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

1a. Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

1b. If "Yes," was it a written policy?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1b</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

2. If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.

- [X] Applied uniformly to all hospital facilities
- [ ] Applied uniformly to most hospital facilities
- [ ] Generally tailored to individual hospital facilities

3. Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization’s patients during the tax year.

- a. Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:  
  - [ ] 100%  
  - [ ] 150%  
  - [X] 200%  
  - [ ] Other %

- 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:  
  - [ ] 200%  
  - [ ] 250%  
  - [ ] 300%  
  - [ ] 350%  
  - [X] 400%  
  - [ ] Other %

- c. If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.

4. Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  
   - Reduced  
   - [X] Increased

5a. Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  
   - [X] Yes  
   - [ ] No

5b. If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?  
   - [X] Yes  
   - [ ] No

5c. 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] Yes  
   - [ ] No

6a. Did the organization prepare a community benefit report during the tax year?  
   - [X] Yes  
   - [ ] No

6b. If "Yes," did the organization make it available to the public?

- [X] Yes
  - [ ] No

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

<table>
<thead>
<tr>
<th>Financial Assistance and Certain Other Community Benefits at Cost</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance and Means-Tested Government Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Financial Assistance at cost (from Worksheet 1)</td>
<td>415,603.</td>
<td>415,603.</td>
<td>1.29%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Medicaid (from Worksheet 3, column a)</td>
<td>7,287,524.</td>
<td>6,332,149.</td>
<td>955,375.</td>
<td>2.96%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Total Financial Assistance and Means-Tested Government Programs</td>
<td>7,703,127.</td>
<td>6,332,149.</td>
<td>1,370,978.</td>
<td>4.25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>35,107.</td>
<td>35,107.</td>
<td>.11%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Health professions education (from Worksheet 5)</td>
<td>26,545.</td>
<td>26,545.</td>
<td>.08%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Subsidized health services (from Worksheet 6)</td>
<td>3,999.</td>
<td>3,999.</td>
<td>.01%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Research (from Worksheet 7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>2,109.</td>
<td>2,109.</td>
<td>.01%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Total, Other Benefits</td>
<td>67,760.</td>
<td>67,760.</td>
<td>.21%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Total, Add lines 7d and 7</td>
<td>7,770,887.</td>
<td>6,332,149.</td>
<td>1,438,738.</td>
<td>4.46%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule H (Form 990) 2017

OMB No. 1545-0047

Open to Public Inspection

Part IV, question 20.
### Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of activities or programs (optional)</td>
<td>Persons served (optional)</td>
<td>Total community building expense</td>
<td>Direct offsetting revenue</td>
<td>Net community building expense</td>
<td>Percent of total expense</td>
</tr>
<tr>
<td>1 Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Coalition building</td>
<td>883</td>
<td>883</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Community health improvement advocacy</td>
<td>456</td>
<td>456</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Total</td>
<td>1,339</td>
<td>1,339</td>
<td>0.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part III Bad Debt, Medicare, & Collection Practices

**Section A. Bad Debt Expense**

<table>
<thead>
<tr>
<th>1</th>
<th>Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount</td>
<td>690,347</td>
</tr>
<tr>
<td>3</td>
<td>Enter the estimated amount of the organization’s bad debt expense attributable to patients eligible under the organization’s financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Provide in Part VI the text of the footnote to the organization’s financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.</td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Medicare**

| 5 | Enter total revenue received from Medicare (including DSH and IME) | 11,508,913 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 11,455,813 |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall) | 53,100 |

**Section C. Collection Practices**

| 9a | Did the organization have a written debt collection policy during the tax year? Yes | No |
| 9b | If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI |

### Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

<table>
<thead>
<tr>
<th>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization’s profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees’ profit % or stock ownership %</th>
<th>(e) Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
</table>
### Section A. Hospital Facilities

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)

<table>
<thead>
<tr>
<th>Facility Reporting Group</th>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 ST. ALPHONSUS MEDICAL CENTER - BAKER CTY</strong></td>
<td><strong>3325 POCAHONTAS ROAD</strong></td>
</tr>
<tr>
<td></td>
<td><strong>BAKER CITY, OR 97814</strong></td>
</tr>
<tr>
<td></td>
<td><strong><a href="http://WWW.SAINTALPHONSUS.ORG/BAKERCITY">WWW.SAINTALPHONSUS.ORG/BAKERCITY</a></strong></td>
</tr>
<tr>
<td></td>
<td><strong>LICENSE 14-1469</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licensed hospital</th>
<th>Gen. medical &amp; surgical</th>
<th>Children's hospital</th>
<th>Teaching hospital</th>
<th>Critical access hospital</th>
<th>ER 24 hours</th>
<th>ER other</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2017

SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY, INC.

27-1790052 Page 3

732093 11-28-17

14030514 794151 4080

2017.05060 SAINT ALPHONSUS MEDICAL CEN 40801
## 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: **ST. ALPHONSUS MEDICAL CENTER - BAKER CITY**

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

#### Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was the hospital facility first licensed, registered, or similarly</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>recognized by a state as a hospital facility in the current tax year or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the immediately preceding tax year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Was the hospital facility acquired or placed into service as a tax-</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>exempt hospital in the current tax year or the immediately preceding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tax year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. During the tax year or either of the two immediately preceding tax</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>years, did the hospital facility conduct a community health needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>assessment (CHNA)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. A definition of the community served by the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Demographics of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c. Existing health care facilities and resources within the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>that are available to respond to the health needs of the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. How data was obtained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. The significant health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f. Primary and chronic disease needs and other health issues of</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>uninsured persons, low-income persons, and minority groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. The process for identifying and prioritizing community health needs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>and services to meet the community health needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. The process for consulting with persons representing the community's</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. The impact of any actions taken to address the significant health</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>needs identified in the hospital facility's prior CHNA(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Indicate the tax year the hospital facility last conducted a CHNA: **2015**

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.

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.

6b. 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.

7. Did the hospital facility make its CHNA report widely available to the public?

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hospital facility’s website (list url): <strong>PART V, SECTION C</strong></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Other website (list url):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Made a paper copy available for public inspection without charge at</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the hospital facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

9. Indicate the tax year the hospital facility last adopted an implementation strategy: **2015**

10. Is the hospital facility’s most recently adopted implementation strategy posted on a website?

If "Yes," (list url): **PART V, SECTION C**

If "No," is the hospital facility’s most recently adopted implementation strategy attached to this return?

11. Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

12a. Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(c)(3)?

   If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

   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? **$**
Financial Assistance Policy (FAP)

Did the hospital facility have in place during the tax year a written financial assistance policy that:

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?  
If "Yes," indicate the eligibility criteria explained in the FAP:
   a X Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200%  
      and FPG family income limit for eligibility for discounted care of 400%  
   b X Income level other than FPG (describe in Section C)  
   c X Asset level  
   d X Medical indigency  
   e X Insurance status  
   f X Underinsurance status  
   g X Residency  
   h X Other (describe in Section C)  

14 Explained the basis for calculating amounts charged to patients?

15 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):
   a X Described the information the hospital facility may require an individual to provide as part of his or her application  
   b X Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  
   c X Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  
   d X Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications  
   e X Other (describe in Section C)  

16 Was widely publicized within the community served by the hospital facility?
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):
   a X The FAP was widely available on a website (list url): SEE PART V, PAGE 8  
   b X The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8  
   c X A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8  
   d X The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  
   e X The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)  
   f X 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 X Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention  
   h X Notified members of the community who are most likely to require financial assistance about availability of the FAP  
   i X The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations  
   j X Other (describe in Section C)
### Part V Facility Information (continued)

#### Billing and Collections

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>ST. ALPHONSUS MEDICAL CENTER - BAKER CITY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>18 Check all of the following actions against an individual that were permitted under the hospital facility’s policies during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Reporting to credit agency(ies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Selling an individual’s debt to another party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Actions that require a legal or judicial process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other similar actions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f None of these actions or other similar actions were permitted</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If “Yes,” check all actions in which the hospital facility or a third party engaged:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Reporting to credit agency(ies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Selling an individual’s debt to another party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Actions that require a legal or judicial process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other similar actions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Made a reasonable effort to orally notify individuals about the FAP and FAP application process</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c Processed incomplete and complete FAP applications</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d Made presumptive eligibility determinations</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f None of these efforts were made</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Policy Relating to Emergency Medical Care

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If “No,” indicate why:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The hospital facility did not provide care for any emergency medical conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b The hospital facility’s policy was not in writing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part V Facility Information (continued)

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

**Name of hospital facility or letter of facility reporting group:** ST. ALPHONSUS MEDICAL CENTER - BAKER CITY

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- **a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- **b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- **c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- **d** The hospital facility used a prospective Medicare or Medicaid method

#### 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

- **23** Yes

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?

- **24** Yes

If "Yes," explain in Section C.
ST. ALPHONSUS MEDICAL CENTER - BAKER CITY:

**PART V, SECTION B, LINE 3J: N/A**

**PART V, SECTION B, LINE 3E:**

**SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY (SAMC - BAKER CITY) INCLUDED**

IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR TAX YEAR 2017 THROUGH A COMMUNITY-INFRINGEMENT SELECTION PROCESS:

**PRIORITY #1 - NUTRITION, PHYSICAL ACTIVITY AND WEIGHT STATUS**

- PREVALENCE OF OBESITY
- PREVALENCE OF DIABETES
- LOW FRUIT AND VEGETABLE CONSUMPTION
- PHYSICAL FITNESS OPPORTUNITIES
- FOOD INSECURITY/FOOD DESERT
- ACCESS TO A HEALTHY DIET

**PRIORITY #2 - HEALTH SERVICES**

- ACCESS TO LOW-COST BASIC HEALTHCARE SERVICES
- LIVING IN A HEALTHY ENVIRONMENT
- LOW SCREENING RATES FOR MAMMOGRAPHY AND DIABETES
- DENTAL SERVICES FOR THE LOW INCOME POPULATION
- HIGH INFANT MORTALITY
- TEEN BIRTH RATE
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

---

**PRIORITY #3 - BASIC SERVICES**
- EMERGENCY FOOD ASSISTANCE
- HOUSING
- BASIC HEALTHCARE SERVICES
- HOMELESSNESS

---

**PRIORITY #4 - FINANCIAL STABILITY**
- A JOB WITH A HIGH ENOUGH WAGE THAT ALLOWS THE ABILITY TO PAY FOR HOUSING, FOOD, HEALTHCARE, TRANSPORTATION AND OTHER NECESSARY EXPENSES
- EDUCATION OR TRAINING ABOUT MANAGING MONEY, SAVING, AND BUILDING FINANCIAL STABILITY
- AFFORDABLE HOUSING

---

**PRIORITY #5 - EDUCATION**
- FAMILY/PARENTAL SUPPORT
- HIGHLY TRAINED TEACHERS IN THE CLASSROOM
- MOTIVATION TO RECOGNIZE THE IMPORTANCE OF EDUCATION

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**ST. ALPHONSUS MEDICAL CENTER-BAKER CITY:**

PART V, SECTION B, LINE 5: SAMC - BAKER CITY OBTAINED SURVEYS BETWEEN APRIL 2015 AND APRIL 2016. ADMINISTERING THE SURVEY WAS ACCOMPLISHED THROUGH A VARIETY OF METHODS AIMED AT GETTING THE MOST DIVERSE CROSS-SECTION OF RESPONDENTS WITH RESPECT TO THOSE TYPICALLY AT RISK IN OUR COMMUNITIES INCLUDING PEOPLE WHO ARE POOR, SINGLE PARENTS, UNINSURED, AND THE ELDERLY. SURVEYS WERE ADMINISTERED THROUGH PARTNERSHIPS WITH BAKER...
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COUNTY HEALTH DEPARTMENT, DEPARTMENT OF HUMAN SERVICES, COMMUNITY CONNECTIONS AND THE COMPASSION CENTER. THESE ENTITIES SERVE THE POOR, UNINSURED, AND ELDERLY POPULATIONS. SURVEYS WERE CONDUCTED AT THE BAKER COUNTY LIBRARY, THROUGHOUT ALL COMMUNITIES WITHIN BAKER COUNTY. SURVEYS WERE ALSO CONDUCTED AT COMMUNITY EVENTS, SCHOOL FAIRS, CLIENT-BASED SERVICE SETTINGS AND AREAS WHERE UNDER-SERVED POPULATIONS TEND TO CONGREGATE, SUCH AS SENIOR CENTERS, GROCERY STORES AND SERVICE AGENCIES. AN EXTERNAL REVIEW COMMITTEE WAS ALSO UTILIZED TO GATHER INFORMATION. MEMBERS OF THIS COMMITTEE INCLUDED BAKER COUNTY HEALTH DEPARTMENT, COMMUNITY CONNECTIONS, DEPARTMENT OF HUMAN SERVICES, COMPASSION CENTER, YMCA, AND A HOSPITAL COMMUNITY BOARD MEMBER.

ST. ALPHONSUS MEDICAL CENTER – BAKER CITY:

PART V, SECTION B, LINE 6B: SAMC – BAKER CITY PARTNERED WITH ORGANIZATIONS TO CONDUCT SURVEYS AND PROVIDE INPUT TO ASSIST IN COMPLETING THE CHNA. BAKER COUNTY HEALTH DEPARTMENT, DEPARTMENT OF HUMAN SERVICES, COMMUNITY CONNECTIONS AND THE COMPASSION CENTER ALL OFFERED QUESTIONNAIRES TO THEIR CLIENTS. THESE ENTITIES, ALONG WITH THE YMCA AND A COMMUNITY BOARD MEMBER, WERE ALSO PART OF THE EXTERNAL REVIEW COMMITTEE TO PROVIDE INPUT IN EVALUATING THE DATA THAT WAS COLLECTED.

ST. ALPHONSUS MEDICAL CENTER – BAKER CITY:

PART V, SECTION B, LINE 11: SAMC – BAKER CITY’S MOST RECENT CHNA WAS ADOPTED IN JUNE 2016. NUTRITION, PHYSICAL ACTIVITY AND WEIGHT STATUS WAS THE NUMBER ONE PRIORITIZED NEED FROM THIS CHNA. THIS INCLUDED THE
PREVALENCE OF OBESITY, DIABETES, PHYSICAL FITNESS, ETC.

IN FISCAL YEAR 2018, SAMC - BAKER CITY COLLABORATED WITH THE LOCAL SCHOOL DISTRICT TO IMPLEMENT AND SUSTAIN THE GONOODLE PROGRAM. THE GONOODLE PROGRAM CREATIVELY WEAVES SHORT BURSTS OF PHYSICAL ACTIVITY INTO THE SCHOOL DAY, TEACHING KIDS THE LIFETIME BENEFITS OF MOVEMENT. SAMC - BAKER CITY ALSO CONTINUED EFFORTS OF COLLABORATING WITH THE LOCAL YMCA TO IMPLEMENT THE DIABETES PREVENTION PROGRAM WITHIN OUR COMMUNITY.

SAMC - BAKER CITY ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. THEREFORE, THE FOLLOWING HEALTH NEEDS ARE NOT BEING ADDRESSED:

- HEALTH SERVICES: THE NEED FOR DENTAL SERVICES IN BAKER COUNTY WAS GREATLY DISCUSSED DURING THE CHNA PROCESS, ESPECIALLY FOR THE MEDICAID POPULATION. WHILE SAMC - BAKER CITY CANNOT ADDRESS THIS SPECIFIC HEALTH NEED DIRECTLY, SAMC - BAKER CITY DOES HAVE A REPRESENTATIVE THAT PARTICIPATES IN ADVISORY COUNCILS THAT WORK TO ADDRESS THIS NEED, AS WELL AS OTHER HEALTH SERVICE NEEDS WITHIN BAKER COUNTY.

- BASIC SERVICES: ASSISTANCE WITH BASIC SERVICES, SUCH AS EMERGENCY FOOD ASSISTANCE AND HOUSING, ARE PRIMARILY IN THE PURVIEW OF THE DEPARTMENT OF HUMAN SERVICES AND COMMUNITY CONNECTIONS. WHILE SAMC - BAKER CITY DOES NOT HAVE SERVICES DIRECTLY RELATED TO THESE NEEDS, A SAMC - BAKER CITY REPRESENTATIVE DOES PARTICIPATE IN DIFFERENT BOARDS THAT FOCUS ON THESE AREAS OF NEEDS.

- FINANCIAL STABILITY: WHILE SAMC - BAKER CITY CANNOT DIRECTLY IMPACT THE
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A (“A, 1,” “A, 4,” “B, 2,” “B, 3,” etc.) and name of hospital facility.

FINANCIAL STABILITY OF THE COMMUNITY, WE CAN FOCUS EFFORTS ON ASSISTING
THE COMMUNITY WITH OBTAINING INSURANCE, DEVELOPMENT OF CAREER ADVANCEMENT
PROGRAMS AND SCHOOL ASSISTANCE, AND BY PROVIDING ABOVE MINIMUM WAGE JOB OPPORTUNITIES.

- EDUCATION: THIS PRIORITY AREA FALLS MORE WITHIN THE PURVIEW OF ONE OF
OUR COMMUNITY PARTNERS, THE BAKER 5J SCHOOL DISTRICT.

ST. ALPHONSOUS MEDICAL CENTER-BAKER CITY:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS
ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.
THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON
AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED
PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS,
NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING
FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF
RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO
RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS
UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL
NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE
MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS
ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF
OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE
UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN
ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS
Section C. Supplemental Information for Part V, Section B.

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

TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

PART V, SECTION B, LINE 7A:
WWW.SAINTALPHONSUS.ORG/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-NEEDS-ASSESSMENT

PART V, SECTION B, LINE 9:
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

PART V, SECTION B, LINE 10A:
WWW.SAINTALPHONSUS.ORG/ABOUT-US/COMMUNITY-BENEFITS/COMMUNITY-NEEDS-ASSESSMENT/IMPLEMENTATION-STRATEGY

PART V, LINE 16A, FAP WEBSITE:
WWW.SAINTALPHONSUS.ORG/FOR-PATIENTS/AFTER-YOUR-VISIT/FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE

PART V, LINE 16B, FAP APPLICATION WEBSITE:
WWW.SAINTALPHONSUS.ORG/FOR-PATIENTS/AFTER-YOUR-VISIT/FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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

WWW.SAINTALPHONSUS.ORG/FOR-PATIENTS/AFTER-YOUR-VISIT/FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE
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? 1

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAKER CLINIC FAMILY MEDICINE</td>
<td>MEDICAL CLINIC</td>
</tr>
<tr>
<td>3175 POCAHONTAS ROAD</td>
<td></td>
</tr>
<tr>
<td>BAKER CITY, OR 97814</td>
<td></td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2017
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 3C:**

*IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.*

**PART I, LINE 6A:**

SAINT ALPHONSUS MEDICAL CENTER – BAKER CITY (SAMC - BAKER CITY) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF OREGON. IN ADDITION, SAMC - BAKER CITY REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

SAMC - BAKER CITY ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

**PART I, LINE 7:**

*THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN*
ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM.

PART I, LN 7 COL (F):

THE FOLLOWING NUMBER, $690,347, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

SAINT ALPHONSUS IS PART OWNER IN THE EASTERN OREGON COORDINATED CARE ORGANIZATION (EOCCO). THE EOCCO IS A GROUP OF VARIOUS TYPES OF HEALTH CARE PROVIDERS WORKING TOGETHER FOR THE PEOPLE ON THE OREGON HEALTH PLAN (OREGON MEDICAID). THE LOCAL COMMUNITY ADVISORY COUNCIL (LCAC) IS A COUNCIL WITHIN THE EOCCO WHOSE MEMBERS INCLUDE PUBLIC HEALTH, MENTAL HEALTH, HOSPITAL SYSTEMS, AND COMMUNITY LEADERS. MONTHLY MEETINGS ARE HELD TO DISCUSS THE IDENTIFIED NEEDS WITHIN THE COMMUNITY AND TO IDENTIFY STRATEGIES TO MEET THOSE NEEDS. A SAINT ALPHONSUS REPRESENTATIVE PARTICIPATES IN THE LCAC.

THE LCAC AND ITS MEMBERS HAVE HELD VARIOUS COMMUNITY EVENTS. IN FISCAL YEAR 2018, A TEEN CARNIVAL BROUGHT AWARENESS AND EDUCATION TO THE TEEN POPULATION; ENFORCING THE NEED TO OBTAIN WELLNESS EXAMS AND TO CREATE A
RELATIONSHIP WITH DENTAL, MENTAL HEALTH AND PHYSICAL HEALTH PROVIDERS. A THREE-NIGHT TEEN WELLNESS EVENT PROVIDED WELLNESS EXAMS FOR TEENS, OFFERING DIFFERENT STATIONS INCLUDING DENTAL, PHYSICAL HEALTH, MENTAL HEALTH, REPRODUCTIVE HEALTH, IMMUNIZATIONS, AND SPORTS HEALTH - ALL IN ONE LOCATION.

PART III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:

SAMC - BAKER CITY USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, SAMC - BAKER CITY IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, SAMC - BAKER CITY IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:
SAINT ALPHONSUS MEDICAL CENTER – BAKER CITY, INC.  27-1790052

Schedule H (Form 990) Supplemental Information (Continuation)

Part VI Supplemental Information


PART III, LINE 5:

TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:

SAMC – BAKER CITY DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER
COMMUNITY BENEFIT CATEGORIES.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY 
INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE 
SERVICES OR ARE UNINSURED.

PART VI, LINE 3:
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SAMC - BAKER CITY 
COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT 
OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR 
PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED 
FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS,
AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR 
SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND 
REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING 
FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR 
PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST 
THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS 
MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF 
ADMISSION OR SERVICE.

SAMC - BAKER CITY OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. 
THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT 
FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH 
PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC 
REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION 
DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF
HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

SAMC - BAKER CITY HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SAMC - BAKER CITY MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:

COMMUNITY INFORMATION - THE PRIMARY SERVICE AREA FOR SAMC - BAKER CITY IS ESSENTIALLY BAKER COUNTY. BAKER COUNTY'S POPULATION AS OF JULY 2017 IS 16,054. BAKER COUNTY HAS A TOTAL AREA OF 3,088 SQUARE MILES. BY DEFINITION, BAKER COUNTY IS CONSIDERED A "FRONTIER" COUNTY. THIS IS DEFINED AS SIX OR FEWER PEOPLE PER SQUARE MILE. THE NEAREST SIGNIFICANT COMMUNITIES ARE LOCATED APPROXIMATELY 45 MILES TO THE NORTH AND 70 MILES TO THE SOUTH. THESE COMMUNITIES ARE DIFFICULT TO REACH IN THE WINTER AS MOUNTAIN PASSES MUST BE NAVIGATED AND ARE SOMETIMES CLOSED DUE TO WEATHER. MOST HIGHER-LEVEL EMERGENT SERVICES ARE TRANSPORTED TO THE NEAREST METROPOLITAN AREA THAT IS EITHER A TWO HOUR DRIVE OR REQUIRE A 45 MINUTE HELICOPTER FLIGHT.

THE SURROUNDING COUNTIES TO THE NORTH INCLUDE UNION AND WALLOWA COUNTIES.
UNION COUNTY IS SERVED BY GRANDE RONDE HOSPITAL AND WALLOWA COUNTY IS SERVED BY WALLOWA MEMORIAL HOSPITAL. GRANT COUNTY IS TO THE WEST OF BAKER COUNTY AND IS SERVED BY BLUE MOUNTAIN HOSPITAL. MALHEUR COUNTY IS TO THE SOUTH OF BAKER COUNTY AND IS SERVED BY SAINT ALPHONSUS MEDICAL CENTER - ONTARIO.

NEARLY 95% OF THE POPULATION IS CAUCASIAN AND 4.2% OF THE POPULATION IS HISPANIC OR LATINO. JUST OVER 25% THE POPULATION IS 65 YEARS OR OLDER AND JUST UNDER 19% OF THE POPULATION IS UNDER 18 YEARS OLD. THE MEDIAN HOUSEHOLD INCOME FROM 2012-2016 WAS $41,722. JUST OVER 90% OF THOSE WHO ARE 25 YEARS OR OLDER HAVE GRADUATED FROM HIGH SCHOOL. TWENTY-THREE PERCENT OF THOSE 25 YEARS OR OLDER HAVE A BACHELOR'S OR HIGHER DEGREE.

BAKER COUNTY UNEMPLOYMENT TENDS TO RUN HIGHER THAN THE NATIONAL AVERAGE AND THE STATE AVERAGE. FOR EXAMPLE, THE NATIONAL RATE FOR 2017 WAS 4.4%. THE STATE OF OREGON'S UNEMPLOYMENT RATE FOR 2017 WAS 4.1% AND BAKER COUNTY'S WAS 5.5%.

BAKER COUNTY HAS BEEN DESIGNATED AS A LOW INCOME MEDICALLY UNDERSERVED AREA AND A HEALTH PROFESSIONAL SHORTAGE AREA FOR MENTAL HEALTH PROVIDERS FOR MANY YEARS. AVAILABILITY OF AN ADEQUATE NUMBER OF HEALTH CARE PROVIDERS IS AN ONGOING CHALLENGE FOR THE COMMUNITY.

PART VI, LINE 5:

OTHER INFORMATION - CONSISTENT WITH ITS NONPROFIT STATUS, SAMC - BAKER CITY USES SURPLUS REVENUES, WHEN AVAILABLE, TO REINVEST IN FACILITIES, TECHNOLOGY AND MEDICAL SERVICES FOR THE COMMUNITY, COLLABORATE WITH COMMUNITY PARTNERS, AND INVEST IN NEEDED COMMUNITY PROGRAMS. THE SUPPORT
OF OUR TRINITY HEALTH SYSTEM IS INVALUABLE IN HELPING US TO ADDRESS OUR NEEDS.

REPRESENTATIVES FROM SAMC - BAKER CITY SIT ON LOCAL BUSINESS BOARDS. SAMC - BAKER CITY HOSTS AN ANNUAL LABORATORY BLOOD DRAW PROGRAM, PROVIDES FACILITY AND SERVICE EDUCATION TOURS, AND SUPPORTS SAFETY NET PROGRAMS CONDUCTED BY OUTSIDE LOCAL ORGANIZATIONS.

SAMC - BAKER CITY SUPPORTS HEALTH CARE WORKFORCE DEVELOPMENT EFFORTS BY HOSTING RURAL CLINICAL ROTATIONS FOR RN'S, CNA'S, RESPIRATORY THERAPISTS, AND RADIOLOGY INTERNS. UNFORTUNATELY, THE HOSPITAL'S SMALL SIZE LIMITS THE ABILITY TO PARTICIPATE IN ALL OF THE EDUCATION PROGRAMS AVAILABLE.

SAMC - BAKER CITY PROVIDES A LEVEL 4 TRAUMA CENTER STAFFED 24/7 WITH ONSITE ER PHYSICIANS. THIS IS RARE FOR A CRITICAL ACCESS HOSPITAL LOCATED IN A COMMUNITY OF THIS SIZE. LOCAL EMPLOYERS HIGHLY VALUE THIS SERVICE AS IT PROVIDES A SAFETY NET FOR THEIR WORKERS. SAMC - BAKER CITY ALSO PARTICIPATES IN TRAUMA PREVENTION AND DISASTER PREPAREDNESS EFFORTS IN THE REGION.

SAMC - BAKER CITY PARTICIPATES IN A REGIONAL TELEMEDICINE NETWORK WITH AN AFFILIATED TERTIARY HOSPITAL IN BOISE, IDAHO. SERVICES PROVIDED THROUGH THE NETWORK INCLUDE CLINICAL EDUCATION, SPECIALTY PHYSICIAN CONSULTATION, AND EMERGENCY MEDICINE CONSULTATIONS. HAVING THIS SERVICE ALLOWS PATIENTS TO BE CARED FOR CLOSER TO THEIR HOME.

SAMC - BAKER CITY ALSO HAS A COMMUNITY VOLUNTEER BOARD WITH A FOCUS THAT INCLUDES PLANNING & FINANCE, QUALITY, COMMUNITY NEEDS AND MISSION/ETHICS.
THIS BOARD UNDERSTANDS THE VALUE OF MAINTAINING A VIABLE HOSPITAL IN THEIR COMMUNITY AND STRONGLY SUPPORTS THE FACILITY.

SAINT ALPHONSOUS HEALTH SYSTEM PARTNERS WITH THE UNITED WAY OF TREASURE VALLEY AND OTHER COMMUNITY PARTNERS IN THE TRANSFORMING COMMUNITIES INITIATIVE (TCI). SAINT ALPHONSOUS HEALTH SYSTEM LED A STATEWIDE COALITION OF STAKEHOLDERS TO PRESENT LEGISLATION TO RAISE THE SALE AGE OF TOBACCO FROM 18 TO 21 IN IDAHO. WHILE LEGISLATION WAS NOT PASSED OUT OF COMMITTEE FOR THE SECOND YEAR, GAINS WERE MADE IN RALLYING YOUTH AND OTHER COMMUNITY PARTNERS TO RAISE AWARENESS, TESTIFY, AND ADVOCATE FOR TOBACCO POLICY. EFFORTS WILL CONTINUE IN YEAR THREE WITH AN EMPHASIS ON ELECTRONIC CIGARETTE USAGE BY IDAHO YOUTH. TCI EFFORTS COALESCED A SECOND STATEWIDE COALITION OF BREASTFEEDING ADVOCATES, LACTATION CONSULTANTS, MOTHERS, SAINT ALPHONSOUS HEALTH SYSTEM AND HEALTH SYSTEM PARTNERS, ETC., WHO WERE SUCCESSFUL IN THE PASSAGE OF LEGISLATION EXEMPTING BREASTFEEDING MOTHERS FROM PROSECUTION FOR BREASTFEEDING IN PUBLIC, OR ANYWHERE THEY LEGALLY HAVE THE RIGHT TO BE. THE UNITED WAY OF TREASURE VALLEY, SAINT ALPHONSOUS HEALTH SYSTEM, AND VARIOUS COMMUNITY ORGANIZATIONS, REFERRED TO AS THE PROMISE PARTNERSHIP, PILOTED THE CALDWELL SCHOOL DISTRICT’S FIRST COMMUNITY SCHOOL AT SACAJAWEA ELEMENTARY AS A MEANS FOR ADDRESSING HEALTH, EDUCATION, AND THE SOCIAL DETERMINANTS OF HEALTH. THIS STRATEGY BRINGS SERVICES OF GREATEST NEED, AS IDENTIFIED BY THE NEIGHBORHOOD, TO THE SCHOOL LOCATION, OFTEN OFFERED AT LOW OR NO COST TO STUDENTS, FAMILIES, AND NEIGHBORS. THE PROMISE PARTNERSHIP FORMED A MONTHLY LEARNING COLLABORATIVE TO SUPPORT THE COMMUNITY SCHOOL COORDINATORS BY PROVIDING PROFESSIONAL DEVELOPMENT AND SHARING RESOURCES AND BEST PRACTICES. THE PROMISE PARTNERSHIP ALSO CONDUCTED SEVERAL COMMUNITY SCHOOL 101 LEARNING SESSIONS FOR SCHOOL DISTRICTS AND COMMUNITY ORGANIZATIONS INTERESTED IN
LEARNING MORE ABOUT HOW TO DEVELOP A COMMUNITY SCHOOL INFRASTRUCTURE IN THEIR RESPECTIVE COMMUNITIES.

ADDITIONALLY, WE HAVE SIGNED A COMMITMENT LETTER TO BECOME A BABY FRIENDLY HOSPITAL SYSTEM AND HAVE COMPLETED SUBSTANTIAL WORK (80% COMPLETION) IN THAT DIRECTION. BABY FRIENDLY HOSPITALS ARE HOSPITALS THAT ARE RECOGNIZED FOR ENCOURAGING BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS.

SAINT ALPHONSUS HEALTH SYSTEM HAS ALSO ACHIEVED 70% HEALTHY VENDING CONTRACTS AND HAS A SMOKE FREE CAMPUS POLICY THAT INCLUDES E-CIGARETTES.

PART VI, LINE 6:
SAMC - BAKER CITY IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER MINISTRIES DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2018, EVERY MINISTRY FOCUSED ON FOUR GOALS:

1. REDUCE TOBACCO USE
2. REDUCE OBESITY PREVALENCE
3. ADDRESS AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED IN THE MINISTRY COMMUNITY HEALTH NEEDS ASSESSMENT
4. ADDRESS AT LEAST ONE SOCIAL DETERMINANT OF HEALTH

TRINITY HEALTH ACKNOWLEDGES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2016, TRINITY
HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE MINISTRIES OF TRINITY HEALTH. TCI IS AN INNOVATIVE FUNDING MODEL AND TECHNICAL ASSISTANCE INITIATIVE SUPPORTING EIGHT COMMUNITIES USING POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AS WELL AS ADDRESS SOCIAL DETERMINANTS OF HEALTH. TRINITY HEALTH INVESTED $3.6 MILLION IN FISCAL YEAR 2018 IN TCI. IN FISCAL YEAR 2018, TRINITY HEALTH LAUNCHED THE GOOD SAMARITAN INITIATIVE (GSI) TO SUPPORT THE MOST VULNERABLE PATIENTS' SOCIAL AND ECONOMIC NEEDS IN OUR SYSTEM THROUGH INTEGRATING COMMUNITY HEALTH WORKERS AS PART OF CARE TEAMS ACROSS NINE MINISTRIES. TRINITY HEALTH INVESTED OVER $260,000 IN FISCAL YEAR 2018 IN GSI. ADDITIONALLY, TRINITY HEALTH INVESTED $500,000 IN ELEVEN GRANTS TO IMPROVE THE BUILT ENVIRONMENT ACROSS EIGHT MINISTRIES.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROMOTING WELLNESS AND DEVELOPING PROGRAMS SPECIFICALLY SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM AND ENVIRONMENTAL CHANGE. THE ORGANIZATION WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2018, TRINITY HEALTH INVESTED OVER $1.1 BILLION IN SUCH COMMUNITY BENEFITS.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.
PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

OR