### Hospitals
#### Part I: Financial Assistance and Certain Other Community Benefits at Cost

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

1b If "Yes," was it a written policy?
   - **No**

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?
      - **Yes**
      - If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
         - 100%
         - 150%
         - 200%
         - **X** 200%
         - Other

   b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
      - **X** 400%
      - 100%
      - 250%
      - 300%
      - 350%
      - Other

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

4 Did the organization'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?"
   - **Yes**

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

5b 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?
   - **Yes**

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Financial Assistance at cost (from Worksheet 1)</td>
<td></td>
<td>1132600.</td>
<td>1132600.</td>
<td>1.62%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td></td>
<td>21404856.18872426.</td>
<td>2532430.</td>
<td>3.62%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total Financial Assistance and Means-Tested Government Programs</td>
<td></td>
<td>22537456.18872426.</td>
<td>3665030.</td>
<td>5.24%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>e Community health improvement services and community benefit operations (from Worksheet 4)</td>
</tr>
<tr>
<td>f Health professions education (from Worksheet 5)</td>
</tr>
<tr>
<td>g Subsidized health services (from Worksheet 6)</td>
</tr>
<tr>
<td>h Research (from Worksheet 7)</td>
</tr>
<tr>
<td>i Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
</tr>
<tr>
<td>j Total, Other Benefits</td>
</tr>
<tr>
<td>k Total, Add lines 7d and 7j</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>Number of activities or programs (optional)</th>
<th>Persons served (optional)</th>
<th>Total community building expense</th>
<th>Direct offsetting revenue</th>
<th>Net community building expense</th>
<th>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>1</td>
<td>266.</td>
<td></td>
<td>266.</td>
<td>0.00%</td>
</tr>
<tr>
<td>4</td>
<td>Environmental support</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>1</td>
<td>863.</td>
<td></td>
<td>863.</td>
<td>0.00%</td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td>1</td>
<td>7</td>
<td>863.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td>1</td>
<td>2</td>
<td>3,040.</td>
<td>3,040.</td>
<td>0.00%</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>3</td>
<td>9</td>
<td>4,169.</td>
<td>4,169.</td>
<td>0.00%</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? [X] Yes  [ ] No

2. Enter the amount of the organization’s bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount: 2,518,282.

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): 14,622,804.

6. Enter Medicare allowable costs of care relating to payments on line 5: 14,942,352.

7. Subtract line 6 from line 5. This is the surplus (or shortfall): -319,548.

Section C. Collection Practices

9a. Did the organization have a written debt collection policy during the tax year? [X] 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: [X] Yes  [ ] No

Part IV  Management Companies and Joint Ventures

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

<table>
<thead>
<tr>
<th></th>
<th>Name of entity</th>
<th>Description of primary activity of entity</th>
<th>Organization’s profit % or stock ownership %</th>
<th>Officers, directors, trustees, or key employees’ profit % or stock ownership %</th>
<th>Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part V  Facility Information

#### Section A. Hospital Facilities

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

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

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

<table>
<thead>
<tr>
<th>Facility Reporting Group</th>
<th>Licensed Hospital</th>
<th>Gen. Medical &amp; Surgical</th>
<th>Children's Hospital</th>
<th>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-ONTARIO</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>351 SW 9TH ST.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ONTARIO, OR 97914</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">WWW.SAINTALPHONSUS.ORG</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LICENSE 14-1470</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3. During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If &quot;No,&quot; skip to line 12</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>a. A definition of the community served by the hospital facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Demographics of the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. 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. How data was obtained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. The significant health needs of the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. 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. 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. The process for consulting with persons representing the community’s interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. 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. Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 4. Indicate the tax year the hospital facility last conducted a CHNA: | 20 19 |

| 5. In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted |     | X  |

### 6. The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)

| 6a. Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C |     | X  |
| 6b. Was the hospital facility’s CHNA conducted with one or more other organizations other than hospital facilities? If "Yes," list the other organizations in Section C |     | X  |

| 7. Did the hospital facility make its CHNA report widely available to the public? |     | X  |
| a. Hospital facility’s website (list url) | PART V, SECTION C |
| b. Other website (list url): |     |    |
| c. Made a paper copy available for public inspection without charge at the hospital facility |     |    |
| d. Other (describe in Section C) |     |    |

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

| 9. Indicate the tax year the hospital facility last adopted an implementation strategy: | 20 19 |

| 10. Is the hospital facility’s most recently adopted implementation strategy posted on a website? |     | X  |
| a. If "Yes," (list url): | PART V, SECTION C |
| b. If "No," is the hospital facility’s most recently adopted implementation strategy attached to this return? |     |    |

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

| 12a. Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)? |     | X  |
| b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? |     |    |
| 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? |     |    |
Schedule H (Form 990) 2020

Financial Assistance Policy (FAP)

<table>
<thead>
<tr>
<th>Did the hospital facility have in place during the tax year a written financial assistance policy that:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
<td>[ ]</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate the eligibility criteria explained in the FAP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>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%</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Income level other than FPG (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Asset level</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Medical indigency</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Insurance status</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Underinsurance status</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Residency</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Other (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Explained the basis for calculating amounts charged to patients?</td>
<td>[ ]</td>
</tr>
<tr>
<td>15</td>
<td>Explained the method for applying for financial assistance?</td>
<td>[ ]</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; 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):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Described the information the hospital facility may require an individual to provide as part of his or her application</td>
<td>[X]</td>
</tr>
<tr>
<td>b</td>
<td>Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td>
<td>[X]</td>
</tr>
<tr>
<td>c</td>
<td>Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td>
<td>[ ]</td>
</tr>
<tr>
<td>d</td>
<td>Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Other (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Was widely publicized within the community served by the hospital facility?</td>
<td>[ ]</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the hospital facility publicized the policy (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The FAP was widely available on a website (list url): SEE PART V, PAGE 8</td>
<td>[X]</td>
</tr>
<tr>
<td>b</td>
<td>The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8</td>
<td>[X]</td>
</tr>
<tr>
<td>c</td>
<td>A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8</td>
<td>[X]</td>
</tr>
<tr>
<td>d</td>
<td>The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td>[X]</td>
</tr>
<tr>
<td>e</td>
<td>The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td>[X]</td>
</tr>
<tr>
<td>f</td>
<td>A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td>[X]</td>
</tr>
<tr>
<td>g</td>
<td>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</td>
<td>[X]</td>
</tr>
<tr>
<td>h</td>
<td>Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
<td>[X]</td>
</tr>
<tr>
<td>i</td>
<td>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</td>
<td>[X]</td>
</tr>
<tr>
<td>j</td>
<td>Other (describe in Section C)</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
Billing and Collections

Name of hospital facility or letter of facility reporting group: ST. ALPHONSUS MEDICAL CENTER-ONTARIO

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? [ ] Yes [ ] No [ ]

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

   a [ ] Reporting to credit agency(ies)
   b [ ] Selling an individual’s debt to another party
   c [ ] Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP
   d [ ] Actions that require a legal or judicial process
   e [X] Other similar actions (describe in Section C)
   f [ ] None of these actions or other similar actions were permitted

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP? [ ] Yes [ ] No

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

   a [ ] Reporting to credit agency(ies)
   b [ ] Selling an individual’s debt to another party
   c [ ] Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP
   d [ ] Actions that require a legal or judicial process
   e [ ] Other similar actions (describe in Section C)

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

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy? [ ] Yes [ ] No

   If "No," indicate why:

   a [ ] The hospital facility did not provide care for any emergency medical conditions
   b [ ] The hospital facility’s policy was not in writing
   c [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
   d [ ] Other (describe in Section C)
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group

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

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

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

If "Yes," explain in Section C.

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.
ST. ALPHONSUS MEDICAL CENTER-ONTARIO:

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

PART V, SECTION B, LINE 3E:

SAINT ALPHONSUS MEDICAL CENTER-ONTARIO (SAMC-ONTARIO) 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. AFFORDABLE, SAFE HOUSING, INCLUDING HOMELESSNESS: AFFORDABLE AND MIXED-INCOME HOUSING DEVELOPMENT AND AVAILABILITY; HOMELESSNESS PREVENTION AND MITIGATION

2. SUBSTANCE USE, INCLUDING TOBACCO AND VAPE USE: HARMFUL SUBSTANCE, TOBACCO, VAPE AND ELECTRONIC CIGARETTE USE RATES


4. ACCESS TO HEALTH CARE, INCLUDING ORAL HEALTH: ACCESS TO HEALTH CARE AND ORAL HEALTH CARE; AVAILABILITY OF LINGUISTICALLY AND CULTURALLY APPROPRIATE SERVICES

5. TRANSPORTATION: ACCESS AND UTILIZATION OF PUBLIC TRANSIT; COMMUTE TIMES; NUMBER OF INDIVIDUALS WITH ACCESS TO CARS
ST. ALPHONSUS MEDICAL CENTER-ONTARIO:

PART V, SECTION B, LINE 5: THE CHNA WAS CONDUCTED BETWEEN AUGUST 2019 AND JUNE 2020; IT WAS APPROVED BY THE BOARD ON JUNE 15, 2020. IN ADDITION TO SAINT ALPHONSUS, MEMBERS OF THE ADVISORY COMMITTEE INCLUDED: OREGON STATE UNIVERSITY (OSU) EXTENSION, SOUTHWEST DISTRICT HEALTH, VALLEY FAMILY HEALTH, OREGON DEPARTMENT OF HUMAN SERVICES, GOBHI, TREASURE VALLEY RELIEF NURSERY, COMMUNITY IN ACTION, TREASURE VALLEY COMMUNITY COLLEGE, EUVALCREE, ONTARIO SCHOOL DISTRICT, MALHEUR EDUCATION SERVICE DISTRICT, AND MALHEUR COUNTY HEALTH DEPARTMENT.

SAINT ALPHONSUS HEALTH SYSTEM (SAHS) CONTRACTED WITH HEALTH RESOURCES IN ACTION TO PROVIDE PROJECT MANAGEMENT AND CONSULTATION AS WELL AS DEVELOPMENT OF DATA COLLECTION TOOLS. IN ADDITION, DATA INDICATORS WERE COLLECTED FROM A VARIETY OF SOURCES, INCLUDING THE TRINITY HEALTH DATA HUB, U.S. CENSUS, OREGON DEPARTMENT OF HUMAN SERVICES, COUNTY HEALTH RANKINGS, AND MANY OTHER SECONDARY DATA SOURCES. LITERATURE REVIEW AND SECONDARY DATA SOURCES WERE USED TO SELECT COLLECTIVE MEASURES/INDICATORS IN THE AREAS OF EDUCATION, FINANCIAL INDEPENDENCE, AND HEALTH AT THE REGIONAL, COUNTY AND CITY LEVEL. WHEREVER POSSIBLE, COMMUNITY HEALTH INDICATOR DATA WAS COLLECTED TO ALLOW COMPARISONS BETWEEN COUNTY, STATE AND NATIONAL RATES.

ADDITIONAL COMMUNITY INPUT WAS COLLECTED BETWEEN AUGUST 2019 AND APRIL 2020 THROUGH 11 COMMUNITY FOCUS GROUPS WITH POPULATIONS SUCH AS IMMIGRANTS AND REFUGEES, NON-ENGLISH SPEAKERS, LGBTQIA+, OLDER ADULTS, PEOPLE EXPERIENCING HOMELESSNESS AND FOOD INSECURITY AND OTHERS, THROUGH 318 RESIDENT SURVEYS, AND THROUGH 11 INTERVIEWS WITH COMMUNITY LEADERS, FRONT
provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16, 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.

LINE STAFF, AND SOCIAL SERVICE AND NONPROFIT ORGANIZATIONS.

FOCUS GROUP HOSTS INCLUDED THE FOLLOWING ORGANIZATIONS SERVING IMPACTED POPULATIONS: CRADLE TO CAREER PARTNERS, EUVALCREE, FOUR RIVERS WELCOME CENTER, LGBTQIA+ PARTNERS, MALHEUR COUNTY COMMUNITY SERVICES, MALHEUR COUNTY UNITED FOR HOUSING TASK FORCE, NYSSA FOOD BANK, ORIGINS FAITH COMMUNITY, FRUITLAND HEALTH PLAZA, SOUTHWEST DISTRICT HEALTH - PAYETTE AND WASHINGTON COUNTY CHATS, WEISER LIBRARY, AND WEISER SENIOR CENTER.

COMMUNITY INTERVIEWS INCLUDED THE FOLLOWING ORGANIZATION PARTICIPANTS:

PROJECT DOVE, CITY OF ONTARIO, ANGEL WINGS, MALHEUR COUNTY, VALLEY FAMILY HEALTH, COMMUNITY IN ACTION, MALHEUR COUNTY SHERIFF, MALHEUR COUNTY COURT, MALHEUR COUNTY HEALTH DEPARTMENT, AND EASTERN OREGON BORDER ECONOMIC DEVELOPMENT REGION.

ST. ALPHONSSUS MEDICAL CENTER-ONTARIO:


AFFORDABLE, SAFE HOUSING AND HOMELESSNESS:
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.

IN FISCAL YEAR 2021, SAMC-ONTARIO INITIATIVES INCLUDED SUPPORT OF LOCAL, AFFORDABLE HOUSING OPTIONS VIA PARTICIPATION IN A LOCAL HOUSING TASK FORCE, AND HOSTING "HOUSING AS HEALTHCARE" MEETINGS. SAMC-ONTARIO FACILITATED COMMUNITY AND FINANCIAL SUPPORT FOR THE PRESBYTERIAN COMMUNITY CARE CENTER CONVERSION TO AFFORDABLE HOUSING UNITS IN ONTARIO, WHICH INCLUDED CONSULTATION, DATA, AND LETTERS OF SUPPORT FOR LOW-INCOME HOUSING TAX CREDIT APPLICATIONS. SAMC-ONTARIO ALSO PROVIDED FINANCIAL SUPPORT FOR THE ONTARIO TINY HOME SHELTER PROJECT FOR INDIVIDUALS EXPERIENCING HOMELESSNESS OVER THE WINTER MONTHS.

SUBSTANCE USE, INCLUDING TOBACCO AND VAPE USE:

AS PART OF FISCAL YEAR 2021 INITIATIVES, SAMC-ONTARIO CONTINUED TO OFFER ONLINE AND ZOOM OPTIONS FOR TOBACCO CESSATION CURRICULUM THROUGH THE SAINT ALPHONSUS TOBACCO FREE LIVING PROGRAM.

CHILDCARE AND EDUCATION:

IN FISCAL YEAR 2021, SAMC-ONTARIO WORKED TO IMPROVE LOCAL GRADUATION RATES VIA PROVISION OF ENHANCED TRAINING AND DEVELOPMENT OPPORTUNITIES THROUGH EXISTING EDUCATIONAL INSTITUTIONS IN THE COMMUNITY, INCLUDING A PARTNERSHIP WITH TREASURE VALLEY COMMUNITY COLLEGE TO SUPPORT A MEDICAL ASSISTANT PROGRAM TO FILL NEEDED POSITIONS THROUGHOUT THE TREASURE VALLEY. SAMC-ONTARIO CONTINUED ITS SUPPORT OF THE TREASURE VALLEY TECHNICAL (TVT) PROGRAM BY SERVING AS AN EDUCATION SITE FOR CERTIFIED NURSING ASSISTANT (CNA) STUDENTS, PROVIDING SPEAKERS AND MENTORS TO STUDENTS, ACTING IN AN ADVISORY ROLE FOR THE TVT BOARD AND THE CNA PROGRAM, PROVIDING SUPPLIES FOR CNA CLASSES, AS WELL AS PROVIDING FREE MEDICAL SCREENING TO ALLOW CNA STUDENTS TO BE LICENSED IN THE STATE OF OREGON.
ACCESS TO HEALTH CARE, INCLUDING ORAL HEALTH CARE:

IN FISCAL YEAR 2021, SAMC-ONTARIO PROVIDED ENROLLMENT ASSISTANCE IN PUBLIC PROGRAMS, INCLUDING MEDICAID, FOR OREGON AND IDAHO. ADDITIONALLY, SAINT ALPHONSUS HEALTH SYSTEM CONTINUED TO DEVELOP A SOCIAL CARE HUB TO ASSESS THE SOCIAL CARE NEEDS (E.G., HOUSING, FOOD, CHILD CARE, EMPLOYMENT) OF SELECT PATIENT POPULATIONS, AND TO MAKE REFERRALS, INCLUDING ORAL HEALTH NEEDS, THROUGH COMMUNITY HEALTH WORKERS AND THE ADOPTION OF A COMMUNITY RESOURCE DIRECTORY.

TRANSPORTATION:

SAMC-ONTARIO CONTINUED TO PROVIDE SUPPORT TO LOCAL ORGANIZATIONS, INCLUDING LOCAL TAXIS, TO PROVIDE TRANSPORTATION ACCESS FOR HEALTH CARE APPOINTMENTS TO PATIENTS EXPERIENCING FINANCIAL BARRIERS.

SAMC-ONTARIO 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. SAMC-ONTARIO DID NOT TAKE ACTION ON THE FOLLOWING IDENTIFIED NEEDS IN FISCAL YEAR 2021 DUE TO COMPETING PRIORITIES AND IN AN EFFORT TO REDUCE DUPLICATION OF EFFORTS:

FINANCIAL STABILITY AND COST OF LIVING: SAMC-ONTARIO DID NOT DIRECTLY ADDRESS THIS COMMUNITY NEED BECAUSE IT IS ADDRESSED BY OTHER ORGANIZATIONS WITHIN THE COMMUNITY. HOWEVER, SAMC-ONTARIO IS COMMITTED TO PARTICIPATING IN AFFORDABLE AND MIXED-INCOME HOUSING PROJECTS, ASSISTING WITH PATIENT TRANSPORTATION NEEDS, AND MAKING REFERRALS FOR PATIENTS AND COLLEAGUES TO
COMMUNITY-BASED RESOURCES TO ADDRESS BASIC NEEDS THROUGH THE SOCIAL CARE HUB AND A COMMUNITY RESOURCE DIRECTORY, AS OUTLINED IN OTHER STRATEGIES ADDRESSED IN THE CHNA.

MENTAL HEALTH AND WELL-BEING: SAMC-ONTARIO DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE IT IS ADDRESSED BY OTHER ORGANIZATIONS WITHIN THE COMMUNITY. SAMC-ONTARIO PROVIDES REFERRALS AND SUPPORT TO LIFEWAYS AND OTHER PROVIDERS OF BEHAVIORAL HEALTH SERVICES IN THE ONTARIO REGION. ADDITIONALLY, "QUESTION PERSUADE REFER" SUICIDE PREVENTION TRAINING IS MADE AVAILABLE TO SAMC-ONTARIO COLLEAGUES.

CHRONIC DISEASES: SAMC-ONTARIO DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE IT IS ADDRESSED BY OTHER ORGANIZATIONS WITHIN THE community. WHILE SAMC-ONTARIO AND SAINT ALPHONSUS MEDICAL GROUP FRUITLAND HEALTH PLAZA PROVIDE MEDICAL SERVICES FOR THE PREVENTION AND MITIGATION OF CHRONIC DISEASES, THEY ALSO PROVIDE REFERRALS FOR PATIENTS TO OTHER COMMUNITY-BASED SERVICES TO ADDRESS THEIR NEEDS RELATED TO CHRONIC DISEASES.

WAGES AND JOB AVAILABILITY: SAMC-ONTARIO DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE IT IS ADDRESSED BY OTHER ORGANIZATIONS WITHIN THE COMMUNITY AND IS OUTSIDE THE PURVIEW OF OUR HEALTH CARE ORGANIZATION. HOWEVER, SAMC-ONTARIO IS COMMITTED TO PROVIDING LIVABLE WAGES, ABOVE THE LOCAL MINIMUM WAGE, TO THE COLLEAGUES WE EMPLOY THROUGHOUT THE COMMUNITY.

SEXUALLY TRANSMITTED INFECTIONS: SAMC-ONTARIO DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE IT IS ADDRESSED BY OTHER ORGANIZATIONS WITHIN THE COMMUNITY.
COMMITTEE. IN PARTICULAR, THE MALHEUR COUNTY HEALTH DEPARTMENT AND OTHERS PROVIDE THESE SERVICES AND ARE A REFERRAL SOURCE FOR SAMC-ONTARIO PATIENTS.

FOOD SECURITY: SAMC-ONTARIO DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE IT IS ADDRESSED BY OTHER ORGANIZATIONS WITHIN THE COMMUNITY. SAMC-ONTARIO STAFF DO PARTICIPATE IN THE WESTERN TREASURE VALLEY HUNGER RELIEF TASK FORCE AND SUPPORT OSU EXTENSION AND LOCAL FOOD PANTRIES FOR THE PROVISION OF FOOD. ADDITIONALLY, SAMC-ONTARIO ADDRESSES FOOD SECURITY THROUGH THE SOCIAL CARE HUB AND REFERRALS THROUGH A COMMUNITY RESOURCE DIRECTORY.

PHYSICAL ACTIVITY AND RECREATION OPPORTUNITIES: SAMC-ONTARIO DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE IT IS ADDRESSED BY OTHER ORGANIZATIONS WITHIN THE COMMUNITY AND IS OUTSIDE THE PURVIEW OF THE HEALTH SYSTEM. SAMC-ONTARIO DOES SPONSOR AND PROVIDE ATHLETIC TRAINERS TO THE ONTARIO SCHOOL DISTRICT AND THE TREASURE VALLEY COMMUNITY COLLEGE TO SUPPORT LOCAL ATHLETES. ADDITIONALLY, SAMC-ONTARIO AND ITS FOUNDATION WILL CONTINUE TO CONSIDER SPONSORSHIPS OF LOCAL RECREATION OPPORTUNITIES AS THEY BECOME AVAILABLE, SUCH AS THE ONTARIO SPLASH PAD AND 2021 ONTARIO TRACK MEET.

ST. ALPHONSUS MEDICAL CENTER-ONTARIO:

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

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS 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.
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, 15e, 16j, 18e, 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, 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/

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?  3

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SAMG FRUITLAND HEALTH PLAZA</td>
<td>FAMILY MEDICINE, URGENT CARE, PODIATRY, ORTHOPEDICS, OCCUPATIONAL MED, PT</td>
</tr>
<tr>
<td>2 SAMG ONTARIO</td>
<td>ENT, WOUND, MED ONC, SURGICAL SERVICES</td>
</tr>
<tr>
<td>3 STARS PHYSICAL THERAPY</td>
<td>REHAB AND PHYSICAL THERAPY</td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2020
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-ONTARIO (SAMC-ONTARIO) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF OREGON. IN ADDITION, SAMC-ONTARIO 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-ONTARIO 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, $2,518,282, 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 I, LINE 5A:

DURING FY21, DUE TO THE COVID-19 PANDEMIC, THE HOSPITAL SUSPENDED ITS TRADITIONAL ANNUAL BUDGET PROCESS AND USED A QUARTERLY PROCESS TO PLAN FOR FREE AND DISCOUNTED CARE UNDER ITS FINANCIAL ASSISTANCE POLICY. THIS CHANGE IN PROCESS DID NOT ALLOW THE HOSPITAL TO BUDGET FOR FINANCIAL ASSISTANCE EXPENSES ON AN ANNUAL BASIS. THE HOSPITAL IMPLEMENTED A NEW ROLLING FORECAST METHOD FOR FINANCIAL PLANNING IN FY22. THE ROLLING FORECAST WILL FACILITATE CONTINUOUS PLANNING, PERFORMANCE ASSESSMENT AND ACCOUNTABILITY.

PART II, COMMUNITY BUILDING ACTIVITIES:

COMMUNITY SUPPORT: IN FISCAL YEAR 2021, SAMC-ONTARIO STAFF PROVIDED SUPPORT TO THE AMBULANCE SERVICE BOARD TO ASSIST WITH EMS SERVICE PLANS IN
MALHEUR COUNTY.

COALITION BUILDING: IN FISCAL YEAR 2021, SAMC-ONTARIO STAFF PARTICIPATED IN SEVERAL COMMUNITY COALITIONS TO ADDRESS TRAUMA, MENTAL HEALTH AND HOUSING, INCLUDING PAYETTE COUNTY LEPC, TRAUMA ADVISORY BOARD, MALHEUR COUNTY MENTAL HEALTH, OREGON STATE TRAUMA ADVISORY BOARD, AND MALHEUR COUNTY HOUSING WORK GROUP.

ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS: ACTIVITIES IN FISCAL YEAR 2021 INCLUDED PARTICIPATION WITH MALHEUR HOUSING UNITED TO ADDRESS SOCIAL INFLUENCERS OF HEALTH SUCH AS LACK OF AFFORDABLE HOUSING IN MALHEUR COUNTY.

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-ONTARIO 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-ONTARIO IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, SAMC-ONTARIO 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-ONTARIO 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 8:
SAMC-ONTARIO DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

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

PART III, LINE 9B:
THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND
FEDERAL REGULATIONS.

PART VI, LINE 2:

SAMC-ONTARIO ALSO UTILIZES THE EXPERTISE OF PUBLIC HEALTH PARTNERS AND THEIR ANALYSIS OF COMMUNITY NEEDS. SAMC-ONTARIO EXAMINED SEVERAL OTHER LOCAL NEEDS ASSESSMENTS AND OBTAINED INPUT FROM ORGANIZATIONS INVOLVED IN THOSE ASSESSMENTS, INCLUDING OUR EXTERNAL REVIEW COMMITTEE (FOUR RIVERS HEALTHY COMMUNITIES OREGON), THE MALHEUR COUNTY HEALTH DEPARTMENT AND THE EASTERN OREGON COORDINATED CARE ORGANIZATION TO IDENTIFY NEEDS BEING ADDRESSED BY OTHER AGENCIES.

PART VI, LINE 3:
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SAMC-ONTARIO 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-ONTARIO 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-ONTARIO HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION
AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SAMC-ONTARIO MAKES
EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND
APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A
PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:

COMMUNITY INFORMATION – SAMC-ONTARIO IS SITUATED IN MALHEUR COUNTY, WHICH
IS THE SECOND LARGEST COUNTY IN OREGON. LOCATED IN THE SOUTHEASTERN-MOST
CORNER OF THE STATE, IT COVERS 9,926 SQUARE MILES. BY DEFINITION, MALHEUR
COUNTY IS CONSIDERED "FRONTIER" WITH A MERE 3.2 PERSONS PER SQUARE MILE –
ALTHOUGH THE POPULATION IS FAIRLY CLUSTERED TOGETHER IN SMALL COMMUNITIES.
GEOGRAPHIC ISOLATION RESULTS IN CHALLENGES IN ACCESSING OREGON SERVICES.
WHILE IDAHO IS IN CLOSE PROXIMITY, RESIDENTS OF MALHEUR COUNTY ARE OFTEN
UNABLE TO UTILIZE GOVERNMENT SERVICES ACROSS STATE LINES. THE COUNTY HAS
AN ESTIMATED TOTAL OF 31,571 RESIDENTS (APRIL 2020, CENSUS.GOV), OVER A
THIRD OF WHOM LIVE IN THE CITY OF ONTARIO (11,645 RESIDENTS). THE LOCAL
ECONOMY IS LARGELY BASED ON AGRICULTURE AND FARMING, AND THE COUNTY IS 94%
RANGELAND.

MALHEUR COUNTY IS NOTABLE FOR A HIGHER THAN AVERAGE HISPANIC/LATINO
POPULATION (34.6%, 2015-2019, CENSUS.GOV), MANY OF WHOM ARE SEASONAL, OR
MIGRANT, AGRICULTURE WORKERS. THIS IS ALSO EVIDENCED BY A HIGHER THAN
AVERAGE PERCENTAGE OF LANGUAGES OTHER THAN ENGLISH SPOKEN AT HOME AT 25.3%
(2015-2019, CENSUS.GOV). MALHEUR COUNTY IS ALSO NOTABLE FOR A POPULATION
DENSITY OF 3.2 PERSONS PER SQUARE MILE, WHERE RESIDENTS MUST TRAVEL LONG
DISTANCES FOR SERVICES. MALHEUR COUNTY HAS THE LOWEST MEDIAN HOUSEHOLD
INCOME IN THE STATE AT $43,313, COMPARED TO $62,818 AT A STATE LEVEL AND
$62,843 AT THE U.S. LEVEL. THE POVERTY LEVEL, AT 21.0%, IS THE HIGHEST OF
THE THREE COUNTIES IN THE HOSPITAL'S SERVICE AREA, AND IS SIGNIFICANTLY
ABOVE STATE (11.4%) AND U.S. (11.4%) LEVELS.
ATTAINING SAFE, AFFORDABLE HOUSING AND THE ABILITY TO EARN A LIVABLE WAGE WERE THE HIGHEST RATED BARRIERS TO FINANCIAL STABILITY IDENTIFIED IN THE 2020 CHNA. LOW WAGES ALSO CONTRIBUTE TO THE OTHER MOST FREQUENTLY IDENTIFIED BARRIERS AS WELL, WITH INABILITY TO FIND OR MOVE UP INTO HIGHER PAYING JOBS IDENTIFIED AS A CONCERN. HIGH HOUSING COST BURDENS FURTHER EXACERBATE THE DIFFICULTIES OF THOSE WITH LOW INCOME LEVELS.

PART VI, LINE 5:
OTHER INFORMATION - SAMC-ONTARIO STRONGLY SUPPORTS HEALTH CARE WORKFORCE DEVELOPMENT EFFORTS, INCLUDING ANNUAL FINANCIAL SUPPORT TO THE TREASURE VALLEY COMMUNITY COLLEGE NURSING PROGRAM. IN ADDITION, SAMC-ONTARIO SERVES AS A KEY CLINICAL TRAINING SITE FOR NURSES AND OTHER ALLIED HEALTH PROFESSIONALS.

SAMC-ONTARIO OFFERS A VARIETY OF HEALTH EDUCATION AND SCREENING OPPORTUNITIES FREE OF CHARGE, INCLUDING CARDIAC & STROKE SCREENINGS, FREE LIPID PROFILES, MAMMOGRAMS AND MORE. THESE SCREENINGS ARE AN OPPORTUNITY TO CONNECT PARTICIPANTS WITH A PRIMARY CARE PROVIDER FOR FURTHER HEALTH GUIDANCE.

SAINT ALPHONSUS HEALTH SYSTEM'S EMERGENCY PREPAREDNESS EFFORTS ALLOWED FOR A RAPID RESPONSE TO THE INITIAL WAVE OF THE COVID-19 PANDEMIC. IN FISCAL YEAR 2021, 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. SAMC-ONTARIO WORKED ALONGSIDE A
COMMUNITY PARTNER, COMMUNITY IN ACTION, TO HELP PREVENT THE SPREAD OF COVID-19 IN THE POPULATION EXPERIENCING HOMELESSNESS THROUGH DEVELOPMENT OF LOCAL QUARANTINE AND ISOLATION PROCESSES IN MALHEUR COUNTY. SAHS PROVIDED MOBILE COVID-19 VACCINE CLINICS IN THE ONTARIO AREA TO REACH THOSE WHO WOULD OTHERWISE HAVE HAD DIFFICULTY ACCESSING THE VACCINE.

PART VI, LINE 6:
SAMC-ONTARIO 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 THOSE WHO ARE POOR AND VULNERABLE 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
3. IMPACTING SOCIAL INFLUENCERS OF HEALTH

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 FISCAL YEAR 2021, TRINITY HEALTH INVESTED $1.2 BILLION IN COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL
CHANGE. IN RESPONSE TO COVID-19, TRINITY HEALTH MEMBER HOSPITALS

REDIRECTED SOME RESOURCES TO ADDRESS THE MOST URGENT SOCIAL AND MEDICAL

NEEDS IN OUR COMMUNITIES, INCLUDING FOOD SUPPORT, EDUCATION SUPPORT, AND

OUTREACH TO THOSE EXPERIENCING HOMELESSNESS.

ADDITIONALLY, THROUGH TRINITY HEALTH’S COMMUNITY HEALTH INSTITUTE, $1.6

MILLION WAS INVESTED IN THE "IT STARTS HERE" COVID-19 VACCINE CAMPAIGN, COUPLING

COMMUNITY ENGAGEMENT STRATEGIES AND SOCIAL MEDIA INFLUENCERS. THIS EFFORT

DISTRIBUTED $1.1 MILLION IN CHWB GRANTS TO MEMBER HOSPITALS AND

COMMUNITY-BASED ORGANIZATIONS IN SUPPORT OF COMMUNITY ENGAGEMENT

STRATEGIES FOCUSED IN COMMUNITIES OF COLOR. OVER 80% OF DOLLARS AWARDED

SUPPORTED PRIORITIZED COMMUNITIES, DEFINED AS 40% OF THE COMMUNITY BEING

BLACK/LATINX AND/OR NATIVE AMERICAN. IT STARTS HERE LAUNCHED IN FEBRUARY, AND

IN JUST UNDER FIVE MONTHS, MEMBER HOSPITALS AND THEIR COMMUNITY

PARTNERS REACHED NEARLY 615,000 PEOPLE THROUGH OUTREACH AND EDUCATION, ENGGAGED

OVER 1,150 COMMUNITY CHAMPIONS, AND HELD OVER 700 VACCINE CLINICS

THAT PROVIDED OVER 152,000 VACCINATIONS. IN ADDITION TO COMMUNITY EFFORTS, IT

STARTS HERE FUNDED SOCIAL MEDIA CAMPAIGNS TO IMPROVE ACCESS TO COVID-19

VACCINATION INFORMATION BY ENGAGING LOCAL SOCIAL MEDIA INFLUENCERS WHO

REPRESENT THE CULTURE AND ETHNICITY OF OUR LOCAL COMMUNITIES.

BEYOND COVID-19 EFFORTS, TRINITY HEALTH COMMITTED MORE THAN $46 MILLION IN

LOANS TO 31 NOT-FOR-PROFIT ORGANIZATIONS FOCUSING ON IMPROVING COMMUNITY

CONDITIONS AROUND HOUSING, FACILITIES, EDUCATION, AND ECONOMIC DEVELOPMENT

THROUGH OUR COMMUNITY INVESTING PROGRAM. THE PROGRAM MAKES LOW-INTEREST

RATE LOANS TO SELECT COMMUNITY PARTNERS AND INTERMEDIARIES TO POSITIVELY

IMPACT SOCIAL INFLUENCERS THAT DRIVE HEALTHY OUTCOMES FOR FAMILIES AND

RESIDENTS LIVING IN THE COMMUNITIES WE SERVE.
ADVANCING SOCIAL CARE:

TRINITY HEALTH’S SOCIAL CARE PROGRAM WAS DEVELOPED TO PROMOTE HEALTHY BEHAVIORS WHILE HELPING PATIENTS, COLLEAGUES AND MEMBERS ACCESS ESSENTIAL NEEDS, SUCH AS TRANSPORTATION, CHILDCARE, OR AFFORDABLE MEDICATIONS.

COMMUNITY HEALTH WORKERS ARE A KEY COMPONENT OF SOCIAL CARE AND SERVE AS LIAISONS BETWEEN HEALTH AND SOCIAL SERVICES AND THE COMMUNITY TO ADDRESS PATIENTS’ SOCIAL NEEDS AND MITIGATE BARRIERS. TRINITY HEALTH’S COMMUNITY HEALTH WORKER HUB DRIVES INTEGRATION AND ASSIGNMENT OF COMMUNITY HEALTH WORKERS THROUGHOUT THE HEALTH SYSTEM. IT INCLUDES A NETWORK OF COMMUNITY HEALTH WORKERS AND COMMUNITY-BASED ORGANIZATIONS THAT TOGETHER, HELP SUPPORT INDIVIDUALS AND FAMILIES IN NEED. BECAUSE OF THEIR LIVED EXPERIENCES, COMMUNITY HEALTH WORKERS ARE TRUSTED MEMBERS OF THE COMMUNITY AND WORK CLOSELY WITH A PATIENT BY ASSESSING THEIR SOCIAL NEEDS, HOME ENVIRONMENT AND OTHER SOCIAL RISK FACTORS, AND ULTIMATELY CONNECT THE INDIVIDUAL TO SERVICES WITHIN THE COMMUNITY. IN FISCAL YEAR 2021, TRINITY HEALTH GREW ITS NETWORK OF COMMUNITY HEALTH WORKERS BY 15%, OVER 90 COMMUNITY HEALTH WORKERS, SPANNING NEARLY EVERY MEMBER HOSPITAL.

ADDITIONALLY, WE CREATED THE TRINITY HEALTH COMMUNITY RESOURCE DIRECTORY, WHICH IS AN ONLINE PORTAL CONNECTING THOSE IN NEED TO FREE OR REDUCED-COST HEALTH AND SOCIAL SERVICE RESOURCES WITHIN THE COMMUNITY AND ACROSS ALL TRINITY HEALTH LOCATIONS. IN FISCAL YEAR 2021, THE COMMUNITY RESOURCE DIRECTORY YIELDED NEARLY 50,000 SEARCHES, OVER 1,000 REFERRALS, OVER 70 KEY ORGANIZATIONS CLAIMED THEIR PROGRAMS, AND OVER 900 SOCIAL NEEDS ASSESSMENTS WERE COMPLETED.
TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION. EPIC, TRINITY HEALTH'S ELECTRONIC HEALTH RECORD, IDENTIFIED THE DIABETES PREVENTION PROGRAM AS A BEST PRACTICE FOR IDENTIFICATION OF AT-RISK PATIENTS, REFERRAL, AND BI-DIRECTIONAL COMMUNICATION. ADDITIONALLY, THE AMERICAN MEDICAL ASSOCIATION PRESENTED TRINITY HEALTH'S DIABETES PREVENTION PROGRAM APPROACH TO THEIR BOARD OF DIRECTORS AS A BEST PRACTICE FOR A POPULATION HEALTH, DATA-DRIVEN STRATEGY TO PREVENT DIABETES.

IMPACTING SOCIAL INFLUENCERS OF HEALTH:
IN PARTNERSHIP WITH THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY, THE INVESTOR ENVIRONMENTAL HEALTH NETWORK AND INVESTORS FOR OPIOID AND PHARMACEUTICAL ACCOUNTABILITY, TRINITY HEALTH USES ITS OWNERSHIP OF SHARES OF STOCK IN CORPORATIONS TO INFLUENCE CORPORATIONS' POLICIES AND PRACTICES THAT AFFECT SOCIAL INFLUENCERS OF HEALTH, THE LIVING CONDITIONS THAT CAN AFFECT THE HEALTH OF A COMMUNITY, SUCH AS HOUSING, FOOD, EDUCATION, HEALTH CARE, AND ECONOMICS.

TRINITY HEALTH TAKES ACTION BY WRITING LETTERS TO COMPANIES, MEETING WITH CORPORATE MANAGEMENT, AND SUBMITTING AND SUPPORTING SHAREHOLDER RESOLUTIONS AS AGENDA ITEMS FOR COMPANIES' ANNUAL MEETINGS OF SHAREHOLDERS.

FISCAL YEAR 2021 YIELDED MANY POSITIVE OUTCOMES IN ITS 180 COMPANY ENGAGEMENTS, INCLUDING 50 COMPANY DIALOGUES AND 16 FILED RESOLUTIONS LEADING TO CHANGES IN POLICIES AND PRACTICES AT 18 CORPORATIONS.
FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.

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

OR