



**San Gorgonio Memorial Hospital
Implementation Strategy
Report**

2022-24



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Letter from CEO



Dear Community,

San Geronio Memorial Hospital (SGMH) has engaged in and completed an intensive process that has been developed out of both primary and secondary research, to assess the community's health needs. The process resulted in the identification of needs and then the Board of Directors review and selection of health needs that they felt the organization could impact over the course of the next 3 years. The 2022 Community Health Needs Assessment which includes the Community Health Implementation Plan, is a requirement of the Affordable Care Act of 2010 which is a process with the goals of impacting the community health needs in a structured manner. The process involved rigorous assessment and analysis and identifying programs and collaboration thru community partnerships to make a difference in the health needs of the community. Thank you to all that participated from the community. We are looking forward to another 3 years of partnering with the community thru the many programs we continue to engage in as well as new programs, to improve the community health needs that we see impacting our local and regional area.

Sincerely,

A handwritten signature in black ink that reads "Steve Barron". The signature is written in a cursive, flowing style.

Steve Barron, CEO
San Geronio Memorial Hospital

Executive Summary

Introduction and Purpose

San Geronio Memorial Hospital (SGMH) is pleased to share its Community Health Implementation Strategy. This follows the development of its 2022 Community Health Needs Assessment (CHNA) in accordance with requirements in the Affordable Care Act. The Community Health Needs Assessment (CHNA) represents our commitment to improving health outcomes in our community through rigorous assessment of health status in our market, incorporation of stakeholder's perspectives, and adoption of related implementation strategies to address priority health needs. The CHNA is conducted not only to partner for improved health outcomes but also to satisfy our annual community benefit obligations by meeting requirements that are outlined in section 501(r)(3) of the Federal IRS Code, as well as, under the Affordable Care Act of 2010. The goals of this assessment were to:

- Engage public health and community stakeholders including low-income, minority, and other underserved populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors, and social determinants that impact health
- Identify community resources and collaborate with community partners
- Use assessment findings to develop and implement a Community Health Plan (implementation strategy) based on the Hospital's prioritized issues.

Identified Needs

The results of the CHNA guided the creation of this document and aided us in how we could best provide for our community and the most vulnerable among us. As a result, San Geronio Memorial Hospital has adopted the following priority areas for our community health investments for 2022-2025:

- Prevention and Management of Chronic Diseases
 - Diabetes
 - Obesity
 - Asthma
 - Heart Disease
 - Cancer
 - Nutrition & Physical Activity
- Access to Health Services
 - Affordability/Insurance
 - Transportation
 - Shortage of primary care and specialty physicians
- Mental and Behavioral Health
 - Substance Abuse
 - Intensive outpatient Program

Building a healthy environment requires multiple stakeholders working together with a common purpose. We invite you to join us as we imagine a healthier region and collectively work together to find solutions to create a healthier community for all.

San Gorgonio Memorial Hospital Overview

Hospital Identifying Information

San Gorgonio Memorial Hospital (SGMH) is located in Banning, California, a rural area in the northwestern portion of Riverside County, between Riverside and Palm Springs. The SGMH District area is populated by approximately 95,000 year-round residents. SGMH is the only acute care hospital within the District's boundaries, commonly referred to as the San Gorgonio Pass area and includes the communities of Banning, Beaumont, Calimesa, Cabazon, Cherry Valley, and Whitewater.



Mailing Address: 600 N Highland Springs Ave, Banning, CA 92220

Contact Information: Steve Barron, 951-769-2160

Website: <https://www.sgmh.org>

Mission, Vision and Values

Mission Statement: To provide safe, high-quality, personalized healthcare services.

Our Vision: Patients trust San Gorgonio Memorial Hospital to provide safe, personalized healthcare services.

Our Values:

- We make those we serve our highest priority
- We respect privacy and confidentiality
- We communicate effectively
- We conduct ourselves professionally
- We have a sense of ownership
- We are committed to each other and to our community

Hospital Service Area

A hospital service area is “defined” as the geographic area where a hospital receives the majority of hospital admissions. Service areas are divided into two subsets, “primary” and “secondary”. The data source for the patient zip codes was derived from the 2017 Services/Discharges from the Office of Statewide Health Planning and Development (OSHPD) file using the SpeedTrack analytics platform.

Service Area

Primary Service Area (PSA)

Zip Code	% Patients	City
92220	38.58	Banning
92223	31.10	Beaumont

Secondary Service Area (SSA)

Zip Code	% Patients	City
92230	3.87	Cabazon
92399	3.79	Yucaipa
92583	2.81	San Jacinto
92320	2.29	Calimesa
92544	1.78	Hemet
92543	1.41	Hemet
92582	1.16	San Jacinto
92545	1.14	Hemet

Riverside County

Category	Visits by Volume					Avoidable Visits				
	2017	2018	2019	2020	2019-2020 Vol Change	2017	2018	2019	2020	Point Change
Riverside County Total	722,692	707,863	731,694	566,008	-165,686	53%	53%	54%	48%	-4
Top 5 Payers by Volume	2017	2018	2019	2020	2019-2020 Vol Change	2017	2018	2019	2020	Point Change
Medicaid (Medi-Cal)	369,094	354,445	360,025	258,450	-101,575	56%	56%	56%	51%	-5
Health Maintenance Organization (HMO)	99,761	95,453	102,074	86,728	-15,346	50%	50%	51%	47%	-3
Health Maintenance Organization (HMO) Medicare Risk	79,783	84,796	93,722	80,684	-13,038	50%	50%	51%	46%	-3
Self-Pay	51,632	51,932	52,501	41,950	-10,551	50%	50%	51%	47%	-2
Medicare Part B	51,415	50,393	49,472	37,594	-11,878	50%	50%	53%	47%	-3
Age Groups	2017	2018	2019	2020	2019-2020 Vol Change	2017	2018	2019	2020	Point Change
Under 1 Year	20,304	18,727	19,633	10,687	-8,946	65%	65%	64%	57%	-8
1-17 Years	147,905	140,679	147,542	81,081	-66,461	56%	56%	57%	51%	-5
18-34 Years	192,052	187,464	190,596	159,992	-30,604	51%	51%	51%	47%	-4
35-64 Years	248,295	244,679	250,933	213,910	-37,023	53%	53%	54%	49%	-4
65 Years or Greater	114,136	116,314	122,990	100,338	-22,652	49%	49%	51%	46%	-3
Social Determinants	2017	2018	2019	2020	2019-2020 Vol Change	2017	2018	2019	2020	Point Change
Housing and Economic	1,611	955	789	918	129	41%	41%	45%	40%	-2
Employment	38	32	41	305	264	29%	19%	32%	47%	18
Primary Support Group and Family	129	172	190	278	88	36%	30%	43%	34%	-1
Social Environment	80	97	103	105	2	25%	36%	37%	35%	10
Upbringing	88	125	115	94	-21	36%	33%	37%	19%	-17
Other Psychosocial Circumstances	107	70	57	94	37	36%	24%	30%	27%	-9
Occupational Risk	109	101	86	66	-20	17%	17%	13%	14%	-3
Education and Literacy	1	10	6	9	3	100%	20%	33%	11%	-89
Psychosocial Circumstances	1	1	1	5	4	100%	100%	0%	100%	0
Race/Ethnicity	2017	2018	2019	2020	2019-2020 Vol Change	2017	2018	2019	2020	% Change
Asian / Pacific Islander	16,231	16,788	18,073	13,910	-4,163	54%	54%	54%	49%	-5
Black / African American	73,337	72,729	73,012	55,053	-17,959	56%	55%	56%	52%	-4
Hispanic or Latino	322,456	323,957	344,199	262,771	-81,428	55%	55%	56%	50%	-6
White	274,728	260,039	259,377	204,788	-54,589	49%	49%	50%	46%	-4

San Geronio Memorial Hospital PSA Population Projections by Demographic Cohort

The fastest-growing population group in race in the San Geronio PSA is White, followed by Black/African American and Multiracial. The number of people 65+ is expected to increase significantly, while the 1–17 group will decline (although the number of births is expected to increase).

Gender	2023	2024	2025	2026	2027	% Change
Female	45,925	46,553	47,155	47,715	48,225	5.0%
Male	43,417	44,062	44,623	45,090	45,570	5.0%

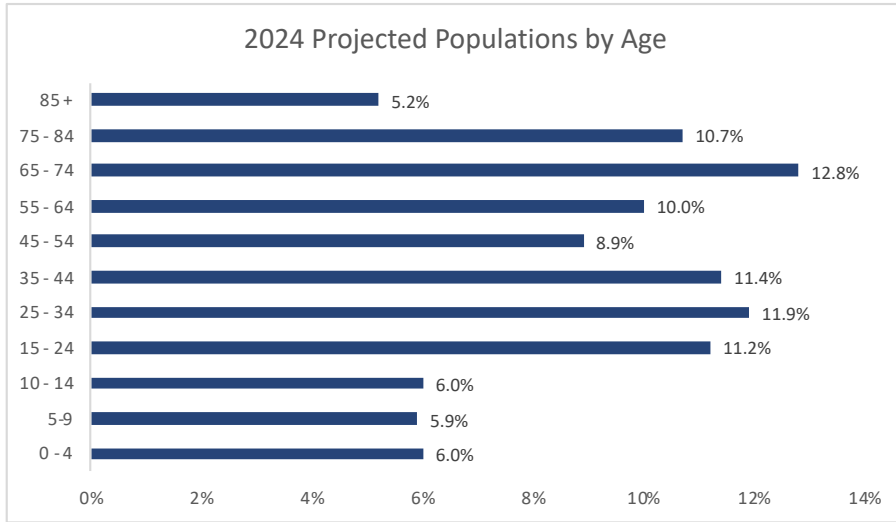
Race	2023	2024	2025	2026	2027	% Change
American Indian / Alaskan Native / Eskimo / Aleut	1,370	1,386	1,396	1,407	1,423	3.9%
Asian / Pacific Islander	5,482	5,559	5,625	5,671	5,729	4.5%
Black / African American	5,075	5,182	5,245	5,300	5,343	5.3%
Hispanic or Latino	33,732	34,127	34,562	34,877	35,204	4.4%
Multiracial	2,036	2,055	2,082	2,118	2,139	5.1%
Native Hawaiian / Other Pacific Islander	127	127	130	131	130	2.4%
Other Race	107	107	107	107	107	0.0%
White	41,413	42,072	42,631	43,194	43,720	5.6%

Ethnicity	2023	2024	2025	2026	2027	% Change
Hispanic or Latino	33,732	34,127	34,562	34,877	35,204	4.4%
Non-Hispanic or Non-Latino	55,610	56,488	57,216	57,928	58,591	5.4%

Age Range	2023	2024	2025	2026	2027	% Change
Under 1 Year	1,084	1,097	1,110	1,117	1,118	3.1%
1–17 Years	17,632	17,612	17,561	17,576	17,574	-0.3%
18–34 Years	20,196	20,438	20,629	20,781	20,858	3.3%
35–64 Years	28,504	28,757	29,023	29,193	29,494	3.5%
65 Years or Greater	21,926	22,711	23,455	24,138	24,751	12.9%

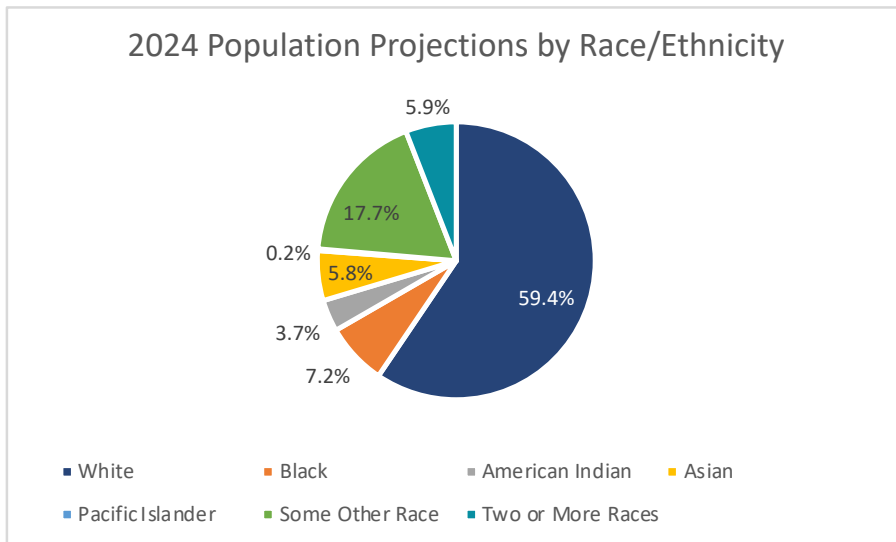
Total Population Trend	89,342	90,615	91,778	92,805	93,795	5.0%
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Community Profile - Banning Quick Facts - 2024 Projections



2024 Population by Sex

Males	17,012
Females	17,845

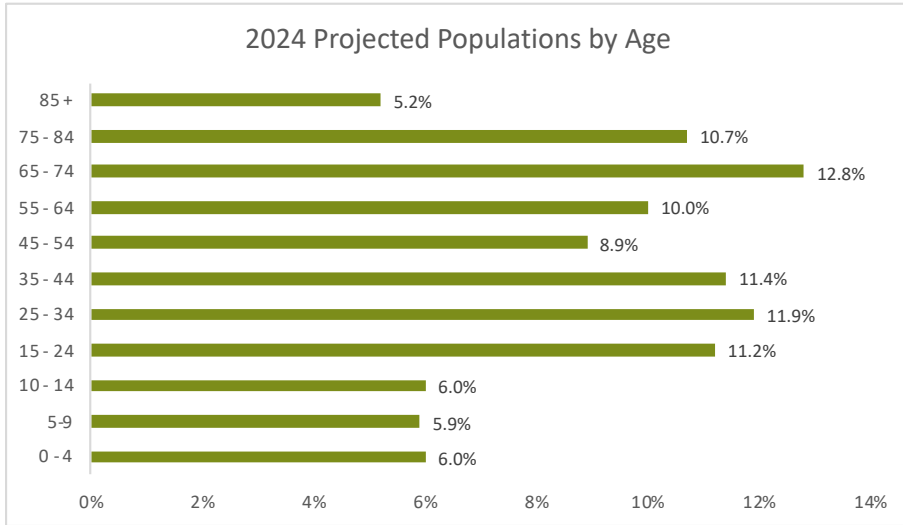


2024 Population by Race

Hispanic Origin	48%
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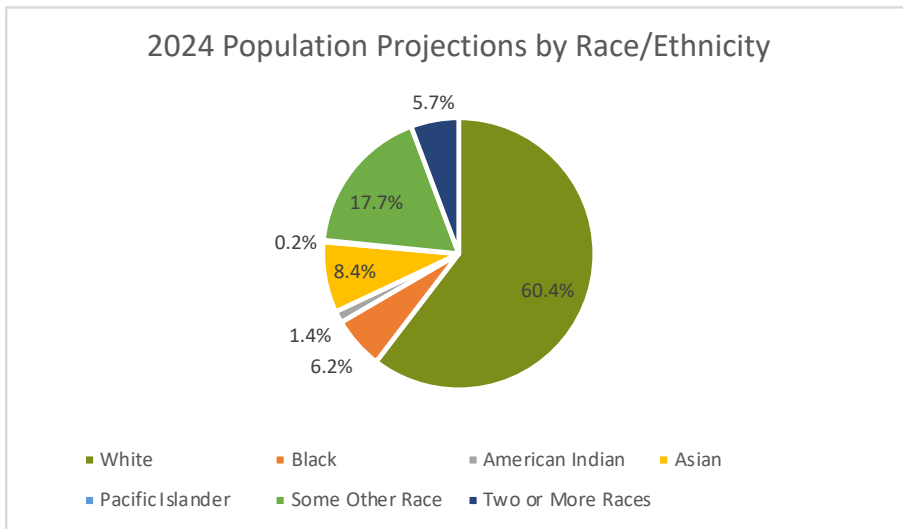
Data Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2019 and 2024 Esri converted Census 2000 data into 2010 geography. Retrieved October 2019.

Community Profile - Beaumont Quick Facts - 2024 Projections



2024 Population by Sex

Males	29,494
Females	31,257



2024 Population by Race

Hispanic Origin	44.9%
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Data Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2019 and 2024 Esri converted Census 2000 data into 2010 geography. Retrieved October 2019.



San Gorgonio Memorial Hospital

San Gorgonio Memorial Hospital (SGMH) is a 79-bed general acute care hospital located in Banning, California, a rural area in the northwestern region of Riverside County.

The community-based hospital is dedicated to providing acute care services to the residents of the San Gorgonio Pass area. It is the only acute care hospital in the San Gorgonio Memorial Health Care District, which has approximately 90,000 year-round residents. The district includes the cities of Banning and Beaumont, a portion of Calimesa and the neighboring unincorporated areas of Cabazon, Cherry Valley and Whitewater.

SGMH offers many services, including 24-hour emergency care, robotic surgery, cardiology, teleneurology and advanced imaging.

The hospital's primary service area comprises zip codes 92220 and 92223; its secondary service area is the rest of the hospital district.

Appendix A provides demographic information about the San Gorgonio Memorial Hospital PSA.

Mental and Behavioral Health

- Shortage of mental health providers
- HPSA (Health Professional Shortage Area) — Mental Health
- High rate of substance use disorder deaths
- High rate of depression in Medicare beneficiaries

Infant and Maternal Health

- High infant death rate
- High percentage of low birthweight babies
- High rate of tobacco use during pregnancy
- High rate of pre-term births

San Geronio Memorial Health Care District is especially concerned with infant and maternal health outcomes. Our intention is to build outpatient womens services over the next three years to improve outcomes especially for poor and under-served women. In addition, we intend to provide more education and community outreach regarding under-served populations in our district after years of covid isolation.

Basic Needs for Health and Safety

- HPSA (Health Professional Shortage Area) – mental health
- HPSA (Health Professional Shortage Area) – Dental
- High rate of premature death
- High population of people with disabilities
- Lower life expectancy

Humane Housing

- Low rate of multi-family housing

Meaningful Work and Wealth

- Lack of high-paying jobs
- Low median household income

Hospital Disease Data

The following disease findings specific to San Geronio Memorial Hospital's PSA were compiled by SpeedTrack. The 2016–2020 hospital data were derived from California's Department of Health Care Access and Information (HCAI) and integrated with data from the federal Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA) and the U.S. Census Bureau.

- Black/African American males and females over age 65 have the highest number of chronic conditions.
- Hypertension is the primary chronic condition in males and females ages 35–64 and over 65, especially in Black/African American populations.
- Anemia, diabetes, kidney disease and obesity are major issues for all people over 35.
- Depression and depressive disorders are the primary chronic conditions in male and female youth ages 0–17.
- Medi-Cal is the primary payer for Black/African American and Hispanic/Latino adults under age 65.
- ED mental health use declined in 2020, likely due to COVID-19.

Appendix P provides detailed information about chronic conditions, avoidable ED visits, payers and mental health visits.

Burden of Disease and Vital Conditions

The following indicators for each burden of disease and vital conditions priority note some of the specific causal factors in San Geronio Memorial Hospital's primary service area. The information below also highlights opportunities for improvement identified by comparing the hospital PSA results to the state benchmark.

Cardiovascular Disease and Diabetes

- High obesity rate
- High cholesterol rate
- High rate of hypertension
- High rate of smoking
- High stroke rate
- High diabetes rate
- High rate of heart attack, heart disease and heart failure
- Low rates of heart disease hospitalizations in Medicare beneficiaries

Mental and Behavioral Health

- Shortage of mental health providers
- HPSA (Health Professional Shortage Area) — Mental Health
- High rate of drug use disorder deaths
- High rate of depression in Medicare beneficiaries

Infant and Maternal Health

- High infant death rate
- High percentage of low birthweight babies
- High rate of tobacco use during pregnancy
- High rate of pre-term births

Basic Needs for Health and Safety

- High percentage of people without supermarket access
- HPSA (Health Professional Shortage Area) — Mental Health
- HPSA (Health Professional Shortage Area) — Dental
- High percentage of uninsured adults
- High rate of premature death
- High population of people with disabilities

Humane Housing

- Low rate of multi-family housing

Meaningful Work and Wealth

- Lack of high-paying jobs
- High rate of people on public assistance
- Low median household income
- High poverty rate
- High child poverty rate

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **SAN GORGONIO MEMORIAL HOSPITAL** Employer identification number **33-0420041**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			254,513.		254,513.	.29%
b Medicaid (from Worksheet 3, column a)			7253710.	15972392.	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)			63100940.	58453430.	4647510.	5.30%
d Total. Financial Assistance and Means-Tested Government Programs			70609163.	74425822.	4902023.	5.59%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			7,792.		7,792.	.01%
f Health professions education (from Worksheet 5)			628,492.		628,492.	.72%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			636,284.		636,284.	.73%
k Total. Add lines 7d and 7j			71245447.	74425822.	5538307.	6.32%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group SAN GORGONIO MEMORIAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a Hospital facility's website (list url): <u>SGMH.ORG</u>		
b Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SGMH.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group SAN GORGONIO MEMORIAL HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g Residency		
h Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a The FAP was widely available on a website (list url): _____		
b The FAP application form was widely available on a website (list url): _____		
c A plain language summary of the FAP was widely available on a website (list url): _____		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j Other (describe in Section C)		

Schedule H (Form 990) 2021

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group SAN GORGONIO MEMORIAL HOSPITAL

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a Reporting to credit agency(ies)		
b Selling an individual's debt to another party		
c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d Actions that require a legal or judicial process		
e Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a Reporting to credit agency(ies)		
b Selling an individual's debt to another party		
c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d Actions that require a legal or judicial process		
e Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e Other (describe in Section C)		
f None of these efforts were made		

Policy Relating to Emergency Medical Care

	Yes	No
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:		
a The hospital facility did not provide care for any emergency medical conditions		
b The hospital facility's policy was not in writing		
c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group SAN GORGONIO MEMORIAL HOSPITAL

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2021

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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SAN GORGONIO MEMORIAL HOSPITAL:

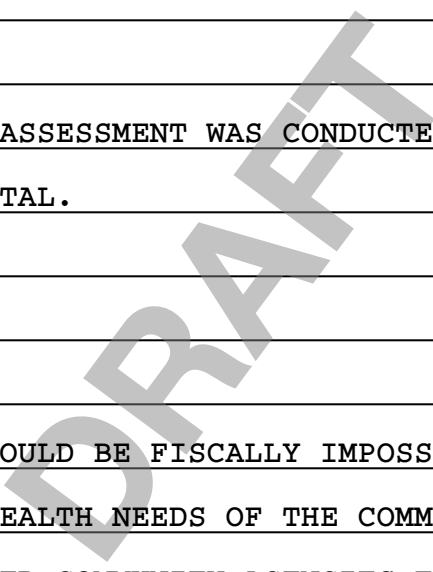
PART V, SECTION B, LINE 5: DISTRICT BOARD AND COMMUNITY LEADERS WERE CONTACTED FOR INFORMATION AND THE NEEDS ASSESSMENT WAS PRODUCED BY AND WITH OTHER HOSPITALS IN THE AREA.

SAN GORGONIO MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 6A: THE ASSESSMENT WAS CONDUCTED IN COLLABORATION WITH LOMA LINDA UNIVERSITY HOSPITAL.

SAN GORGONIO MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 11: IT WOULD BE FISCALLY IMPOSSIBLE FOR THE HOSPITAL TO ADDRESS ALL OF THE HEALTH NEEDS OF THE COMMUNITY, BUT THROUGH CONTINUED COLLABORATION WITH OTHER COMMUNITY AGENCIES THE HOSPITAL HOPES TO CONTINUE TO IDENTIFY PRIORITY AREAS WHERE THEY CAN MAKE THE MOST IMPACT. THE HOSPITAL HAS IDENTIFIED ACCESS TO HEALTH CARE, BEHAVIORAL HEALTH, WOMEN'S HEALTH SERVICES, AND CHRONIC DISEASE WITH A SPECIAL EMPHASIS ON HEART DISEASE AS THEIR PRIORITY AREAS. THESE WERE CHOSEN AS BROAD PRIORITIES TO ADDRESS A WIDE SPECTRUM OF INTERVENTIONS IN PARTNERSHIP WITH THE COMMUNITY. A FOCUS WILL ALLOW TRUE IMPACT VERSUS BEING FRAGMENTED AND INEFFECTIVE. A DETAILED COMMUNITY HEALTH PLAN HAS BEEN DEVELOPED WITH KEY METRICS FOR EACH OF THE PRIORITY AREAS.



Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 12,546,840.

PART II, COMMUNITY BUILDING ACTIVITIES:

WE SUPPLIED HEALTHY BALANCES MEALS TO OUR HOMEBOUND SENIORS THAT NEEDED ASSISTANCE AND TO OUR AUXILIARY MEMBERS WHO GRACIOUSLY DONATE THEIR TIME TO ASSIST AT THE HOSPITAL. ALSO, WE HAVE HAD MANY CLASSES FOR OUR ASSOCIATES AS WELL AS TUITION ASSISTANCE TO FURTHER THEIR CAREER.

PART III, LINE 2:

THE COSTING METHODOLOGY USED TO DETERMINE THE AMOUNTS REPORTED INCLUDES THE COST TO CHARGE RATIO OF PATIENT CARE

PART III, LINE 3:

BAD DEBT EXPENSE ATTRIBUTABLE TO CHARITY CARE POLICY CANNOT BE DETERMINED.

Part VI Supplemental Information (Continuation)

THE HOSPITAL DID NOT TRACK THE AMOUNT OF BAD DEBT EXPENSE THAT COULD REASONABLY BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY, AND FURTHERMORE SUFFICIENT INFORMATION WAS NOT OBTAINED FROM ALL PATIENTS THAT MIGHT BE ELIGIBLE TO MAKE THIS DETERMINATION AND CALCULATION.

PART III, LINE 4:

THE FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE DESCRIBING BAD DEBT EXPENSE. HOWEVER, THERE IS A FOOTNOTE THAT DISCUSSES CHARITY CARE AND COMMUNITY BENEFIT EXPENSE.

PART III, LINE 8:

ANY SHORTFALL IS DEEMED A COMMUNITY BENEFIT IN ITS ENTIRETY.

PART III, LINE 9B:

IT IS THE POLICY OF SAN GORGONIO MEMORIAL HOSPITAL THAT ALL PATIENTS WILL BE TREATED FAIRLY IN PRICING AND COLLECTION PRACTICES. THE HOSPITAL'S REGISTRATION AND PATIENT FINANCIAL SERVICES STAFF WILL MAKE A REASONABLE ATTEMPT TO ESTIMATE EACH PATIENT'S LIABILITY. THE HOSPITAL'S PFS STAFF, IN CONJUNCTION WITH CONTRACTED EARLY OUT AGENCIES WILL MAKE A SUBSEQUENTLY ATTEMPT TO COLLECT EACH PATIENT'S LIABILITY AND TO OFFER DISCOUNT AND CHARITY CARE APPLICATIONS. THIS IS OFFERED IN COMPLIANCE WITH CALIFORNIA ASSEMBLY BILL 774 (STATUTES OF 2006) AND SB 1276 (CHAPTER 758, STATUES OF 2014). THIS POLICY DOES NOT APPLY TO ANY PHYSICIAN SERVICES RENDERED AT SGMH.

PART VI, LINE 2:

THE MANAGEMENT TEAM, HOSPITAL DEPARTMENT STAFF AND MANAGERS, AND THE BOARD

Part VI Supplemental Information (Continuation)

OF DIRECTORS ARE COMPRISED OF COMMUNITY MEMBERS. THEY ARE ABLE TO GATHER AND COMMUNICATE THE HEALTH CARE NEEDS OF THE COMMUNITY THE HOSPITAL SERVES AND CONTINUALLY ADDRESS THEM AT STAFF AND BOARD MEETINGS. THE MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY IS PUBLICLY AVAILABLE ON THE INTERNET AT: HTTP://WWW.SGMH.ORG. THE HOSPITAL CONDUCTED A CHNA/IMPLEMENTATION STRATEGY IN 2019 THAT IS ALSO POSTED ON THE ORGANIZATION'S WEBSITE, AND WILL BE APPLICABLE TO THE COMING FEW YEARS' FORM 990S.

PART VI, LINE 3:

IT IS THE HOSPITAL'S POLICY THAT WHEN IT BECOMES APPARENT THAT A PATIENT MAY HAVE DIFFICULTY IN MEETING HIS/HER FINANCIAL RESPONSIBILITY TO THE HOSPITAL, THE PATIENT WILL BE REQUESTED TO COMPLETE THE APPLICATION PROCESS FOR CALIFORNIA MEDI-CAL AND/OR OTHER AVAILABLE PROGRAMS. HOSPITAL STAFF ASSIST IN THE APPLICATION PROCESS. PATIENTS WHO DO NOT QUALIFY FOR CALIFORNIA MEDI-CAL OR OTHER ASSISTANCE MAY APPLY FOR THE HOSPITAL'S ASSISTANCE PROGRAM.

PART VI, LINE 4:

THE HOSPITAL IS A RURAL HOSPITAL LOCATED IN THE PASS AREA OF RIVERSIDE COUNTY. IT PRIMARILY SERVES THE CITIES OF BANNING, BEAUMONT, CABAZON, AND CALIMESA, CALIFORNIA. THE POPULATION SERVED IS HIGH-RISK DUE TO POVERTY LEVEL INCOMES, LOW EDUCATION LEVELS, AND HIGH DRUG USE. THE COUNTY HAS AN UNEMPLOYMENT RATE OF 8.7%. THE HOSPITAL'S PAYOR MIX INCLUDES APPROXIMATELY 31% MEDI-CAL RECIPIENTS AND 5% UNINSURED.

PART VI, LINE 5:

THE HOSPITAL CONTINUES TO STRIVE TO MEET THE HEALTH NEEDS OF ITS COMMUNITY

Part VI Supplemental Information (Continuation)

AS THESE NEEDS EVOLVE.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CA

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Approval

This Implementation Strategy Report was approved on May 2, 2023, by the San Geronio Memorial Hospital Board of Directors. The final report was made widely available on May 5, 2023.

Susan DiBiasi
SGMH Board Chair

Date



SAN GORGONIO
MEMORIAL HOSPITAL

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