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Owner: Sue Hawkins: EXEC  
DIR REVENUE  
CYCLE

Area (Category): Revenue Cycle

Standards & Regulations:

Keywords:

Applicability: Hoag Memorial  
Hospital Presbyterian  
& Hoag Clinic

## Financial Assistance Policy (FAP)

HOAG2016-0004008

### PURPOSE:

This policy outlines Hoag's operational guidelines on the Financial Assistance Program (FAP) in relation to the patient collections process. The purpose of this policy is to ensure a fair, non-discriminatory, effective, and uniform method for the provision of financial assistance to eligible individuals who are unable to pay in full or part for medically necessary emergency, other hospital and clinic services.

It is the intent of this policy to comply with all federal, state and local law. This policy and the financial assistance program herein constitute the official Financial Assistance Policy (FAP).

### SCOPE:

Revenue Cycle

### AUTHORIZED PERSONNEL:

Financial Assistance Specialist, Business Office Manager, Self-Pay Manager, Supervisor Self-Pay/Charity, Self-Pay Collectors, Financial Councilors, PAS Supervisors, Insured and Uninsured Patients

### 1. POLICY:

- A. Hoag seeks to address patient's health care and financial needs while remaining committed to the stewardship of Hoag resources. To ensure that Hoag obtains appropriate reimbursement for services provided, several payment options and programs are available to support the needs of uninsured and underinsured patients. When it is determined that a payment solution cannot be obtained through such payment options and programs, then the patient is provided with information about the Hoag Financial Assistance Program (FAP).
- B. Patient collections processes shall remain in compliance with Hoag policies relevant to patient financial assistance:
  - I. Any patient who requests financial assistance will be afforded the opportunity to apply and be considered.

- II. Access to necessary care shall in no way be affected by whether financial assistance eligibility exists; medically necessary care will always be provided to the extent the Hoag can reasonably do so.
- III. The need for financial assistance is a sensitive and deeply personal issue for patients. All Hoag employees will maintain confidentiality of requests for assistance, the information obtained in the application process, and the funding or denial of assistance.
- IV. In an effort to ensure patients' post-acute and follow-up health care needs are met, patients who demonstrate lack of financial coverage by third-party insurance are offered information on how the patient may obtain applications for Medicare, Medicaid, Medi-Cal and the Healthy Families Program (CA), coverage offered through the Covered California (CA), or other state or county funded health coverage programs. Hoag will assist patients with applying for government-sponsored programs and follow through to acceptance or denial.

## **2. LIST OF PROFESSIONALS SUBJECT TO HOAG'S FAP:**

- A. Hoag will specifically identify a list of physicians, medical groups, or other professionals providing services who are and who are not covered by this policy. Emergency room physician who provide emergency services to patients at Hoag, are required by California law to provide discounts to uninsured patients or patients with high medical costs (as defined by the Hospital Fair Pricing Policies outlined in California Health and Safety Code (Sections 127400–127446) who are at or below 400% of the federal poverty level. Hoag will provide this list to any patient who requests a copy. The provider list could also be found online on Hoag's website: [www.Hoag.org](http://www.Hoag.org).

## **3. COLLECTIONS PROCESS OVERVIEW:**

- A. It is the expectation that the patient's estimated cost or liability will be collected in full prior to or at the time of service. If a patient states they cannot pay in full, payment options and programs are offered during the collections process and it consistent sequential order as outlined below:
    - I. Full payment is requested
    - II. A reasonable payment plan based on estimate is offered. A deposit payment as requested, if appropriate.
    - III. Eligibility for government-funded programs is explored in programs including, but not limited to:
      - a. Medicare
      - b. Medi-Cal (CA)
      - c. Covered California
      - d. Other state and country funded health coverage programs.
    - IV. When a payment solution cannot be found in Stages 1- 3, then the patient is provided the information about the Hoag financial assistance program (FAP). Pending applications for coverage through FAP and from a government-funded health program will not preclude the patient's eligibility for eligibility for other programs.
- Important:** If at any time, patient request information or an application for Hoag financial assistance, it is promptly provided to the patient.

## **4. FINANCIAL ASSISTANCE PROGRAM OVERVIEW:**

- A. Hoag Financial Assistance Program (FAP) ensures that medically necessary Health Care is provided at discounted are at no cost to qualify to uninsured and underinsured patients. Any uninsured or underinsured patient who is unable to pay for his or her Hoag bill and whose income meets the approved Federal Poverty

Level (FPL) qualifications will be considered eligible for Hoag Financial Assistance (FA). Additionally, patients who incur qualified High Medical Costs may be deemed eligible for financial assistance.

- B. Hoag serves all persons in the communities where we are located. We aspire to provide health services with the upmost dignity and compassion for each patient and family in our care. In a confidential and caring environment patients are provided providing financial assistance to pay their Hoag bills and, in turn, to ensure access to needed healthcare as an essential element of fulfilling their human dignity and ability to live more healed, more whole, and more able to contribute to the common good.

#### **5. COMPLETION OF THE FAP APPLICATION:**

- A. Upon a patient's request, a Financial Assistance Program (FAP) application will be provided. Designated personnel will assist patients in completing the Financial Assistance Application and determining eligibility for financial assistance, charity care, or government-funded programs, if applicable. Financial Assistance notice printed in English and Spanish are also placed in the public admission areas at Hoag. Interpretation services are available to address any questions or concerns and to assist in the completion of the Financial Assistance Applications.
- B. A patient, our patient's legal representative, who requests a discounted payment, charity care, or other assistance in meeting his or her financial obligation to the Hoag shall make every reasonable effort to provide Hoag with documentation of income and health benefits coverage. If the person requests charity care or a discounted payment and fails to provide information that is reasonable and necessary for Hoag to make a determination, Hoag may consider that failure in making its determination.
- C. Upon establishing full or partial eligibility under the Financial Assistance Program the coverage will be valid for six (6) months from the date of the eligibility letter. Additionally, other pre-existing patient account outstanding balances at the time of eligibility determination will be included as eligible, excluding exceptions set forth in this policy.
- D. The Hoag financial systems will be updated to reflect the charity discounted amount using the designated adjustment code for the full or partial approved amount.

#### **6. PATIENT BILLING:**

- A. Patients applying for Hoag Financial Assistance will continue to receive monthly statements as an awareness of an open balance in to encourage patient engagement if needed. Statements mailed to the patient will include a clear and concise notice advising the patient of Hoag Financial Assistance Program and the appropriate contact information.
- B. This notice shall also:
  - I. Advise the patient that he or she may be eligible for programs such as Medicare Medi-Cal (CA), Covered California or other state or county funded health coverage programs.
  - II. How the patient may apply for any of these programs and that the Hoag will provide the patient with an application.
  - III. That Hoag will refer the patient to a local consumer assistance center housed a legal services office.
- C. Disputes:
  - I. Efforts to collect healthcare debts by an affiliate, subsidiary or external collection agency of Hoag must adhere to the standards set forth in this policy including the definition and application of a reasonable payment plan.
  - II. In dealing with patients eligible for Hoag Financial Assistance or reasonable payment plan, Hoag should not wage garnishments or place liens on homes as a mean of collecting unpaid Hoag bills. This

requirement does not preclude Hoag from pursuing reimbursement from third-party liability settlements.

III. Accounts without an existing FAP or payment arrangement will transfer to an external collection agency and 150 days from the first patient billing cycle.

IV. Accounts with a default in payment plan with three consecutive missed payments will transfer to the external collection agency upon review and approval of the department supervisor to ensure a reasonable attempts to reach the patient / guarantor were made.

## 7. PROOF OF INCOME:

- A. The patient will submit all necessary income documents including copies of IRS forms, W-2 wages and earnings, disability payment statements, etc. An application for a government program (I.e. prescription drug assistance programs, DHS, SSI, or any other signed federal program document), may be used to financial assistance. Financial information obtained will not be used to determine collection activities.
- B. In cases where documentation is unavailable, the patient's income may be verified by having the patient sign assistance application attesting to the veracity to the income provided if the proof of income is questionable, validation of income should be immediately requested.

## 8. INCOME QUALIFICATIONS- CA HOSPITALS:

- A. Any uninsured or underinsured patient whose family income is less than 400% of the current federal poverty level FPL is unable to pay his or her bills shall be considered eligible for financial assistance. Full or partial assistance is based on the criteria outlined below:

If the income % of FLP is:	And the patient is:	Then:						
200% or less,	Uninsured or insured	The entire (100%) patient liability portion of the bill for services will be written off.						
201% - 400%,	Uninsured,	The patients' payment obligation will be a percentage of the gross amount the Medicare program would have paid for the service based on the sliding scale below: <table><tr><th>If the income % of FPL is:</th><th>Then the % of Medicare LIKE Rate Payable is:</th></tr><tr><td>201 – 400%</td><td>50%</td></tr></table>	If the income % of FPL is:	Then the % of Medicare LIKE Rate Payable is:	201 – 400%	50%		
		If the income % of FPL is:	Then the % of Medicare LIKE Rate Payable is:					
	201 – 400%	50%						
	Insured,	The patient's obligation will be reduced by insurance payments:						
<table><tr><th>If:</th><th>Then:</th></tr><tr><td>The amount paid by insurance exceeds what Medicare would have paid,</td><td>The entire (100%) patient liability portion of the bill will be written off.</td></tr><tr><td>The Medicare Payment LIKE Rate is greater than the HMO/PPO Payment Rate for services rendered,</td><td>The patient's payment obligation will be based on the HMO/PPO Payment Rate.</td></tr></table>		If:	Then:	The amount paid by insurance exceeds what Medicare would have paid,	The entire (100%) patient liability portion of the bill will be written off.	The Medicare Payment LIKE Rate is greater than the HMO/PPO Payment Rate for services rendered,	The patient's payment obligation will be based on the HMO/PPO Payment Rate.	
If:		Then:						
The amount paid by insurance exceeds what Medicare would have paid,	The entire (100%) patient liability portion of the bill will be written off.							
The Medicare Payment LIKE Rate is greater than the HMO/PPO Payment Rate for services rendered,	The patient's payment obligation will be based on the HMO/PPO Payment Rate.							
201% - 400%,	Insured, yet services are not covered by the payer,	<table><tr><td colspan="2">The following will apply:</td></tr><tr><th>If...</th><th>Then ...</th></tr><tr><td>The patient ordinarily would be responsible for the full billed charges,</td><td>The total patient payment obligation will be the HMO/PPO Payment Rate.</td></tr></table>	The following will apply:		If...	Then ...	The patient ordinarily would be responsible for the full billed charges,	The total patient payment obligation will be the HMO/PPO Payment Rate.
The following will apply:								
If...	Then ...							
The patient ordinarily would be responsible for the full billed charges,	The total patient payment obligation will be the HMO/PPO Payment Rate.							
201% - 400%,	Insured, and services are covered by the payer,	<table><tr><td colspan="2">The following will apply:</td></tr><tr><th>If:</th><th>Then:</th></tr><tr><td>The patient is responsible for only a portion of the billed charges (deductible, copay, etc.),</td><td>There is no discount.</td></tr></table>	The following will apply:		If:	Then:	The patient is responsible for only a portion of the billed charges (deductible, copay, etc.),	There is no discount.
The following will apply:								
If:	Then:							
The patient is responsible for only a portion of the billed charges (deductible, copay, etc.),	There is no discount.							

## 9. AUTOMATIC CLASSIFICATION FOR CHARITY CARE:

- A. Under the following special circumstances, patient may be deemed eligible for charity care without absolute requirement for submission of a financial assistance application:

Circumstance	California
Eligible for other FPL-qualified programs	(Addressed in Other Special Circumstances section below)
Disabled	n/a
Deceased	Is deceased and without third-party insurance coverage or identifiable estate, no living spouse
Incarcerated	n/a
Homeless	Is determined to be homeless and is not currently enrolled in Medicare, Medicaid or any government sponsored program, without third-party insurance coverage
Seen in ER, unable to bill	Is treated in the Emergency Department but Hoag is unable to issues a billing statement
Access to Care	Is treated through an Access to Care Program

#### 10. OTHER SPECIAL CIRCUMSTANCES:

- A. As validated by the court document of discharge for accounts not yet in collection or as validated by the collection agency, patients who have filed for bankruptcy for the outstanding Hoag debt and the court has granted discharge status.
- B. Patients who are eligible for FPL - qualify programs such as Medi-Cal, Medicaid, and other government-sponsored low-income assistance programs, are deemed to be indigent. Therefore, such patients are eligible for Charity Care when payment for services is not made by the program. Patient account balances resulting from non-reimbursed charges are eligible for charity write off. Medi-Cal Share of Cost obligations are not eligible for charity write off or the discount program.
  - I. Specifically included as eligible are charges related to the following:
  - II. Denied inpatient stays for medically necessary services
  - III. Denied inpatient days of care
  - IV. Eligible non-covered services
  - V. IP Treatment Authorization Request (TAR) denials
  - VI. Denials due to restricted coverage

#### 11. PRESUMPTIVE CHARITY:

- A. Hoag recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required information is not provided by the patient, Hoag utilizes an automated, predictive scoring tool to qualify patients for Charity Care. The PARO™ tool predicts the likelihood of a patient to qualify for Charity Care based on publicly available data sources. PARO provides estimates of the patient's likely socio-economic standing, as well as, the patient's household income and size.
- B. **QMB patients:** Qualified Medicare Beneficiaries: Eligible for charity write off when no secondary or Medi-Cal information is obtainable or balance after secondary other than SOC: Medicare providers and suppliers may not bill people in the QMB program for Medicare deductibles, coinsurance or co-pays, but state Medicaid programs may pay for those costs. Under some circumstances, federal law lets states limit how much they pay providers for Medicare cost sharing. Even when that's the case, people in the QMB program have no

legal obligation to pay Medicare providers part A or part B cost-sharing. Refer to Prohibition on billing dually eligible individuals enrolled in the QMB program.

## 12. CATASTROPHIC MEDICAL EXPENSES

- A. Hoag at its discretion, may grant charity in the event of a catastrophic medical expense. These patients will be handled on individual basis.

## 13. APPROVAL LEVELS:

- A. Financial assistance determination will be made only by approved Hoag personnel according to the local levels of authority.

### B. Notification of Determination

- I. Patients will receive notification of Hoag's determination within 30 days of submitting the completed application and supporting documentation.

#### II. Patient Disputes

- III. FAP qualifications are determined after the application is reviewed for eligibility based on criteria contained in this policy. Financial assistance shall not be provided on a discriminatory or arbitrary basis, however Hoag retains full discretion to establish eligibility criteria based on sufficient evidence and information provided by the patient or guarantor.

- C. In the event of a dispute, a patient or guarantor may seek review from management or the executive director of revenue cycle via email at [PFS@hoag.org](mailto:PFS@hoag.org) or in writing by providing additional information to support the dispute at:

*Hoag Memorial Hospital Presbyterian  
Attn: Executive Director of Revenue Cycle  
2975 Redhill Avenue, Suite 200  
Costa Mesa, CA 92626*

## 14. PROOF OF INSURANCE:

- A. If Hoag bills a patient who has not provided proof of coverage by a third party at the time the care is provided or upon discharge Hoag will provide the patient with a Notice of Availability Financial Assistance (NAFA)

## 15. DEFINITIONS:

Term	Definition
Affordable Care Act (ACA)	A federal mandate that aims to increase the quality and affordability of health insurance.
Charity Care	Medically necessary Hoag services provided at no cost of the patient who lacks or has inadequate insurance in meets defined low-income requirements.
Covered California	California's Health Insurance Marketplace program that provides assistance and shopping for affordable healthcare and possibly financial assistance. Covered California will also assist in determining qualifications for Medi-Cal.
Deposit	When payment arrangements are made, the first installment



	payment is considered the deposit. The deposit is negotiated, starting at 50% of the total estimated patient liability.
Government -Funded Insurance Programs	<p>The following are included in the "government-funded insurance programs" (but is not limited to):</p> <ul style="list-style-type: none"> <li>• Medicare</li> <li>• Presumptive Eligibility (Medi-Cal)</li> <li>• Medi-Cal (CA)</li> <li>• Covered California (CA)</li> <li>• Out of State Medicaid</li> </ul>
Health Insurance Marketplace	A component of the Affordable Care Act (ACA) is the Health Insurance Marketplace (formally known as Exchange). Each state is mandated to have this online venue for customers and small businesses to compare and purchase insurance coverage options and to learn if they are eligible for federal insurance subsidies.
High Medical Cost	<p>California:</p> <p>A patient is considered to have High Medical Cost if he or she has either of the following:</p> <ul style="list-style-type: none"> <li>• Annual out of pocket cost incurred by the individual at Hoag that exceeds 10% of the patient's family income in the prior 12 months.</li> <li>• Annual out-of-pocket expenses that exceed 10% of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months.</li> </ul>
HMO/PPO payment rates	The average amount of payment Hoag would receive from all contracted HMOs/PPOs for providing services. This rate, represented as a percentage of total billed charges, is Hoag-specific and updated periodically.
Out of State Medicaid	Hoag will bill for Out of State Medicaid provided a contract is approved by the state and/or obtained through an outsourced vendor.
Medi-Cal (CA)	Medi-Cal is California's federally funded health insurance programs that pay for a variety of medical services for children and adults who have limited resources and low income. Under ACA, Medi-Cal has expanded who may be eligible.
Medically Necessary Services	Services or supplied determined to be proper and needed for the diagnosis, direct care or treatment of the medical condition and meet the standards of good medical practice in the medical community.
Excluded services	If service is not deemed medically necessity, CDU, cosmetic, gastric bypass for weight loss.
Presumptive Charity (PARO, SOS and La Amistad programs)	Share ourselves program (SOS) and La Amistad have been pre-determined to meet the program guidelines as these individuals were deemed to be at or below the 200% FPL. SOS and La Amistad complete their own screening and approval. Payment

	Assistance Rank ordering (PARO) Score: PARO is a patient account scoring mechanism. PARO score is evaluated bi-annually and calibrated to reflect the charity care policy of Hoag for evaluation an eligibility criteria.
Medicare	Medicare is a federally funded health insurance program for qualified people age 65 or older. Certain people younger than 65 also qualify based on disabilities or renal disease. This program helps with the cost of healthcare, but does not cover all medical expenses or the cost of long-term care. It is not based on a low-income. It is not part of the Health Insurance Marketplace, but there are some coverage changes as a result.
Medical Payment Rates	The average amount of payment Hoag would receive from Medicare for providing services. This rate is Hoag specific and updated periodically.
Payment Arrangements/Installment plans	A plan negotiated and agreed to by the Hoag and the patient sets the terms of extended payment for services provided by Hoag. Any pre-service payment plan is based on an estimate and the financial counselors and/or schedulers coordinate payment through self -pat supervisor as Final terms are set up after final bill.
Reasonable Payment Plan (CA)	If Hoag and the patient/guarantor, cannot agree, Hoag shall create a reasonable payment plan Monthly payments pursuant to a reasonable payment cannot exceed more than 10% of the patient's family income, excluding deductions for essential living expenses.
Essential Living Expenses (CA)	Expenses for any of the following: rent our house payment and maintenance; food and household supplies; utilities and telephone; clothing; medical and dental payments; insurance; school or childcare; child or spousal support; transportation and auto expenses, including insurance, gas and repairs, installment payments.
Amounts Generally Billed (AGB)	A Hoag facility may determine AGB for any emergency or other medically necessary care provided to a FAP-eligible individual by using the billing and coding process the Hoag facility would use if the FAP-eligible individual were a Medicare fee-for-service or Medicaid beneficiary and setting AGB for the care at the amount the Hoag facility determines would be the total amount Medicare or Medicaid would allow for the care (including both the amount that would be reimbursed by Medicare or Medicaid and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles).

## PLAIN LANGUAGE SUMMARY: HOAG NOTICE OF AVAILABILITY OF FINANCIAL ASSISTANCE

### MISSION

Our missions as a non-profit, faith-based hospital is to provide the highest quality health care services to the communities we serve. Hoag is committed to working with our patients through any financial issues, including finding ways to make medical care more affordable. Hoag offers financial assistance to eligible patients who



do not have the financial ability to pay for their medical bills. If you're having trouble paying for all or some of your healthcare, we encourage you to talk with one of our Financial Counselors or someone in our business office about how we can help you.

### **WHAT IS THE PATIENT FINANCIAL ASSISTANCE PROGRAM?**

Hoag's Financial Counseling Department offers free financial screenings for people who do not have health insurance and cannot pay their Hoag bill, as well as patients who do have insurance, but are unable to pay their portion of the bill that insurance does not cover.

Our Financial Counselors will review your eligibility for Medicare, Healthy Families Program, Medi-Cal, or other coverage offered through the California Health Benefit Exchange, California Children's Services program, other state- or county-funded health coverage, or charity care. If you already have coverage through one of these programs, please notify our Financial Counselors immediately. Patients ineligible for government assistance may still qualify for discount or charity programs available through Hoag. You may also be referred to [www.OCGOV.com](http://www.OCGOV.com) for local assistance.

If you lack, or have inadequate, insurance, and you meet low- and moderate-income requirements, you may qualify for discounted payment or charity care. Please remember that access to necessary health care is not affected by eligibility for financial assistance. Hoag is committed to treating all those who come to us for care.

You may also apply directly for the above programs by accessing their website directly:

Medi-Cal: <http://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>

Affordable Care Act: [www.HealthCare.gov](http://www.HealthCare.gov) to apply by phone Call 1-800-318-2596

Medicare: [www.ssa.gov/medicare/apply.html](http://www.ssa.gov/medicare/apply.html)

Hoag Charity care program: [www.Hoag.org](http://www.Hoag.org) (Patient & Visitors tab, Billing, Charity Care Application)

Free or Discounted Care: For those who qualify for financial assistance, free or discounted care is available. The amount discounted is determined by your family income as compared to the Federal Poverty Level (FPL). Free care is offered to patients with family income of 200% or less of FPL and discounted care is offered to patients with family income of 201% to 400% of FPL.

A FAP-eligible individual may not be charged more than AGB for emergency or other medically necessary care.

### **HOW AND WHEN TO APPLY**

Please contact our Financial Counselors immediately after discharge or completion of services by calling 949-764-5564 or by e-mail at [FC@hoag.org](mailto:FC@hoag.org).

If you have questions or would like to receive a financial assistance application form, please contact:

- By telephone: 949-764-8413
- On our website at: <https://www.hoag.org/patients-visitors/billing-information/financial-assistance-charity-care/>
- By visiting:

Hoag Hospital- Newport Beach Cashier's Office One Hoag Drive Newport Beach, CA 92662 Hours: Monday through Friday 8:30am to 4:30pm or by email at	Hoag Hospital- Irvine Cashier's Office 16200 Sand Canyon Ave Irvine, CA 92618 Hours: Monday through Friday 8:30am to 4:30pm or by email at	Patient Financial Services Attn: Charity Care Specialist 2975 Red Hill Ave., Suite 200 Costa Mesa, CA 92626 Hours: Monday through Friday 8:30am to 4:30pm or by email at
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FC.Hoag.Org

FC.Hoag.Org

[PFS@Hoag.org](mailto:PFS@Hoag.org)

We are committed to making information about the Hoag Financial Assistance Program available in the communities we serve in a manner that is easy to understand. In addition to English, this summary, the Hoag Financial Assistance Policy, and the Hoag Financial Assistance Application form, are available in other languages, including Arabic, Chinese, Farsi, Korean, Spanish and Vietnamese. See <https://www.hoag.org/patients-visitors/billing-information/financial-assistance-charity-care/>

#### CONFIDENTIALITY

We understand that the need for financial assistance can be a sensitive and deeply personal issue. We are committed to maintaining the confidentiality of requests, information and funding.

**Reference:** n/a

**Review and/or input for this procedure was given by the following:** Internal Revenue Code Section 501©; 26 C.F.R. 1.501(r) (1)-1.501(r) (7)

**Title and version of IFU:** n/a

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
VP Approval	Andrew Guarni: VP SR AND CFO	5/19/2021
VP of Hoag Clinic Approval	Michael Gam: VP AND CFO HOAG CLINIC	5/19/2021
Policy Management Approval	Carissa-Lyn Huang: POLICY MANAGEMENT SPECIALIST	5/14/2021
Owner Approval	Sue Hawkins: EXEC DIR REVENUE CYCLE	5/13/2021

## Applicability

Hoag Clinic, Hoag Memorial Hospital Presbyterian