

Exhibit A  
Schedule H to Cedars-Sinai's IRS Form 990

*[See attached.]*

**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.  
► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

CEDARS-SINAI MEDICAL CENTER

Employer identification number

95-1644600

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> 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		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?	X	
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 _____ %		
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 450 %		
<b>c</b> 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.		
<b>4</b> 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"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> 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?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

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						
Financial Assistance and Means-Tested Government Programs	(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
<b>a</b> Financial Assistance at cost (from Worksheet 1)			5,064,424.		5,064,424.	.17%
<b>b</b> Medicaid (from Worksheet 3, column a)			327,457,460.	252,059,439.	75,398,021.	2.57%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			5,282,710.	3,654,479.	1,628,231.	.06%
<b>d</b> Total Financial Assistance and Means-Tested Government Programs			337,804,594.	255,713,918.	82,090,676.	2.80%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			26,900,543.	93,245.	26,807,298.	.92%
<b>f</b> Health professions education (from Worksheet 5)			76,053,964.	10,790,450.	65,263,514.	2.23%
<b>g</b> Subsidized health services (from Worksheet 6)			18,648.	10,094.	8,554.	.00%
<b>h</b> Research (from Worksheet 7)			183,050,294.	102,002,693.	81,047,601.	2.77%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			4,514,091.		4,514,091.	.15%
<b>j</b> Total, Other Benefits			290,537,540.	112,896,482.	177,641,058.	6.07%
<b>k</b> Total, Add lines 7d and 7j			628,342,134.	368,610,400.	259,731,734.	8.87%



<b>Part V</b>	<b>Facility Information</b>
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## Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

[illegible]

**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 CEDARS-SINAI MEDICAL CENTERLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
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 <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</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 <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>CEDARS-SINAI.EDU/COMMUNITY-BENEFIT/COMMUNITY-NEEDS-ASSESSMENT</u>		
b <input type="checkbox"/> Other website (list url):		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>CEDARS-SINAI.EDU/COMMUNITY-BENEFIT/COMMUNITY-NEEDS-ASSESSMENT/</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
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 CEDARS-SINAI MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> X	
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>450</u> %		
b <input type="checkbox"/> 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 type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? 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):	<b>15</b> X	
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 <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>16</b> X	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b> 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 non-payment?	<b>17</b> X	
<b>18</b> 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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

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**Part V** Facility Information (continued)

Name of hospital facility or letter of facility reporting group CEDARS-SINAI MEDICAL CENTER

- 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? .....

	Yes	No
19		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 ☐ Actions that require a legal or judicial process  
 d ☐ 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 ☒ Notified individuals of the financial assistance policy on admission  
 b ☒ Notified individuals of the financial assistance policy prior to discharge  
 c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills  
 d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy  
 e ☐ Other (describe in Section C)  
 f ☐ None of these efforts were made

**Policy Relating to Emergency Medical Care**

- 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? .....

	Yes	No
21	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)

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

- 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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged  
 b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged  
 c ☒ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged  
 d ☐ Other (describe in Section C)

- 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? .....

	Yes	No
23		X

If "Yes," explain in Section C.

- 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? .....

	Yes	No
24		X

If "Yes," explain in Section C.

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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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

CEDARS-SINAI MEDICAL CENTER:

PART V, SECTION B, LINE 3J: TO IDENTIFY THE UNMET HEALTH NEEDS OF THE COMMUNITIES, AND TO PROVIDE A FRAMEWORK FOR PRIORITIZING ITS COMMUNITY HEALTH PROGRAMS, CEDARS-SINAI CONDUCTS A WIDE-RANGING COMMUNITY HEALTH NEEDS ASSESSMENT EVERY THREE YEARS.

THE COMMUNITY HEALTH NEEDS ASSESSMENT IS THE PRIMARY TOOL USED TO DETERMINE A HOSPITAL'S "COMMUNITY BENEFIT" PLANS, THAT IS, HOW THE HOSPITAL WILL ADDRESS UNMET COMMUNITY NEEDS THROUGH THE PROVISION OF COMMUNITY HEALTH SERVICES. CEDARS-SINAI'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT WAS APPROVED FOR JULY 1, 2016 THROUGH JUNE 30, 2019. THE NEXT COMMUNITY HEALTH NEEDS ASSESSMENT WILL GO INTO EFFECT JULY 1, 2019.

COMMUNITY BENEFIT SERVICE AREA

CEDARS-SINAI IS LOCATED AT 8700 BEVERLY BOULEVARD, LOS ANGELES, CALIFORNIA 90048. ITS COMMUNITY BENEFIT SERVICE AREA FOR 2016-2019 INCLUDES LARGE PORTIONS OF LOS ANGELES COUNTY SERVICE PLANNING AREAS (SPAS): 4 (METRO), 5 (WEST) AND 6 (SOUTH), AND SMALLER PORTIONS OF SPA 8 (SOUTH BAY). THE SERVICE AREA INCLUDES 52 ZIP CODES, REPRESENTING 25 CITIES OR NEIGHBORHOODS. CEDARS-SINAI DETERMINES THE COMMUNITY BENEFIT SERVICE AREA BY ASSIGNING ZIPCODES BASED UPON PATIENT DISCHARGES; THE CURRENT UNDERSTANDING OF COMMUNITY NEEDS BASED UPON THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT; AND LONG-STANDING COMMUNITY PROGRAMS AND PARTNERSHIPS.



**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA (CURRENT):

THE TOTAL POPULATION FOR CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA

(CURRENT) IS 1,827,324. THE TOTAL POPULATION FOR LOS ANGELES COUNTY

10,136,509.

RACE/ETHNICITY

THE POPULATION CHARACTERISTICS FOR CEDARS-SINAI COMMUNITY BENEFIT SERVICE

AREA (CURRENT) ARE AS FOLLOWS: HISPANIC/LATINO (49.6%), WHITE (19.7%),

BLACK/AFRICAN AMERICAN (18.0%), ASIAN (10.1%), AMERICAN INDIAN/ALASKAN

NATIVE (0.2%), NATIVE HAWAIIAN/PACIFIC ISLANDER (.1%), OTHER (2.3%)

AGE

LESS THAN 18 YEARS (23%), 18-24 (11%), 25-64 (55%), GREATER THAN 65 YEARS

(11%)

GENDER

FEMALE (50.3%), MALE (49.7%)

SOCIOECONOMIC STATUS

POVERTY THRESHOLDS ARE USED FOR CALCULATING ALL OFFICIAL POVERTY

POPULATION STATISTICS. THEY ARE UPDATED EACH YEAR BY THE CENSUS BUREAU.

FOR 2014 (THE MOST RECENT YEAR FOR AVAILABLE DATA), THE FEDERAL POVERTY

LEVEL (FPL) FOR ONE PERSON WAS AN ANNUAL INCOME OF \$11,670 AND FOR A

FAMILY OF FOUR WAS \$23,850.

FAMILIES LIVING BELOW THE POVERTY LINE IN CEDARS-SINAI SERVICE AREA

(24.0%); LOS ANGELES COUNTY (14.9%)

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

## HOUSEHOLDS

IN THE CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA THERE ARE 651,344

HOUSEHOLDS AND 704,249 HOUSING UNITS. OVER THE LAST DECADE, HOUSEHOLDS

GREW BY 4%. HOUSING UNITS (3.8%) GREW AT APPROXIMATELY THE SAME RATE.

## HOUSEHOLD INCOME

THE MEDIAN HOUSEHOLD INCOME IN THE COMMUNITY BENEFIT SERVICE AREA IS

\$43,878 AND THE AVERAGE HOUSEHOLD INCOME IS \$63,878.

## UNEMPLOYMENT

THE UNEMPLOYMENT RATES OF CEDARS-SINAI COMMUNITY BENEFIT SERVICE AREA

CITIES SHOW A DIVERSE RANGE FROM 6.1% IN CULVER CITY TO 10.8% IN

HUNTINGTON PARK AND INGLEWOOD. LOS ANGELES CITY HAS AN UNEMPLOYMENT RATE

OF 8.7%.

## EDUCATIONAL ATTAINMENT

AMONG ADULTS, AGES 25 AND OLDER, 29.1% OF ADULTS LACK A HIGH SCHOOL

DIPLOMA; THIS IS HIGHER THAN THE COUNTY RATE OF 23.2%. 19.2% OF COMMUNITY

BENEFIT SERVICE AREA ADULTS ARE HIGH SCHOOL GRADUATES AND 34.1% ARE

COLLEGE GRADUATES. IN LOS ANGELES COUNTY 20.6% OF RESIDENTS ARE HIGH

SCHOOL GRADUATES AND 36.5% ARE COLLEGE GRADUATES.

## DATA COLLECTION

## SECONDARY DATA

SECONDARY DATA WERE COLLECTED FROM A VARIETY OF LOCAL, COUNTY, AND STATE

SOURCES TO PRESENT COMMUNITY DEMOGRAPHICS, SOCIAL AND ECONOMIC FACTORS,

HEALTH CARE ACCESS, BIRTH CHARACTERISTICS, LEADING CAUSES OF DEATH,

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

CHRONIC DISEASE, HEALTH BEHAVIORS, MENTAL HEALTH AND SUBSTANCE ABUSE AND

PREVENTIVE PRACTICES. ANALYSES WERE CONDUCTED AT THE MOST LOCAL LEVEL

POSSIBLE FOR THE COMMUNITY BENEFIT SERVICE AREA, GIVEN THE AVAILABILITY OF

THE DATA. FOR THE PURPOSES OF THIS NEEDS ASSESSMENT, WHEN EXAMINING DATA

BY SPA, THE SPA 4, 5, AND 6 GEOGRAPHIC AREAS ARE PRESENTED.

SOURCES OF DATA INCLUDE NIELSEN CLARITAS, ACCESSED THROUGH THE HEALTHY

COMMUNITIES INSTITUTE, THE U.S. CENSUS AMERICAN COMMUNITY SURVEY, THE

CALIFORNIA HEALTH INTERVIEW SURVEY, THE CALIFORNIA DEPARTMENT OF PUBLIC

HEALTH, THE CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT, THE LOS ANGELES

COUNTY HEALTH SURVEY, THE LOS ANGELES HOMELESS SERVICES AUTHORITY, THE

UNIFORM DATA SYSTEM, THE NATIONAL CANCER INSTITUTE, THE CALIFORNIA

DEPARTMENT OF EDUCATION, AND OTHERS. WHEN PERTINENT, THESE DATA SETS ARE

PRESENTED IN THE CONTEXT OF LOS ANGELES COUNTY AND CALIFORNIA STATE,

FRAMING THE SCOPE OF AN ISSUE AS IT RELATES TO THE BROADER COMMUNITY.

SECONDARY DATA FOR THE COMMUNITY BENEFIT SERVICE AREA WERE COLLECTED AND

DOCUMENTED IN DATA TABLES WITH NARRATIVE EXPLANATION. THE TABLES PRESENT

THE DATA INDICATOR, THE GEOGRAPHIC AREA REPRESENTED, THE DATA MEASUREMENT

(E.G. RATE, NUMBER, OR PERCENT), COUNTY AND STATE COMPARISONS (WHEN

AVAILABLE), THE DATA SOURCE, DATA YEAR AND AN ELECTRONIC LINK TO THE DATA

SOURCE. ANALYSIS OF SECONDARY DATA INCLUDED AN EXAMINATION AND REPORTING

OF HEALTH DISPARITIES FOR SOME HEALTH INDICATORS. THE REPORT INCLUDES

BENCHMARK COMPARISON DATA THAT MEASURES CEDARS-SINAI DATA FINDINGS AS

COMPARED TO HEALTHY PEOPLE 2020 OBJECTIVES. HEALTHY PEOPLE 2020 OBJECTIVES

ARE A NATIONAL INITIATIVE TO IMPROVE THE PUBLIC'S HEALTH BY PROVIDING

MEASURABLE OBJECTIVES AND GOALS THAT ARE APPLICABLE AT NATIONAL, STATE,

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

AND LOCAL LEVELS.

INITIALLY, SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED THROUGH A REVIEW OF

THE SECONDARY HEALTH DATA COLLECTED AND ANALYZED PRIOR TO THE INTERVIEWS.

THESE DATA WERE THEN USED TO HELP GUIDE THE INTERVIEWS. THE NEEDS

ASSESSMENT INTERVIEWS WERE STRUCTURED TO OBTAIN GREATER DEPTH AND RICHNESS

OF INFORMATION AND BUILD ON THE SECONDARY DATA REVIEW. DURING THE

INTERVIEWS, PARTICIPANTS WERE ASKED TO IDENTIFY THE MAJOR HEALTH ISSUES IN

THE COMMUNITY, AND SOCIOECONOMIC, BEHAVIORAL, ENVIRONMENTAL OR CLINICAL

FACTORS CONTRIBUTING TO POOR HEALTH. THEY WERE ASKED TO SHARE THEIR

PERSPECTIVES ON THE ISSUES, CHALLENGES AND BARRIERS RELATIVE TO THE

SIGNIFICANT HEALTH NEEDS, AND IDENTIFY RESOURCES TO ADDRESS THESE HEALTH

NEEDS, SUCH AS SERVICES, PROGRAMS AND/OR COMMUNITY EFFORTS. THE INTERVIEWS

FOCUSED ON THESE SIGNIFICANT HEALTH NEEDS:

\*ACCESS TO CARE

\*ASTHMA

\*CANCER

\*COMMUNITY SAFETY

\*DENTAL CARE

\*DIABETES

\*HEART DISEASE

\*HIV/AIDS

\*HOMELESSNESS/HOUSING

\*MENTAL HEALTH

\*OVERWEIGHT AND OBESITY

\*PREVENTIVE PRACTICES

\*SUBSTANCE ABUSE

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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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

INTERVIEW PARTICIPANTS WERE ASKED TO PROVIDE ADDITIONAL COMMENTS TO SHARE

WITH CEDARS-SINAI. ANALYSIS OF THE PRIMARY DATA OCCURRED THROUGH A PROCESS

THAT COMPARED AND COMBINED RESPONSES TO IDENTIFY THEMES. ALL RESPONSES TO

EACH QUESTION WERE EXAMINED TOGETHER AND CONCEPTS AND THEMES WERE THEN

SUMMARIZED TO REFLECT THE RESPONDENTS' EXPERIENCES AND OPINIONS. THE

RESULTS OF THE PRIMARY DATA COLLECTION WERE REVIEWED IN CONJUNCTION WITH

THE SECONDARY DATA. PRIMARY DATA FINDINGS WERE USED TO CORROBORATE THE

SECONDARY DATA-DEFINED HEALTH NEEDS, SERVING AS A CONFIRMING DATA SOURCE.

**CHRONIC DISEASE****HEALTH STATUS**

AMONG THE RESIDENTS IN SPA 4, 30.2% RATE THEMSELVES AS BEING IN FAIR OR

POOR HEALTH. IN SPA 5, 9.8%, AND IN SPA 6, 27.3% OF RESIDENTS INDICATE

THEY HAVE FAIR OR POOR HEALTH STATUS. THE LEVEL OF FAIR OR POOR HEALTH

INCREASES AMONG SENIORS. IN SPA 4, 45.8% OF SENIORS HAVE A SELF-RATED FAIR

OR POOR HEALTH STATUS. 19.3% OF SENIORS IN SPA 5 AND 44.1% OF SENIORS IN

SPA 6 CONSIDER THEMSELVES TO BE IN FAIR/POOR HEALTH.

**DISABILITY**

IN THE COMMUNITY BENEFIT SERVICE AREA, 26.3% OF ADULTS IN SPA 4, 25.5% IN

SPA 5 AND 39.4% OF ADULTS IN SPA 6 HAD A PHYSICAL, MENTAL OR EMOTIONAL

DISABILITY. THE RATE OF DISABILITY IN THE COUNTY IS 28.6%.

**ASTHMA**

THE POPULATION DIAGNOSED WITH ASTHMA IN SPA 4 IS 11.7%, IN SPA 5 7% OF THE



**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

POPULATION HAS ASTHMA, AND IN SPA 6 6.8% HAS ASTHMA, AMONG THOSE WITH

ASTHMA, 56.9% IN SPA 4, 28.6% IN SPA 5 AND 39.8% IN SPA 6 TAKE MEDICATION

TO CONTROL THEIR SYMPTOMS. AMONG YOUTH IN SPA 4, 10.6% HAVE BEEN DIAGNOSED

WITH ASTHMA, 7.8% OF YOUTH IN SPA 5 AND 9.5% OF YOUTH IN SPA 6 HAVE BEEN

DIAGNOSED WITH ASTHMA.

DIABETES

DIABETES IS A GROWING CONCERN IN THE COMMUNITY. 14.7% OF ADULTS IN SPA 6,

8.4% IN SPA 4, AND 4% IN SPA 5 REPORTED THEY HAVE BEEN DIAGNOSED WITH

DIABETES. FOR ADULTS WITH DIABETES, 69.6% IN SPA 5 AND 77.7% IN SPA 6 WERE

VERY CONFIDENT THEY CAN CONTROL THEIR DIABETES; HOWEVER ONLY 23.3% OF

RESPONDENTS IN SPA 4 FELT VERY CONFIDENT.

RATES OF DIABETES REPORTED BY AFRICAN AMERICAN (26.6%) AND ASIAN (16.4%)

RESIDENTS OF SERVICE PLANNING AREAS 4, 5 AND 6 WERE HIGHER THAN RATES FOR

THOSE GROUPS AT COUNTY AND STATE LEVELS. RATES REPORTED BY LATINOS (8.4%)

AND WHITES (5.7%) WERE LOWER.

CEDARS-SINAI MEDICAL CENTER:

PART V, SECTION B, LINE 3J: (CONTINUED)

HEART DISEASE

FOR ADULTS IN SPA 4, 2.4% HAVE BEEN DIAGNOSED WITH HEART DISEASE, 4.8% OF

SPA 5 ADULTS AND 8.6% OF SPA 6 ADULTS HAVE BEEN DIAGNOSED WITH HEART

DISEASE. AMONG THESE ADULTS, 66.7% IN SPA 5 AND 62.4% IN SPA 6 ARE VERY

CONFIDENT THEY CAN MANAGE THEIR CONDITION. IN SPA 4, 29.4% ARE VERY

CONFIDENT THEY CAN MANAGE THEIR CONDITION.

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

SPAS 4, 5 AND 6 SHOW HIGHER RATES OF HEART DISEASE AMONG AFRICAN AMERICANS

(9.7%) THAN WERE REPORTED AT THE COUNTY (7.1%) OR STATE (5.2%) LEVEL;

RATES WERE LOWER FOR THE OTHER THREE RACIAL GROUPS DETAILED.

HIGH BLOOD PRESSURE

A CO-MORBIDITY FACTOR FOR DIABETES AND HEART DISEASE IS HYPERTENSION (HIGH

BLOOD PRESSURE). IN SPA 4, 28.6% OF ADULTS REPORTED HAVING BEEN DIAGNOSED

WITH HIGH BLOOD PRESSURE. IN SPA 5, 26.8% OF ADULTS HAVE HIGH BP AND IN

SPA 6, 35.7% OF ADULTS HAVE BEEN DIAGNOSED WITH HIGH BLOOD PRESSURE. OF

THESE, 66.2% IN SPA 4, 60.6% IN SPA 5 AND 55.5% IN SPA 6 REPORTED TAKING

MEDICATION FOR THEIR HIGH BLOOD PRESSURE.

IN SPAS 4, 5 AND 6 AFRICAN AMERICANS HAVE THE HIGHEST RATES OF

HYPERTENSION, WITH WELL OVER HALF (59.6%) SAYING THEY HAVE HIGH BLOOD

PRESSURE; THIS IS HIGHER THAN THE RATES REPORTED FOR L.A. COUNTY AND

CALIFORNIA. ASIANS (28.9%) AND WHITES (34.7%) ALSO REPORTED SLIGHTLY

HIGHER RATES, WITH LATINOS REPORTING SLIGHTLY LOWER RATES (21.3%) THAN

COUNTY AND STATE LEVELS.

CANCER

CANCER INCIDENCE RATES ARE AVAILABLE AT THE COUNTY LEVEL. IN LOS ANGELES

COUNTY, CANCER LEVELS ARE LOWER OVERALL, THAN AT THE STATE LEVEL; HOWEVER,

THE COLORECTAL CANCER RATE (41.3 PER 100,000 PERSONS), UTERINE CANCERS,

(25.1 PER 100,000), OVARIAN CANCER, (12.5 PER 100,000) AND THYROID CANCER

(12.5 PER 100,000 PERSONS) EXCEED THE STATE RATES.

HIV/AIDS

532097 11-05-15

Schedule H (Form 990) 2015

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

IN 2013, 442 CASES OF HIV/AIDS WERE DIAGNOSED IN SPA 4 FOR A RATE OF 39

PER 100,000 PERSONS, 51 CASES WERE DIAGNOSED IN SPA 5 (8 PER 100,000

PERSONS), AND 159 CASES OF HIV/AIDS WERE DIAGNOSED IN SPA 6 FOR A RATE OF

16 PER 100,000 PERSONS. THE RATE OF HIV/AIDS DIAGNOSED IN 2013 HAS

DECREASED FROM 2012.

RATES OF NEW DIAGNOSES ARE HIGHEST AMONG MALES, YOUNG ADULTS 20-29, AND

BLACKS/AFRICAN AMERICANS. 83% OF THE NEW CASES WERE REPORTEDLY VIA

MALE-TO-MALE SEXUAL CONTACT, 10% VIA HETEROSEXUAL SEX, AND 6% WERE CASES

WHERE IV DRUG USE WAS IMPLICATED.

IDENTIFYING AND PRIORITIZING COMMUNITY HEALTH NEEDS

CEDARS-SINAI DEVELOPED AND APPROVED AN IMPLEMENTATION STRATEGY TO ADDRESS

SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE 2013 COMMUNITY HEALTH NEEDS

ASSESSMENT. THE IMPLEMENTATION STRATEGY ADDRESSED THE FOLLOWING HEALTH

NEEDS THROUGH A COMMITMENT OF COMMUNITY BENEFIT PROGRAMS AND RESOURCES.

PRIORITY GEOGRAPHY

HEALTH NEEDS WERE PRIORITIZED BY AREAS OF HIGHEST NEED IN CEDARS-SINAI'S

COMMUNITY BENEFIT SERVICE AREA, WITH A PARTICULAR FOCUS ON SERVICE

PLANNING AREAS 4 AND 6, THESE PLANNING AREAS INCLUDE DIVERSE, LOW-INCOME

COMMUNITIES WITH MORE UNINSURED ADULTS AND CHILDREN AND GREATER HEALTH

CHALLENGES THAN IN OTHER PARTS OF LOS ANGELES. HIGH-NEED POPULATIONS

CLOSER TO CEDARS-SINAI WERE ALSO ADDRESSED.

PRIORITY HEALTH NEEDS

532097 11-05-15

Schedule H (Form 990) 2015

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

ACCESS TO CARE: SELECTED COMMUNITY BENEFIT EFFORTS FOCUSED ON INCREASING

AND SUPPORTING ACCESS TO ESSENTIAL HEALTH CARE SERVICES FOR THE

UNDERSERVED THROUGH DIRECT PROGRAMS AND PARTNERSHIPS WITH LOCAL

COMMUNITY-BASED ORGANIZATIONS, PROGRAMS, PARTNERSHIPS AND STRATEGIES

ADDRESSED THE FOLLOWING ACCESS-TO-CARE PRIORITY HEALTH NEEDS:

\*PRIMARY CARE

\*SPECIALTY CARE

\*MENTAL HEALTH

\*PREVENTIVE CARE

CHRONIC DISEASE: COMMUNITY BENEFIT EFFORTS ALSO FOCUSED ON THE PREVENTION

OF KEY CHRONIC HEALTH CONDITIONS AND THEIR UNDERLYING RISK FACTORS.

PROGRAMS, PARTNERSHIPS AND STRATEGIES ADDRESSED THE FOLLOWING PRIORITY

HEALTH NEEDS RELATED TO CHRONIC DISEASE:

\*CARDIOVASCULAR DISEASE

\*DIABETES

\*CANCER

\*OVERWEIGHT/OBESITY: HEALTHY FOOD CHOICES AND PHYSICAL ACTIVITY

\*PREVENTIVE CARE

\*HEALTH EDUCATION

IMPACT

STRATEGIES TO ADDRESS THE PRIORITY HEALTH NEEDS WERE IDENTIFIED AND IMPACT

MEASURES TRACKED.

INFORMATION GAPS

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

INFORMATION GAPS THAT IMPACT THE ABILITY TO ASSESS HEALTH NEEDS WERE IDENTIFIED. SPECIFICALLY, CANCER INCIDENCE RATES ARE NOT AVAILABLE AT A RATE MORE LOCAL THAN LOS ANGELES COUNTY. SOME OF THE SECONDARY DATA ARE NOT ALWAYS COLLECTED ON A REGULAR BASIS, MEANING THAT SOME DATA ARE SEVERAL YEARS OLD. SPECIFICALLY, THE RESULTS OF THE MOST RECENT LOS ANGELES COUNTY HEALTH SURVEY (A POPULATION BASED TELEPHONE SURVEY THAT PROVIDES INFORMATION CONCERNING THE HEALTH OF LOS ANGELES COUNTY RESIDENTS) WERE NOT YET AVAILABLE DURING THE CONDUCT OF THIS CHNA.

CEDARS-SINAI MEDICAL CENTER:

PART V, SECTION B, LINE 5: TARGETED INTERVIEWS WERE USED TO GATHER INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL. GIVEN SHARED SERVICE AREAS, CEDARS-SINAI PARTNERED WITH UCLA HEALTH, KAISER FOUNDATION HOSPITAL WEST LOS ANGELES AND PROVIDENCE ST. JOHN'S HEALTH CENTER TO CONDUCT THE INTERVIEWS. THIRTY-SIX (36) INTERVIEWS WERE COMPLETED FROM SEPTEMBER THROUGH NOVEMBER, 2015.

FOR THE INTERVIEWS, COMMUNITY STAKEHOLDERS IDENTIFIED BY CEDARS-SINAI, IN PARTNERSHIP WITH UCLA HEALTH, KAISER FOUNDATION HOSPITAL WEST LOS ANGELES AND PROVIDENCE ST. JOHN'S HEALTH CENTER, WERE CONTACTED AND ASKED TO PARTICIPATE IN THE NEEDS ASSESSMENT. INTERVIEWEES INCLUDED INDIVIDUALS WHO ARE LEADERS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS, OR LOCAL HEALTH OR OTHER DEPARTMENTS OR AGENCIES THAT HAVE "CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY." INPUT WAS OBTAINED FROM



**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH OFFICIALS.

THE IDENTIFIED STAKEHOLDERS WERE INVITED BY EMAIL TO PARTICIPATE IN A ONE

HOURLY PHONE INTERVIEW. APPOINTMENTS FOR THE INTERVIEWS WERE MADE ON DATES

AND TIMES CONVENIENT TO THE STAKEHOLDERS, AT THE BEGINNING OF EACH

INTERVIEW, THE PURPOSE OF THE INTERVIEW IN THE CONTEXT OF THE ASSESSMENT

WAS EXPLAINED, THE STAKEHOLDERS WERE ASSURED THEIR RESPONSES WOULD REMAIN

CONFIDENTIAL, AND CONSENT TO PROCEED WAS GIVEN.

CEDARS-SINAI MEDICAL CENTER:

PART V, SECTION B, LINE 11: COMMUNITY BENEFIT PROGRAMS, SERVICES,

PARTNERSHIPS AND STRATEGIES

PRIORITY HEALTH NEEDS

ACCESS TO CARE: SELECTED COMMUNITY BENEFIT EFFORTS FOCUSED ON INCREASING

AND SUPPORTING ACCESS TO ESSENTIAL HEALTH CARE SERVICES FOR THE

UNDERSERVED THROUGH DIRECT PROGRAMS AND PARTNERSHIPS WITH LOCAL

COMMUNITY-BASED ORGANIZATIONS. PROGRAMS, PARTNERSHIPS AND STRATEGIES

ADDRESSED THE FOLLOWING ACCESS-TO-CARE PRIORITY HEALTH NEEDS:

\*PRIMARY CARE

\*SPECIALTY CARE

\*MENTAL HEALTH

\*PREVENTIVE CARE

CHRONIC DISEASE: COMMUNITY BENEFIT EFFORTS ALSO FOCUSED ON THE PREVENTION

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

OF KEY CHRONIC HEALTH CONDITIONS AND THEIR UNDERLYING RISK FACTORS.

PROGRAMS, PARTNERSHIPS AND STRATEGIES ADDRESSED THE FOLLOWING PRIORITY

HEALTH NEEDS RELATED TO CHRONIC DISEASE:

\*CARDIOVASCULAR DISEASE

\*DIABETES

\*CANCER

\*OVERWEIGHT/OBESITY: HEALTHY FOOD CHOICES AND PHYSICAL ACTIVITY

\*PREVENTIVE CARE

\*HEALTH EDUCATION

ACCESS TO CARE

PRIMARY CARE, SPECIALTY CARE, MENTAL HEALTH CARE, PREVENTIVE CARE

COACH FOR KIDS AND THEIR FAMILIES

COMMUNITY OUTREACH ASSISTANCE FOR CHILDREN'S HEALTH (COACH)

CEDARS-SINAI OPERATES TWO STATE-OF-THE-ART MOBILE MEDICAL CLINICS STAFFED

BY AN EXPERT TEAM OF BILINGUAL REGISTERED NURSES, NURSE PRACTITIONERS,

SOCIAL WORKERS AND HEALTH CARE PROFESSIONALS. COACH PREVENTIVE HEALTH CARE

SERVICES INCLUDE WELL-CHILD AND IMMUNIZATION CLINICS FOR CHILDREN, DENTAL

SCREENINGS AND FLUORIDE VARNISH FOR CHILDREN, BMI CLINICS FOR ADULTS,

NUTRITION AND FITNESS EDUCATION, AND LINKAGES TO MEDICAL HOMES.

COACH SERVES COMMUNITIES IN DOWNTOWN/SKID ROW, PICO-UNION/CENTRAL LOS

ANGELES, SOUTH LOS ANGELES, WATTS, COMPTON, INGLEWOOD, LENNOX,

CRENSHAW/MID-CITY, AND HOLLYWOOD/WEST HOLLYWOOD. HEALTH CARE SERVICES ARE

PROVIDED AT ELEMENTARY, MIDDLE, AND HIGH SCHOOLS, COMMUNITY-BASED

AGENCIES, FAMILY HOMELESS SHELTERS AND PUBLIC HOUSING DEVELOPMENTS. COACH

COLLABORATES WITH MORE THAN 200 PUBLIC AND PRIVATE COMMUNITY

ORGANIZATIONS.

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

**IMPACT**

IN FY14 AND FY15, COACH PROVIDED MORE THAN 61,000 ENCOUNTERS. THE

FOLLOWING SERVICES WERE PROVIDED:

MEDICAL VISITS - 8,416 ENCOUNTERS

CASE MANAGEMENT VISITS - 1,824 ENCOUNTERS

DENTAL VISITS - 6,024 ENCOUNTERS

MENTAL HEALTH VISITS - 5,166 ENCOUNTERS

HEALTH EDUCATION VISITS - 30,391 ENCOUNTERS

NUTRITION VISITS - 9,732 ENCOUNTERS

TOTAL - 61,553 ENCOUNTERS

**SAFETY NET CLINICS****AMBULATORY CARE CLINIC**

THE GENERAL INTERNAL MEDICINE CLINIC IN THE CEDARS-SINAI AMBULATORY CARE

CENTER PROVIDED OUTPATIENT SERVICES TO THE ADULT POPULATION. THIS CARE

INCLUDED SCREENING, PREVENTIVE HEALTH MEASURES, AND MANAGEMENT OF DIABETES

AND CARDIOVASCULAR DISEASE. ATTENDING PHYSICIANS AND MEDICAL RESIDENTS

CARED FOR PATIENTS IN A PRIMARY CARE SETTING, USING THE RESOURCES OF THE

MEDICAL CENTER, INCLUDING IMAGING, PHARMACY AND LABORATORY SERVICES.

**SABAN COMMUNITY CLINIC**

CEDARS-SINAI PHYSICIANS PROVIDED ADOLESCENT AND ADULT PATIENTS ACCESS TO

PRIMARY CARE AT THE SABAN COMMUNITY CLINIC FOR PREGNANCY AND OTHER MEDICAL

CONDITIONS AND ANCILLARY SERVICES, I.E., LAB AND X-RAY. CEDARS-SINAI

PROVIDED SUPERVISORIAL CLINICAL STAFF AND MEDICAL AND SPECIALTY RESIDENTS

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

FOR SIX PRIMARY AND SPECIALTY CLINICS EVERY WEEK, FINANCIALLY SUPPORTED

SABAN COMMUNITY CLINIC'S MEDICAL DIRECTOR IN THE PROVISION OF PRIMARY CARE

TO SABAN COMMUNITY CLINIC PATIENTS, AND PROVIDING FUNDING FOR

INFRASTRUCTURE NEEDS.

VENICE FAMILY CLINIC

CEDARS-SINAI PROVIDED INTERNAL MEDICINE RESIDENTS FOR PROVISION OF PRIMARY

CARE TO UNINSURED AND UNDERINSURED VENICE FAMILY CLINIC PATIENTS, AS WELL

AS SPECIALIZED LAB SERVICES TO SUPPORT QUALITY CARE FOR VENICE FAMILY

CLINIC PATIENTS. ADDITIONALLY, CEDARS-SINAI ACTIVELY PARTICIPATES IN THE

VENICE FAMILY CLINIC WESTSIDE ACCESS STAKEHOLDER COLLABORATIVE, WHICH

SEEKS TO GARNER REGIONAL EXPERTISE TO INCREASE ACCESS TO CARE FOR HOMELESS

AND LOW INCOME POPULATIONS ON THE WEST SIDE OF LOS ANGELES COUNTY.

IMPACT

IN FY14 AND FY15, CEDARS-SINAI SUPPORT OF SAFETY NET CLINICS PROVIDED

37,963 PATIENT ENCOUNTERS FOR PRIMARY CARE AND SPECIALTY CARE SERVICES.

CEDARS-SINAI MEDICAL RESIDENTS PROVIDED CARE AT SABAN COMMUNITY CLINIC,

VENICE FAMILY CLINIC, L.A. CHRISTIAN HEALTH CENTER AND CLINICA OSCAR

ROMERO.

CEDARS-SINAI COMMUNITY CLINIC INITIATIVE: STRENGTHENING L.A.'S SAFETY NET

CEDARS-SINAI RECOGNIZES THE CRITICAL ROLE OF PARTNERSHIPS IN PROMOTING

ACCESS TO HIGH-QUALITY CARE FOR UNDERSERVED POPULATIONS. THE MEDICAL

CENTER IS BUILDING MULTI-DIMENSIONAL PARTNERSHIPS THAT INCLUDE SIGNIFICANT

INVESTMENTS TO STRENGTHEN THE SAFETY CLINIC NETWORK ACROSS LOS ANGELES, AS

WELL AS INDIVIDUAL CAPACITY-BUILDING GRANTS TO CLINICS.

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

**IMPACT**

IN FY15, CEDARS-SINAI PROVIDED THREE GRANTS TOTALING OVER \$1.9M TO DEVELOP PROGRAMS PROMOTING LEADERSHIP AND EFFECTIVENESS AT FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) AND FQHC LOOK-ALIKES. EACH PROGRAM ADDRESSED A DIFFERENT SET OF CHALLENGES FACING COMMUNITY CLINICS, INCLUDING DEVELOPING THE NEXT GENERATION OF LEADERS, FURTHERING A CULTURE OF QUALITY, AND PROMOTING FINANCIAL ACUMEN AND PREPARATION FOR PAYMENT REFORM. OVER 32 CLINICS HAVE PARTICIPATED IN THE PROGRAMS, AND 23 HAVE ENGAGED IN SIGNIFICANT YEAR-LONG PROGRAMS FOCUSED ON PERFORMANCE IMPROVEMENT PROJECTS AND IN-DEPTH FINANCIAL BENCHMARKING.

CEDARS-SINAI MEDICAL CENTER:

PART V, SECTION B, LINE 11: (CONTINUED)

PROVIDING ACCESS TO HEALTH CARE

CEDARS-SINAI IS ONE OF THE LARGEST PROVIDERS OF MEDICAL SERVICES AMONG NON-GOVERNMENT HOSPITALS IN CALIFORNIA. THE HOSPITAL PROVIDES AVAILABLE FINANCIAL ASSISTANCE TO QUALIFIED PATIENTS.

**IMPACT**

IN FY14 AND FY15, CEDARS-SINAI PROVIDED \$138 MILLION TO PAY FOR THE UNFUNDED COST OF CARING FOR MEDICAL PATIENTS, AS WELL AS \$65 MILLION IN TRADITIONAL CHARITY CARE FOR INDIGENT PATIENTS WHO DID NOT HAVE HEALTH CARE COVERAGE.

PSYCHOLOGICAL TRAUMA CENTER (PTC) - SHARE AND CARE

SINCE 1981, CEDARS-SINAI'S SCHOOL-BASED MENTAL HEALTH PROGRAMS HELP



**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

VICTIMS OF TRAUMA, FILLING CRUCIAL NEEDS FOR PREVENTION, THERAPY, CRISIS

INTERVENTION, AND TRAINING THAT WOULD OTHERWISE BE UNMET. PROGRAMS AND

TRAININGS - FOR CHILDREN, TEACHERS AND SCHOOL PRINCIPALS - RUN BY LICENSED

MENTAL HEALTH PRACTITIONERS, ENHANCE AN AT-RISK CHILD'S ABILITY TO LEARN

IN THE CLASSROOM, CHANGE DESTRUCTIVE BEHAVIORS AND ENVISION A BRIGHTER AND

HAPPIER FUTURE. THE PTC'S SHARE AND CARE PROGRAM FOCUSES ON A SERIES OF

ART-THERAPY 12-WEEK GROUP CURRICULA THAT SUPPORT A THERAPEUTIC ENVIRONMENT

TO IMPROVE STUDENTS' ABILITY TO CONCENTRATE ON THEIR LESSONS. THE THERAPY

GROUPS FOCUS ON TRAUMA, LOSS AND GRIEF, SELF-ESTEEM, BULLYING,

SOCIALIZATION, ANGER MANAGEMENT, DIVORCE, SHYNESS, STUDENTS WITH AN

INCARCERATED PARENT, AND SUBSTANCE ABUSE.

IMPACT

THE FOLLOWING INFORMATION OUTLINES THE IMPACT OF THE ACTIONS THAT WERE

UNDERTAKEN ON THE SELECTED SIGNIFICANT HEALTH NEEDS.

\*PROVIDED MENTAL HEALTH SERVICES TO OVER 1,800 STUDENTS IN 29 SCHOOLS IN

122 CLASSROOMS (20 ELEMENTARY SCHOOLS, 6 MIDDLE SCHOOLS AND 2 HIGH

SCHOOLS)

\*TOTAL CHILDREN'S THERAPY GROUPS FACILITATED: 6,447.

\*TOTAL ENCOUNTERS WITH CHILDREN, TEACHERS AND PARENTS: 56,652.

\*TOTAL CONTACTS: CHILDREN INDIVIDUALLY AND IN THERAPY GROUPS: 15,376;

CHILDREN IN CLASSROOMS: 2,549; TEACHERS: 6,274; PARENTS: 4,848

\*DEVELOPED A NEW PROGRAM COMPONENT AND TRAINED 120 TEACHERS.

\*PROVIDED EDUCATION FOR 525 TEACHERS AT THE LOS ANGELES UNIFIED SCHOOL

DISTRICT'S NEW TEACHER SUMMITS.

\*CONDUCTED EDUCATION SESSION FOR 75 CHARTER SCHOOL TEACHERS.

\*EXPANDED TO 2 NEW ELEMENTARY SCHOOLS.

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

\*CONTINUED PARENT TRAININGS WITH A FOCUS ON POSITIVE PARENTING, POSITIVE

COMMUNICATION, SUBSTANCE ABUSE AWARENESS AND BULLYING: 155 PARENT TRAINING

GROUPS WITH 2,153 PARENT CONTACTS MADE IN THOSE TRAININGS.

\*SCHOOL PRINCIPAL TRAININGS WERE OFFERED MONTHLY AT THE 29 PARTNER

SCHOOLS.

COMMUNITY MENTAL HEALTH GRANTS

THE COMMUNITY MENTAL HEALTH GRANT PROGRAM FOCUSES GRANTS ON THE MENTAL

HEALTH NEEDS OF VULNERABLE POPULATIONS-PARTICULARLY THE UNINSURED,

UNDERINSURED, AND UNINSURABLE.

IMPACT

IN FY14 AND FY15 \$1,336,750 IN GRANTS WERE AWARDED TO 21 ORGANIZATIONS

PROVIDING DIRECT SERVICES TO MARGINALIZED COMMUNITY MEMBERS FACING

SIGNIFICANT ECONOMIC BARRIERS AS WELL AS, IN MANY CASES, COMORBIDITIES.

THE VAST MAJORITY OF GRANTEEES SERVE VULNERABLE POPULATIONS IN LOS ANGELES

COUNTY SERVICE PLANNING AREAS (SPAS) 4 AND 6. CEDARS-SINAI FURTHER REFINED

ITS GIVING CRITERIA TO EMPHASIZE ORGANIZATIONS SERVING UNDERINSURED AND

UNINSURED CLIENTS. IN FY14 AND FY15, THERE WERE 11,365 INDIVIDUALS SERVED.

TEENLINE - SUICIDE PREVENTION HOTLINE

TEENLINE, A CEDARS-SINAI SUPPORTED ORGANIZATION THAT IS HOUSED ON THE

MEDICAL CENTER'S PREMISES, PROVIDES CRISIS INTERVENTION AND PREVENTION,

PEER COUNSELING AND REFERRALS FOR ADOLESCENTS AGES 12 TO 19. THE

TEEN-TO-TEEN PROGRAM HELPS YOUNG PEOPLE COPE IN TIMES OF TRAUMA AND STRESS

BY OFFERING ADVICE AND REFERRALS. TEENLINE'S OUTREACH SERVICES PROVIDED

EDUCATION TO SCHOOLS AND ADOLESCENT-SERVING AGENCIES. THE TEEN LINE

HOTLINE, ANSWERED BY INTENSIVELY TRAINED HIGH SCHOOL STUDENTS, IS OPEN

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

DAILY AND RECEIVES CALLS FROM TEENS ACROSS THE NATION.

**IMPACT**

IN FY14 AND FY15, THE TEENLINE RESPONDED TO 23,128 CALLS TO THE SUICIDE

HOTLINE.

**CHRONIC DISEASE****HEALTHY HABITS**

CEDARS-SINAI'S HEALTHY HABITS PROGRAMS PROVIDE NUTRITION EDUCATION AND

OBESITY PREVENTION BY HELPING CHILDREN AND FAMILIES LEARN ABOUT HEALTHY

EATING AND PHYSICAL ACTIVITY WITH A WIDE RANGE OF EDUCATION, CAPACITY

BUILDING AND TECHNICAL ASSISTANCE PROGRAMS RUN BY TRAINED HEALTH

EDUCATORS, REACHING ELEMENTARY AND MIDDLE SCHOOL STUDENTS, PARENTS OF

PRESCHOOL CHILDREN, AND FAMILIES IN UNDERSERVED COMMUNITIES.

**IMPACT**

\*EXPANDED HEALTHY HABITS FOR KIDS AND HEALTHY HABITS FOR FAMILIES TO

SIXTEEN ELEMENTARY SCHOOLS.

\*TAUGHT PROGRAM LESSONS/WORKSHOPS FOR A TOTAL OF 71,627 PARTICIPANT

ENCOUNTERS, INCLUDING 7,668 ELEMENTARY STUDENTS AND 351 MIDDLE SCHOOL

STUDENTS THROUGH HEALTHY HABITS PROGRAMS IN SCHOOLS.

\*REACHED NEAR 800 PARENTS FROM SCHOOLS AND PRESCHOOLS THROUGH HEALTHY

HABITS PARENT WORKSHOPS.

\*IMPLEMENTED HEALTHY HABITS FOR FAMILIES ADULT HEALTH EDUCATION AT TEN

SCHOOLS WITH OVER 1,700 ENCOUNTERS.

\*PROVIDED FREE WORKOUTS THROUGH EXERCISE IN THE PARK PROGRAM TO OVER 610

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

INDIVIDUALS.

\*FACILITATED 6 GROCERY STORE TOUR PROGRAMS TO 83 INDIVIDUAL PARTICIPANTS.

\*FACILITATED HEALTHY HABITS FOR TEACHERS TRAINING FOR 189 TEACHERS IN 5

SCHOOLS.

CEDARS-SINAI MEDICAL CENTER:

PART V, SECTION B, LINE 11: (CONTINUED)

\*IN PARTNERSHIP WITH THE AMERICAN HEART ASSOCIATION, PROVIDED HANDS-ONLY

CPR TRAINING TO OVER 620 PARENTS, TEACHERS AND SCHOOL STAFF.

AS A RESULT OF HEALTHY HABITS:

\*84% OF ELEMENTARY STUDENTS ARE EATING MORE FRUITS.

\*75% OF ELEMENTARY STUDENTS ARE EATING MORE VEGETABLES.

\*78% OF ELEMENTARY STUDENTS ARE EATING LESS JUNK FOOD.

\*77% OF ELEMENTARY STUDENTS ARE DRINKING FEWER SUGARY DRINKS.

\*85% OF PARENTS REPORTED THAT THEIR CHILD MADE A HEALTHY SNACK AT HOME.

\*OVER HALF OF THIRD GRADE STUDENTS ENGAGE DAILY IN AT LEAST 60 MINUTES OF

PHYSICAL ACTIVITY.

\*OVER 75% OF TEACHERS INCORPORATE PHYSICAL ACTIVITY DURING SCHOOL DAY.

\*88% OF SECOND GRADE FAMILIES DO REGULAR PHYSICAL ACTIVITY TOGETHER.

SUPPORT GROUPS

CEDARS-SINAI PROVIDES COMPREHENSIVE SUPPORT GROUPS THAT FOCUS ON ASSISTING

WITH LIFE'S CHANGES AND ADJUSTMENTS.

PROGRAMS AND ACTIVITIES

\*APHASIA SUPPORT GROUP

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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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

\*BIG VOICES GROUP

\*BRIDGING THE GAP

\*DIABETES SUPPORT GROUP

\*WEIGHT LOSS SURGERY SUPPORT

\*GOOD BEGINNINGS PARENT NICU SUPPORT GROUP

\*HEART TRANSPLANT SUPPORT GROUP

\*MECHANICAL CIRCULATORY DEVICE SUPPORT GROUP

\*MULTI-ORGAN TRANSPLANT RELAXATION AND SUPPORT GROUP

\*NEUROENDOCRINE TUMOR SUPPORT GROUP

\*ONE STROKE AHEAD SUPPORT GROUP

\*THINK TANK COGNITIVE REHABILITATION SUPPORT

\*YES I CAN SUPPORT GROUP

IMPACT

IN FY14 AND FY15, CEDARS-SINAI PROVIDED MORE THAN 7,400 PARTICIPANT

ENCOUNTERS.

PROGRAMS FOR ADULTS

CEDARS-SINAI IS COMMITTED TO IMPROVING THE NUMBER OF QUALITY LIFE YEARS

FOR ADULTS AND SENIORS IN OUR COMMUNITY. THE HOSPITAL PROVIDED

ADULT-FOCUSED COMMUNITY PROGRAMS, SCREENINGS, EDUCATIONAL AND SELF-HELP

PROGRAMS, HEALTH FAIRS, IMMUNIZATION CLINICS AND EXERCISE PROGRAMS. THESE

PROGRAMS OCCUR IN UNDERSERVED COMMUNITIES, CHURCHES, SYNAGOGUES,

NEIGHBORHOOD COMMUNITY CENTERS AS WELL AS AT THE MEDICAL CENTER.

PROGRAMS AND ACTIVITIES

\*CARDIOVASCULAR DISEASE, DIABETES, HYPERTENSION AND RELATED PREVENTIVE



**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

## PROGRAMS AND SERVICES

\*INFLUENZA AND PNEUMOCOCCAL IMMUNIZATION PROGRAMS

\*HEALTH PROMOTION AND PREVENTION PROGRAMS FOR SENIORS

\*PHYSICAL EXERCISE PROGRAMS FOR SENIORS

\*HEALTH FAIRS

## IMPACT

IN FY14 AND FY15, CEDARS-SINAI PROVIDED MORE THAN 61,000 PARTICIPANT

ENCOUNTERS.

## CANCER SERVICES

CEDARS-SINAI MAKES CANCER EDUCATION, SUPPORT AND RESOURCES SERVICES

AVAILABLE TO THE COMMUNITY.

## PROGRAMS AND ACTIVITIES

\*CANCER EXERCISE

\*CANCER SURVIVORSHIP SERVICES

\*KIDNEY CANCER SUPPORT GROUP

\*PHYSICAL FITNESS/CANCER SURVIVORSHIP

\*SARCOMA CANCER SUPPORT GROUP

\*STRESS REDUCTION

\*YOGA RESTORATIVE AND STRENGTHENING SUPPORT GROUP

## IMPACT

IN FY14 AND FY15, CEDARS-SINAI PROVIDED MORE THAN 5,980 PARTICIPANT

ENCOUNTERS

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

HEALTH NEEDS THE HOSPITAL WILL NOT ADDRESS:

NUMEROUS AND DIVERSE PROGRAMS, PARTNERSHIPS AND STRATEGIES ARE INCLUDED IN

THE IMPLEMENTATION STRATEGY TO MAXIMIZE EFFECTIVENESS IN ADDRESSING HEALTH

NEEDS IN THE COMMUNITIES SERVED BY CEDARS-SINAI. THERE WERE IDENTIFIED

SIGNIFICANT HEALTH NEEDS THAT DID NOT MEET THE CRITERIA FOR DEVELOPING AND

IMPLEMENTING A HEALTH FOCUS AREA, AND THUS MAY NOT BE ADDRESSED IN THIS

IMPLEMENTATION STRATEGY. THIS IS NOT INTENDED TO MINIMIZE THE IMPORTANCE

OF THOSE HEALTH NEEDS; IT IS A REALITY OF HAVING A STRATEGIC FOCUS ON

EFFECTIVENESS TO IMPROVE COMMUNITY HEALTH. THE HEALTH NEEDS THAT WERE

IDENTIFIED IN THE CHNA BUT NOT INCLUDED IN THE HEALTH FOCUS AREAS FOR THIS

IMPLEMENTATION STRATEGY ARE: ASTHMA, COMMUNITY SAFETY, DENTAL CARE,

HIV/AIDS, HOMELESSNESS AND HOUSING, AND SUBSTANCE ABUSE. THESE HEALTH

NEEDS DID NOT MEET THE CRITERIA DEVELOPED FOR THE PURPOSES OF SELECTING

HEALTH FOCUS AREAS.

CEDARS-SINAI MEDICAL CENTER

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.CEDARS-SINAI.EDU/PATIENTS/PATIENT-AND-VISITOR-RESOURCES/](https://www.cedars-sinai.edu/patients/patient-and-visitor-resources/)

[BILLING-AND-INSURANCE/BILLING-INFORMATION/FINANCIAL-ASSISTANCE-POLICY.ASPX](#)

CEDARS-SINAI MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.CEDARS-SINAI.EDU/PATIENTS/PATIENT-AND-VISITOR-RESOURCES/](https://www.cedars-sinai.edu/patients/patient-and-visitor-resources/)

[BILLING-AND-INSURANCE/BILLING-INFORMATION/FINANCIAL-ASSISTANCE-POLICY.ASPX](#)

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

[HTTPS://WWW.CEDARS-SINAI.EDU/PATIENTS/PATIENT-AND-VISITOR-RESOURCES/](https://www.cedars-sinai.edu/patients/patient-and-visitor-resources/)

[BILLING-AND-INSURANCE/BILLING-INFORMATION/FINANCIAL-ASSISTANCE-POLICY.ASPX](#)

**Part V** Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

9

Name and address	Type of Facility (describe)
1 CEDARS-SINAI MEDICAL CENTER 310 SAN VICENTE BLVD. WEST HOLLYWOOD, CA 90048	OUTPATIENT SURGICAL
2 CEDARS-SINAI MEDICAL CENTER 8723 ALDEN DRIVE LOS ANGELES, CA 90048	OUTPATIENT SERVICES-AMBULATORY CARE/ENDOCRINOLOGY/PRIMARY ADULT CARE
3 CEDARS-SINAI MEDICAL CENTER 8631 W. 3RD STREET LOS ANGELES, CA 90048	OUTPATIENT SERVICES-BLOOD DRAW/CARDIOLOGY/PITUITARY CTR/RADIOLOGY/ETC.
4 CEDARS-SINAI MEDICAL CENTER 8536 WILSHIRE BLVD. BEVERLY HILLS, CA 90211	OUTPATIENT SERVICES-NUCLEAR CARDIAC STRESS
5 CEDARS-SINAI MEDICAL CENTER 444 S SAN VICENTE BLVD. LOS ANGELES, CA 90048	OUTPATIENT SERVICES-GAMMA KNIFE/PAIN CTR/PRENATAL DIAG/REHAB/ETC.
6 CEDARS-SINAI MEDICAL CENTER 8635 W. 3RD STREET BEVERLY HILLS, CA 90211	OUTPATIENT SERVICES-ORGAN TRANSPLANT/ETC.
7 CEDARS-SINAI MEDICAL CENTER 9090 WILSHIRE BLVD. BEVERLY HILLS, CA 90211	OUTPATIENT SERVICES-CANCER TREATMENT CENTER
8 CEDARS-SINAI MEDICAL CENTER 127 S SAN VICENTE BLVD. LOS ANGELES, CA 90048	OUTPATIENT SERVICES-NEUROSCIENCES/HEART INST/IMAGING/LAB SVC
9 CEDARS-SINAI MEDICAL CENTER 8900 BEVERLY BLVD. WEST HOLLYWOOD, CA 90048	OUTPATIENT SERVICES-COMPREHENSIVE TRANSPLANT CENTER

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**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:**

COSTING METHODOLOGY USED TO CALCULATE AMOUNTS ON LINE 7 WERE DERIVED FROM

COST ACCOUNTING SYSTEM. COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENTS

SEGMENTS - INPATIENT, OUTPATIENT, EMERGENCY ROOM, ETC. AND ALL PAYERS -

PRIVATE INSURANCE, MEDICARE, MEDI-CAL, UNINSURED AND SELF-PAY.

**PART II, COMMUNITY BUILDING ACTIVITIES:**

CEDARS-SINAI IS INVOLVED IN NUMEROUS COMMUNITY BUILDING ACTIVITIES WHICH

PROMOTE THE HEALTH OF THE COMMUNITIES IT SERVES. NUMEROUS COMMUNITY

CONCERNS ARE ADDRESSED, INCLUDING HEALTH IMPROVEMENT, EDUCATION, POVERTY,

WORKFORCE DEVELOPMENT AND ACCESS TO CARE. WE ALSO ENCOURAGE OUR EMPLOYEES

TO PARTICIPATE IN HEALTH ADVOCACY PROGRAMS AND PHYSICAL IMPROVEMENT

PROJECTS. WE WORK WITH OTHER TAX-EXEMPT ORGANIZATIONS TO PROMOTE HEALTH

AND WELLNESS AND DISEASE PREVENTION. THESE ACTIVITIES ARE NOT INCLUDED

ELSEWHERE ON SCHEDULE H.

**PART III, LINE 2:**

PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, IS

532099 11-05-15



**Part VI** Supplemental Information (Continuation)

REDUCED BY THE PROVISION FOR BAD DEBTS, AND ACCOUNTS RECEIVABLE IS REDUCED  
BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THE MEDICAL CENTER ESTABLISHES  
AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED ON MANY FACTORS, INCLUDING  
PAYER MIX, AGE OF RECEIVABLES, HISTORICAL CASH COLLECTION EXPERIENCE, AND  
OTHER RELEVANT INFORMATION. A SIGNIFICANT PORTION OF THE MEDICAL CENTER'S  
UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR SERVICES  
PROVIDED, AND A SIGNIFICANT PORTION OF THE MEDICAL CENTER'S INSURED  
PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR CO-PAYMENTS AND  
DEDUCTIBLES. THUS, THE MEDICAL CENTER RECORDS A PROVISION FOR BAD DEBTS  
RELATED TO THESE INSURED AND UNINSURED PATIENTS IN THE PERIOD THE SERVICES  
ARE PROVIDED. THE MEDICAL CENTER WRITES DOWN THE EXPECTED REIMBURSEMENT  
AFTER REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED.

PART III, LINE 3:

IT IS OUR BELIEF THAT \$7,346,338 OF BAD DEBT SHOULD BE INCLUDED AS  
COMMUNITY BENEFIT. THIS IS A CONSERVATIVE AMOUNT THAT TAKES INTO  
CONSIDERATION THAT SOME OF THE BAD DEBT WILL BE RECOVERED IN THE LATER  
YEARS. AS A TAX-EXEMPT HOSPITAL WE MUST PROVIDE NECESSARY SERVICES  
REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICE PROVIDED. AS A  
NOT-FOR-PROFIT, PATIENT CARE IS PROVIDED TO ALL, REGARDLESS OF ABILITY TO  
PAY FOR THAT CARE, MAKING QUALITY PATIENT CARE AVAILABLE TO ALL IN OUR  
COMMUNITY, REGARDLESS OF THEIR ECONOMIC MEANS, QUALIFIES BAD DEBTS AS A  
COMMUNITY BENEFIT. AS PART OF OUR BAD DEBT ASSESSMENT, WE STUDIED THE  
CHARACTERISTICS OF THE UNINSURED POPULATION IN OUR RESERVES AND IDENTIFIED  
THOSE PATIENTS WHO WERE UNABLE TO PAY FOR ANY OF THEIR SERVICES. WE  
BELIEVE THAT THE ESTIMATED AMOUNT ENTERED ON PART III, LINE 3 INCLUDE  
INDIVIDUALS WHO WOULD HAVE LIKELY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER  
OUR FINANCIAL ASSISTANCE POLICY AND SHOULD BE COUNTED AS COMMUNITY

**Part VI** Supplemental Information (Continuation)

BENEFIT.

PART III, LINE 4:

AUDITED FINANCIAL STATEMENTS - PAGE 13

PART III, LINE 6 - COSTING METHODOLOGY:

REVENUE AND ALLOWABLE COSTS WERE DERIVED FROM THE MEDICARE COST REPORT

WHICH WAS COMPILED UNDER MEDICARE COSTING RULES AND REGULATIONS AS ISSUED

BY THE HEALTH CARE FINANCING ADMINISTRATION AND ENFORCED BY THE CENTERS

FOR MEDICARE & MEDICAID SERVICES.

PART III, LINE 8:

- RATIONALE FOR MEDICARE SHORTFALL AMOUNT ATTRIBUTABLE TO COMMUNITY

BENEFIT:

IT IS OUR BELIEF THAT ALL OF THE \$228,048,970 SHORTFALL SHOULD BE

CONSIDERED AS COMMUNITY BENEFIT. THE IRS COMMUNITY BENEFIT STANDARD

INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS.

MEDICARE SHORTFALLS MUST BE ABSORBED BY THE MEDICAL CENTER IN ORDER TO

CONTINUE TREATING THE ELDERLY IN OUR COMMUNITY. THE MEDICAL CENTER

PROVIDES CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVES THE

FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE

BENEFICIARIES. CARING FOR MEDICARE PATIENTS FULFILLS A COMMUNITY NEED AND

RELIEVES A GOVERNMENT BURDEN AS THESE PATIENTS TYPICALLY HAVE LOW AND/OR

FIXED INCOMES. MEDICARE DOES NOT PROVIDE SUFFICIENT REIMBURSEMENT TO COVER

THE COST OF PROVIDING CARE FOR THESE PATIENTS.

PART III, LINE 9B:

**Part VI** Supplemental Information (Continuation)

REASONABLE EFFORTS BASED ON BILLING STATEMENT NOTIFICATION AND AMOUNTS NOT

ELIGIBLE:

CEDARS-SINAI SHALL NOTIFY PATIENTS OF ITS FINANCIAL ASSISTANCE PROGRAMS

BEFORE INITIATING ANY EXTRAORDINARY COLLECTION ACTIONS TO OBTAIN PAYMENT

FOR THE CARE AND REFRAIN FROM INITIATING SUCH EXTRAORDINARY COLLECTION

ACTIONS FOR AT LEAST 120 DAYS FROM THE DATE CEDARS-SINAI PROVIDES THE

BILLING STATEMENT FOR THE CARE IF THE PATIENT HAS NOT SUBMITTED AN

APPLICATION OR CEDARS-SINAI HAS DETERMINED THE PATIENT IS NOT ELIGIBLE FOR

FINANCIAL ASSISTANCE FOR THE AMOUNTS SOUGHT TO BE COLLECTED BASED ON THE

PATIENT'S APPLICATION.

NOTIFICATIONS TO PATIENTS 30 DAYS BEFORE ACTIONS:

IN ADDITION TO THE FOREGOING, AT LEAST 30 DAYS BEFORE FIRST INITIATING ANY

EXTRAORDINARY COLLECTION ACTIONS, CEDARS-SINAI SHALL HAVE PROVIDED THE

PATIENT WITH A WRITTEN NOTICE THAT INDICATES FINANCIAL ASSISTANCE IS

AVAILABLE AS DESCRIBED IN THIS POLICY, IDENTIFY ALL THE EXTRAORDINARY

COLLECTION ACTION THAT CEDARS-SINAI INTENDS TO INITIATE TO OBTAIN PAYMENT

FOR THE CARE, AND THAT STATE A DEADLINE AFTER WHICH SUCH EXTRAORDINARY

COLLECTION ACTIONS MAY BE INITIATED (WHICH DATE SHALL BE NO EARLIER THAN

30 DAYS AFTER THE DATE THAT THE WRITTEN NOTICE IS PROVIDED). THE NOTICE

SHALL INCLUDE THE PLAIN LANGUAGE SUMMARY OF CEDARS-SINAI'S FINANCIAL

ASSISTANCE PROGRAMS.

ADDITIONAL ORAL NOTICE BEFORE ACTIONS:

IN ADDITION TO ALL WRITTEN NOTICES, PRIOR TO INITIATING ANY EXTRAORDINARY

COLLECTION ACTIONS, CEDARS-SINAI SHALL MAKE A REASONABLE EFFORT TO ORALLY

NOTIFY THE PATIENT ABOUT CEDARS-SINAI'S FINANCIAL ASSISTANCE PROGRAMS AND

ABOUT HOW THE PATIENT MAY OBTAIN ASSISTANCE WITH THE APPLICATION PROCESS.

PART VI, LINE 2:

**Part VI** Supplemental Information (Continuation)

A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED IN FISCAL YEAR

ENDED 6/30/16. SEE NARRATIVE FOR SCHEDULE H, PART V, SECTION B, LINE 3J.

PART VI, LINE 3:

NOTICES, SUMMARIES AND WRITTEN COMMUNICATIONS:

CEDARS-SINAI PROVIDES THE FOLLOWING NOTICES REGARDING FULL AND PARTIAL

FINANCIAL ASSISTANCE FOR THE FINANCIALLY QUALIFIED PATIENTS:

A) POSTED SIGNAGE - NOTICE OF THIS POLICY IS POSTED IN THE FOLLOWING

LOCATIONS: THE EMERGENCY DEPARTMENT, THE ADMITTING DEPARTMENT, CENTRALIZED

AND DECENTRALIZED REGISTRATION AREAS AND OTHER OUTPATIENT SETTINGS AS

DEEMED APPROPRIATE.

B) NOTICES HAND-DELIVERED TO PATIENTS - DURING THE REGISTRATION OR

ADMISSION PROCESS (OR OTHERWISE PRIOR TO DISCHARGE), PATIENTS SHALL BE

PROVIDED A PLAIN LANGUAGE SUMMARY OF THIS POLICY AND CEDARS-SINAI'S OTHER

FINANCIAL ASSISTANCE PROGRAMS IN THE FORM OF THE SUMMARY OF FINANCIAL

ASSISTANCE POLICY AND OTHER PROGRAMS. PATIENTS WILL BE ASKED TO

ACKNOWLEDGE RECEIPT OF THIS VIA AN ELECTRONIC SIGNATURE. THE NOTICE TO A

SPECIFIC PATIENT WILL BE CONSIDERED CONTINUALLY IN EFFECT UNTIL A REVISION

TO THE FORM IS REQUIRED (AND A NEW ACKNOWLEDGEMENT OBTAINED) OR THREE

YEARS FROM THE DATE OF THE ORIGINAL ACKNOWLEDGEMENT.

C) PATIENT STATEMENT NOTICES - CEDARS-SINAI WILL PRINT A NOTICE ON THE

SIDE OF THE LAST PAGE OF THE PATIENT BILLING STATEMENTS THAT WILL DESCRIBE

ITS FINANCIAL ASSISTANCE PROGRAMS AND THAT WILL INFORM PATIENTS HOW TO

APPLY FOR FINANCIAL ASSISTANCE UNDER THIS POLICY AND OTHER ASSISTANCE

PROGRAMS.

**Part VI** Supplemental Information (Continuation)

D) OTHER WRITTEN COMMUNICATIONS - IN ORDER TO ADMINISTER THE REQUIREMENTS

OF THIS POLICY, CEDARS-SINAI MAY PROVIDE PATIENTS WITH ADDITIONAL WRITTEN

COMMUNICATIONS. STANDARD LETTERS AND NOTICES TO PATIENTS IN THIS REGARD

ARE INCLUDED IN THE ATTACHMENTS TO THIS POLICY. CEDARS-SINAI MAY PRINT ANY

WRITTEN NOTICE OR COMMUNICATION DESCRIBED IN THIS POLICY, INCLUDING ANY

PLAIN LANGUAGE SUMMARY OF THE POLICY, ON A BILLING STATEMENT OR ALONG WITH

OTHER DESCRIPTIVE OR EXPLANATORY MATTER, PROVIDED THAT THE REQUIRED

INFORMATION IS CONSPICUOUSLY PLACED AND OF SUFFICIENT SIZE TO BE CLEARLY

READABLE. CEDARS-SINAI MAY PROVIDE ELECTRONICALLY ANY WRITTEN NOTICE OR

COMMUNICATION DESCRIBED IN THIS POLICY TO ANY PATIENT WHO INDICATES HE OR

SHE PREFERS TO RECEIVE THE WRITTEN NOTICE OR COMMUNICATION ELECTRONICALLY.

PUBLICIZING THE POLICY:

CEDARS-SINAI SHALL TAKE VARIOUS EFFORTS TO WIDELY PUBLICIZE ITS FINANCIAL

ASSISTANCE PROGRAMS. THESE EFFORTS WILL CHANGE FROM TIME TO TIME AND WILL

GENERALLY INCLUDE THE DISTRIBUTION OF INFORMATION TO TARGETED COMMUNITY

ORGANIZATIONS, AMONG A VARIETY OF OTHER MEANS OF ALERTING THE CEDARS-SINAI

COMMUNITY TO THE AVAILABILITY OF CEDARS-SINAI FINANCIAL ASSISTANCE

PROGRAMS. THIS POLICY, THE APPLICATION FORM AND THE PLAIN LANGUAGE SUMMARY

SHALL BE AVAILABLE ON THE CEDARS-SINAI WEBSITE.

ADDITIONAL FINANCIAL RESOURCES AVAILABLE TO PATIENTS - COOPERATION

REQUIRED FROM PATIENTS. ALTERNATIVE MEANS OF FUNDING (I.E., EXTERNAL

AGENCY OR FOUNDATION) TO COVER THE COST OF SERVICES FOR PATIENTS WILL BE

EXPLORED BEFORE FULL OR PARTIAL FINANCIAL ASSISTANCE UNDER THIS POLICY IS

APPROVED. PATIENTS APPROVED FOR ASSISTANCE UNDER THIS POLICY AGREE TO



**Part VI** Supplemental Information (Continuation)

CONTINUOUSLY COOPERATE IN THE PROCESS NEEDED TO OBTAIN REIMBURSEMENT FOR  
CEDARS-SINAI'S SERVICES FROM THIRD PARTY SOURCES SUCH AS THE CALIFORNIA  
VICTIMS OF CRIME FUNDS, THE COUNTY TRAUMA PROGRAM, THE MEDI-CAL PROGRAM,  
AND HEALTH PLANS THAT OFFER COVERAGE THROUGH THE CALIFORNIA HEALTH BENEFIT  
EXCHANGE, A PATIENT'S APPLICATION FOR THIRD PARTY COVERAGE FOR THE  
PATIENT'S HEALTH CARE COSTS SHALL NOT PRECLUDE ELIGIBILITY FOR ASSISTANCE  
UNDER THIS POLICY. A PATIENT SHALL, AS A CONDITION TO FULL OR PARTIAL  
FINANCIAL ASSISTANCE, APPLY FOR COVERAGE UNDER MEDI-CAL, HEALTHY FAMILIES,  
AND THE COUNTY TRAUMA PROGRAM AS APPLICABLE AND, WHERE APPROPRIATE,  
COVERAGE UNDER THE EXCHANGE, THE FOREGOING SHALL ALSO APPLY TO PATIENTS  
RESIDING OUT OF STATE AND THEIR APPLICATION FOR MEDICAID WITHIN THEIR  
STATE.

CEDARS-SINAI WILL MAKE APPROPRIATE REFERRALS TO LOCAL COUNTY AGENCIES  
INCLUDING HEALTHY FAMILIES, COVERED CALIFORNIA, MEDI-CAL OR OTHER PROGRAMS  
TO DETERMINE POTENTIAL ELIGIBILITY. CEDARS-SINAI SHALL BE ENTITLED TO BILL  
ANY THIRD PARTY INSURER PROVIDING COVERAGE TO A PATIENT. HEALTH INSURERS  
AND HEALTH PLANS ARE PROHIBITED FROM REDUCING THEIR REIMBURSEMENT OF A  
CLAIM TO CEDARS-SINAI EVEN IF CEDARS-SINAI HAS WAIVED ALL OR A PORTION OF  
A PATIENT'S BILL PURSUANT TO THIS POLICY.

## PART VI, LINE 4:

THE COMMUNITY IS DEFINED AS THOSE INDIVIDUALS IN ZIP CODES SURROUNDING THE  
MEDICAL CENTER (90048): 49.6% ARE HISPANIC/LATINO, 19.7% ARE WHITE, 18.0%  
ARE BLACK/AFRICAN AMERICAN, 10.1% ARE ASIAN, .2% ARE AMERICAN  
INDIAN/ALASKA NATIVE, .1% ARE NATIVE HAWAIIAN/PACIFIC ISLANDER, 2.3% ARE  
SOME OTHER RACE, AMONG THE PEOPLE WHO LIVE IN THE SERVICE AREA, 23.0% ARE  
LESS THAN 18 YEARS OF AGE, 10.9% ARE 18-24 YEARS OF AGE, 55.6% ARE 25-64

**Part VI** Supplemental Information (Continuation)

YEARS OF AGE AND 10.5% ARE GREATER THAN 65 YEARS OF AGE, FOR 2014 (THE  
MOST RECENT YEAR FOR AVAILABLE DATA), THE FEDERAL POVERTY LEVEL (FPL) FOR  
ONE PERSON WAS AN ANNUAL INCOME OF \$11,670 AND FOR A FAMILY OF FOUR WAS  
\$23,850. THE MEDIAN HOUSEHOLD INCOME IN THE COMMUNITY BENEFIT SERVICE AREA  
IS \$43,878 AND THE AVERAGE HOUSEHOLD INCOME IS \$63,878.

GIVEN SHARED SERVICE AREAS, CEDARS-SINAI PARTNERED WITH UCLA HEALTH,  
KAISER FOUNDATION HOSPITAL WEST LOS ANGELES AND PROVIDENCE ST. JOHN'S  
HEALTH CENTER TO CONDUCT THE INTERVIEWS

## PART VI, LINE 5:

CEDARS-SINAI IS DRIVEN BY ITS MISSION TO IMPROVE THE HEALTH STATUS OF THE  
COMMUNITY AND TO PROVIDE LEADERSHIP AND EXCELLENCE IN PATIENT CARE,  
RESEARCH AND EDUCATION. THE DEPARTMENT OF COMMUNITY HEALTH AND EDUCATION  
IS CHARGED WITH ENHANCING CEDARS-SINAI'S SERVICE TO, AND CONNECTION WITH,  
THE COMMUNITY AS MEASURED BY ITS COMMUNITY EDUCATION, SERVICE PROGRAMS,  
PARTICIPATION AND INVOLVEMENT WITH OTHER COMMUNITY SERVICE ORGANIZATIONS,  
WITH THE EXPERIENCE AND EXPERTISE OF MEDICAL AND ADMINISTRATIVE STAFF  
THROUGHOUT THE MANY DEPARTMENTS OF CEDARS-SINAI, AND WITH ITS  
COLLABORATIVE RELATIONSHIPS WITH COMMUNITY PARTNERS, CEDARS-SINAI HAS MADE  
A SIGNIFICANT CONTRIBUTION, BOTH IN QUANTIFIABLE AND NONQUANTIFIABLE  
TERMS, TO THE BENEFIT OF THE COMMUNITY.

CEDARS-SINAI IS GOVERNED BY A BOARD OF DIRECTORS THAT IS COMPRISED OF  
MEMBERS OF THE COMMUNITY. FURTHER, THE COMMUNITIES ARE SERVED BY AN OPEN  
MEDICAL STAFF. ALSO, ANY SURPLUS FUNDS ARE REINVESTED INTO THE  
ORGANIZATION TO FURTHER SUPPORT THE COMMUNITY.

**Part VI** Supplemental Information (Continuation)

DURING THE TAX YEAR, CEDARS-SINAI'S COMMUNITY BENEFIT EXPENSES TOTALED  
OVER \$256,500,000 DIVIDED AMONG FIVE MAJOR CATEGORIES. FOR PURPOSES OF  
ESTIMATING CEDARS-SINAI'S FINANCIAL CONTRIBUTION TO COMMUNITY BENEFIT, THE  
FOLLOWING DEFINITIONS ARE USED:

UNREIMBURSED COST OF DIRECT MEDICAL CARE FOR THE POOR AND UNDERSERVED -  
INCLUDES THE UNREIMBURSED COST OF FREE AND DISCOUNTED HEALTHCARE SERVICES  
PROVIDED TO PERSONS WHO MEET THE ORGANIZATION'S CRITERIA FOR FINANCIAL  
ASSISTANCE AND ARE THEREFORE, DEEMED UNABLE TO PAY FOR ALL OR A PORTION OF  
THE SERVICES. TRADITIONAL CHARITY CARE IS INCLUDED IN THE INTERNAL REVENUE  
SERVICE (IRS) FORM 990 SCHEDULE H PART I LINE 7A.

UNPAID COST OF STATE PROGRAMS - THIS AMOUNT REPRESENTS THE UNPAID COST OF  
SERVICES PROVIDED TO PATIENTS IN THE MEDI-CAL PROGRAM AND ENROLLED IN HMO  
AND PPO PLANS UNDER CONTRACT WITH THE MEDI-CAL PROGRAM. THESE COSTS ARE  
INCLUDED IN THE IRS FORM 990 SCHEDULE H PART I LINE 7B. IN THE STATE OF  
CALIFORNIA THE MEDICAID PROGRAM IS CALLED MEDI-CAL.

UNREIMBURSED COST OF DIRECT MEDICAL CARE FOR MEDICARE PATIENTS - PRIMARILY  
BENEFITS THE ELDERLY, THIS AMOUNT REPRESENTS THE UNPAID COST OF SERVICES  
PROVIDED TO PATIENTS IN THE MEDICARE PROGRAM AND ENROLLED IN HMO AND PPO  
PLANS UNDER CONTRACT WITH THE MEDICARE PROGRAM, THESE COSTS ARE INCLUDED  
IN THE IRS FORM 990 SCHEDULE H PART III SECTION B.

COMMUNITY BENEFIT PROGRAMS, AS WELL AS EDUCATION AND TRAINING FOR  
PHYSICIANS AND OTHER HEALTH PROFESSIONALS - COST OF SERVICES THAT ARE  
BENEFICIAL TO THE BROADER COMMUNITY. THIS CATEGORY INCLUDES UNREIMBURSED  
COSTS OF HEALTH PROFESSIONS EDUCATION, COMMUNITY HEALTH IMPROVEMENT,

**Part VI** Supplemental Information (Continuation)

COMMUNITY BENEFIT OPERATIONS, AND CASH DONATIONS. THESE COSTS ARE INCLUDED

IN THE IRS FORM 990 SCHEDULE H PART I LINES 7E, 7F, 7G, AND 7I. BELOW ARE

SOME EXAMPLES OF COSTS INCLUDED IN THIS CATEGORY OF THE COMMUNITY BENEFIT

CONTRIBUTION:

HEALTH PROFESSIONS EDUCATION

AS AN ACADEMIC MEDICAL CENTER, CEDARS-SINAI OFFERS GRADUATE MEDICAL

EDUCATION AND MANY OTHER EDUCATION PROGRAMS FOR A VARIETY OF HEALTH

PROFESSIONALS. THEY INCLUDE OFFERING GRADUATE EDUCATION TRAINING PROGRAMS

IN OVER 50 SPECIALTY AND SUBSPECIALTY AREAS AND OTHER HEALTH PROFESSIONS

EDUCATION PROGRAMS, AS WELL AS A SUBSTANTIAL PORTION OF THE EDUCATION TO

UNIVERSITY OF CALIFORNIA LOS ANGELES MEDICAL STUDENTS, INCLUDING DEGREE

PROGRAMS AND EXTENSIVE EDUCATIONAL RESOURCES FOR ASPIRING AND CURRENT

NURSES.

COMMUNITY HEALTH IMPROVEMENT

\* CLINICAL SERVICES ARE PROVIDED TO UNDERSERVED COMMUNITIES DAILY, THROUGH

AN ON-SITE PRIMARY ADULT CARE CLINIC; AND THROUGH MOBILE MEDICAL UNITS AND

FREE COMMUNITY CLINICS THROUGHOUT LOS ANGELES - ALL SERVING UNDERSERVED,

UNINSURED AND UNDERINSURED POPULATIONS.

\* EACH YEAR, CEDARS-SINAI TAKES PART IN COMMUNITY-BASED ACTIVITIES WITH

MORE THAN 170,000 ENCOUNTERS, INCLUDING HEALTH FAIRS, EXERCISE PROGRAMS,

AND SCREENING PROGRAMS FOR CONDITIONS SUCH AS CARDIOVASCULAR DISEASE,

DEPRESSION, DIABETES AND HYPERTENSION, AS WELL AS IMMUNIZATION PROGRAMS,

LECTURES, AND WORKSHOPS. ALSO OFFERED ARE DISEASE-SPECIFIC SUPPORT GROUPS,

PATIENT EDUCATION PROGRAMS, AND PROGRAM AFFILIATES.

\* CEDARS-SINAI PLANS AND IMPLEMENTS LONG-TERM COMPREHENSIVE STRATEGIES TO

MEET THE HEALTH NEEDS OF UNDERSERVED COMMUNITIES. SIGNATURE COMMUNITY

**Part VI** Supplemental Information (Continuation)

BENEFIT PROGRAMS SEEK TO IMPROVE HEALTH IN COMMUNITIES BY BUILDING STRONG  
PARTNERSHIPS, BUILDING COMMUNITY CAPACITIES AND PROVIDING DIRECT  
EDUCATION,

RESEARCH PROGRAMS - COST OF PROVIDING TRANSLATIONAL AND CLINICAL RESEARCH  
AND STUDIES ON HEALTH CARE DELIVERY. THESE COSTS ARE INCLUDED IN THE IRS  
FORM 990 SCHEDULE H PART I LINE 7H.

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

CA



Exhibit B  
Cedars-Sinai Community Benefit Update and Plan

*[See attached.]*



CEDARS-SINAI<sup>®</sup>

**CEDARS-SINAI  
COMMUNITY BENEFIT  
UPDATE AND PLAN**

**2016**

**Submitted to:**

**The Office of Statewide Health Planning and Development  
Healthcare Information Division  
Accounting and Reporting Systems Section  
November 2016**

## President's Message

Since its founding in 1902, Cedars-Sinai has been deeply rooted in providing the finest healthcare to populations in need. Since its inception as a healthcare home for needy immigrants, Cedars-Sinai continues to improve the lives of vulnerable communities today. As a result of deep commitment spanning over a century, hundreds of thousands of lives have been significantly improved.

Cedars-Sinai's mission, as a nonprofit independent healthcare organization, is the commitment to:

- Leadership and excellence in delivering quality healthcare services
- Expanding the horizons of medical knowledge through biomedical research
- Educating and training physicians and other healthcare professionals
- Striving to improve the health status of our community

Through thousands of activities encountering over 200,000 people annually, Cedars-Sinai is active in improving community health. Examples of Cedars-Sinai's key community benefit commitments include:

- The provision of direct medical care to populations in need
- Mobile medical units providing primary and preventive care to vulnerable children and their families
- Immunization programs
- Health screenings for early diagnosis and referral
- Preventive health education
- Extensive obesity prevention services and education
- School-based mental health services
- A wide variety of wellness programs for older adults, and
- Deep partnerships to help build capacities at safety net clinics, increasing access to care to indigent patients most in need.

The ***Community Benefit Update and Plan 2016*** reflects Cedars-Sinai's dedication and leadership in improving the health of our community, in collaboration with our key partners. Thank you for the opportunity to share our accomplishments from this past year and our plans for 2017.



Thomas M. Prisela  
President and CEO  
Cedars-Sinai Health System

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## I. ABOUT CEDARS-SINAI

Cedars-Sinai's role as a nonprofit academic medical center encompasses a breadth of community benefit activities that reflect a longstanding commitment to helping those in greatest need. Cedars-Sinai spent \$695,634,000 in FY 2016 on programs and services that increase access to medical care for individuals and families who live in poverty, are uninsured or underinsured, and that enable people of all ages to lead healthier lives.

Cedars-Sinai provides a complete spectrum of medical services and is considered one of the leading specialty referral centers for the region. In addition to inpatient care in all major specialties, Cedars-Sinai offers a broad range of services to meet patient needs along the continuum of care. Cedars-Sinai's Emergency Department, designated as a Los Angeles County Level I Trauma Center, is one of the few remaining hospital trauma centers in the region and is therefore of great importance to the community. In fiscal year 2016 Cedars-Sinai counted over 144,000 hospital-based patient discharges – both inpatient and outpatient - for individuals who receive care through Medi-Cal (California's Medicaid insurance program) or through dual eligibility, that is, insurance that deems individuals eligible for both Medicare and Medi-Cal. 28% of Cedars-Sinai's Medicare population are dual eligible for both Medicare and Medi-Cal.

Community benefit includes the unreimbursed cost of caring for Medi-Cal and Medicare patients; hundreds of free community education and medical screening/immunization programs that address major health issues such as heart disease, type 2 diabetes and obesity; research focused on advancing population health and improving healthcare delivery; and training that helps alleviate the nation's shortage of healthcare professionals.

Cedars-Sinai is one of the largest nonprofit academic medical centers in the U.S., with 886 licensed beds, 2,000 physicians, 2,800 nurses and thousands of other healthcare professionals, staff and volunteers. In addition, Cedars-Sinai serves the community through a medical network committed to seamless coordination of patient care between primary and specialty physicians. Marina del Rey Hospital recently became an affiliate of Cedars-Sinai Health System and converted to nonprofit status retroactive to September 1, 2015. Marina del Rey Hospital is submitting a separate Community Benefit and Update and Plan to OSHPD in November 2016. Data from Marina del Rey Hospital is excluded from this report.



Education at Cedars-Sinai encompasses highly competitive medical residency, as well as over 70 fellowship programs in a wide range of specialty, subspecialty areas, and graduate research education programs that combine scientific and translational medicine curricula with mentoring by researchers and clinicians. We also provide advanced research training for postdoctoral scientists, programs that enable nurses to develop specialized skills and advance in their careers, and training for allied health professionals such as clinical laboratory scientists. Learning takes place in the most advanced facilities in the world with state-of-the-art simulation and training equipment and the latest medical technology. Medical residency programs include:

- anesthesiology
- dentistry
- general surgery
- internal medicine and primary care
- neurology
- neurosurgery
- obstetrics and gynecology
- orthopaedic surgery
- pathology and laboratory medicine
- pharmacy
- radiation oncology
- radiology
- urology

As a global leader in medical research and care, Cedars-Sinai generates lifesaving discoveries that benefit patients suffering from heart disease, brain disorders, cancer and innumerable other conditions. Cedars-Sinai also pioneers research that improves the quality, safety and efficiency of healthcare delivery. The more than 1,500 research projects currently underway encompass basic, translational, clinical and health services research. Scientific leaps forward include using cardiac stem cells to repair damaged hearts, developing a vaccine to fight the most aggressive malignant brain tumors and developing more effective anti-cancer drugs aimed at specific molecular targets.

## II. ORGANIZATIONAL COMMITMENT

The clearest demonstration of Cedars-Sinai's commitment to its community is the involvement and dedication of the Board, Executive Management, physicians and staff in community benefit. Community benefit activities are delivered throughout Cedars-Sinai departments, with many specialists contributing their expertise in specific areas.

The Cedars-Sinai Board of Directors provides organizational leadership in fostering Cedars-Sinai's commitment to community benefit. Cedars-Sinai's Community Benefit Committee – a standing committee of the Board of Directors – functions as an oversight and policy-making body for Cedars-Sinai's community benefit commitments, efforts and strategic alignment with community needs. Community Benefit Committee members meet quarterly to review the status and progress of Cedars-Sinai's community benefit services, programs and activities. Additionally, Community Benefit Committee members assure organizational compliance with relevant community benefit legislation. The Community Benefit Committee is chaired by a member of the Board of Directors. Its membership is made up of Directors, as well as members of the Cedars-Sinai Board of Governors.

Cedars-Sinai's commitment to improve the health of the community – the fourth leg of Cedars-Sinai's mission – has been fully integrated into the governance, executive management and system-wide goals of the organization. Senior management plays a key leadership role in supporting community benefit and allocates significant human and financial resources to this end. The following community benefit oversight responsibilities within the organization are as follows:

### **Executive Committee of the Board of Directors**

- Reviewing and approving the Community Benefit Update and Plan annually
- Reviewing and approving the Community Health Needs Assessment and Implementation Strategy every three years

### **Community Benefit Committee (Board Committee)**

- Approve Legally Required Community Benefit Documents
- Affirm Community Benefit Priorities
- Engage in Ongoing Committee Education
- Advise on Community Benefit Systems and Processes
- Advise on Community Benefit Program Evaluations



### III. CEDARS-SINAI'S COMMUNITY

As a leading nonprofit academic medical center, Cedars-Sinai serves patients from the local community as well as from throughout the nation and the world. Most patients come from Southern California, within approximately 10 miles of the Medical Center. The population characteristics below describe Cedars-Sinai's Community Benefit Service Area. The Community Benefit Service Area includes large portions of Service Planning Areas (SPAs) 4 (Metro), 5 (West) and 6 (South), and a smaller portion of SPA 8 (South Bay) in Los Angeles County. The Community Benefit Service Area includes 52 zip codes, representing 25 cities or neighborhoods. To determine the Community Benefit Service Area, Cedars-Sinai takes into account the zip codes of inpatients discharged from the hospital; community need based on the Community Health Needs Assessment process; and long-standing community programs and partnerships.

#### Population Characteristics

Data Source: Claritas updated January 2016

Population Characteristics	Cedars-Sinai Community Benefit Service Area (current)	Los Angeles County (current)
<b>Total Population</b>	<b>Number of Persons</b>	
	1,844,916	10,237,502
<b>Race</b>	<b>Percent</b>	
White	39%	49%
Black/African American	18%	8%
Asian	10%	14%
Native Hawaiian/Pacific Islander	0.1%	0.3%
American Indian/Alaskan Native	0.8%	0.8%
Some Other Race	27%	22%
2+ Races	5%	5%
<b>Ethnicity</b>	<b>Percent</b>	
Hisp/Lat	50%	49%
Not Hisp/Lat	50%	51%
<b>Age</b>	<b>Percent</b>	
Less than 18 years	23%	23%
18+	77%	77%
25+	67%	67%
65+	11%	13%
<b>Socioeconomic Status</b>	<b>Percent</b>	
Families living below poverty line	24%	15%
Families with children, living below poverty line	19%	12%

## **IV. COMMUNITY HEALTH NEEDS ASSESSMENT - CHNA 2016**

Cedars-Sinai conducted a state and federally-mandated Community Health Needs Assessment (CHNA). This legislation requires hospitals to assess and prioritize the health needs of the communities they serve; and develop plans and implementation strategies to address health focus areas. The most recent CHNA was completed in 2016. The data below is a summary of Cedars-Sinai's 2016 CHNA.

### ***Community Benefit Service Area: CHNA 2016***

Cedars-Sinai is located at 8700 Beverly Boulevard, Los Angeles, California 90048. The Community Benefit Service Area includes large portions of Los Angeles County Service Planning Areas (SPAs) 4 (Metro), 5 (West) and 6 (South), and a smaller portion of SPA 8 (South Bay). The Community Benefit Service Area includes 52 zip codes, representing 25 cities or communities.

### ***Data Collection: CHNA 2016***

#### ***Secondary Data Collection***

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social and economic factors, health care access, birth characteristics, leading causes of death, chronic disease, health behaviors, mental health and substance abuse and preventive practices. Analyses were conducted at the most local level possible for the Community Benefit Service Area, given the availability of the data.

Sources of data include Nielsen Claritas accessed through the Healthy Communities Institute, the U.S. Census American Community Survey, the California Health Interview Survey, the California Department of Public Health, the California Employment Development Department, the Los Angeles County Health Survey, the Los Angeles Homeless Services Authority, the Uniform Data System, the National Cancer Institute, the California Department of Education, and others. When pertinent, these data sets are presented in the context of Los Angeles County and California State, framing the scope of an issue as it relates to the broader community.

#### ***Primary Data Collection***

Targeted interviews were used to gather information and opinions from persons who represent the broad interests of the community served by the hospital. Given shared service areas, Cedars-Sinai partnered with UCLA Health, Kaiser Foundation Hospital-West Los Angeles and Providence St. John's Health Center to conduct the interviews. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have "current data or other information relevant to the health needs of the community served by the hospital facility." Input was also obtained from Los Angeles County Department of Public Health officials.



### ***Identification and Prioritization of Significant Health Needs***

Significant health needs were identified through a review of the secondary health data collected and analyzed prior to the interviews. These data were then used to help guide the interviews. The needs assessment interviews were structured to obtain greater depth and richness of information, build on the secondary data review, and prioritize needs. The interviews focused on these significant health needs:

Access to care	HIV/AIDS
Asthma	Homelessness/housing
Cancer	Mental health
Community safety	Overweight and obesity
Dental care	Preventive practices
Type 2 diabetes	Substance abuse
Heart disease	

Interviews with community stakeholders were used to prioritize the significant health needs, using the following criteria and a 1-5 ranking methodology:

- The perceived severity of a health issue or health factor/driver as it affects the health and lives of those in the community;
- The level of importance the hospital should place on addressing the issue.

Calculations totaling severity and importance scores from the community stakeholder interviews resulted in the following prioritization of the significant health needs:

Significant Health Needs	Priority Ranking (Total Possible Score of 5)
Access to care	4.5
Substance abuse	4.2
Mental health	4.2
Type 2 diabetes	4.2
Preventive practices	4.2
Overweight/obesity	4.1
Heart disease	4.1
Homelessness	4.0
Cancer	3.9
Dental care	3.6
Community safety	3.5
HIV/AIDS	3.5
Asthma	3.2



## *Health Focus Areas*

Cedars-Sinai chose health focus areas, taking into account the capacity to impact community needs, the strength of community partnerships organizations and the match with Cedars-Sinai's organizational strategic planning efforts.

### Access to Care:

Selected Community Benefit efforts focus on increasing and supporting access to essential health care services for the underserved through direct programs and partnerships with local community-based organizations. Programs, partnerships and strategies address the following access-to-care priority health needs:

- Primary care
- Specialty care
- Mental health
- Preventive care

### Chronic Disease:

Community Benefit efforts focus on the prevention of chronic health conditions and their underlying risk factors. Programs, partnerships and strategies address the following priority health needs related to chronic disease:

- Cancer
- Cardiovascular disease
- Type 2 diabetes
- Overweight and obesity: healthy food choices and physical activity
- Preventive care

## **V. MEETING THE NEEDS OF THE COMMUNITY**

Cedars-Sinai's wide-ranging efforts to improve the community's health reflect a great deal of study and planning to determine how we can most effectively translate our commitment into action that will ensure a healthier future for those in greatest need. As part of the \$695,634,000 Community Benefit contribution, Cedars-Sinai engages in a variety of approaches ranging from investing in capacity building in vulnerable communities to large scale provision of needed services.

The programs outlined below are highlights of Cedars-Sinai's Directed Community Benefit Initiatives, i.e. strategic investments implemented to meet specific community needs.

### **DIRECTED COMMUNITY BENEFIT PROGRAMS**

#### **1. Healthy Habits**

Cedars-Sinai's Healthy Habits programs provide nutrition education and obesity prevention by helping children and families learn about healthy eating and physical activity with a wide range of education, capacity building and technical assistance programs run by trained health educators, reaching elementary school students, parents of preschool children, and families in underserved communities.

#### **Healthy Habits Accomplishments - Fiscal Year 2016:**

- Taught 1,217 individual lessons/workshops for a total 27,297 participant encounters, including 3,878 elementary students through Healthy Habits programs in schools
- Reached nearly 800 parents from schools and preschools through Healthy Habits parent workshops
- Facilitated six Grocery Store Tour programs to 52 individual participants
- Coordinated all-school events at partner schools including:
  - Fit Heart Events at Virginia Road Elementary, Wilshire Crest Elementary and Carson-Gore Academy of Environmental Sciences
  - Healthy Habits Science Fair at Arlington Heights Elementary School
- Increased Healthy Habits' participation in school events:
  - Metro Walk to School Celebration at Hobart Elementary
  - Resource Fair at 24<sup>th</sup> Street Elementary School
  - Health Fair at Marvin Elementary School
  - Alta Loma Elementary School Festival and 100-Year Anniversary
  - Cinco De May Celebration at Mid-City's Prescott School
- Offered new teacher trainings and workshops:
  - Funded CATCH PE trainings for 75 teachers, designed to increase the amount of moderate-to-vigorous activity children engage in during PE time. The training provided teachers with tools and resources to build their own PE lessons, including PE activity boxes for the participant schools.
  - Implemented GoNoodle Plus training at three schools, an online physical activity program aligned with core subjects and customizable for teachers.
  - Teacher training at 24<sup>th</sup> Street Elementary

### **Healthy Habits Measurable Impacts – Fiscal Year 2016:**

- 86% of elementary students are active for at least 30 minutes every day
- 90% of elementary students eat at least one serving of fruit every day
- 78% of elementary students eat at least one serving of vegetable every day
- 79% of elementary families eat meals together as a family
- 65% of elementary families do physical activity together as a family
- 72% of elementary students made a healthy snack
- 71% of elementary students showed their parents how to read a nutrition facts label

### **Healthy Habits Highlights - Fiscal Year 2017:**

- Implementing revised 6-unit curriculum for third and fourth grade students
- Hired a new lead health educator to lead and strengthen all adult health education
- Launching redesigned and branded educational materials for elementary programs
- Hosting or sponsoring school-wide events to foster a culture of health in partner schools, including Fit Heart in celebration of American Heart Healthy Month, Let's Jump! – encouraging student physical activity, walk-a-thons and other school fundraisers.
- Implementing enhanced evaluation plan and tools that focus on behavioral changes in students over the course of their three-year participation (grades 2-4) in Healthy Habits.

## **2. Community Health and Education**

Cedars-Sinai is committed to improving the number of quality life years for adults and seniors in our community. The provision of health promotion, prevention, education, and screening services has been proven according to the Center for Disease Control to improve quality life years. In Fiscal Year 2016, we provided a total of more than 25,000 participant encounters in adult-focused community benefit programs, such as screenings, educational and self-help programs, health fairs, immunization clinics and exercise programs. The extensive programs, provided by Cedars-Sinai's registered nurses and other healthcare professionals, occur in underserved communities, churches, synagogues as well as at the Medical Center main campus.

### **Community Health and Education Accomplishments - Fiscal Year 2017**

Development, implementation, and coordination of:

- Cardiovascular disease, type 2 diabetes, hypertension and related preventative programs and services
- Influenza and pneumococcal immunization programs
- Health promotion and prevention programs for seniors
- Health information handouts for seniors
- Physical exercise programs for seniors
- Outreaching/Networking



<b>PROGRAMS</b>	<b>FY 2016 participant encounters</b>
Health Fairs	7,819
Health Prevention/Promotion	1,611
Lectures	1,069
Immunization	1,005
Outreach/Networking	160
Exercise	13,429
<b>Total</b>	<b>25,093</b>

Additionally, Community Health and Education programs engaged in a comprehensive Phase I evaluation, yielding the following conclusions:

Cedars-Sinai's Community Health and Education Programs:

- Reach thousands of underserved Los Angeles County residents in the Community Benefit Service area.
- They provide health education and prevention services to promote increased awareness of health and healthy behaviors.
- Programs are well-received and perceived to be of excellent quality by the participants.
- For many who might not otherwise access care, these programs reach out to the community to empower vulnerable adults to live healthy lives.

Community Health and Education Programs are responsive to community needs; and help increase access and reduce barriers to accessing health services for many at-risk and vulnerable residents of the Community Benefit service area.

Cedars-Sinai has a unique opportunity to not only share the stories of what its Community Health and Education programs accomplish, but to more rigorously evaluate and disseminate the impact of its programs to increase the capacity of individuals and organizations to improve health.

### **Community Health and Education Highlights - Fiscal Year 2017**

- All adult programs will continue in Fiscal Year 2017
- Community Health and Education will embark on building and implementing infrastructure to collect, evaluate and disseminate impact of programs
- Expand monthly blood pressure and type 2 diabetes screening and education in local senior centers and local churches

### **3. COACH for Kids and Their Families®**

#### **Community Outreach Assistance for Children's Health (COACH)**

Cedars-Sinai operates two state-of-the-art mobile medical clinics staffed by an expert team of bilingual (English/Spanish) nurse practitioners, registered nurses, social workers and healthcare professionals from Cedars-Sinai Medical Center. COACH preventive services include well-child and immunization clinics for children, treatment for minor illnesses, dental screenings and fluoride varnish for children, BMI/BP screening clinics for adults, nutrition and fitness education, and linkages to health homes and social service resources.

COACH serves communities in Downtown/Skid Row, Pico-Union/Central Los Angeles, South Los Angeles, Watts, Compton, Inglewood, and Crenshaw/Mid-City. Healthcare services are provided at Head-Start centers, elementary, middle, and high schools, community-based agencies, family homeless shelters and public housing developments.

COACH collaborates with more than 200 public and private community organizations, including the Los Angeles Unified School District, Children's Institute Inc., Inglewood Unified School District, the Housing Authority of the City of Los Angeles (HACLA), South Los Angeles Health Projects WIC, Public Health Foundation Enterprises WIC, and Upward Bound House Shelters. Current supporters of COACH include the Children's Health Fund, and other private donors.

#### **COACH Accomplishments - Fiscal Year 2016:**

<b>Services</b>	<b>Encounters</b>
Medical Visits	4,870
Case Management Visits	1,128
Dental Visits	2,751
Mental Health Visits	2,373
Health Education Visits	19,789
Nutrition Visits	6,170
<b>Total FY 2016</b>	<b>37,081</b>

- Expanded the COACH Neighborhood Health Clinic, providing monthly BMI/BP screenings for parents, grandparents and caretakers at Jordan Downs Housing Development, and collaborated with other community partners to provide adult immunization services and dental screenings. Periodic COACH Neighborhood Health Clinics days were provided at Imperial Courts, Gonzague Village, Avalon Gardens and Nickerson Garden Housing Developments in Watts.
- Continued partnerships with My Friend's Place (homeless teen and young adult drop-in center) and Sheriff's Youth Foundation (afterschool and summer program) for COACH services.
- Participated in First Ladies Health Initiative (FLHI): a) coordinated the 2<sup>nd</sup> Annual CSMC co-sponsored SPA 4 Health Fair and Block Party, b) provided medical supplies for all 26 church health events, and c) provided medical consultation and technical support for FLHI activities.
- Acknowledged by Watts Gang Task Force with an "Unsung Hero" Community Partnership Award for health services work in the community.
- Continued coordination within Cedars-Sinai to utilize registered nurses to provide health screenings in underserved communities for children and their parents, grandparents and caretakers.
- Childhood obesity continues to be a critical health issue in the communities served by COACH. COACH for Kids continued to provide expanded nutrition-intervention and prevention services, including the Be Healthy, Be Strong! Program services which included:
  - Comprehensive nutrition assessments, counseling and monitoring for overweight and obese children on the mobile medical units
  - Preschool-8<sup>th</sup> grade nutrition and fitness education



- After-school nutrition and fitness workshops
- Nutrition and fitness education through gardening
- Parent/caregiver nutrition and fitness education workshops
- Healthy cooking classes for children and parents
- Nutrition and fitness education at community health fairs
- Gardening and cooking demonstrations

#### **COACH Highlights – Fiscal Year 2017**

- Launch Safe Summer Campaign – educate children and families regarding skin safety/sun protection, water/pool safety, and promote swimming as a good form of exercise.
- Expand HPV Vaccine education intervention and follow-up processes to improve vaccine uptake for 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> doses in pre-adolescent/adolescent children
- Continue expansion of COACH Neighborhood Health Clinics for parents, grandparents, and caretakers at Watts housing developments.
- Launch Project Connect in partnership with Cedars-Sinai's internal Performance Improvement Team. The purpose of Project Connect is to better understand the utilization practices of individuals within communities COACH serves, to inform future efforts to help connect COACH users to established primary care medical homes within their communities.

#### **4. Psychological Trauma Center (PTC) – Share and Care**

Since 1981, Cedars-Sinai's school-based mental health programs help direct and indirect victims of trauma, filling crucial needs for prevention, therapy, crisis intervention, and training that would otherwise be unmet. Programs and trainings - for children, teachers and school principals - run by licensed mental health practitioners, enhance an at-risk child's ability to learn in the classroom, change destructive behaviors and envision a brighter and happier future. The PTC's Share and Care program focuses on a series of art-therapy 12-week group curricula that support a therapeutic environment to improve students' ability to concentrate on their lessons. The therapy groups focus on trauma, loss and grief, self-esteem, bullying, socialization, anger management, divorce, shyness, students with an incarcerated parent and substance abuse.

#### **PTC Accomplishments – Fiscal Year 2016:**

- 925 students were seen in the 28 schools Share and Care is in plus 89 interventions were provided in classrooms (20 Elementary Schools, 6 Middle Schools and 2 High Schools).
- 3,165 children's group therapy sessions were provided.
- 87 parent education groups were conducted with a total of 1,212 encounters.
- 26,361 total encounters with provided with children, teachers and parents.
- Conducted four Share and Care site visits with the following local government officials: Assemblymember Bloom, Councilmembers Ryu and Harris Dawson; President of the Los Angeles Unified School District Board of Education Steve Zimmer.
- Celebrated Psychological Trauma Center's 35 years of service to the school community.
- Provided numerous radio and news interviews following trauma related incidents such as: terrorist attack in San Bernardino, closing of all LAUSD Schools for fear of a terrorist attack and the Dallas shootings.

- Newspaper articles in the L.A. Times, Yahoo News and Jewish Journal.
- Implementation of Remark scantron program for inputting school data into SPSS system. Engaged in extensive and comprehensive evaluation. Interim evaluation for school year 2014-2015 include:

**Preliminary Student Findings.** Students who participated in Share and Care made positive gains from when they were referred to the program to the end of the school year.

- There were statistically significant reductions in trauma symptomology related to anxiety, depression, post-traumatic stress, and dissociation.
- Students demonstrated increases in their academic self-esteem and the percent of students with low academic self-esteem decreased from enrollment to the end of the school year.
- Referral sources reported changes in several classroom behaviors including increases in self-esteem among 82% of student participants.

**Preliminary Findings from Parent Workshops.** Parent workshops participants rated the workshops highly and attributed a number of outcomes associated with workshop participation including increased confidence in their ability to discuss the use of drugs and other substances with my child (83%), help their child with school transitions (82%), and build their child's self-esteem (80%).

#### **PTC Highlights – Fiscal Year 2017:**

- Developing a new outreach program targeted to parent center representatives at three elementary schools. The goal of this program is to provide resources and tools to help parents deal with their day to day issues in a more independent manner.
- Created and implementing a school based program “Random Acts of Kindness” for elementary and secondary school students, teachers and parents.
- Continuation of our Share and Care site visit with government officials.
- Refine implementation of evaluation recommendations.

## **5. Youth Employment and Development (YED) Health Careers Academy**

In partnership with the Los Angeles Unified School District and the Regional Occupational Program, the YED Health Careers Academy includes school-based and work-site learning and mentoring. 50 students are exposed to a variety of health care careers. The Health Careers Academy is a two-year program which starts in 11<sup>th</sup> grade year with participants earning five elective credits each semester towards graduation. A variety of departments at Cedars-Sinai provide students with an opportunity to apply what they learn in the classroom at the work-site while being exposed to careers.

### **YED Accomplishments – Fiscal Year 2016:**

- Throughout the year, over 60 YED students including YED Alumni assisted with registration, interpretation and other duties for community health fairs and programs.
- 50 students presented year-end projects that highlight careers of interest to Cedars-Sinai department heads, staff, parents and school district officials at the YED Showcase open house. In addition, student worked in teams to produce Public Service Announcements (PSA) with topics that included: Safety, Signs of Stroke, Heart Attack Prevention, HPV Immunization, Meningitis, Animal Research and Organ Donation.
- Cedars-Sinai participated in the Los Angeles Chamber of Commerce's annual Cash for College Career Convention, which encourages students to complete financial aid and Cal Grant forms necessary to receive financial aid assistance to pursue their college endeavors.
- Presented the YED Health Careers Academy program model and evaluated outcomes to various organizations including the Los Angeles Chamber of Commerce and the California Hospital Association.
- Presented the YED Health Careers Academy program model to the California Health Professions Consortium.
- Created a Student Advisory Board for Health Careers Academy and Alumni Programs to help facilitate activities and provide valuable input on respective programs.
- Participated on the California Hospital Association Task Force on Pipeline Programs resulting in a booklet published for its members: "A Roadmap for Creating a Health Care Worked-Based Learning Program.
- Implement new mentoring program standards.
- Partnered with Fairfax High School on two career days in April held at the high school.
- Additionally, Cedars-Sinai partnered with the City of Los Angeles and the Los Angeles Chamber of Commerce for the 10th year with a commitment to hire for summer employment 30 students from HIRE L.A. Youth which represent the greater Los Angeles area, providing an opportunity for exposure to careers in health care.

### **YED Highlights – Fiscal Year 2017:**

- Continue to build components into the YED Alumni Program such as Professional Development Workshops.
- Implement new mentoring program standards.
- Introduce structured peer mentoring program for incoming students which will involve Alumni Students mentoring seniors on the college experience such as applications, personal statements, etc.
- In progress: Internet page that will provide information for students and supervisors that will keep them informed on program information.



- Continue partnership with the City of Los Angeles and the Los Angeles Chamber of Commerce for the HIRE LA Summer Youth Program to provide young people from the Los Angeles area an opportunity to explore careers within the healthcare industry.

## **6. Community Grants – Fiscal Year 2016**

Cedars-Sinai Community Clinic Initiative: Strengthening L.A.’s Safety Net—focused on bolstering leadership and effectiveness in the safety net. In its first full year of programming, the initiative reached the majority of clinics in Cedars-Sinai’s Community Benefit Service Area. Twenty-five clinics participated in one or more yearlong programs focusing on quality, leadership, and financial sustainability. Six additional clinics joined a daylong workshop on the fundamentals of quality improvement. Overall, 91% of eligible clinics benefitted from the Community Clinic Initiative in its first year. Clinics in this region serve over 750,000 low-income individuals each year.

Additional Cedars-Sinai Community Clinic Initiative grants included:

- Grants to renew and grow programming in quality improvement and financial acumen
- A grant for new programming run by the Center for Care Innovations, called the Safety Net Analytics Program Los Angeles (SNAP-LA)
- Patient experience grants totaling \$953,000 in grants to 17 clinics, projects included: implementing patient satisfaction surveys, improving patient-provider communication, issuing text-based reminders, increasing clinic security, and renovating patient waiting areas to provide a more streamlined check-in and comfortable environment

Community Mental Health Grants—focused on supporting direct mental health services. The Community Mental Health Grant program awarded \$750,000 to 13 organizations located in underserved areas of Los Angeles. Since its inception in 2012, the program has increased access to behavioral health care by issuing grants to organizations providing direct services to vulnerable community members. Program funds are used to treat adults, children and families who are uninsured and underinsured.

Institutional Grants— Each year, Cedars-Sinai supports local, regional, and national partners whose missions closely align with Cedars-Sinai’s priorities. For the third consecutive year, Cedars-Sinai funded the March of Dimes “Becoming a Mom/Comenzando Bien” prenatal education program. Additionally, grants were made to the Los Angeles Fire Department Foundation to create a Nurse Practitioner Response Unit and to United Way’s Home for Good regional effort to help end chronic homelessness in Los Angeles.

## VI. COMMUNITY BENEFIT INVENTORY OF SOCIAL ACCOUNTABILITY (CBISA)

Fiscal Year 2015: July 1, 2015 – June 30, 2016	Encounters	Programs/ Activities
<b>DIRECTED COMMUNITY BENEFIT PROGRAMS</b>		
C.O.A.C.H. for Kids and Their Families (Mobile Medical Units)	37,022	1104
Community Health and Education for Adults and Older Adults: Clinical Screenings, Health Lectures, Fall Prevention, Center Strutters	25,093	209
Healthy Habits (School Based Obesity Prevention)	26,925	1,224
Psychological Trauma Center (School Based Mental Health Services)	26,917	336
<b>SAFETY NET CLINICS</b>		
Cedars-Sinai's Ambulatory Care Clinic (Primary Adult Care Clinic)	5,407	11
Clinica Oscar Romero	1,021	96
Los Angeles Christian Health Center	183	88
Saban Community Clinic	6,667	176
Venice Family Clinic	2,706	200
<b>DISEASE/CONDITION SPECIFIC SUPPORT GROUPS</b>		
Center for Minimally Invasive and Weight Loss Surgery Support	374	187
Type 2 Diabetes Support Group	90	12
Good Beginnings Parent NICU Support Group	143	26
Heart Transplant Support Group	12	4
Heart Weight Loss Support Group (New FY16 Program)	15	5
Mechanical Circulatory Device Support Group	19	9
Multi-Organ Transplant Relaxation and Support Group	252	50
Neuroendocrine Tumor Support Group	96	7
One Stroke Ahead Support Group	45	8
Rehabilitation Support Group Services (Aphasia, Rehab, Etc.)	480	48
Smoking Cessation Support Group (New FY16 Program)	69	31
Yes I Can Support Group	22	2
<b>CANCER SERVICES</b>		
Cancer Exercise Program	554	58
Cancer Survivorship Services	71	23
Kidney Cancer Support Group	85	9
QiGong Program – Physical Fitness/Cancer Survivorship	340	50
Sarcoma Cancer Support Group	33	10
Yoga – Restorative and Strengthening Support Group	2,272	342



CBISA Program Name Fiscal Year 2015: July 1, 2014 – June 30, 2015	Encounters	Programs/ Activities
EDUCATION		
Breast Health Lecture	100	1
Early Bird Pregnancy Education	8	8
Emerging Innovators (New FY 16 Program)	6	2
Jewish Expectant Parents Education	94	5
Hospital and Morgue Education Program (Education to reduce hazardous driving incidents)	557	13
Nutrition Lectures – Food and Nutrition Dept.	548	6
Prenatal Education	5,098	10
Surgery Department Community Education	25	1
SERVICES ON BEHALF OF PATIENTS		
<ul style="list-style-type: none"><li>• Case Management (Expenses on behalf of economically needed patients, like transportation, meals, and post discharge linkages)</li><li>• Enrollment Assistance (Ensuring that patients have access to government-sponsored health insurance coverage)</li></ul>	Accounting of services are folded into extensive Community Benefit financial reporting.	
EDUCATION CONFERENCES		
Yom Hashoah – Holocaust Remembrance Day	250	1
IN-KIND		
Food Donations & Nutrition Lectures	8	8
Meals on Wheels	12,649	12
Recovery Groups Conference Services Costs	3,600	296
TeenLine (Suicide prevention hotline)	25,747	233
HEALTH PROFESSIONS EDUCATION		
Affiliate Nursing and Allied Health Program	678	22
Continuing Medical Education	3,837	350
Dietician and Technician Internship Program	210	5
Health Professions Education for Spanish Speaking Community	8	5
Minimally Invasive Surgery Fellowship and Psych Internship Programs	36	24
Paramedic Internship Program	358	6
Pathology Internship Programs	46	27
PhD BioMedical Sciences and Translational Medicine Education Program	37	1
Rehabilitation Internship Program	43	1
Research Interns/Visitors Program	291	4
Respiratory Care Services Internship Program	26	1
Social Work Field Placement Internship Program (New FY 16 Program)	12	4
Spiritual Care Services Internships & CPE Program	7,104	26
WORKFORCE DEVELOPMENT – YOUTH		
Regenerative Medicine Institute Internship for Teens	15	9
Youth Employment Development	3,048	62
Totals	201,352	5,547



## VII. COMMUNITY BENEFIT CONTRIBUTION

Unreimbursed Cost of Direct Medical Care for the Poor and Underserved (Excludes the unreimbursed cost of caring for Medicare patients)	\$ 93,716,000						
Charity care	\$14,779,000						
Unreimbursed cost: caring for Medi-Cal patients	\$78,937,000						
Unreimbursed Cost of Direct Medical Care for Medicare Patients	\$ 315,627,000						
Unreimbursed Cost to Care for Patients Under Specialty Government Programs	\$ 1,628,000						
Community Benefit Programs, Charitable Donations, and Education and Training for Physicians and Other Health Professionals (Includes hundreds of free community education and medical screening/immunization programs offered at the Medical Center, in local schools, homeless shelters and community centers)	\$ 106,558,000						
Research Programs	\$ 178,105,000						
<table><tr><td>Total Cost of Research</td><td>\$178,105,000</td></tr><tr><td>Less: Research funding from grants</td><td>&lt;\$102,003,000&gt;</td></tr><tr><td></td><td>\$ 76,102,000</td></tr></table>	Total Cost of Research	\$178,105,000	Less: Research funding from grants	<\$102,003,000>		\$ 76,102,000	
Total Cost of Research	\$178,105,000						
Less: Research funding from grants	<\$102,003,000>						
	\$ 76,102,000						
Total quantifiable community benefits	\$ 695,634,000						

Cedars-Sinai Medical Center is driven by its mission to improve the health status of the community and to provide leadership and excellence in patient care, research and education. In collaboration with expert medical staff, administrative leaders and community partners, Cedars-Sinai has made a significant contribution—both in quantifiable and non-quantifiable terms—to the benefit of the community. Cedars-Sinai provides a breadth of services to meet identified health needs in the community. Many Cedars-Sinai programs are operated at a financial loss, but continue to be offered because they are an important part of the medical center's mission to serve the community's health needs.

**Unreimbursed Cost of Direct Medical Care for the Poor and Underserved** – includes the unreimbursed cost of free and discounted healthcare services provided to persons who meet the organization's criteria for financial assistance and are therefore, deemed unable to pay for all or a portion of the services. If there is any subsidy donated for these services, that amount is deducted from the gross amount. Traditional Charity Care is included in the Internal Revenue Service (IRS) Form 990 Schedule H Part I Line 7a.

**Unpaid Cost of State Programs** – also benefits the indigent, but is listed separately. This amount represents the unpaid cost of services provided to patients in the Medi-Cal program and enrolled in HMO and PPO plans under contract with the Medi-Cal program. These costs are included in the IRS Form 990 Schedule H Part I Line 7b. In the State of California the Medicaid program is called Medi-Cal.



**Unreimbursed Costs of Specialty Government Programs** – also provides community benefit under such programs as the Veterans Administration, Los Angeles Police Department, Los Angeles County Trauma, and other programs to benefit the indigent. This amount represents the unpaid cost of services provided to patients in these various means-tested programs. If this community benefit was not provided, the federal, state or local governments would need to furnish these services. These costs are included in the IRS Form 990 Schedule H Part I Line 7c.

**Unreimbursed Cost of Direct Medical Care for Medicare Patients** - primarily benefits the elderly. This amount represents the unpaid cost of services provided to patients in the Medicare program and enrolled in HMO and PPO plans under contract with the Medicare program. Included in these amounts are \$32,542,000 and \$57,092,000 for the years ended June 30, 2016 and 2015 respectively, of unpaid costs of services provided to patients in the Medicare program that are also in the Medi-Cal program. These costs are included in the IRS Form 990 Schedule H Part III Section B.

**Community Benefit Programs, as well as Education and Training for Physicians and Other Health Professionals** – cost of services that are beneficial to the broader community. This category includes unreimbursed costs of Health Professions Education, Community Health Improvement, Community Benefit Operations, and Cash and In-Kind Donations. These costs are included in the IRS Form 990 Schedule H Part I Lines 7 e, f, and i. Below are some examples of costs included in this category of the Community Benefit contribution:

Health Professions Education

As an academic medical center, Cedars-Sinai offers graduate medical education and many other education programs for a variety of health professionals. They include offering graduate education training programs in over 80 physician specialty and subspecialty areas; and other health professions education programs including degree programs and extensive educational resources for aspiring and current nurses, dietitians, psychologists, paramedics, pathologists, researchers, rehabilitation professionals and chaplains.

Community Health Improvement

- Clinical services are provided to underserved communities daily, through an on-site primary adult care clinic; and through mobile medical units and free and community clinics throughout Los Angeles – all serving underserved, uninsured and underinsured populations.
- Each year, Cedars-Sinai takes part in community-based activities including health fairs, exercise programs, and screening programs for conditions such as cardiovascular disease, depression, diabetes and hypertension, as well immunization programs, lectures and workshops. Also offered are disease-specific support groups, patient education programs and program affiliates.
- Cedars-Sinai plans and implements long-term comprehensive strategies to meet the health needs of underserved communities. Signature Community Benefit programs seek to improve health in communities by building strong partnerships, building community capacities and providing direct education.

**Research Programs** – Cedars-Sinai's currently has more than 1,500 research projects and has made significant contributions to the development of new medical technology, medical knowledge and practice. Cedars-Sinai ranks among the nation's top 15 independent hospitals in National Institutes of Health (NIH) research funding - Cedars-Sinai received over \$102 million in research funding this year. These costs are included in the IRS Form 990 Schedule H Part I Line 7h.



### **Contact Information**

**President and Chief Executive Officer**  
Thomas M. Priselac

**Board Chair**  
Vera Guerin

**Chair, Community Benefit Committee**  
Stewart Kwoh

**Staff Contacts for Community Benefit Report**  
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Jonathan Schreiber  
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Exhibit C

Discharge Prescriptions (MM.07.01.01d) Procedure: Medication Management

*[See attached.]*



# PROCEDURE



Effective date: 09/08/2016

Title: Discharge Prescriptions (MM.07.01.01.d) Procedure: Medication Management

Document Owner: Karen Youmbi (Pharmacy Program Coordinator)

Home Department: Department of Pharmacy Services

## IMPORTANT NOTICE:

The official version of this document is contained in the Policy and Procedure Manager (PPM) and may have been revised since the document was printed.

## I. POLICY

- A. The Department of Pharmacy is responsible for the filling of patient discharge medications and providing them to the patient care area prior to discharge. No inpatient medications may be sent home with a patient that has not been properly labeled by Pharmacy for outpatient use. It is the policy of CSMC to have patients pay for discharge prescriptions at the time of service (see exception below). The Pharmacy will dispense discharge prescriptions for the quantity requested by the physician (see exception below). Patients may elect to have their prescriptions filled by an outside pharmacy.

Exception: Eligible patients may receive an emergency supply of discharge prescriptions on a physician's written chart order.

- B. The Pharmacy will provide requested information including prescription prices, insurance coverage information to patients and Nursing Staff to assist patients in deciding whether to have their discharge prescriptions filled at CSMC.
- C. The Patient Education Committee has approved the use of patient education leaflets from the CareNotes™ System (Micromedex Inc.). Nursing staff will use the patient education leaflets (from CareNotes™) to provide discharge counseling for patients. Pharmacy will provide drug information handouts, generated from the pharmacy processing system (Etreby), with discharge medications.
- D. Discharge patients will be redirected to other pharmacies to obtain dietary supplements and over-the-counter products if they are not available through CSMC outpatient pharmacies.

## II. PROCEDURE

### A. Discharge Prescriptions

1. For discharge prescriptions to be filled outside the Medical Center, the prescriptions will need to be written or signed by a prescriber with a valid California license.
2. Controlled prescriptions are to be written on a commercially-issued tamper-resistant prescription form approved by the California State Board of Pharmacy and the Department of Justice, or electronically transmitted. Schedule III through V prescriptions may also be issued verbally.

# PROCEDURE



Effective date: 09/08/2016

Title: Discharge Prescriptions (MM.07.01.01.d) Procedure: Medication Management

Document Owner: Karen Youmbi (Pharmacy Program Coordinator)

Home Department: Department of Pharmacy Services

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Exception: Prescriptions for Schedule II medication for use by a patient who has a terminal illness may be issued on a regular (non-secure) prescription form. The prescription must indicate that the prescriber has certified that the patient is terminally ill by the words "11159.2 exemption".

3. For Schedule II, III, IV and V medications, the prescriber is to have a valid California license and DEA registration. This is necessary if the prescription is filled by the CSMC Outpatient Pharmacy or outside the Medical Center.
4. Discharge prescription orders should be written as far in advance of the patient's leaving the hospital as possible to allow time to process.

### B. Obtaining discharge prescriptions

1. Discharge prescriptions are sent to the pharmacy by the nurse calling the assigned discharge line (based on unit)
2. Pharmacy Technician obtains prescriptions from nursing unit with patient's consent
3. Discharge prescriptions can also be dropped off at the outpatient pharmacy

### C. Payment and Delivery of discharge prescriptions

1. If the patient has a prescription insurance card, the medications will be billed to the insurance company and the patient will be responsible for the copay.
2. When the discharge prescriptions are ready:
  - a. Nursing will be notified
  - b. Pharmacy staff will deliver the prescriptions to the nurse caring for the patient or other Registered Nurse(R.N.) working in the patient care area (e.g. charge nurse)
  - c. Discharge prescriptions may be picked up at the pharmacy by nursing or patient's authorized representative
  - d. A Discharge Prescription Log will be maintained as a record of discharge medications delivered by pharmacy staff.
  - e. The receiving nurse will sign the log to acknowledge receipt of the medication(s).

# PROCEDURE



Effective date: 09/08/2016

Title: Discharge Prescriptions (MM.07.01.01.d) Procedure: Medication Management

Document Owner: Karen Youmbi (Pharmacy Program Coordinator)

Home Department: Department of Pharmacy Services

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- f. If the patient is not being discharged at the time the prescriptions are delivered, the nurse will store the prescription in a secured area on the unit until the patient is discharged and about to leave the unit.

### D. Patient Counseling

1. At time of discharge, patients will receive written information regarding medications dispensed. Patient education leaflets will be provided, informing patients of harmful effects of dispensed drugs, including those posing substantial risk when taken in combination with alcohol or impairing a person's ability to operate machinery (See Policy and Procedure [Discharge Planning Protocol and Multidisciplinary Process Policy: Clinical Manual/General Clinical](#)).
2. Patient education leaflets (CareNotes™) for discharge counseling can be accessed from the CSMC intranet by nursing (see Policy and Procedure [Patient Education MM.07.01.01.c](#)).
  - a. The Department of Pharmacy Services is responsible for evaluating and recommending patient education leaflets for discharge medications from those available commercially.
3. Patients who have their discharge medications filled by the CSMC Outpatient Pharmacy will receive a copy of the drug information handouts (from the pharmacy processing system Etreby) with the discharge medications.
4. If a patient or family member picks up their prescription at the Outpatient Pharmacy, they will be counseled by a pharmacist (see Policy and Procedure [Outpatient Pharmacies: Prescription Processing](#)).

### E. Emergency Supply Prescriptions

Definition: Emergency supplies are filled when a patient is discharged, medications are required and the patient has no insurance or no means to pay. Supplies are generally for 3 days but additional days of therapy may be provided based on the patient's diseases or conditions.

1. At time of discharge, patients will receive written information as outlined in Section D above.

### F. Crediting Discharge Medications

# PROCEDURE



Effective date: 09/08/2016

Title: Discharge Prescriptions (MM.07.01.01.d) Procedure: Medication Management

Document Owner: Karen Youmbi (Pharmacy Program Coordinator)

Home Department: Department of Pharmacy Services

## IMPORTANT NOTICE:

The official version of this document is contained in the Policy and Procedure Manager (PPM) and may have been revised since the document was printed.

1. Discharge prescriptions which are not sent home with the patient are to be returned to the pharmacy for credit.

### III. POLICY APPROVALS

- Philomena MacAndrew, MD  
Chair, Pharmacy and Therapeutics Committee
- Rita Shane, PharmD, FASHP, FCSHP  
Chief Pharmacy Officer
- Linda Burnes Bolton, DrPH, RN, FAAN  
Executive Vice President Nursing and Chief Nursing Officer

Original Effective Date: 8/2010