Mercy Medical Center Redding Community Benefit 2024 Report and 2025 Plan



Adopted November 2024



A message from

Todd Smith, President, and Nikita Gill, M.D, Chair of the Dignity Health North State Service Area Community Board.

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

Mercy Medical Center Redding shares a commitment with others to improve the health of our community and promote health equity, and delivers programs and services to help achieve that goal. The Community Benefit 2024 Report and 2025 Plan describes much of this work. This report meets requirements in California (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2024 (FY24), Mercy Medical Center Redding provided \$30,205,888 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$25,969,909 in unreimbursed costs of caring for patients covered by Medicare fee-for-service.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2024 Report and 2025 Plan at its November 14, 2024 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching out to Alexis Ross, Market Director Community Health at (530) 225-6114 or by email at alexis.ross@commonspirit.org.

Todd Smith President

Nikita Gill, M.D Chairperson, Board of Directors

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At-a-Glance Summary

Hospital HCAI ID: 106450949

Report Period Start Date: July 1, 2023

Report Period End Date: June 30, 2024

This document is publicly available online at:

https://www.dignityhealth.org/north-state/locations/mercy-redding/about-us/community-benefit

Community Served



Mercy Medical Center Redding (MMCR) is located at the tip of the Sacramento River Valley in Redding, California and serves over 208,000 individuals. The majority of the community served reside in Shasta County, with a lesser portion in Tehama County and Trinity County. The community served by MMCR reside in one of the following zip codes: 96001, 96002, 96003, 96007, 96019, 96024, 96033, 96047, 96052, 96073, 96087, 96088, 96093, 96022 and 96080.

Economic Value of Community Benefit



\$30,205,888 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits.

\$25,969,909 in unreimbursed costs of caring for patients covered by Medicare fee-for-service.

The hospital's net community benefit expenses for services to vulnerable populations and to the broader community are listed by category in the Economic Value of Community Benefit section of this report.

Significant Community Health Needs Being Addressed



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

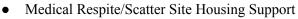
- Access to Mental/Behavioral Health and Substance-Use
- Access to Basic Needs Such as Housing, Jobs, and Food
- Access to Quality Primary Care Health Services
- Safe and Violence-Free Environment
- Increased Community Connections

FY24 Programs and Services



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

- Community Health Improvement Grants
- Community Health Education
- Health Professions Education
- Human Trafficking/Violence Prevention
- Medications for Uninsured and Indigent



• Transportation Services

FY25 Planned Programs and Services

Existing FY24 programs for Mercy Medical Center Redding will continue into FY25 and the hospital will continue to seek opportunities with collaborative partners to further the health of the community.

Written comments on this report can be submitted to the Mercy Medical Center Redding Community Health Office, 2175 Rosaline Ave., Redding, CA 96001, Attn: Alexis Ross, Market Director Community Health or by e-mail to alexis.ross@commonspirit.org.

Our Hospital and the Community Served

About Mercy Medical Center Redding

Mercy Medical Center Redding is a member of Dignity Health, which is a part of CommonSpirit Health and is at the tip of the Sacramento River Valley in Redding, California. Mercy Medical Center Redding (MMCR) serves as a regional referral center for far Northern California and offers comprehensive health care to nearly 300,000 residents from a six-county region. It is one of only two Level II trauma centers and the only Level III neonatal ICU north of Sacramento. MMCR is a 266-bed regional medical center providing inpatient and outpatient services supported by over 250 medical staff. In addition, the hospital's network of care includes Mercy Home Health and Hospice and Dignity Health Connected Living, which serve nearly 72,000 meals a year. MMCR offers the following specialized services, including:

- Family Birth Center,
- Thrombectomy-Capable Stroke Center,
- daVinci®, Mazor X, MAKO Robotic Surgery,
- Wound Healing and Hyperbaric Medicine Center, and
- Blue Distinction Centers for Knee and Hip Replacement and for Spine Surgery.

MMCR was also recognized in the Human Rights Campaign Foundation's 2022 Healthcare Equality Index for its equitable treatment and inclusion of LGBTQ+ patients, visitors and employees.

Our Mission

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

Our Vision

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

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay. This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

Description of the Community Served

MMCR is located at the tip of the Sacramento River Valley in Redding, California and serves over 208,000 residents from Shasta, Tehama, and Trinity Counties. Geographically the MMCR community is bordered by mountains to the north, east, and west and is transected by the U.S. Interstate 5 corridor. Redding is the largest city within the MMCR community and home to approximately 93,000 residents. The MMCR community also consists of unincorporated areas and the following communities, including Anderson, Bella Vista, Centerville, Cottonwood, Dales, Shasta Lake, Shasta, Happy Valley, Lake, and Palo Cedro in Shasta County; Red Bluff in Tehama County; and Lewiston and Weaverville in Trinity County.



The community served by MMCR resides in one of the following ZIP codes, 96001, 96002, 96003, 96007, 96019,

96033, 96047, 96073, 96087, and 96088 in Shasta County; 96022 and 96080 in Tehama County, and 96024, 96052, and 96093 in Trinity County. According to U.S. Census data presented in the 2022 CHNA, the majority of the population ethnically identifies as White/Not Hispanic or Latino and have a consistently higher median age than the State of California. As reported in the 2022 CHNA, the average median income for California was \$75,235 – however, only the 3,980 residents of 96073 exceed the state median and the majority of the community has poverty rates above state averages. Additional details can be found in the CHNA report online on page 22

Community Assessment and Significant Needs

The hospital engages in multiple activities to conduct its community health improvement planning process. These include, but are not limited, to conducting a Community Health Needs Assessment with community input at least every three years, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in April 2022. The hospital makes the CHNA report widely available to the public online at

https://www.dignityhealth.org/north-state/locations/mercy-redding/about-us/community-benefit and upon request from the hospital's Community Health office.

The CHNA contains several key elements, including:

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

Community Groups that Attended or Engaged in the CHNA:

- Anderson Teen Center
- Human Good / Mountain Vistas Apartments in Redding
- Shasta County Mien Community / Shasta County Health and Human Services Agency
- NorCal OUTreach
- Shasta County Public Health and HHSA
- Shasta County Office of Education

Vulnerable Populations Represented by These Groups:

- LGBTQ+
- Mien community
- Communities with a California Healthy Places Index score <50%:
 - o 96001, 96002, 96003, 96007, 96019, 96052, 96087, 96088, 96093, 96022, and 96080

Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors and health care services, and also health-related social needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Access to Mental/Behavioral Health and Substance-Use Services	Access to mental, behavioral, and substance-use services is essential for mental and emotional health.	•
Access to Basic Needs Such as Housing, Jobs, and Food	Access to affordable and clean housing, stable employment, quality education, and adequate food for good health are vital for survival.	•
Access to Quality Primary Care Health Services	Access to primary care resources includes community clinics, pediatricians, family practice physicians, internists, nurse practitioners and physician assistants, pharmacists, telephone advice nurses, and other similar resources.	•
Access to Specialty and Extended Care	Specialty and extended care services are a particular branch of medicine focused on the treatment of a particular disease. In addition to specialty care, extended care goes beyond primary care services to include skilled-nursing facilities, hospice care, and in-home healthcare.	
Increased Community Connections	Community connection is a crucial part of living a healthy life. Research suggests individuals who feel a sense of security, belonging, and trust in their community have better health.	•
Safe and Violence-Free Environment	Feeling safe in one's home and community is fundamental to overall health.	•
System Navigation	System navigation refers to an individual's ability to traverse fragmented social services and healthcare systems in order to receive the necessary benefits and supports to improve health outcomes.	
Injury and Disease Prevention and Management	Injury and disease prevention and management can improve community health and quality of life.	
Access to Functional Needs	Functional needs include indicators related to transportation and disability. Without transportation, individuals struggle to meet their basic needs, including those needs that promote and support a healthy life.	

Significant Needs the Hospital Does Not Intend to Address

MMCR met with internal and community members to review and determine the top priorities the hospital would address. MMCR does not have the capacity to address all nine priority health needs identified in the 2022 CHNA. MMCR continuously strives to improve and broaden existing programs, and to identify collaborative opportunities to better serve the community. MMCR will continue to lean into the organizations who are addressing the needs and build capacity by strengthening partnerships among local

community-based organizations. Due to the magnitude of the need, MMCR will not address the following health needs:

- Access to Specialty and Extended Care
- System Navigation
- Injury and Disease Prevention Management
- Access to Functional Needs

2024 Report and 2025 Plan

This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY24 and planned activities for FY25, with statements on impacts and community collaboration. Program Highlights provide additional detail on select programs.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Community Benefit Plan

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

Hospital and health system participants included a core internal team of clinical staff, social workers, members of the hospital leadership team, and Dignity Health leaders at the regional level from Mission Integration and



Community Health. The core team helped shape ongoing initiatives and define appropriate processes, procedures, and methodologies for measuring outcomes.

The programs and initiatives described here were selected based on their past successful interventions. Each initiative involves research on best practice and is written to align with local resources, state or national health priorities and initiatives. The community grant program was selected by the Community Health Improvement Grants Committee to address a currently unmet need in the community.

Community Health Core Strategies

Driven by a commitment to equity and social justice, we envision a future where health and well-being are attainable by all regardless of background or circumstance.

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources and engagement of participants both inside and outside of the health care delivery system.



CommonSpirit Health has established three core strategies for community health improvement activities. These strategies help to ensure that program activities overall address strategic aims while meeting locally-identified needs.

- Extend the care continuum by aligning and integrating clinical and community-based interventions.
- Strengthen community capacity to achieve equitable health and well-being.
- Implement and sustain evidence-based health improvement program initiatives.

Report and Plan by Health Need

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

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



Health Need: Access to Mental/Behavioral Health and Substance-Use Services/Increased Community Connections

Strategy or Program	Summary Description	Active FY24	Planne d FY25
Substance Use Coalition	The Shasta Substance Use Coalition's purpose is to reduce the harms associated with substance use in Shasta County. This is accomplished by aligning strategies among stakeholders to: reduce harmful substance use and overdose related deaths, increase community awareness and understanding of substance use disorder, promote timely access to evidence-based treatment and enhance access to individual and family recovery support services.		
Substance Use Navigation	Funded through grants, the CA Bridge program provides 24/7 high-quality care for individuals with substance use disorder. The program seeks to fully integrate addiction treatment into standard medical practice—increasing access to treatment to save more lives. Program is currently funded through Medication for Addiction Treatment (MAT) program.		
Education and Awareness	Provide education and awareness and reduce stigma in the community.		
Lutheran Social Services (LSS)	LSS provides transition-aged youths (ages 18 – 24) with transitional housing and supportive services. Staff assist youth in identifying barriers to remaining housed and work to resolve these barriers. MMCR provides community benefit investment to LSS to support the needs of transitioned-aged youth.		
Shasta Micro-Shelter Collaborative	Addresses the community's need for housing and addiction support programming by providing daily site management staff and weekly substance use counselors at two emergency housing communities.		
Pathways to Hope for Children – Teen Centers	This Dignity Health Community Grants Program will provide youth a safe place where mentoring, support groups, and wellbeing can flourish at the Anderson and Redding Teen Centers.		

Goal and Impact:

These programs will improve the wellbeing of community members as well as support those struggling with substance use disorder.

Collaborators:

The hospital will continue to partner with the Shasta Family YMCA, United Way of Northern California, Children's Legacy Center, Safe. Haven, Shasta Community Health Center, Lutheran Social Services, Public Health - Shasta County Health & Human Services Agency and other local community based organizations.



Health Need: Access to Basic Needs Such as Housing, Jobs, and Food

Strategy or Program	Summary Description	Active FY24	Planne d FY25
Healthy Eating, Helping Hands	A Dignity Health Community Grants program, this program will provide nutritious weekend meals to 240 high-need students in the Enterprise Elementary School District to address food insecurity.	\boxtimes	
Lutheran Social Services (LSS)	LSS provides transition-aged youths (ages 18 – 24) with transitional housing and supportive services. Staff assist youth in identifying barriers to remaining housed and work to resolve these barriers. MMCR provides community benefit investment to LSS to support the needs of transitioned-aged youth.		
Shasta Micro-Shelter Collaborative	Addresses the community's need for housing and addiction support programming by providing daily site management staff and weekly substance use counselors at two emergency housing communities.		

Goal and Impact:

Improve social determinants of health for the most vulnerable members of the MMCR community.

Collaborators:

The hospital will continue to partner with Northern Valley Catholic Social Services, Lutheran Social Services, and the United Way of Northern California and other local community based organizations.



Health Need: Access to Quality Primary Care Health Services

Strategy or Program	Summary Description	Active FY24	Planne d FY25
Financial Assistance	MMCR provides financial assistance for uninsured/underinsured and low-income residents. Rural health clinics offer sliding fee scale for patients who do not qualify for insurance.		
Family Medicine Residency Program	MMCR offers residency programs for family medicine, nursing and pharmacy. The program has 18 students enrolled and has been in operation since 1975.		
Workforce Development	Align efforts with and identify additional community organizations who are leading workforce development efforts to increase access to a diverse and inclusive health care workforce—both in clinical and nonclinical/corporate settings and improve health equity.		
Transportation Assistance	Address transportation barriers to accessing healthcare services by providing van service, taxi vouchers or bus tokens to patients who need assistance to access care.		

Goal and Impact:

These programs will increase timely access to care by improving health literacy, addressing social determinants of health, and taking healthcare into the community.

Collaborators:

MMCR will continue to seek out partnerships with local organizations that respond to the health needs of our community. Community-based collaborations continue to be a priority for the hospital and will continue to drive community benefit efforts.



Health Need: Safe and Violence Free Environment

Strategy or Program	Summary Description	Active FY24	Planne d FY25
Mission and Ministry Fund, United Against Violence Planning Grant	Facilitate strategy sessions to develop violence prevention/human trafficking implementation plan in Shasta County. This plan will build upon and align existing work identified during planned activities.	\boxtimes	
Sexual Assault Nurse Examiner/ Sexual Assault Response (SANE/SART)	In late Spring, 2022, under the leadership of the ER Director and Dr. Sean Dugan, Forensic Specialist are working on building a Sexual Assault Nurse Examiner/ Sexual Assault Response (SANE/SART) at MMCR.		
Girls Inc. of the Northern Sacramento Valley	Provide evidence-based programs in violence prevention, leadership, and healthy behaviors (mental health, stress, depression, and nutrition) to 120 at-risk teenage girls in Shasta County.		
Prevent violence and intervene when it is suspected	Increase the health system and community capacity to identify victims of human trafficking and respond appropriately.		
Human Trafficking Taskforce	A revitalization of the Human Trafficking Taskforce made up of multidisciplinary leaders with a victim- centered approach on strategies, interventions and policies.		
Human Trafficking/Violence Training led by the International Rescue Committee (IRC)	Anti-Trafficking Outreach and Training Specialists from IRC will provide quarterly training to bring awareness to human trafficking and its various forms and resources available at local and national level.		
Comprehensive Adult/Pediatric Sexual Assault Training for Examiners	Five-day course trains physicians, advanced practitioners and nurses to conduct forensic medical examinations for patients that survive sexual and physical assault, including physical child abuse, domestic violence, elder abuse, child sexual abuse, adolescent/adult sexual assault, strangulation, head injury, traumatic brain injury, and human trafficking.		×

Goal and Impact:

These programs prevent future traumatization once violence has occurred by increasing healthcare workforce capacity to provide trauma informed care for victims of violence. They also support community capacity to reduce future violence.

Collaborators:

MMCR will continue to seek out partnerships with local organizations that respond to the health needs of our community. Community-based collaborations continue to be a priority for the hospital and will continue to drive community benefit efforts.

Community Health Improvement Grants Program

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

In FY24, the hospital awarded the grants below totaling \$328,653. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Health Needs Addressed	Amount
Girls Inc. of the Northern Sacramento Valley	Girls Inc. of the Northern Sacramento Valley	Violence and Injury	\$33,965
Northern Valley Catholic Social Service	Healthy Weekend Meals for Food Insecure Shasta County Students	Access to Basic Needs such as Housing, Jobs, and Food	\$100,000
Pathways to Hope for Children	Pathways to Hope for Children – Teen Centers	Access to Mental/Behavioral Health	\$30,000
Shasta Family YMCA	Serving Greater Redding Youth Through Y Club	Access to Basic Needs such as Housing, Jobs, and Food	\$24,688
ShiningCare	ShiningCare	Access to Care/Services	\$70,000
United Way of Northern California	Shasta Micro-Shelter Collaborative	Access to Basic Needs such as Housing, Jobs, and Food	\$70,000

Program Highlights

The following pages describe a sampling of programs and initiatives listed above in additional detail, illustrating the work undertaken to help address significant community health needs.

Sexual Assault N	urse Examiner/Sexual Assault Response (SANE/SART) Team
Significant Health Needs Addressed	 Safe and Violence Free Environment Access to Mental Health/Behavioral Health and Substance Use Services Increased Community Connections
Program Description	Under the leadership of the ER Director and Dr. Sean Dugan, Forensic Specialist are working on building a Sexual Assault Nurse Examiner/ Sexual Assault Response (SANE/SART) at MMCR.
Population Served	Victims of sexual assault, physical assault, child abuse, elder abuse
Program Goal / Anticipated Impact	Increase internal capacity to respond needs of survivors to minimize the trauma for sexual assault victims when they seek medical assistance and to reduce repeated questioning of the victim and increase effective collection and preservation of evidence. A team approach helps meet the victim's needs and can increase the likelihood that a victim will seek follow-up services, thereby promoting healing.
	FY 2024 Report
Activities Summary	Five nurses were trained as both Adult and Pediatric Sexual Assault Forensic Examiners through the California Clinical Forensic Medical Training Center at Palomar (CCFTC) which is the official site for California. The team currently has 24/7 coverage, 365 days per year. Additionally, the team participated in the Shasta County SART protocol re-write and is recognized by the County as operational.
Performance / Impact	Meet the victims' needs and increase the likelihood that a victim will seek follow-up services, thereby promoting healing. In addition, connect to wrap around services, such as One Safe Place, International Rescue Committee,
Hospital's Contribution / Program Expense	Staff, facility, and expense in identifying and trainings.
	FY 2025 Plan
Program Goal / Anticipated Impact	Increase internal capacity to respond needs of survivors to minimize the trauma for sexual assault victims when they seek medical assistance and to reduce repeated questioning of the victim and increase effective collection and preservation of evidence. A team approach helps meet the victim's needs and can increase the likelihood that a victim will seek follow-up services, thereby promoting healing.
Planned Activities	Three additional staff will attend training through CCFTC in early 2025. The team will participate in ongoing education to become experts in the field of Forensic Nursing by participating in additional training in courtroom testifying, photography, evidence collection, and strangulation and peer review.

Community Healt	h Education		
Significant Health Needs Addressed	 Access to Quality Primary Health Care Services Access to Mental Health/Behavioral Health and Substance Use Services Increased Community Connections Access to Basic Needs such as Housing, Jobs and Food Safe and Violence Free-Environment 		
Program Description	Collaboration with local partner organizations.		
Population Served	MMCR Community, including the most vulnerable populations		
Program Goal / Anticipated Impact	Community health education classes could improve the health and quality of life of the community, especially those with chronic illness.		
FY 2024 Report			
Activities Summary	Education sessions and workshops are conducted in collaboration with a variety of community organizations and are held in locations accessible to the residents, such as senior housing communities and organizations that serve a high percentage of residents that have or are caring for family members with chronic illness.		
Performance / Impact	1,085 persons served		
Hospital's Contribution / Program Expense	\$19,698 Community Benefit (net)		
	FY 2025 Plan		
Program Goal / Anticipated Impact	Continue educating the community to improve their health literacy and take health education and outreach programs to the community.		
Planned Activities	In addition to the programs already ongoing, a Diabetes Education and Empowerment Program and Chronic Disease Self-Management Program will be added in FY25.		

Other Programs and Non-Quantifiable Benefits

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

- Recuperative Care/Medical Respite The HOPE Medical Respite Program began in November 2020 as a partnership between Shasta Community Health Center and Pathways to Housing. The HOPE Program is a 15-bed recuperative care/medical respite facility where individuals who are unhoused can recover from medical conditions in either a congregate or non-congregate setting. In FY24, 97 individuals were referred to medical respite and 38 persons were enrolled and served through the program and received access to care and services such as wound care and prenatal care, chronic disease treatment and management and medical and specialty appointment coordination.
- Members of the hospital's leadership and management teams provide significant in-kind support
 and expertise to nonprofit health care organizations, civic, and service agencies such as Partnership
 HealthPlan, Shasta College, Shasta Community Health Center, Empire Recovery Center, Shasta
 County HHSA Children's Services, Shasta County Mental Health Meetings, and Redding Chamber
 of Commerce.
- Dignity Health North State Hospitals sponsorship program supports health and wellness initiatives, programs serving the poor and disenfranchised, education programs, and community based events hosted by various community partners.
- College Options Community building support to increase access to higher education opportunities for interested students and the general community.
- The hospital partners with Dignity Health Connected Living by providing leadership and expertise
 as board members. Dignity Health Connected Living provides a variety of programs for seniors,
 including volunteer opportunities, nutrition services, Adult Day Health Care, Meals on Wheels,
 and transportation.

Economic Value of Community Benefit

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

Mercy Medical Center (Redding)

Complete Summary - Classified (Programs) Including Non Community Benefit (Medicare)

For period from 07/01/2023 through 06/30/2024

	<u>Persons</u>	<u>Expense</u>	<u>Offsetting</u> <u>Revenue</u>	Net Benefit	% of Expenses
Benefits for Poor					
Financial Assistance	1,634	\$7,863,813	\$0	\$7,863,813	1.3%
Medicaid	37,177	\$182,454,415	\$167,806,027	\$14,648,388	2.4%
Community Services					
A - Community Health Improvement Services	1,144	\$275,041	\$0	\$275,041	0.0%
E - Cash and In-Kind Contributions	9	\$953,035	\$0	\$953,035	0.2%
G - Community Benefit Operations		\$75,503	\$0	\$75,503	0.0%
Totals for Community Services	1,153	\$1,303,579	\$0	\$1,303,579	0.2%
Totals for Benefits for Poor	39,964	\$191,621,807	\$167,806,027	\$23,815,780	4.0%
Benefits for Broader Community					
Community Services					
A - Community Health Improvement Services	1,164	\$23,297	\$0	\$23,297	0.0%
B - Health Professions Education	18	\$7,475,441	\$1,211,845	\$6,263,596	1.0%
D - Research		\$85,031	\$2,000	\$83,031	0.0%
E - Cash and In-Kind Contributions	3	\$14,000	\$0	\$14,000	0.0%
F - Community Building Activities	1	\$6,184	\$0	\$6,184	0.0%
Totals for Community Services	1,186	\$7,603,953	\$1,213,845	\$6,390,108	1.1%
Totals for Broader Community	1,186	\$7,603,953	\$1,213,845	\$6,390,108	1.1%
Totals - Community Benefit	41,150	\$199,225,760	\$169,019,872	\$30,205,888	5.0%
Medicare	46,627	\$229,180,640	\$203,210,731	\$25,969,909	4.3%
Totals Including Medicare	87,777	\$428,406,400	\$372,230,603	\$56,175,797	9.3%

^{*}For the Medicaid provider fee program effective for the two-year period of January 1, 2023 - December 31, 2024, the State of California received Centers for Medicare & Medicaid Services approval in December 2023. As such, during the fiscal year July 1, 2023 - June 30, 2024, the hospital recognized provider fee net income of \$34,581,107 covering 18 months dating back to January 2023. Subtracting the six months of net provider fee attributable to the prior fiscal year, FY24 Medicaid net benefit would be \$29,007,636 and total community benefit including Medicare would be \$70,535,045.

Hospital Board and Committee Rosters

FY2025 Dignity Health North State Service Area Community Board Members

Nikita Gill, M.D., Chairperson, Physician
Mike Davis, Secretary, Philanthropy
Amanda Hutchings, Community Representative
Irene DeLao, Community Representative
Keith Cool, Community Representative
Mary Rushka, Community Representative
Michael Staszel, M.D., Physician
Riico Dotson, M.D., Physician
Russ Porterfield, Community Representative
Sister Bridget McCarthy, Woman Religious
Sister Sheila Browne, Woman Religious

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

Michelle Burke, Executive Assistant Mercy Medical Center Redding P. O. Box 496009 Redding, CA 96049-6009 (530) 225-6103 phone (530) 225-6125 fax