on throughout October. In 2016, 60 watt bulbs were distributed to residences promoting the awareness of early breast cancer detection. The light bulbs are provided through the Mark Twain Health Care District.

Blood Pressure Checks – Free Blood Pressure Checks are always offered at the five Medical Centers and the Hospital. Blood Pressure Checks are also conducted at various community events throughout the county.

Take It To Heart - For the eighth year in a row, the Soroptimist International of Calaveras County joined MTMC to offer free comprehensive cholesterol tests to all Calaveras County women during February. A total of 187 cholesterol tests were provided in this program.

Sponsorships and Donations - As a member of the community, Mark Twain Medical Center responds to requests for direct funding and goods and services to support community organizations and activities such as Grad Nite, Relay for Life, Youth Programs, and Habitat for Humanity, Cancer Support Group, etc.

Community Health Education Center - Calaveras County suffers from a scarcity of meeting rooms. MTMC'S provides meeting room space in the Community Health Education Center at no cost to health and community related groups as our schedule permits.

Diabetes Education – Diabetes touches every family. It is the leading cause of blindness among adults ages 20 to 74, and is the sixth leading cause of death in America. Education is the key factor to managing Diabetes. Our commitment is to provide the skills and techniques needed to self-manage the disease. Monthly one-on-one classes are provided to the community, annually serving about 428 people.

Community Health Education Substance Abuse – Collaborative resources shared between the Calaveras County Health Services Agency, Mark Twain Medical Center and the Calaveras County Office of Education. The vision is to have a community free from substance abuse through better education.

Calaveras County Chronic Disease Self-Management Program – Support services are shared through this collaborative outreach between the Calaveras County Health Services Agency, Mark Twain Medical Center, and various agencies. Both the walk and the six-week workshop are projects funded through the Center for Disease Control and Prevention as part of the Community Transformation Initiative. Calaveras County was one of 12 rural California counties to receive grant funding to improve rural health disparities in key preventative areas – reducing exposure to second-hand smoke, facilitating healthy communities through reduced consumption of sugary-sweetened beverages and safe walking routes and the provision of increased clinical and community preventive services. Calaveras County Public Health Department and 11 other rural counties in California are receiving grant funds through the Affordable Care Act to improve the health and well-being of the community and to prevent chronic disease. Examples are high blood pressure, diabetes, depression, high cholesterol, unhealthy weight, and arthritis. The works is focused on change in the environment where we live, work, and play and pray. In partnership with local schools, students, service agencies, the faith community and community residents, the Calaveras County Public Health Department is working in four areas. “By reducing exposure to tobacco smoke in apartments, encouraging physical activity through healthy and safe communities, increasing healthy drink choices, and promoting skills to help manage chronic conditions, we can reach the goal to make healthy choices the easy choices in Calaveras County,” Dr. Kelaita, County Health Officer.

Children and Families Master Plan – Includes Mark Twain Medical Center, Human Resources Council and the Calaveras County Health Services Agency as the lead agent. The goal is to train community advocates for the underserved children of our communities.

APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or under-insured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

Free Care

- If you are uninsured or underinsured with a family income of up to 200% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

Discounted Care

- If you are uninsured or underinsured with an annual family income between 200-350% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.
- If you are uninsured or underinsured with an annual family income between 350-500% of the Federal Poverty level you may be eligible to have your bills for hospital services reduced to the Amount Generally Billed, which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan. You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at your hospital's website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to "Admitting" or "Registration"). Copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

Traducción disponible: You may also obtain Spanish and other language translations of these documents at your hospital's website, in your hospital's Admitting area, or by calling your hospital's telephone number.

Dignity Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Our staff is located in the hospital's Admitting area and can be reached at the telephone number listed below.

Mark Twain -- 768 Mountain Ranch Rd, San Andreas, CA 95249 | Financial Counseling 209-754-2622
Patient Financial Services 866-397-9272 | www.dignityhealth.org/marktwainmedical/paymenthelp