**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

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

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:

   - [X] 200%
   - [ ] 150%
   - [ ] 100%
   - [ ] Other ________%

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

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

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

4 Did the organization’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"?

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? If "Yes," did the organization’s financial assistance expenses exceed the budgeted amount?

5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

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

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

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

<table>
<thead>
<tr>
<th>Financial Assistance and Other Benefits of 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>336,915.</td>
<td>336,915.</td>
<td></td>
<td>.87%</td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td></td>
<td></td>
<td>9214704.</td>
<td>7360363.</td>
<td>1854341.</td>
<td>4.78%</td>
</tr>
<tr>
<td>c Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total Financial Assistance and Other Benefits Means-Tested Government Programs</td>
<td></td>
<td></td>
<td>9551619.</td>
<td>7360363.</td>
<td>2191256.</td>
<td>5.65%</td>
</tr>
<tr>
<td>e Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>6</td>
<td>2,190</td>
<td>185,694.</td>
<td>23,217.</td>
<td>162,477.</td>
<td>.42%</td>
</tr>
<tr>
<td>f Health professions education (from Worksheet 5)</td>
<td>2</td>
<td>33</td>
<td>30,697.</td>
<td></td>
<td>30,697.</td>
<td>.08%</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>2</td>
<td>2</td>
<td>45,000.</td>
<td></td>
<td>45,000.</td>
<td>.12%</td>
</tr>
<tr>
<td>j Total, Other Benefits</td>
<td>10</td>
<td>2,225</td>
<td>261,391.</td>
<td>23,217.</td>
<td>238,174.</td>
<td>.62%</td>
</tr>
<tr>
<td>k Total, Add lines 7d and 7j</td>
<td>10</td>
<td>2,225</td>
<td>9813010.</td>
<td>7383580.</td>
<td>2429430.</td>
<td>6.27%</td>
</tr>
</tbody>
</table>
**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></th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td>1</td>
<td>2</td>
<td>979.</td>
<td>979.</td>
<td>.00%</td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total</td>
<td>1</td>
<td>2</td>
<td>979.</td>
<td>979.</td>
<td>.00%</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?  
   - 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.  
   - 1,291,723.  

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).  
   - 13,473,484.  

6. Enter Medicare allowable costs of care relating to payments on line 5.  
   - 13,174,668.  

7. Subtract line 6 from line 5. This is the surplus (or shortfall).  
   - 298,816.  

8. Describe in Part VI the extent to which any shortfall reported on 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**

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

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.  

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

---

132092 11-22-21
### 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>Teaching 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 ST. ALPHONSUS MEDICAL CENTER – BAKER CTY</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3325 POCAHONTAS ROAD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BAKER CITY, OR 97814</td>
<td></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/BAKERCITY">WWW.SAINTALPHONSUS.ORG/BAKERCITY</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LICENSE 14-1469</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part V Facility Policies and Practices

### Section B. Facility Policies and Practices

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

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

#### Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>2</td>
<td>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 &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>3</td>
<td>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 &quot;No,&quot; skip to line 12</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; indicate what the CHNA report describes (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>A definition of the community served by the hospital facility</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>b</td>
<td>Demographics of the community</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>c</td>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>d</td>
<td>How data was obtained</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>e</td>
<td>The significant health needs of the community</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>f</td>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>g</td>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>h</td>
<td>The process for consulting with persons representing the community’s interests</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>i</td>
<td>The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>j</td>
<td>Other (describe in Section C)</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>4</td>
<td>Indicate the tax year the hospital facility last conducted a CHNA:</td>
<td>2020</td>
<td>2021</td>
</tr>
<tr>
<td>5</td>
<td>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 &quot;Yes,&quot; 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</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>6a</td>
<td>Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If &quot;Yes,&quot; list the other hospital facilities in Section C</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>6b</td>
<td>Was the hospital facility’s CHNA conducted with one or more other organizations other than hospital facilities? If &quot;Yes,&quot; list the other organizations in Section C</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>7</td>
<td>Did the hospital facility make its CHNA report widely available to the public?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; indicate how the CHNA report was made widely available (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Hospital facility’s website (list url): PART V, SECTION C</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>b</td>
<td>Other website (list url):</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>c</td>
<td>Made a paper copy available for public inspection without charge at the hospital facility</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>d</td>
<td>Other (describe in Section C)</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>8</td>
<td>Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If &quot;No,&quot; skip to line 11</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>9</td>
<td>Indicate the tax year the hospital facility last adopted an implementation strategy:</td>
<td>2020</td>
<td>2021</td>
</tr>
<tr>
<td>10</td>
<td>Is the hospital facility’s most recently adopted implementation strategy posted on a website?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>a  If &quot;Yes,&quot; (list url): PART V, SECTION C</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>b If &quot;No,&quot; is the hospital facility’s most recently adopted implementation strategy attached to this return?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>11</td>
<td>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.</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>12a</td>
<td>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)?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>12b</td>
<td>b If &quot;Yes&quot; to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>
|      | 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:  ST. ALPHONSUS MEDICAL CENTER – BAKER CITY

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%

   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)

14  Explained the basis for calculating amounts charged to patients?  
    ☑

15  Explained the method for applying for financial assistance?  
    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

   b  ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

   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)

16  Was widely publicized within the community served by the hospital facility?  
    ☑

   If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

   a  ☑ The FAP was widely available on a website (list url):  SEE PART V, PAGE 8

   b  ☑ The FAP application form was widely available on a website (list url):  SEE PART V, PAGE 8

   c  ☑ A plain language summary of the FAP was widely available on a website (list url):  SEE PART V, PAGE 8

   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)

   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

   i  ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations

   j  ☐ Other (describe in Section C)
**Part V Facility Information (continued)**

**Billing and Collections**

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

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?  

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

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:

- Reporting to credit agency(ies)
- Selling an individual’s debt to another party
- 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
- Actions that require a legal or judicial process
- Other similar actions (describe in Section C)
- None of these actions or other similar actions were permitted

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

- Reporting to credit agency(ies)
- Selling an individual’s debt to another party
- 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
- Actions that require a legal or judicial process
- Other similar actions (describe in Section C)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):

- 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 (if not, describe in Section C)
- Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- Processed incomplete and complete FAP applications (if not, describe in Section C)
- Made presumptive eligibility determinations (if not, describe in Section C)
- Other (describe in Section C)
- None of these efforts were made

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**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?  

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

If “No,” indicate why:

- The hospital facility did not provide care for any emergency medical conditions
- The hospital facility’s policy was not in writing
- The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- Other (describe in Section C)
### Part V Facility Information (continued)

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

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

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

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

   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 |

Schedule H (Form 990) 2021
ST. ALPHONSUS MEDICAL CENTER-BAKER CITY:

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

PART V, SECTION B, LINE 3E:

SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY (SAMC-BAKER CITY) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH THIS COMMUNITY-INVOLVED SELECTION PROCESS:

1. PHARMACIES AND ACCESS TO MEDICATIONS
2. HEALTH CARE ACCESS
3. HOUSING AND HOMELESSNESS
4. BEHAVIORAL HEALTH SERVICES
5. SOCIAL ISOLATION, MENTAL HEALTH AND SUICIDE
6. EDUCATION
7. WORKFORCE SHORTAGES
8. LIVABLE WAGE JOBS
9. CHRONIC DISEASE MANAGEMENT AND PREVENTION
10. TRANSPORTATION
11. FOOD SECURITY
12. TOBACCO AND SUBSTANCE USE

ST. ALPHONSUS MEDICAL CENTER-BAKER CITY:
PART V, SECTION B, LINE 5: SAMC-BAKER CITY COLLECTED COMMUNITY INPUT

THROUGH FOCUS GROUPS AND KEY INFORMANT INTERVIEWS, AIMED AT UNDERSTANDING
THE NEEDS OF A DIVERSE CROSS-SECTION OF THE COMMUNITY, INCLUDING THOSE
MOST UNDERSERVED AND AT RISK IN OUR COMMUNITIES SUCH AS LOW-INCOME
PERSONS, SINGLE PARENTS, UNINSURED PERSONS, AND THE ELDERLY. DURING
OCTOBER AND NOVEMBER 2021, COMMUNITY INPUT WAS COLLECTED THROUGH FOCUS
GROUP CONVERSATIONS WITH COMMUNITY EXPERTS AND COMMUNITY SERVICE AGENCIES
WHICH INCLUDED: BAKER COUNTY, BAKER COUNTY HEALTH DEPARTMENT, BAKER COUNTY
SAFE FAMILIES COALITION, BAKER SCHOOL DISTRICT 5J, BAKER YMCA, COMMUNITY
CONNECTIONS OF NORTHEAST OREGON, COMPASSION CENTER, LOCAL COMMUNITY
ADVISORY COUNCIL, NEW DIRECTIONS NORTHWEST, AND THE OREGON DEPARTMENT OF
HUMAN SERVICES. SAMC-BAKER CITY UTILIZED THE TRINITY HEALTH DATA HUB AS
THE PRIMARY SOURCE TO OBTAIN QUANTITATIVE DATA. ADDITIONAL DATA SOURCES
UTILIZED INCLUDED THE U.S. CENSUS BUREAU AMERICAN COMMUNITY SURVEY, COUNTY
HEALTH RANKINGS, CENTER FOR DISEASE CONTROL BEHAVIORAL RISK FACTOR
SURVEILLANCE SYSTEM, OREGON VITAL STATISTICS, OREGON DEPARTMENT OF
EDUCATION, OREGON HEALTH AUTHORITY, OREGON HEALTHY TEENS SURVEY, OREGON
KIDS COUNT DATA CENTER, AND THE BUREAU OF LABOR STATISTICS.

______________________________

ST. ALPHONSUS MEDICAL CENTER–BAKER CITY:

PART V, SECTION B, LINE 11: THE CHNA WAS CONDUCTED AND POSTED BY THE END
OF FISCAL YEAR 2022; AN UPDATED IMPLEMENTATION STRATEGY WAS ADOPTED IN
SEPTEMBER 2022 FOR FISCAL YEARS 2022-2024. THESE DOCUMENTS WILL GUIDE THE
COMMUNITY BENEFIT WORK FOR TAX YEARS 2022-2024. SAMC-BAKER CITY IDENTIFIED
SEVERAL SIGNIFICANT HEALTH NEEDS TO ADDRESS DURING THIS TIME PERIOD. THE
IMPLEMENTATION STRATEGY WILL GUIDE HOW EACH OF THESE NEEDS ARE ADDRESSED.
SAMC-BAKER CITY IMPLEMENTED AND PARTICIPATED IN SEVERAL INITIATIVES IN FISCAL YEAR 2022 THAT ALIGNED WITH THE NEEDS THAT WERE IDENTIFIED THROUGH THE 2022 CHNA.

1. HEALTH CARE ACCESS: IN FISCAL YEAR 2022, SAMC-BAKER CITY UTILIZED COMMUNITY HEALTH WORKERS (CHWS) WHO ASSISTED WITH CONNECTING PATIENTS TO PRIMARY CARE PROVIDERS, ADVOCATED WITH THE LOCAL COMMUNITY ADVISORY COUNCIL TO BRING ADDITIONAL SERVICES TO THE AREA, AND ASSISTED PATIENTS WITH CONNECTING TO MENTAL HEALTH AND SUBSTANCE ABUSE RESOURCES. IN ADDITION, THE BAKER EARLY LEARNING CENTER WITHIN THE 5J SCHOOL DISTRICT HELPS TO CONNECT STUDENTS AND FAMILIES WITH HEALTH CARE ACCESS.

2. EDUCATION: IN FISCAL YEAR 2022, SAMC-BAKER CITY PARTNERED WITH THE YMCA AND THE BAKER SCHOOL DISTRICT 5J TO PROVIDE ACCESS TO AFFORDABLE CHILDCARE THROUGH THE BAKER EARLY LEARNING CENTER WITHIN THE 5J SCHOOL DISTRICT.

3. TRANSPORTATION: IN FISCAL YEAR 2022, SAMC-BAKER CITY PROVIDED FINANCIAL SUPPORT TO COMMUNITY CONNECTIONS FOR A PROGRAM WHICH PROVIDED NON-MEDICAL TRANSPORTATION TO AND FROM HEALTH CARE APPOINTMENTS FOR BOTH PHYSICAL AND MENTAL HEALTH NEEDS IN BAKER CITY.

SAMC-BAKER CITY ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. THEREFORE, THE FOLLOWING HEALTH NEEDS WERE NOT ADDRESSED:
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, 20a, 20b, 20c, 20d, 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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**PHARMACIES AND ACCESS TO MEDICATIONS:** SAMC-BAKER CITY DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE THE SERVICE TO PROVIDE FOR THIS NEED IS LISTED UNDER THE HEALTH CARE ACCESS IMPLEMENTATION STRATEGY. SAINT ALPHONSUS COMMUNITY HEALTH WORKERS LOCATED AT SAMC-BAKER CITY AND WITHIN THE BAKER EARLY LEARNING CENTER ASSISTED PATIENTS WITH ACCESS TO PHARMACIES AND MEDICATIONS BY CONDUCTING SCREENINGS WITH PATIENTS AND ASSISTED WITH ALTERNATIVE ARRANGEMENTS TO OBTAIN PRESCRIPTIONS FROM ONLINE, MAIL, OR OTHER REGIONAL PHARMACY RESOURCES.

**HOUSING AND HOMELESSNESS:** SAMC-BAKER CITY DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE IT WAS BEING ADDRESSED BY OTHER ORGANIZATIONS WITHIN THE COMMUNITY. HOWEVER, SAINT ALPHONSUS COMMUNITY HEALTH & WELL-BEING (CHWB) COLLEAGUES PARTICIPATED IN THE EASTERN OREGON COORDINATED CARE ORGANIZATION WORKFORCE HOUSING TASK FORCE AND PARTICIPATED IN REGULAR DISCUSSIONS WITH OTHER REGIONAL AND STATE COLLABORATIVES WORKING TO ADDRESS HOUSING AND HOMELESSNESS. ADDITIONALLY, CHWS SCREENED PATIENTS FOR HOUSING NEEDS AND CONNECTED PATIENTS TO LOCAL COMMUNITY RESOURCES FOR RENTAL ASSISTANCE AND HOUSING SERVICES AS NEEDED.

**BEHAVIORAL HEALTH SERVICES:** SAMC-BAKER CITY DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE IT IS BEING ADDRESSED BY OTHER ORGANIZATIONS WITHIN THE COMMUNITY. HOWEVER, SAMC-BAKER CITY DID PARTNER WITH MENTAL AND BEHAVIORAL HEALTH SERVICE PROVIDERS IN THE REGION, AND CHWS SCREENED AND REFERRED PATIENTS TO THESE PARTNERS.

**SOCIAL ISOLATION, MENTAL HEALTH AND SUICIDE:** SAMC-BAKER CITY DID NOT
DIRECTLY ADDRESS THIS NEED BECAUSE IT IS BEING ADDRESSED BY OTHER ORGANIZATIONS. HOWEVER, SAMC-BAKER CITY'S CHWS PARTICIPATED IN CITY SUICIDE PREVENTION WORK GROUPS. CHWS ARE TRAINED IN BOTH MENTAL HEALTH FIRST AID FOR ADULTS AND YOUTH, AS WELL AS "QUESTION PERSUADE REFER" (QPR) SUICIDE PREVENTION. QPR TRAINING WAS ALSO HELD FOR SAMC-BAKER CITY COLLEAGUES AND OTHERS ACROSS THE SAINT ALPHONSUS HEALTH SYSTEM.

WORKFORCE SHORTAGES: SAMC-BAKER CITY DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE IT WAS NOT WITHIN THE PURVIEW OF THE HOSPITAL. HOWEVER, SAINT ALPHONSUS' HUMAN RESOURCES, SAMC-BAKER CITY LEADERSHIP, AND THE CHWB DEPARTMENT PARTICIPATED IN EASTERN OREGON'S WORKFORCE BOARDS AND HAVE DEVELOPED INTERNAL STRATEGIES TO ADDRESS RECRUITMENT AND RETENTION EFFORTS SPECIFICALLY WITHIN THE BAKER CITY SERVICE AREA.

LIVABLE WAGE JOBS: SAMC-BAKER CITY DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE IT WAS NOT WITHIN THE PURVIEW OF THE HOSPITAL. HOWEVER, SAINT ALPHONSUS INCREASED ITS BASE WAGE TWICE IN THE PAST TWO YEARS WHICH PROVIDED A LIVABLE WAGE TO ITS COLLEAGUES.

CHRONIC DISEASE MANAGEMENT AND PREVENTION: SAMC-BAKER CITY DID NOT SPECIFICALLY ADDRESS THIS NEED BECAUSE THIS IS PART OF THE STANDARD HEALTH CARE SERVICE PROVISIONS OF SAMC-BAKER CITY AND THE SAINT ALPHONSUS MEDICAL GROUP BAKER CITY CLINIC.

FOOD SECURITY: SAMC-BAKER CITY DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE IT WAS ADDRESSED BY OTHER COMMUNITY ORGANIZATIONS. HOWEVER, THE CHWS ASSESSED PATIENTS FOR FOOD SECURITY AS PART OF THE SOCIAL NEEDS SCREENING
PROCESS AND CONNECTED THEM TO FOOD RESOURCES WITHIN THE COMMUNITY SUCH AS WIC, SNAP OR LOCAL PANTRIES FOR FOOD DISTRIBUTION PROGRAMS.

TOBACCO AND SUBSTANCE USE: SAMC-BAKER CITY DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE IT IS ADDRESSED BY OTHER COMMUNITY ORGANIZATIONS. ONE OF SAMC-BAKER CITY'S COLLEAGUES IS TRAINED AS A TOBACCO TREATMENT SPECIALIST AND SUPPORTED THE EFFORT TO REDUCE TOBACCO AND VAPE USE AMONG SAMC-BAKER CITY PATIENTS. SAINT ALPHONSUS RECEIVED FUNDING AND PROVIDED TOBACCO REDUCTION CURRICULUM ACROSS THE HEALTH SYSTEM.

ST. ALPHONSUS MEDICAL CENTER-BAKER CITY:

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

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF
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, 20a, 20b, 20c, 20d, 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.

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.

PART V, SECTION B, LINE 7A:

WWW.SAINTALPHONSUS.ORG/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-NEEDS-ASSESSMENT/

PART V, SECTION B, LINE 9:

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

PART V, SECTION B, LINE 10A:

WWW.SAINTALPHONSUS.ORG/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-NEEDS-ASSESSMENT/IMPLEMENTATION-STRATEGY

PART V, LINE 16A, FAP WEBSITE:

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

PART V, LINE 16B, FAP APPLICATION WEBSITE:

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

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

WWW.SAINTALPHONSUS.ORG/FOR-PATIENTS/AFTER-YOUR-VISIT/FINANCIAL
-SERVICES/FINANCIAL-ASSISTANCE/
Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 1

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 BAKER CLINIC FAMILY MEDICINE</td>
<td>MEDICAL CLINIC</td>
</tr>
<tr>
<td>3175 POCAHONTAS ROAD</td>
<td></td>
</tr>
<tr>
<td>BAKER CITY, OR 97814</td>
<td></td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2021
PART VI, Supplemental Information

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.*

**PART I, LINE 6A:**

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

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

**PART I, LINE 7:**

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

PART I, LN 7 COL(F):
THE FOLLOWING NUMBER, $1,291,723, 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:
IN FISCAL YEAR 2022, SAMC-BAKER CITY PARTICIPATED ON THE LOCAL YMCA BOARD WHICH AIMED TO IMPROVE THE HEALTH OF OUR COMMUNITY AND MAKE OUR COMMUNITY A MORE LIVABLE PLACE THROUGH YOUTH DEVELOPMENT AND HEALTHY LIVING PROGRAMS. SAMC-BAKER CITY ALSO PARTNERED WITH BOTH THE LOCAL SCHOOL DISTRICT TO PROMOTE A HEALTHIER COMMUNITY, AND THE LOCAL COMMUNITY HEALTH PARTNERSHIP.

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

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

PART III, LINE 4:
SAMC-BAKER CITY IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 13 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT
REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED."

PART III, LINE 5:
TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE ONE PERCENT SEQUESTRATION REDUCTION FOR THE PERIOD APRIL 1, 2022 THROUGH JUNE 30, 2022.

PART III, LINE 8:
SAMC-BAKER CITY DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH
EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALLED 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 CALLED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

THE HOSPITAL'S FINANCIAL ASSISTANCE 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 FINANCIAL ASSISTANCE 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 - SAMC-BAKER CITY ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND MAKES CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE 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.

PART VI, LINE 3:

10010511 794151 4080                  2021.05080 SAINT ALPHONSUS MEDICAL C 4080___1
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SAMC-BAKER CITY

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

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

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

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

PART VI, LINE 4:
COMMUNITY INFORMATION - THE PRIMARY SERVICE AREA FOR SAMC-BAKER CITY IS BAKER COUNTY, OREGON. BAKER COUNTY IS ONE OF THE EIGHT COUNTIES THAT COMprise eastern oregon and covers a total area of 3,068 square miles, which is larger than Delaware and Rhode Island combined. by definition, BAKER COUNTY IS A "FRONTIER" COUNTY, WHICH IS DEFINED AS SIX OR FEWER PEOPLE PER SQUARE MILE. THE MAY 1, 2020 CENSUS POPULATION COUNT FOR BAKER COUNTY WAS 16,668, A MERE 5.3 PERSONS PER SQUARE MILE. FOR COMPARISON, THE STATE OF OREGON OVERALL HAS A POPULATION DENSITY OF 40 PEOPLE PER SQUARE MILE. BAKER COUNTY IS EXTREMELY RURAL AND MOUNTAINOUS, AND PORTIONS OF THE COUNTY ARE FREQUENTLY UNPASSABLE DURING WINTER MONTHS. THE MEDIAN HOUSEHOLD INCOME FROM 2015-2019 WAS $45,998, COMPARED TO $62,818 FOR OREGON AS A WHOLE.

THE SURROUNDING COUNTIES TO THE NORTH INCLUDE UNION AND WALLOWA COUNTIES. UNION COUNTY IS SERVED BY GRANDE RONDE HOSPITAL AND WALLOWA COUNTY IS SERVED BY WALLOWA MEMORIAL HOSPITAL. GRANT COUNTY TO THE WEST OF BAKER COUNTY IS SERVED BY BLUE MOUNTAIN HOSPITAL. MALHEUR COUNTY TO THE SOUTH OF BAKER COUNTY IS SERVED BY SAINT ALPHONSUS MEDICAL CENTER-ONTARIO.
BAKER COUNTY IS NOTABLE FOR BEING VERY RURAL AND SPARSELY POPULATED. THE POPULATION HAS A SIGNIFICANTLY HIGHER 65 AND OLDER DEMOGRAPHIC, WITH A MEDIAN AGE MORE THAN 10 YEARS OLDER THAN THE OVERALL U.S. POPULATION.


PART VI, LINE 5:

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

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

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

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

SAMC-BAKER CITY'S VOLUNTEER COMMUNITY HOSPITAL BOARD FOCUSES ON QUALITY, SAFETY, COMMUNITY HEALTH CARE NEEDS, MISSION INTEGRATION, ETC. THIS BOARD UNDERSTANDS THE VALUE OF MAINTAINING A VIABLE HOSPITAL IN THEIR COMMUNITY AND STRONGLY SUPPORTS THE FACILITY.

SAMC-BAKER CITY CONTINUES TO ADDRESS SIGNIFICANT TRANSPORTATION BARRIERS THROUGH CRITICAL AND TIMELY FINANCIAL SUPPORT OF COMMUNITY CONNECTIONS OF NORTHEAST OREGON, A COMMUNITY PARTNER WHO PROVIDES NON-MEDICAL TRANSPORT TO INDIVIDUALS WHO COULD NOT OTHERWISE AFFORD OR OBTAIN TRANSPORTATION TO AND FROM APPOINTMENTS WITHIN BAKER COUNTY.

SAMC-BAKER CITY IS A MEMBER HOSPITAL OF SAINT ALPHONSUS HEALTH SYSTEM (SAHS). IN FISCAL YEAR 2022, SAHS ADDRESSED SOCIAL INFLUENCERS OF HEALTH BY CONTINUING WORK ON A SOCIAL CARE HUB, WHICH CREATED A VIRTUAL LOCATION FOCUSED ON CONNECTING PATIENTS AND COMMUNITY MEMBERS TO LOCAL SOCIAL CARE RESOURCES SUCH AS FOOD, HOUSING, FINANCIAL ASSISTANCE, MEDICATION ASSISTANCE AND ACCESS TO MEDICAL CARE. IN ADDITION, SAMC-BAKER CITY SUPPORTED EARLY CHILDHOOD EDUCATION THROUGH FUNDING AND COMMUNITY HEALTH WORKER SUPPORT OF THE BAKER EARLY LEARNING CENTER, A YMCA-LED EARLY CHILDHOOD EDUCATION CENTER FOR INFANTS, TODDLERS, AND SCHOOL AGE CHILDREN.
IN ADDITION, SAMC-BAKER CITY PROVIDED TWO COMMUNITY HEALTH WORKERS TO ASSESS THE SOCIAL NEEDS OF STUDENTS AND FAMILIES IN THE BAKER SCHOOL DISTRICT AND PROVIDE REFERRALS TO COMMUNITY PARTNERS AS NEEDED.

SAINT ALPHONSUS HEALTH SYSTEM'S EMERGENCY PREPAREDNESS EFFORTS ALLOWED FOR A RAPID RESPONSE TO THE ONGOING WAVES OF THE COVID-19 PANDEMIC. IN FISCAL YEAR 2022, THOSE EFFORTS INCLUDED CONTINUED LEADERSHIP ENGAGEMENT WITH LOCAL HEALTH DEPARTMENTS AND OTHER COMMUNITY PARTNERS TO ADDRESS SUPPLY SHORTAGES, PREVENTION OF COMMUNITY SPREAD, AND FACILITY CAPACITY. SAHS PROVIDED PUBLIC MESSAGING AROUND VACCINE SAFETY AND EFFICACY AS WELL AS HOW TO HELP SLOW THE SPREAD OF COVID-19.

PART VI, LINE 6:
SAMC-BAKER CITY IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH AND WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE BY CONNECTING SOCIAL AND CLINICAL CARE, ADDRESSING SOCIAL NEEDS, DISMANTLING SYSTEMIC RACISM, AND REDUCING HEALTH INEQUITIES. WE DO THIS BY:

1. INVESTING IN OUR COMMUNITIES,
2. ADVANCING SOCIAL CARE, AND
3. IMPACTING SOCIAL INFLUENCERS OF HEALTH.

TO FURTHER OUR STRATEGY IN FISCAL YEAR 2022 (FY22), CHWB LAUNCHED TWO TRAINING SERIES TO ADVANCE HEALTH AND RACIAL EQUITY IN OUR COMMUNITIES.

1. CHWB LEADER SERIES TO ADVANCE HEALTH AND RACIAL EQUITY: A YEAR-LONG PEER LEARNING SERIES TO BUILD THE CAPACITY OF OUR CHWB LEADERS TO DELIVER
ON OUR CHWB STRATEGY WITH A FOCUS ON COMMUNITY LEADERSHIP AND ENGAGEMENT, AND THE USE OF A RACIAL EQUITY LENS IN ALL OF OUR DECISION MAKING.

2. COMMUNITY ENGAGEMENT TO ADVANCE RACIAL JUSTICE - PREPARING FOR IMPLEMENTATION STRATEGY: A FOUR-PART SERIES ON ENGAGING OUR COMMUNITIES IN MEANINGFUL WAYS USING A HEALTH EQUITY AND RACIAL EQUITY LENS TO BUILD LASTING PARTNERSHIPS AND IMPACTFUL IMPLEMENTATION STRATEGIES.

INVESTING IN OUR COMMUNITIES -

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FY22, TRINITY HEALTH CONTRIBUTED $1.37 BILLION IN COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE VULNERABLE AND LIVING IN POVERTY, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE. SOME EXAMPLES OF THESE INVESTMENTS INCLUDE:

TRINITY HEALTH AWARDED OVER $1.6 MILLION IN COMMUNITY GRANTS THAT DIRECTLY ALIGN WITH INTERVENTIONS AND LOCAL PARTNERSHIPS IDENTIFIED IN ITS MEMBER HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IMPLEMENTATION STRATEGIES, INCLUDING ACCESS TO HEALTH CARE, MENTAL HEALTH, TRANSPORTATION, COMMUNITY ENGAGEMENT, FOOD ACCESS, AND HOUSING SUPPORTS.

WITH A $1.2 MILLION INITIAL INVESTMENT, TRINITY HEALTH LAUNCHED ROUND 2 OF THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), A FIVE-YEAR, INNOVATIVE FUNDING AND TECHNICAL ASSISTANCE INITIATIVE, PARTNERING WITH COMMUNITY-BASED ORGANIZATIONS AND RESIDENTS TO ADVANCE HEALTH AND RACIAL
EQUITY IN NINE OF OUR COMMUNITIES EXPERIENCING HIGH POVERTY AND OTHER VULNERABILITIES. HEALTH MINISTRIES RECEIVING TCI FUNDING ARE COLLABORATING WITH A LOCAL MULTI-SECTOR COLLABORATIVE TO DEVELOP AND IMPLEMENT EVIDENCE-BASED STRATEGIES THAT ADVANCE HEALTH AND RACIAL EQUITY THROUGH ADDRESSING AT LEAST ONE ROOT CAUSE OF POOR HEALTH IDENTIFIED IN THE DEVELOPMENT OF THEIR MOST RECENT CHNA IMPLEMENTATION STRATEGY.

TRINITY HEALTH AWARDED OVER $1 MILLION IN COVID-19 FUNDING TO SUPPORT NEW AND ONGOING COMMUNITY ENGAGEMENT AND MOBILIZATION EFFORTS AROUND MAKING THE COVID-19 VACCINATION ACCESSIBLE TO ALL ELIGIBLE POPULATIONS. THIS FUNDING WAS DESIGNED TO SUPPORT ALL COMMUNITIES TO ENSURE EASY AND EQUITABLE ACCESS TO THE VACCINE BY REMOVING BARRIERS FOR ALL PEOPLE TO RECEIVE THE VACCINE, ESPECIALLY COMMUNITIES THAT HAVE LESS THAN A 75% VACCINATION RATE. WITH THIS FUNDING, HEALTH MINISTRIES FACILITATED 3,200 COVID-19 VACCINE EVENTS, ADMINISTERED 80,000 COVID-19 VACCINE DOSES, AND REACHED 874,000 PEOPLE WITH EDUCATIONAL MATERIALS ON COVID-19 AND THE BENEFITS OF VACCINATION.

IN ADDITION TO THE $1.37 BILLION IN COMMUNITY BENEFIT SPENDING, OUR COMMUNITY INVESTING PROGRAM HAD THE MOST ROBUST YEAR OF LENDING SINCE THE PROGRAM'S INCEPTION OVER 20 YEARS AGO: $17.8 MILLION IN NEW LOANS AND $8.3 MILLION IN LOAN RENEWALS WERE APPROVED, FOCUSING ON BUILDING AFFORDABLE HOUSING AND INCREASING ACCESS TO EDUCATION IN PARTNERSHIP WITH OUR HEALTH MINISTRIES.

ADVANCING SOCIAL CARE - TRINITY HEALTH'S SOCIAL CARE PROGRAM WAS DEVELOPED TO ADDRESS SOCIAL NEEDS, SUCH AS ACCESS TO TRANSPORTATION, CHILDCARE, OR AFFORDABLE
MEDICATIONS BY FACILITATING CONNECTIONS BETWEEN OUR PATIENTS, HEALTH CARE PROVIDERS AND COMMUNITY PARTNERS THAT PROMOTE HEALTHY BEHAVIORS.

HIGHLIGHTS FROM FY22 INCLUDE THE FOLLOWING SUCCESSES:

- LAUNCHED TRINITY HEALTH COMMUNITY HEALTH WORKER (CHW) CERTIFICATION PROGRAM, TRAINING 86 CHWS WITH 40+ HOURS OF TRAINING, AND INCREASED CHW STAFF ACROSS MOST HEALTH MINISTRIES

- LAUNCHED A SYSTEM-WIDE ASSESSMENT OF LANGUAGE ACCESS SERVICES TO RECOMMEND SYSTEM STANDARDS THAT ENSURE CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES FOR ALL OF OUR PATIENTS, THEIR COMPANIONS, AND CAREGIVERS

- ENGAGED OVER 1,100 PARTICIPANTS IN THE NATIONAL DIABETES PREVENTION PROGRAM, EXCEEDING OUR PROGRAM YEAR 5 GOAL

- INCREASED THE NUMBER OF ACTIVE COMMUNITY PARTNER ORGANIZATIONS ON THE COMMUNITY RESOURCE DIRECTORY BY 120% FROM FISCAL YEAR 2021

- ENGAGED 5,300+ PATIENTS WHO ARE DUALLY ENROLLED IN MEDICARE AND MEDICAID IN A SOCIAL CARE OR MEDICAL CARE ACTIVITY, IN SUPPORT OF REDUCING PREVENTABLE HOSPITALIZATIONS (SUCH AS DIABETES AND ASTHMA)

IMPACTING SOCIAL INFLUENCERS OF HEALTH -

LEVERAGING INVESTOR POWER TO CATALYZE CORPORATE SOCIAL RESPONSIBILITY,

TRINITY HEALTH'S SHAREHOLDER ADVOCACY WORK FOCUSES ON DISMANTLING RACISM ACROSS FIVE STRATEGIC FOCUS AREAS BY HOLDING CORPORATIONS ACCOUNTABLE FOR THE HUMAN RIGHTS VIOLATIONS THOSE COMPANIES PERPETUATE IN THE U.S. AND BEYOND. IN FY22, TRINITY HEALTH FACILITATED OVER 135 SHAREHOLDER ADVOCACY ENGAGEMENTS, WITH GREAT SUCCESS:

- FIVE BELOW COMMITTED TO ASSESS AND MANAGE THE RISKS/HAZARDS ASSOCIATED WITH CHEMICALS OF HIGH CONCERN CONTAINED IN THEIR PRIVATE LABEL PRODUCTS

- UNILEVER AGREED TO STOP FOOD AND BEVERAGE MARKETING TO CHILDREN UNDER
AGE 16, AND WILL ADOPT NEW TARGETS TO REDUCE SALT, ADDED SUGARS AND CALORIES, AND INCREASE SALES OF THEIR HEALTHIER PRODUCTS

- PEPSICO SET GOALS TO INCREASE POSITIVE NUTRIENTS IN THEIR PRODUCTS
- PDC ENERGY ACCELERATED ITS GOAL TO END ROUTINE FLARING OF METHANE, FROM 2030 TO 2025, THUS REDUCING ENVIRONMENTAL HEALTH RISKS AND GREENHOUSE GAS EMISSIONS

ADDITIONALLY, TRINITY HEALTH AND OTHER MEMBERS OF THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY GUN SAFETY GROUP SUBMITTED A SHAREHOLDER RESOLUTION ASKING STURM RUGER, ONE OF THE NATION'S LEADING MANUFACTURERS OF FIREARMS, TO CONDUCT AND PUBLISH AN INDEPENDENT HUMAN RIGHTS IMPACT ASSESSMENT OF ITS POLICIES, PRACTICES AND PRODUCTS, AND MAKE RECOMMENDATIONS FOR IMPROVEMENT. THE RESOLUTION RECEIVED A 68.5% VOTE IN FAVOR, WELL ABOVE THE THRESHOLD REQUIRED FOR THE RESOLUTION TO BE RESUBMITTED IN 2023, INDICATING A LARGE MAJORITY OF STURM RUGER INVESTORS BELIEVE THE COMPANY HAS TO ADDRESS ITS HUMAN RIGHTS IMPACTS. TRINITY HEALTH AND TRINITY HEALTH OF NEW ENGLAND ARE CITED AS PART OF THE GROUP WHO MOVED FORWARD THIS RESOLUTION.

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

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

OR