**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

- **Yes**
- **No**

- **X**

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

- **Yes**
- **No**

- **X**

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:

- □ Applied uniformly to all hospital facilities
- □ Generally tailored to individual hospital facilities
- □ Generally tailored to individual patient needs

- **X**

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?

   - **Yes**
   - **No**

   - **X**

   If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:

   - □ 100%
   - □ 150%
   - □ 200%
   - □ Other

   - **X**

   If "Yes," did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for discounted care:

   - □ 200%
   - □ 250%
   - □ 300%
   - □ 350%
   - □ 400%
   - □ Other

   - **X**

   If "Yes," did the organization use 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%
   - □ 200%
   - □ Other

   - **X**

   If "Yes," did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for discounted care:

   - □ 200%
   - □ 250%
   - □ 300%
   - □ 350%
   - □ 400%
   - □ Other

   - **X**

4. Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

- **Yes**
- **No**

- **X**

5a. Did the organization prepare a community benefit report during the tax year?

- **Yes**
- **No**

- **X**

5b. Did the organization prepare a community benefit report during the tax year?

- **Yes**
- **No**

- **X**

5c. Did the organization prepare a community benefit report during the tax year?

- **Yes**
- **No**

- **X**

6a. Did the organization prepare a community benefit report during the tax year?

- **Yes**
- **No**

- **X**

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

- **Yes**
- **No**

- **X**

**7. Financial Assistance and Certain Other Community Benefits at Cost**

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</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>a Financial Assistance at cost (from Worksheet 1)</td>
<td></td>
<td></td>
<td>5,872,718.</td>
<td>5,872,718.</td>
<td>4.31%</td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td></td>
<td></td>
<td>20,380,497.</td>
<td>19,614,789.</td>
<td>765,708.</td>
<td>0.56%</td>
</tr>
<tr>
<td>c Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td>20,380,497.</td>
<td>19,614,789.</td>
<td>765,708.</td>
<td>0.56%</td>
</tr>
<tr>
<td>d Total Financial Assistance and Means-Tested Government Programs</td>
<td></td>
<td></td>
<td>26,253,215.</td>
<td>19,614,789.</td>
<td>6,638,426.</td>
<td>4.87%</td>
</tr>
<tr>
<td>e Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td></td>
<td></td>
<td>225,763.</td>
<td>842.</td>
<td>224,921.</td>
<td>.16%</td>
</tr>
<tr>
<td>f Health professions education (from Worksheet 5)</td>
<td></td>
<td></td>
<td>121,431.</td>
<td></td>
<td>121,431.</td>
<td>.09%</td>
</tr>
<tr>
<td>g Subsidized health services (from Worksheet 6)</td>
<td></td>
<td></td>
<td></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></td>
<td></td>
<td>159,496.</td>
<td>159,496.</td>
<td>.12%</td>
<td></td>
</tr>
<tr>
<td>j Total, Other Benefits</td>
<td></td>
<td></td>
<td>506,690.</td>
<td>842.</td>
<td>505,848.</td>
<td>.37%</td>
</tr>
<tr>
<td>k Total, Add lines 7d and 7</td>
<td></td>
<td></td>
<td>26,759,905.</td>
<td>19,615,631.</td>
<td>7,144,274.</td>
<td>5.24%</td>
</tr>
</tbody>
</table>

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

- **X**

**Other Benefits**

- **X**

**Total**

- **X**

**Percent of total expense**

- **X**

**Tax Year 2017**

**Employer identification number**

- **82-0200896**
### 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>2 Economic development</td>
<td>3 Community support</td>
<td>4 Environmental improvements</td>
<td>5 Leadership development and training for community members</td>
<td>6 Coalition building</td>
</tr>
<tr>
<td>5,896.</td>
<td>5,896.</td>
<td>.00%</td>
<td>22,440.</td>
<td>22,440.</td>
<td>.02%</td>
</tr>
</tbody>
</table>

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

#### Section A. Bad Debt Expense

1. Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? [X] Yes [ ] No

2. Enter the amount of the organization’s bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount

   10,425,699.

3. 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

   0.

4. 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.

#### Section B. Medicare

5. Enter total revenue received from Medicare (including DSH and IME)

   23,006,950.

6. Enter Medicare allowable costs of care relating to payments on line 5

   30,629,578.

7. Subtract line 6 from line 5. This is the surplus (or shortfall)

   -7,622,628.

8. Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

   [ ] Cost accounting system [X] Cost to charge ratio [ ] Other

#### Section C. Collection Practices

9a. Did the organization have a written debt collection policy during the tax year? [X] 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

[ ] Yes [X] No

### 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)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of entity</td>
<td>Description of primary activity of entity</td>
<td>Organization’s profit % or stock ownership %</td>
<td>Officers, directors, trustees, or key employees’ profit % or stock ownership %</td>
<td>Physicians’ profit % or stock ownership %</td>
</tr>
<tr>
<td>1 TREASURE VALLEY</td>
<td>HEALTHNET CONTRACTING SERVICES</td>
<td>50.00%</td>
<td>50.00%</td>
<td></td>
</tr>
</tbody>
</table>
### Part V Facility Information

#### Section A. Hospital Facilities
(list in order of size, from largest to smallest)

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

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

<table>
<thead>
<tr>
<th>Facility Reporting Group</th>
<th>Licensed Hospital</th>
<th>Gen, Medical &amp; Surgical</th>
<th>Children's Hospital</th>
<th>Critical Access Hospital</th>
<th>Research Facility</th>
<th>ER-24 Hours</th>
<th>ER-Other</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SAINT ALPHONSUS MEDICAL CENTER - NAMPA</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4300 E. FLAMINGO AVE.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAMPA, ID 83687</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://WWW.SAINTALPHONSUS.ORG">WWW.SAINTALPHONSUS.ORG</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LICENSE #10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Name of hospital facility or letter of facility reporting group: SAINT ALPHONSUS MEDICAL CENTER - NAMPA

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

1. Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? [ ] Yes [X] No

2. Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. [X] Yes [ ] No

3. During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. [X] Yes [ ] No

   If "Yes," indicate what the CHNA report describes (check all that apply):
   a. [X] A definition of the community served by the hospital facility
   b. [X] Demographics of the community
   c. [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community
   d. [X] How data was obtained
   e. [X] The significant health needs of the community
   f. [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
   g. [X] The process for identifying and prioritizing community health needs and services to meet the community health needs
   h. [X] The process for consulting with persons representing the community's interests
   i. [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNAs
   j. [X] Other (describe in Section C)

4. Indicate the tax year the hospital facility last conducted a CHNA: 2016

5. In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted. [X] Yes [ ] No

6a. Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C [X] Yes [ ] No

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 [X] Yes [ ] No

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):
   a. [X] Hospital facility's website (list url): PART V, SECTION C
   b. [X] Other website (list url):
   c. [X] Made a paper copy available for public inspection without charge at the hospital facility
   d. [X] Other (describe in Section C)

8. Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. [X] Yes [ ] No

9. Indicate the tax year the hospital facility last adopted an implementation strategy: 2016

10. Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes," list the website (list url): [X] Yes [ ] No

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

12a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? [X] Yes [ ] No

   b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? [ ] Yes [X] No

   c. If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $
## Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: SAINT ALPHONSSUS MEDICAL CENTER - NAMPA

| 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? | Yes | No |
| If "Yes," indicate the eligibility criteria explained in the FAP: |
| a 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% | X |
| b Income level other than FPG (describe in Section C) |  |
| c Asset level |  |
| d Medical indigency |  |
| e Insurance status |  |
| f Underinsurance status |  |
| g Residency |  |
| h Other (describe in Section C) |  |

| Explained the basis for calculating amounts charged to patients? |
|---------------------------------------------------------------|-----------------|
| 14 | Yes | No |

| Explained the method for applying for financial assistance? |
|-----------------------------------------------------------|-----------------|
| 15 | Yes | No |

| Was widely publicized within the community served by the hospital facility? |
|----------------------------------------------------------------------------|-----------------|
| 16 | Yes | No |

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

| Was widely publicized within the community served by the hospital facility? |
|----------------------------------------------------------------------------|-----------------|
| 16 | Yes | No |

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

Name of hospital facility or letter of facility reporting group  SAINT ALPHONSUS MEDICAL CENTER - NAMPA

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?  

18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:

   a  Reporting to credit agency(ies)

   b  Selling an individual's debt to another party

   c  Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP

   d  Actions that require a legal or judicial process

   e  Other similar actions (describe in Section C)

   f  None of these actions or other similar actions were permitted

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?  

   If "Yes," check all actions in which the hospital facility or a third party engaged:

   a  Reporting to credit agency(ies)

   b  Selling an individual's debt to another party

   c  Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP

   d  Actions that require a legal or judicial process

   e  Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

   a  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

   b  Made a reasonable effort to orally notify individuals about the FAP and FAP application process

   c  Processed incomplete and complete FAP applications

   d  Made presumptive eligibility determinations

   e  Other (describe in Section C)

   f  None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?  

   If "No," indicate why:

   a  The hospital facility did not provide care for any emergency medical conditions

   b  The hospital facility's policy was not in writing

   c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)

   d  Other (describe in Section C)
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group: SAINT ALPHONSUS MEDICAL CENTER - NAMPA

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 [X] 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?
   If "Yes," explain in Section C.
   23 [X]

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?
   If "Yes," explain in Section C.
   24 [X]
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.

SAINT ALPHONSUS MEDICAL CENTER - NAMPA:

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

PART V, SECTION B, LINE 3E:

SAINT ALPHONSUS MEDICAL CENTER - NAMPA (SAMC-NAMPA) 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 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS THAT FOCUSED ON PERSONS AFFECTED, IMPACT ON QUALITY OF LIFE, AND FEASIBILITY OF REASONABLE IMPACT. SAMC - NAMPA'S COMMUNITY HOSPITAL BOARD ALONG WITH THE MAYOR'S HEALTHY IMPACT NAMPA COALITION, WHICH SERVED AS THE EXTERNAL REVIEW COMMITTEE, STUDIED THE FINDINGS OF THE ASSESSMENT AND PERFORMED AN ASSET ANALYSIS TO DETERMINE WHICH IDENTIFIED NEEDS WERE OF HIGHEST PRIORITY AND WITHIN SAMC - NAMPA'S CAPACITY TO IMPACT. AS PART OF THE PRIORITIZATION PROCESS, AN INVENTORY OF CURRENT AND ON-GOING WORK AROUND THE NEEDS WAS COMPILED. THE FIVE SIGNIFICANT HEALTH NEEDS IDENTIFIED, IN ORDER OF PRIORITY INCLUDE:

1. HEALTH CARE ACCESS & AFFORDABILITY
2. NUTRITION, PHYSICAL ACTIVITY & WEIGHT STATUS
3. FINANCIAL STABILITY
4. HARMFUL SUBSTANCE USE
5. MENTAL HEALTH.

SAINT ALPHONSUS MEDICAL CENTER - NAMPA:

PART V, SECTION B, LINE 5: THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED BETWEEN AUGUST 2016 AND JUNE 2017, AND APPROVED BY THE BOARD ON
JUNE 2, 2017. THE UNITED WAY OF TREASURE VALLEY ORGANIZED A COMMUNITY ASSESSMENT ADVISORY COMMITTEE COMPRISING REPRESENTATIVES FROM COMMUNITY AGENCIES AND ORGANIZATIONS LOCATED IN CANYON, ADA AND GEM COUNTIES.

ORGANIZATIONS AND AGENCIES INCLUDED: CENTRAL DISTRICT HEALTH DEPARTMENT, SAMC-NAMPA, VALLEY REGIONAL TRANSIT, UNITED WAY OF TREASURE VALLEY, GENESIS COMMUNITY HEALTH, SAINT ALPHONSOUS REGIONAL MEDICAL CENTER, ST. LUKE'S CHILDREN'S HOSPITAL, ST. LUKE'S HEALTH SYSTEM, IDAHO DEPARTMENT OF HEALTH AND WELFARE, DELTA DENTAL OF IDAHO, NAMPA CHAMBER OF COMMERCE, IDAHO ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, CATCH, INC., BOISE STATE UNIVERSITY, IDAHO HOUSING AND FINANCE ASSOCIATION, TREASURE VALLEY EDUCATION PARTNERSHIP, AND BLUE CROSS OF IDAHO FOUNDATION FOR HEALTH. IN ADDITION, COMMUNITY LEADER DISCUSSIONS WERE HELD WITH VALLEY REGIONAL TRANSIT, PACIFICSOURCE HEALTH PLANS, BOYS AND GIRLS CLUB, GENESIS COMMUNITY HEALTH, GIRAFFE LAUGH, TERRY REILLY HEALTH SERVICES, LEARNING LAB, CITY OF BOISE, EMMETT VALLEY FRIENDSHIP COALITION, CITY OF CALDWELL, ST. LUKE'S REGIONAL FAMILY PRACTICE, IDAHO ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, IDAHO STATE LEGISLATURE, NAMPA SCHOOL DISTRICT, EMMETT SCHOOL DISTRICT, COMPASS, SAINT ALPHONSOUS REGIONAL MEDICAL CENTER, IDAHO FOODBANK, IDAHO HOUSING AND FINANCE ASSOCIATION, HOME PARTNERSHIP FOUNDATION AND BPA HEALTH.

THE UTAH FOUNDATION HELD FOCUS GROUPS, BOTH WITH PERSONS UTILIZING SOCIAL SAFETY NET SERVICES AND WITH NONPROFIT SERVICE PROVIDERS INCLUDING: BOYS AND GIRLS CLUB OF NAMPA, CORPUS CHRISTI HOUSE, FAMILY ADVOCATES, GENESIS COMMUNITY HEALTH, IDAHO DEPARTMENT OF HEALTH AND WELFARE, IDAHO DEPARTMENT OF LABOR, IDAHO FOODBANK LEARNING LAB, SALVATION ARMY, ST. VINCENT DE PAUL, WESTERN IDAHO COMMUNITY ACTION PARTNERSHIP, INC., WOMEN'S AND...
CHILDREN’S ALLIANCE AND THE YMCA OF TREASURE VALLEY.

ONE-TO-ONE INTERVIEWS WERE HELD WITH LOW-INCOME INDIVIDUALS AND FAMILIES RECEIVING SERVICES THROUGH INCOME-QUALIFIED SERVICE PROVIDERS INCLUDING CENTRAL AND SOUTHWEST DISTRICT HEALTH’S WIC PROGRAM, HEALTH CLINICS AND SENIOR SERVICES, TERRY REILLY HEALTH SERVICES, MEALS ON WHEELS AND EASTERSEALS GOODWILL (BEHAVIORAL HEALTH SERVICES). THIS PROCESS WAS GEOGRAPHICALLY DIVERSE, WITH SPECIAL ATTENTION TO CANYON COUNTY TO ENSURE THAT AT LEAST 25% OF INTERVIEWEES WERE MINORITY.


SAINT ALPHONSSUS MEDICAL CENTER – NAMPA:

PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED IN PARTNERSHIP WITH SAINT ALPHONSSUS REGIONAL MEDICAL CENTER AND ST. LUKE’S HEALTH SYSTEM.

SAINT ALPHONSSUS MEDICAL CENTER – NAMPA:

PART V, SECTION B, LINE 6B: THE CHNA WAS ALSO CONDUCTED IN PARTNERSHIP WITH DELTA DENTAL OF IDAHO, IDAHO ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN AND THE UNITED WAY OF TREASURE VALLEY.
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.

SAINT ALPHONSUS MEDICAL CENTER – NAMPA:

PART V, SECTION B, LINE 11: SAMC – NAMPA 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. IN FY18, SAMC – NAMPA DEVELOPED AND/OR SUPPORTED INITIATIVES TO IMPROVE THE HEALTH NEEDS OF NUTRITION, PHYSICAL ACTIVITY, WEIGHT STATUS, HEALTH CARE ACCESS, AFFORDABILITY AND HARMFUL SUBSTANCE USE.

NUTRITION, PHYSICAL ACTIVITY & WEIGHT STATUS: SAMC – NAMPA UTILIZED EXISTING MARKETING VEHICLES TO PROVIDE EDUCATION AND OUTREACH ON HEALTHY HABITS AT COMMUNITY EVENTS. IN ADDITION, SAMC – NAMPA DONATED TO THE BOYS AND GIRLS CLUB OF CANYON COUNTY TO SUPPORT HEALTHY SNACKS AND PHYSICAL ACTIVITY FOR BOYS AND GIRLS ATTENDING THE CLUB. SAMC – NAMPA IS A PARTICIPANT WITH THE CHILDREN’S HEALTH COLLABORATIVE AND HAS WORKED WITH LOCAL SCHOOL DISTRICTS TO PROVIDE TEACHERS IN GRADES K – 5 ACCESS TO GONOODLE, WHICH IS SOFTWARE THAT PROMOTES PHYSICAL ACTIVITY BREAKS DURING CLASS INSTRUCTION TIME. AS A MEMBER OF THE HEALTHY IMPACT NAMPA COALITION, SAMC – NAMPA WORKED WITH LOCAL ORGANIZATIONS TO PROVIDE TRANSPORTATION IN CENSUS TRACT 202, A CLASSIFIED “FOOD DESERT”, VIA A GROCERY SHUTTLE. SAMC – NAMPA OPERATED THE MEALS ON WHEELS PROGRAM FOR NAMPA, PROVIDING HEALTHY MEALS TO HOMEBOUND SENIORS. FURTHERMORE, SAMC – NAMPA PROVIDED CHILDBIRTH EDUCATION AND BREASTFEEDING CLASSES FOR NEW MOMS, AND, AS A SYSTEM, SIGNED A COMMITMENT LETTER TO BECOME A BABY FRIENDLY HOSPITAL. SUBSTANTIAL WORK (80%) HAS BEEN COMPLETED IN THAT DIRECTION.

HEALTH CARE ACCESS & AFFORDABILITY: SAMC – NAMPA WORKED TO IMPROVE ACCESS...
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 HEALTH CARE SERVICES FOR LOW INCOME, UNINSURED AND UNDOCUMENTED

INDIVIDUALS IN CANYON COUNTY THROUGH COMMUNITY PARTNERSHIPS ALONG WITH

INDIVIDUAL EFFORTS TO REMOVE BARRIERS THAT IMPEDE CARE. SAMC – NAMPA

CONTINUED OPERATING A MOBILE HEALTH CARE CLINIC TO INCREASE ACCESS TO

VITAL SCREENINGS AND PREVENTATIVE HEALTH SERVICES INCLUDING EARLY

TREATMENT FOR DIABETES. PHYSICIANS VOLUNTEERED IN THE MOBILE UNIT –

CHECKING BMI'S, BLOOD SUGARS AND PROVIDING NO-COST EXAMS. IN ADDITION,

SAMC – NAMPA COLLABORATED WITH TERRY REILLY HEALTH SERVICES (A FEDERALLY

QUALIFIED HEALTH CENTER) TO PROVIDE FOLLOW-UP CARE. SAMC – NAMPA NOT ONLY

COLLABORATED WITH YOUR HEALTH IDAHO FOR HEALTH INSURANCE EXCHANGE

ENROLLMENT, BUT ALSO SUPPORTED LOCAL ADVOCACY INITIATIVES FOR MEDICAID

EXPANSION. IN ADDITION, SAMC – NAMPA PROMOTED CHILDHOOD HEALTH BY

SUPPORTING THE SCHOOL NURSE AT ST. PAUL’S SCHOOL AND PROVIDED FREE

SCREENING MAMMOGRAMS, DIAGNOSTIC EXAMS AND SUPPORTIVE SERVICES FOR

UNINSURED/UNDERINSURED PATIENTS. TRANSPORTATION BARRIERS WERE ADDRESSED

VIA A PATIENT ACCESS VAN THAT TRANSPORTED PATIENTS TO MEDICAL

APPOINTMENTS.

HARMFUL SUBSTANCE USE: SAINT ALPHONSUS HEALTH SYSTEM LED A STATEWIDE

COALITION OF STAKEHOLDERS TO PRESENT LEGISLATION TO RAISE THE SALE AGE OF

TOBACCO FROM 18 TO 21 IN IDAHO. ADDITIONALLY, SAMC – NAMPA EXPANDED ITS

SMOKE FREE CAMPUS POLICY TO INCLUDE E-CIGARETTES.

FINANCIAL STABILITY: SAMC – NAMPA DID NOT SPECIFICALLY ADDRESS FINANCIAL

STABILITY, BUT COLLABORATED WITH THE DEPARTMENT OF LABOR AND BOISE STATE

UNIVERSITY TO PROVIDE JOB OPPORTUNITIES AND GED CLASSES FOR LOW INCOME,

UNDERSERVED INDIVIDUALS IN CANYON COUNTY.
SAINT ALPHONSUS MEDICAL CENTER – NAMPA, INC. 82-0200896 Page 8

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, 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.

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SAMD – NAMPA WILL NOT TAKE ACTION ON THE FOLLOWING HEALTH NEED:

MENTAL HEALTH: SAMC – NAMPA DID NOT MAKE THIS A FOCUSED PRIORITY DUE TO LIMITED RESOURCES AND FEASIBILITY OF REASONABLE IMPACT. SAINT ALPHONSUS HEALTH SYSTEM DID HOWEVER, COLLABORATE IN A COMMUNITY ROUNDTABLE ON MENTAL HEALTH, INCLUDING ADVOCACY WORK IN SUPPORTING AND PLANNING A LOCAL CRISIS CENTER.

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SAINT ALPHONSUS MEDICAL CENTER – NAMPA:

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
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," etc.) and name of hospital facility.

ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS 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 10A:
WWW.SAINTALPHONSUS.ORG/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-NEEDS -ASSESSMENT/IMPLEMENTATION-STRATEGY

SAINT ALPHONSUS MEDICAL CENTER - NAMPA - 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, 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
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.

- SERVICES/FINANCIAL-ASSISTANCE

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

WWW.SAINTALPHONSUS.ORG/FOR-PATIENTS/AFTER-YOUR-VISIT/FINANCIAL

- SERVICES/FINANCIAL-ASSISTANCE
How many non-hospital health care facilities did the organization operate during the tax year? 10

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 NAMPA REC CENTER STAARS</td>
<td></td>
</tr>
<tr>
<td>131 CONSTITUTION WAY</td>
<td>REHAB</td>
</tr>
<tr>
<td>NAMPA, ID 83686</td>
<td></td>
</tr>
<tr>
<td>2 STAARS JUMPSTART</td>
<td></td>
</tr>
<tr>
<td>179 SW 5TH AVE</td>
<td>REHAB</td>
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<tr>
<td>NAMPA, ID 83642</td>
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<tr>
<td>3 ST. ALPHONSUS NAMPA</td>
<td></td>
</tr>
<tr>
<td>401 E HAWAII</td>
<td>PULMONARY, SLEEP, GENERAL SURGERY</td>
</tr>
<tr>
<td>NAMPA, ID 83686</td>
<td></td>
</tr>
<tr>
<td>4 NAMPA HEALTH PLAZA</td>
<td></td>
</tr>
<tr>
<td>4400 E FLAMINGO</td>
<td>URGENT CARE, PRIMARY CARE, RADIOLGNY, DIABETES, VISION, LAB, DERMATOLOGY</td>
</tr>
<tr>
<td>NAMPA, ID 83687</td>
<td></td>
</tr>
<tr>
<td>5 GARRITY CLINIC</td>
<td></td>
</tr>
<tr>
<td>1200 GARRITY BLVD</td>
<td>FAMILY PRACTICE</td>
</tr>
<tr>
<td>NAMPA, ID 83687</td>
<td></td>
</tr>
<tr>
<td>6 SAINT ALPHONSUS IOWA CLINIC</td>
<td></td>
</tr>
<tr>
<td>211 W IOWA</td>
<td>FAMILY PRACTICE, PODIATRY, ORTHOPEDICS, OBGYN</td>
</tr>
<tr>
<td>NAMPA, ID 83686</td>
<td></td>
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<tr>
<td>7 SAINT ALPHONSUS GARRITY M.O.B.</td>
<td></td>
</tr>
<tr>
<td>4424 E FLAMINGO AVE STE 200</td>
<td>OB/GYN, CARDIOLOGY, ORTHOPEDICS</td>
</tr>
<tr>
<td>NAMPA, ID 83687</td>
<td></td>
</tr>
<tr>
<td>8 SAINT ALPHONSUS HEART CARE</td>
<td></td>
</tr>
<tr>
<td>1524 12TH AVE</td>
<td>FAMILY MEDICINE, PODIATRY, DIABETES CARE</td>
</tr>
<tr>
<td>NAMPA, ID 83686</td>
<td></td>
</tr>
<tr>
<td>9 12TH AVENUE CENTER</td>
<td></td>
</tr>
<tr>
<td>1510 12TH AVENUE RD SUITE 200</td>
<td></td>
</tr>
<tr>
<td>NAMPA, ID 83686</td>
<td></td>
</tr>
<tr>
<td>10 KARCHER CLINIC</td>
<td></td>
</tr>
<tr>
<td>11035 W KARCHER RD</td>
<td></td>
</tr>
<tr>
<td>NAMPA, ID 83651</td>
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</tr>
</tbody>
</table>
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.

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**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.**

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**PART I, LINE 6A:**

**SAINT ALPHONSES MEDICAL CENTER - NAMPA (SAMC - NAMPA) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF IDAHO. IN ADDITION, SAMC - NAMPA 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 - NAMPA ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.**

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**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, $10,425,699, 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:
SAMC - NAMPA STRIVES TO MAKE THE CITIZENS OF OUR COMMUNITY MORE PRODUCTIVE, HEALTHY MEMBERS OF SOCIETY. THE COMMUNITY HEALTH NEEDS ASSESSMENT AND OTHER COMMUNITY DATA HIGHLIGHTED SEVERAL AREAS THAT CAN BENEFIT FROM OUR HEALTH CARE EXPERTISE AND MONETARY SUPPORT.

PARTICIPATION IN LOCAL BOARDS AND TASK FORCES: SAMC - NAMPA LEADERS AND COLLEAGUES PARTICIPATED IN A VARIETY OF LOCAL NONPROFIT BOARDS AND TASK FORCES AIMED AT IMPROVING THE HEALTH OF OUR COMMUNITIES. EXAMPLES OF PARTICIPATION INCLUDE:

COUNTY FESTIVAL OF TREES: SAMC - NAMPA REPRESENTATIVES SERVED ON THE BOARD OF DIRECTORS TO BRING THE CANYON COUNTY FESTIVAL OF TREES FUNDRAISER TO NAMPA IN SUPPORT OF THE MEALS ON WHEELS PROGRAMS FOR NAMPA AND CALDWELL.
SAINT ALPHONSONUS MEDICAL CENTER - NAMPA, INC. 82-0200896 Page 10

[Part VI] Supplemental Information (Continuation)

SAMC - NAMPA IS A MAJOR SPONSOR OF THE FESTIVAL.

BOYS & GIRLS CLUB OF CANYON COUNTY: ENHANCEMENT OF BEFORE AND AFTER-SCHOOL PROGRAMMING FOR LOCAL AT-RISK YOUTH. SAMC - NAMPA REPRESENTATIVES SERVED ON THE BOARD OF DIRECTORS AND THE STEERING COMMITTEE.

CANYON AREA IMMUNIZATION COALITION WORKS TO REDUCE VACCINE PREVENTABLE DISEASES THROUGH EDUCATION AND FREE IMMUNIZATION CLINICS. SAMC - NAMPA REPRESENTATIVES SERVED ON THE COALITION AND PROVIDED IMMUNIZATIONS TO CHILDREN.

NAMPA SCHOOLS FOUNDATION: COMMUNITY STAKEHOLDERS PROVIDE SUPPORT AND RESOURCES THAT EXPAND LEARNING OPPORTUNITIES AND ENRICH EDUCATION FOR STUDENTS AND TEACHERS. SAMC - NAMPA REPRESENTATIVES SERVED ON THE BOARD OF DIRECTORS.

GUARDIAN AD LITUM: A SAMC - NAMPA REPRESENTATIVE SERVED AS GUARDIAN AD LITUM, LEGALLY RESPONSIBLE FOR PROTECTING THE WELL-BEING AND INTERESTS OF INFANTS, MINORS, AND MENTALLY INCOMPETENT PERSONS.

HEALTHY IMPACT NAMPA COALITION: SAMC - NAMPA REPRESENTATIVES SERVED ON THE COALITION WORKING TOWARDS POLICY, SYSTEM AND ENVIRONMENTAL CHANGE STRATEGIES TO IMPROVE HEALTH IN THE AREAS OF HOUSING AND HOMELESSNESS, EQUITY, FOOD INSECURITY AND TRANSPORTATION.

STAMPEDE FOR THE CURE: SAMC - NAMPA REPRESENTATIVES SUPPORTED STAMPEDE ACTIVITIES TO SPREAD BREAST CANCER AWARENESS AND RAISE FUNDS TO PAY FOR SCREENING MAMMOGRAMS FOR THOSE IN FINANCIAL NEED.
SHOP WITH A COP: ENHANCES RELATIONSHIPS BETWEEN ECONOMICALLY LESS FORTUNATE YOUTH AND THE NAMPA POLICE DEPARTMENT. SAMC - NAMPA REPRESENTATIVES HOSTED THE BREAKFAST.

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 - NAMPA 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 - NAMPA IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, SAMC - NAMPA IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:
SAMC - NAMPA IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF

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 - NAMPA 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:

NEEDS ASSESSMENT -

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 - NAMPA

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 - NAMPA 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

732271 08-21-17

14060517 794151 4090 2017.05060 SAINT ALPHONSUS MEDICAL CEN 40901
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 - NAMPA HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION
AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SAMC - NAMPA 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 - SAMC - NAMPA PROVIDES SERVICES PRIMARILY TO
RESIDENTS OF CANYON COUNTY (90%), BUT ALSO SERVES ADA AND GEM COUNTIES.
SAMC - NAMPA'S PRIMARY SERVICE AREA IS A MIX OF URBAN AND RURAL
COMMUNITIES WITHIN THE TREASURE VALLEY, BORDERED BY MOUNTAINOUS TERRAIN
AND DESERT. THE POPULATION OF THE HOSPITAL'S PRIMARY SERVICE AREA IS
ESTIMATED AT 216,699 PEOPLE.

AREA HOSPITAL FACILITIES WITHIN SAMC - NAMPA'S PRIMARY SERVICE AREA
INCLUDE ST. LUKE'S MERIDIAN, ST. LUKE'S NAMPA AND WEST VALLEY MEDICAL
CENTER. HOWEVER, SAINT ALPHONSUS REGIONAL MEDICAL CENTER, TREASURE VALLEY
HOSPITAL AND ST. LUKE'S BOISE ARE LOCATED IN ADA COUNTY AND WALTER KNOX
MEMORIAL HOSPITAL IS LOCATED IN GEM COUNTY.
WITH MEDIAN HOUSEHOLD INCOMES OF $44,860 IN CANYON COUNTY AND $58,099 IN ADA COUNTY, AREA RESIDENTS ARE WITHIN RANGE OF THE STATE MEDIAN OF $51,807. THE POVERTY LEVEL STANDS AT 15.1% IN CANYON COUNTY AND 10.8% IN ADA, COMPARED TO A STATE AVERAGE OF 14.4% AND A NATIONAL AVERAGE OF 12.3%.

AS OF AUGUST 2018, THE 2.6% UNEMPLOYMENT RATE WAS SLIGHTLY HIGHER THAN THE STATE RATE (2.3%), AND BELOW THE NATIONAL RATE OF 3.9% (BUREAU OF LABOR STATISTICS NON-SEASONALLY ADJUSTED). OTHER RELEVANT STATISTICS CHARACTERIZING SAMC - NAMPA'S PRIMARY SERVICE AREA ARE INCLUDED BELOW (FROM CENSUS.GOV QUICK FACTS):

TOTAL POPULATION:

ADA COUNTY - 456,849
CANYON COUNTY - 216,699
GEM COUNTY - 17,379

PERCENT WHITE PERSONS NOT HISPANIC:

ADA COUNTY - 84.7%
CANYON COUNTY - 70.4%
GEM COUNTY - 87.6%

PERCENT HISPANIC/LATINO ORIGIN:

ADA COUNTY - 8.2%
CANYON COUNTY - 25.3%
GEM COUNTY - 8.5%

MEDIAN HOUSEHOLD INCOME:

ADA COUNTY - $58,099
CANYON COUNTY - $44,860
THE REGION SEES A HIGH PREVALENCE OF MENTAL HEALTH ISSUES, WITH INADEQUATE PUBLIC BEHAVIORAL HEALTH SYSTEMS IN PLACE TO MEET THE EXISTING NEEDS FOR COMMUNITY-BASED AND INPATIENT SERVICES.

ON REVIEW OF DEMOGRAPHIC AND SOCIO-ECONOMIC DATA AND TRENDS, SEVERAL FACTORS CLEARLY HAVE AN IMPACT ON THE HEALTH STATUS OF THE COMMUNITIES SERVED BY SAMC - NAMPA, WITH IMPLICATIONS FOR FUTURE PLANNING. POPULATION GROWTH, ESPECIALLY IN ADA AND CANYON COUNTIES, IS EXPECTED TO CONTINUE, WITH A GROWING HISPANIC POPULATION. LANGUAGE OTHER THAN ENGLISH SPOKEN IN THE HOME IS ON THE RISE, REQUIRING GREATER LANGUAGE INTERPRETATION AND HEALTH EDUCATION NEEDS AS WELL.

PART VI, LINE 5:
OTHER INFORMATION - SAMC - NAMPA STRONGLY SUPPORTED HEALTH CARE WORKFORCE DEVELOPMENT EFFORTS FOR AN ARRAY OF DIFFERENT CLINICAL STUDENTS. IN ADDITION, SAMC - NAMPA SERVED AS A KEY CLINICAL TRAINING SITE FOR STUDENTS ATTENDING BOISE STATE UNIVERSITY, IDAHO STATE UNIVERSITY, NORTHWEST NAZARENE UNIVERSITY, COLLEGE OF WESTERN IDAHO, COLLEGE OF SOUTHERN IDAHO, STEVENS-HENEGER COLLEGE, MILAN INSTITUTE, IDAHO CENTER FOR EMERGENCY TRAINING AND THE NAMPA SCHOOL DISTRICT.
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**Part VI Supplemental Information (Continuation)**

**MERCY FITNESS PARK: SAMC - NAMPA MAINTAINED THE MERCY FITNESS PARK**

PROMOTING HEALTHY HABITS AND PROVIDING FREE ACCESS TO THE COMMUNITY.

**HANDS OF HOPE: SAMC - NAMPA DONATED TO HANDS OF HOPE, A FAITH-BASED ORGANIZATION THAT SUPPLIES USED OR USEABLE MEDICAL EQUIPMENT FOR OVERSEAS MISSIONS, AND COOPERATES WITH LOCAL AGENCIES TO LOAN EQUIPMENT TO INDIVIDUALS IN NEED IN CANYON COUNTY.**

**SAINT ALPHONSUS HEALTH SYSTEM COLLABORATES WITH THE UNITED WAY OF TREASURE VALLEY AND OTHER COMMUNITY PARTNERS IN THE TRANSFORMING COMMUNITIES INITIATIVE (TCI). SAINT ALPHONSUS 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 ALPHONSUS 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 ALPHONSUS 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.**
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 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 - NAMPA 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
SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. 82-0200896

**Part VI | Supplemental Information (Continuation)**

**SAINT ALPHONSUS MEDICAL CENTER - NAMPA, INC. 82-0200896**

**BENEFITS.**

**FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.**

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

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