

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **SAINT ALPHONSUS MEDICAL CENTER -
ONTARIO, INC.** Employer identification number
27-1789847

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: ☒ Applied uniformly to all hospital facilities ☐ 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %	X	
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			1378512.		1378512.	1.78%
b Medicaid (from Worksheet 3, column a)			23393078.	19410531.	3982547.	5.15%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			24771590.	19410531.	5361059.	6.93%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	7	1,389	423,021.	12,930.	410,091.	.53%
f Health professions education (from Worksheet 5)	2	70	125,248.		125,248.	.16%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4	7	17,464.		17,464.	.02%
j Total. Other Benefits	13	1,466	565,733.	12,930.	552,803.	.71%
k Total. Add lines 7d and 7j	13	1,466	25337323.	19423461.	5913862.	7.64%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1		2,058.		2,058.	.00%
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	56	1,695.		1,695.	.00%
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	2	56	3,753.		3,753.	.00%

Part III	Bad Debt, Medicare, & Collection Practices
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Section A. Bad Debt Expense

Section A. Bad Debt Expense		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	1,091,904.
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	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)	5	12,163,209.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	13,863,202.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,699,993.
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			
9a	Did the organization have a written debt collection policy during the tax year?	9a	X
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: ST. ALPHONSUS MEDICAL CENTER-ONTARIOLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
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	5	X
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	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☒ Hospital facility's website (list url): <u>PART V, SECTION C</u>		
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	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: ST. ALPHONSUS MEDICAL CENTER-ONTARIO

	Yes	No
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?	13 X	
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 <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
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?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
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 their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their 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?	16 X	
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): <u>SEE PART V, PAGE 8</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
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)		

Schedule H (Form 990) 2023

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: ST. ALPHONSUS MEDICAL CENTER-ONTARIO

	Yes	No	
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?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☒ 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?	21	X	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Schedule H (Form 990) 2023

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: ST. ALPHONSUS MEDICAL CENTER-ONTARIO**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.

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.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2023

Part V Facility Information (continued)

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.

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. SAFE, AFFORDABLE HOUSING AND HOMELESSNESS
2. ACCESS TO AFFORDABLE HEALTH CARE, INCLUDING ORAL AND VISION HEALTH
3. SAFE, RELIABLE TRANSPORTATION

ST. ALPHONSUS MEDICAL CENTER-ONTARIO:

PART V, SECTION B, LINE 5: THE CHNA WAS CONDUCTED FROM JULY THROUGH
DECEMBER 2022 AND WAS APPROVED BY THE SAINT ALPHONSUS HEALTH SYSTEM BOARD
ON JUNE 5, 2023. IN ADDITION TO SAINT ALPHONSUS, MEMBERS OF THE ADVISORY
COMMITTEE INCLUDED: OREGON STATE UNIVERSITY EXTENSION, NORTHWEST HOUSING
ALTERNATIVES, OREGON FOOD BANK, GOBHI, COMMUNITY IN ACTION, LIFEWAYS,
TREASURE VALLEY COMMUNITY COLLEGE, EUVALCREE, ONTARIO SCHOOL DISTRICT,
MALHEUR EDUCATION DISTRICT, MALHEUR COUNTY HEALTH DEPARTMENT, AND THE CITY
OF ONTARIO.

Part V Facility Information (continued)

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.

THE CHNA PROCESS WAS LED BY SAMC-ONTARIO WITH BOISE STATE UNIVERSITY'S IDAHO POLICY INSTITUTE AND METOPIO AS RESEARCH PARTNERS, USING THE SAME TOOLS AND PROTOCOLS USED IN THE 2023 TREASURE VALLEY AND BAKER COUNTY CHNAS. THE TRINITY HEALTH DATA HUB AND IDAHO OREGON COMMUNITY HEALTH DATA ATLAS WERE UTILIZED AS THE PRIMARY SOURCES FOR SECONDARY DATA, IN ADDITION TO LOCALIZED DATA SOURCES PROVIDED BY THE MALHEUR COUNTY STEERING COMMITTEE MEMBERS. ADDITIONAL DUTIES OF THE STEERING COMMITTEE INCLUDED SELECTING SECONDARY DATA INDICATORS, DEVELOPING THE COMMUNITY SURVEY AND FOCUS GROUP/INTERVIEW INSTRUMENTS, DISSEMINATING COMMUNITY SURVEYS, AND CONDUCTING AND PARTICIPATING IN FOCUS GROUPS AND KEY INFORMANT INTERVIEWS.

FOCUS GROUP AND INTERVIEW HOSTS INCLUDED THE FOLLOWING ORGANIZATIONS SERVING IMPACTED POPULATIONS: BORDER BOARD, HISPANIC AND LATINO COMMUNITY LEADERS, LIFEWAYS BEHAVIORAL HEALTH, MALHEUR COUNTY DEPARTMENT OF HUMAN SERVICES, ONTARIO SCHOOL DISTRICT, AND WESTERN TREASURE VALLEY FOOD SYSTEMS PARTNERSHIP WHICH IS PART OF THE OREGON FOOD BANK.

ST. ALPHONSUS MEDICAL CENTER-ONTARIO:

PART V, SECTION B, LINE 6B: THE CHNA WAS ALSO CONDUCTED IN PARTNERSHIP WITH GOBHI, OREGON STATE UNIVERSITY EXTENSION, NORTHWEST HOUSING ALTERNATIVES, OREGON FOOD BANK, COMMUNITY IN ACTION, LIFEWAYS, TREASURE VALLEY COMMUNITY COLLEGE, EUVALCREE, ONTARIO SCHOOL DISTRICT, FOUR RIVERS HEALTHY COMMUNITIES, MALHEUR EDUCATION DISTRICT, MALHEUR COUNTY HEALTH DEPARTMENT, DEPARTMENT OF HUMAN SERVICES, AND THE CITY OF ONTARIO.

Part V Facility Information (continued)

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.

ST. ALPHONSUS MEDICAL CENTER-ONTARIO:

PART V, SECTION B, LINE 11: THE CHNA WAS CONDUCTED AND POSTED JUNE 5, 2023. AN UPDATED IMPLEMENTATION STRATEGY WAS ADOPTED IN SEPTEMBER 2023 FOR FISCAL YEARS 2023-2025. THESE DOCUMENTS WILL GUIDE THE COMMUNITY OUTREACH AND ENGAGEMENT, AND OUR COMMUNITY BENEFIT WORK DURING THESE FISCAL YEARS. THE CHNA PRIORITIES ARE THE FOCUS FOR COMMUNITY INVESTMENTS OF BOTH EMPLOYEE TIME AND THE ORGANIZATION'S CHARITABLE CONTRIBUTIONS. SAMC-ONTARIO IDENTIFIED THREE SIGNIFICANT HEALTH NEEDS TO ADDRESS DURING THIS TIME PERIOD, AND THE IMPLEMENTATION STRATEGY WILL GUIDE HOW EACH OF THESE NEEDS ARE ADDRESSED. IN FISCAL YEAR 2024 (FY24), SAMC-ONTARIO DEVELOPED AND/OR SUPPORTED INITIATIVES TO IMPROVE THE FOLLOWING HEALTH NEEDS:

SAFE, AFFORDABLE HOUSING AND HOMELESSNESS:

IN FY24, SAMC-ONTARIO AND SAINT ALPHONSUS HEALTH SYSTEM COMMUNITY HEALTH WORKERS (CHW'S) CONTINUED TO ASSESS THE SOCIAL NEEDS (E.G., HOUSING, FOOD, CHILDCARE, EMPLOYMENT) OF THE COMMUNITY. HOUSING WAS IDENTIFIED AS A SIGNIFICANT SOCIAL NEED AND CHW'S PROVIDED SUPPORT BY MAKING REFERRALS TO LOCAL HOUSING ASSISTANCE PROGRAMS. SAMC-ONTARIO EMPLOYEES ALSO SERVE ON THE BUILD PAYETTE EXECUTIVE COMMITTEE, A COLLABORATIVE WORKING TO BRING HOUSING AND COMMUNITY SERVICES TO THE COMMUNITY OF PAYETTE IDAHO, JUST ACROSS THE IDAHO/OREGON BORDER.

ACCESS TO AFFORDABLE HEALTH CARE, INCLUDING ORAL AND VISION HEALTH:

IN FY24, SAMC-ONTARIO CONTINUED TO PROVIDE ENROLLMENT ASSISTANCE IN PUBLIC PROGRAMS, INCLUDING MEDICAID, FOR OREGON AND IDAHO. IN ADDITION, CHW'S PROVIDED REFERRALS FOR HEALTH CARE, INCLUDING ORAL HEALTH NEEDS, THROUGH

Part V Facility Information (continued)

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.

THE SOCIAL CARE HUB AND THE ADOPTION OF A COMMUNITY RESOURCE DIRECTORY.

SAFE, RELIABLE TRANSPORTATION:

IN FY24, SAMC-ONTARIO CONTINUED TO SUPPORT LOCAL ORGANIZATIONS TO PROVIDE TRANSPORTATION ACCESS FOR HEALTH CARE APPOINTMENTS, INCLUDING LOCAL TAXIS AND REGIONAL NON-MEDICAL TRANSPORTATION PROVIDERS, TO PATIENTS EXPERIENCING FINANCIAL BARRIERS.

ST. ALPHONSUS MEDICAL CENTER-ONTARIO:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, 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 DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE 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

Part V Facility Information (continued)

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.

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 ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC
METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED
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

PART V, LINE 16B, FAP APPLICATION WEBSITE:

Part V

Facility Information (continued)

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.

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

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 (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

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

PART I, LINE 6A:

SAINT ALPHONSUS MEDICAL CENTER-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
TRINITY HEALTH'S WEBSITE AT
WWW.TRINITY-HEALTH.ORG/OUR-IMPACT/COMMUNITY-HEALTH-AND-WELL-BEING.

PART I, LINE 7:

332100 12-26-23

Part VI Supplemental Information (Continuation)

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, \$1,091,904, 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 FY24, SAMC-ONTARIO STAFF WORKED TOWARD COALITION BUILDING THROUGH PARTICIPATION ON THE REGIONAL OREGON IDAHO RED CROSS BOARD, WHICH AIMED TO PROVIDE EDUCATION, PREPARATION AND RESPONSE TO DISASTERS AND EMERGENCIES. IN ADDITION, LEADERS ENHANCED ECONOMIC DEVELOPMENT THROUGH LEADERSHIP OF AND PARTICIPATION ON THE ONTARIO CHAMBER OF COMMERCE BOARD, WHICH WORKED TO SUPPORT AND STRENGTHEN LOCAL BUSINESSES TO IMPROVE THE LOCAL ECONOMY.

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

Part VI Supplemental Information (Continuation)

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 14 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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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. ESTIMATED
RECEIVABLES FROM THIRD-PARTY PAYERS ALSO INCLUDES AMOUNTS RECEIVABLE UNDER
STATE MEDICAID PROVIDER TAX PROGRAMS."

PART III, LINE 5:

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

PART III, LINE 8:

THE IRS COMMUNITY BENEFIT OBJECTIVES INCLUDE RELIEVING OR REDUCING THE
BURDEN OF GOVERNMENT TO IMPROVE HEALTH. TREATING MEDICARE PATIENTS CREATES
SHORTFALLS THAT MUST BE ABSORBED BY HOSPITALS, WHICH PROVIDE CARE
REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF
THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. THEREFORE,
THE HOSPITAL BELIEVES ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED
COMMUNITY BENEFIT. TRINITY HEALTH AND ITS HOSPITALS REPORT AS COMMUNITY
IMPACT THE LOSS ON MEDICARE AND A HOST OF MANY OTHER EXPENSES DESIGNED TO
SERVE PEOPLE EXPERIENCING POVERTY IN OUR COMMUNITIES. SEE SCHEDULE H,

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

PART VI, LINE 5 FOR MORE INFORMATION.

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 26, 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. 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 - IN ADDITION TO THE CHNA, SAMC-ONTARIO 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 THE IDAHO OREGON COMMUNITY HEALTH ATLAS, TRINITY DATA HUB, FINDHELP.ORG, PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES

Part VI Supplemental Information (Continuation)

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

SAMC-ONTARIO ALSO UTILIZES THE EXPERTISE OF PUBLIC HEALTH PARTNERS AND THEIR ANALYSES 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, GOBHI, OREGON STATE UNIVERSITY EXTENSION, NORTHWEST HOUSING ALTERNATIVES, OREGON FOOD BANK, COMMUNITY IN ACTION, LIFEWAYS, EUVALCREE, ONTARIO SCHOOL DISTRICT, FOUR RIVERS HEALTHY COMMUNITIES, MALHEUR COUNTY EDUCATION DISTRICT, OREGON DEPARTMENT OF HUMAN SERVICES, AND THE CITY OF ONTARIO, 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 OFFERED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HEALTH CARE 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 FOR FINANCIAL SUPPORT PRIOR TO

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

OR AT THE TIME OF ADMISSION OR SERVICE.

SAMC-ONTARIO OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS.

NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS, 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 AND GOVERNMENT 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.

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%

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

RANGELAND.

MALHEUR COUNTY IS NOTABLE FOR A HIGHER THAN AVERAGE HISPANIC/LATINX POPULATION (35.5%, 2017-2021, 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 26.3% (2017-2021, 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 \$47,906, COMPARED TO \$70,084 AT A STATE LEVEL AND \$69,021 AT THE U.S. LEVEL. THE POVERTY LEVEL, AT 20.0%, IS THE HIGHEST OF THE THREE COUNTIES IN THE HOSPITAL'S SERVICE AREA, AND IS SIGNIFICANTLY ABOVE STATE (12.1%) AND U.S. (11.5%) LEVELS.

PART VI, LINE 5:

OTHER INFORMATION - CONSISTENT WITH ITS NONPROFIT STATUS, SAMC-ONTARIO USES SURPLUS REVENUES TO REINVEST IN FACILITIES, TECHNOLOGY, AND MEDICAL SERVICES FOR THE COMMUNITY, COLLABORATE WITH COMMUNITY PARTNERS, AND INVEST IN NEEDED COMMUNITY PROGRAMS.

SAMC-ONTARIO SUPPORTS HEALTH CARE WORKFORCE DEVELOPMENT EFFORTS FOR MANY CLINICAL STUDENTS ACROSS THE REGION. SAMC-ONTARIO SERVES AS A KEY CLINICAL TRAINING SITE FOR STUDENTS ATTENDING TREASURE VALLEY COMMUNITY COLLEGE, OREGON HEALTH AND SCIENCES UNIVERSITY, BRIGHAM YOUNG UNIVERSITY IDAHO, LINN-BENTON COMMUNITY COLLEGE, ONTARIO HIGH SCHOOL, NEW PLYMOUTH HIGH SCHOOL, AND VALE HIGH SCHOOL.

SAMC-ONTARIO OFFERS A VARIETY OF HEALTH EDUCATION AND SCREENING

Part VI Supplemental Information (Continuation)

OPPORTUNITIES FREE OF CHARGE, INCLUDING CARDIAC AND 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. IN ADDITION, SAMC-ONTARIO ASSESSES AND ENGAGES IN COMMUNITY HEALTH WORK THAT ADDRESSED THE SOCIAL INFLUENCERS OF HEALTH.

SAMC-ONTARIO ALSO APPLIED TO THE CITY OF PAYETTE, ID (JUST OVER THE OREGON BORDER FROM ONTARIO) TO BECOME A BUILD HEALTH CHALLENGE 4.0 AWARDEE. IN MAY 2023, THE BUILD PAYETTE TEAM WAS AWARDED \$100,000 PER YEAR OVER THREE YEARS WITH AN ADDITIONAL LOCAL MATCH OF \$100,000 PER YEAR OVER THREE YEARS FROM LOCAL HEALTH SYSTEMS AND HEALTH PLAN PARTNERS, INCLUDING SAMC-ONTARIO, TO ADDRESS HOUSING, HEALTH EQUITY, RESIDENT ENGAGEMENT AND EMPOWERMENT, AND THE CO-LOCATION OF CRITICAL SERVICES FOR THE COMMUNITY. SAMC-ONTARIO SERVES ON THE EXECUTIVE COMMITTEE FOR THE BUILD PAYETTE PARTNERSHIP AND IS PROVIDING BOTH CASH CONTRIBUTIONS AND IN-KIND TIME AND SUPPORT OVER THE NEXT THREE YEARS.

SAINT ALPHONSUS SITS ON THE WESTERN TREASURE VALLEY FOOD SYSTEMS PARTNERSHIP (WTVFSP). THE WTVFSP IS A COLLABORATION OF SOCIAL SERVICE AND FOOD SYSTEMS STAKEHOLDERS ACROSS THE WESTERN TREASURE VALLEY REGION, IN RURAL EASTERN OREGON AND WESTERN IDAHO. THE WTVFSP WORKS TO IMPROVE THE COORDINATION AND SUSTAINABILITY OF THE REGIONAL FOOD SYSTEM BY SHARING NUTRITION SUPPORT PROGRAMS AND EDUCATION, AND FOOD-SYSTEM-RELATED ECONOMIC DEVELOPMENT OPPORTUNITIES IN THE AREA. A SENIOR BENEFITS COORDINATOR LEADS THE COMMUNITY ENGAGEMENT GOALS WITH THE EDUCATION AND ENGAGEMENT COMMITTEE. THE PARTNERSHIP HAS HELD MULTIPLE COMMUNITY ENGAGEMENT ACTIVITIES AND HOSTS SITE VISITS FROM OREGON HEALTH AND HUMAN SERVICES AND OREGON MEDICAID TO DISCUSS NEW APPROACHES TO NUTRITION AND DEVELOPMENT.

Part VI Supplemental Information (Continuation)

THE COORDINATOR ALSO WORKS CLOSELY WITH THE OREGON NUTRITION CAMPAIGN
WITHIN THE PARTNERSHIP TO HELP EDUCATE COMMUNITIES ABOUT THE IMPORTANCE OF
FOOD ACCESS AND NUTRITION ACCESS STATEWIDE.

IN FY24, TRINITY HEALTH ASSESSED THE TOTAL IMPACT ITS HOSPITALS HAVE ON
COMMUNITY HEALTH. THIS ASSESSMENT INCLUDES TRADITIONAL COMMUNITY BENEFIT
AS REPORTED IN PART I, COMMUNITY BUILDING AS REPORTED IN PART II, THE
SHORTFALL ON MEDICARE SERVICES AS REPORTED IN PART III, AS WELL AS
EXPENSES THAT ARE EXCLUDED FROM THE PART I COMMUNITY BENEFIT CALCULATION
BECAUSE THEY ARE OFFSET BY EXTERNAL FUNDING. ALSO INCLUDED ARE ALL
COMMUNITY HEALTH WORKERS, INCLUDING THOSE OPERATING IN OUR CLINICALLY
INTEGRATED NETWORKS. OUR GOAL IN SHARING THE COMMUNITY IMPACT IS TO
DEMONSTRATE HOW OUR CATHOLIC NOT-FOR-PROFIT HEALTH SYSTEM MAKES A
DIFFERENCE IN THE COMMUNITIES WE SERVE - FOCUSING ON IMPACTING PEOPLE
EXPERIENCING POVERTY - THROUGH FINANCIAL INVESTMENTS.

SAINT ALPHONSUS HEALTH SYSTEM'S COMMUNITY IMPACT IN FY24 TOTALED \$179.2
MILLION.

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 & WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE
EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE
- EMPHASIZING THE NECESSITY TO INTEGRATE SOCIAL AND CLINICAL CARE. WE DO
THIS BY:

1. ADDRESSING PATIENT SOCIAL NEEDS,
2. INVESTING IN OUR COMMUNITIES, AND

Part VI Supplemental Information (Continuation)**3. STRENGTHENING THE IMPACT OF OUR COMMUNITY BENEFIT.**

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGIES AND FOCUS INTENTIONALLY ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. WE BELIEVE THAT COMMUNITY MEMBERS AND COMMUNITIES THAT ARE THE MOST IMPACTED BY RACISM AND OTHER FORMS OF DISCRIMINATION EXPERIENCE THE GREATEST DISPARITIES AND INEQUITIES IN HEALTH OUTCOMES AND SHOULD BE INCLUSIVELY ENGAGED IN ALL COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT EFFORTS. THROUGHOUT OUR WORK, WE AIM TO DISMANTLE OPPRESSIVE SYSTEMS AND BUILD COMMUNITY CAPACITY AND PARTNERSHIPS.

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 WE 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 2024 (FY24), TRINITY HEALTH CONTRIBUTED NEARLY \$1.3 BILLION IN COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE EXPERIENCING POVERTY AND OTHER VULNERABILITIES, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE. TRINITY HEALTH FURTHERED ITS COMMITMENT THROUGH AN ADDITIONAL \$900 MILLION IN PROGRAMS AND INITIATIVES THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.2 BILLION IN FY24.

TRINITY HEALTH'S COMMUNITY INVESTING PROGRAM FINISHED FY24 WITH MORE THAN \$68 MILLION COMMITTED TO BUILDING VITAL COMMUNITY RESOURCES. THESE FUNDS,

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

IN PARTNERSHIP WITH 31 PARTNERS, WERE PAIRED WITH OTHER RESOURCES TO GENERATE MORE THAN \$931.5 MILLION IN INVESTMENTS, WITH APPROXIMATELY 80% (\$749.3 MILLION) OF THESE FUNDS SUPPORTING HIGH PRIORITY ZIP CODES WITHIN TRINITY HEALTH'S SERVICE AREAS (DEFINED AS RACIALLY/ETHNICALLY-DIVERSE COMMUNITIES WITH HIGH LEVELS OF POVERTY). BETWEEN 2018 AND APRIL 2024, THESE INVESTMENTS HAVE BEEN INSTRUMENTAL IN CREATING MUCH-NEEDED COMMUNITY RESOURCES FOR THE PEOPLE THAT WE SERVE, NOTABLY:

- CREATING AT LEAST 1,100 CHILDCARE; 7,000 KINDERGARTEN THROUGH HIGH SCHOOL EDUCATION; AND 1,500 EARLY CHILDHOOD EDUCATION SLOTS.
- DEVELOPING AT LEAST 7.3 MILLION SQUARE FEET OF GENERAL REAL ESTATE.
- PROVIDING 872 STUDENTS NEARLY \$2.5 MILLION IN SCHOLARSHIPS TO PURSUE CAREERS IN THE HEALTH PROFESSIONS.
- SUPPORTING 10,800 FULL- AND PART-TIME POSITIONS INVOLVED IN THE CREATION OF THESE PROJECTS.
- CREATING 12,100 UNITS OF AFFORDABLE HOUSING OVER THE LAST FIVE YEARS (INCLUDING 360 SUPPORTIVE HOUSING BEDS).

ACROSS THE TRINITY HEALTH SYSTEM, OVER 875,000 (ABOUT 80%) OF THE PATIENTS SEEN IN PRIMARY CARE SETTINGS WERE SCREENED FOR SOCIAL NEEDS. ABOUT 28% OF THOSE SCREENED IDENTIFIED AT LEAST ONE SOCIAL NEED. THE TOP THREE NEEDS IDENTIFIED INCLUDED FOOD ACCESS, FINANCIAL INSECURITY AND SOCIAL ISOLATION. TRINITY HEALTH'S ELECTRONIC HEALTH RECORD (EPIC) MADE IT POSSIBLE FOR TRINITY HEALTH TO STANDARDIZE SCREENING FOR SOCIAL NEEDS AND CONNECT PATIENTS TO COMMUNITY RESOURCES THROUGH THE COMMUNITY RESOURCE DIRECTORY (CRD), COMMUNITY HEALTH WORKERS (CHW'S) AND OTHER SOCIAL CARE PROFESSIONALS. THE CRD (FINDHELP) YIELDED OVER 88,600 SEARCHES, WITH NEARLY 7,000 REFERRALS MADE AND NEARLY 400 ORGANIZATIONS ENGAGED THROUGH OUTREACH, TRAININGS, ONE-ON-ONE ENGAGEMENTS, AND COLLABORATIVES.

Part VI Supplemental Information (Continuation)

CHW'S ARE FRONTLINE HEALTH PROFESSIONALS WHO ARE TRUSTED MEMBERS OF AND/OR HAVE A DEEP UNDERSTANDING OF THE COMMUNITY SERVED. BY COMBINING THEIR LIVED EXPERIENCE AND CONNECTIONS TO THE COMMUNITY WITH EFFECTIVE TRAINING, CHW'S PROVIDE PATIENT-CENTERED AND CULTURALLY RESPONSIVE INTERVENTIONS. CHW'S FULFILL MANY SKILLS AND FUNCTIONS INCLUDING OUTREACH, CONDUCTING ASSESSMENTS LIKE A SOCIAL NEEDS SCREENING OR A HEALTH ASSESSMENT, RESOURCE CONNECTION, SYSTEM NAVIGATION, GOAL-SETTING AND PROBLEM-SOLVING THROUGH ONGOING EDUCATION, ADVOCACY, AND SUPPORT. IN PRACTICE, SOME EXAMPLES ARE A CHW HELPING A PATIENT CONNECT WITH THEIR PRIMARY CARE DOCTOR, ASSISTING WITH A MEDICAID INSURANCE APPLICATION OR UNDERSTANDING THEIR BASIC INSURANCE BENEFITS, OR EMPOWERING A PATIENT TO ASK CLARIFYING QUESTIONS ABOUT THEIR MEDICATIONS OR PLAN OF CARE AT THEIR NEXT DOCTOR'S APPOINTMENT. IN FY24, CHW'S SUCCESSFULLY ADDRESSED NEARLY 16,000 SOCIAL NEEDS. ONE SOCIAL NEED (SUCH AS ADDRESSING HOUSING OR FOOD NEEDS) CAN OFTEN TAKE MONTHS, OR EVEN A YEAR TO SUCCESSFULLY CLOSE, WHICH MEANS THE NEED HAS BEEN FULLY MET AND IS NO LONGER IDENTIFIED AS A NEED.

TRINITY HEALTH RECEIVED A NEW CENTER FOR DISEASE CONTROL AND PREVENTION GRANT (5-YEAR, \$12.5 MILLION AWARD) IN JUNE 2024. SINCE ITS LAUNCH, WE HAVE CREATED 21 NEW MULTI-SECTOR PARTNERSHIPS ACROSS 16 STATES TO ACCELERATE HEALTH EQUITY IN DIABETES PREVENTION. THIS PAST FISCAL YEAR, OUR HUB ENROLLED NEARLY 700 PARTICIPANTS INTO THE 12-MONTH, EVIDENCE-BASED LIFESTYLE CHANGE PROGRAM (60% REPRESENTING BLACK, LATINX AND/OR 65+ POPULATIONS), REACHED OUT TO NEARLY 20,350 PATIENTS AT RISK FOR TYPE 2 DIABETES, RECEIVED OVER 1,350 POINT OF CARE REFERRALS FROM PHYSICIANS, AND SCREENED NEARLY 1,500 POTENTIAL PARTICIPANTS FOR HEALTH-RELATED SOCIAL NEEDS - PROVIDING CHW INTERVENTIONS WHEN REQUESTED.

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

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