# Mercy Medical Center Mt. Shasta Community Benefit 2020 Report and 2021 Plan

**Adopted November 2020** 





### A message from

Rodger Page, President and CEO of Mercy Medical Center Mt. Shasta, and Eva Jimenez, Chair of the Dignity Health North State Community Board.

Dignity Health's approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our initiatives to deliver community benefit include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

Mercy Medical Center Mt. Shasta shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2020 Report and 2021 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health hospitals in Arizona and Nevada voluntary produce these reports and plans, as well. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2020 (FY20), Mercy Medical Center Mt. Shasta provided \$1,705,257 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$6,479,527 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2020 Report and 2021 Plan at its November, 12, 2020 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching to out to Alexis Ross, Director Community Health at 530.225.6114 or by email at alexis.ross@dignityhealth.org.

Rodger Page President/CEO

Community Benefit FY 2020 Report and FY 2021 Plan

Chairperson, Board of Directors

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### **At-a-Glance Summary**

## Community Served



Mercy Medical Center Mt. Shasta serves a core service area population of approximately 17,110 residents. Siskiyou County is a rural county with the residents spread out over approximately 6,347 square miles. Due to the rural nature of the county, access to care is a consistent barrier for the many residents who are medically underserved and low-income and minority populations. The following zip codes make up the core service area for Mercy Medical Center Mt. Shasta: 96025, 96057, 96067, and 96094.

#### Economic Value of Community Benefit

\$1,705,257 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits

\$6,479,527 in unreimbursed costs of caring for patients covered by Medicare

#### Significant Community Health Needs Being Addressed

The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:



- Access to Care
- Maternal and Child Health
- Mental Health

### FY20 Programs and Services



The hospital delivered several programs and services to help address identified significant community health needs. These included:

- Bereavement Support Groups
- Childbirth Classes
- Community Health Screenings
- Community Health Education
- Community Grants
- Hope and Healing Support Group, for parents with early infant loss
- Involvement of nutritionist in public schools
- Lactation Counseling Services
- Mercy Mt. Shasta Auxiliary Free Transportation Service
- Provide cash and in-kind donations to local non-profit organizations

# FY21 Planned Programs and Services



For FY21, the hospital plans to build upon many of the FY20 initiatives and explore new partnership opportunities with Siskiyou County community organizations with the intention of them continuing over the next two years.

This document is publicly available online at, https://www.dignityhealth.org/north-state/locations/mercymtshasta/about-us/community-benefit.

Written comments on this report can be submitted to the Mercy Medical Center Mt. Shasta's Community Health Office, 914 Pine Street, Mt. Shasta, CA 96067 or by e-mail to alexis.ross@dignityhealth.org.

### Our Hospital and the Community Served

### About Mercy Medical Center Mt. Shasta

Mercy Medical Center Mt. Shasta is a member of Dignity Health, which is a part of CommonSpirit Health.

Mercy Medical Center Mt. Shasta is a non-profit health care facility designated a 25-bed Critical Access Hospital, accredited by The Joint Commission, and a member of the American Hospital Association. The Hospital is located off of California Interstate 5 in Mt. Shasta and the facility's campus is 14 acres in size located at the base of Mount Shasta. In addition to the acute care hospital, Mercy Medical Center Mt. Shasta also operates three Rural Health Clinics: Mercy Mt. Shasta Community Clinic, Mercy Lake Shastina Community Clinic and the Dignity Health Pine Street Clinic. With more than 250 skilled professionals and support staff, approximately 45 active doctors, and more than 80 dedicated volunteers, Mercy Mt. Shasta has been consistently named in the Top 100 Critical Access Hospitals by the National Rural Health Association.

#### Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

#### Our Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

### Financial Assistance for Medically Necessary Care

Mercy Medical Center Mt. Shasta delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of our 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 policy is at the end of this report. The financial assistance policy and plain language summary are on the hospital's web site.

### Description of the Community Served

Siskiyou County, California is located in the Northern-most region of California on the California-Oregon border with numerous mountain ranges dividing the county. Yreka, the largest town and the county seat, is located along the I-5 corridor along with the second largest town of Mount Shasta. Two critical access hospitals, Fairchild Medical Center in Yreka and Mercy Medical Center Mt. Shasta in Mt. Shasta, serve the county.

Siskiyou County is a geographically large county covering 6,347 square miles. As is the case for many rural counties, access to care is a consistent barrier for many residents, particularly for underserved, at-risk populations who live in geographically isolated communities.

Mercy Medical Center Mt. Shasta serves a core service area (CSA) comprised mostly of four zip codes in Southern Siskiyou County. Dignity Health hospitals define service



areas as the geographic area served by the hospital based on a percentage of hospital discharges and is also used in various other departments of the system and hospital, including strategy and planning. A summary description of the community's demographic indicators using Claritas Pop-Facts® 2020 and SG2 Market Demographic Module is listed below. Additional details can be found in the CHNA report online.

Total Population: 17,094Hispanic or Latino: 12.0%

• Race: 77.9% White, 2.0% Black/African American, 2.7% Asian/Pacific Islander, 5.4% All Others

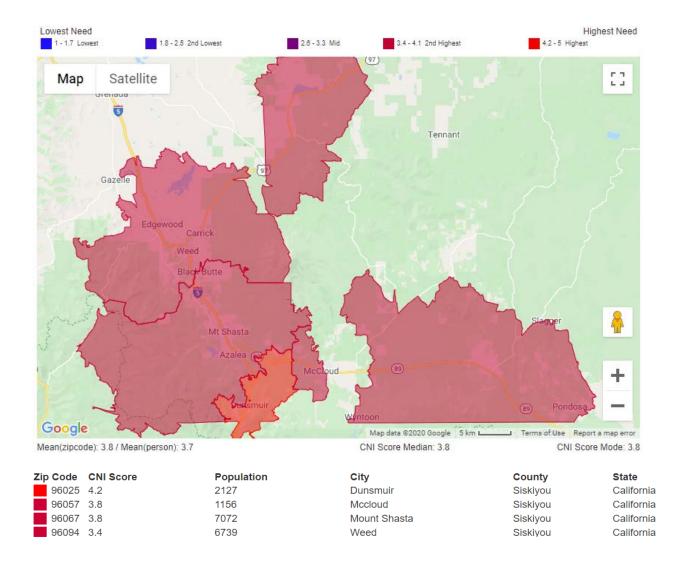
Below Poverty: 12.6%Unemployment: 6.2%

No High School Diploma: 6.7%
Medicaid (household): 8.6%
Uninsured (household): 5.7%

### Community Need Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and IBM Watson Health. 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.



### **Community Assessment and Significant Needs**

The hospital engages in multiple activities to conduct its 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, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

### Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in June, 2019.

The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at <a href="https://www.dignityhealth.org/north-state/locations/mercy-mtshasta/about-us/community-benefit">https://www.dignityhealth.org/north-state/locations/mercy-mtshasta/about-us/community-benefit</a> or upon request at the hospital's Community Health office.

### Significant Health Needs

The most recent community health needs assessment identified the following significant community health needs:

#### Access to Care

Accessing adequate health care is a challenge in rural communities across the state. Issues accessing care have been noted in all communities within Siskiyou County and in nearly all health disciplines, including primary care, specialty care, dental, and mental health. Physician recruitment and retention is especially difficult for rural areas. With rural areas payer mix being less ideal along with a smaller population to support the physician's practice, shortages are a continuous challenge.

#### • Maternal and Child Health

In a county health profile report published by the Family Health Outcomes Project in 2018, many maternal and child health issues were brought to light. Among the most concerning statistics were a high infant mortality rate, high domestic violence call rate, child abuse and neglect, and childhood food insecurity rate.

#### Mental Health

Access to mental health services is extremely difficult and has many barriers to entry. A severe shortage of mental health providers leaves those in need with long wait times for appointments and lack of treatment options. With the majority of mental health and behavioral health services being located in the county seat of Yreka, transportation to appointments also presents a significant barrier for those who live in other communities within the county. Long distances through the mountainous terrain limit public transportation options, when available, and cost limits accessibility for low-income individuals.

#### Significant Needs the Hospital Does Not Intend to Address

The hospital intends to take actions to address all of the prioritized significant health needs in the CHNA report, both through its own programs and services and with community partners. Lists and descriptions of those planned actions are included in this report.

### 2020 Report and 2021 Plan

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY20 and planned activities for FY21, with statements on anticipated impacts, planned collaboration, and patient financial assistance for medically necessary care. Program Digests provide detail on select programs' goals, measurable objectives, expenses and other information.

This report 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.

The anticipated impacts of the hospital's activities on significant health needs are summarized below, and for select program initiatives are stated in Program Digests. 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 works to evaluate



impact and sets priorities for its community health programs in triennial Community Health Needs Assessments.

### Creating the Community Benefit Plan

Mercy Medical Center Mt. Shasta is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

A broad approach with multi-disciplinary teams is taken when planning and developing initiatives to address priority health issues. During the initiative inception phase, Community Health Staff engages a core internal team that may include clinical staff, care coordinators and social workers, members of leadership teams at both the service area and local levels from Mission Integration, IT, Legal, Administration, Strategy, and Finance. These core teams help shape initiatives, provide internal perspective on issues, and help define appropriate processes, procedures and methodologies for measuring outcomes. In addition to internal core teams, Mercy Medical Center Mt. Shasta also widens the scope of program design and elicits design input, feedback, recommendations, and concerns from the North State Community Board; Mercy Medical Center Mt. Shasta Advisory Council; and Local Area Community Grant Committee.

## Impact of the Coronavirus Pandemic

In response to the Coronavirus pandemic, the Hospital recognized and responded to the ongoing health and basic needs of our community members. Hospital staff engaged in communication meetings with the Siskiyou County Public Health Department which allowed the hospital to respond promptly to the evolving needs of the community. The Hospital also provided funds to Siskiyou Food Assistance to help the organization to



respond to the increased demand of food assistance programs exacerbated by the Coronavirus pandemic.

Community Health staff also reached out to all local community partners, collaboratives, and coalitions and provided Coronavirus related patient education for distribution to their clients and family members. The Hospital's marketing team provided an essential role in disseminating frequent messaging through the use of social media to keep our community residents aware of any changes in the facility as a result of the pandemic.

In FY21, the Hospital plans to continue to monitor and respond to the community health needs of the community through creating capacity to meet the acute care needs of community members, as well as, leverage the community grants program to help our community partners meet the needs of their clients.

### Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.

Health Need	d: Access to Care		
Strategy or Program Name	Summary Description	Active FY20	Planned FY21
Health Screening	Free Mammogram Program (Ultrasound and MRI)	$\boxtimes$	$\boxtimes$
Transportation Assistance	Van service, taxi vouchers or bus tokens provided to patients who need assistance with access to our facilities.		

Podiatrist	The hospital has secured two Podiatrist to come to one of our clinics one day per month in response to the number one stated need by elders in the community in our recent CHNA	
Enhance access to Primary and Specialty Care	Continue to work with community stakeholders to review the 2019 Community Health Needs Assessment and identify the key issues to maximize the quality of ongoing health initiatives.	
Patient Financial Assistance	Provide 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.	
Provide services for vulnerable populations	Hospital involvement and encouragement for a local interdisciplinary community effort, Team Shasta, involving local politicians, police, business owners, and residents to address issues of hunger and homelessness.	

**Impact:** Improving health care services includes increasing access to and use of evidence-based preventive services. Through prevention efforts and improvements in accessing health care services community members will have better health outcomes, fewer disparities, and lower costs.

Collaboration: Mercy Medical Center Mt. Shasta will continue to partner with other local organizations that respond to the health needs of our community. Community-based collaborations have been a priority in past years and the hospital will continue to drive community benefit efforts in the future.

#### **Health Need: Maternal and Child Health**

Strategy or Program Name	Summary Description	Active FY20	Planned FY21
Prenatal Health	<ul><li>Lactation Counseling Services</li><li>Prenatal Breastfeeding Classes</li><li>Child Birth Classes</li></ul>		$\boxtimes$
Community Collaboration	Collaboration with First Five Book Program in Rural Health Clinic Setting	$\boxtimes$	
Community Collaboration	Partnerships with Great Northern Services Free Summer Lunch Program for children ages 18 and under	$\boxtimes$	$\boxtimes$

**Impact:** Improvements in maternal, infant and child health

Collaboration: Mercy Medical Center Mt. Shasta will continue to partner with other local organizations that respond to the health needs of our community. Community-based collaborations have been a priority in past years and the hospital will continue to drive community benefit efforts in the future.



#### **Health Need: Mental Health**

Strategy or Program Name	Summary Description	Active FY20	Planned FY21
Tele-Psychiatry	Psychiatrists are able to provide early evaluation and psychiatric intervention via remote consultations with patients, improving access to timely quality care.  Access is available to both the ED and inpatient setting.		
Co-Occurring Substance Disorder Treatment Program	Suboxone clinic with x-waiver physicians and also Increased the number of x-waivered Emergency Room physicians		
Mental Health Specialist	Clinical Psychiatrist in Rural Health Clinic	$\boxtimes$	
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		
Community Health Education	Bereavement/Grief Support Group	$\boxtimes$	
Behavioral Evaluation Services	Coordinate behavioral health evaluations with Siskiyou County Behavioral Health Department to assess patient needs and risks and to provide referrals 24-hours daily, 365 days per year to anyone who presents at the hospital Emergency Departments. These services are provided regardless of the individual's ability to pay or eligibility for care at our facility.		

**Impact:** The hospital's initiatives to address mental/behavioral health and co-occurring substance abuse have anticipated results in: increasing the community's knowledge of common mental health issues and how to deal with them, empowering the community to understand prescription drug abuse, and support projects that will impact the community's access to mental/behavioral health services.

**Collaboration:** Mercy Medical Center Mt. Shasta will continue to partner with other local organizations that respond to the health needs of our community. Community-based collaborations have been a priority in past years and the hospital will continue to drive community benefit efforts in the future.

### **Community Grants Program**

One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations.

In FY20, the hospital awarded the grants below totaling \$27,854. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Great Northern Services	Child Nutrition Programs	\$27,854

### **Program Digests**

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs. 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.

Access to Care	
Significant Health Needs Addressed	<ul><li>✓ Access to Care</li><li>□ Maternal and Child Health</li><li>✓ Mental Health</li></ul>
Program Description	Improvement in access to health care services and use of evidence-based preventive services.
Community Benefit Category	A – Community Health Improvement Services
FY 2020 Report	
Program Goal / Anticipated Impact	Through prevention efforts and improvements in accessing health care services community members will have better health outcomes, fewer disparities, and lower costs.
Measurable Objective(s) with Indicator(s)	Leverage community resources and create alignment among partners to increase community capacity and additional access to healthcare services
Intervention Actions for Achieving Goal	<ul> <li>Offer Free Mammogram Program (Ultrasound and MRI)</li> <li>Increase community capacity for accessing preventative care services in the community</li> </ul>

	Continue active participation on the Siskiyou Health Collaborative and assist with the development of a more robust healthcare workforce in Siskiyou County
Collaboration	Siskiyou Health Collaborative
Performance / Impact  Hospital's Contribution /	<ul> <li>16 women in Siskiyou County were eligible to receive the following services under the Free Mammogram program         <ul> <li>2 diagnostic mammograms</li> <li>11 ultrasounds</li> <li>3 screening mammograms</li> <li>1 MRI</li> <li>3 biopsies</li> </ul> </li> <li>The hospital owned clinics were able to expand operating hours to expand access to care in the evening and on Saturdays.</li> <li>The hospital was able to recruit an additional speech therapist, occupational therapist, and cardiac rehab specialist to help expand coverage of services.</li> <li>The Hospital President is a co-chair for the Siskiyou Health Collaborative.</li> <li>\$348,379</li> </ul>
Program Expense	
	FY 2021 Plan
Program Goal / Anticipated Impact	Through prevention efforts and improvements in accessing health care services community members will have better health outcomes, fewer disparities, and lower costs.
Measurable Objective(s) with Indicator(s)	Leverage community resources and create alignment among partners to increase community capacity and additional access to healthcare services
Intervention Actions for Achieving Goal	<ul> <li>Continue to offer the Free Mammogram Program (Ultrasound and MRI)</li> <li>Continue to recruit health professionals and physicians to Rural Health Clinics to increase community capacity for accessing healthcare services in the community</li> <li>Continue active participation on the Siskiyou Health Collaborative</li> </ul>
	and assist with the development of a more robust healthcare workforce in Siskiyou County

Maternal and Ch	nild Health
Significant Health Needs Addressed	<ul><li>□ Access to Care</li><li>✓ Maternal and Child Health</li><li>✓ Mental Health</li></ul>
Program Description	Maternal Opioid Training for Maternal and Child Health Providers
Community Benefit Category	A – Community Health Improvement Services
	FY 2020 Report
Program Goal / Anticipated Impact	A reduction in opioid exposed infants at birth or in early childhood
Measurable Objective(s) with Indicator(s)	Increase healthcare provider awareness of the number of opioid dependent mothers in Siskiyou County
Intervention Actions for Achieving Goal	<ul> <li>Provide an educational opportunity tool kit for maternal and child health providers in the community</li> <li>Early identification of opioid impaired mothers and get them into treatment sooner</li> <li>Explore offering home visits for post-partum mothers and babies</li> </ul>
Collaboration	Siskiyou Health Collaborative
Performance / Impact	Hospital Staff participated in program planning in early FY20. Due to unforeseen funding issues, the opioid reduction program was discontinued.
Hospital's Contribution / Program Expense	\$500
	FY 2021 Plan
Program Goal / Anticipated Impact	Improve the health and well-being of mothers, infants, and children.
Measurable Objective(s) with Indicator(s)	Provide education and skills management to increase community awareness and improve health behaviors that affect health, wellness, and quality of life.
Intervention Actions for Achieving Goal	Provide Safe sleep Education to the community to help reduce infant mortality rates  Output  Description:

Classes; and Child Birth Classes

Great Northern Services; First 5 Siskiyou

Community Renefit EV	2020 Paport	tand FV	2021	Dlan

Planned Collaboration

Provide Lactation Counseling Services; Prenatal Breastfeeding

Continue Partnership with Great Northern Services for the Free

Summer Lunch Program for children ages 18 and under Collaborate with First 5 Siskiyou to bring Adverse Childhood Experiences (ACEs) educational opportunities to community

Mental Health	
Significant Health Needs Addressed	<ul> <li>✓ Access to Care</li> <li>□ Maternal and Child Health</li> <li>✓ Mental Health</li> </ul>
Program Description	The hospital's initiatives to address access to behavioral health services are anticipated to result in: expanded access to behavioral health services; increased knowledge about how to access and navigate the health care system; and reduce barriers to care.
Community Benefit Category	A – Community Health Improvement Services
	FY 2020 Report
Program Goal / Anticipated Impact	Expanded access to behavioral health services
Measurable Objective(s) with Indicator(s)	Expand access to behavioral health services in outpatient rural clinics and increase availability of services in the community measured
Intervention Actions for Achieving Goal	<ul> <li>Partner with Siskiyou Against Rx Addiction</li> <li>Explore partnership with Senior Life Solutions to provide mental health support for the community</li> <li>Continue offering Suboxone clinic with x-waiver physicians</li> </ul>
Collaboration	Siskiyou Against Rx Addiction, Senior Life Solutions, and community providers
Performance / Impact	The hospital's Rural Health Clinic (RHC) provides Suboxone treatment for community members. The RHC has collaborated with the hospital's emergency room to assist with the Medication Assisted Treatment plan for a patient following their emergency room visit. This creates a smooth transition and continuum of care for the individual while continuing to decrease recreational drug use.
Hospital's Contribution / Program Expense	\$284,144
	FY 2021 Plan
Program Goal / Anticipated Impact	Expand access to behavioral health services for all community members and decrease recreational drug use
Measurable Objective(s) with Indicator(s)	Measure impact by documenting the number of patient encounters; collecting baseline data around "no show" rates
Intervention Actions for Achieving Goal	<ul> <li>Continue offering Suboxone clinic with x-waiver physicians</li> <li>Contract with Telemed 2 U to provide additional behavioral health services for the community</li> </ul>

Planned Collaboration	Siskiyou Against Rx Addiction, Senior Life Solutions, and other
	community providers

### Other Programs and Non-Quantifiable Benefits

The hospital delivers community programs, services 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.

#### **Scholarships**

Each year, Mercy Medical Center Mt. Shasta provides scholarships for graduating high school seniors from Siskiyou County on a competitive basis who have been accepted into health career tracks at the college and university level. This year, we received a large number of applications from highly qualified students and we awarded 4 scholarships in the amount of \$1000 each. These students will begin their studies in Fall 2020 at institutions such as College of the Siskiyou's, Oregon Institute of Technology, University of California at Davis, Stanford University, College of the Redwoods, and Southern Oregon University. They have chosen careers in nursing, medicine, physical therapy, research, and pharmacy.

#### **Non-Quantifiable Benefits**

Support of many environmental "green projects" including recycling aluminum, tin, glass, newspapers, batteries, plastic and cardboard. In FY2020 we recycled approximately 52% of our total waste. With these efforts it is estimated that Mercy Medical Center Mt. Shasta has kept 82.8 tons of recyclable products out of the landfill.

In FY2020, the "Sisters Emergency Fund" which is funded by contributions by staff members and the community provided gas vouchers, next-stop STAGE Bus passes, several Greyhound Bus tickets, overnight accommodation in a local motel, meal vouchers, and food assistance for patients and family members at times of need and emergency.

The staff of Mercy Medical Center Mt. Shasta raised \$200 and provided 250 lbs of food for the St Vincent DePaul Food Pantry in Mt Shasta City at Thanksgiving.

The staff of Mercy Medical Center Mt. Shasta, in partnership with CASA (Court Appointed Special Advocates) provided Christmas gifts (valued at \$25 each) in December 2019 for 100 children in foster care as well as their foster care siblings.

### **Economic Value of Community Benefit**

### 152 Mercy Medical Center Mt. Shasta **Complete Summary - Classified Including Non Community Benefit (Medicare)** For period from 7/1/2019 through 6/30/2020

	Persons	Net Benefit	% of Expenses
<b>Benefits for Poor</b>			
Financial Assistance	1,287	1,228,790	2.0%
Medicaid	9,506	417,903	0.7%
Means-Tested Programs	1	5,011	0.0%
<b>Community Services</b>			
E - Cash and In-Kind Contributions*	2	0	0.0%
G - Community Benefit Operations	0	14,007	0.0%
<b>Totals for Community Services</b>	2	14,007	0.0%
Totals for Poor	10,796	1,665,711	2.7%
<b>Benefits for Broader Community</b>			
<b>Community Services</b>			
A - Community Health Improvement Services	366	16,471	0.0%
E - Cash and In-Kind Contributions	13	21,659	0.0%
F - Community Building Activities	16	1,416	0.0%
<b>Totals for Community Services</b>	395	39,546	0.1%
<b>Totals for Broader Community</b>	395	39,546	0.1%
<b>Totals - Community Benefit</b>	11,191	1,705,257	2.7%
Medicare	17,548	6,479,527	10.3%
Totals with Medicare	28,739	8,184,784	13.0%

<sup>\*</sup>Cash and in-kind contributions reported at \$0 net benefit due to return of a large donation in the fiscal year.

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Office of Statewide Health Planning and Development in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of Medicaid and other means-tested programs is calculated using a cost-tocharge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

### **Hospital Board and Committee Rosters**

#### FY 2021 DIGNITY HEALTH NORTH STATE SERVICE AREA **COMMUNITY BOARD MEMBERS**

Eva, Jimenez, Chairperson

Riico Dotson, M.D., Secretary

Todd Strumwasser, M.D., SVP Northern California Division

Fernando Alvarez, M.D.

Diane Brickell

Sister Clare Marie Dalton

Ryan Denham

Piyush Dhanuka, M.D.

Sandra Dole

Alan Foley

Nikita Gill, M.D.

David Holst, M.D.

Hillary Lindauer

Sister Bridget McCarthy

Patrick Quintal, M.D.

Guarav Wahi, D.O.

Any communications to Board Members should be made in writing and directed to:

Lynn Strack, Executive Assistant Dignity Health North State P.O. Box 496009 Redding, CA 96049-6009 (530) 225-6103 (530) 225-6118 fax

#### **Mercy Medical Center Mt. Shasta COMMUNITY ADVISORY COUNCIL – FY2021**

- Rodger Page, President, Mercy Medical Center Mt. Shasta
- Diane Brickell, McCloud, Health Clinic Board member, and Dignity Health North State Service Area Community Board Member
- Keith Cool, Business Owner
- Jim Cross, Mercy Foundation North Board member, large business owner, and Dignity Health North State Service Area Community Board Member
- Lori Harch, School Board member
- James Langford, retired teacher
- Russ Porterfield, Business Owner
- Mike Rodriguez, Mt. Shasta City Parks & Recreation Director
- Norma Stone, McCloud area representative, retired Mercy employee
- Karen Teuscher, Community Member, Past Dignity Health North State Service Area Community Board Member

#### Other Participants:

- Elizabeth Pulatie, CNE
- Joyce Zwanziger, MMCMS Director, Business Operations

### **Financial Assistance Policy Summary**

#### **Summary Of Financial Assistance Programs**

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or underinsured 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 250% 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 250-350% 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 for your hospital.

Mercy Medical Center - Mt. Shasta 914 Pine St, Mt. Shasta, CA 96067 | Financial Counseling 530-926-7245 Patient Financial Services 888-488-7667 | www.dignityhealth.org/mercy-mtshasta/paymenthelp

Mercy Medical Center - Redding 2175 Rosaline Ave, Redding, CA 96001 | Financial Counseling 530-225-6312 | Patient Financial Services 888-488-7667 | www.dignityhealth.org/mercy-redding/paymenthelp

St. Elizabeth Community Hospital 2250 Sister Mary Columba Drive, Red Bluff, CA 96080 Financial Counseling 530-529-8079 | Patient Financial Services 888-488-7667 www.dignityhealth.org/stelizabethhospital/paymenthelp

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