

Introduction to the IRS Form 990 Schedule H

As a not-for-profit hospital, we operate for one purpose: to further our healing ministry. We do this by:

- Reinvesting our profits back into the communities through various programs and services
- Making sure that care is available to everyone — regardless of his or her ability to pay.
- Using compassion as the cornerstone our work to improve the health of our communities. Patients and their families are always treated as people first — attending to the needs of the whole person — body, mind, and spirit.
- Providing a range of special benefits to the community, such as programs to manage care for persons with chronic diseases, health education and disease prevention initiatives, outreach for the elderly, and care for persons who are poor or uninsured.

The IRS grants us tax exemption as a “charitable, community-oriented organization.” Without this status, we could not continue to deliver the same level of community benefits that are so important and necessary.

The federal government recently ruled that health care entities like ours report their community benefit programs. This includes a wide array of activities and services that need to be categorized and explained – in detail – on the following IRS form called “990 Schedule H.” This document requires us to report information on:

- Charity care (financial assistance) and other community benefits
- Community building activities
- Medicare, bad debt and collection practices
- Management companies and joint ventures
- Facilities comprising the organization

The following terms and definitions will help you better understand each section of the report. Should you choose to not print the document, you can also hover your computer’s mouse over the terms for a brief definition.

PART I: Charity Care and Certain Other Community Benefit at Cost

1a Charity Care Policy: A Trinity Health Ministry Organization's designated procedure/methodology for classifying patients who cannot afford health care services due to inadequate resources and/or are uninsured or underinsured. Care is then provided without charge, or at amounts less than the established rates. Because Trinity Health does not pursue collection of amounts determined to qualify for charity care, they are not reported as net patient service revenue in the consolidated statements of operations and changes in net assets. The cost of charity care is calculated using a cost-to-charge ratio methodology.

3 Charity Care Eligibility: A patient's ability to meet Trinity Health-specified qualifications/criteria to receive financial assistance for medical care, based on the Ministry Organization's official Charity Care Policy.

3a Federal Poverty Guidelines (FPGs): Issued annually by the Department of Health and Human Services (HHS). FPGs are a simplification of the government's designated "federal poverty thresholds," which are highly statistical to calculate the number of Americans living in poverty each year. FPGs are more administrative, and help determine financial eligibility for certain federal programs. The poverty guidelines are sometimes loosely referred to as the "federal poverty level" (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

4 Medically indigent: Persons whom the organization has determined are unable to pay some or all of their medical bills because the bills exceed a certain percentage of their family income and/or assets (e.g., due to catastrophic costs or conditions), even though they have income or assets that otherwise exceed the generally applicable eligibility requirements for free or discounted care under the organization's Charity Care Policy.

6a annual community benefit report: Published each fall within Trinity Health's Annual Report, this is a detailed account of all costs associated with dedicated staff, community health needs and/or asset assessments, as well as other costs associated with community benefit strategy and operations.

7a Charity care at cost: Free or discounted health care services provided to persons who meet the organization's criteria for financial assistance and are therefore deemed unable to pay for all or a portion of such services.

7b Unreimbursed Medicaid: When Medicaid, a state health care program for qualifying low-income residents, does not reimburse Trinity Health for the full cost of health care services provided to patients. Trinity Health then "absorbs" these costs at a financial loss.

7c Unreimbursed costs – Other means-tested government programs: Government programs for which eligibility for benefits or coverage is determined by the recipient's income or asset level. (e.g., The State Children's Health Insurance Program (SCHIP) is a means-tested government program.)

7e Community health improvement services and community benefit operations:

The activities to be reported on this line are two different categories of activities:

1. **Community health improvement services:** Activities and services for which no patient bill exists. These services are not expected to be financially self-supporting, although some may be supported by outside grants or funding. Some examples include free clinic services, programs directed at improving women's health, free or low cost prescription medications, and rural and urban outreach programs. The Ministry Organization actively collaborates with community groups and agencies to assist those in need in providing such services.
2. **Community Benefit Operations:** Costs associated with dedicated staff, community health needs and or assets assessments, and other costs associated with community benefit strategy and operations.

7f Health professions education: Programs that result in a degree, certificate, or training that is necessary to be licensed to practice as a health professional, as required by state law; or continuing education that is necessary to retain state license or certification by a board in the individual's health profession specialty.

7g Subsidized health services: Clinical services that are provided, despite a financial loss to the organization. The financial loss is measured after removing losses, measured by cost, associated with bad debt, charity care, Medicaid and other means-tested government programs. Despite the financial loss, the service is provided because:

1. It meets an identified community need, such as providing needed access to care for low-income individuals
2. If the service were no longer offered, access to health services would be impaired, or
3. Providing the service would become the responsibility of government or another tax-exempt organization.

7h Research: Any study or investigation of which the goal is to generate generalized knowledge made available to the public, such as knowledge about:

1. Underlying biological mechanisms of health and disease, natural processes or principles affecting health or illness;
2. Evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols;
3. Laboratory based studies; epidemiology, health outcomes and effectiveness
4. Behavioral or sociological studies related to health, delivery of care, or prevention
5. Studies related to changes in the health care delivery system; and
6. Communication of findings and observations (including publication in a medical journal)

This category only includes research internally funded or research funded by a tax-exempt or government entity.

7i Cash and in-kind contributions to community groups: Cash contributions made to entities and community groups that share the organization's goals and mission. In-kind contributions include the cost of hours donated by staff to the community while on the organization's payroll, indirect cost of space donated to tax-exempt community groups (such as for meetings), and the financial value of donated food, equipment, and supplies.

PART II Community Building Activities Community Building activities include programs that address the root causes of health problems, such as poverty, homelessness and environmental problems. They support community assets by offering the expertise and resources of the health care organization.

1. **Physical improvements and housing** (Examples include: Community gardens; neighborhood improvement and revitalization projects; contributions to community-based assisted living and senior and low-income housing projects)
2. **Economic development** (Examples include: Assisting small business development in neighborhoods with vulnerable populations and creating new employment opportunities in areas with high rates of joblessness; participation in an economic/labor development council; chamber of commerce or Rotary Club)
3. **Community support** (Examples include: Childcare and mentoring programs for vulnerable populations or neighborhoods; neighborhood support groups; violence prevention programs; disaster readiness and public health emergency activities)
4. **Environmental improvements** (Examples include: Efforts to reduce community environmental hazards in the air; water and ground; residential improvements; such as helping to paint public housing apartments; or lead/radon programs; Neighborhood/community improvements; Adopt-a-Road)
5. **Leadership development and training for community members** (Examples include: Life or civic skills training programs; medical interpreter training for community members; community leadership development; cultural skills training)
6. **Coalition building** (Examples include: Hospital representation to community coalitions related to community health; Disease management programs; Collaborative partnerships with community groups to improve community health)
7. **Community health improvement advocacy** (Examples include: Local, state and national advocacy on behalf of such areas as: access to health care, public health, transportation, housing; Advocacy for social justice and human rights, including costs associated with advocating for social justice, environmental responsibility and human rights, such as fair treatment to workers)
8. **Workforce development** These programs address community-wide workforce issues — not the workforce needs of the health care organization. (Examples include: Physician/other health professional recruitment for areas identified by the government as medically underserved; Partnerships with community colleges and universities to address the health care workforce shortage; School-based programs on health care careers; Health care career mentoring projects)

Part VI: Supplemental Information

2 Needs assessment Trinity Health's designated evaluation process that involves the hospital assessing the health care needs of the community it serves by periodically

consolidating data and perspectives about the health and social needs of the community. The assessment data assists in the development of a plan for the entire community, with a linkage between the organization's mission and strategic plan, with special attention given to those most in need. A needs assessment is performed by the hospital in partnership with the community, or as a result of other agencies (e.g. public health or private such as United Way). If the hospital cannot perform the assessment, an outside vendor conducts it, then supplies the results.

3 Patient education of eligibility for assistance 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 charity care policy.

4 Community information Describes the geographic area (e.g., urban, suburban, rural), the demographics of the community or communities (e.g., population, average income, percentages of community residents with incomes below the federal poverty guideline, percentage of the hospital's and community's patients who are uninsured or Medicaid recipients), the number of other hospitals serving the community or communities, and whether one or more federally-designated medically underserved areas or populations are present in the community.

5 Community building activities Includes programs that address the root causes of health problems, such as poverty, homelessness and environmental problems. They support community assets by offering the expertise and resources of the health care organization.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization **SAINT ALPHONSUS REGIONAL MEDICAL CENTER** Employer identification number **82-0200895**

Part I Charity Care and Certain Other Community Benefits at Cost

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," is it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
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?		
6a Does the organization prepare an annual community benefit report?	<input checked="" type="checkbox"/>	
b If "Yes," does the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)	1	8,358	10185793.		10185793.	2.47%
b Unreimbursed Medicaid (from Worksheet 3, column a)	25	45,055	53917563.	45835249.	8082314.	1.96%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs ...	26	53,413	64103356.	45835249.	18268107.	4.43%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	11	96,904	1491855.	150.	1491705.	.36%
f Health professions education (from Worksheet 5)	3	1,994	2472813.		2472813.	.60%
g Subsidized health services (from Worksheet 6)	9	48,456	8109260.	4010005.	4099255.	.99%
h Research (from Worksheet 7)	1	50	1,053.		1,053.	.00%
i Cash and in-kind contributions to community groups (from Worksheet 8)	4	0	2265699.		2265699.	.55%
j Total. Other Benefits	28	147,404	14340680.	4010155.	10330525.	2.50%
k Total. Add lines 7d and 7j	54	200,817	78444036.	49845404.	28598632.	6.93%

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(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		20,000.		20,000.	.00%
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	2	8,026	50,045.		50,045.	.01%
7 Community health improvement advocacy	3	184,038	105,496.		105,496.	.03%
8 Workforce development						
9 Other						
10 Total	6	192,064	175,541.		175,541.	.04%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X
2 Enter the amount of the organization's bad debt expense (at cost)		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	77,657,881.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	85,054,434.
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-7,396,553.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a	X
b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	X

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 MRI LIMITED				
2 PARTNERSHIP	MRI DIAGNOSTICS	14.17%	.00%	83.05%
3 MRI MOBILE LIMITED				
4 PARTNERSHIP	MRI DIAGNOSTICS	16.16%	.00%	50.38%
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
SAINT ALPHONSUS REGIONAL MEDICAL CENTER 1055 N. CURTIS ROAD BOISE, ID 83706	X	X		X			X		
BOISE MEDICAL ARTS CENTER 999 N. CURTIS ROAD BOISE, ID 83706									AMBULATORY CLINIC
ORTHO. INST. & BOISE HRT CARE 1070-1071 N. CURTIS ROAD BOISE, ID 83706									EMPLOYED PHYSICIANS
MEDICAL OFFICE BUILDING 6140 W. CURTISIAN BOISE, ID 83706									SLEEP DISORDER CENTER, EMPLOYED PHYSICIANS
SAINT ALPHONSUS MERIDIAN HEALTH PLAZA 3025 W. CHERRY LANE MERIDIAN, ID 83742		X						X	LAB, PT, EMPLOYED PHYSICIANS
SAINT ALPHONSUS EAGLE HEALTH PLAZA 323 E. RIVERSIDE EAGLE, ID 83616		X					X		LAB, IMAGING, PT, EMPLOYED PHYSICIANS
FAMILY PRACTICE ASSOCIATES 6533 EMERALD ST. BOISE, ID 83704									EMPLOYED PHYSICIANS
VIEWPOINTE CLINIC 1880 W. JUDITH LN. BOISE, ID 83705									EMPLOYED PHYSICIANS
BANBURY MEDICAL CENTER 12273 W. MCMILLAN RD. BOISE, ID 83713									EMPLOYED PHYSICIANS
SHORELINE CLINIC 1673 W. SHORELINE DR. BOISE, ID 83702									EMPLOYED PHYSICIANS
LIBERTY MEDICAL PARK 900 N. LIBERTY BOISE, ID 83704									EMPLOYED PHYSICIANS
BOISE OBSTETRICS & GYNECOLOGICAL CLINIC 5966 CURTISIAN BOISE, ID 83704									EMPLOYED PHYSICIANS
SAINT ALPHONSUS MEDICAL BUILDING 901 N. CURTIS BOISE, ID 83706									EMPLOYED PHYSICIANS
MENTAL HEALTH SERVICES 131 N. ALLUMBAUGH BOISE, ID 83704									EMPLOYED PHYSICIANS
HARTMAN BUILDING 1075 N. CURTIS RD BOISE, ID 83706									EMPLOYED PHYSICIANS
PEDIATRIC ORTHOPEDICS 6500 W. EMERALD BOISE, ID 83704									EMPLOYED PHYSICIANS

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 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 charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 6A: SAINT ALPHONSUS REGIONAL MEDICAL CENTER REPORTS ITS
COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY
BENEFIT INFORMATION REPORTED BY TRINITY HEALTH IN ITS ANNUAL REPORT,
AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

IN ADDITION, SAINT ALPHONSUS REGIONAL MEDICAL CENTER 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, LINE 7F: THE FOLLOWING NUMBER, \$22,985,121, 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

Part VI Supplemental Information

SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART III, LINE 4: SAINT ALPHONSUS REGIONAL MEDICAL CENTER IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM THOSE STATEMENTS: "SUBSTANTIALLY ALL OF THE CORPORATION'S RECEIVABLES ARE RELATED TO PROVIDING HEALTHCARE SERVICES TO PATIENTS. ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE. THE CORPORATION'S ESTIMATE FOR ITS ALLOWANCE FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS BY PAYOR."

COSTING METHODOLOGY FOR LINES 2 AND 3: AMOUNTS ARE CALCULATED ON LINE 2 USING A COST TO CHARGE RATIO METHODOLOGY.

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

THE AMOUNT ON LINE 3 WAS CALCULATED BASED ON INFORMATION SUPPLIED BY NCO, OUR COLLECTION AGENCY.

PART III, LINE 8: SIMILAR TO CHA RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTHCARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE

Part VI Supplemental Information

COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES, SAINT ALPHONSUS REGIONAL MEDICAL CENTER DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT.

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: SAINT ALPHONSUS REGIONAL MEDICAL CENTER'S COLLECTION POLICY CONTAINS THE CRITERIA FOR FINANCIAL ASSISTANCE, AND CONTAINS THE FOLLOWING VERBIAGE FOR ARRANGEMENTS WITH OUTSIDE COLLECTION AGENCIES: THE AGREEMENT MUST DEFINE THE STANDARDS AND SCOPE OF PRACTICES TO BE USED BY OUTSIDE COLLECTION AGENTS ACTING ON BEHALF OF SAINT ALPHONSUS REGIONAL MEDICAL CENTER, ALL OF WHICH MUST BE IN COMPLIANCE WITH THIS POLICY.

PART VI, LINE 2: NEEDS ASSESSMENT - SAINT ALPHONSUS REGIONAL MEDICAL CENTER ASSESSES THE HEALTH NEEDS OF THE COMMUNITY THROUGH COMMUNITY NEEDS ASSESSMENTS EVERY THREE YEARS. A COMMUNITY NEEDS ASSESSMENT IS A POINT-IN-TIME EFFORT TO MEASURE THE HEALTH AND WELL BEING OF THE COMMUNITY. IT SERVES AS THE BASIS FOR SAINT ALPHONSUS REGIONAL MEDICAL CENTER'S STRATEGIC AND SUBSEQUENT ACTION PLANNING TO DEVELOP HEALTH POLICY, ALLOCATE RESOURCES, IMPROVE OR EXPAND EXISTING SERVICES, IMPLEMENT NEW PROGRAMS AND COLLABORATE WITH OTHER COMMUNITY HEALTHCARE PROVIDERS. A

Part VI Supplemental Information

COMMUNITY NEEDS ASSESSMENT ALSO SERVES AS A BENCHMARK FOR FUTURE ASSESSMENT OF RELATIVE PROGRESS TOWARD ESTABLISHED COMMUNITY HEALTH OBJECTIVES.

THE SAINT ALPHONSUS COMMUNITY NEEDS ASSESSMENT PROVIDES THE OPPORTUNITY TO:

- GAIN INSIGHTS INTO THE NEEDS AND ASSETS OF THE COMMUNITIES SERVED
- IDENTIFY AND ADDRESS THE NEEDS OF VULNERABLE POPULATIONS WITHIN THE COMMUNITY
- ENHANCE HOSPITAL/COMMUNITY RELATIONSHIPS AND THE OPPORTUNITY FOR COLLABORATIVE COMMUNITY ACTION, INCLUDING INVOLVEMENT WITH COALITIONS, PARTNERSHIPS, BOARDS, COMMITTEES, COMMISSIONS, ADVISORY GROUPS AND PANELS
- PROVIDE THE INFORMATION REQUIRED FOR COMMUNITY OUTREACH PLANNING

THE SAINT ALPHONSUS COMMUNITY NEEDS ASSESSMENT PROCESS INVOLVES THE GATHERING OF TWO TYPES OF DATA: QUANTITATIVE (DEMOGRAPHICS, HEALTH INDICATORS, ETC.) AND QUALITATIVE (PUBLIC SURVEYS, FORUMS, FOCUS GROUPS). THE DATA HELPS SUPPORT SHORT-TERM AND LONG-TERM DECISIONS ABOUT ALLOCATION OF COMMUNITY HUMAN AND CAPITAL RESOURCES.

THE CURRENT SAINT ALPHONSUS COMMUNITY NEEDS ASSESSMENT WAS FINALIZED IN JUNE 2008 (WITH SEVERAL KEY AREAS UPDATED IN DECEMBER 2009), AND ACTION PLANS TO ADDRESS IDENTIFIED COMMUNITY NEEDS HAVE BEEN DEVELOPED THROUGH FISCAL YEAR 2012. THE COMMUNITY NEEDS ASSESSMENT WAS CONDUCTED BY SAINT ALPHONSUS STAFF AND HAS BEEN MADE AVAILABLE TO THE COMMUNITY ON OUR WEBSITE. WE ALSO HAVE SHARED HARD COPIES WITH OTHER NONPROFIT AGENCIES, SUCH AS UNITED WAY OF TREASURE VALLEY AND THE IDAHO NONPROFIT CENTER.

Part VI Supplemental Information

IN ANTICIPATION OF COMPLETING A NEW STRATEGIC PLAN, A COMMUNITY NEEDS ASSESSMENT UPDATE WAS COMPLETED BY OUR BOARD'S MISSION SUBCOMMITTEE IN DECEMBER 2009. THIS UPDATE FOCUSED ON PRIMARY CARE, MENTAL HEALTH AND THE NEEDS OF MEDICAID PATIENTS. DURING FY11 SAINT ALPHONSUS WILL BE PARTICIPATING IN AND SUPPORTING A COMPREHENSIVE COMMUNITY NEEDS ASSESSMENT TO BE LED BY UNITED WAY OF TREASURE VALLEY, FOCUSING ON COMMUNITY NEEDS RELATING TO HEALTH, EDUCATION AND FINANCIAL STABILITY.

PART VI, LINE 3: PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE -
SAINT ALPHONSUS IS COMMITTED TO:

- PROVIDING ACCESS TO QUALITY HEALTHCARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES;
- CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES;
- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE;
- BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITY.

IN ACCORDANCE WITH AHA RECOMMENDATIONS, SAINT ALPHONSUS HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS:

- PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS;
- MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS;
- OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS;
- IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT

Part VI Supplemental Information

MANNER ;

- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONS.

SAINT ALPHONSUS COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE. SAINT ALPHONSUS HAS SIGNS POSTED IN ALL REGISTRATION AREAS AND PLASTIC TABLE TOP CARDS IN THE REGISTRATION WAITING ROOMS, NOTIFYING PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE. ALL SELF-PAY PATIENTS ARE OFFERED FINANCIAL ASSISTANCE FORMS. EACH PATIENT RECEIVES A BILLING BROCHURE THAT LISTS PAYMENT OPTIONS AND HOW TO APPLY FOR CHARITY CARE. PATIENTS ALSO ARE SCREENED FOR MEDICAID ELIGIBILITY, UTILIZING FINANCIAL ASSISTANCE FORMS.

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

SAINT ALPHONSUS 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

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FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH SIGNS POSTED IN REGISTRATION AREAS, PLASTIC TABLE TOP CARDS IN REGISTRATION WAITING ROOMS AND PATIENT BROCHURES. SELF-PAY INPATIENTS AND SURGERY PATIENTS RECEIVE A VISIT FROM A PATIENT ADVOCATE WHO ASSISTS THEM IN COMPLETING FINANCIAL ASSISTANCE FORMS FOR COUNTY INDIGENT ASSISTANCE, MEDICAID, SOCIAL SECURITY AND HOSPITAL CHARITY CARE.

SAINT ALPHONSUS HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SAINT ALPHONSUS MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER. THE MEDICAL CENTER EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING THOSE WORKING IN PATIENT REGISTRATION AND ADMITTING, FINANCIAL ASSISTANCE, CUSTOMER SERVICE, BILLING AND COLLECTIONS) ABOUT THESE POLICIES WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEIR INSURANCE STATUS OR THEIR ABILITY TO PAY FOR SERVICES.

PART VI, LINE 4: COMMUNITY INFORMATION - SAINT ALPHONSUS REGIONAL MEDICAL CENTER (SARMC) SERVES PATIENTS FROM THE PRIMARY, SECONDARY AND TERTIARY SERVICE AREAS LISTED BELOW:

- PRIMARY SERVICE AREA: A FIVE-COUNTY REGION INCLUDING ADA, CANYON, ELMORE, GEM AND MALHEUR COUNTIES.
- SECONDARY SERVICE AREA: PAYETTE, TWIN FALLS, VALLEY, WASHINGTON, BAKER AND UNION COUNTIES.
- TERTIARY SERVICE AREA: ADAMS, BLAINE, BOISE, CASSIA, GOODING, JEROME, MINIDOKA, OWYHEE AND ELKO COUNTIES.

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AREA HOSPITAL FACILITIES WITHIN SARMC'S PRIMARY SERVICE AREA INCLUDE ST. LUKE'S BOISE AND MERIDIAN, IDAHO ELKS REHABILITATION CENTER, TREASURE VALLEY HOSPITAL, SAINT ALPHONSUS MEDICAL CENTER-NAMPA, WEST VALLEY MEDICAL CENTER, ELMORE MEDICAL CENTER, SAINT ALPHONSUS MEDICAL CENTER-ONTARIO, AND WALTER KNOX MEMORIAL HOSPITAL.

SAINT ALPHONSUS' PRIMARY SERVICE AREA IS A MIX OF URBAN AND RURAL COMMUNITIES WITHIN THE TREASURE VALLEY, BORDERED BY RUGGED MOUNTAINOUS TERRAIN AND DESERT. THE REGION HAS EXPERIENCED RAPID POPULATION GROWTH OVER THE PAST DECADE (FROM 2000-2009), WITH DRAMATIC GROWTH RATES IN ADA & CANYON COUNTIES, THE TWO LARGEST COUNTIES IN THE SERVICE AREA:

- ADA COUNTY POPULATION GREW 27.8% FROM 2000-2009
- CANYON COUNTY POPULATION GREW 42% FROM 2000-2009

THE FOLLOWING ARE RELEVANT STATISTICS FOR THE SAINT ALPHONSUS REGIONAL MEDICAL CENTER PRIMARY SERVICE AREA (FROM CENSUS.GOV QUICK FACTS, 2010):

TOTAL POPULATION (2009):

- ADA COUNTY - 384,656
- CANYON COUNTY - 186,615
- ELMORE COUNTY - 28,820
- GEM COUNTY - 16,437
- MALHEUR COUNTY - 30,745

PERCENT WHITE PERSONS NOT HISPANIC:

- ADA COUNTY - 87%
- CANYON COUNTY - 73%
- ELMORE COUNTY - 76%
- GEM COUNTY - 88%

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MALHEUR COUNTY - 66%

PERCENT HISPANIC/LATINO ORIGIN:

ADA COUNTY - 7%

CANYON COUNTY - 22%

ELMORE COUNTY - 15%

GEM COUNTY - 9%

MALHEUR COUNTY - 28%

MEDIAN HOUSEHOLD INCOME:

ADA COUNTY - \$57,159

CANYON COUNTY - \$43,976

ELMORE COUNTY - \$47,561

GEM COUNTY - \$43,555

MALHEUR COUNTY - \$36,403

PERSONS BELOW POVERTY LEVEL (2008):

ADA COUNTY - 9%

CANYON COUNTY - 15%

ELMORE COUNTY - 14%

GEM COUNTY - 15%

MALHEUR COUNTY - 21%

APPROXIMATELY 17% OF NON-ELDERLY IDAHO RESIDENTS LACK HEALTH INSURANCE (KAISER HEALTH FACTS). MEDICALLY UNDERSERVED POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS WITHIN OUR SERVICE AREA INCLUDE A SHORTAGE OF PRIMARY CARE AND MENTAL HEALTH SERVICES.

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THE LOCAL REFUGEE POPULATION HAS MORE THAN DOUBLED SINCE 2005; MOST OF THESE INDIVIDUALS ARE OF CHILDBEARING AGE. APPROXIMATELY 3,800 REFUGEES CURRENTLY LIVE IN ADA COUNTY, WITH FOUR REFUGEE RESETTLEMENT AGENCIES IN THAT COUNTY PLACING 724 NEW REFUGEES IN 2007. IN 2008, 1,193 REFUGEES AND SPECIAL IMMIGRANTS ARRIVED IN IDAHO, FROM 23 DIFFERENT COUNTRIES, SPEAKING 27 DIFFERENT LANGUAGES (IDAHO OFFICE FOR REFUGEES).

THE REGION SEES A HIGH PREVALENCE OF MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES, WITH INADEQUATE PUBLIC BEHAVIORAL HEALTH SYSTEMS IN PLACE TO MEET THE EXISTING NEEDS FOR COMMUNITY-BASED AND INPATIENT SERVICES.

ON REVIEW OF DEMOGRAPHIC AND SOCIO-ECONOMIC DATA AND TRENDS, SEVERAL FACTORS CLEARLY HAVE AN IMPACT ON THE HEALTH STATUS OF THE COMMUNITIES SERVED BY SAINT ALPHONSUS, WITH IMPLICATIONS FOR FUTURE PLANNING. DRAMATIC POPULATION GROWTH, ESPECIALLY IN ADA AND CANYON COUNTIES, IS EXPECTED TO CONTINUE, WITH A GROWING HISPANIC POPULATION. THE GROWING REFUGEE POPULATION HAS GREATER LANGUAGE INTERPRETATION AND HEALTH EDUCATION NEEDS AS WELL.

GROWTH IN IDAHO'S SENIOR POPULATION IS ALSO PROJECTED TO ACCELERATE, WHICH WILL REQUIRE INCREASED HEALTH CARE SPENDING. MAMMOGRAPHY RATES, THE RISING RATE OF LOW BIRTH WEIGHT BABIES, OVERWEIGHT AND OBESITY, TOBACCO USE, MENTAL HEALTH AND DRINKING/DRUG USE ARE ALSO ISSUES OF GREAT CONCERN.

PART VI, LINE 5: COMMUNITY BUILDING ACTIVITIES - SAINT ALPHONSUS REGIONAL MEDICAL CENTER STRIVES TO MAKE THE CITIZENS OF OUR COMMUNITY MORE PRODUCTIVE, HEALTHY MEMBERS OF SOCIETY. THROUGH OUR COMMUNITY NEEDS ASSESSMENT AND OTHER COMMUNITY DATA, WE LEARNED THAT SEVERAL AREAS CAN

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BENEFIT FROM OUR HEALTH CARE EXPERTISE AND MONETARY SUPPORT. THESE INCLUDE AGENCIES THAT SUPPORT ECONOMIC DEVELOPMENT AND JOB CREATION; SUPPORT THE UNINSURED; ADDRESS WELLNESS ISSUES IN THE WORKFORCE; IMPROVE END OF LIFE CARE; EDUCATE REFUGEES REGARDING CHILDBIRTH AND PARENTING; IMPROVE CHILD SAFETY, HEALTH AND EDUCATION; AND SUPPORT SUBSTANCE ABUSE DETOXIFICATION AND SOBERING SERVICES, AND CRISIS MENTAL HEALTH.

SPECIFIC EXAMPLES OF OUR COMMUNITY BUILDING ACTIVITIES ARE DESCRIBED BELOW:

- SUPPORT OF THE VALLEY INITIATIVE FOR PROSPERITY - SAINT ALPHONSUS SUPPORTED THIS BROAD-BASED ECONOMIC DEVELOPMENT INITIATIVE (IN PARTNERSHIP WITH LOCAL CHAMBERS OF COMMERCE AND OTHER LOCAL COMPANIES) THAT AIMED TO BRING NEW BUSINESSES AND JOBS TO THE LOCAL COMMUNITY. SAINT ALPHONSUS HAS INVESTED \$20,000 PER YEAR OVER 5 YEARS, AS PART OF OUR COMMITMENT TO HELP OUR COMMUNITIES GROW AND THRIVE.

- PARTICIPATION IN LOCAL BOARDS AND TASK FORCES: SAINT ALPHONSUS LEADERS AND ASSOCIATES PARTICIPATE IN A VARIETY OF LOCAL NONPROFIT BOARDS AND TASK FORCES AIMED AT IMPROVING THE HEALTH OF OUR COMMUNITIES AND MAKING OUR COMMUNITY A MORE LIVABLE PLACE. EXAMPLES OF BOARD PARTICIPATION INCLUDE:

FAMILY MEDICINE RESIDENCY OF IDAHO: THROUGH ACTIVE PARTICIPATION ON THE BOARD OF FAMILY MEDICINE RESIDENCY OF IDAHO, SAINT ALPHONSUS HAS BEEN ABLE TO HELP GUIDE THE CONTINUING DEVELOPMENT AND EXPANSION OF FAMILY MEDICINE RESIDENCY CAPACITY IN IDAHO - A CRITICAL NEED SINCE IDAHO RANKS 49TH NATIONWIDE IN TERMS OF PRIMARY CARE PHYSICIANS PER CAPITA. THROUGH THIS PARTNERSHIP, WE WERE ALSO ABLE TO DEVELOP A NEW PSYCHIATRIC RESIDENCY PROGRAM BASED IN BOISE THREE YEARS AGO, WHICH OVER TIME WILL EXPAND THE PIPELINE OF NEW PSYCHIATRISTS PRACTICING IN OUR REGION, WHICH IS A HEALTH

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PROVIDER SHORTAGE AREA FOR MENTAL HEALTH.

BOYS AND GIRLS CLUBS OF ADA COUNTY: ENHANCEMENT OF BEFORE AND AFTER-SCHOOL PROGRAMMING FOR LOCAL AT-RISK YOUTH, INCLUDING A NEW LOCATION IN MERIDIAN, IDAHO. SAINT ALPHONSUS' REPRESENTATIVE ON THE BOYS AND GIRLS CLUB BOARD HAS CHAIRED SEVERAL IMPORTANT COMMITTEES, INCLUDING STRATEGIC PLANNING, PROGRAMS, AND THE ANNUAL SIGNATURE FUNDRAISING EVENT, THE WILD WEST AUCTION, WHICH BRINGS IN THE BULK OF ANNUAL OPERATING FUNDS FOR THE CLUBS. THE CLUBS HAVE ALSO TAKEN ON A SIGNIFICANT ROLE IN PROVIDING FEEDING PROGRAMS FOR LOW INCOME CHILDREN IN ADA AND CANYON COUNTIES.

HEALTH IMPROVEMENT ADVOCACY: SAINT ALPHONSUS HAS BEEN AN ACTIVE PARTICIPANT IN ADVOCACY SUPPORTING HEALTH IMPROVEMENT INITIATIVES SUCH AS:

CHILDHOOD IMMUNIZATIONS: DURING THE 2010 IDAHO LEGISLATIVE SESSION, SAINT ALPHONSUS WORKED WITH A COALITION OF OTHER STAKEHOLDERS TO CRAFT A SOLUTION TO THE STATE'S DISCONTINUATION OF FUNDING FOR IMMUNIZATIONS FOR INSURED CHILDREN. THE END PRODUCT WAS PASSED INTO LAW, CREATING A SYSTEM BY WHICH INSURANCE PLANS WOULD BE ASSESSED A FEE TO HELP COVER THE COST OF IMMUNIZATIONS FOR INSURED CHILDREN - WITH THE IMMUNIZATION FUND BEING OVERSEEN BY A NEWLY CREATED IMMUNIZATION ASSESSMENT BOARD. THIS REMEDIED CONFUSION AND FRUSTRATION THAT HAD BEEN EXPRESSED BY PROVIDERS AND THE PUBLIC FOLLOWING BUDGET CUTBACKS THE PRIOR YEAR. FOCUS IS NOW SHIFTING TO COALITION EFFORTS TO IMPROVE IDAHO'S LOW IMMUNIZATION RATES.

IDAHO END OF LIFE COALITION: ADVANCE CARE PLANNING IN IDAHO HAS BEEN IMPROVED AND STREAMLINED. ADVANCE CARE COMMITTEE MEMBERS PROVIDE PROFESSIONAL CONSULTATION ON THE DEVELOPMENT OF IDAHO ADVANCE CARE

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LEGISLATION INCLUDING REVISION AND STREAMLINING OF THE IDAHO NATURAL DEATH ACT (LIVING WILL AND DURABLE POWER OF ATTORNEY FOR HEALTH CARE), CREATION OF THE HEALTH CARE DIRECTIVE REGISTRY HOUSED IN THE OFFICE OF THE SECRETARY OF STATE, AND THE POST (PHYSICIAN ORDERS FOR SCOPE OF TREATMENT) - THE NEW IDAHO DNR (DO NOT RESUSCITATE) PROGRAM. IN ADDITION, COALITION COMMITTEES DEVELOP INITIATIVES TO RAISE COMMUNITY AWARENESS AND ENCOURAGE PROFESSIONAL DEVELOPMENT ABOUT END-OF-LIFE ISSUES.

WORKFORCE HEALTH INITIATIVE: SAINT ALPHONSUS HAS PROVIDED HEALTH RISK ASSESSMENTS TO EMPLOYEES OF LOCAL COMPANIES, FOLLOWED BY PRESENTATIONS SHOWING THE COMPANY'S OVERALL RISK PROFILE AND POTENTIAL INTERVENTIONS THAT MAY HELP IMPROVE THE HEALTH OF THE WORKFORCE AND CONTAIN FUTURE HEALTHCARE COSTS. SAINT ALPHONSUS HAS FACILITATED NUMEROUS "BIGGEST LOSER" TYPE WEIGHT LOSS CHALLENGES THAT HAVE RESULTED IN IMPROVED EMPLOYEE HEALTH AND PRESENTED A SIGNIFICANT TEAM-BUILDING OPPORTUNITY AT PARTICIPATING COMPANIES. STAFF FROM SAINT ALPHONSUS HAVE PROVIDED TARGETED EDUCATION AND SCREENINGS BASED ON THE RISK PROFILES AND PREFERENCES OF EACH PARTICIPATING COMPANY.

PART VI, LINE 6: OTHER INFORMATION - CONSISTENT WITH ITS NONPROFIT STATUS, SAINT ALPHONSUS USES SURPLUS REVENUES TO REINVEST IN FACILITIES, TECHNOLOGY AND MEDICAL SERVICES FOR THE COMMUNITY, AND COLLABORATES WITH COMMUNITY PARTNERS AND INVESTS IN NEEDED COMMUNITY PROGRAMS SUCH AS HUMPHREYS DIABETES CENTER, FAMILY MEDICINE RESIDENCY OF IDAHO, ALLUMBAUGH HOUSE (SOBERING, DETOXIFICATION AND CRISIS MENTAL HEALTH SERVICES), HEALTH TEACHER HEALTH LITERACY CURRICULUM FOR THE BOISE SCHOOL DISTRICT, AND MATCH (A CHILDREN'S MENTAL HEALTH PROGRAM).

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SAINT ALPHONSUS ALSO COLLABORATES WITH UNITED WAY OF TREASURE VALLEY TO ADDRESS COMMUNITY NEEDS IN THE AREAS OF HEALTH, EDUCATION AND INCOME.

SAINT ALPHONSUS IS REPRESENTED ON THE UNITED WAY BOARD OF DIRECTORS AND THE HEALTH VISION COUNCIL. IN ADDITION, SAINT ALPHONSUS HAS AN ANNUAL UNITED WAY WORKPLACE GIVING CAMPAIGN TO SUPPORT UNITED WAY INITIATIVES AND GRANTS TO LOCAL NONPROFITS PRODUCING MEASURABLE OUTCOMES IN ADDRESSING TOP COMMUNITY NEEDS.

SAINT ALPHONSUS STRONGLY SUPPORTS HEALTHCARE WORKFORCE DEVELOPMENT EFFORTS, INCLUDING ANNUAL FINANCIAL SUPPORT TO THE FAMILY MEDICINE RESIDENCY OF IDAHO, PSYCHIATRIC RESIDENCY, ISU DENTAL RESIDENCY, AND THE BOISE STATE UNIVERSITY NURSING BUILDING FUND. IN ADDITION, SAINT ALPHONSUS SERVES AS A KEY CLINICAL TRAINING SITE FOR NEW PHYSICIANS, NURSES AND OTHER ALLIED HEALTH PROFESSIONALS.

SAINT ALPHONSUS IS A REGIONAL TRAUMA CENTER AND TAKES A LEADERSHIP ROLE IN IMPROVING SYSTEMS OF CARE FOR TRAUMA PATIENTS. TRAUMA PREVENTION AND DISASTER PREPAREDNESS EFFORTS IN THE REGION ARE OFTEN LED BY STAFF AT SAINT ALPHONSUS, WHO HAVE CHAMPIONED TOUGHER SEAT BELT AND HELMET LAWS, COORDINATED DRUNK DRIVING PREVENTION EVENTS IN LOCAL HIGH SCHOOLS, AND LED IN RESPONSE PLANNING FOR EVENTS LIKE THE SPECIAL OLYMPICS WORLD WINTER GAMES. SAINT ALPHONSUS ALSO HOSTS AN ANNUAL SKI & MOUNTAIN TRAUMA CONFERENCE TO TRAIN FIRST RESPONDERS (EMS, FIRE, SKI PATROL, ETC.) THROUGHOUT THE NORTHWEST ON BEST PRACTICES FOR TRAUMA CARE IN THE PRE-HOSPITAL SETTING.

SAINT ALPHONSUS COORDINATES A REGIONAL TELEMEDICINE NETWORK THROUGHOUT WESTERN AND NORTHERN IDAHO AND EASTERN OREGON. SERVICES PROVIDED THROUGH

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THE NETWORK INCLUDE MUCH-NEEDED SERVICES SUCH AS TELEPSYCHIATRY, STROKE CARE, CLINICAL EDUCATION AND EMERGENCY MEDICINE CONSULTATIONS TO RURAL HOSPITALS IN REMOTE LOCATIONS, OFTEN PREVENTING UNNECESSARY TRANSPORTS AND ALLOWING PATIENTS TO BE CARED FOR CLOSER TO HOME.

SAINT ALPHONSUS IS GOVERNED BY A BOARD OF TRUSTEES CONSISTING OF COMMUNITY MEMBERS WHO SERVE IN A VOLUNTARY CAPACITY. ADDITIONAL COMMUNITY VOLUNTEERS ARE ENGAGED IN BOARD COMMITTEES SUCH AS QUALITY, MISSION, AND PLANNING & FINANCE.

PART VI, LINE 7: SAINT ALPHONSUS REGIONAL MEDICAL CENTER IS A MEMBER ORGANIZATION OF TRINITY HEALTH, THE FOURTH-LARGEST CATHOLIC HEALTH CARE SYSTEM IN THE COUNTRY. BASED IN NOVI, MICHIGAN, TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEVELOP, AND ARE HELD ACCOUNTABLE FOR ACHIEVING, COMMUNITY BENEFIT GOALS THAT INCLUDE DEVELOPING NEEDED SERVICES OR EXPANDING ACCESS TO SERVICES FOR LOW-INCOME INDIVIDUALS. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITY THROUGH PROGRAMS TO SERVE THE POOR AND UNINSURED, MANAGE CHRONIC CONDITIONS LIKE DIABETES, HEALTH EDUCATION AND PROMOTION INITIATIVES, AND OUTREACH FOR THE ELDERLY. IN FISCAL YEAR 2010, THIS INCLUDED NEARLY \$456 MILLION IN SUCH COMMUNITY BENEFITS. THEREFORE, TRINITY HEALTH TAKES A SYSTEMS APPROACH IN ITS COMMUNITY BENEFIT PLANNING AND IMPLEMENTATION, AND IS CONSEQUENTLY ABLE TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ARE HELPING PROMOTE AND ADDRESS THE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES.

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