

**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

2024

Open to Public
Inspection

Name of the organization	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.	Employer identification number	82-0200895
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
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: <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 _____ %	<input checked="" type="checkbox"/>	
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 FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance 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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did 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 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)			17673912.		17673912.	1.85%
b Medicaid (from Worksheet 3, column a)			157491937	145275419	12216518.	1.28%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs			175165849	145275419	29890430.	3.13%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	15	50,841	3230295.	735,679.	2494616.	.26%
f Health professions education (from Worksheet 5)	7	3,527	3801947.	1040391.	2761556.	.29%
g Subsidized health services (from Worksheet 6)	6	38,524	55494588.	45104007.	10390581.	1.09%
h Research (from Worksheet 7)	1	955	1352492.	1054788.	297,704.	.03%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	16,522	940,587.	1,500.	939,087.	.10%
j Total. Other benefits	34	110,369	64819909.	47936365.	16883544.	1.77%
k Total. Add lines 7d and 7j	34	110,369	239985758	193211784	46773974.	4.90%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	1		432.		432.	.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	2	90	35,539.		35,539.	.00%
7 Community health improvement advocacy	2	18	220,855.		220,855.	.02%
8 Workforce development						
9 Other						
10 Total	5	108	256,826.		256,826.	.02%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	23,375,481.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. 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	117,094,822.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	138,780,689.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-21,685,867.
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> 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)

(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 INTERMOUNTAIN MEDICAL IMAGING, LLC	IMAGING SERVICES	50.00%		50.00%
2 TEN MILE SURGERY CENTER, LLC	SURGERY CENTER	68.00%		32.00%

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: SAINT ALPHONSUS REGIONAL MEDICAL CENTER

Line 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 (CHNA)		
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?		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		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j <input type="checkbox"/> 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	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	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	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," list url: <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: SAINT ALPHONSUS REGIONAL MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: SAINT ALPHONSUS REGIONAL MEDICAL CENTER

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> 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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> 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) on line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> 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 FAP?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

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: SAINT ALPHONSUS REGIONAL MEDICAL CENTER

	Yes	No
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 <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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?	23	X
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?	24	X
If "Yes," explain in Section C.		

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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: SAINT ALPHONSUS REGIONAL REHABILITATION

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
Community Health Needs Assessment (CHNA)		
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?		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		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j <input type="checkbox"/> 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	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	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	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	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?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: SAINT ALPHONSUS REGIONAL REHABILITATION

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: SAINT ALPHONSUS REGIONAL REHABILITATION

	Yes	No
<p>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> 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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> 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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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 FAP?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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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: SAINT ALPHONSUS REGIONAL REHABILITATION

	Yes	No
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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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?	23	X
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?	24	X
If "Yes," explain in Section C.		

Schedule H (Form 990) 2024

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.

SAINT ALPHONSUS REGIONAL MEDICAL CENTER:
PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E:

SAINT ALPHONSUS REGIONAL MEDICAL CENTER (SARMC) 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. BEHAVIORAL HEALTH, INCLUDING MENTAL HEALTH AND WELL-BEING AND SUBSTANCE MISUSE
3. ACCESS TO AFFORDABLE HEALTH CARE, INCLUDING ORAL AND VISION HEALTH

SAINT ALPHONSUS REGIONAL REHABILITATION HOSPITAL:
PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E:

SAINT ALPHONSUS REGIONAL REHABILITATION HOSPITAL (SARRH) 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. BEHAVIORAL HEALTH, INCLUDING MENTAL HEALTH AND WELL-BEING AND SUBSTANCE MISUSE
3. ACCESS TO AFFORDABLE HEALTH CARE, INCLUDING ORAL AND VISION HEALTH

SAINT ALPHONSUS REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE CHNA WAS CONDUCTED FROM JULY THROUGH DECEMBER 2022 AND APPROVED BY THE SAINT ALPHONSUS HEALTH SYSTEM BOARD ON JUNE 5, 2023. COLLABORATIVE PARTNERS FOR THE ASSESSMENT INCLUDED: CENTRAL DISTRICT HEALTH, REGENCE BLUESHIELD OF IDAHO, SALTZER (INTERMOUNTAIN) HEALTH, SOUTHWEST DISTRICT HEALTH, ST. LUKE'S HEALTH SYSTEM, UNITED WAY OF TREASURE VALLEY, WEISER MEMORIAL HOSPITAL, AND WESTERN IDAHO COMMUNITY HEALTH COLLABORATIVE.

CHNA PARTNERS USED A TARGETED APPROACH TO RECRUIT INTERVIEW AND FOCUS GROUP PARTICIPANTS. THIS APPROACH WAS USED TO ENSURE THAT TYPICALLY UNDERREPRESENTED GROUPS WERE INCLUDED IN DATA COLLECTION SUCH AS OLDER ADULTS, RURAL RESIDENTS, PEOPLE EXPERIENCING HOMELESSNESS, HISPANIC AND LATINX POPULATIONS, AND NEW AMERICAN AND RESETTLEMENT GROUPS. PROJECT PARTNERS CONDUCTED 62 INTERVIEWS AND 32 FOCUS GROUPS. ASSESSMENT AND RECRUITMENT OVERSIGHT OCCURRED THROUGH A COMMUNITY ASSESSMENT STEERING COMMITTEE, WHICH WAS COMPRISED OF REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS: AREA AGENCY ON AGING, BLUE CROSS OF IDAHO FOUNDATION FOR HEALTH, BOISE STATE UNIVERSITY, CENTRAL DISTRICT HEALTH, COMMUNITY COUNCIL OF IDAHO, IDAHO ANTI-TRAFFICKING COALITION, IDAHO ASSOCIATION FOR THE

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.

EDUCATION OF YOUNG CHILDREN, IDAHO FOODBANK, IDAHO HOUSING AND FINANCE ASSOCIATION, IDAHO POLICY INSTITUTE, IDAHO PRIMARY CARE ASSOCIATES, JESSE TREE, MICRON, SALTZER (INTERMOUNTAIN) HEALTH, SOUTHWEST DISTRICT HEALTH, ST. LUKE'S HEALTH SYSTEM, SAINT ALPHONSUS HEALTH SYSTEM, TERRY REILLY HEALTH SYSTEM, VALLEY REGIONAL TRANSIT, WESTERN IDAHO COMMUNITY ACTION PARTNERSHIP, AND WOMEN'S AND CHILDREN'S ALLIANCE.

FOCUS GROUP HOSTS INCLUDED THESE ORGANIZATIONS SERVING IMPACTED POPULATIONS: ADAMS COUNTY HEALTH ACTION TEAM, BOISE SCHOOL DISTRICT, CALDWELL HEALTH COALITION, CANYON COUNTY FIRST RESPONDERS, CASCADE MEDICAL CENTER, CENTER FOR GLOBAL HEALTH AND HEALING, ELMORE COUNTY HEALTH COALITION, FIT AND FALL PROOF CALDWELL METHODIST CHURCH, FIT AND FALL PROOF EMMETT REC CENTER, FIT AND FALL PROOF MIDDLETON, FIT AND FALL PROOF NEW PLYMOUTH, FIT AND FALL PROOF PAYETTE SENIOR CENTER, GEM COMMUNITY HEALTH COALITION, GLENNS FERRY SENIOR CENTER, GOOD SAMARITAN HOME, MOBILE CRISIS UNIT REGION 4, OWYHEE HEALTH COALITION, PAYETTE COUNTY HEALTH ACTION TEAM, SAINT ALPHONSUS HEALTH SYSTEM, THE NEW PLYMOUTH KIWANIS CLUB, VALLEY COUNTY OPIOID RESPONSE PROJECT, AND WASHINGTON COUNTY HEALTH COALITION.

COMMUNITY INTERVIEWS INCLUDED THE FOLLOWING ORGANIZATION PARTICIPANTS: ADA COUNTY PARAMEDICS, ADAMS COUNTY SHERIFF'S OFFICE, BOYS & GIRLS CLUBS ADA COUNTY, CANYON COUNTY GOVERNMENT, CATCH, BOISE STATE UNIVERSITY - CENTER FOR THE STUDY OF AGING, CITY OF CALDWELL, CITY OF NEW MEADOWS, CITY OF PAYETTE, COLLEGE OF SOUTHERN IDAHO, COMMUNITY COUNCIL OF IDAHO, ECONOMIC OPPORTUNITY-JANNUS, ELMORE COUNTY COMMISSIONERS, FAMILY CAREGIVER NAVIGATOR PROGRAM, IDAHO ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, IDAHO BUSINESS FOR EDUCATION, IDAHO COMMISSION ON HISPANIC AFFAIRS, IDAHO DEPARTMENT OF HEALTH AND WELFARE, BEHAVIORAL HEALTH, IDAHO HOUSING AND FINANCE ASSOCIATION, IDAHO ORAL HEALTH ALLIANCE, IDAHO SUICIDE PREVENTION HOTLINE, INCLUSIVE IDAHO, JANNUS, JESSE TREE OF IDAHO, LIVING INDEPENDENCE NETWORK CORP., MEADOWS VALLEY FOODBANK, MOBILE CRISIS UNIT REGION 4, OWYHEE COUNTY GOVERNMENT, SPEEDY FOUNDATION, STATE INDEPENDENT LIVING CENTER, VALLEY REGIONAL TRANSIT, VALLIVUE ELEMENTARY SCHOOL, WASHINGTON COUNTY STATE GOVERNMENT, WESTERN IDAHO COMMUNITY ACTION PARTNERSHIP, AND WOMEN'S AND CHILDREN'S ALLIANCE.

BETWEEN JULY AND DECEMBER 2022, PROJECT PARTNERS COLLECTED PRIMARY DATA REPRESENTING THE COMMUNITIES' PERSPECTIVES ON HEALTH AND SOCIAL DETERMINANTS OF HEALTH TOPICS THROUGH SURVEYS, FOCUS GROUPS, AND INTERVIEWS. EMPHASIS WAS PLACED ON COLLECTING FEEDBACK FROM UNDERSERVED AND UNDERREPRESENTED GROUPS ACROSS THE COMMUNITIES ASSESSED. SECONDARY DATA INDICATORS WERE COLLECTED BETWEEN JULY AND DECEMBER 2022 FROM EXISTING DATASETS SUCH AS THE U.S. CENSUS, BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, DEPARTMENT OF LABOR, TRINITY HEALTH DATA HUB, AND OTHERS.

SAINT ALPHONSUS REGIONAL REHABILITATION HOSPITAL:
PART V, SECTION B, LINE 5: THE CHNA WAS CONDUCTED FROM JULY THROUGH DECEMBER 2022 AND APPROVED BY THE SAINT ALPHONSUS HEALTH SYSTEM BOARD ON JUNE 5, 2023. COLLABORATIVE PARTNERS FOR THE ASSESSMENT INCLUDED: CENTRAL DISTRICT HEALTH, REGENCE BLUESHIELD OF IDAHO, SALTZER (INTERMOUNTAIN) HEALTH, SOUTHWEST DISTRICT HEALTH, ST. LUKE'S HEALTH SYSTEM, UNITED WAY OF TREASURE VALLEY, WEISER MEMORIAL HOSPITAL, AND WESTERN IDAHO COMMUNITY

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.

HEALTH COLLABORATIVE.

CHNA PARTNERS USED A TARGETED APPROACH TO RECRUIT INTERVIEW AND FOCUS GROUP PARTICIPANTS. THIS APPROACH WAS USED TO ENSURE THAT TYPICALLY UNDERREPRESENTED GROUPS WERE INCLUDED IN DATA COLLECTION SUCH AS OLDER ADULTS, RURAL RESIDENTS, PEOPLE EXPERIENCING HOMELESSNESS, HISPANIC AND LATINX POPULATIONS, AND NEW AMERICAN AND RESETTLEMENT GROUPS. PROJECT PARTNERS CONDUCTED 62 INTERVIEWS AND 32 FOCUS GROUPS. ASSESSMENT AND RECRUITMENT OVERSIGHT OCCURRED THROUGH A COMMUNITY ASSESSMENT STEERING COMMITTEE, WHICH WAS COMPRISED OF REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS: AREA AGENCY ON AGING, BLUE CROSS OF IDAHO FOUNDATION FOR HEALTH, BOISE STATE UNIVERSITY, CENTRAL DISTRICT HEALTH, COMMUNITY COUNCIL OF IDAHO, IDAHO ANTI-TRAFFICKING COALITION, IDAHO ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, IDAHO FOODBANK, IDAHO HOUSING AND FINANCE ASSOCIATION, IDAHO POLICY INSTITUTE, IDAHO PRIMARY CARE ASSOCIATES, JESSE TREE, MICRON, SALTZER (INTERMOUNTAIN) HEALTH, SOUTHWEST DISTRICT HEALTH, ST. LUKE'S HEALTH SYSTEM, SAINT ALPHONSUS HEALTH SYSTEM, TERRY REILLY HEALTH SYSTEM, VALLEY REGIONAL TRANSIT, WESTERN IDAHO COMMUNITY ACTION PARTNERSHIP, AND WOMEN'S AND CHILDREN'S ALLIANCE.

FOCUS GROUP HOSTS INCLUDED THESE ORGANIZATIONS SERVING IMPACTED POPULATIONS: ADAMS COUNTY HEALTH ACTION TEAM, BOISE SCHOOL DISTRICT, CALDWELL HEALTH COALITION, CANYON COUNTY FIRST RESPONDERS, CASCADE MEDICAL CENTER, CENTER FOR GLOBAL HEALTH AND HEALING, ELMORE COUNTY HEALTH COALITION, FIT AND FALL PROOF CALDWELL METHODIST CHURCH, FIT AND FALL PROOF EMMETT REC CENTER, FIT AND FALL PROOF MIDDLETON, FIT AND FALL PROOF NEW PLYMOUTH, FIT AND FALL PROOF PAYETTE SENIOR CENTER, GEM COMMUNITY HEALTH COALITION, GLENNS FERRY SENIOR CENTER, GOOD SAMARITAN HOME, MOBILE CRISIS UNIT REGION 4, OWYHEE HEALTH COALITION, PAYETTE COUNTY HEALTH ACTION TEAM, SAINT ALPHONSUS HEALTH SYSTEM, THE NEW PLYMOUTH KIWANIS CLUB, VALLEY COUNTY OPIOID RESPONSE PROJECT, AND WASHINGTON COUNTY HEALTH COALITION.

COMMUNITY INTERVIEWS INCLUDED THE FOLLOWING ORGANIZATION PARTICIPANTS: ADA COUNTY PARAMEDICS, ADAMS COUNTY SHERIFF'S OFFICE, BOYS & GIRLS CLUBS ADA COUNTY, CANYON COUNTY GOVERNMENT, CATCH, BOISE STATE UNIVERSITY - CENTER FOR THE STUDY OF AGING, CITY OF CALDWELL, CITY OF NEW MEADOWS, CITY OF PAYETTE, COLLEGE OF SOUTHERN IDAHO, COMMUNITY COUNCIL OF IDAHO, ECONOMIC OPPORTUNITY-JANNUS, ELMORE COUNTY COMMISSIONERS, FAMILY CAREGIVER NAVIGATOR PROGRAM, IDAHO ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, IDAHO BUSINESS FOR EDUCATION, IDAHO COMMISSION ON HISPANIC AFFAIRS, IDAHO DEPARTMENT OF HEALTH AND WELFARE, BEHAVIORAL HEALTH, IDAHO HOUSING AND FINANCE ASSOCIATION, IDAHO ORAL HEALTH ALLIANCE, IDAHO SUICIDE PREVENTION HOTLINE, INCLUSIVE IDAHO, JANNUS, JESSE TREE OF IDAHO, LIVING INDEPENDENCE NETWORK CORP., MEADOWS VALLEY FOODBANK, MOBILE CRISIS UNIT REGION 4, OWYHEE COUNTY GOVERNMENT, SPEEDY FOUNDATION, STATE INDEPENDENT LIVING CENTER, VALLEY REGIONAL TRANSIT, VALLIVUE ELEMENTARY SCHOOL, WASHINGTON COUNTY STATE GOVERNMENT, WESTERN IDAHO COMMUNITY ACTION PARTNERSHIP, AND WOMEN'S AND CHILDREN'S ALLIANCE.

BETWEEN JULY AND DECEMBER 2022, PROJECT PARTNERS COLLECTED PRIMARY DATA REPRESENTING THE COMMUNITIES' PERSPECTIVES ON HEALTH AND SOCIAL DETERMINANTS OF HEALTH TOPICS THROUGH SURVEYS, FOCUS GROUPS, AND INTERVIEWS. EMPHASIS WAS PLACED ON COLLECTING FEEDBACK FROM UNDERSERVED

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.

AND UNDERREPRESENTED GROUPS ACROSS THE COMMUNITIES ASSESSED. SECONDARY DATA INDICATORS WERE COLLECTED BETWEEN JULY AND DECEMBER 2022 FROM EXISTING DATASETS SUCH AS THE U.S. CENSUS, BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, DEPARTMENT OF LABOR, TRINITY HEALTH DATA HUB, AND OTHERS.

SAINT ALPHONSUS REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED IN PARTNERSHIP WITH SAINT ALPHONSUS MEDICAL CENTER-NAMPA, SAINT ALPHONSUS REGIONAL REHABILITATION HOSPITAL, SALTZER (INTERMOUNTAIN) HEALTH, ST. LUKE'S REGIONAL MEDICAL CENTER, AND WEISER MEMORIAL HOSPITAL.

SAINT ALPHONSUS REGIONAL REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED IN PARTNERSHIP WITH SAINT ALPHONSUS REGIONAL MEDICAL CENTER AND SAINT ALPHONSUS MEDICAL CENTER-NAMPA, SALTZER (INTERMOUNTAIN) HEALTH, ST. LUKE'S REGIONAL MEDICAL CENTER, AND WEISER MEMORIAL HOSPITAL.

SAINT ALPHONSUS REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 6B: THE CHNA WAS ALSO CONDUCTED IN PARTNERSHIP WITH CENTRAL DISTRICT HEALTH, SOUTHWEST DISTRICT HEALTH, UNITED WAY OF TREASURE VALLEY, AND WESTERN IDAHO COMMUNITY HEALTH COLLABORATIVE.

SAINT ALPHONSUS REGIONAL REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 6B: THE CHNA WAS ALSO CONDUCTED IN PARTNERSHIP WITH CENTRAL DISTRICT HEALTH, SOUTHWEST DISTRICT HEALTH, UNITED WAY OF TREASURE VALLEY, AND WESTERN IDAHO COMMUNITY HEALTH COLLABORATIVE.

SAINT ALPHONSUS REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE CHNA WAS CONDUCTED AND POSTED ON JUNE 5, 2023. AN UPDATED IMPLEMENTATION STRATEGY WAS ADOPTED IN SEPTEMBER 2023 FOR FISCAL YEARS 2024-2026. 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. IN FISCAL YEAR 2025 (FY25), SAINT ALPHONSUS REGIONAL MEDICAL CENTER (SARMC) DEVELOPED AND/OR SUPPORTED INITIATIVES TO IMPROVE THE FOLLOWING HEALTH NEEDS:

SAFE, AFFORDABLE HOUSING AND HOMELESSNESS:

IN FY25, SARMC PROVIDED SUPPORT TO JESSE TREE, WHICH PROVIDES EMERGENCY RENTAL ASSISTANCE AND EVICTION AVOIDANCE FOR RESIDENTS, AND HOME PARTNERSHIP FOUNDATION, WHICH WORKS TOWARD ENDING FAMILY HOMELESSNESS. SARMC ALSO WAS A LEAD CONTRIBUTOR TO THE ADA COUNTY SUPPORTIVE HOUSING INVESTMENT FUND (SHIF) TO LEVERAGE LOCAL FUNDS FOR PERMANENT SUPPORTIVE HOUSING INITIATIVES ACROSS THE COUNTY.

BEHAVIORAL HEALTH, INCLUDING MENTAL HEALTH AND WELL-BEING AND SUBSTANCE MISUSE:

SARMC, AS PART OF SAINT ALPHONSUS HEALTH SYSTEM (SAHS), PROVIDED TOBACCO CESSATION COUNSELING THROUGH A TRAINED TOBACCO TREATMENT SPECIALIST. SARMC

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.

ALSO CONTINUED TO CONDUCT QUESTION PERSUADE REFER SUICIDE PREVENTION TRAINING FOR STAFF THROUGHOUT THE HEALTH SYSTEM AS WELL AS FREE MENTAL HEALTH AND YOUTH MENTAL HEALTH FIRST AID TRAINING AT NO COST FOR EMPLOYEES AND COMMUNITY MEMBERS. SAINT ALPHONSUS TOBACCO FREE LIVING CONTINUED TO OFFER ONLINE CESSATION PROGRAMS. SARMC'S FAITH COMMUNITY NURSING AND SCHOOL HEALTH PROGRAMS ALSO CONTINUED TO SUPPORT THE SIGNS OF SUICIDE PROGRAM FOR LOCAL MIDDLE AND HIGH SCHOOL STUDENTS, STAFF, AND PARENTS TO TRAIN THEM TO RECOGNIZE THE SIGNS OF SUICIDE AND PROVIDED RESOURCES TO SEEK HELP.

ACCESS TO AFFORDABLE HEALTH CARE, INCLUDING ORAL AND VISION HEALTH: INITIATIVES IN FY25 INCLUDED SUPPORT OF ACCESS TO MENTAL HEALTH TREATMENT THROUGH ALLUMBAUGH HOUSE, TELEPSYCHIATRY, AND SUPPORT OF OTHER SAFETY NET ORGANIZATIONS LIKE GENESIS COMMUNITY HEALTH. SARMC FOCUSED ON IMPROVING ACCESS TO HEALTH CARE BY REMOVING BARRIERS AND PROVIDING SERVICES FOR THE POOR AND UNDERSERVED THROUGH COMMUNITY PARTNERSHIPS. SARMC SUPPORTED SPECIAL REFUGEE CARE THROUGH ITS CENTER FOR GLOBAL HEALTH AND HEALING AND THE CARE (CULTURALLY APPROPRIATE RESOURCES AND EDUCATION) CLINIC FOR REFUGEE MOTHERS.

SAINT ALPHONSUS REGIONAL REHABILITATION HOSPITAL: PART V, SECTION B, LINE 11: THE CHNA WAS CONDUCTED AND POSTED BY THE END OF FISCAL YEAR 2023. AN UPDATED IMPLEMENTATION STRATEGY WAS ADOPTED IN SEPTEMBER 2023 FOR FISCAL YEARS 2024-2026. THESE DOCUMENTS WILL GUIDE THE COMMUNITY BENEFIT WORK FOR THESE FISCAL YEARS. SAINT ALPHONSUS REGIONAL REHABILITATION HOSPITAL (SARRH) ADDRESSED ACCESS TO AFFORDABLE HEALTH CARE. IN FISCAL YEAR 2025 (FY25), SARRH FOCUSED ON IMPROVING ACCESS TO HEALTH CARE BY REMOVING BARRIERS AND PROVIDING SERVICES FOR THOSE WHO ARE POOR AND UNDERSERVED THROUGH PATIENT FINANCIAL ASSISTANCE.

SARRH ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. FOR THAT REASON, SARRH DID NOT ADDRESS THE FOLLOWING HEALTH NEEDS IN FY25:

SAFE, AFFORDABLE HOUSING AND HOMELESSNESS - THIS NEED WAS NOT ADDRESSED BECAUSE IT IS BEING ADDRESSED BY OTHER ORGANIZATIONS AND ENTITIES WITHIN THE COMMUNITY, INCLUDING OTHER HOSPITALS WITHIN THE SAINT ALPHONSUS HEALTH SYSTEM THAT ARE ADDRESSING NEEDS IN BOISE, NAMPA, AND ONTARIO.

BEHAVIORAL HEALTH, INCLUDING MENTAL HEALTH AND WELL-BEING AND SUBSTANCE MISUSE - THIS NEED WAS NOT ADDRESSED BECAUSE IT IS BEING ADDRESSED BY OTHER ORGANIZATIONS AND ENTITIES WITHIN THE COMMUNITY. HOWEVER, SARRH DOES OFFER PSYCHIATRIC AND NEUROPSYCHIATRIC SERVICES TO PATIENTS AS OUTLINED IN THE IMPLEMENTATION STRATEGY AND MAKES ADDITIONAL REFERRALS TO COMMUNITY PARTNER ORGANIZATIONS FOR PATIENTS AS NEEDED.

SAINT ALPHONSUS REGIONAL MEDICAL CENTER: 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

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.

"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 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.

SAINT ALPHONSUS REGIONAL REHABILITATION HOSPITAL:
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 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:
SAINT ALPHONSUS REGIONAL MEDICAL CENTER:
WWW.SAINTALPHONSUS.ORG/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-NEEDS-ASSESSMENT

SAINT ALPHONSUS REGIONAL REHABILITATION HOSPITAL:
WWW.ENCOMPASSHEALTH.COM/LOCATIONS/BOISEREHAB

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.

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 7B:

SAINT ALPHONSUS REGIONAL REHABILITATION HOSPITAL:
WWW.SAINTALPHONSUS.ORG/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-NEEDS-ASSESSMENT

PART V, SECTION B, LINE 10A:

SAINT ALPHONSUS REGIONAL MEDICAL CENTER:
WWW.SAINTALPHONSUS.ORG/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-NEEDS-ASSESSMENT/IMPLEMENTATION-STRATEGY

SAINT ALPHONSUS REGIONAL REHABILITATION HOSPITAL:
WWW.SAINTALPHONSUS.ORG/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-NEEDS-ASSESSMENT/IMPLEMENTATION-STRATEGY

PART V, LINE 16A, FAP WEBSITE:

SAINT ALPHONSUS REGIONAL MEDICAL CENTER:
WWW.SAINTALPHONSUS.ORG/FOR-PATIENTS/AFTER-YOUR-VISIT/FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE

SAINT ALPHONSUS REGIONAL REHABILITATION HOSPITAL:
WWW.ENCOMPASSHEALTH.COM/LOCATIONS/BOISEREHAB/FINANCIAL-ASSISTANCE

PART V, LINE 16B, FAP APPLICATION WEBSITE:

SAINT ALPHONSUS REGIONAL MEDICAL CENTER:
WWW.SAINTALPHONSUS.ORG/FOR-PATIENTS/AFTER-YOUR-VISIT/FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE

SAINT ALPHONSUS REGIONAL REHABILITATION HOSPITAL:
WWW.ENCOMPASSHEALTH.COM/LOCATIONS/BOISEREHAB/FINANCIAL-ASSISTANCE

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

SAINT ALPHONSUS REGIONAL MEDICAL CENTER:
WWW.SAINTALPHONSUS.ORG/FOR-PATIENTS/AFTER-YOUR-VISIT/FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE

SAINT ALPHONSUS REGIONAL REHABILITATION HOSPITAL:
WWW.ENCOMPASSHEALTH.COM/LOCATIONS/BOISEREHAB/FINANCIAL-ASSISTANCE

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 50

Name and address	Type of facility (describe)
1 SAMG CLINICS - 1055 CURTIS 1055 N CURTIS RD BOISE, ID 83706	PALLIATIVE CLINIC, OCC MED, RADIATION ONCOLOGY, WOUND & HYPERBARIC CARE
2 SAMG MULVANEY BLDG 1072 N LIBERTY ST BOISE, ID 83704	OBGYN, PEDS SURGERY SPECIALTY CARE, PEDIATRICS GEN SURGERY, BARIATRICS
3 SAMG BOISE MOREAU 6140 W CURTISIAN AVE STE 100 & 200 BOISE, ID 83704	CARDIOTHORACIC & HEART CARE
4 SAMG CALDWELL 1906 FAIRVIEW AVE STE 430 CALDWELL, ID 83605	GLYCEMIC, GYNECOLOGY ONCOLOGY, NEUROLOGY, PULMONARY & SLEEP MED, UROLOGY
5 SAMG GARRITY CAMPUS 1150 N SISTER CATHERINE WAY NAMPA, ID 83687	FAMILY MEDICINE, URGENT CARE, PEDIATRICS, OCC MED
6 SAMG W EMERALD FAMILY MEDICINE 6051 W EMERALD ST BOISE, ID 83704	FAMILY MEDICINE, URGENT CARE, OCC MED, ORTHO URGENT CARE
7 SAMG 1075 N CURTIS, HARTMAN BLDG 1075 N CURTIS RD STE 101 BOISE, ID 83706	VASCULAR SERVICES, PULMONARY & SLEEP MEDICINE, PODIATRY
8 SAMG GARRITY MOB 4400 E FLAMINGO AVE NAMPA, ID 83687	PULMONARY & SLEEP MEDICINE, SPORTS MED, OBGYN, GYNECOLOGY ONCOLOGY
9 SAMG CHERRY LANE 3025 W CHERRY LN MERIDIAN, ID 83642	SLEEP MEDICINE, PULMONARY, URGENT CARE, FAMILY MED, STARS PHYSICAL THERAPY
10 SAMG 12TH AVE CLINIC 1510 12TH AVE RD STE 200 NAMPA, ID 83686	FAMILY MEDICINE, GLYCEMIC, GERIATRICS

Schedule H (Form 990) 2024

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 50

Name and address	Type of facility (describe)
11 SAMG KARCHER CLINIC 11035 KARCHER RD NAMPA, ID 83651	FAMILY MEDICINE, URGENT CARE
12 SAMG ELM CLINIC 315 E ELM ST STE 100 CALDWELL, ID 83605	PEDIATRICS, OCC MED, URGENT CARE, FAMILY MEDICINE, GERIATRICS, PODIATRY
13 SAMG BHP CLINIC 2141 E PARKCENTER BLVD BOISE, ID 83706	FAMILY MEDICINE, URGENT CARE, STARS PHYSICAL THERAPY
14 SAMG STAR 10717 W STATE ST STAR, ID 83669	FAMILY MEDICINE, URGENT CARE
15 SAMG TRAUMA SERVICES 415 999 N CURTIS RD STE 415 BOISE, ID 83706	TRAUMA SERVICES
16 SAMG LAKE HAZEL 10583 W LAKE HAZEL RD BOISE, ID 83709	FAMILY MEDICINE, OBGYN, URGENT CARE
17 SAMG JOINT CENTER OF EXCELLENCE 6165 W EMERALD ST BOISE, ID 83704	JOINT CENTER
18 SAMG 900 N LIBERTY 900 N LIBERTY ST BOISE, ID 83704	GYNECOLOGY ONCOLOGY, MATERNAL FETAL MEDICINE, NEUROSURGERY, TRAUMA
19 SAMG OVERLAND FAMILY MEDICINE 10255 W OVERLAND RD BOISE, ID 83709	FAMILY MEDICINE
20 SAMG MCMILLAN FAMILY MEDICINE 12273 W MCMILLAN RD BOISE, ID 83713	FAMILY MEDICINE

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Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 50

Name and address	Type of facility (describe)
21 SAMG HEART CARE/GYN ONC/SLEEP MEDICIN 1050 SW 3RD AVE STE 3200 ONTARIO, OR 97914	HEART CARE, GYNECOLOGY ONCOLOGY, SLEEP MEDICINE
22 SAMG PEDIATRICS MERIDIAN 3653 N LOCUST GROVE RD MERIDIAN, ID 83646	PEDIATRICS
23 SAMG KUNA FAMILY MEDICINE 757 E WYTHE CREEK CT STE 100 KUNA, ID 83634	FAMILY MEDICINE & URGENT CARE
24 SAMG W CHINDEN FAMILY MEDICINE 3217 W BAVARIA EAGLE, ID 83616	FAMILY MEDICINE, PEDIATRICS, OBYN
25 SAMG BAKER CITY 3175 POCAHONTAS RD BAKER CITY, OR 97814	HEART CARE, GYNECOLOGY ONCOLOGY, SLEEP MEDICINE
26 SAMG EAGLE HEALTH PLAZA 323 E RIVERSIDE DR EAGLE, ID 83616	HEART CARE, INTERNAL MEDICINE, GERIATRICS, STARS PHYSICAL THERAPY
27 SAMG GLOBAL HEALTH 6533 W EMERALD ST BOISE, ID 83704	OBYN, FAMILY MEDICINE
28 STARS PHYSICAL THERAPY-BOISE (CURTIS) 901 N CURTIS RD, ST 204 BOISE, ID 83706	PHYSICAL THERAPY
29 SAMG GLYCEMIC BOISE 1000 N CURTIS RD STE 305 BOISE, ID 83706	GLYCEMIC
30 SAMG BEHAVIORAL HEALTH EMERALD 6348 W EMERALD ST BOISE, ID 83704	BEHAVIORAL HEALTH

Schedule H (Form 990) 2024

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 50

Name and address	Type of facility (describe)
31 SAMG RADIATION ONCOLOGY MERIDIAN 2855 E MAGIC VIEW DR MERIDIAN, ID 83642	RADIATION ONCOLOGY
32 SAMG INTERNAL MED AND GERIATRICS 5966 W CURTISIAN AVE BOISE, ID 83704	INTERNAL MED & GERIATRICS
33 SAMG HEARING AND BALANCE BOISE 6094 W EMERALD ST BOISE, ID 83704	ENT, STARS PHYSICAL THERAPY
34 TEN MILE ASC & TEN MILE URGENT CARE 875 S VANGUARD WAY MERIDIAN, ID 83642	AMBULATORY SURGERY CENTER AND URGENT CARE
35 SAMG NEUROLOGY FHP 910 NW 16TH ST STE 102 FRUITLAND, ID 83616	NEUROLOGY
36 STARS PHYSICAL THERAPY MERIDIAN PEDIA 179 SW 5TH AVE MERIDIAN, ID 83642	PHYSICAL THERAPY
37 SAMG MEDICAL OUTREACH 1202 E LOCUST EMMETT, ID 83617	HEART CARE, MEDICAL ONCOLOGY
38 SAMG RADIATION ONCOLOGY CALDWELL 3123 MEDICAL DR SUITE A CALDWELL, ID 83605	RADIATION ONCOLOGY
39 SAMG GLYCEMIC CHERRY LANE 3250 W CHERRY LN MERIDIAN, ID 83642	GLYCEMIC
40 STARS PHYSICAL THERAPY MERIDIAN TALUS 3875 E OVERLAND MERIDIAN, ID 83642	PHYSICAL THERAPY

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Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 50

Name and address	Type of facility (describe)
41 STARS PHYSICAL THERAPY YMCA W. BOISE 5959 N DISCOVERY PL BOISE, ID 83713	PHYSICAL THERAPY
42 STARS PHYSICAL THERAPY-BOISE LIBERTY 717 N LIBERTY ST BOISE, ID 83704	PHYSICAL THERAPY
43 SAMG HEART CARE SUN VALLEY 15 W GALENA ST HAILEY, ID 83333	HEART CARE
44 SAMG HEART CARE CASCADE 402 LAKE CASCADE PKWY CASCADE, ID 83611	HEART CARE
45 SAMG HEART CARE WEISER 645 E 5TH ST WEISER, ID 83674	HEART CARE
46 STARS PHYSICAL THERAPY DOWNTOWN YMCA 1050 W STATE ST BOISE, ID 83702	PHYSICAL THERAPY
47 INTERMOUNTAIN MEDICAL IMAGING 927 WEST MYRTLE ST. BOISE, ID 83702	IMAGING SERVICES
48 EAGLE HEALTH PLAZA 323 E. RIVERSIDE DR. EAGLE, ID 83616	IMAGING SERVICES
49 INTERMOUNTAIN MEDICAL IMAGING - MAGIC 2929 E. MAGIC VIEW DR. MERIDIAN, ID 83642	IMAGING SERVICES
50 CALDWELL CANCER CENTER 3123 MEDICAL DR. CALDWELL, ID 83605	CANCER CARE CENTER

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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 FAP.
- 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 REGIONAL MEDICAL CENTER (SARMC) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF IDAHO. IN ADDITION, SARMC 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.

SARMC 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:

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, \$23,375,481, 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:

SARMC STRIVES TO BE A TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES. SPECIFIC EXAMPLES OF FY25 COMMUNITY BUILDING ACTIVITIES ARE DESCRIBED BELOW:

Part VI Supplemental Information (Continuation)

COMMUNITY SUPPORT:

SARMC'S DISASTER READINESS TEAM WORKED TO ENSURE THAT BOTH THE HOSPITAL AND THE COMMUNITY ARE PREPARED TO RESPOND TO DISASTER SCENARIOS. SARMC'S SKI AND MOUNTAIN TRAUMA CONFERENCE ENSURED ADEQUATE TRAINING AND PREPARATION OF EMERGENCY RESPONDERS, INCLUDING SKI PATROLS, BACKCOUNTRY RESCUE, FIRE, AND EMS.

COALITION BUILDING:

SARMC PARTICIPATED IN A VARIETY OF LOCAL BOARDS AND WORK GROUPS AIMED AT IMPROVING THE HEALTH OF OUR COMMUNITY AND MAKING OUR COMMUNITY A MORE LIVABLE PLACE, WHICH INCLUDED ACTIVE PARTICIPATION ON:

- YMCA BOARD: SARMC PARTICIPATED IN THE HEALTHY LIVING COUNCIL, PROMOTING HEALTHY LIFESTYLES IN THE COMMUNITY. SARMC LEADERS SERVED ON THE TREASURE VALLEY YMCA BOARD OF DIRECTORS AND GUIDED PARTNERSHIPS BETWEEN OUR ORGANIZATIONS.

- SARMC LEADERS SERVED ON SEVERAL OTHER NON-PROFIT BOARDS, INCLUDING BUT NOT LIMITED TO THE AMERICAN HEART ASSOCIATION, FACES OF HOPE (FAMILY JUSTICE CENTER), WOMEN'S AND CHILDREN'S ALLIANCE (PREVENT DOMESTIC ABUSE), IDAHO VOICES FOR CHILDREN, AND IDAHO COMMUNITY HEALTH WORKERS ASSOCIATION.

COMMUNITY HEALTH IMPROVEMENT ADVOCACY:

SARMC HAS BEEN AN ACTIVE PARTICIPANT IN ADVOCACY FOR HEALTH IMPROVEMENT INITIATIVES SUCH AS:

- MENTAL HEALTH ADVOCACY: SARMC PARTICIPATED IN NEW AND ONGOING COLLABORATIVE EFFORTS TO ADDRESS GAPS IN IDAHO'S BEHAVIORAL HEALTH SERVICES AND HAS ENGAGED PARTICULARLY IN SUICIDE PREVENTION EFFORTS BY ACTIVELY PARTICIPATING IN THE IDAHO SUICIDE PREVENTION ACTION COLLECTIVE THAT HAS ADVANCED STRATEGIC PRIORITIES FOR SUICIDE PREVENTION. STAFF ALSO SERVED ON MAYOR MCLEAN'S COMMUNITY RESPONSE PLAN LEADERSHIP TEAM TO ESTABLISH PROTOCOLS FOR ADDRESSING TRAUMATIC EVENTS, SUCH AS YOUTH SUICIDE, ACROSS THE COMMUNITY.

-SARMC SUPPORTED HOMELESSNESS PREVENTION PROJECTS, INCLUDING CATCH, WHICH PROVIDES HOUSING TO HELP FAMILIES AND CHILDREN GET BACK ON THEIR FEET; JESSE TREE, WHICH PROVIDES RENTAL ASSISTANCE FOR VULNERABLE FAMILIES; THE GOOD SAMARITAN HOME, WHICH PROVIDES LOW-INCOME HOUSING; AND SHIF, THE SUPPORTIVE HOUSING INVESTMENT FUND. SARMC PARTICIPATED IN A MONTHLY IDAHO HOUSING WORK GROUP TO DEVELOP POLICY AGENDAS THAT INCLUDED SUPPORT AND ADVOCACY FOR FUNDING THE IDAHO STATE HOUSING TRUST FUND FOR THE FIRST TIME SINCE ITS ESTABLISHMENT, AND SEVERAL STATE BILLS TO PROVIDE RENTER PROTECTIONS AND RENTAL ASSISTANCE.

PART III, LINE 2:

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

PART III, LINE 3:

SARMC 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

Part VI Supplemental Information (Continuation)

FINANCIAL STATEMENT PURPOSES, SARMC IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, SARMC IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

SARMC 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 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, 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 VI Supplemental Information (Continuation)

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 - SARMC ASSESSES THE HEALTH STATUS OF ITS COMMUNITY IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS, AND MAKES CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SARMC 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 OR AT THE TIME OF ADMISSION OR SERVICE.

SARMC 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 - SARMC PROVIDES SERVICES PRIMARILY TO RESIDENTS OF ADA COUNTY (90%), BUT ALSO SERVES CANYON AND GEM COUNTIES. SARMC'S PRIMARY SERVICE AREA IS A MIX OF URBAN AND RURAL COMMUNITIES WITHIN THE TREASURE VALLEY, BORDERED BY MOUNTAINOUS TERRAIN AND DESERT. THE POPULATION OF THE

Part VI Supplemental Information (Continuation)

HOSPITAL'S PRIMARY SERVICE AREA IS ESTIMATED TO BE ABOUT 519,000 PEOPLE.

AREA HOSPITAL FACILITIES WITHIN SARMC'S PRIMARY SERVICE AREA INCLUDE SAINT ALPHONSUS REGIONAL REHABILITATION HOSPITAL, TREASURE VALLEY HOSPITAL, ST. LUKE'S BOISE, AND ST. LUKE'S MERIDIAN. IN ADDITION, ST. LUKE'S NAMPA AND WEST VALLEY MEDICAL CENTER ARE LOCATED IN CANYON COUNTY AND VALOR HEALTH IS LOCATED IN GEM COUNTY.

WITH MEDIAN HOUSEHOLD INCOMES OF \$75,115 IN ADA COUNTY, \$60,716 IN CANYON COUNTY, AND \$59,957 IN GEM COUNTY, AREA RESIDENTS ARE WITHIN RANGE OF THE STATE MEDIAN OF \$63,377. THE POVERTY LEVEL STANDS AT 8.7% IN ADA COUNTY, 11% IN CANYON COUNTY, AND 12.4% IN GEM COUNTY, COMPARED TO A STATE AVERAGE OF 10.7% AND A NATIONAL AVERAGE OF 11.5%.

SARMC IS LOCATED IN A REGION THAT HAS EXPERIENCED RAPID POPULATION GROWTH OVER THE PAST DECADE, WITH DRAMATIC GROWTH RATES IN ADA AND CANYON COUNTIES, THE TWO LARGEST COUNTIES IN THE SERVICE AREA. OTHER RELEVANT STATISTICS CHARACTERIZING THE HOSPITAL'S PRIMARY SERVICE AREA ARE INCLUDED BELOW (CENSUS.GOV).

TOTAL ESTIMATED POPULATION (2022):

ADA COUNTY - 518,907 (4.8% CHANGE APRIL 2020 TO JULY 2022)
CANYON COUNTY - 251,065 (8.6% CHANGE APRIL 2020 TO JULY 2022)
GEM COUNTY - 20,418 (6.8% CHANGE APRIL 2020 TO JULY 2022)

PERCENT WHITE PERSONS NOT HISPANIC OR LATINX (2022):

ADA COUNTY - 83.1%
CANYON COUNTY - 69.4%
GEM COUNTY - 86.2%

PERCENT HISPANIC/LATINX ORIGIN (2022):

ADA COUNTY - 9.5%
CANYON COUNTY - 25.8%
GEM COUNTY - 9.5%

THREE OF THE FOUR REFUGEE RESETTLEMENT AGENCIES IN IDAHO ARE LOCATED IN BOISE, WITH THE MAJORITY OF THE REFUGEES BEING RESETTLED IN THE BOISE AREA. SOME REFUGEES ARE HIGHLY EDUCATED WHILE OTHERS HAVE NEVER HAD THE OPPORTUNITY TO ATTEND SCHOOL. SEVERAL AGENCIES ASSIST BOTH LOCALLY AND THROUGHOUT THE STATE.

PART VI, LINE 5:

OTHER INFORMATION - CONSISTENT WITH ITS NONPROFIT STATUS, SARMC USES SURPLUS REVENUES TO REINVEST IN FACILITIES, TECHNOLOGY, AND MEDICAL SERVICES FOR THE COMMUNITY, AND COLLABORATES WITH COMMUNITY PARTNERS BY INVESTING IN NEEDED COMMUNITY PROGRAMS SUCH AS ALLUMBAUGH HOUSE, WHICH COMBINES SOBERING, DETOXIFICATION, AND CRISIS MENTAL HEALTH SERVICES. SARMC ALSO ASSESSES AND ENGAGES IN COMMUNITY HEALTH WORK THAT ADDRESSES THE SOCIAL INFLUENCERS OF HEALTH (SIOH).

SARMC STRONGLY SUPPORTS HEALTH CARE WORKFORCE DEVELOPMENT EFFORTS, INCLUDING SUPPORT TO THE PSYCHIATRIC, DENTAL AND INTERNAL MEDICINE RESIDENCIES AND TREASURE VALLEY NURSING PROGRAMS. SARMC SERVES AS A KEY CLINICAL TRAINING SITE FOR NEW PHYSICIANS, NURSE PRACTITIONERS, NURSES, PHARMACISTS, AND OTHER ALLIED HEALTH PROFESSIONALS, INCLUDING FULL CIRCLE HEALTH (A FAMILY MEDICINE RESIDENCE PROGRAM). SARMC HAS AFFILIATION

Part VI Supplemental Information (Continuation)

AGREEMENTS WITH A VARIETY OF LOCAL HIGH SCHOOLS, COLLEGES AND UNIVERSITIES INCLUDING BOISE STATE UNIVERSITY, COLLEGE OF IDAHO, COLLEGE OF SOUTHERN IDAHO, COLLEGE OF WESTERN IDAHO, IDAHO COLLEGE OF OSTEOPATHIC MEDICINE, IDAHO STATE UNIVERSITY, UNIVERSITY OF IDAHO AND NORTHWEST NAZARENE UNIVERSITY.

SARMC IS A LEVEL II TRAUMA CENTER AND CONTINUES TO TAKE A LEADERSHIP ROLE IN IMPROVING SYSTEMS OF CARE FOR TRAUMA PATIENTS. TRAUMA PREVENTION AND DISASTER PREPAREDNESS EFFORTS IN THE REGION ARE OFTEN LED BY SARMC STAFF, INCLUDING AN ANNUAL SKI AND MOUNTAIN TRAUMA CONFERENCE.

SARMC ALSO COLLABORATES WITH THE UNITED WAY OF TREASURE VALLEY (UWTV) TO ADDRESS COMMUNITY NEEDS INCLUDING HEALTH, EDUCATION, AND INCOME. SARMC EMPLOYEES PARTICIPATE IN UWTV WORK GROUPS TO EXPAND COMMUNITY SCHOOLS STATEWIDE AND TO DEVELOP AND PROMOTE FINDHELPIDAHO, A COMMUNITY RESOURCE DIRECTORY OF FREE AND REDUCED-COST COMMUNITY SERVICES PROVIDED ACROSS THE REGION.

ADDITIONALLY, AS PART OF SAHS, SARMC OFFERED MENTAL HEALTH FIRST AID (MHFA) TRAINING TO INTERESTED EMPLOYEES AND COMMUNITY MEMBERS AT NO COST. MHFA IS A NATIONAL PROGRAM TO TEACH SKILLS TO IDENTIFY, UNDERSTAND, AND RESPOND TO SIGNS OF MENTAL ILLNESS AND SUBSTANCE USE. BOTH ADULT AND YOUTH MHFA TRAINING WAS OFFERED.

TRANSPORTATION HAS BECOME A GROWING NEED IN THE COMMUNITY. SARMC HAS PARTNERED WITH VALLEY REGIONAL TRANSIT (VRT) TO INVEST IN RIDES2WELLNESS, WHICH PROVIDES FREE TRANSPORTATION FOR PATIENTS TO AND FROM HEALTH CARE APPOINTMENTS IN ADA COUNTY. SARMC ALSO AIDED VRT'S BEYOND ACCESS TRANSPORTATION SERVICES FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES.

ADDITIONALLY, SARMC SAW AN INCREASE IN PATIENT AND COMMUNITY FOOD INSECURITY RATES IN THE REGION. IN PARTNERSHIP WITH DAIRY WEST, THE IDAHO FOODBANK, AND THE IDAHO DIAPER PANTRY, SARMC STARTED THE FIRST PATIENT FOOD AND DIAPER PANTRY ON THE BOISE CAMPUS FOR PATIENTS EXPERIENCING FOOD INSECURITY OR FINANCIAL INSECURITY NEEDING DIAPERS FOR THEIR YOUNG CHILDREN.

SARMC EMPLOYEES GUEST LECTURE FOR NURSING, PUBLIC HEALTH AND OTHER LOCAL STUDENTS AT BOISE STATE UNIVERSITY ON THE CONNECTION BETWEEN SIOH AND HEALTH CARE OUTCOMES.

SARMC IS COMMITTED TO BEING NOT ONLY A TRUSTED HEALTH CARE PARTNER FOR LIFE FOR OUR PATIENTS, BUT A PARTNER IN ADDRESSING THE LEADING SIOH BY WORKING IN COLLABORATION WITH GOVERNMENTAL AGENCIES, COMMUNITY-BASED ORGANIZATIONS, AND SERVICE PROVIDERS TO ENSURE WE ARE HELPING OUR COMMUNITIES NOT JUST TO SURVIVE BUT TO THRIVE. SARMC PLAYS AN ACTIVE ROLE IN COMMUNITY GROUPS SUCH AS THE TREASURE VALLEY YMCA BOARD OF DIRECTORS, TREASURE VALLEY ECONOMIC PARTNERSHIP (TVEP), IDAHO SUICIDE PREVENTION COALITION, IDAHO SUPPORTS MEDICAID COALITION, IDAHO HOSPITAL ASSOCIATION AND IDAHO MEDICAL ASSOCIATION, BOISE PUBLIC LIBRARY BOARD OF TRUSTEES, WESTERN IDAHO COMMUNITY HEALTH COLLABORATIVE, FINDHELP IDAHO STEERING COMMITTEE, AND THE OUR PATH HOME COMMUNITY RESOURCE COMMITTEE.

SARMC ADDRESSED MANY OF THE LEADING SIOH IN THE COMMUNITY THROUGH THE HOUSING AND HOMELESSNESS WORK, SUPPORTING BEHAVIORAL HEALTH INITIATIVES, AND BY SCREENING AND REFERRING OUR PATIENTS WITH SOCIAL NEEDS (I.E.

Part VI Supplemental Information (Continuation)

HOUSING, FOOD, TRANSPORTATION) TO LOCAL COMMUNITY PARTNERS AND RESOURCES TO ADDRESS SAID NEEDS THROUGH OUR COMMUNITY HEALTH WORKER HUB. THESE SERVICES ARE FREE AND AVAILABLE TO ANYONE IN THE COMMUNITY, REGARDLESS OF THEIR PATIENT STATUS WITH SARMC.

SAINT ALPHONSUS REGIONAL REHABILITATION HOSPITAL IS A JOINT VENTURE BETWEEN ENCOMPASS HEALTH AND SAINT ALPHONSUS HEALTH SYSTEM (SAHS), WITH MAJORITY OWNERSHIP BY ENCOMPASS HEALTH. THE JOINT VENTURE PROVIDES A PORTION OF SURPLUS REVENUES TO SAHS WHICH IS USED TO REINVEST IN FACILITIES, TECHNOLOGY, AND MEDICAL SERVICES FOR THE COMMUNITY, COLLABORATE WITH COMMUNITY PARTNERS, AND INVEST IN NEEDED COMMUNITY PROGRAMS.

IN FY25, 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 FY25 TOTALED \$ 185.2 MILLION.

PART VI, LINE 6:

SARMC 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 CLINICAL AND SOCIAL CARE.

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) AND IMPLEMENTATION STRATEGIES WITH INTENTIONAL FOCUS ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. TO FURTHER OUR COMMITMENT TO ACHIEVING HEALTH EQUITY AND THE COMMON GOOD, THE CHNA AND IMPLEMENTATION STRATEGIES FOSTER COLLECTIVE ACTION TO EQUITABLY ALLOCATE RESOURCES FROM THE HOSPITAL AND OTHER SOURCES TO ADDRESS THESE NEEDS IN COMMUNITIES MOST IMPACTED.

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 2025 (FY25), TRINITY HEALTH CONTRIBUTED NEARLY \$1.4 BILLION IN IRS-DEFINED 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 \$1.5 BILLION IN PROGRAMS AND INITIATIVES THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.9 BILLION IN FY25.

Part VI Supplemental Information (Continuation)

TRINITY HEALTH'S COMMUNITY INVESTING PROGRAM FINISHED FY25 WITH MORE THAN \$68 MILLION COMMITTED TO BUILDING VITAL COMMUNITY RESOURCES. THESE FUNDS, IN COLLABORATION WITH 30 PARTNERS, WERE PAIRED WITH OTHER RESOURCES TO GENERATE MORE THAN \$1.1 BILLION IN INVESTMENTS THAT SERVED COMMUNITIES WITHIN TRINITY HEALTH'S SERVICE AREAS. BETWEEN 2018 AND APRIL 2025, THESE INVESTMENTS HAVE BEEN INSTRUMENTAL IN CREATING MUCH-NEEDED COMMUNITY RESOURCES FOR THE PEOPLE THAT WE SERVE, NOTABLY:

- SUPPORTED THE CREATION OF 15,700 UNITS OF AFFORDABLE HOUSING OVER THE LAST EIGHT YEARS (INCLUDING APPROXIMATELY 380 SUPPORTIVE HOUSING BEDS).
- CREATED OR RETAINED AT LEAST 1,300 CHILDCARE SLOTS; 7,600 K-HIGH SCHOOL EDUCATION SLOTS; AND 2,400 EARLY CHILDHOOD EDUCATION SLOTS.
- DEVELOPED AT LEAST 9.3 MILLION SQUARE FEET OF GENERAL REAL ESTATE OVER THE LAST EIGHT YEARS.
- SINCE 2014, 920 STUDENTS HAVE RECEIVED \$2.65 MILLION IN SCHOLARSHIPS THROUGH THE FRESNO STATE AND BOISE STATE SCHOLARSHIPS FUNDS.
- APPROXIMATELY 12,900 FULL- AND PART-TIME POSITIONS HAVE BEEN EITHER CREATED OR MAINTAINED THROUGH PARTNER LENDING.

IN FY25, OVER ONE MILLION PATIENTS SYSTEM-WIDE WERE SCREENED FOR HEALTH-RELATED SOCIAL NEEDS AT THEIR DOCTOR'S OFFICE. OF THOSE SCREENED, 27.4% IDENTIFIED AT LEAST ONE NEED AND MOST OFTEN IDENTIFIED FOOD ACCESS, FINANCIAL INSECURITY AND SOCIAL ISOLATION. AN ADDITIONAL 137,000 PATIENTS WERE SCREENED FOR SOCIAL NEEDS DURING AN IN-PATIENT HOSPITAL STAY WHERE TOP NEEDS INCLUDED FOOD ACCESS, TRANSPORTATION AND HOUSING.

TRINITY HEALTH'S ELECTRONIC HEALTH RECORD (EPIC) INCLUDES A STANDARD SCREENING TOOL FOR PATIENT SOCIAL NEEDS, AND AN INTEGRATED COMMUNITY RESOURCE DIRECTORY THROUGH FINDHELP TO CONNECT PATIENTS TO FREE AND REDUCED COST SUPPORT PROGRAMS. THE COMMUNITY RESOURCE DIRECTORY YIELDED OVER 118,000 SEARCHES, AN INCREASE OF 34% OVER THE PRIOR YEAR. TOP SEARCHES INCLUDED HOUSING, FOOD ACCESS AND HEALTH CARE.

BY COMBINING THEIR LIVED EXPERIENCE AND CONNECTIONS TO THE COMMUNITY WITH EFFECTIVE TRAINING AND INCLUSION IN THE CARE TEAM, COMMUNITY HEALTH WORKERS (CHW) PROVIDE PATIENT-CENTERED AND CULTURALLY RESPONSIVE INTERVENTIONS. CHW'S HAVE MANY COMPETENCIES, INCLUDING PATIENT OUTREACH AND ENGAGEMENT, CONDUCTING ASSESSMENTS, RESOURCE CONNECTION, HEALTH AND SOCIAL SERVICES SYSTEM NAVIGATION, GOAL-SETTING AND PROBLEM-SOLVING THROUGH ONGOING EDUCATION, ADVOCACY AND SUPPORT. IN FY25, TRINITY HEALTH'S 162 CHW'S SUCCESSFULLY ADDRESSED OVER 16,300 SOCIAL NEEDS. ONE SOCIAL NEED (SUCH AS ADDRESSING HOUSING OR FOOD NEEDS) CAN OFTEN TAKE MONTHS, OR EVEN A YEAR TO RESOLVE.

WITH FUNDING THROUGH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, TRINITY HEALTH WORKED WITH 23 PARTNERS AND 47 CERTIFIED LIFESTYLE COACHES NATIONWIDE TO DELIVER THE NATIONAL DIABETES PREVENTION PROGRAM, AN EVIDENCE-BASED, 12-MONTH LIFESTYLE CHANGE PROGRAM. THE GOAL OF THE PROGRAM IS TO LOSE A PERCENTAGE OF BASELINE WEIGHT, ATTEND SESSIONS REGULARLY, AND ENGAGE IN 150 MINUTES OF PHYSICAL ACTIVITY A WEEK. GROUP SESSIONS ARE FACILITATED BY A CDC CERTIFIED LIFESTYLE COACH AND OFFERED IN-PERSON, REMOTELY, OR VIRTUALLY AT A SELF-PACED RATE. ALL PARTICIPANTS ARE REGULARLY SCREENED FOR HEALTH-RELATED SOCIAL NEEDS AND ARE REFERRED TO A CHW TO ADDRESS IDENTIFIED NEEDS. IN FY25, TRINITY HEALTH CONDUCTED FOCUSED OUTREACH WITH NEARLY 165,000 ELIGIBLE PARTICIPANTS AND ENROLLED 1,074 PARTICIPANTS INTO THE LIFESTYLE CHANGE PROGRAM.

Part VI Supplemental Information (Continuation)

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

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