SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY, INC.

Employer identification number 27-1790052

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	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. [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 _____ %	3a	X	
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% [X] 300% [ ] 350% [ ] 400% [ ] Other _____ %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria 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's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	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?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1	829	863,966.		863,966.	2.75%
b Medicaid (from Worksheet 3, column a)	4	7,760	4,638,947.	4,262,946.	376,001.	1.20%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs	5	8,589	5,502,913.	4,262,946.	1,239,967.	3.95%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	13	1,575	14,873.		14,873.	.05%
f Health professions education (from Worksheet 5)	1	18	43,347.		43,347.	.14%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits	14	1,593	58,220.		58,220.	.19%
k **Total.** Add lines 7d and 7j	19	10,182	5,561,133.	4,262,946.	1,298,187.	4.14%

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.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	2		269.		269.	.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1		4,225.		4,225.	.01%
8 Workforce development						
9 Other						
10 Total	3		4,494.		4,494.	.01%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1			X
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	2	960,680.		
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	3	491,004.		
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)	5	11,936,687.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	11,863,515.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	73,172.

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. Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

		Yes	No
9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b 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	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

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, and primary website address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 ST. ALPHONSUS MEDICAL CENTER-BAKER CIT 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 WWW.SAINTALPHONSUS.ORG/BAKERCITY	X	X			X		X			

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 facility reporting group ST. ALPHONSUS MEDICAL CENTER-BAKER CITY

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1 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 9	1	X	
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 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 [ ] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j [ ] Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 12			
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		X
5 Did the hospital facility make its CHNA report widely available to the public?	5	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website			
b [X] Available upon request from the hospital facility			
c [ ] Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):			
a [X] Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b [X] Execution of the implementation strategy			
c [X] Participation in the development of a community-wide plan			
d [X] Participation in the execution of a community-wide plan			
e [X] Inclusion of a community benefit section in operational plans			
f [X] Adoption of a budget for provision of services that address the needs identified in the CHNA			
g [X] Prioritization of health needs in its community			
h [X] Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i [ ] Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		X
8a 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)?	8a		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)* ST. ALPHONSUS MEDICAL CENTER-BAKER CITY

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	X	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: 200 %			
If "No," explain in Part VI the criteria the hospital facility used.			
11 Used FPG to determine eligibility for providing *discounted* care?	11	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: 300 %			
If "No," explain in Part VI the criteria the hospital facility used.			
12 Explained the basis for calculating amounts charged to patients?	12	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a [X] Income level			
b [X] Asset level			
c [X] Medical indigency			
d [X] Insurance status			
e [ ] Uninsured discount			
f [ ] Medicaid/Medicare			
g [X] State regulation			
h [X] Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	13	X	
14 Included measures to publicize the policy within the community served by the hospital facility?	14	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a [ ] The policy was posted on the hospital facility's website			
b [ ] The policy was attached to billing invoices			
c [ ] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d [ ] The policy was posted in the hospital facility's admissions offices			
e [X] The policy was provided, in writing, to patients on admission to the hospital facility			
f [X] The policy was available on request			
g [X] Other (describe in Part VI)			
Billing and Collections			
15 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 actions the hospital facility may take upon non-payment?	15	X	
16 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 patient's eligibility under the facility's FAP:			
a [ ] Reporting to credit agency			
b [ ] Lawsuits			
c [ ] Liens on residences			
d [ ] Body attachments			
e [ ] Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	17		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a [ ] Reporting to credit agency			
b [ ] Lawsuits			
c [ ] Liens on residences			
d [ ] Body attachments			
e [ ] Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)* ST. ALPHONSUS MEDICAL CENTER-BAKER CITY

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- **a** [X] Notified individuals of the financial assistance policy on admission
- **b** [X] Notified individuals of the financial assistance policy prior to discharge
- **c** [X] Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- **d** [X] Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** [ ] Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	19	X	

If "No," indicate why:

- **a** [ ] The hospital facility did not provide care for any emergency medical conditions
- **b** [ ] The hospital facility's policy was not in writing
- **c** [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- **d** [ ] Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

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

- **a** [ ] The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- **b** [ ] The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- **c** [ ] The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- **d** [X] Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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 Part VI.	21		X
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI.	22		X

Part V Facility Information *(continued)*

Section C. 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? 3

Name and address	Type of Facility (describe)
1 SAHS - BAKER CITY CLINIC 3175 POCAHONTUS ROAD BAKER CITY , OR 97814	MEDICAL CLINIC
2 VALLEY MEDICAL CLINIC 3820 17TH STREET BAKER CITY , OR 97814	MEDICAL CLINIC
3 ST. ALPHONSUS EXPRESS CARE 1120 CAMPBELL STREET BAKER CITY , OR 97814	URGENT CARE

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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 PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF OREGON. IN ADDITION, SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH IN ITS ANNUAL REPORT, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

IN ADDITION, SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY 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

Part VI Supplemental Information

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, $1,650,047, 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 MEDICAL CENTER-BAKER CITY (SAMC-BAKER CITY) HAS BEEN ACTIVELY INVOLVED IN HEALTH TRANSFORMATION WITHIN BAKER COUNTY, AS WELL AS OREGON AS A WHOLE. IN FISCAL YEAR 2013, SAMC-BAKER CITY'S PRESIDENT TRAVELED THROUGHOUT OREGON WORKING WITH THE OREGON HOSPITAL ASSOCIATION AND SERVING ON VARIOUS COUNCILS ACTING AS AN ADVOCATE TO ENSURE THAT BAKER COUNTY'S POOR AND UNDERSERVED POPULATIONS RECEIVE ADEQUATE MEDICAL CARE. THE CULMINATION OF THIS ADVOCACY IS INTENDED TO RESULT IN A MODEL THAT PROVIDES CARE TO THOSE WHO ARE POOR AND UNDERSERVED IN OUR COMMUNITY, BUT ALSO ALLOWS FOR HEALTHCARE INSTITUTIONS THAT ARE SELF-SUSTAINING.

IN ADDITION TO OVERALL ADVOCACY FOR THE COUNTY, WE HAVE BEEN SUPPORTING THE COMMUNITY AND IMPROVING THEIR HEALTH THROUGH FREE PUBLIC HEALTH PROGRAMS, SUCH AS SUBSIDIZED NUTRITION COUNSELING WITH A CERTIFIED DIETICIAN FOR MOTHERS WITH YOUNG CHILDREN. THIS PROGRAM WAS PROVIDED IN PARTNERSHIP WITH THE COUNTY HEALTH CLINIC.

Part VI Supplemental Information

PART III, LINE 4: SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM PAGE 17 OF THOSE STATEMENTS: "THE CORPORATION RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME THE SERVICES ARE RENDERED EVEN THOUGH THE CORPORATION DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY AT THAT TIME. AS A RESULT, THE PROVISION FOR BAD DEBTS IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS). FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE CORPORATION ESTABLISHES AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE. THIS ALLOWANCE IS ESTABLISHED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY MINISTRY ORGANIZATION AND FOR EACH TYPE OF PAYOR. A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE."

PART III, LINE 2: METHODOLOGY USED FOR LINE 2 - BAD DEBT EXPENSE REPORTED ON LINE 2 IS SHOWN AT COST AND WAS CALCULATED USING A COST TO CHARGE RATIO METHODOLOGY.

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 VI Supplemental Information

PART III, LINE 3: SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR CHARITY: (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. FY13 WAS THE FIRST YEAR SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY UTILIZED THE PREDICTIVE MODEL WITH RESULTS USED FOR ANALYSIS ONLY. STARTING IN FY14, SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL.

PART III, LINE 8: SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CHA RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTHCARE 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 VI Supplemental Information

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.

ST. ALPHONSUS MEDICAL CENTER-BAKER CITY:

PART V, SECTION B, LINE 3: SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY SENT THE QUESTIONNAIRES OUT TO LOCAL STAKEHOLDERS (USING A DATABASE THAT INCLUDED PREVIOUS CONSUMERS OF HEALTHCARE) AS WELL AS CREATED A PARTNERSHIP WITH THE BAKER COUNTY HEALTH DEPARTMENT, WHERE THE QUESTIONNAIRES WERE OFFERED TO THEIR CLIENTS AS WELL. IT ALSO CONDUCTED FOCUS GROUPS WITH COMMUNITY CONNECTIONS (A SENIOR SERVICES ORGANIZATION) AND WITH YOUTH FROM THE LOCAL HIGH SCHOOL, HAVING EACH OF THESE GROUPS COMPLETE QUESTIONNAIRES. MEMBERS OF THE UNITED WAY OF EASTERN OREGON AND THE LOCAL MINISTERIAL ASSOCIATION ALSO PROVIDED INPUT INTO THE EVALUATION PHASE OF THE CHNA.

ST. ALPHONSUS MEDICAL CENTER-BAKER CITY:

PART V, SECTION B, LINE 5C: LINE 5A:

HTTP://WWW.SAINTALPHONSUS.ORG/DOCUMENTS/BAKER%

20CITY/COMMUNITYNEEDSASSESSMENT.PDF

Part VI Supplemental Information

ST. ALPHONSUS MEDICAL CENTER-BAKER CITY:

PART V, SECTION B, LINE 7: CERTAIN AREAS IDENTIFIED IN THE CHNA WERE OUTSIDE OF THE SCOPE OF WHAT THE FACILITY COULD REASONABLY IMPACT (SUCH AS THE HIGH RATE OF UNEMPLOYMENT AND THE POVERTY RATE IN THE COUNTY). THERE WERE ALSO OTHER SERVICES THAT SAMC-BAKER CITY CURRENTLY IS NOT FINANCIALLY ABLE TO ADDRESS, SUCH AS THE FULL SPECTRUM OF INCREASED CANCERS IN THE COUNTY. WHILE IT DOES HAVE THE BILLIE RUTH BOOTSMA INFUSION CLINIC, WHICH IS ABLE TO PROVIDE SOME CANCER SERVICES, OTHER TREATMENTS ARE OUTSIDE OF THE SCOPE DUE TO ITS SIZE. ALSO, WHILE THE ORGANIZATION WAS ADDRESSING DIABETES IN A LIMITED WAY AT THE TIME OF THE CHNA, IT WAS NOT ABLE TO SECURE THE APPROPRIATELY TRAINED STAFF TO HAVE A FULLY-FUNCTIONING DIABETES PROGRAM. OTHER AREAS IDENTIFIED, SUCH AS MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES, ARE BEING ADDRESSED BY LOCAL COMMUNITY PARTNERS.

ST. ALPHONSUS MEDICAL CENTER-BAKER CITY:

PART V, SECTION B, LINE 12H: 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.

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

ST. ALPHONSUS MEDICAL CENTER-BAKER CITY:

PART V, SECTION B, LINE 14G: BROCHURES AVAILABLE AND/OR SIGNS POSTED AT ALL REGISTRATION AREAS AND FINANCIAL COUNSELING AREA.

POLICY AND FORMS AVAILABLE FROM FINANCIAL ADVOCATE OFFICE, ALL REGISTRATION AREAS, REGIONAL SHARED SERVICES CENTER.

INFORMATION ABOUT FINANCIAL ASSISTANCE PROVIDED DURING ENCOUNTERS WITH FINANCIAL ADVOCATES AND UPON REQUEST TO REGISTRARS, CUSTOMER SERVICE REPRESENTATIVES AT THE REGIONAL SHARED SERVICES CENTER AND THE BILLING COMPANY.

SUMMARY INFO AND APPLICATION AVAILABLE ON WEBSITE:

HTTP://WWW.SAINTALPHONSUS.ORG/FINANCIAL-SERVICES-2133

BILLING STATEMENTS REFERENCE THE AVAILABILITY OF THE POLICY FOR THOSE UNABLE TO PAY.

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ST. ALPHONSUS MEDICAL CENTER-BAKER CITY:

PART V, SECTION B, LINE 20D: PATIENTS WITH INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES. PATIENTS WITH INCOME BETWEEN 201% AND 300% OF THE FPG RECEIVE A WRITE OFF OF HOSPITAL CHARGES FOR MEDICALLY NECESSARY SERVICES EQUAL TO THE HOSPITAL'S AVERAGE COMMERCIAL CONTRACTUAL ADJUSTMENT FOR ALL COMMERCIAL PAYERS.

PART VI, LINE 2: SAMC-BAKER CITY ASSESSES THE HEALTH STATUS OF ITS COMMUNITY IN THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS 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, IN THE ASSESSMENT OF THE COMMUNITY. ADDITIONALLY, SAMC-BAKER CITY HAS AT VARIOUS TIMES CONDUCTED COMMUNITY SURVEYS AND FOCUS GROUPS WITH THE STAKEHOLDERS. THESE, IN ADDITION TO SOLICITING COMMENTS FROM THE COMMUNITY MEMBERS, HAVE HELPED THE ORGANIZATION TO STAY CURRENT WITH THE PERCEIVED NEEDS OF THE COMMUNITY.

PART VI, LINE 3: PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE -

SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY IS COMMITTED TO:

- PROVIDING ACCESS TO QUALITY HEALTHCARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES
- CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES

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- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE
- BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITY

IN ACCORDANCE WITH AMERICAN HOSPITAL ASSOCIATION RECOMMENDATIONS, SAMC - BAKER CITY HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS:

- PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS
- MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS
- OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS
- IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER
- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONS

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 AND EXTERNAL 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. SAMC - BAKER CITY HAS SIGNS POSTED IN ALL REGISTRATION AREAS, NOTIFYING PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE. ALL SELF-PAY PATIENTS ARE OFFERED FINANCIAL ASSISTANCE FORMS. EACH PATIENT RECEIVES A BILLING BROCHURE THAT LISTS

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PAYMENT OPTIONS AND HOW TO APPLY FOR CHARITY CARE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY HELP THEM OBTAIN AND PAY FOR HEALTHCARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. HOWEVER, DETERMINATION FOR FINANCIAL SUPPORT CAN BE MADE DURING ANY STAGE OF THE PATIENT'S STAY AFTER STABILIZATION OR COLLECTION CYCLE.

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 SIGNS POSTED IN REGISTRATION AREAS, IN REGISTRATION WAITING ROOMS, AND IN PATIENT BROCHURES. SELF-PAY INPATIENTS AND SURGERY PATIENTS RECEIVE A VISIT FROM A PATIENT ADVOCATE WHO ASSISTS THEM IN COMPLETING FINANCIAL ASSISTANCE FORMS FOR ASSISTANCE, MEDICAID, SOCIAL SECURITY AND HOSPITAL CHARITY CARE.

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. THE MEDICAL CENTER EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING THOSE WORKING IN PATIENT REGISTRATION AND ADMITTING, FINANCIAL ASSISTANCE, CUSTOMER SERVICE, BILLING AND COLLECTIONS) ABOUT THESE POLICIES WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEIR

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INSURANCE STATUS OR THEIR ABILITY TO PAY FOR MEDICAL SERVICES.

PART VI, LINE 4: COMMUNITY INFORMATION - LOCATED IN A VALLEY IN THE ELKHORN MOUNTAINS IN EASTERN OREGON, SAMC - BAKER CITY HAS A PRIMARY SERVICE AREA OF 15,600 LOCATED IN 5 ZIP CODES IN BAKER COUNTY. NEAREST SIGNIFICANT COMMUNITIES ARE LOCATED APPROXIMATELY 45 MILES TO THE NORTH AND 70 MILES TO THE SOUTH. MORE THAN 90% OF RESIDENTS ARE CAUCASIAN. THESE "NEARBY" COMMUNITIES ARE DIFFICULT TO REACH IN THE WINTER AS MOUNTAIN PASSES MUST BE NAVIGATED AND ARE SOMETIMES CLOSED. DUE TO LIMITED SERVICES AVAILABLE LOCALLY, MOST HIGHER-LEVEL EMERGENT SERVICES ARE TRANSPORTED TO THE NEAREST METROPOLITAN AREAS THAT ARE EITHER A 2-HOUR DRIVE AWAY OR REQUIRE A 45-MINUTE HELICOPTER FLIGHT.

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 HEALTHCARE PROVIDERS IS AN ONGOING CHALLENGE FOR THE COMMUNITY.

BAKER COUNTY UNEMPLOYMENT TENDS TO RUN SOMEWHAT HIGHER THAN THE NATIONAL AVERAGE AND THE STATE AVERAGE. FOR EXAMPLE, THE NATIONAL RATE IN NOVEMBER, 2012 WAS AT 7.7%, WHILE THE OREGON STATE RATE DURING THAT TIME PERIOD WAS AT 8.4%, AND UNEMPLOYMENT FOR BAKER COUNTY WAS 9.6%. ALL PERCENTAGES ARE NON-SEASONALLY ADJUSTED.

GROWTH IN BAKER COUNTY'S POPULATION IS PROJECTED TO INCREASE BY 2.2% BY 2020, EVEN THOUGH IT ACTUALLY DEMONSTRATED A 0.3% DECREASE FROM 2000 TO 2010, WITH THE US CENSUS SHOWING AN ADDITIONAL DECREASE FROM APRIL 1, 2010 TO JULY 1, 2011 OF 0.9%. HOWEVER, BAKER COUNTY'S POPULATION IS ALREADY

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OLDER THAN AVERAGE, AS 20.5% OF THE POPULATION IS NOW OVER 65 YEARS OLD (COMPARED WITH 13.9% IN ALL OF OREGON), AND THAT PERCENTAGE IS ANTICIPATED TO RISE. THIS WILL POTENTIALLY REQUIRE INCREASED HEALTH CARE SPENDING FOR THE AGING POPULATION IN THE FUTURE. MAMMOGRAPHY RATES, OBESITY, TOBACCO USE, MENTAL HEALTH AND ALCOHOL/DRUG USE ARE ALSO OF GREAT CONCERN.

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, COLLABORATES WITH COMMUNITY PARTNERS, AND INVESTS IN NEEDED COMMUNITY PROGRAMS AS IT IS ABLE. THE SUPPORT OF OUR TRINITY SYSTEM IS INVALUABLE IN HELPING US TO ADDRESS OUR NEEDS.

SAMC - BAKER CITY ALSO COLLABORATES WITH THE LOCAL MINISTERIAL ASSOCIATION TO SUPPORT SPIRITUAL HEALTH. REPRESENTATIVES FROM SAMC - BAKER CITY SIT ON LOCAL FOUNDATION 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 HEALTHCARE WORKFORCE DEVELOPMENT EFFORTS BY HOSTING RURAL CLINICAL ROTATIONS FOR RNS, CNAS, RESPIRATORY THERAPISTS, AND RADIOLOGY INTERNS. UNFORTUNATELY, OUR SMALL SIZE LIMITS OUR ABILITY TO PARTICIPATE IN ALL OF THE EDUCATION PROGRAMS WITH WHICH WE DESIRE TO BE INVOLVED.

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

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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 A LARGE HOSPITAL IN BOISE, IDAHO. SERVICES PROVIDED THROUGH THE NETWORK INCLUDE CLINICAL EDUCATION, SPECIALTY PHYSICIAN CONSULTATION, AND EMERGENCY MEDICINE CONSULTATIONS. HAVING THIS SERVICE OFTEN PREVENTS UNNECESSARY TRANSPORTS AND ALLOWS PATIENTS TO BE CARED FOR CLOSER TO HOME.

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

PART VI, LINE 6: ST. ALPHONSUS MEDICAL CENTER - BAKER CITY IS A MEMBER OF CHE TRINITY HEALTH, THE SECOND-LARGEST CATHOLIC HEALTH CARE SYSTEM IN THE COUNTRY. CHE TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEFINE - AND ACHIEVE - COMMUNITY BENEFIT GOALS THAT INCLUDE IMPLEMENTING NEEDED SERVICES OR EXPANDING ACCESS TO SERVICES FOR LOW-INCOME INDIVIDUALS. AS A NOT-FOR-PROFIT HEALTH SYSTEM, CHE TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITY THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND UNINSURED, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, PROMOTING WELLNESS AND REACHING OUT TO UNDERSERVED POPULATIONS. OVERALL, THE ORGANIZATION INVESTS MORE THAN $800 MILLION IN SUCH COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING EACH

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COMMUNITY'S SPECIFIC NEEDS.

FOR MORE INFORMATION ABOUT CHE TRINITY HEALTH, VISIT

WWW.NEWHEALTHMINISTRY.ORG.

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

OR