

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
SEPTEMBER 30, 2020

PREPARED FOR:

ST. LUKE'S REGIONAL MEDICAL CENTER, LTD.
190 E. BANNOCK
BOISE, ID 83712

PREPARED BY:

DELOITTE TAX LLP
695 TOWN CENTER DRIVE, SUITE 1200
COAST MESA, CA 92626-1924

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Extended to August 16, 2021

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019

Open to Public Inspection

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning OCT 1, 2019 and ending SEP 30, 2020

B Check if applicable: C Name of organization: St. Luke's Regional Medical Center, Ltd. D Employer identification number: 82-0161600 E Telephone number: (208) 706-9585 G Gross receipts \$: 2,765,915,862. H(a) Is this a group return for subordinates? Yes [X] No H(b) Are all subordinates included? Yes No H(c) Group exemption number I Tax-exempt status: [X] 501(c)(3) J Website: www.stlukesonline.org K Form of organization: [X] Corporation L Year of formation: 1906 M State of legal domicile: ID

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission... 2 Check this box if the organization discontinued its operations... 3-7a Governance metrics 7b Net unrelated business taxable income 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer Peter DiDio, Vice President, Controller. Date: 8-2-2021. Paid Preparer: John Sadoff, Deloitte Tax LLP, 695 Town Center Drive, Suite 1200, Coast Mesa, CA 92626-1924. Date: 7/27/2021. Firm's EIN: 86-1065772. Phone no. 714-436-7100

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: To improve the health of people in the communities we serve.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,273,345,650. including grants of \$ 2,375,736.) (Revenue \$ 1,404,403,039.) Medical & Surgical: St. Luke's Regional Medical Center is comprised of three hospital campuses (Boise, Meridian and Mountain Home), two urgent care centers (Eagle and Fruitland), a free-standing emergency department in Fruitland, and physician clinics throughout the Treasure Valley. The hospitals provide 24-hour emergency care, diagnostic procedures, a variety of inpatient and outpatient care, and maternity and pediatric care. Known for its clinical excellence, St. Luke's has been recognized for quality and patient safety, and is proud to be designated a Magnet Hospital, the gold standard for nursing care.

During FY'20, St. Luke's Hospital locations in the Treasure Valley

4b (Code:) (Expenses \$ 101,365,775. including grants of \$ 189,123.) (Revenue \$ 111,798,710.) St. Luke's Children's Hospital/Specialty Center: St. Luke's Boise Medical Center is home to Idaho's only children's hospital. The Children's Hospital cares for more than 50,000 children every year, with more than 140 pediatricians and pediatric specialists working with referring physicians from around the region. Features of the Children's Hospital include Idaho's largest and most experienced Level III Newborn Intensive Care Unit, Pediatric Intensive Care Unit, and full service Pediatrics Unit. We also provide care in the state's only Pediatric Cancer Unit, Pediatric Emergency Department, and Pediatric Surgery Suites. At our Children's Hospital School, we help our young patients keep pace with their classmates. At CARES (Children at Risk Evaluation Services), medical evaluation, treatment, and

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,374,711,425.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for items 11, 12, and 20. 'X' marks indicate 'Yes' responses for questions 1, 2, 10, 11a, 11d, 11e, 11f, 12b, 13, 14a, 14b, 15, 16, 17, 18, 19, 20a, 20b, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 columns: Question, Yes, No. Rows include questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OR
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) David C. Pate, MD, JD President & CEO (End 02/2020)	2.00 50.00	X		X				0.	10,412,717.	30,159.
(2) Mr. Chris Roth CEO & Director (Start 02/2020)	2.00 54.00	X		X				0.	938,275.	53,040.
(3) Mr. Rich Raimondi Chairman	0.50 5.50	X		X				0.	0.	0.
(4) Alan Korn, MD Director	0.50 3.50	X						0.	0.	0.
(5) Lucie DiMaggio, MD Director	0.50 3.50	X						0.	0.	0.
(6) Mr. Alan Horner Director (End 11/2019)	0.50 3.50	X						0.	0.	0.
(7) Mr. Andy Scoggin Director	0.50 3.50	X						0.	0.	0.
(8) Mr. Arthur F. Oppenheimer Director	0.50 3.50	X						0.	0.	0.
(9) Mr. Bill Whitacre Director	0.50 3.50	X						0.	0.	0.
(10) Mr. Bob Lokken Director	0.50 3.50	X						0.	0.	0.
(11) Mr. Dan Krahn Director	0.50 3.50	X						0.	0.	0.
(12) Mr. Jeff Fox Director	0.50 3.50	X						0.	0.	0.
(13) Mr. Jon Miller Director	0.50 3.50	X						0.	0.	0.
(14) Mr. Mark Durcan Director	0.50 3.50	X						0.	0.	0.
(15) Mr. Tom Corrick Director	0.50 3.50	X						0.	0.	0.
(16) Ms. Brigette Bilyeu Director	0.50 3.50	X						0.	0.	0.
(17) Ms. Karen Vauk Director	0.50 3.50	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Ms. Lisa Grow Director	0.50 3.50	X						0.	0.	0.
(19) Mr. Jeffrey S. Taylor SR VP/CFO/Treasurer	2.00 52.00			X				0.	1,509,217.	52,971.
(20) Ms. Christine Neuhoff SVP/Chief Legal Officer/Sec	2.00 52.00			X				0.	692,645.	45,939.
(21) Ms. Pamela Lindemoen VP Acute Care Services	6.00 38.00			X				0.	595,823.	25,548.
(22) Mr. David McFadyen VP Population Health	30.00 10.00				X			0.	392,209.	51,043.
(23) Mr. Dennis Mesaros VP Population Health	30.00 10.00				X			0.	355,355.	40,801.
(24) Michael Curtin, MD Physician	40.00 0.00					X		0.	1,177,107.	50,780.
(25) Edward Duckworth, MD Physician	40.00 0.00					X		0.	1,178,146.	33,321.
(26) Jeffery Menzner, MD Physician	40.00 0.00					X		0.	1,124,644.	48,130.
1b Subtotal								0.	18,376,138.	431,732.
c Total from continuation sheets to Part VII, Section A								0.	2,253,419.	69,985.
d Total (add lines 1b and 1c)								0.	20,629,557.	501,717.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Layton Construction Co 9090 S Sandy Parkway, Sandy, UT 84070	Construction Services	32,654,959.
Emergency Medicine of Idaho 3080 Gentry Way #210, Meridian, ID 83642	Emergency Medicine Services	23,567,650.
Sodexo Operations LLC, 9801 Washingtonian Blvd, Gaithersburg, MD 20878	Facilities Management	6,323,100.
Woman's Clinic LLP 100 E. Idaho, Ste 400, Boise, ID 83702	Physician Services	5,086,474.
Arup Labs Inc 500 Chipeta Way, Salt Lake City, UT 84108	Laboratory Services	3,971,632.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **385**

See Part VII, Section A Continuation sheets

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	3,182,571.				
	e Government grants (contributions)	1e	38,300,343.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	424,715.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			41,907,629.			
Program Service Revenue	2 a Net Patient Revenue	Business Code	900099	1,329,940,006.	1,329,940,006.		
	b Contract Service Reven		900099	107,717,338.	107,717,338.		
	c Outpatient Retail RX		446110	70,483,051.	44,219,346.	26,263,705.	
	d Management Contract		900099	2,389,482.	2,389,482.		
	e Allocated SLHS Revenue		900099	2,151,411.	2,151,411.		
	f All other program service revenue		900099	3,520,461.	3,520,461.		
	g Total. Add lines 2a-2f			1,516,201,749.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			17,215,974.		17,215,974.
4 Income from investment of tax-exempt bond proceeds				103,733.		103,733.	
5 Royalties							
6 a Gross rents		6a	(i) Real	1,387,919.			
			(ii) Personal				
b Less: rental expenses		6b		1,391,890.			
c Rental income or (loss)		6c		-3,971.			
d Net rental income or (loss)				-3,971.		-3,971.	
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities	1183413975.			
			(ii) Other		7,000.		
b Less: cost or other basis and sales expenses		7b		1184906534.	-226,834.		
c Gain or (loss)		7c		-1,492,559.	233,834.		
d Net gain or (loss)			-1,258,725.		-1,258,725.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a Cafeteria/Catering/Ven	Business Code	722514	2,717,346.		2,717,346.	
	b Laundry		812300	2,122,833.	2,122,833.		
	c Daycare Service		624410	771,555.		771,555.	
	d All other revenue		900099	66,149.		66,149.	
	e Total. Add lines 11a-11d			5,677,883.			
12 Total revenue. See instructions			1,579,844,272.	1,489,938,044.	28,386,538.	19,612,061.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,564,859.	2,564,859.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	50,749,844.	49,269,935.	1,479,909.	
b Legal	2,287.		2,287.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	826,810.	826,810.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	10,021,761.	9,301,990.	719,771.	
12 Advertising and promotion	48,416.	48,053.	363.	
13 Office expenses	8,944,097.	8,820,477.	123,620.	
14 Information technology	117,557,565.	117,136,360.	421,205.	
15 Royalties				
16 Occupancy	20,968,133.	20,956,687.	11,446.	
17 Travel	1,708,072.	1,576,814.	131,258.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	27,870,594.	27,870,594.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	69,634,807.	66,401,164.	3,233,643.	
23 Insurance	31,751.	31,751.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Allocated SLHS Wages	683,239,176.	597,554,848.	85,684,328.	
b Supplies	290,895,344.	287,952,880.	2,942,464.	
c Allocated SLHS Exp	156,059,528.	122,518,025.	33,541,503.	
d Contract Services	40,627,907.	31,759,416.	8,868,491.	
e All other expenses	43,575,997.	30,120,762.	13,455,235.	
25 Total functional expenses. Add lines 1 through 24e	1,525,326,948.	1,374,711,425.	150,615,523.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,457.	1	2,909.
	2 Savings and temporary cash investments	42,371,865.	2	25,212,921.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	197,526,488.	4	111,629,290.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	46,715,543.	8	51,792,768.
	9 Prepaid expenses and deferred charges	2,347,180.	9	5,228,469.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,388,149,978.		
	b Less: accumulated depreciation	10b 609,063,528.		
	11 Investments - publicly traded securities	584,335,340.	10c	779,086,450.
	12 Investments - other securities. See Part IV, line 11	711,072,203.	11	839,511,924.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets	33,509,329.	13	29,786,070.
	15 Other assets. See Part IV, line 11	142,804,263.	14	229,081,155.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,760,684,668.	15	2,071,331,956.	
Liabilities	17 Accounts payable and accrued expenses	51,632,949.	17	67,238,154.
	18 Grants payable		18	
	19 Deferred revenue	1,624,380.	19	1,678,441.
	20 Tax-exempt bond liabilities	817,967,015.	20	810,043,797.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	11,963,818.	23	11,657,626.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	159,832,124.	25	265,260,685.
	26 Total liabilities. Add lines 17 through 25	1,043,020,286.	26	1,155,878,703.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	716,753,681.	27	914,542,552.
	28 Net assets with donor restrictions	910,701.	28	910,701.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	717,664,382.	32	915,453,253.
33 Total liabilities and net assets/fund balances	1,760,684,668.	33	2,071,331,956.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,579,844,272.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,525,326,948.
3	Revenue less expenses. Subtract line 2 from line 1	3	54,517,324.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	717,664,382.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	143,271,547.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	915,453,253.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

St. Luke's Regional Medical Center, Ltd.

Employer identification number

82-0161600

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
----------------------------------------------------------------------	--------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 3,182,571.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 263,234.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 245,979.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 125,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 53,212.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
----------------------------------------------------------------------	---------------------------------------------------------

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
----------------------------------------------------------------------	--------------------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization St. Luke's Regional Medical Center, Ltd. **Employer identification number** 82-0161600

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,096,822.	3,073,558.	2,917,539.	2,511,229.	2,276,041.
b Contributions	62,072.	55,988.	34,753.	344,380.	119,146.
c Net investment earnings, gains, and losses	98,065.	91,622.	242,720.	176,719.	225,264.
d Grants or scholarships	0.	0.	0.	0.	0.
e Other expenditures for facilities and programs	127,636.	118,102.	115,519.	109,385.	105,422.
f Administrative expenses	6,541.	6,244.	5,935.	5,404.	3,800.
g End of year balance	3,122,782.	3,096,822.	3,073,558.	2,917,539.	2,511,229.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 21.00 %
 - b Permanent endowment 79.00 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input checked="" type="checkbox"/> | X | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	6,126,467.	33,687,508.		39,813,975.
b Buildings	202,187.	742,981,401.	374,020,349.	369,163,239.
c Leasehold improvements		1,977,060.	933,083.	1,043,977.
d Equipment		39,359,642.	218,149,240.	-178,789,598.
e Other		563,815,713.	15,960,856.	547,854,857.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				779,086,450.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Idaho Community Trust Endowment-Humphrey Diabetes	1,043,378.
(2) Deposits	15,216.
(3) Due from Related Parties	228,022,561.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	229,081,155.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Capital Leases	48,400,653.
(3) Medicare/Medicaid	39,496,805.
(4) Accrued Interest Payable-Bonds	2,331,917.
(5) Pension Liability	71,113,998.
(6) Deferred Revenue	669,173.
(7) Operating Leases	103,248,139.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	265,260,685.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

The intended use of the endowment funds are as follows:

Various programs administered by St. Luke's Children's Hospital

CARES

Indigent care

Hospice

Pastoral care

Biomedical research

Nursing scholarships/education opportunities

Lecture series for various medical specialties

Employee/volunteer service recognition programs

Part XIII Supplemental Information *(continued)*

Part X, Line 2:

Footnote Disclosure-Uncertain Tax Positions Under ASC 740 (Source:

Consolidated Financial Statements-St. Luke's Health System)

Income Taxes-The Health System is a not-for-profit corporation and is recognized as tax exempt pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. The Health System has activities that are considered unrelated business taxable income (UBTI), which are subject to excise tax. The Health System also has a taxable subsidiary, SLHP whose operations are included in the consolidated financial statements and as such we have provided for income taxes on this activity under the Accounting Standards Codification (ASC) 740.

For the Health System's taxable subsidiary and activities considered UBTI, income taxes are accounted for under the asset and liability method, which requires the recognition of Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs) for the expected future tax consequences of events that have been included in the consolidated financial statements. Under this method, the Health System determines DTAs and DTLs on the basis of the differences between the financial statement and tax bases of assets and liabilities using enacted tax rates in effect for the year in which the differences are expected to reverse. The effect of a change in tax rates on DTAs and DTLs is recognized in results of operations in the period that includes the enactment date of the rate change.

The Health System recognizes DTAs to the extent that these assets are more likely than not to be realized. In making such a determination, the Health System considers all available positive and negative evidence, including

Part XIII Supplemental Information *(continued)*

future reversals of existing taxable temporary differences, projected
 future taxable income, tax-planning strategies, and results of recent
 operations. If the Health System determines that DTAs are realizable in
 the future in excess of their net recorded amount, the Health System would
 make an adjustment to the DTA valuation allowance, which would reduce the
 provision for income taxes.

The Health System records uncertain tax positions in accordance with ASC
 740 on the basis of a two-step process in which (1) the Health System
 determines whether it is more likely than not that the tax positions will
 be sustained on the basis of the technical merits of the position and (2)
 for those tax positions that meet the more-likely-than-not recognition
 threshold, the Health System recognizes the largest amount of tax benefit
 that is more than 50 percent likely to be realized upon ultimate
 settlement with the related tax authority. Management is not aware of any
 uncertain tax positions that should be recorded.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
-----------------------------------------------------------------------------	-----------------------------------------------------

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <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:	3a	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %			
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:	3b	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %			
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			24,625,847.		24,625,847.	1.61%
b Medicaid (from Worksheet 3, column a)			212,098,796.	143,936,922.	68,161,874.	4.47%
c Costs of other means-tested government programs (from Worksheet 3, column b)			7,243,668.	4,854,109.	2,389,559.	.16%
d Total. Financial Assistance and Means-Tested Government Programs			243,968,311.	148,791,031.	95,177,280.	6.24%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,009,156.	458,865.	5,550,291.	.36%
f Health professions education (from Worksheet 5)			15,490,552.		15,490,552.	1.02%
g Subsidized health services (from Worksheet 6)			14,919,408.	4,634,920.	10,284,488.	.67%
h Research (from Worksheet 7)			7,031,543.	2,416,198.	4,615,345.	.30%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			898,286.		898,286.	.06%
j Total. Other Benefits			44,348,945.	7,509,983.	36,838,962.	2.41%
k Total. Add lines 7d and 7j			288,317,256.	156,301,014.	132,016,242.	8.65%

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 Facility Reporting Group - A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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 two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (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(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 18</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
6b 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>www.stlukesonline.org/about-st-lukes/supporting-the-community</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: <u>20 18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url): _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
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
12b 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 Facility Reporting Group - A

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" 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 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 his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her 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 checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	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) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b	<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 financial assistance policy?	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 Facility Reporting Group - A

		Yes	No
<p>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.</p> <p>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</p> <p>b <input checked="" 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</p> <p>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</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>			
<p>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?</p> <p>If "Yes," explain in Section C.</p>		23	X
<p>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?</p> <p>If "Yes," explain in Section C.</p>		24	X

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.

Facility Reporting Group - A

Part V, line 16a, FAP website:

www.stlukesonline.org/resources/before-your-visit/financial-care

Facility Reporting Group - A

Part V, line 16b, FAP Application website:

www.stlukesonline.org/resources/before-your-visit/financial-care

Facility Reporting Group - A

Part V, line 16c, FAP Plain Language Summary website:

www.stlukesonline.org/resources/before-your-visit/financial-care

Schedule H, Part V, Section B. Facility Reporting Group A

Facility Reporting Group A consists of:

- Facility 1: St. Luke's Regional Medical Center

- Facility 2: St. Luke's Elmore

Group A-Facility 1 -- St. Luke's Regional Medical Center

Part V, Section B, line 5: A series of in-depth interviews with people

representing the broad interests of our community were conducted in order

to assist us in defining, prioritizing, and understanding our most

important community health needs. Many representatives participating in

our process are individuals who have devoted decades to helping others

lead healthier, more independent lives. The representatives we interviewed

have significant knowledge of our community. To ensure they came from

distinct and varied backgrounds, we included multiple representatives from

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.

each of these categories:

Category I: Persons with special knowledge of public health. This includes

persons from state, local, and/or regional governmental public health

departments with knowledge, information, or expertise relevant to the

health needs of our community.

Category II: Individuals or organizations serving or representing the

interests of the medically underserved, low-income, and minority

populations in our community. Medically underserved populations include

populations experiencing health disparities or at-risk populations not

receiving adequate medical care as a result of being uninsured or

underinsured or due to geographic, language, financial, or other barriers.

Category III: Additional people located in or serving our community

including, but not limited to, health care advocates, nonprofit and

community-based organizations, health care providers, community health

centers, local school districts, and private businesses.

Each potential need was scored by the community representative on a scale

of 1 to 10. Higher scores represent potential needs the community

representatives believed were important to address with additional

resources. Lower scores usually meant our representatives thought our

community was healthy in that area already or we had relatively good

programs addressing the potential need. These scores were incorporated

directly into our health need prioritization process. In addition, we

invited the representatives to suggest programs, legislation, or other

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.

measures they believed to be effective in addressing the needs.

Representatives from the following organizations were contacted and

interviewed:

1. Family Medicine Residency of Idaho
2. Idaho Department of Health and Welfare
3. Community Council of Idaho
4. Idaho Central District Health, District 4
5. Idaho Office of Refugees
6. Learning Lab
7. Boise Rescue Mission
8. Garden City Community Clinic
9. Terry Reilly Health Services
10. Treasure Valley Family YMCA
11. United Way of Treasure Valley
12. IDACORP & Idaho Power
13. Valley Regional Transit
14. Community Planning Association (COMPASS)
15. West Ada School District
16. The Idaho Foodbank
17. NAMI National Alliance on Mental Illness Treasure Valley
18. Women's and Children's Alliance
19. St. Luke's Health System
20. Nampa Family Justice Center
21. Boys & Girls Club of Nampa
22. Idaho Department of Labor

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.

23. Southwest District Health, District 3

Group A-Facility 1 -- St. Luke's Regional Medical Center

Part V, Section B, line 11: We organized our significant health needs into the following groups:

Group #1: Improve the Prevention, Detection, and Treatment of Obesity and Diabetes

Group #2: Improve Mental Health and Reduce Suicide

Group #3: Reduce Drug Misuse

Group #4: Improve Access to Affordable Health Insurance

Next, we looked at how to best address each significant health need. To make this determination, we focused on resources available and whether the health need was in alignment with St. Luke's mission and strengths. Where a significant health need was in alignment with our mission and strengths, we developed our own programs and/or collaborated with community-based organizations to address the health need. We have provided a list of implementation plan programs designed to address our significant health needs below:

Program Group 1: Improve the Prevention, Detection, and Treatment of Obesity and Diabetes

1. Program Name: Investment in Programs Supporting the Prevention, Detection, and Treatment of Obesity and Diabetes through St. Luke's CHI Fund

2. Program Name: The Hill

3. Program Name: School-based Resilience Programming

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.

4. Program Name: CATCH (Coordinated Approach to Child Health)

5. Program Name: St. Luke's Health Coaching

6. Program Name: Built Environment Initiatives

7. Program Name: Partnership with the Idaho Foodbank on their Hunger to

Health Strategy

8. Program Name: Healthy Habits Healthy U (HHHU)

9. Program Name: The YMCA's Healthy Living Center and Diabetes

Prevention Program

10. Program Name: Breastfeeding and Childhood Obesity

11. Program Name: FitOne

12. Program Name: Meridian Moves, Partnership with Meridian Library

District

Program Group 2: Improve Mental Health and Reduce Suicide

13. Program Name: Investment in Programs Supporting the Improvement of

Mental Health and Reducing Suicide through St. Luke's CHI Fund

14. Program Name: Financial Support of Allumbaugh House

15. Program Name: Psychiatry Residency Program Expansion

16. Program Name: REACH Training Program-Delivering Evidence-Based

Behavioral Health Care in Primary Care

17. Program Name: New Path Community Housing

18. Program Name: Pathways Community Crisis Center

19. Program Name: Supportive Oncology at St. Luke's Cancer Institute

20. Program Name: Children's Counseling Community Support Collaborative

21. Program Name: Adverse Childhood Experiences (ACES) and Resiliency

Clinical Learning Collaborative

22. Program Name: The Idaho Resilience Project Adverse Childhood

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.

Experiences (ACEs) Collaborative

23. Program Name: Western Idaho Community Health Collaborative 58

24. Program Name: Idaho Association for the Education of Young Children

(IAEYC) Ready! for Kindergarten Program

25. Program Name: Idaho Association for the Education of Young Children

(IAEYC) Preschool Learning Collaboratives

26. Program Name: Older Adult Resilience Programming

Program Group 3: Reduce Drug Misuse

27. Program Name: Investment in Programs Supporting Reducing Drug Misuse through St. Luke's CHI Fund

28. Program Name: Youth and Community Resilience and Tobacco/E-Cigarette Prevention and Education

29. Program Name: St. Luke's Health System Pain/Comfort Workgroup

30. Program Name: Health District 4 Behavioral Health Community-based drug misuse prevention and support programming

Program Group 4: Improve Access to Affordable Health Insurance

31. Program Name: Investment in Programs Supporting Improvement of Access to Affordable Health Insurance through St. Luke's CHI Fund

32. Program Name: Health Window

33. Program Name: SHIBA Senior Health Insurance Benefits Advisors

34. Program Name: Rides 2 Wellness

35. Program Name: St. Luke's Financial Care Program

36. Program Name: Your Health Idaho

Group A-Facility 1 -- St. Luke's Regional Medical Center

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 13b: Financial Care: Eligible applicants will

receive the following assistance:

1. Full Discount: The full amount for eligible services will be covered

under the Financial Care Policy for any uninsured or underinsured patient

or guarantor, whose household income is at or below 200 percent of the

federal poverty level.

2. Partial Discount: A sliding fee schedule will be used to determine the

amount eligible for financial care assistance for any uninsured or

underinsured patient or guarantor. For such applicants, assistance will be

provided based on a combination of household income and assets. Partial

discounts will be provided if the combination of income and assets is

greater than 200 percent but equal to or less than 400 percent of the FPL.

Assistance is granted only after all third-party reimbursement

possibilities available to the applicant have been exhausted.

3. If the patient balance exceeds 30 percent of household income, patients

will qualify for a one-time reduction.

4. A highly discounted rate (HDR) will be offered to individuals who are

unwilling to cooperate with the county indigency program and are able to

pay the balance in full within 60 days, or available to individuals who

cooperate and are denied county assistance. The highly discounted rate is

a 65% adjustment that is applied to the gross charges.

Group A-Facility 1 -- St. Luke's Regional Medical Center

Part V, Section B, line 16j: A Financial Care application is provided to

the patient which contains Patient Financial Advocate contact information.

Group A-Facility 2 -- St. Luke's Elmore

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 5: A series of in-depth interviews with people

representing the broad interests of our community were conducted in order

to assist us in defining, prioritizing, and understanding our most

important community health needs. Many representatives participating in

our process are individuals who have devoted decades to helping others

lead healthier, more independent lives. The representatives we interviewed

have significant knowledge of our community. To ensure they came from

distinct and varied backgrounds, we included multiple representatives from

each of these categories:

Category I: Persons with special knowledge of public health. This includes

persons from state, local, and/or regional governmental public health

departments with knowledge, information, or expertise relevant to the

health needs of our community.

Category II: Individuals or organizations serving or representing the

interests of the medically underserved, low-income, and minority

populations in our community. Medically underserved populations include

populations experiencing health disparities or at-risk populations not

receiving adequate medical care as a result of being uninsured or

underinsured or due to geographic, language, financial, or other barriers.

Category III: Additional people located in or serving our community

including, but not limited to, health care advocates, nonprofit and

community-based organizations, health care providers, community health

centers, local school districts, and private businesses.

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.

Each potential need was scored by the community representative on a scale

of 1 to 10. Higher scores represent potential needs the community

representatives believed were important to address with additional

resources. Lower scores usually meant our representatives thought our

community was healthy in that area already or we had relatively good

programs addressing the potential need. These scores were incorporated

directly into our health need prioritization process. In addition, we

invited the representatives to suggest programs, legislation, or other

measures they believed to be effective in addressing the needs.

Representatives from the following organizations were contacted and

interviewed:

1. Family Medicine Residency of Idaho
2. Idaho Department of Health and Welfare
3. Idaho Department of Labor
4. Idaho Central District Health, District 4
5. Elmore County
6. City of Mountain Home
7. Mountain Home AFB Family Support Center
8. Mountain Home School District
9. MHAFB Family Advocacy
10. Senior Citizen Center
11. St. Vincent DePaul
12. Mountain Home Parks & Recreation
13. Western Elmore County Recreation District
14. Eastern Elmore County Recreation District

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.

15. Glenss Ferry Health Center, Inc.

16. Ministerial Representative

Group A-Facility 2 -- St. Luke's Elmore

Part V, Section B, line 11: We organized our significant health needs into

the following groups:

Program Group 1: Improve the Prevention and Management of Obesity and

Diabetes

Program Group 2: Improve Mental Health and Reduce Suicide

Program Group 3: Prevent and Reduce Tobacco Use

Next, we looked at how to best address each significant health need. To

make this determination, we focused on resources available and whether the

health need was in alignment with St. Luke's mission and strengths. Where

a significant health need was in alignment with our mission and strengths,

we developed our own programs and/or collaborated with community-based

organizations to address the health need. We have provided a list of

implementation plan programs designed to address our significant health

needs below:

Program Group 1: Improve the Prevention and Management of Obesity and

Diabetes

1. Program Name: Investment in Programs Supporting the High Priority

Health Needs through St. Luke's CHI Fund

2. Program Name: Health and Wellness Day (Health Fair)

3. Program Name: Extreme Challenge

4. Program Name: School-based Resilience Programming

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.

5. Program Name: St. Luke's Health Coaching

6. Program Name: Built Environment Initiatives

7. Program Name: Partnership with the Idaho Foodbank on their Hunger to Health Strategy

8. Program Name: Sports Physicals and Athletic Trainers

9. Program Name: The YMCA's Healthy Living Center and Diabetes Prevention Program

10. Program Name: First Teeth Matter

11. Program Name: Fitness RX- Prescription for improved physical health

Program Group 2: Mental Health Programs and Providers

12. Program Name: The Idaho Resilience Project Adverse Childhood Experiences (ACEs) Collaborative

13. Program Name: Western Idaho Community Health Collaborative

14. Program Name: Elmore County Health Coalition

17. Program Name: Older Adult Resilience Programming

18. Program Name: Idaho Association for the Education of Young Children (IAEYC) Ready! for Kindergarten Program

Although availability of behavioral health service providers is ranked in the CHNAs top 10th percentile, due to resource constraints and because this need is not a strength, St. Luke's will continue to depend on community resources such as All Seasons Mental Health, Idaho Behavioral Health, Inspiring Change, and Desert Sage Clinic to address this need.

Program Group 3: Prevent and Reduce Tobacco Use

19. Program Name: Youth and Community Resilience and Tobacco/E-Cigarette Prevention and Education

20. Program Name: St. Luke's Department of Lifestyle Medicine Tobacco

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.

Cessation Specialist Telephonic Counseling

21. Program Name: You Can Quit Tobacco and the Idaho Quitline

Group A-Facility 2 -- St. Luke's Elmore

Part V, Section B, line 13b: Financial Care: Eligible applicants will

receive the following assistance:

1. Full Discount: The full amount for eligible services will be covered

under the Financial Care Policy for any uninsured or underinsured patient

or guarantor, whose household income is at or below 200 percent of the

federal poverty level.

2. Partial Discount: A sliding fee schedule will be used to determine the

amount eligible for financial care assistance for any uninsured or

underinsured patient or guarantor. For such applicants, assistance will be

provided based on a combination of household income and assets. Partial

discounts will be provided if the combination of income and assets is

greater than 200 percent but equal to or less than 400 percent of the FPL.

Assistance is granted only after all third-party reimbursement

possibilities available to the applicant have been exhausted.

3. If the patient balance exceeds 30 percent of household income, patients

will qualify for a one-time reduction.

4. A highly discounted rate (HDR) will be offered to individuals who are

unwilling to cooperate with the county indigency program and are able to

pay the balance in full within 60 days, or available to individuals who

cooperate and are denied county assistance. The highly discounted rate is

a 65% adjustment that is applied to the gross charges.

Group A-Facility 2 -- St. Luke's Elmore

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 16j: A Financial Care application is provided to

the patient which contains Patient Financial Advocate contact information.

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? 61

Name and address	Type of Facility (describe)
1 St. Luke's Children's Specialty Center 305 E Jefferson St. Boise, ID 83712	Specialty Pediatric Physician Clinics
2 St. Luke's Meridian Medical Plaza 520 S. Eagle Rd. Meridian, ID 83642	Emergency Department, Surgery and Inpatient Care, Physician Clinics
3 St. Luke's Clinic 600 N. Robbins Rd. Boise, ID 83702	Rehab/Orthopedics/Rheumatology Physician Clinics
4 St. Luke's Eagle Medical Plaza 3101 E. State St. Eagle, ID 83616	Specialty Physician Clinics, Imaging and Lab Services
5 St. Luke's Specialty Clinics 100 E. Idaho St. Boise, ID 83712	Specialty Physician Clinics
6 St. Luke's Clinic 3277 E. Louise Dr. Meridian, ID 83642	Specialty Physician Clinics
7 St. Luke's Fruitland Medical Plaza 1210 NW 16th St. Fruitland, ID 83619	Emergency Department, Urgent care, Surgery Center, Specialty Clinics
8 St. Luke's Clinic 3399 E. Louise Dr. Meridian, ID 83642	Surgery Center and Specialty Physician Clinics
9 St. Luke's Clinic 3525 E. Louise Dr. Meridian, ID 83642	Specialty Physician Clinics
10 St. Luke's Clinic 703 S. Americana Blvd. Boise, ID 83702	Imaging Services and Specialty Physician Clinics

Schedule H (Form 990) 2019

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? 61

Name and address	Type of Facility (describe)
11 St. Luke's Clinic 125 E. Idaho St. Boise, ID 83712	Specialty Physician Clinics and Surgery Center
12 St. Luke's Clinic 1906 Fairview Ave. Caldwell, ID 83605	Rehabilitation and Specialty Physician Clinic
13 St. Luke's Clinic 333 N. 1st St. Boise, ID 83702	Surgery Center and Specialty Physician Clinics
14 St. Luke's Clinic 701 E. Parkcenter Blvd. Boise, ID 83706	Pain Management, Pediatrics, Family Medicine, Phlebotomy
15 St. Luke's Clinic 4949 S. Hillsdale Ave. Meridian, ID 83646	Family Medicine, Pediatrics, Rehabilitation
16 St. Luke's Clinic Meridian Gala St. 2347 E. Gala St. Meridian, ID 83642	Family Medicine, Pulmonology, Sleep Medicine
17 St. Luke's Anderson Plaza Clinics 222 N. 2nd St. Boise, ID 83702	Specialty Physician and Pediatric Clinics
18 St. Luke's Bariatrics & General Surge 115 Main St. Boise, ID 83702	Specialty physician Clinics: Bariatric Nutrition and General Surgery
19 St. Luke's Breast Cancer Detection 8050 W. Rifleman St. Boise, ID 83704	Cancer detection and Care
20 St. Luke's Clinic 510 N. 2nd St. Boise, ID 83702	Hearing, Balance, Vestibular Clinic And Urology

Schedule H (Form 990) 2019

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? 61

Name and address	Type of Facility (describe)
21 St. Luke's Clinic 840 N. 4th East Mountain Home, ID 83647	Physician Clinics and Urgent Care
22 St. Luke's Clinic 1000 E. Park Blvd. Suite 120 Boise, ID 83712	Physician Clinics: Internal Medicine. Palliative Care
23 St. Luke's Clinic Family Health 2083 Hospitality Ln. Boise, ID 83716	Family Medicine, Lab Services
24 St. Luke's Rehab and Sports Medicine 1109 W. Myrtle Boise, ID 83702	Sports Medicine and Rehabilitation
25 Idaho Elks Hearing and Balance Center 1182 SW 4th Ave. Ontario, OR 97914	Hearing, Balance, Vestibular Clinic
26 Idaho Elks Hearing and Balance Center 172 2nd St. S. Nampa, ID 83651	Hearing, Balance, Vestibular Clinic
27 St. Luke's Outpatient Surgery Center 500 S. Eagle Road Meridian, ID 83642	Surgery Center and Specialty Physician Clinics
28 St. Luke's Idaho Family Physicians 130 E. Boise Ave. Boise, ID 83706	Family Medicine
29 St. Luke's Breast Cancer Detection 247 W. Washington St. Boise, ID 83712	Cancer detection and Care
30 St. Luke's Breast Cancer Detection 909 NW 16th St. Suite C Fruitland, ID 83619	Cancer detection and Care

Schedule H (Form 990) 2019

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? 61

Name and address	Type of Facility (describe)
31 St. Luke's Center for Breast Imaging 100 E. Bannock St. Boise, ID 83712	Imaging Services
32 St. Luke's Children's Neurobehavioral 1075 E. Park Blvd. South Entrance Boise, ID 83712	Specialty physician Clinics: Neurobehavioral
33 St. Luke's Children's Pediatrics 1620 S. Kimball Ave. Caldwell, ID 83605	Rehabilitation
34 St. Luke's Children's Rehabilitation 170 2nd St. S. Nampa, ID 83651	Rehabilitation(pediatric)
35 St. Luke's Clinic 300 E. Jefferson St. Boise, ID 83712	Specialty Physician and Pediatric Clinics
36 St. Luke's Clinic 3445 Pocahontas Road Suite A Baker City, OR 97814	Specialty Physician Clinics
37 St. Luke's Clinic 3950 17th St. Baker City, OR 97814	Physician and Specialty Physician Clinics
38 St. Luke's Clinic 5155 S. Hillsdale Ave. Meridian, ID 83642	Lifestyle Medicine
39 St. Luke's Clinic Family Health 3140 W. Milano Dr. Suite 150 Meridian, ID 83646	Family Health
40 St. Luke's Clinic Acute Care Surgery 100 E. Warm Springs Ave. Suite B Boise, ID 83712	Physician Clinic-Surgery

Schedule H (Form 990) 2019

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? 61

Name and address	Type of Facility (describe)
41 St. Luke's Clinic Family Health 12080 W. McMillan Rd. Boise, ID 83713	Family Medicine
42 St. Luke's Clinic Family Medicine 1520 W. State Street Suite 100 Boise, ID 83702	Family Medicine
43 St. Luke's Clinic Family Medicine 3165 E. Greenhurst Rd. Nampa, ID 83686	Family Medicine
44 St. Luke's Clinic Family Medicine 805 N. 6th East Mountain Home, ID 83647	Family Medicine
45 St. Luke's Clinic Idaho Endocrinolog 403 S. 11th St. Suite 100 Boise, ID 83702	Specialty Physician Clinic
46 St. Luke's Clinic Internal Medicine 4840 N. Cloverdale Rd. Boise, ID 83713	Internal Medicine
47 St. Luke's Clinic Outpatient Service 890 N. 6th East St. Mountain Home, ID 83647	Physician Clinics
48 St. Luke's Clinic Urology 1202 E. Locust Street Emmett, ID 83617	Specialty physician Clinic: Urology
49 St. Luke's Cystic Fibrosis Center 610 W. Hays Street Boise, ID 83702	Cystic Fibrosis Center
50 St. Luke's Humphreys Diabetes Center 1226 W. River St. Boise, ID 83702	Diabetes Center

Schedule H (Form 990) 2019

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? 61

Name and address	Type of Facility (describe)
51 St. Luke's Idaho Cardiology Associate 287 W. Jefferson St. Boise, ID 83702	Cardiology
52 St. Luke's Idaho Pulmonary Associates 2051 E. Summersweet Dr. Boise, ID 83716	Pulmonary Specialty
53 St. Luke's Mountain View Medical Cent 3301 N. Sawgrass Wy. Boise, ID 83704	Family Medicine
54 St. Luke's Orthopedic Surgery Center 1425 River Street Boise, ID 83702	Orthopedic Surgery Center
55 St. Luke's Rehabilitation 1001 S. Bridgeway Place Eagle, ID 83616	Rehabilitation
56 St. Luke's Rehabilitation 2475 Apple St. Suite 200 Boise, ID 83706	Rehabilitation
57 St. Luke's Rehabilitation 290 W. Georgia Ave. Nampa, ID 83686	Rehabilitation
58 St. Luke's Rehabilitation 2999 N. Lakeharbor Ln. Suite 120 Boise, ID 83703	Rehabilitation
59 St. Luke's Treasure Valley Pediatrics 1620 S Celebration Ave Meridian, ID 83642	Pediatric Medicine
60 St. Luke's Treasure Valley Pediatrics 450 W. State Street Suite 100 Eagle, ID 83616	Pediatric Medicine

Schedule H (Form 990) 2019

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 3c:

Please refer to the disclosure for Part V, Section B, Line 13b - which describes methods used to determine eligibility for financial assistance.

Part I, Line 7:

The cost to charge ratio was used to calculate the financial assistance provided to the community. Other Community benefits come from a data repository maintained by St. Luke's Employees that tracks community benefit costs and hours.

Part I, Line 7g:

Subsidized services represent unreimbursed costs incurred (excluding impact of unreimbursed Medicare and Medicaid) for the following services:

Emergency and Trauma Services

Women's and children's Health

Home Care

Palliative Care and Medicine

Part VI Supplemental Information (Continuation)

Behavioral Health

Part 1, Line 7i, Cash and in-kind contributions for community benefit:

During the fiscal year 2020, St. Luke's administrated and dispensed the majority of community grants, cash, and in-kind donations at the system level. Those grants and donations were still awarded and continued to support health initiatives through all the communities we serve and were reported on form 990 for St. Luke's Health System.

Part II, Community Building Activities:

St. Luke's is an active participant in the community, and provides support to address public health issues, and works with coalitions to address local health needs. St. Luke's takes on initiatives as need arises to help the long term development of the community particularly to shape and improve public health and access to medical services.

Part III, Line 2:

The Cost to Charge ratio method was used to calculate bad debt expense at cost.

Part III, Line 3:

St. Luke's has a very robust financial assistance program, therefore, no estimate is made for bad debt attributable to patients eligible under the financial assistance policy.

Part III, Line 4:

Per the audited financial statements in footnote three, St. Luke's grants

Part VI Supplemental Information (Continuation)

credit without collateral to its patients, most of whom are local residents and many of whom are insured under third-party agreements. The allowance for estimated uncollectible amounts is determined by analyzing both historical information (write-offs by payor classification), as well as current economic conditions.

Part III, Line 8:

The source of the information is the Medicare Cost Report for fiscal year 2020. The amount is calculated by comparing the total Medicare apportioned costs (allowable costs) to interim payments received during FY'20.

St. Luke's provides medical care to all patients eligible for Medicare regardless of the shortfall and thereby relieves the Federal Government of the burden for paying the full cost of Medicare.

Part III, Line 9b:

All subsidiaries within the St. Luke's Health System have policies in place to provide financial assistance to those who meet established criteria and need assistance in paying for the amounts billed for their provided health care services. In addition, the collection policies and practices in place within the St. Luke's Health System provide guidance to patients on how to apply for this assistance. Collection of amounts due may be pursued in cases where the patient is unable to qualify for charity care or financial assistance and the patient has the financial resources to pay for the billed amounts.

Part VI, Line 2:

A Community Health Needs Assessment (CHNA) was conducted for the fiscal

Part VI Supplemental Information (Continuation)

year ending 9/30/2019. Information related to the CHNA is shown in the responses to questions 3 and 7 of "Part V, Section B, Facility Policies and Practices".

A complete copy of the CHNA assessments for all of the hospitals operating within the St. Luke's Health System can be found at the following website:

<https://www.stlukesonline.org/about-st-lukes/supporting-the-community/commu-nity-health-needs-assessments>

Part VI, Line 3:

(A) St. Luke's provides notice of the availability of financial assistance via:

1. Signage
2. Patient brochure
3. Billing Statement
4. Written collection action letter
5. Online at www.stlukesonline.org/billing

(B) Financial assistance policy is translated into the following language:

Spanish

(C) St. Luke's provides individual notice of the availability of financial assistance to a patient expected to incur charges that may not be paid in full by third party coverage, along with an estimate of the patient's liability.

(D) For cases in which St. Luke's independently determines patient

Part VI Supplemental Information (Continuation)

eligibility for financial assistance, St. Luke's provides written notice of determination that the patient is or is not eligible within 10 business days of receiving a completed application and the required supporting documentation.

Part VI, Line 4:

St. Luke's Regional Medical Center - Ada and Canyon counties represent the geographic area used to define the community we serve also referred to in this document as our primary service area or service area. The criteria we use in selecting this area as the community we serve is to include the entire population of the counties where at least 70% of our inpatients reside. The residents of these counties comprise about 80% of our inpatients with approximately 60% of our inpatients living in Ada County and 20% in Canyon County. According to Idaho Health and Welfare there are seven licensed hospitals in Ada county and two in Canyon County that are not part of The St. Luke's Health System. There are multiple federally designated medically underserved areas or populations in our Ada and Canyon counties service area.

Our patients in the surrounding counties are important to us as well. To help us serve these patients, we have built positive, collaborative relationships with regional providers where legal and appropriate. A philosophy of shared responsibility for the patient has been instrumental in past successes and remains critical to the future of St. Luke's Partnerships, allowing us to meet patients' medical needs close to home and family.

In regards to race, both Idaho and the service territory are comprised of

Part VI Supplemental Information (Continuation)

about 94% white population while the nation as a whole is 78% white. In

regards to ethnicity, the Hispanic population in Idaho represents 12% of

the overall population and about 14% of the defined service area. Canyon

County is approximately 25% Hispanic, and Ada County is 8% Hispanic.

Idaho experienced a 30% increase in population from 2000 to 2016 ranking

it is one of the fastest growing states in the country. Ada and Canyon

Counties followed that trend, experiencing an even more rapid 52% increase

in population within the timeframe. St. Luke's Regional Medical Center is

constantly working to manage the volume and scope of its services in order

to meet the needs of an increasing population.

Over the past ten years the 45 to 64 year old age group was the fastest

growing segment of the community. Currently, about 13% of the people in

the community are over the age of 65.

The official United States poverty rate increased from 12.5% in 2003 to

14% in 2016. Although both Ada and Canyon County poverty rates are

decreasing, they are still above where they were prior to the recession in

2008. The poverty rate in Canyon County is currently about 15% and about

11% in Ada County. The poverty rate in our community for children under

the age of 18 is well below the national average for Ada County and

slightly above the national average for Canyon County. Although both Ada

and Canyon County poverty rates have started to level out, they are still

well above where they were prior to the recession in 2008.

Median income in the United States has risen by 33% since 2003. However,

growth in income was slower in Idaho and in our service area during that

Part VI Supplemental Information (Continuation)

period. Median income in Canyon County is well below the national median and lower than Idaho's median income. Median income in Ada County is still slightly higher than the national median income.

St. Luke's Elmore - Elmore County represents the geographic area used to define the community we serve also referred to in this document as our primary service area or service area. The criteria we use in selecting this area as the community we serve is to include the entire population of the counties where at least 75% of our inpatients reside. The residents of Elmore County comprise about 84% of our inpatient visits. According to Idaho Health and Welfare there no other licensed hospital in Elmore county. There is at least one federally designated medically underserved area or population in our Elmore County service area.

Our patients in the surrounding counties are important to us as well. To help us serve these patients, we have built positive, collaborative relationships with regional providers where legal and appropriate. A philosophy of shared responsibility for the patient has been instrumental in past successes and remains critical to the future of St. Luke's Partnerships, allowing us to meet patients' medical needs close to home and family.

Both Idaho and the service territory are comprised of over 90% white population while the nation as a whole is 78% white. The Hispanic population in Idaho represents 12% of the overall population and about 16% of the defined service area.

Idaho experienced a 30% increase in population from 2000 to 2016 ranking

Part VI Supplemental Information (Continuation)

it is one of the fastest growing states in the country. However, our service area experienced an 11% decrease in population within that timeframe. St. Luke's Elmore is working to manage the volume and scope of services in order to meet the needs of our population.

Over the past ten years the over 45 year old age group was the fastest growing segment of the community. Currently, about 13% of the people in the community are over the age of 65.

The official United States poverty rate increased from 12.5% in 2003 to 14% in 2016. Our service area poverty rate is about the same as the national average. The poverty rate in our community for children under the age of 18 is also about the same as the national average. Although poverty has started declining in our service area, poverty rates are still well above the levels they were at prior to the recession in 2008.

Median income in the United States has risen by 33% since 2004 but by only 21% in our service area. The median income in our service area is well below the national median and lower than Idaho's median income.

Part VI, Line 5:

The people who serve on the various boards for subsidiaries within the St. Luke's Health System are local citizens who have a vested interest in the health of their communities. These committed leaders volunteer on our boards because they are dedicated to ensuring that the people of southern Idaho and the surrounding area have access to the most advanced, most comprehensive health care possible. St. Luke's believes that locally owned and governed hospitals can take the best measure of community health care

Part VI Supplemental Information (Continuation)

needs. We are grateful to our board leadership for giving generously of their time and talents and bringing to the table their unique perspectives and intimate knowledge of their communities. St. Luke's would not be the organization it is today without our volunteer board members. The vision of dedicated community leaders has guided St. Luke's for many decades, and will continue to guide us well into the future.

As a not-for-profit organization, 100% of St. Luke's revenue after expenses is reinvested in the organization to serve the community in the form of staff, buildings, or new technology.

Also, St. Luke's Regional Medical Center maintains an open medical staff. Any physician can apply for practicing privileges as long as they meet the standards for St. Luke's Regional Medical Center.

Part VI, Line 6:

As the only Idaho-based not-for-profit health system, St. Luke's Health System is part of the communities we serve, with local physicians and boards who further our organization's mission "To improve the health of people in the communities we serve." Working together, we share resources, skills, and knowledge to provide the best possible care, no matter which of our hospitals provide that care. Each St. Luke's Health System hospital is nationally recognized for excellence in patient care, with prestigious awards and designations reflecting the exceptional care that is synonymous with the St. Luke's name.

St. Luke's Health System provides facilities and services across the region, covering a 150-mile radius that encompasses southern and central

Part VI Supplemental Information (Continuation)

Idaho, northern Nevada, and eastern Oregon-bringing care close to home and

family. The following entities are part of the St. Luke's Health System:

(1) St. Luke's Regional Medical Center, Ltd. with the following locations:

--St. Luke's Boise Hospital

--St. Luke's Meridian Hospital

--St. Luke's Children's Hospital

--St. Luke's Boise/Meridian/Caldwell/Fruitland Physician Clinics

--St. Luke's Eagle Urgent Care

--St. Luke's Elmore Hospital with physician clinic

--St. Luke's Fruitland Emergency Department/Urgent Care

(2) St. Luke's Wood River Medical Center, Ltd. which consists of a

critical access hospital located in Ketchum, Idaho as well as various

physician clinics

(3) St. Luke's Magic Valley Regional Medical Center, Ltd. which consists

of the following:

--St. Luke's Magic Valley Hospital-Twin Falls, Idaho

--Various St. Luke's Physician Clinics in Twin Falls

--Canyon View-(Behavioral Health)

--St. Luke's Jerome Hospital-Jerome, Idaho

--Various Physician clinics in Jerome

(4) St. Luke's McCall, Ltd. which consists of a critical access hospital

located in McCall, Idaho as well as various physician clinics.

(5) St. Luke's Nampa Medical Center, Ltd. which consists of a critical

Part VI Supplemental Information (Continuation)

access hospital located in Nampa, Idaho as well as various physician clinics.

(6) Mountain States Tumor Institute (MSTI) which also does business as St. Luke's Cancer Institute, is the region's largest provider of cancer services and a nationally recognized leader in cancer research. MSTI provides advanced care to thousands of cancer patients each year at clinics in Boise, Fruitland, Meridian, Nampa, and Twin Falls, Idaho. MSTI is home to Idaho's only cancer treatment center for children, only federally sponsored center for hemophilia, and only blood and marrow transplant program.

MSTI's services and therapies include breast care services, blood and marrow transplant, chemotherapy, genetic counseling, hematology, hemophilia treatment, hospice, integrative medicine, marrow donor center, mobile mammography, mole mapping, nutritional counseling, PET/CT scanning, patient/family support, pediatric oncology, radiation therapy, rehabilitation, research and clinical trials, Schwartz Center Rounds for Caregivers, spiritual care, support groups/classes, tumor boards, Wound Ostomy, and Continence Nursing.

MSTI is expanding as rapidly as today's cancer treatment. Patients can now visit a MSTI clinic or Breast Cancer detection center at 13 different locations in southwest Idaho and Eastern Oregon. Locations include Boise, Meridian, Nampa, Twin Falls, and Fruitland.

St. Luke's physician clinics and services are provided in partnership with area physicians and other health care professionals. These include:

Part VI Supplemental Information (Continuation)

Cardiovascular; Child Abuse and Neglect Evaluation; Endocrinology; Ear,
 Nose, and Throat; Family Medicine;
 Gastroenterology; General Surgery; Hypertensive Disease; Internal
 Medicine; Maternal/Fetal Medicine; Medical Imaging;
 Metabolic and Bariatric Surgery; Nephrology; Neurology; Neurosurgery;
 Obstetrics/Gynecology; Occupational Medicine;
 Orthopedics; Outpatient Rehabilitation; Plastic Surgery; Psychiatry and
 Addiction; Pulmonary Medicine; Sleep Disorders; and Urology.

In addition, St. Luke's works with other regional facilities through
 management

service contracts for select specified services. These facilities include:

- (1) North Canyon Medical Center
- (2) Salmon River Clinic
- (3) Weiser Memorial Hospital

Part VI, Line 7, List of States Receiving Community Benefit Report:

ID

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization St. Luke's Regional Medical Center, Ltd. Employer identification number 82-0161600

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Glenns Ferry School District 800 Old Highway 30 Glenns Ferry, ID 83623	82-6002941	Government Entity	17,500.	0.			Support Glenns Ferry School District
Hands of Hope Northwest, Inc. 1201 Powerline Rd. Nampa, ID 83686	84-1398889	501(c)(3)	0.	766,223.	FMV	Medical Equipment	Provide durable medical equipment and medical supplies to people in need in the Treasure
Nampa School District 619 S. Canyon St. Nampa, ID 83686	82-6000727	Government Entity	16,000.	0.			Support Nampa School District
St. Luke's Health Foundation 190 E Bannock Street Boise, ID 83712	81-0600973	501(c)(3)	1,765,136.	0.			Provide support for overall operational needs of St. Luke's Health Foundation, Inc.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**
See Part IV for Column (h) descriptions

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

The organization endeavors to monitor its grants to ensure that such grants are used for proper purposes and not otherwise diverted from their intended use. This is accomplished by requesting recipient organizations to affirm that funds must be used solely in accordance with the grant request and budget on which the grant was based and that funds not expended for the stated purpose are to be returned to the organization. Reports are requested from time to time as deemed appropriate.

Part IV Supplemental Information

Part II, line 1, Column (h):

Name of Organization or Government: Hands of Hope Northwest, Inc.

(h) Purpose of Grant or Assistance: Provide durable medical equipment and medical supplies to people in need in the Treasure Valley

Sch. I Part I

During the fiscal year 2020 the Health System administered and dispensed all community grants into one department which is aligned under SLHS. The grants were awarded and continued to support health initiatives through all the communities we serve.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **St. Luke's Regional Medical Center, Ltd.**
 Employer identification number: **82-0161600**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) David C. Pate, MD, JD President & CEO (End 02/2020)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	1,232,490.	0.	9,180,227.	23,349.	6,810.	10,442,876.
(2) Mr. Chris Roth CEO & Director (Start 02/2020)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	807,043.	0.	131,232.	27,620.	25,420.	991,315.
(3) Mr. Jeffrey S. Taylor SR VP/CFO/Treasurer	(i)	0.	0.	0.	0.	0.	0.
	(ii)	702,999.	0.	806,218.	31,891.	21,080.	1,562,188.
(4) Ms. Christine Neuhoff SVP/Chief Legal Officer/Sec	(i)	0.	0.	0.	0.	0.	0.
	(ii)	642,664.	0.	49,981.	27,620.	18,319.	738,584.
(5) Ms. Pamela Lindemoen VP Acute Care Services	(i)	0.	0.	0.	0.	0.	0.
	(ii)	560,268.	0.	35,555.	19,078.	6,470.	621,371.
(6) Mr. David McFadyen VP Population Health	(i)	0.	0.	0.	0.	0.	0.
	(ii)	360,787.	0.	31,422.	23,349.	27,694.	443,252.
(7) Mr. Dennis Mesaros VP Population Health	(i)	0.	0.	0.	0.	0.	0.
	(ii)	320,107.	0.	35,248.	23,349.	17,452.	396,156.
(8) Michael Curtin, MD Physician	(i)	0.	0.	0.	0.	0.	0.
	(ii)	719,511.	411,274.	46,322.	31,891.	18,889.	1,227,887.
(9) Edward Duckworth, MD Physician	(i)	0.	0.	0.	0.	0.	0.
	(ii)	959,302.	180,034.	38,810.	19,078.	14,243.	1,211,467.
(10) Jeffery Menzner, MD Physician	(i)	0.	0.	0.	0.	0.	0.
	(ii)	768,807.	287,949.	67,888.	31,891.	16,239.	1,172,774.
(11) Marcos Daccarett, MD Physician	(i)	0.	0.	0.	0.	0.	0.
	(ii)	478,758.	582,155.	70,887.	23,349.	11,319.	1,166,468.
(12) Jared Armstrong, MD Physician	(i)	0.	0.	0.	0.	0.	0.
	(ii)	404,145.	698,988.	18,486.	19,078.	16,239.	1,156,936.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 3:

Compensation for the organization's CEO is determined by St. Luke's Health

System, Ltd. (System), sole member of St. Luke's Regional Medical Center,

Ltd. The System board approves the compensation amount per the

recommendation of its compensation committee, and the decision is then

reviewed and ratified by the board of directors for St. Luke's Regional

Medical Center.

In determining compensation for the CEO, the System board utilizes the

following criteria:

Compensation Committee

Independent compensation consultant

Compensation survey or study

Approval by the board or compensation committee

Part I, Line 4b:

During CY'19, the following individuals participated in a supplemental

non-qualified executive retirement plan:

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

	SERP	SERP-Gross Up	Total
Jeffrey Taylor	\$416,672	\$331,057	\$747,729
David C. Pate	\$4,903,755	\$4,223,756	\$9,127,511

Part I, Line 4b:

During CY'19, Jeffrey S. Taylor was a participant in the supplemental non-qualified executive retirement plan. There were no additional benefits accrued during CY'19 on behalf of the participant.

Part II-Column (c)

During CY'19 the following individual participated in the basic pension plan. Due to enhanced benefits adopted in 2019 and changes in actuarial assumptions this individual experienced an increase in the vested balance of the plan.

Jeffrey Taylor \$150,904

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part II-Column (e)

Compensation reported for Dr. David C. Pate includes the present fair

value of future retirement payments, to be paid over time as an

annuity, not a lump sum. As part of recruitment to the role of CEO of

St. Luke's Health System, Ltd., Dr. Pate received a supplemental

executive retirement plan during his tenure, which vested during the

tax year reported. At the vesting date, the fair value of his future

benefits is considered reportable wages to him for income tax purposes.

Cash payments of the retirement benefit is deferred until his

retirement, at which time the benefits will be paid out as an annuity.

Dr. Pate's employment arrangement, aligned with overall healthcare

industry standards, recognized his service to the organization.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **St. Luke's Regional Medical Center, Ltd.** Employer identification number **82-0161600**

Part I	Bond Issues											
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	Idaho Health Facilities Authority	82-6051863	451295VN6	07/11/12	75,896,250.	Capital Projects for Health Care Facilities		X		X		X
B	Idaho Health Facilities Authority	82-6051863	451295WT2	08/20/14	176,779,592.	Capital projects for Healthcare Facilities		X		X		X
C	Idaho Health Facilities Authority	82-6051863	000000000	05/18/16	50,000,000.	Equipment Financing for Health Care Facilities		X		X		X
D	Idaho Health Facilities Authority	82-6051863	451295ZB8	08/09/18	389,965,755.			X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired			1,790,000.		20,184,775.		1,790,000.	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	76,185,209.		178,529,644.		50,030,528.		391,299,908.	
4	Gross proceeds in reserve funds	40.		68.				83,821.	
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	776,952.		1,798,967.		165,622.			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	75,408,257.		176,730,677.		49,864,906.		82,543,424.	
11	Other spent proceeds							308,756,484.	
12	Other unspent proceeds								
13	Year of substantial completion	2013		2018		2016		2020	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X		X	X	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X				X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X				X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....	.00 %		.00 %		.00 %		.00 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....	.00 %		.00 %		.00 %		.00 %	
6 Total of lines 4 and 5 .....	.00 %		.00 %		.00 %		.00 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X			X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?								
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Schedule K, Part IV, Arbitrage, Line 2c:

(a) Issuer Name: Idaho Health Facilities Authority
Date the Rebate Computation was Performed: 07/11/2017

(a) Issuer Name: Idaho Health Facilities Authority
Date the Rebate Computation was Performed: 03/01/2019

Part II, Line 4, Columns A, B, & D
Amounts presented consist of Debt Service Fund Deposits.

Schedule K, Part I and Part II, Line 3, Columns A, B, C, & D.
Differences between the issue price (Part I) and total proceeds (Part II, line 3) are due to investment earnings.

Schedule K, Part I, Bond Issues:
(a) Issuer Name: Idaho Health Facilities Authority
(f) Description of Purpose: Current Refunding of Bonds issued 12/4/2008, 7/31/2012, and 10/24/2012, and capital projects for Healthcare Facilities

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Sarah Tuttle	Family member of Di	60,579.	Compensatio		X
Kelsy Newton	Family member of Di	23,048.	Compensatio		X
Brea Shrum, MD	Family member of Di	504,310.	Compensatio		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Sarah Tuttle

(b) Relationship Between Interested Person and Organization:

Family member of Director

(d) Description of Transaction: Compensation of family member of a

Director

(a) Name of Person: Kelsy Newton

(b) Relationship Between Interested Person and Organization:

Family member of Director

(d) Description of Transaction: Compensation of family member of a

Director

(a) Name of Person: Brea Shrum, MD

(b) Relationship Between Interested Person and Organization:

Family member of Director

(d) Description of Transaction: Compensation of family member of a

Director

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

St. Luke's Regional Medical Center, Ltd.

Employer identification number

82-0161600

Form 990, Part III, Line 4a, Program Service Accomplishments:

provided inpatient care for 33,223 admissions, covering 128,643 patient

days. Also, the hospitals provided patient care associated with 442,616

outpatient visits. In addition to hospital patient care, the various

physician clinics located in the Treasure Valley provided patient care

associated with 1,001,726 visits.

St. Luke's provides more heart procedures than any other hospital in

Idaho, providing cardiac care for heart patients throughout Idaho, and

into parts of Oregon, Nevada, and Utah. St. Luke's supports the region

through partnerships with physicians, hospitals, and regional clinics

where patients are cared for in their own communities. Classes and

screenings are offered to promote heart and vascular health and support

those living with cardiovascular disease. In addition, St. Luke's has

provided hundreds of automated external defibrillators (AEDs) to local

schools, civic organizations and businesses, and has worked with area

hospitals to achieve standardized clinical protocols for heart attack

patients.

Integral to the Heart & Vascular line is St. Luke's Idaho Cardiology

Associates (SLICA), an 8-physician cardiology practice servicing Boise

and the surrounding communities within Idaho. SLICA specializes in the

treatment of diseases and disorders that affect the heart and its

associated blood vessels. In-office diagnostic services include

treadmill stress testing, echocardiography, heart rhythm monitoring,

heart catheterization and nuclear cardiology. Also included in the

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
----------------------------------------------------------------------	----------------------------------------------

practice are special clinics designed to manage irregular heart beats

(arrhythmias) pacemakers and defibrillators, blood thinning

medications, congestive heart failure, and lipids.

Form 990, Part III, Line 4b, Program Service Accomplishments:

documentation in cases of alleged abuse are provided.

During FY'20 the Children's Hospital experienced the following patient

volumes:

Pediatrics:

Admissions 5,577

Patient Days 13,073

Pediatric Intensive Care Unit:

Admissions 1,042

Patient Days 14,308

Form 990, Part VI, Section A, line 2:

Some board members serve with other board members on non-St. Luke's boards.

Each of the following board members, officers and key employees has a

business relationship with another by virtue being an officer, key employee

or sitting on the board of directors of another St. Luke's entity.

Allan Korn, MD

David C. Pate, MD, JD

Lucie DiMaggio, MD

Mr. Alan Horner

Mr. Andy Scoggin

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
----------------------------------------------------------------------	----------------------------------------------

Mr. Arthur F. Oppenheimer

Mr. Bill Whitacre

Mr. Bob Lokken

Mr. Dan Krahn

Mr. Jon Miller

Mr. Mark Durcan

Mr. Rich Raimondi

Mr. Tom Corrick

Ms. Brigette Bilyeu

Ms. Karen Vauk

Ms. Lisa Grow

Mr. Jeffrey Taylor

Ms. Christine Neuhoff

Ms. Pamela Lindemoen

Mr. Chris Roth

Mr. David McFadyen

Mr. Dennis Mesaros

Mr. Jeff Fox

Form 990, Part VI, Section A, line 6:

St. Luke's Health System, Ltd. is the sole member of St. Luke's Regional
Medical Center, Ltd.

Form 990, Part VI, Section A, line 7a:

St. Luke's Health System, Ltd. (Member) and St. Luke's Regional Medical
Center, Ltd. (Corporation) cooperatively select and employ the CEO of the
Corporation. St. Luke's Health System, Ltd., is the sole member of the
Corporation.

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
----------------------------------------------------------------------	----------------------------------------------

Form 990, Part VI, Section A, line 7b:

St. Luke's Health System, Ltd. (Member) maintains approval and implementation authority over St. Luke's Regional Medical Center (Corporation).

Actions requiring approval authority may be initiated by either the Corporation or its Member, but must be approved by both the Corporation (by action of its Board of Directors) and the Member. Actions requiring approval authority of the Member include:

(a) Amendment to the Articles of Incorporation;

(b) Amendment to the Bylaws of the Corporation;

(c) Appointment of members of the Corporation's Board of Directors, other than ex officio directors;

(d) Removal of an individual from the Corporation's Board of Directors if and when removal is requested by the Corporation's Board of Directors, which request may only be made if the Director is failing to meet the reasonable expectations for service on the Corporation's Board of Directors that are established by the Member and are uniform for the Corporation and for all of the other hospitals for which the Member then serves as the sole corporate member.

(e) Approval of operating and capital budgets of the Corporation, and deviations to an approved budget over the amounts established from time to

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
----------------------------------------------------------------------	----------------------------------------------

time by the Member; and

(f) Approval of the strategic/tactical plans and goals and objectives of

the Corporation. Implementation Authority means those actions which the

Member may take without the approval or recommendation of the Corporation.

This authority will not be utilized until there has been appropriate

communication between the Member and the Corporation's Board of Directors

and its Chief Executive Officer. Actions requiring implementation authority

include:

(a) Changes to the Statements of mission, philosophy, and values of the

Corporation;

(b) Removal of an individual from the Corporation's Board of Directors if

and when the Member determines in good faith that the Director is failing

to meet the Approved Board of Member Expectations. This authority to remove

Directors shall not be used merely because there is a difference in

business judgment between the Director and the Corporation or the Member,

and shall never be used to remove one or more Directors from the

Corporation's Board of Directors in order to change a decision made by the

Corporation's Board of Directors;

(c) Employment and termination of the Chief Executive Officer of the

Corporation;

(d) Appointment of the auditor for the Corporation and the coordination of

the Corporation's annual audit;

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
----------------------------------------------------------------------	----------------------------------------------

(e) Sales, lease, exchange, mortgage, pledge, creation of a security interest in or other disposition of real or personal property of the Corporation if such property has a fair market value in excess of a limit set from time to time by the Member and that is not otherwise contained in an Approved Budget;

(f) Sale, merger, consolidation, change of membership, sale of all or substantially all of the assets of the corporation, or closure of any facility operated by the Corporation;

(g) The dissolution of the Corporation;

(h) Incurrence of debt by or for the Corporation in accordance with requirements established from time to time by the Member and that is not otherwise contained in an Approved Budget; and

(i) Authority to establish policies to promote and develop an integrated, cohesive health care delivery system across all corporations for which the Member serves as the corporate member.

Form 990, Part VI, Section B, line 11b:

The Form 990 (Form) is reviewed by an independent public accounting firm based on audited financial statements of the St. Luke's Health System and with the assistance of the organization's finance and accounting staff. A complete copy of the Form 990 is made available to the Board of Directors prior to filing.

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
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Form 990 Part V, Line 1&2

Accounts payable and payroll process are consolidated at the supporting organization level (St. Luke's Health System, Ltd). Therefore, corresponding reporting for 1099's and W-2's occurs at that level.

Form 990, Part VI, Section B, Line 12c:

The organization annually reviews the conflict of interest policy with each board member and also with new board members. Persons covered under the policy include officers, directors, senior executives, non-director members of Board committees, and others as identified by a senior executive. At all levels the board is responsible for assessing, reviewing, and resolving any conflicts of interest that have been disclosed by a covered person, or a conflict of interest disclosed by a covered person with respect to a covered person other than himself/herself. Where a conflict exists, the affected parties must recuse themselves from participating in any discussion and/or vote related to the conflict.

Form 990, Part VI, Section B, Line 15:

Executive compensation is set by St. Luke's Boards of Directors and is reviewed annually. Compensation levels are based on an independent analysis of comparable pay packages offered at similar institutions across the country, with the goal of placing executives in the 50th percentile in aggregate of those surveyed. These surveys are usually done annually.

St. Luke's Health System is committed to providing the highest quality medical care to all people regardless of their ability to pay. To keep that commitment, St. Luke's puts a great deal of time and effort into recruiting and retaining the top physicians in a variety of medical fields. Our

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
----------------------------------------------------------------------	----------------------------------------------

relationships with physicians range from having privileges at the hospital to full employment.

For those physicians who choose to be employed, St. Luke's must offer competitive pay and benefits.

Physician compensation is based on a range of criteria and can be influenced by a number of variables including:

- Community need for medical specialty
- Experience
- Productivity
- Geography
- National surveys adjusted for local conditions
- Willingness to serve regardless of patients' ability to pay
- Duration of relationship and contractual terms
- Performance on quality metrics

To ensure physician compensation and benefits remain within industry standards and legal requirements for not-for-profit institutions, St. Luke's has a Physician Arrangements policy that specifies circumstances requiring a third-party valuation and also periodically uses third-party consulting firms to review St. Luke's physician compensation arrangements.

Given the growing national shortage of physicians, recruiting and retaining physicians is more critical than ever to guarantee that people seeking care at St. Luke's will continue to have access to the physicians and specialists they need regardless of their insurance status or insurance

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
----------------------------------------------------------------------	----------------------------------------------

provider.

Form 990, Part VI, Section C, Line 19:

The organization's governing documents, conflict of interest policy, and financial statements are not available to the public. Form 990 is available for public inspection on our website, which contains financial information.

Form 990 Part VII Section A

The total hours worked and compensation reported for the following individuals represent services rendered to organizations within the St.

Luke's Health System:

Pam Lindemoen:

St. Luke's Health System, Ltd.

St. Luke's Regional Medical Center, Ltd.

Mountain States Tumor Institute, Inc.

St. Luke's McCall, Ltd.

St. Luke's Magic Valley Regional Medical Center, Ltd.

St. Luke's Wood River Medical Center, Ltd.

St. Luke's Clinic Coordinated Care, Ltd.

St. Luke's Nampa Medical Center, Ltd.

Chris Roth:

St. Luke's Health System, Ltd.

St. Luke's Regional Medical Center, Ltd.

Mountain States Tumor Institute, Inc.

St. Luke's McCall, Ltd.

St. Luke's Health Foundation, Ltd.

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
----------------------------------------------------------------------	----------------------------------------------

St. Luke's Magic Valley Regional Medical Center, Ltd.

St. Luke's Wood River Medical Center, Ltd.

St. Luke's Clinic Coordinate Care, Ltd.

St. Luke's Nampa Medical Center, Ltd.

Jeff Taylor:

St. Luke's Health System, Ltd.

St. Luke's Regional Medical Center, Ltd.

Mountain States Tumor Institute, Inc.

St. Luke's McCall, Ltd.

St. Luke's Magic Valley Regional Medical Center, Ltd.

St. Luke's Wood River Medical Center, Ltd.

St. Luke's Clinic Coordinated Care, Ltd.

St. Luke's Nampa Medical Center, Ltd.

Christine Neuhoff:

St. Luke's Health System, Ltd.

St. Luke's Regional Medical Center, Ltd.

Mountain States Tumor Institute, Inc.

St. Luke's McCall, Ltd.

St. Luke's Magic Valley Regional Medical Center, Ltd.

St. Luke's Wood River Medical Center, Ltd.

St. Luke's Clinic Coordinated Care, Ltd.

St. Luke's Nampa Medical Center, Ltd.

David C. Pate:

St. Luke's Health System, Ltd.

St. Luke's Regional Medical Center, Ltd.

Name of the organization St. Luke's Regional Medical Center, Ltd.	Employer identification number 82-0161600
----------------------------------------------------------------------	----------------------------------------------

Mountain States Tumor Institute, Inc.

St. Luke's McCall, Ltd.

St. Luke's Magic Valley Regional Medical Center, Ltd.

St. Luke's Wood River Medical Center, Ltd.

St. Luke's Nampa Medical Center, Ltd.

Dennis Mesaros

St. Luke's Regional Medical Center, Ltd.

St. Luke's Nampa Medical Center, Ltd.

David McFadyen

St. Luke's Regional Medical Center, Ltd.

St. Luke's McCall, Ltd.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in Minimum Liability-Defined Benefit Plan	2,071,367.
MSTI Merger	141,200,180.
Total to Form 990, Part XI, Line 9	143,271,547.

Form 990, Part I, Line 6

During this past year the number of volunteers decreased due to
restrictions on the access to the hospitals for volunteers and
cancellations of in person events due to COVID-19 concerns.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization St. Luke's Regional Medical Center, Ltd. Employer identification number 82-0161600

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
St. Luke's Clinic-Treasure Valley, LLC - 45-2716222, 190 E. Bannock, Boise, ID 83712	Physician Clinic Services	Idaho	230,837,640.	115,334,339.	St. Luke's Regional Medical Center, Ltd.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Mountain States Tumor Institute, Inc - 82-0295026, 190 E. Bannock, Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Regional Medical Center, Ltd.		X
St. Luke's Clinic Coordinated Care, Ltd. - 45-5195864, 190 E. Bannock, Boise, ID 83712	Accountable Care Organization	Idaho	501(c)(3)	10	St. Luke's Health System, Ltd.		X
St. Luke's Health Foundation, Ltd. - 81-0600973, 190 E. Bannock, Boise, ID 83712	Fundraising	Idaho	501(c)(3)	7	St. Luke's Health System, Ltd.		X
St. Luke's Health System, Ltd. - 56-2570681 190 E. Bannock Boise, ID 83712	Supporting Organization	Idaho	501(c)(3)	12C, III-FI	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Idaho Cytogenetics Diagnostic Laboratory, LLC - 33-1012210, 190 E. Bannock, Boise, ID 83712	Healthcare	ID	St. Luke's Regional Medical Center, Ltd.	Related	51.	0.		X	N/A		X	50.00%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Anderson Plaza Medical Building, Inc. - 82-0448741, 190 E Bannock St, Boise, ID 83702	Medical Offices	ID		C CORP	0.	0.			X
St. Luke's Office Plaza - 82-0389626 190 E Bannock St Boise, ID 83702	Medical Offices	ID		C CORP	0.	0.			X
St. Luke's Elmore Medical Building, Inc. - 81-3992116, 190 E Bannock St, Boise, ID 83702	Medical Offices	ID		C CORP	0.	0.			X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) St. Luke's Health Foundation, Ltd.	B	1,765,136.	Subsidy to SLHF
(2) St. Luke's Health Foundation, Ltd.	C	3,182,571.	Donations Specified for SLRMC
(3) Mountain States Tumor Institute, Inc	C	326,703,007.	MSTI Merger
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Part III, Identification of Related Organizations Taxable as Partnership:

Name of Related Organization:

Idaho Cytogenetics Diagnostic Laboratory, LLC

Direct Controlling Entity: St. Luke's Regional Medical Center, Ltd.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. St. Luke's Regional Medical Center, Ltd.	Taxpayer identification number (TIN) 82-0161600
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 190 E. Bannock	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boise, ID 83712	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Peter DiDio, Vice-President, Controller

- The books are in the care of ▶ 190 E. Bannock - Boise, ID 83712
Telephone No. ▶ 208-706-9585 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until August 16, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning OCT 1, 2019, and ending SEP 30, 2020.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

St. Luke's Boise/Meridian

2019 Community Health Needs Assessment

Implementation Plan

FY 2020

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Introduction

The St. Luke's Boise/Meridian FY 2020 Community Health Needs Assessment Implementation Plan describes the programs and resources St. Luke's and other community groups plan to employ to address the most important health needs identified in our 2019 Community Health Needs Assessment (CHNA). The implementation plan is divided into two main sections. The first section contains a list of the significant health needs identified in our CHNA and describes what St. Luke's intends to do to address these needs. The second section of the implementation plan defines the specific programs and services St. Luke's plans to implement to address the significant health needs. For each program, there is a description of its objective, tactics, expected impact, and partnerships.

Stakeholder involvement in determining and addressing community health needs is vital to this process. We thank, and will continue to collaborate with, all the dedicated individuals and organizations working with us to make our community a healthier place to live.

**St. Luke's Boise/Meridian Medical Centers are licensed as St. Luke's Regional Medical Center.*

Methodology

The St. Luke's Boise/Meridian 2019 CHNA was designed to better understand the most significant health challenges facing the individuals and families in our service area. To accomplish this goal, St. Luke's collaborated with representatives from our community to help identify and prioritize our most important health needs. Each identified health need was included in one of these four categories: 1) health behavior needs; 2) clinical care needs; 3) social and economic needs; and 4) physical environment needs.

These health needs were ranked using a numerical prioritization system. Points were allocated to each need based on scores provided by our community representatives as well as scores for related health factors. The more points the health need and factor received, the higher the priority and the higher the potential to positively impact community health. Health needs and factors with scores in the top 10th percentile were highlighted in dark orange and were considered to be our community's most significant health needs.

To complete the CHNA Implementation Plan, St. Luke's consulted and collaborated with community representatives, addressing the most significant health needs using the following decision criteria:

1. Health needs ranked in the top 10th percentile in the CHNA are our significant health needs. In order to focus limited resources on the health needs having the greatest potential to improve community health (the most significant needs), implementation plan programs were not developed for health needs scoring below the top 10th percentile.
2. Next St. Luke's examined whether it was more effective to directly address a high priority health need or whether another community organization was better positioned to address the need. To make this determination, we focused on whether the health need was in alignment with St. Luke's mission and strengths. Where a high priority need was substantially in alignment with both our mission and strengths, St. Luke's provided at least one program to address that need. Where a high priority need was not in alignment with our mission and strengths, St. Luke's tried to identify or partner with a community group or organization better able to serve the high priority need.
3. A single health improvement program can often support the success of multiple related health needs. For example, obesity programs also support and strengthen diabetes programs. Therefore, to better understand the total impact our programs are having on a health need, St. Luke's arranged the significant health needs into groups that will benefit by being addressed together.

List of Health Needs and Recommended Actions

Health Behavior Category

Our community’s high priority needs in the health behavior category are wellness and prevention programs for obesity, diabetes, mental illness, suicide, and drug misuse. Diabetes and obesity rank as high priority needs because both are trending higher and are contributing factors to a number of other health concerns. Mental illness ranks high because Idaho has one of the highest percentages of any mental illness (AMI) in the nation. Drug misuse is trending higher in our community. Our community representatives provided high scores for these health needs as well.

Table Color Key
Dark Orange = Significant Community Health Need (Total score in the top 10th percentile)

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Non-St. Luke’s Community Resources Available to Address Need	Recommended Action and Justification
Weight management programs	Obese/Over-weight Adults	22.1	Mission: High Strength: Medium	Department of Health and Welfare Idaho Physical Activity and Nutrition (IPAN) Program; CDC online weight management information; Idaho Medicaid has a Preventive Health Assistance Benefit weight management	St. Luke’s will support adult weight management programs because this need is aligned with our mission and strengths and although there are other programs available in our community the need is still ranked in our CHNA’s top 10 th percentile. The programs St. Luke’s directly provides and supports are described in the following section of this Implementation Plan.

				program. There are also a number of fee-based weight management programs available in our community.	
	Obese/Over-weight Teens	21.1	Mission: High Strength: Medium	Department of Health and Welfare Idaho Physical Activity and Nutrition (IPAN) Program, the CDC online weight management information, and Idaho Medicaid has a Preventive Health Assistance Benefit weight management program.	St. Luke's will support teen weight management programs because this need is aligned with our mission and strengths, there are not many teen weight management programs available in our community, and the need is ranked in our CHNA's top 10 th percentile. The programs St. Luke's directly provides, and supports are described in the following section of this Implementation Plan.
Wellness and prevention programs	Obesity	22.1	Mission: High Strength: Medium	Resources include the State of Idaho's Healthy Eating Active Living program, youth-based nutrition and physical activity programs and many adult-focused weight loss and physical activity programs.	St. Luke's will directly support obesity prevention and wellness programs because this need is highly aligned with our mission and strengths and the need is ranked in the top 10 th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.

	Diabetes	20.1	Mission: High Strength: Medium	Pre-diabetes, and diabetes prevention and awareness programs are offered by community partners including the YMCA.	St. Luke's will directly support diabetes prevention and wellness programs because this need is highly aligned with our mission and strengths and the need is ranked in our CHNA's top 10 th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Wellness and prevention programs	Mental illness	21.1	Mission: High Strength: Medium	St. Luke's will continue to partner with valued community organizations, state agencies and health care providers to seek long term solutions to increase care providers and increase access to care.	St. Luke's has established a Department focused on Behavioral Health. Several programs have been established to address mental illness and behavioral health concerns. The programs that St. Luke's directly supports are described in the following section of this implementation plan. Additionally, St. Luke's has established a partial hospitalization clinic for children.
Wellness and prevention programs	Suicide	21.1	Mission: High Strength: Low	Idaho Suicide Prevention Hotline, Suicide prevention and awareness education	Suicide prevention is a low strength for St. Luke's. St. Luke's will partner with and, when possible, provide funding to support education, training and implementation of suicide awareness and prevention programs. These partnerships are described/summarized in the following section of the Implementation Plan.
Substance Abuse Services and Programs	Drug Misuse	20.8	Mission: High Strength: Medium	Allumbaugh House, Health district crisis center, and other locations for detoxification and	Drug misuse prevention is a medium strength for St. Luke's. St. Luke's will deliver, partner with and, when possible, provide funding to support education, training and implementation of drug misuse awareness and

				referral, drug take-back days, and efforts from the Idaho Department of Health and Welfare Office of Drug Policy	prevention programs. These partnerships are described/summarized in the following section of the Implementation Plan.
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Clinical Care Category

High priority clinical care needs include: Affordable care for low income individuals; affordable health insurance; increased availability of behavioral health services; and chronic disease management for diabetes. Affordable care, affordable health insurance, and the availability of behavioral health services scored as top health needs by our community health representatives. In addition, affordable health insurance ranks as a top priority need because our service area has a high percentage of people who are uninsured. Availability of behavioral health services also ranked as a top priority because Idaho has a shortage of behavioral health professionals. Diabetes chronic disease management ranks high because the percentage of people with diabetes is trending higher, and it is a contributing factor to a number of other health concerns.

As shown in the table below, high priority clinical care needs are often experienced most by people with lower incomes and those who have not attended college. In addition, a number of our community leaders expressed concern about people just above the poverty level who are left without health insurance because they don't qualify for Medicaid.

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Non-St. Luke's Community Resources Available to Address Need	Recommended Action and Justification
Affordable health insurance	Uninsured adults	22.7	Mission: High Strength: Medium	The Affordable Care Act, Medicaid, Medicare, Idaho State Department of Health and Welfare, Your Health Idaho, SHIBA	St. Luke's will directly support programs designed to help provide affordable health insurance because this need is aligned with our mission and the need is still ranked in our CHNA's top 10 th percentile. Affordable health insurance is a national priority that St. Luke's cannot address on its own. St. Luke's will continue to rely on community and national programs and resources to help us address this need. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Availability of	Mental	21.1	Mission: High	There are a large	St. Luke's will directly support increasing

behavioral health services (providers, suicide hotline, etc.)	health service providers		Strength: Medium	number of independent behavioral health providers able to treat mild to moderate outpatient behavioral health issues. There is a shortage of psychiatrists in our community.	psychiatric services, programs, and the number of psychiatrists and behavioral health providers in our community because this need is aligned with our mission and is still ranked in our CHNA's top 10 th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
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Social and Economic Category Summary

In the Social and Economic category, there were no needs that ranked in the 10th percentile.

Physical Environment Category Summary

In the physical environment category, there were no needs that ranked in the 10th percentile.

St. Luke’s CHNA Implementation Programs

This section of the Implementation Plan provides a list and description of the health improvement programs St. Luke’s is executing to address the significant health needs ranked in the top 10th percentile. Sometimes a single health improvement program supports the success of multiple related health needs. For example, obesity programs also support and strengthen diabetes programs. Therefore, to better understand the total impact our programs are having on a health need, we arranged programs that reinforce one another into the groups defined below.

Significant Health Need Groups

Group #1: Improve the Prevention, Detection, and Treatment of Obesity and Diabetes

Group #2: Improve Mental Illness and Reduce Suicide

Group #3: Reduce Drug Misuse

Group #4: Improve Access to Affordable Health Insurance

Applying a “Resilience-Building Lens” to St. Luke’s CHNA Implementation Plan Programs

St. Luke’s Community Health department believes cultivating resilient individuals, families and communities is the most effective and sustainable way to improve high priority health needs in our service areas. Evidence supports this: resilient people experience less obesity, mental illness, harmful addictions, incarcerations, and chronic diseases.

Resilience is the ability to maintain—or regain—positive physical and mental health upon experiencing prolonged and extreme stress, fatigue, and toxic personal situations. Resilience positively correlates with longevity, happiness, and productivity. In applying a resilience-building lens, St. Luke’s strives to provide people with the skills and resources they need to achieve their optimal level of health. Building blocks for resilience include health education, hope and purpose, connectedness, and access to basic life needs such as healthcare, nutritious food and shelter.

Program Group 1: Improve the Prevention, Detection, and Treatment of Obesity and Diabetes

Obesity and diabetes are two of our community's most significant health needs. Over 60% of the adults in our community and more than 25% of the children in our state are either overweight or obese. Obesity and diabetes are serious concerns because they are associated with poorer mental health outcomes, reduced quality of life, and are leading causes of death in the U.S. and worldwide.¹

Impact on Community

Obesity costs the United States about \$150 billion a year, or 10 percent of the national medical budget.² Besides excess health care expenditure, obesity also imposes costs in the form of lost productivity and foregone economic growth as a result of lost work days, lower productivity at work, mortality and permanent disability.³ Diabetes is also a serious health issue that can even result in death.⁴ Direct medical costs for type 2 diabetes accounts for nearly \$1 of every \$10 spent on medical care in the U.S.⁵ Reducing obesity and diabetes will dramatically impact community health by providing an immediate and positive effect on many conditions including mental health; heart disease; some types of cancer; high blood pressure; dyslipidemia; kidney, liver and gallbladder disease; sleep apnea and respiratory problems; osteoarthritis; and gynecological problems.

How to Address the Need

Obesity is a complex health issue to address. Obesity results from a combination of causes and contributing factors, including both behavior and genetics. Behavioral factors include dietary patterns, physical activity, inactivity, and medication use. Additional contributing social and economic factors include the food environment in our community, the availability of resources supporting physical activity, personal education, and food promotion.

Obesity and type 2 diabetes can be prevented and managed through healthy behaviors. Healthy behaviors include a healthy diet pattern and regular physical activity. The goal is to achieve a balance between the number of calories consumed from foods with the number of calories the body uses for activity. According to the U.S. Department of Health & Human Services Dietary Guidelines for Americans, a healthy diet consists of eating whole grains, fruits, vegetables, lean protein, low-fat and fat-free dairy products and drinking water. The Physical Activity Guidelines for Americans recommends adults do at least 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity, or a combination of both, along with 2 days of strength training per week.⁶

St. Luke's intends to engage our community in developing services and policies designed to encourage proper nutrition and healthy exercise habits. Echoing this approach, the CDC states that

¹ <https://www.cdc.gov/obesity/adult/causes.html>

² <http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html>

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5409636/>

⁴ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

⁵ America's Health Rankings 2015-2018, www.americashealthrankings.org

⁶ <https://www.cdc.gov/obesity/adult/causes.html>

“we need to change our communities into places that strongly support healthy eating and active living.”⁷ These health needs can also be improved through evidence-based clinical programs.⁸

Affected Populations

Some populations are more affected by these health needs than others. For example, low income individuals and those without college degrees have significantly higher rates of obesity and diabetes.

⁷ <http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html>

⁸ America’s Health Rankings 2015-2018, www.americashealthrankings.org

1. Program Name: Investment in Programs Supporting the Prevention, Detection, and Treatment of Obesity and Diabetes through St. Luke's CHI Fund

Community Need Addressed:

Improve the prevention, detection and treatment of obesity and diabetes

Target Population:

All

Description and Tactics (How):

Through St. Luke's Community Health Improvement Fund (CHIF), St. Luke's provides financial and in-kind support to community-based non-profits facilitating prevention, detection and treatment of obesity and diabetes. St. Luke's provides funding to nonprofit organizations through a competitive grant process. All of the organizations awarded grants are required to submit an Activation Report at the end of the program year, documenting the success of their program by number of participants and outcomes.

Resources (budget):

Funds for community-based programs are provided through the St. Luke's Community Health Improvement Fund (CHIF). The amount of funding for these programs to support all high priority health needs in FY20 is approximately \$600,000 in the broader Treasure Valley area, including Elmore, Ada, Canyon and Valley County. It is expected this level of funding will be awarded in FY21 and FY22.

Expected Program Impact on Health Need:

In order to receive a St. Luke's grant, organizations must demonstrate program success in addressing one or more of the CHNA significant needs. Additionally, each organization receiving St. Luke's funding must report qualitative and quantitative outcomes in the form of activation reports. The measurements include participation and completion rates, demonstrated behavior changes and improvements in health knowledge and status. These activation reports will be analyzed to assist in determining future investments.

Partnerships/Collaboration:

Through the Community Health Improvement Fund, multiple organizations are partnering with St. Luke's toward shared goals of prevention, detection and treatment of obesity and diabetes.

2. Program Name: The Hill

Community Needs Addressed:

Improve the prevention, detection, and treatment of obesity and diabetes

Program Description

Responding to barriers to access of affordable health care, limited transportation and limited community resources for physical activity and active living, The Hill, a physical complex including a YMCA, St. Luke's Health System clinics, West Ada Elementary School, Meridian library location and future aquatics facility, was constructed in 2018 and is operating through a unique partnership between the City of Meridian, Meridian Library, West Ada School District, West Ada Recreation District and St. Luke's.

The St. Luke's Clinics present on campus include a St. Luke's Children's Clinic and the Department of Lifestyle Medicine.

Target Population:

School children, faculty, staff, and parents

Community members in south Meridian

System Wide: Individuals with comorbidities, including metabolic syndrome, diabetes, cancer and heart disease

Patient with nicotine dependence

St Luke's Clinic: Lifestyle Medicine South Meridian YMCA operates as the first of its kind in the health system. Patients are referred by a provider or self-referred. Patients are seen by provider and allied professionals, using individual and group appointment approach to provide behavioral and lifestyle modification for treatment of numerous comorbidities/conditions. In addition, some services are provided across St Luke's Health System's footprint by telephonic and virtual methods.

Appointments/Services: Lifestyle Medicine Shared Medical Appointments, Insomnia CBTI (class, group, and individual), Nutrition (class), Complete Health Improvement Program (group) Physical Activity (group, individual), Emotional Wellness (class, group, individual), Nicotine Treatment Program (individual, telephonic).

YMCA Services: Diabetes Prevention Program, Healthy Living Center, Livestrong, Delayed the Disease, Dementia Physical Activity

Resources (budget):

St. Luke's Department of Lifestyle Medicine Budget:

St. Luke's Total Expense: \$1,163,184.00

St. Luke's Total Net Revenue: \$818,963

In addition, \$5,000 of SLHS Community Health budget will be allocated to support at-risk populations utilizing services provided by The Hill.

Expected Program Impact on Health Need:

The World Health Organization estimates that approximately 80% of the non-communicable diseases could be prevented if four key lifestyle practices were followed: a healthy diet, being physically active, avoidance of tobacco, and alcohol intake in moderation. By providing the services listed above, Lifestyle Medicine expected to make impacts in reducing obesity, nicotine dependence, rates of diabetes, and other chronic disease.

FY 2020 Goal:

Continue to Stand up Services
Fine tune workflows
Streamline referral pathways
Market and Support YMCA Specific Services
Work with Research to stand up Data and Outcome Analysis.

Partnerships/Collaboration:

West Ada School District, Treasure Valley YMCA, City of Meridian and West Ada Recreation District, Idaho Food Bank

3. Program Name: School-based Resilience Programming

Community Needs Addressed:

Improve the prevention, detection, and treatment of obesity and diabetes
Improve mental illness and reduce suicide
Reduce drug misuse

Target Population:

Faculty, staff, students, families and neighbors in Ada County.

Description and Tactics (How):

Resilience can be defined as “the process of effectively negotiating, adapting to, or managing significant sources of stress or trauma.”⁹ Evidence has suggested that exposure to trauma, especially in the form of Adverse Childhood Experiences (ACEs), can lead to a greater susceptibility for development of poor health outcomes, including chronic conditions such as obesity, diabetes, mental illness, and drug misuse.¹⁰ Therefore, resilience initiatives that support the ability to thrive in the midst of trauma and adversity, and promote overall healthy behaviors, are upstream prevention efforts addressing our significant health needs for all populations. Schools are a significant setting for successful resilience programming. There are several opportunities for implementing resilience programming aimed at youth, staff, families and neighbors, before, during and after the school day. St. Luke’s will partner with school districts located in Ada County for the selection and implementation of school-based resilience initiatives most appropriate for them, based on their community demographics, available resources, and readiness.

Examples of school-based resilience programming could be the following:

- Community School model
- Physical activity spaces such as school tracks
- TOOLBOX™
- Gate Keeper Training/Mental Health First Aid
- Etc.

Specific school-based resilience programs will be selected in FY20 and then implemented, evaluated, and scaled/adjusted through FY22.

Resources (budget):

\$25,000 of SLHS Community Health budget

Expected Program Impact on Health Need:

⁹ <https://www.cambridge.org/core/journals/reviews-in-clinical-gerontology/article/what-is-resilience-a-review-and-concept-analysis/B94C9BEAD7F43E1297EC9443DD24CA5C>

¹⁰ <https://www.cdc.gov/violenceprevention/childabuseandneglect/cestudy/aboutace.html>

Resilience programming will promote healthy behaviors and provide access, education, skills, confidence and support for individuals to thrive; therefore, increasing the likelihood of positive health outcomes, including those identified as our significant health needs.

FY 2020 Goals:

Improve presence of resilience programming in local schools

Increase the number of students, families, staff and neighbors with access to resilience programming offered at the school setting

Partnerships/Collaboration:

United Way of Treasure Valley

Boise School District

West Ada School District

Kuna School District

City of Boise

City of Garden City

4. Program Name: CATCH (Coordinated Approach to Child Health)

Community Needs Addressed:

Improve the prevention, detection, and treatment of obesity and diabetes

Target Population:

Historically, St. Luke's has supported YEAH! (Youth Engaged in Activities for Health) as its primary community-based childhood obesity mitigation program. Analysis indicated the program impact and reach would be more significant with CATCH (Coordinated Approach to Child Health), so we have implemented this school and community-based program.

One of every three children in Idaho is overweight or obese, setting the stage for serious preventable health risks down the road—such as Type 2 diabetes, high blood pressure, and heart disease—which can all contribute to shortened and compromised lives. Currently, state policy does not require physical education in Idaho elementary schools, so active time is not often regularly built into core curriculum. A coordinated effort to improve the physical activity and nutrition environment in our schools could lead to upstream prevention of preventable disease-and positively impact the mind, body and spirit of our community children. CATCH is targeted as a primary prevention healthy lifestyle program for pre-school, elementary and middle school children. With the school at the center of the model, this evidence-based approach aims to shift the school culture and environment around promoting healthy food choices and increasing physical activity.

Description and Tactics (How):

CATCH includes four component areas to help create consistent exposure and reinforcement of healthy lifestyle behaviors: 1) Eat Smart school cafeteria nutrition program, 2) physical activity and healthy eating classroom curricula, 3) CATCH physical education program, and 4) a family education and engagement program. The coordination among St. Luke's, schools, recreation facilities and parents are critical to positively impact children's knowledge, skills and behavior.

Because behavior is most influenced by environment, schools play a significant role in helping to shape health behaviors among students, and our partnership in addressing this high priority health need can positively impact the health of children in our communities.

Tactics:

- Train partner impact teams in train-the-trainer capacity
- Quarterly meeting with partner school/organization impact teams to review programming and implementation
- Goal setting with the impact team around nutrition and fitness changes
- Use evidence-informed curricula to improve health of participant children
- Motivational interviewing strategies to promote sustainable behavior changes
- Education about food groups, portions, and labels
- Exposure to healthy meals and snacks

- Experience creative ways to utilize any given space for quick activity bursts to decrease sedentary behavior and increase active behavior
- Education regarding how and why movement improves the physical health and well-being

Resources (budget):

Expenses

Staff salary cost	\$5,000
Cost of supplies	\$ 23,600
Physical space	\$ 0
Cost of equipment used	\$ 0
Other	\$0
Total Expense	\$28,600

Expected Program Impact on Health Need:

Expected outcomes: A variety of measurement and evaluation tools are included with the CATCH program. There are pre and post-surveys, CATCH champion assessments, and culture and environment evaluations. We will also use the Student Physical Activity and Nutrition survey (SPAN) for additional evaluation and assessment. We will also measure specific health behaviors, including increased physical activity; healthy food choices, increased fruit and veggie consumption, decreased chocolate milk consumption; and school culture shifts around improved health behaviors.

The additional expected outcome is that participating children improve their feelings of self-value, they learn why healthy lifestyle choices are important to their overall health and they develop lasting social support.

The long-term goal is to decrease health risks associated with sedentary lifestyle and poor health behaviors among our youth. Long-term we would like to decrease the incidence of diabetes, asthma, cardiovascular disease, depression and anxiety, sleep apnea, joint injury and gastrointestinal diseases. If we can mitigate some of these risks while the child is young, the impact on cost of care is likely reduced as they get older. A co-benefit of CATCH is the created education opportunity for the entire family to learn and adopt healthier lifestyle behaviors.

2020 Goal:

Reach:

- 5,000 children annually, and at least five participating schools or recreational facility partners

Impact:

- Demonstrated improvement and understanding of healthy nutrition and physical activity behaviors among participants
- Demonstrated improvement of healthy lifestyle measures of participants
- Demonstrated longitudinal maintenance of the physical and psychosocial changes
- Demonstrated healthy lifestyle changes that translate to reduced disease

Partnerships/Collaboration:

FitOne, Boise School District, Nampa School District, Caldwell School District, Nampa Parks and Recreation, Magic Valley YMCA, Jerome School District, Twin Falls School District and Wood River Valley YMCA

5. Program Name: St. Luke's Health Coaching

Community Needs Addressed:

Improve the prevention, detection, and treatment of obesity and diabetes
Improve mental illness and reduce suicide
Reduce drug misuse

Target Population:

Value-Based Care Populations under St. Luke's Health Partners (includes St. Luke's Employees and spouses on the St. Luke's Health Plan)

Description and Tactics (How):

In 2018, under the direction of St. Luke's Health Partners, St. Luke's Health Coaching team expanded to providing health coaching to patients within the defined Value-Based Care populations.

Health Coaching is an evidence-based approach to engaging individuals around optimizing well-being and management of chronic medical conditions. The goal of the Health Coaching program is to support the individual using positive psychology, motivational interviewing and appreciative inquiry to build self-efficacy to manage health. Our health coaches are both subject matter experts in their field of study (dietetics, diabetes education, health education, nursing) and have undergone additional training to be certified as a Health and Wellness Coach with the advancement to obtaining the newly established National Board Certification for Health and Wellness Coaching.

In 2017, St. Luke's Health Partners made an investment in the Twine Health Activation Platform, now known as Fitbit Plus, to help bridge the gap of care by allowing participants to achieve maximum self-efficacy in their health through continuous collaboration with their health coach. The Fitbit Plus platform tracks adherence to action plans and outcome measurements while also allowing for asynchronous communications to occur between the health coach and participant.

Individuals are identified either through population health rosters, primary care provider (PCP) referrals or, for the St. Luke's employees, through the annual Know Your Numbers screenings. The monthly rosters are generated from Epic based on recent visits with a St. Luke's Provider around one or more of these chronic health issues. These individuals are sent a letter explaining the program and then a phone call from a health coach is made to enroll individuals into the health coaching program. Fitbit Plus is used to communicate with participants, schedule appointments and to track participants goals and outcomes.

Resources (budget):

SLHP Care Management Director, Wellness Manager, Nurse and Dietitian Health Coaches, Certified Diabetic Educator, and a partnership with a Certified Tobacco Cessation specialist. Office space is utilized across four primary locations—Boise, Meridian, McCall, and Twin Falls.

The Fitbit Plus platform is a contractual agreement with Fitbit and St. Luke’s Health Partners for a set number of licenses per month.

Expected Program Impact on Health Need:

Expected impact is to improve health behaviors such as nutrition, fitness, tobacco use, and achievement/maintenance of a healthy weight, blood pressure and blood glucose/A1c.

Measurable, objective goals:

- Decrease in pre-hypertension and hypertension (<130/80)
- Decrease in pre-diabetes as evidence by healthier fasting glucose levels (<100) and diabetes as evidenced by an A1c <8,
- Reduction in participants with a BMI >30 or waist circumference >35 for women and >40 for men.
- Reduction in tobacco use.

FY 2020 Goals:

- **Reach:** Call Outreach goal is to reach 80% of people identified.
- **Engagement:** Engagement goal is 45% of the reach population.
- **Impact:** Expected increase in the number St. Luke’s patients who have improved a chronic health condition.

Program Improvement

1. Continue to refine Outreach and Engagement strategies:
 - a. Monthly Roster process – we have not met care management standards yet on outreach calls so continued focus on improving outreach.
 - b. Provider Referrals – look for opportunities to have Primary Care Providers send direct referrals for value-based care patients.
 - c. SLHS Employee Health Screenings – continue to partner with St. Luke’s Benefits team on expanding options to engage employees around obesity and diabetes management.
2. Continue on-going evaluation of Fitbit Plus tool for various populations.

Table of Program Goals

<u>Formative Evaluation</u>	<u>FY’20 Goal</u>
Total Outreach	80% of 1500
Total Engaged/Reached	45%
<u>Impact Evaluation</u>	
Adherence - Est. Action Plans	65%
Coach Panel Size	91

Patient & Coach Satisfaction (NPS)	70%
<u>Outcome Evaluation</u>	<u>Goal</u>
Diabetes – A1C>7.9	3 months A1C drop >1 pt.
HTN – Pre-135-139/85-89 HTN>139 or >89	75% in range at 3 months
Weight Loss %	1.7% reduction in 3 months

Partnerships/Collaboration:

- St. Luke’s Health Partners
- St. Luke’s Health Plan
- St. Luke’s Tobacco Cessation Clinic
- St. Luke’s Community Health Teams

6. Program Name: Built Environment Initiatives

Community Needs Addressed:

Improve the prevention, detection, and treatment of obesity and diabetes

Improve the prevention, detection and management of mental illness and reduce suicide

Target Population:

Community

Description and Tactics (How):

Boise Green Bike: Provide 50% sponsorship funds for Boise Green Bike, a community bike sharing program designed to encourage community members to ride bikes, rather than drive cars, for errands, meetings and engagements. Additionally, St. Luke's has installed bike stations to increase the access for its employees and visitors.

Pop-Up Produce Stands: From June – October, weekly produce stands on St. Luke's Boise and Meridian campuses, sell fresh produce to employees and visitors. There is also the option for employees to purchase a Community Supported Agriculture (CSA) membership from these onsite farmers with a weekly produce basket included in the season subscription.

Transportation Improvements for Pedestrians and Cyclists: Infrastructure improvements in and near the St. Luke's Downtown Boise Campus.

Resources (budget):

St. Luke's is contributing approximately \$64,000 (Boise Green Bike)

Budget to be determined in FY20 (Downtown Campus Bike and Pedestrian Mobility Infrastructure)

Expected Program Impact on Health Need:

Increase physical activity, reducing negative impact of sedentary lifestyle (obesity, diabetes, mental illness) and reducing emissions.

Increase access to fresh produce by providing onsite opportunities through partnerships with local farmers.

Boise Green Bike FY 2020 Goal:

- **St. Luke's Employee Reach:** 400 members; additional station at URS (Boise Green Bike)
- **St. Luke's Employee Impact:** 400 activated; two thousand miles ridden (Boise Green Bike)
- **Community Reach:** Increase membership from 7,500 to 10,000
- **Community Impact:** Increase trips from 25,960 to 30,000

Boise Downtown Campus FY 2020 Goal:

Continue 18-month construction project plan including infrastructure supporting safe and active means of transportation.

Pop-Up Produce FY 2020 Goal:

- **St. Luke's Employee Reach:** 70 CSA memberships

- **Community Impact:** Increase trips from 25,960 to 30,000

Partnerships/Collaboration:

Select Health, Valley Regional Transit, Global Gardens, Boise Greenbike

7. Program Name: Partnership with the Idaho Foodbank on their Hunger to Health Strategy

Community Needs Addressed:

Improve the prevention, detection, and treatment of obesity and diabetes

Target Population:

Community members who are food insecure, and/or in need of healthy eating education.

Description and Tactics (How):

The Idaho Foodbank has adopted a statewide Hunger to Health Strategy to improve the capacity of their partner network to provide comprehensive, wrap around support for their participants to achieve optimal health. The Hunger to Health Strategy includes the following 4 initiatives:

1. *Nutrition:* emphasis on providing healthy food to the individuals, families and communities in need. This includes promoting the donation of more nutritious foods to the food bank for distribution
2. *Education:* delivery and promotion of cooking and nutrition education and the distribution of nutrition/health education materials to our statewide partner network and food recipients. This includes their Cooking Matters classes.
3. *Social Determinants of Health:* promote engagement with healthcare professionals to utilize an assessment tool and process regarding the social determinants of health, including food insecurity questions
4. *Community Health:* partner with key stakeholders on community health assessments/projects, offering leadership, subject matter expertise, and/or solutions as needed. This includes co-location of health and social services with Food Bank programs, offerings and services

St. Luke's will partner with the Idaho Foodbank on the Hunger to Health initiatives we are uniquely positioned to have the greatest impact and influence. Our partnership will include connecting the Idaho Foodbank with local coalitions and partners; providing financial support; providing space and other in-kind resources; and participating in planning committees and discussions as appropriate.

Resources (budget):

SLHS Community Health budget will provide \$10,000 of financial support

Expected Program Impact on Health Need:

The Idaho Foodbank supports over 400 partners statewide and delivers approximately 12 million pounds of food in our service area. They serve 179,000 people statewide each month.

Partnerships/Collaboration:

Idaho Foodbank and their network of partners
Garden City Collaborative

FY 2020 Goals:

Approximately 400 network partners will receive education and capacity-building resources for adopting the Hunger to Health Strategy.

Food distributed by the Idaho Foodbank and local partners will meet nutrition goals of each food category:

Fruit/Vegetable: 50%

Whole Grain: 11%

Refined Grain: 4%

Beverage: 2%

Meat Protein: 13.6%

Non-Meat Protein: 2.4%

Dairy: 15%

Ready-made meals: 2%

Mixed and Assorted (grocery store food rescue, food drive): 5%

Not intentionally sourced (dessert/candy, non-food, condiments): 1% or less

Cooking matters classes will be delivered to over 1,200 people statewide.

8. **Program Name: Healthy Habits Healthy U (HHHU)**

* Note: HHHU program name may be updated to encompass community health and lifestyle medicine branding.

Community Needs Addressed:

Improve the prevention, detection, and treatment of obesity and diabetes

Target Population:

The HHHU program prioritizes students in the 4th, 8th and high school grade levels in support of the State of Idaho's Content Standards for health/health science curriculum. These age groups were identified based on the HHHU curriculum support of the non-communicable disease unit provided in the schools and published obesity/cancer risk factor data indicating specific behaviors contribute to 60-80% of known causes of diseases such as cancer. Many of the behaviors begin during adolescence

Background. Idaho Department of Welfare states, "approximately 1 in 3 of Idaho's youth are overweight or obese. In the past 30 years, obesity in school age children has increased from 7%-18% for ages 6-11 and from 5% to nearly 21% for ages 12-19. Because of this evident obesity epidemic, obesity prevention efforts need to be implemented at an early age. And, since children spend most of their day at school, it is an excellent setting to target those initiatives and develop children's health and well-being early. If kids are exposed to healthy eating lessons and environments during the school day, they are more likely to develop sound nutritional habits that will last a lifetime. Similarly, if kids are given the opportunity to learn about physical activity and develop a love for being active, they are more likely to continue being active throughout their entire lives. Not only is good nutrition and physical activity beneficial for the health of our youth, but it also has been proven to help with their academic success, attendance at school, and behavior in the classroom."

Based on results of the 2011/12 Idaho 3rd Grade BMI Assessment and the 2011 Idaho Youth Risk Behavior Survey, there are an estimated 6,200 (29%) overweight or obese 3rd grade students and 17,700 (23%) overweight or obese high school students (grades 9 through 12) in Idaho. Overweight individuals suffer more health problems than those who maintain normal weight. The rise in obesity rates is a cause of great concern because of the many adverse health conditions and chronic diseases it contributes to, including cancer, diabetes, heart disease, stroke as well as social and psychological problems. Of lifestyle choices in Idaho, 33.9 percent of adolescents consume fruit less than one time per day and 32.2 percent consume vegetables less than one time per day (CDC, 2015). The American Institute of Cancer Research (2015) states that lifestyle choices can reduce cancer risk and about 50 percent of the most common cancers could be prevented.

Description and Tactics (How):

The HHHU program is a collaborative effort among Boise State University, St. Luke's Health System (Community Health, Mountain States Tumor Institute and Pathology), and the Boise School District designed to teach and reinforce good health habits in students; support

understanding and importance of positive behaviors (resilience); and help reduce health risks, such as obesity. The HHHU curriculum offers a unique age-appropriate classroom curriculum that emphasizes a healthy lifestyle approach. Through a 2-day lesson plan involving class discussion, video presentation, group activities and a variety of educational materials for students and parents, HHHU highlights the relationships among:

- Nutrition and sugar-sweetened beverages
- Physical activity
- Unhealthy behaviors & health risks (e.g. cancer, heart disease, mental health).

The materials will incorporate common healthy lifestyle messages, cultivate understanding of resilience, and complement Idaho content standards health education goals and objectives. The use of interactive tools, such as preserved human cancerous and noncancerous human organ tissue samples in vacuum-sealed bags and/or interactive technology (e.g. virtual reality) offers students an engaging and impactful experience to gain an understanding of how poor habits can increase risk factors for diseases like cancer. Through hands-on activities, students are encouraged to critically think and make the connection between their health habits and the risk of health concerns.

Resources (budget):

Staffing - Community Health outreach staff; Pathology lab staff
Expenses - Classroom supplies and mileage

Expected Program Impact on Health Need:

Participating students are expected to improve knowledge about the health habits that increase or decrease the risk of developing disease, such as cancer. This includes students' knowledge of the relationship between 1) proper nutrition and cancer; 2) physical activity and cancer; and 3) the consumption of sugar-sweetened beverages and cancer. Through the completion of pre- and post-surveys, it is expected that students will reduce negative health habits and increase positive health habits, and as a result, reduce their future risk of developing obesity and diseases such as cancer.

Partnerships/Collaboration:

Boise State University, Boise School District, St. Luke's Community Health, MSTI, Pathology

Comments:

HHHU is innovative in its community-based collaboration and use of human organ tissue specimens to educate students on the impact poor nutrition and sedentary lifestyle can have on their health. Since it was first established five years ago, the program has been featured through poster presentations at several national public health conferences. HHHU is currently presented in the Boise School District, with long-term goals of expanding and/or integrating collaborations and content across communities within the St. Luke's service area.

FY 2020 Goals:

It is expected that over 2,700 elementary, junior high and high school grade students in the Boise School District will participate in the HHHU program. Through a pre- and post-survey, the

goal is to have over 60% of the participating students demonstrate increased knowledge in identifying unhealthy as well as healthy replacement habits. This knowledge includes understanding of:

- Nutrition, including:
 - eating fast food/processed food and increasing the risk of cancer; and
 - eating fruits and vegetables decreased risk of developing cancer
 - physical activity, e.g. sedentary behaviors and the increased risk of cancer; and physical activity and the decreased risk of developing cancer
- The consumption of sugar-sweetened beverages and the increased risk of cancer
- Positive lifestyle behaviors and resilience

9. Program Name: The YMCA's Healthy Living Center and Diabetes Prevention Program

Community Needs Addressed:

Improve the prevention, detection, and treatment of obesity and diabetes as well as the management of chronic disease(s).

Target Population:

The Y HLC strives to serve adults with chronic and disabling conditions and/or seeking support in lifestyle and behavior change.

Description and Tactics (How):

The YMCA Healthy Living Center focuses on promoting wellbeing, reducing the risk of disease and reclaiming health by changing the behavior of individuals, families, organizations and communities. Participants adopt healthier lifestyles to make significant and positive impact on individual quality of life while reducing incidence of chronic disease and the cost of health care.

There are four areas of focus:

- Arthritis and Joint Health
- Cancer Survivorship
- Neurological Rehab
- Weight loss and Lifestyle Support

Working with the medical and insurance communities, the Healthy Living Center will deliver accessible, evidence-based programs that demonstrate both an improvement in Treasure Valley residents' health and a saving in health care costs. For example - The Weight Management/Diabetes Prevention Program works to create an awareness of prediabetes (via detection) and prevention (or delay) of the onset of type 2 diabetes by intervention with evidence-based tools (lifestyle modification including losing weight, increasing physical activity and making dietary changes).

Resources (budget):

St. Luke's Community Health Operational Budget contributes \$30,000 annually

Expected Program Impact on Health Need:

Each Healthy Living Center program uses validated measures to assess program effectiveness, such as tracking weight, improvement in functioning, or improvement in quality of life. Additionally, the accessibility of these programs provides support for community members looking to adopt healthier lifestyles. All Healthy Living Center programs include or encourage engaging in physical activity. The Department of Health and Human Services announced the DPP program has shown to produce cost savings and lower incidence of type 2 diabetes. The Y Healthy Living Center recently gained full recognition for program effectiveness through the Center for Disease Control and Prevention. This program is offered in the St. Luke's Employee Health Benefits package and is a resource for those who are going to have bariatric surgery.

Partnerships/Collaboration:

Local Medical Community, such as St. Luke's, St. Alphonsus and Primary Health

Local and National Insurance Providers, such as SelectHealth, PacificSource, and United Health Care

10. Program Name: Breastfeeding and Childhood Obesity

Community Needs Addressed:

Improve the prevention, detection, and treatment of obesity and diabetes

Target Population:

Pregnant and new-delivered women.

Description and Tactics (How):

Provide education and support to expectant women and their families regarding breastfeeding and the benefits for mothers and babies. After delivery, assist mothers with support and continue that support in the postpartum period, focusing on continuation of breastfeeding.

Resources (budget):

In-house lactation nurses, total 5FTEs between St. Luke's Boise and Meridian; instruction for classes, .01 FTE.

Expected Program Impact on Health Need:

Evidence-based research shows that infants that are exclusively breastfed for six months and then up through one year have a reduced risk of childhood obesity. Support throughout the breastfeeding period increases mothers' success rates and feelings of positive impact for their babies and themselves.

FY 2020 Goals:

1. Hold weekly breastfeeding support groups in Boise and Meridian; target 700 mothers
2. Provide lactation support on Mother/Baby floors in Boise and Meridian; target 3,000 mothers
3. Hold monthly breastfeeding classes in Boise and Meridian; target 200 mothers prenatally

Partnerships/Collaboration:

Healthcare providers for both mothers and babies

Most of the payers that now provide breast pumps for lactating mothers

WIC – provide support in their clinics and with breast pumps for their clients

St. Luke's Healthy Moms, Healthy Babies (program for St. Luke's pregnant employees)

Comments:

The program demonstrates a real continuum of care from the OB office through delivery and the first year of a child's life.

11. Program Name: FitOne

Community Needs Addressed:

Improve the prevention of obesity and diabetes

Target Population:

Men, women and children

Description and Tactics (How):

FitOne 5K, 10K and Half Marathon Run/Walk and a two-day **FitOne Healthy Living Expo** that offers nearly 75 vendor/partner booths that provide educational information relative to health and fitness (e.g. nutrition, exercise, physical therapy, etc.).

St. Luke's Fit for the Road Reunion – Free, invitation-only walk for patients who have undergone or may be continuing treatment through St. Luke's Heart, Joint Replacement, St. Luke's Bariatric Clinics and/or MSTI. This event emphasizes the importance of physical activity and healthy nutrition no matter where you are on your back-to-health, recovery or health journey.

FitOne ongoing school programing – educational activities designed to engage and educate kids about healthy habits at an early age. Through fun, active engagement, children learn about nutrition, fitness and healthy lifestyles in a kid-friendly way.

FitOne Family Field Day- A partnership with the Famous Idaho potato bowl to bring activities for kids and families to the Potato Bowl pre-game. The goal of these initiatives is to provide an opportunity for families to be active together.

The objective of all FitOne programs and events is to engage members of our communities in the discussion of health and provide specific opportunities to learn and take steps to engaging in a healthier lifestyle – ultimately building healthier communities.

Resources (budget):

Budget includes:

- Four FTEs (director, two senior coordinators and one coordinator position)
- Event operational costs (marketing, equipment, supplies, promotional materials, etc.)

Expected Program Impact on Health Need:

FitOne programs and events directly touched over 15,000 people across our communities in 2019. The two-day FitOne Healthy Living Expo welcomed just over 12,000 attendees. The 2019 FitOne 5K/10K/Half Marathon run/walk event welcomed nearly 13,000 participants and the participation demographic in the run/walk is 65% female and 35% male.

FY 2020 Goals:

1. Enhance participant experience at all FitOne and ancillary events:
 - a. Measured by survey and consumer feedback.
2. Grow collaboration with city agencies, key community partners, and volunteers:
 - a. Measured in additional sponsorship participation and additional agency partners from previous years.
3. Foster a sense of community pride, shared interest, and inclusion of FitOne as a key St. Luke's initiative.
4. Improve youth fitness and engagement program:
 - a. Participate in one additional youth fitness and activity program (examples such as Let's Move Just for Kids, JA in a day and Famous Idaho Potato Bowl FitOne Field Day, CATCH etc).

Partnerships/Collaboration:

St. Luke's: Marketing/Communications; Heart; MSTI; Healthy U; Sports Medicine; Dietitians; Children's; Bariatric and Orthopedics

Community: FitOne Sponsors – KTVB, Townsquare Media, Idaho Press, Albertsons, SelectHealth, KeyBank, Idaho Power, Axiom Fitness, Franz Bakery, RC Willey, Shu's Running Company, Optum, Treasure Valley Ford Stores, Blue Cross of Idaho, MWI Animal Health, Chobani, Boise Towne Square, Norco, Subway, Delta Dental, Willamette Dental and Event Rent.

Comments:

FitOne makes an annual donation to the St. Luke's Children's CHOICE fund. The funds support community programs and initiatives determined by the St. Luke's Childhood Obesity Initiative Council for Excellence (CHOICE); all working to improve physical activity, nutrition, resilience building and education for children.

12. Program Name: Meridian Moves, Partnership with Meridian Library District

Community Needs Addressed:

Improve the prevention, detection, and management of obesity and diabetes
Improve mental illness and reduce suicide
Reduce drug misuse

Target Population:

Youth, families, and individuals in Meridian

Description and Tactics (How):

The Meridian Library District has created a Meridian Moves steering committee to create a community-wide initiative supporting healthy behaviors and healthy lifestyles for Meridian residents. The initiative will include both services provided within the library facilities, and externally at other community settings. The goals of the partnership will be to maximize resources through the following:

- Improved communication and promotion channels for community members to be aware of and access resources
- Co-location of health promoting services within the library
- Providing health education and outreach to library visitors
- Other priorities identified by the steering committee and community member input

Resources (budget):

The Meridian library district received a grant for nearly \$43,000 to start this initiative. St. Luke's will contribute \$7,500 to the initiative.

Expected Program Impact on Health Need:

The Meridian Library district serves hundreds of individuals, including youth and families each day. During the summer months, they provide extensive programming for youth while they are out of school. During the school year, they provide after school programming, as they are located directly across the street from Meridian Middle School. They serve approximately 75 kids per day during the school year. Currently they are offering mental health counseling and food bank services within their library. The Meridian Moves initiative will look to expand and add to these health-promoting service offerings, as well as develop streamlined communication means through technology, to promote and provide awareness for community members.

FY 2020 Goals:

1. Development of comprehensive Meridian Moves website
2. Expansion of health education and promotional materials and classes offered through the library
3. Explore opportunities to co-locate health services at the library

Partnerships/Collaboration:

St. Luke's, Meridian Library District, Meridian Foodbank, Idaho State University, West Ada School District, City of Meridian Parks and Rec,

Program Group 2: Improve Mental Health and Reduce Suicide

Improving mental health and reducing suicide rank among our community's most significant health needs. Idaho has one of the highest percentages (21.6%) of any mental illness (AMI) in the nation, shortages of mental health professionals in all counties across the state, and suicide rates that are consistently higher than the national average.¹¹ Although the terms are often used interchangeably, poor mental health and mental illness are not the same things. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. A person can experience poor mental health and not be diagnosed with a mental illness. We will address the need of improving mental health, which is inclusive of times when a person is experiencing a mental illness.

Mental illnesses are among the most common health conditions in the United States.

- More than 50% of Americans will be diagnosed with a mental illness or disorder at some point in their lifetime.
- One in five will experience a mental illness in a given year.
- One in five children, either currently or at some point during their life, have had a seriously debilitating mental illness.
- One in twenty-five Americans lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.¹²

Impact on Community

Mental and physical health are equally important components of overall health. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental illness, especially depression, increases the risk for many types of physical health problems, particularly long-lasting conditions like stroke, type 2 diabetes, and heart disease.

How to Address the Need

Mental illness often strikes early in life. Young adults aged 18-25 years have the highest prevalence of mental illness. Symptoms for approximately 50 percent of lifetime cases appear by age 14 and 75 percent by age 24. Not only have one in five children struggled with a serious mental illness, suicide is the third leading cause of death for young adults.¹³

Fortunately, there are programs proven to be effective in lowering suicide rates and improving mental health.¹⁴ The majority of adults who live with a mental health problem do not get corresponding treatment.¹⁵ Stigma surrounding the receipt of mental health care is among the

¹¹ Mental Health, United States, 2009 - 2016 Reports, SAMHSA, www.samhsa.gov

¹² <https://www.cdc.gov/mentalhealth/learn/index.htm>

¹³ <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

¹⁴ <https://www.samhsa.gov/suicide-prevention/samhsas-efforts>

¹⁵ Substance Abuse and Mental Health Services Administration, Behavioral Health Report, United States, 2012 pages 29 - 30

many barriers that discourage people from seeking treatment.¹⁶ Increasing physical activity and reducing obesity are also known to improve mental health.¹⁷

Our aim is to work with our community to reduce the stigma around seeking mental health treatment, to improve access to mental health services, increase physical activity, and reduce obesity especially for our most affected populations. It is also critical that we focus on children and youth, especially those in low income families, who often face difficulty accessing mental health treatment. In addition, we will work to increase access to mental health providers for all ages.

Affected Populations

Data shows that people with lower incomes are about three and a half times more likely to have depressive disorders.¹⁸ Suicide is a complex human behavior, with no single determining cause. The following groups have demonstrated a higher risk for suicide or suicide attempts than the general population:¹⁹

- American Indians and Alaska Natives
- People bereaved by suicide
- People in justice and child welfare settings
- People who intentionally hurt themselves (non-suicidal self-injury)
- People who have previously attempted suicide
- People with medical conditions
- People with mental and/or substance use disorders
- People who are lesbian, gay, bisexual, or transgender
- Members of the military and veterans
- Men in midlife and older men

¹⁶ Idaho Suicide Prevention Plan: An Action Guide, 2011, Page 9

¹⁷ <http://www.cdc.gov/healthyplaces/healthtopics/physactivity.htm>, <http://www.cdc.gov/obesity/adult/causes.html>

¹⁸ Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System

¹⁹ <https://www.samhsa.gov/suicide-prevention/at-risk-populations>

13. Program Name: Investment in Programs Supporting the Improvement of Mental Health and Reducing Suicide through St. Luke's CHI Fund

Community Need Addressed:

Improve the prevention, detection and management of mental illness and reduce suicide

Target Population:

All

Description and Tactics (How):

Through St. Luke's Community Health Improvement Fund (CHIF), St. Luke's provides financial and in-kind support to community-based non-profits facilitating prevention, detection and management of mental illness and reducing suicide. St. Luke's provides funding to nonprofit organizations through a competitive grant process. All the organizations awarded grants are required to submit an Activation Report at the end of the program year, documenting the success of their program by number of participants and outcomes.

Resources (budget):

Funds for community-based programs are provided through the St. Luke's Community Health Improvement Fund (CHIF). The amount of funding for these programs to support all high priority health needs in FY20 is approximately \$600,000 in the broader Treasure Valley area, including Elmore, Ada, Canyon and Valley County. It is expected this level of funding will be awarded in FY21 and FY22.

Expected Program Impact on Health Need:

In order to receive a St. Luke's grant, organizations must demonstrate program success in addressing one or more of the CHNA significant needs. Additionally, each organization receiving St. Luke's funding must report qualitative and quantitative outcomes in the form of activation reports. The measurements include participation and completion rates, demonstrated behavior changes and improvements in health knowledge and status. These activation reports will be analyzed to assist in determining future investments.

Partnerships/Collaboration:

Through the Community Health Improvement Fund, multiple organizations are partnering with St. Luke's toward shared goals of prevention, detection and management of mental illness and reduce suicide.

14. Program Name: Financial Support of Allumbaugh House

Community Need Addressed:

Reduce Drug Misuse

Improve the prevention, detection and management of mental illness and reduce suicide

Target Population:

Allumbaugh House ensures that medically monitored substance detoxification and mental health stabilization services are made available for residents of Ada, Boise, Valley, and Elmore counties. Priority for services is given to clients who lack health insurance coverage or who would otherwise not have the ability to pay.

Description and Tactics (How):

Allumbaugh House is a regional facility that offers detoxification, and crisis mental health services to all qualified residents. Clients must be 18 years or older. They must reside within Region IV (Ada, Boise, Elmore, and Valley Counties) and show potential for benefit from short-term stabilization. Priority will be given to clients with low income and/or lack of health insurance coverage.

Resources (budget):

St. Luke's plans to donate approximately \$195,000 to the Allumbaugh House to support its operations, annually.

Expected Program Impact on Health Need:

Provides free detoxification and crisis mental health services using innovative and cost-effective approaches to mental and behavioral health services.

FY 2020 Goals:

- Provide medically-monitored detoxification and residential mental health crisis services for residents of Region IV. We will continue to improve access to substance abuse treatment by offering scheduled SUD assessments twice daily for voluntary, self-referred members of the community. This availability reduces the number of ED visits or potential legal intervention by encouraging patients to self-refer. In addition, our multi-disciplinary assessment team focuses on treatment engagement with both the patient and their families.
- Prevent unnecessary utilization of Emergency Department services. We will continue to develop positive working relationships, consistent, effective and streamlined processed with all St. Luke's Emergency Departments in Region IV.
- Increase emphasis on outcome measurement by using SOCRATES (a screening tool that measures motivation to change). Data collection measures will be reviewed to provide more outcome-based information as well as the demographic information provided.
- Provide financial support in the amount of \$ 195,000.

Partnerships/Collaboration:

- City of Boise
- City of Meridian
- City of Eagle
- City of Kuna
- City of Garden City
- Ada County
- Boise City Ada County Housing Authority
- Terry Reilly
- Idaho Department of Health and Welfare
- Saint Alphonsus Health System
- St. Luke's Health System

15. Program Name: Psychiatry Residency Program Expansion

Community Needs Addressed:

Improve the prevention, detection, and management of mental illness and reduce suicide – increasing access

Target Population:

All persons with or at risk for mental health conditions across the age spectrum.

Description and Tactics (How):

St. Luke's Behavioral Health Service Line currently participates in the 2-year Psychiatric Residency program in Idaho. The expansion of the current 2-year Psychiatry Residency program to a 4-year program has been approved by the State of Idaho and is scheduled to begin in July 2021. Studies have shown that providers have a higher likelihood of working in the community that they trained in. By participating in the new 4-year residency program, it is anticipated, Idaho providers, including St. Luke's, will be able to retain new Psychiatric professionals, therefore increasing access to mental health services in our state.

Resources (budget):

2.9 FTE funded by St Luke's for the residency

Expected Program Impact on Health Need:

Successful recruitment of psychiatrists, and ability to use such providers to maximize their effectiveness, will greatly improve our ability to provide access to mental health services within our respective communities, and play a significant role in better positioning St. Luke's to be successful in value-based care.

FY 2020-2022 Goals:

The initial goal would be to launch the 4-year residency program by July 2021 with 4 residents per class; graduating the first cohort of residents in 2024. In 2024 the class will grow to 6 residents per class.

Partnerships/Collaboration:

University of Washington, other programs as identified.

Comments:

The University of Washington Psychiatry Residency Program is a four-year residency program that offers an Advanced Clinician Psychiatry Track for residents to spend their third and fourth years in Boise. The Idaho Advanced Clinician Track started in 2007-2008 and is its own separate residency program with its own curriculum and separate match number. The program emphasizes training psychiatrists in a variety of medical and community settings.

The program has a capacity for 11 residents. The resident group is extremely small, accepting two or three residents per year. However, there are plans to add four more seats within the next five years.

The program has successfully retained psychiatrists who practice in Idaho after completing their residency. Of the eight psychiatrists who completed the fourth year of the program, four have remained in Idaho.

16. Program Name: REACH Training Program-Delivering Evidence Based Behavioral Health Care in Primary Care

Community Needs Addressed:

Improve the prevention, detection, and management of mental illness and reduce suicide – in Primary Care clinics.

Target Population:

All persons with or at risk for mental health conditions across the age spectrum.

Description and Tactics (How):

REACH is an established and evidence based behavioral health training program for primary care providers to work with patients and their families struggling with behavioral health disorders.

At St. Luke’s, approximately 80% of all patients with mental health diagnosis are treated by Primary Care. Although Primary Care is treating most of our patients with mental health conditions, we do not have any education and training available to our primary care providers on the treatment of mental health conditions within primary care. Undiagnosed behavioral disorders cost health care systems in at least four ways: increased ambulatory medical costs, increased ER visits and hospitalizations, overuse of psychiatric medications, and increased use of specialty mental health systems of care.

The Behavioral Health and Primary Care Service Lines recommend establishing a REACH training program to make this important level of training available to our Primary Care providers. The Resource for Advancing Children’s Health (REACH) Institute provides an evidence-based training platform for primary care providers to work with patients and their families struggling with behavioral health disorders. Originally designed to train pediatric providers, REACH training is designed for both pediatric and adult populations.

The REACH program is a six-month training program for up to 25 primary care providers per training program. The course begins with a three-day intensive and interactive workshop, followed by six months of case presentation delivered every other week. Course participants are divided into two groups and present de-identified patient cases to the group which is facilitated by REACH faculty. The training programs are taught by nationally renowned experts in the field of adult and child and adolescent psychiatry.

Resources (budget):

\$65,000 per training cohort (or \$2,600 per primary care provider)

Expected Program Impact on Health Need:

After REACH training, primary care providers can deliver evidence based BH treatments that will reduce system costs. Demonstrated outcomes from REACH programs as below:

- *Cost-effective*– Federally-funded research demonstrates that after completing REACH training, primary care - delivered BH services reduce costs by \$120/patient/year

- *Substantial ROI for REACH training* – With typical caseloads (e.g., 50 pediatric patients w/ADHD) yearly costs saved amount to \$6000 per prescriber
- *Preferred* –greater satisfaction: families & providers prefer and are more satisfied with BH services delivered by REACH- and similarly trained primary care providers
- *Improved staff morale* – reduced provider frustration due to unavailable specialty BH services, or families unwilling/unable to follow thru with specialty BH referrals
- *Potential Benefit:* Reduce costs, improve staff morale, and maximize the benefit with your scarce psychiatry specialty resources – REACH-trained providers will learn these skills, and support referring out only more complex cases.

FY 2020-2022 Goals:

- Provide REACH training to first cohort of 25 primary care providers in 2020
- Establish ongoing cadence of REACH training cohorts
- Expand the REACH training to our community providers

Partnerships/Collaboration:

The scope is internal to St Luke’s providers currently with the desire to expand this training opportunity to our community providers.

Comments:

Evidence continues to mount that accountable care organizations and other health care organizations can better control costs and increase quality of care by integrating best practices into their services. Undiagnosed behavioral disorders cost primary care systems in at least four ways: increased ambulatory medical costs, increased ER visits and hospitalizations, overuse of psychiatric medications, and increased use of specialty mental health systems of care. After REACH trainings primary care providers will be able to better deliver evidence-based behavioral treatments that will reduce system costs. When delivered by primary care providers, evidence-based treatments for behavioral health problems are highly effective, feasible, credible, and teachable.

In May of 2014, St. Luke’s was able to obtain grant funds to provide REACH training to 75 primary care providers, both physicians and midlevel’s. Primary care providers that participated in the training reported significant positive impacts to their practice. Between the multiple cohorts, 84-100% of participants reported “increase in confidence” and “change in practice” after completing REACH training.

17. Program Name: New Path Community Housing

Community Needs Addressed:

Improve the prevention, detection, and management of mental illness and reduce suicide
Drug Misuse
Improve access to affordable care

Target Population:

Persons experiencing chronic homelessness.

Description and Tactics (How):

Provide safe, stable, permanent housing and onsite support services for 40 individuals experiencing chronic homelessness. Staff provide support services such as health care, mental health counseling, case management, substance use treatment and financial counseling.

Resources (budget):

St. Luke's contributes \$100,000 annually

Expected Program Impact on Health Need:

By providing support services onsite, residents will receive the most appropriate and timely level of care. St. Luke's and Saint Alphonsus expect a measurable decrease in the utilization of emergency departments as residents receive the targeted services they need to stabilize and improve their health and well-being. St. Luke's will work with Saint Alphonsus and others to build a continuum of care for each resident. Residents will have the opportunity to maintain their health with access to care, medications and counseling.

Partnerships/Collaboration:

New Path is a result of the public-private partnership working to end homelessness in Ada County: Our Path Home. Specific project partners include Idaho Housing and Finance Association, the City of Boise, Ada County, St. Luke's Health System, Saint Alphonsus Health System, Boise City/Ada County Housing Authorities, CATCH, and Terry Reilly Health Services

18. Program Name: Pathways Community Crisis Center

Community Needs Addressed:

Improve the prevention, detection, and management of mental health and reduce suicide.

Target Population:

The Pathways Community Crisis Center target population includes all men and women 18+ who are experiencing a behavioral health crisis. The crisis centers model is "no wrong door" and "acceptance and inclusion". Which means no one will be turned away based on your economic status, education level, cultural diversity, geography, or gender.

Description and Tactics (How):

The Pathways Community Crisis Center provides up to 23 hours and 59 minute stabilization of free services to men and women 18+ who are experiencing a behavioral health crisis. The presence of the Crisis Center in our community has a positive and significant impact in the counties of southwest Idaho.

Over the last year, individuals who were experiencing an active behavioral health crisis had another free option to deescalate and stabilize. Before crisis centers were incorporated in our level of care system, community members were forced to present themselves to more costly services such as the emergency room.

Each individual admitted into the Crisis Center has a nursing assessment, a behavioral health assessment, interacts with a counselor or peer support specialist, and has the opportunity to receive case management services that will help create connections to appropriate resource services in our community.

The main goals of the center will be to provide triage and stabilization. This allows our staff to identify the presenting problem, provide recommendations for plan of care, build a recovery plan, problem solve barriers, promote recovery and resiliency, access resources in the community, and facilitate appropriate referral linkage and coordination to community resources.

Resources (budget):

\$25,000 of Community Health budget

Expected Program Impact on Health Need:

Individuals who are in crisis, have not committed crimes, or do not need medical attention, but have some sort of behavioral health issue will not need to be taken to jail or to a hospital, rather they can come to the crisis center and get treated. This has been found to save law enforcement time, community expense, and extend better treatment for the participants.

The center has provided the missing piece of a continuum of care for behavioral health patients. Consumers are people who have mental illness, or some kind of catastrophe in their life that has

caused them to be emotionally upset and the crisis center provides immediate access and treatment to them while in need.

Many individuals utilizing the crisis center who are suffering from some form of behavioral health crisis can stay for up to a day voluntarily, to get the right treatment and the right plan for their future. The crisis center allows everyone admitted to take a little time to breathe, get a nursing examination, meet with a counselor when they're ready, and be provided an opportunity to gain access to cost effective community resources. The crisis center is truly a preventative model for our community, and it was developed to be an easy, lower cost place for people to go and access help immediately.

FY 2020 – 2022 Goals:

The Crisis Center goal over the next two years is to serve as many community members who are seeking behavioral health triage and stabilization. The crisis center purpose will continue to lend real time access to behavioral health care with no boundaries or financial strain to our consumers. We will continue to be a resource for all community partners and help with hospital, law enforcement, and county cost savings.

Partnerships/Collaboration:

The community Crisis Center works collaboratively with local law enforcement, hospitals, social service entities, and other community partners in our community.

We provide a resource for law enforcement to bring individuals that need further behavioral health assistance. The majority of the individuals dropped off by law enforcement do not meet ER criteria or have not committed a crime. This allows all law enforcement who utilize our services to get back on patrol quicker.

We also work well with our local hospitals by taking patients presenting to the ER that do not meet ER criteria and would benefit from the Crisis Center services.

Since we have opened, we have also worked the Allumbaugh House. Making sure we are working together to maintain the safety of potential clients that are detoxing or need a safe place to be until a bed opens at Allumbaugh House.

Recently, the crisis center just became a partner with the Idaho Food Bank. This partnership will allow the crisis center to be a closed pantry to all consumers of the facility as well as provide healthy food options for all individuals that stay at the center.

Comments:

19. Program Name: Supportive Oncology at St. Luke's Cancer Institute

Community Needs Addressed:

Improve the prevention, detection, and management of mental illness and reduce suicide

Target Population:

At all five St. Luke's Cancer Institute sites, we offer supportive oncology services to active oncology treatment patients. These services are interdisciplinary and tailored to each individual's needs. Our team includes social work, psychiatry, palliative care, patient financial advocacy, nutrition, chaplaincy, physical therapy, survivorship and integrative medicine.

Description and Tactics (How):

We detect mental illness and problems with coping by screening every patient with a cancer diagnosis for anxiety and depression. Patients are offered a full psychosocial assessment by social work and/or psychiatry. Management of symptoms via psychotherapy and/or medication management is offered to patients and provided on site. Direct psychiatry services are available in Boise and Meridian, with some St. Luke's Cancer Institute patients traveling from Nampa, Fruitland, and Twin Falls. Indirect psychiatry consultation with providers is available for all St. Luke's Cancer Institute patients. Direct psychotherapy services with licensed social workers are available at all five St. Luke's Cancer Institute locations. If patients are expressing suicidal ideation or are at risk they can be assessed on the same day and referred for the appropriate level of care.

Our social workers and patient financial advocates attempt to help every patient with the financial burden of cancer care. We offer innovative solutions to help patients get to their appointments, interface with their insurance company and employers, and help get needed benefits in the form of medical insurance and disability whenever possible. For patients without medical insurance, we also try to help with financial care applications through St. Luke's and the county.

Our Palliative Care Team, consisting of an MD, an NP, a social worker, and two RNs, focuses on the physical and social-emotional health issue of patients who are burdened with complicated symptom profiles and/or difficult pain management profiles due either to the cancer diagnosis or treatment for cancer.

Resources (budget):

Staffing includes FTEs from these types of positions:

- Dietitians
- Physicians (Psychiatrist and Palliative Care MD)
- Social workers
- Physical therapist
- Integrative medicine practitioners (Acupuncturists and Massage Therapists)
- Midlevel providers
- Patient financial advocates

- Chaplains

Plus supplies, equipment, facility fees, scholarships for integrative medicine, patient assistance fund.

Expected Program Impact on Health Need:

Examples:

Patients screened with Distress Screen Tool

Percentage of patients receiving social work support

Percentage of patients receiving psychiatric care

Percentage of patients receiving Integrative Medicine services for anxiety relief

2020 GOALS:

implement Patient Reported Outcome measures at home and in clinic to improve psychosocial care

Expand and enhance palliative care services

Prepare to implement Suicide Screening in alignment with System goals as they develop

Partnerships/Collaboration:

St. Luke's Psychiatric Wellness

Idaho Suicide hotline

St Luke's inpatient social work

St Luke's Behavioral Health social workers and psychiatrists

St Luke's inpatient Palliative Care team

Community referrals for specific needs (specific forms of psychotherapy, higher level of care)

Comments:

20. Program Name: Children's Counseling Community Support Collaborative

Community Needs Addressed:

Improve the prevention, detection, and management of mental illness and reduce suicide
Improve access to affordable health care and affordable health insurance

Target Population:

Treasure Valley Youth

Description and Tactics (How):

The Community Support Program (CSP)

The Community Support Project has been the central program at the Children's Home Society and Warm Springs Counseling Center for 45 years. Their caring, professional staff offers first-rate emotional, behavioral, and mental health care, and uses a variety of progressive, therapeutic approaches to recovery. Early identification and the right interventions help children develop emotionally, socially and educationally.

The Children's Home Society is the only counseling center in Southwestern Idaho specializing in specifically helping children develop skills to deal with a variety of disorders such as; Adjustments Disorders, Anxiety, Attention Deficit/Hyperactivity, Autism Spectrum, Behavior (anger, aggression, defiance), Bipolar, Depression, Sleep & Eating, and foster care placement.

Mission: Provide superior emotional and behavioral healthcare to children and families regardless of their ability to pay. This mission is accomplished by funding and operating the Warm Springs Counseling Center.

Vision: The vision of the Children's Home Society is to improve the lives and wellbeing of children and to be recognized as a champion for children in the communities we serve. Specialized services include Therapy (expressive, art, play, sand tray, pet-assisted, group), Psychological Testing and Assessment, Medication Management and Family Counseling. No child is turned away do to the inability to pay for mental health services.

By providing mental, emotional, and behavioral health care services to more than 34,000 children and family members in the past year, their work helps their clients develop coping skills, healthy attitudes and positive experiences necessary to succeed in educational settings and lead happy, vigorous, and productive lives.

Children's Home Society (CHS) specializes in providing mental health services in southwestern Idaho helping children develop skills to deal with a variety of disorders such as: Adjustments Disorders, Anxiety, Attention Deficit/Hyperactivity, Autism Spectrum, Behavior (anger, aggression, defiance), Bipolar, Depression, Sleep & Eating, and foster care placement. CHS is regularly invited to participate in community action and education events. CHS is part of a collaborative network of nonprofit agencies who serve children in the Treasure Valley. Their strategic partnerships are strong and effective, and they assist in outreach to underserved populations. Through referrals and collaboration with groups such as the Boys & Girls Clubs,

Casey Family Programs, FACES & CARES, the Woman's and Children's Alliance, Saint Luke's, schools and pediatricians we have a great capacity to find and give assistance to the children.

Examples of the ways in which Children's Home Society of Idaho works in partnership with the WCA include:

- o Referral of domestic violence calls to WCA. WCA provides immediate intervention and counseling then often refers clients back to Warm Springs Counseling Center for long-term care.
- o Shared trainings for counselors at both agencies through the Warm Springs Training Institute (WSTI)
- o Attending and helping to provide a series of workshops in collaborations with the WCA and Idaho Office of Refugees to provide multicultural training and increase cultural competence.
- o Interagency clinical meetings for planning and resource sharing.
- o Working in tandem in local schools and community centers.

Resources (budget):

Community Health Budget supports \$30,000 total annually for FY20, FY 21 and FY22.

Expected Program Impact on Health Need:

- **Reach:** Multiple counseling sessions for 200 children (free), 208 children (subsidized)
- **Need:** Over 100 children are seen daily.

2020 Goals

Goal 1: Continue to provide on-going Community Support Program mental health services for Children with expanded additional services and more options for treatment such as:

- o Mindfulness workshops for children and adolescents
- o Parent education and workshops
- o Play Therapy programs and certification

Goal 2: Expand on the new School-based Services Initiative.

Goal 3: Initiate new Community-based Services at local centers.

Goal 4: Expand on the types of support services offered to families to enhance the healing process for children through implementation of:

- o Targeted Care Coordination Services, providing coordination for referrals, wrap around services, and Family and Person-Centered Planning.
- o Family First Program and extended services to support families struggling with children who might otherwise need an intensive residential treatment placement.

Partnerships/Collaboration:

Boys and Girls Clubs, Big Brothers Big Sisters, FACES Family Justice Center, Boise and West Ada School Districts, Health and Welfare, Giraffe Laugh Early Learning Center and the YMCA.

Comments:

21. Program Name: Adverse Childhood Experiences (ACES) and Resiliency Clinical Learning Collaborative

Community Needs Addressed:

Improve the prevention, detection, and management of ACEs and build resiliency within families

Target Population:

Parents of children ages 2 months to 5 years old in Idaho.

Description and Tactics (How):

Provide education to providers and families on adverse childhood experiences and resiliency utilizing the learning collaborative model for quality improvement within the primary care setting. A conference, webinars, site visits, continual coaching, data collection and feedback, and Plan-Do-Study-Acts will be some of the interventions utilized.

Resources (budget):

St. Luke's Children's Received \$18,000 from Idaho's Maternal and Child Health (MCH) Program, housed within the Department of Health and Welfare, to implement these strategies from July 2018-July 2019 and is providing staff resources to provide collaborative management and facilitation.

Expected Program Impact on Health Need:

Research shows that Adverse Childhood Experiences effect long-term health outcomes. St. Luke's and Idaho's MCH program are implementing a patient-centered approach to improve ACEs and resiliency screening and increase referrals for families that have experienced 4 or more ACEs.

2018-2019 Goals:

1. Increase ACES screening rates to 50% or greater
2. Increase referral rates to 90% or greater for those with an ACES score of 4 or more
3. Identify 10 or more champions within Idaho

Partnerships/Collaboration:

A planning team was created to help develop aims, measures, goals, and all outcomes for the project. Team members came from a variety of professional backgrounds within health care. Additionally, partnerships with referral organizations to assist primary care teams with identifying resources for families.

Comments:

The project is currently in its first year, 2019, and there are over 50 providers (both St. Luke's and non-St. Luke's providers) throughout Idaho in the project.

22. **Program Name: The Idaho Resilience Project Adverse Childhood Experiences (ACEs) Collaborative**

Community Needs Addressed: Improve awareness, education and prevention of adverse childhood experiences with a particular focus on the improvement of resiliency-focused strategies and appropriate community supports.

Target Population: Service agencies, providers, municipal and state leaders, faith-based leaders, school districts and community members.

Description and Tactics (How): Collaboratively provide education and resources on adverse childhood experiences and resiliency-focused strategies to build healthy and resilient communities.

Resources (budget):

St. Luke's has committed \$10,000 to support the collaborative network

Expected Program Impact on Health Need: The Idaho Resilience Project represents a diverse group of cross-sector partners committed to shaping and creating an environment in Idaho that allows individuals to thrive and be resilient in the face of adversity. Understanding that trauma happens at the individual, family, and community level, the collaborative is working to improve and create shared understanding about adverse childhood experiences and resilience building through:

1. Awareness and education
2. Prevention and resiliency-focused strategies
3. Healing and coping strategies
4. Community support

Partnerships/Collaboration:

St. Luke's is one of 80 cross-sector organizations participating in the collaborative.

FY 2020 Goals:

Collaborative is formed with cross-sector partners engaged in resilience building and trauma-informed strategies

23. Program Name: Western Idaho Community Health Collaborative

Community Needs Addressed:

Improve the prevention, detection, and management of obesity and diabetes
Improve mental health and reduce suicide
Reduce Drug Misuse

Target Population:

Individuals in public health districts 3 and 4, serving Ada, Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Valley and Washington Counties.

Description and Tactics (How):

St. Luke's is both a member of the Funding Committee and the Collaborative Committee of the Western Idaho Community Health Collaborative.

As a community of stakeholders, the Western Idaho Community Health Collaborative (WICHC) aims to transform the health of our community by collaborating, prioritizing, and collectively supporting the community health needs and healthcare transformation efforts that will have the greatest impact on improving health outcomes and lowering the costs of healthcare for the ten-county region that includes: Ada, Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Valley, and Washington Counties. The work of the collaborative is to serve all those who live, work, learn or play in the ten-county region, focusing on all ages of residents in our urban and rural settings.

The key functions of the Collaborative are:

- Serve as a convener of both urban and rural regional partners who are invested in the transformation of healthcare and community health, aligning functions to navigate the intersection
- In partnership with the Healthcare Transformation Council of Idaho (HTCI), agree to a common vernacular and promote broad understanding of population health and community health
- Identify policy, system, and environmental barriers that are negatively impacting community vitality, health outcomes and driving up the cost of healthcare
- Collect, analyze, and consolidate data that helps to identify the greatest drivers of poor clinical quality and community health outcomes
- Collaborate and align efforts amidst regional partners to support healthcare transformation for medical home health neighborhood partnerships
- Coordinate efforts and funding amongst partner organizations to establish a community-wide health improvement plan that looks at both the rural and urban portions of our 10-county region

- Be a trusted source of information and a credible voice for the strategic improvement of community health and a regional advisor to practices in their population health transformation efforts
- Establish a framework for evaluating community health drivers that can help to prioritize investment strategies
- Generate local, regional, and national support for initiatives to transform the health of the community
- Adopt a funding model to coordinate community investments and create scaled transformation for prioritized healthcare delivery and community health drivers
- Develop strategic initiatives, policy statements, and transformative efforts that meet local needs and positively influence or contribute to other health improvement strategies such as those driven by HTCI, the Idaho Department of Health and Welfare, Idaho Medicaid, Legislature and others

Resources (budget):

St. Luke's invests \$10,000 to the WICHC

Expected Program Impact on Health Need:

The Western Idaho Community Health Collaborative will identify key health priority areas, and associated metrics in Year 1. The overall mission of the Collaborative however, defines the purpose of the group to make an impact on health outcomes and healthcare costs in our area.

2020 Goals:

Specific project goals are to be determined by the Collaborative in 2020

Partnerships/Collaboration:

The membership composition will consist of representatives from the following stakeholder groups. No more than 20 members:

- One representative from Public Health District 3
- One representative from Public Health District 4
- 2 primary care clinicians - one from each district
- 1 representing nursing professionals
- 2 hospital system representatives (includes St. Luke's)
- 1 independent rural provider
- 2 payer representative members from the Idaho Association of Health Plans
- 1 behavioral health representative
- 1 consumer advocate
- Up to 4 representatives from entities focused on key social determinants of health including but not limited to:
 - Housing Nutrition

- Transportation
- Schools
- Oral health
- 2 representatives from community business or non-profits, one from each region
- Up to 2 At-Large members
- 1 representative from the funders of WICHC (not represented elsewhere)

Comments:

The collaborative is currently in its first year and there are approximately 25 key stakeholders involved developing the structure and first work for the group.

24. Program Name: Idaho Association for the Education of Young Children (IAEYC) Ready! for Kindergarten Program

Community Needs Addressed:

Improve mental health and reduce suicide

Target Population:

Children and parents

Description and Tactics (How):

The Ready! for Kindergarten program is an evidence-based curriculum engaging parents of children ages 0-5 on preparing their kids for kindergarten learning. The curriculum is founded on the principle that parents are their child's first and most important teacher. Parents learn how to play with purpose with their children, and how to use everyday toys, games, books, and environments to meaningfully connect with their children, and teach them vital skills for kindergarten readiness. Parents who attend the classes also receive free toys and materials that are used in the Ready! for Kindergarten lessons.

Resources (budget):

Community Health budget will provide \$10,000

Expected Program Impact on Health Need:

Academic success is a key social influencer of health. Kindergarten readiness is benchmark predictor of academic success. Therefore, the Ready! for Kindergarten program provides an avenue to support and teach skills to families of how to provide kindergarten readiness lessons in the home, to families who may not have access to other means of quality early education or kindergarten preparation programs.

2020 Goals:

Specific project goals for 2020 are to be determined by the Collaborative by March 2020

Partnerships/Collaboration:

Idaho Association for the Education of Young Children
Local IAEYC preschool collaboratives

25. Program Name: Idaho Association for the Education of Young Children (IAEYC) Preschool Learning Collaboratives

Community Needs Addressed:

Improve mental health and reduce suicide

Target Population:

Children ages 4-5

Description and Tactics (How):

The Idaho Association for the Education of Young Children has created a toolkit for local communities and organizations to create collaboratives to build their own quality preschool programs for children ages 4-5 in their area. Idaho does not support preschool as part of the public-school system, so it is up to local organizations to provide this early educational opportunity to prepare Idaho's children for early academic success. IAEYC provides additional technical assistance and grant dollars to local collaboratives to plan and implement their quality preschool programs.

St. Luke's will partner with local collaboratives in Ada County by providing funding, parent education, and other in-kind support (space, promotion, etc.) as requested and appropriate.

Resources (budget):

Community Health budget will provide \$10,000 in Ada County

Expected Program Impact on Health Need:

Academic success is a key social influencer of health. Kindergarten readiness is benchmark predictor of academic success. Therefore, the Ready! for Kindergarten program provides an avenue to support and teach skills to families of how to provide kindergarten readiness lessons in the home, to families who may not have access to other means of quality early education or kindergarten preparation programs.

2020 Goals:

Specific project goals for 2020 are to be determined by the Idaho Association for the Education of Young Children by March 2020

Partnerships/Collaboration:

Idaho Association for the Education of Young Children
Local IAEYC preschool collaboratives

26. Program Name: Older Adult Resilience Programming

Community Needs Addressed:

Improve mental health and reduce suicide.

Target Population:

Older adults

Description and Tactics (How):

St. Luke's will engage with key community partners in FY 20 who provide services for older adult resilience-building. These partners include:

- Boise State University Center for the Study on Aging
- JANNUS
- Idaho Department of Health and Welfare – Healthy and Safe Communities Program
- Idaho Commission on Aging
- And others

St. Luke's will identify an older adult resilience programming strategy and activities in FY 20, implement appropriate programming by FY 21, and complete program evaluation, adjustments, and scaling as appropriate by FY 22.

Resources (budget):

St. Luke's will invest approximately \$10,000 across our entire system footprint to address this need. Exact investment in Treasure Valley will be determined in FY 20.

Expected Program Impact on Health Need:

Older adults are one of the most vulnerable populations in our communities. They are at risk of social isolation, food insecurity, mental health issues, and high health care costs. It is vital for St. Luke's, as a health system, to support older adult health in the community and in their homes in order to improve their quality of life and reduce overall health care costs.

FY 2020 GOALS:

Goals to be determined when strategies and activities outlined by end of FY 20.

Partnerships/Collaboration:

Boise State University Center for the Study on Aging

JANNUS

Idaho Department of Health and Welfare – Healthy and Safe Communities Program

Idaho Commission on Aging

Program Group 3: Reduce Drug Misuse

Reducing drug misuse ranks among our community's most significant health needs. Our community representatives provided drug misuse with one of their highest scores. The rate of deaths due to drug misuse has been climbing in our community and across the nation. An in-depth analysis of 2016 U.S. drug overdose data shows that America's overdose epidemic is spreading geographically and increasing across demographic groups. Drug overdoses killed 63,632 Americans in 2016. Nearly two-thirds of these deaths (66%) involved a prescription or illicit opioid.²⁰

Impact on Community

Reducing drug misuse can have a positive impact on society on multiple levels. Directly or indirectly, every community is affected by drug misuse and addiction, as is every family. This includes health care expenditures, lost earnings, and costs associated with crime and accidents. This is an enormous burden that affects all of society - those who abuse these substances, and those who don't. 50% to 80% of all child abuse and neglect cases substantiated by child protective services involve some degree of substance abuse by the child's parents.²¹

In 2015, over 27 million people in the United States reported current use of illicit drugs or misuse of prescription drugs, and over 66 million people (nearly a quarter of the adult and adolescent population) reported binge drinking in the past month. Alcohol and drug misuse and related disorders are major public health challenges that are taking an enormous toll on individuals, families, and society. Neighborhoods and communities as a whole are also suffering as a result of alcohol- and drug-related crime and violence, abuse and neglect of children, and the increased costs of health care associated with substance misuse. It is estimated that the yearly economic impact of substance misuse is \$249 billion for alcohol misuse and \$193 billion for illicit drug use.²²

Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuits work. These changes make it more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit.²³

How to Address the Need

We can address drug misuse through both prevention and treatment. Health care practitioners, communities, workplaces, patients, and families all can contribute to preventing drug abuse. The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Prevention Week Toolkit contains many valuable ideas.

Treatment can incorporate several components, including withdrawal management (detoxification), counseling, and the use of FDA-approved addiction pharmacotherapies. Research has shown that a combined approach of medication, counseling, and recovery services works best.²⁴ In addition, recent studies reveal that individuals who engage in regular aerobic exercise are less likely to use and abuse illicit drugs. These studies have provided convincing evidence to support the

²⁰ <https://www.cdc.gov/media/releases/2018/p0329-drug-overdose-deaths.html>

²¹ <http://archives.drugabuse.gov/about/welcome/aboutdrugabuse/magnitude/>

²² <https://addiction.surgeongeneral.gov/executive-summary>

²³ <https://www.drugabuse.gov/related-topics/health-consequences-drug-misuse>

²⁴ <https://www.samhsa.gov/prescription-drug-misuse-abuse/specific-populations>

development of exercise-based interventions to reduce compulsive patterns of drug intake.²⁵ Organizations, such as the Phoenix Gym in Colorado, have shown they can help people addicted to drugs and alcohol recover. In 2017, Health and Human Services Secretary Tom Price praised the Phoenix Gym for its ability to help participants remain sober.²⁶

Affected Populations

Data shows that males under the age of 34 and people with lower incomes are more likely to have substance abuse problems.²⁷ Prescription drug misuse is growing most rapidly among our youth/young adults, adults older than age 50, and our veterans.²⁸

²⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3276339/>

²⁶ <https://www.denverpost.com/2017/08/02/trump-health-chief-tours-colorado-springs-gym/>

²⁷ Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System

²⁸ <https://www.samhsa.gov/prescription-drug-misuse-abuse/specific-populations>

27. Program Name: Investment in Programs Supporting Reducing Drug Misuse through St. Luke's CHI Fund

Community Need Addressed:

Reduce Drug Misuse

Target Population:

All

Description and Tactics (How):

Through St. Luke's Community Health Improvement Fund (CHIF), a competitive grant process, St. Luke's provides financial and in-kind support to community-based non-profits reducing drug misuse. All of the organizations awarded grants are required to submit an Activation Report at the end of the program year, documenting the success of their program by number of participants and outcomes.

Resources (budget):

Funds for community-based programs are provided through the St. Luke's Community Health Improvement Fund (CHIF). The amount of funding for these programs to support all high priority health needs in FY20 is approximately \$600,000 in the broader Treasure Valley area, including Elmore, Ada, Canyon and Valley County. It is expected this level of funding will be awarded in FY21 and FY22.

Expected Program Impact on Health Need:

In order to receive a St. Luke's grant, organizations must demonstrate program success in addressing one or more of the CHNA significant needs. Additionally, each organization receiving St. Luke's funding must report qualitative and quantitative outcomes in the form of activation reports. The measurements include participation and completion rates, demonstrated behavior changes and improvements in health knowledge and status. These activation reports will be analyzed to assist in determining future investments.

Partnerships/Collaboration:

Through the Community Health Improvement Fund, multiple organizations are partnering with St. Luke's toward shared goals of reducing drug misuse.

28. Program Name: Youth and Community Resilience and Tobacco/E-Cigarette Prevention and Education

Community Needs Addressed:

Reduce drug misuse

Target Population:

School districts, schools, staff, students in 5th grade, junior high and high schools, and their families in Idaho communities within the St. Luke's catchment area, including Eastern Oregon, West Treasure Valley, Treasure Valley and Magic Valley/Jerome.

Description and Tactics (How):

Provide education to school staff, parents, families, and youth regarding the risks of tobacco and nicotine product use, including e-cigarette and vaping. Work with community partners to support educational efforts and reduce incidence of tobacco/e-cigarette use and increase awareness of positive resilience and alternative activities for youth.

Resources (budget):

Staffing - Community Health outreach staff
Expenses - Classroom supplies and mileage

Expected Program Impact on Health Need:

Evidence has shown that many teens look to tobacco/nicotine, drugs and alcohol as ways to cope with depression, mental illness, and potential risk of suicide. Helping teens choose a tobacco/nicotine-free lifestyle has demonstrated reduction in these areas. It is expected that participating students, school staff and parents will improve knowledge of the health risks of e-cigarettes/vaping and learn how positive choices and resilience can support a healthy lifestyle, along with academic, athletic and social success.

FY 2020 GOALS:

It is expected that at least 8 school districts and/or participating schools within the St. Luke's catchment area will participate in education and training about tobacco/nicotine prevention education that includes the dangers of e-cigarette/vape use by youth. Goals include:

1. Students demonstrate increased knowledge of the dangers, myths and marketing of e-cigarettes/vapes and identify replacement health habits. This knowledge includes understanding of:
 - Nicotine products, including:
 - Types of tobacco products and e-cigarettes/vapes
 - Myths, e.g. only water vapor, vapes are harmless, marketing doesn't target youth
 - Health impact of nicotine products
 - Nicotine addiction
 - Brain development
 - Respiratory, heart and related health issues
 - Unintended consequences (exploding devices, vape juice poisoning)
 - 2nd and 3rd-hand smoke

- Positive lifestyle behaviors and resilience
2. Explore possibility to develop a statewide youth-based e-cigarette/vape education plan in collaboration with community partners.
 3. Deliver an updated tobacco/nicotine prevention education in the schools that aligns with the community health/lifestyle medicine branding and positive resilience messaging.
 4. Provide guidance, training and information to internal and external resources who may leverage the St. Luke's presentation materials to deliver to youth.

Partnerships/Collaboration:

St. Luke's Health System (Community Health, Lifestyle Medicine)

Idaho Dept. of Health & Welfare (Tobacco Free Idaho Alliance/TFIA, Project Filter, Health Districts)

United Way Treasure Valley

State Department of Education

Stanford Medicine Tobacco Prevention

School district staff, students and their parents

Comments:

29. Program Name: St. Luke's Health System Pain/Comfort Workgroup

Community Needs Addressed:

Reduce drug misuse

Target Population:

All community members

Description and Tactics (How):

The St. Luke's Health System Pain/Comfort Workgroup is a multi-disciplinary team of several St. Luke's staff and leaders focused on pain management strategies both within our health system and in the community that support successful pain management and overall health, while decreasing risk for opioid misuse and addiction.

Resources (budget):

Staffing – approximately 45 SLHS staff participate in the Pain Affinity Council

Expected Program Impact on Health Need:

Continuous improvement of pain management practices and protocols within our SLHS system, as well as the establishment of successful community resources and partnerships can decrease the overall amount of opioids distributed from our health system and reduce the risk of opioid misuse and addiction for community members. The St. Luke's Pain/Comfort Workgroup has been in existence for approximately 18 months, and until July 2019, did not have a participating member representing Community Health. In July 2019, Community Health began participating in this Workgroup with the 2019 CHNA priority health need of drug misuse being established. Opportunities for community health alignment and partnerships will be determined in FY20 and refined through FY22.

FY 2020 GOALS:

With the Community Health involvement on this Workgroup only beginning in late FY 19, community health partner and initiative goals will be determined in FY20 based on recommendations and input from the Pain/Comfort Workgroup members.

Partnerships/Collaboration:

SLHS Patient Experience, SLHS social workers, SLHS Case Management, SLHS clinical leadership, Project ECHO – University of Idaho

30. Program Name: Health District 4 Behavioral Health Community-based drug misuse prevention and support programming

Community Needs Addressed:

Reduce drug misuse

Target Population:

All community members in Health District 4, including Ada, Elmore, Boise, and Valley Counties

Description and Tactics (How):

St. Luke's will participate on the health district Behavioral Health Council and partner with the council's initiatives to reduce drug misuse in our communities.

Resources (budget):

\$5,000

Expected Program Impact on Health Need:

The Behavioral Health Council receives federal and state dollars to reduce drug misuse, and provide prevention tactics in local communities. The Council engages with multiple community partners and uses data to drive decisions on initiatives that will work for our communities. St. Luke's participation in this council will allow for the health system to make contributions to forming strategy, and identifying which initiatives make the most sense for St. Luke's to play a more significant role, such as funder, promoter, lead agency, etc.

FY 2020 GOALS:

The Council is being together stakeholders, analyzing data, assessing funds, and determining specific initiatives in FY20, and will create goals by FY 21.

Partnerships/Collaboration:

Central District Health
Office of Drug Policy

Program Group 4: Improve Access to Affordable Health Insurance

Our CHNA process identified affordable health insurance as a significant community health need. The CHNA health indicator data and community representative scores served to rank health insurance as one of our most urgent health issues.

Impact on Community

Uninsured adults have less access to recommended care, receive poorer quality of care, and experience more adverse outcomes (physically, mentally, and financially) than insured individuals. The uninsured are less likely to receive preventive and diagnostic health care services, are more often diagnosed at a later disease stage, and on average receive less treatment for their condition compared to insured individuals. At the individual level, self-reported health status and overall productivity are lower for the uninsured. The Institute of Medicine reports that the uninsured population has a 25% higher mortality rate than the insured population.²⁹

Based on the evidence to date, the health consequences of the uninsured are real.³⁰ Improving access to affordable health insurance makes a remarkable difference to community health. Research studies have shown that gaining insurance coverage through the Affordable Care Act (ACA) decreased the probability of not receiving medical care by well over 20 percent. Gaining insurance coverage also increased the probability of having a usual place of care by between 47.1 percent and 86.5 percent. These findings suggest that not only has the ACA decreased the number of uninsured Americans but has substantially improved access to care for those who gained coverage.³¹

How to Address the Need:

We will work with our community partners to improve access to affordable health insurance especially for the most affected populations. In November 2018, Idaho passed a proposition to expand Medicaid. In November 2018, Idaho passed a proposition to expand Medicaid. In the coming years, we will see how much the resulting legislation increases the percentage of people who have health insurance and the positive impact it has on health.

Affected populations:

Statistics show that people with lower income and education levels and Hispanic populations are much more likely not to have health insurance.³²

²⁹ University of Wisconsin Population Health Institute. *County Health Rankings* 2010-2018. Accessible at www.countyhealthrankings.org.

³⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2881446/>

³¹ <https://www.ncbi.nlm.nih.gov/pubmed/28574234>

³² Ibid

31. Program Name: Investment in Programs Supporting Improvement of Access to Affordable Health Insurance through St. Luke's CHI Fund

Community Need Addressed:

Improve access to affordable health care and affordable health insurance

Target Population:

All

Description and Tactics (How):

Through St. Luke's Community Health Improvement Fund (CHIF), a competitive grant process, St. Luke's provides financial and in-kind support to community-based non-profits improving access to affordable health insurance. All of the organizations awarded grants are required to submit an Activation Report at the end of the program year, documenting the success of their program by number of participants and outcomes.

Resources (budget):

Funds for community-based programs are provided through the St. Luke's Community Health Improvement Fund (CHIF). The amount of funding for these programs to support all high priority health needs in FY20 is approximately \$600,000 in the broader Treasure Valley area, including Elmore, Ada, Canyon and Valley County. It is expected this level of funding will be awarded in FY21 and FY22.

Expected Program Impact on Health Need:

In order to receive a St. Luke's grant, organizations must demonstrate program success in addressing one or more of the CHNA significant needs. Additionally, each organization receiving St. Luke's funding must report qualitative and quantitative outcomes in the form of activation reports. The measurements include participation and completion rates, demonstrated behavior changes and improvements in health knowledge and status. These activation reports will be analyzed to assist in determining future investments.

Partnerships/Collaboration:

Through the Community Health Improvement Fund, multiple organizations are partnering with St. Luke's toward shared goals of increasing access to affordable health insurance.

32. Program Name: Health Window

Community Needs Addressed:

Increased access to medical care, community resources and chronic disease management for the Hispanic and Latino population in Idaho; including biometric screenings, chronic disease prevention education/resources, and clinic referrals for treatment of various conditions and patient concerns.

Target Population:

Latino and Hispanic communities in Idaho.

Description and Tactics (How):

House a Health Window (HW) desk within the Mexican Consulate two days/week to provide a consistent health resource for Consulate clients, as well as biometric screenings (*blood pressure, fasting blood glucose and body mass index*) using Point of Care Testing (POCT) which provide immediate results. Having a HW resource within the Consulate provides a pathway to access community clinics and other health resources and programs. The HW routinely provides assistance with making appointments, completing clinic paperwork, and determining appropriate program selection based on eligibility.

Engage, organize, sponsor and participate in various community outreach events which emphasize the Latino community and culture throughout the state of Idaho. Creating and participating in Spanish radio ads, health talks and special events. Educate the community on a variety of health topics at a level that is easy to comprehend and is culturally appropriate. Actively participate in Binational Health Week (BHW). Binational Health Week is a concentrated collaboration between the United States and Mexico to provide health services, presentations, free screenings, vaccinations and patient education during a specific week in October.

Resources (budget):

Staffing

Travel expenses to outreach events (mileage, lodging, food)

Supplies (equipment, event registration fees, screening supplies, printing, promotional items)

Expected Program Impact on Health Need:

By educating the Latino community with important, culturally appropriate and accessible health information, and providing onsite, non-invasive biometric screenings, we are working to give this vulnerable population the tools to make better health decisions.

We establish a trusting relationship with participants that can influence better dietary choices, increase physical activity both individually and while engaging in some family time, provide resources and information for more effective chronic disease management and create awareness about the importance of yearly medical screenings and preventive care.

FY 2019 Goals:

- Grow the program to a more robust level. Create a supervisory position to oversee program operations, secure community contacts, organize event sponsorship and participation, and advocate for program expansion and collaboration throughout St. Luke's system.
 - Expand services to staff the Health Window desk at the Consulate three to five days/week with a trained Community Health Worker under direction of Program Supervisor.
- Collaborate more purposefully with St. Luke's to expand bilingual services and offerings to make St. Luke's a more frequent HW patient referral source (*dual signage, website navigation, phone lines/scheduling services, patient education translation, dual language hospital announcements, transportation assistance, etc.*)
- Conduct \geq 1,500 health screenings at the Mexican Consulate in Boise, at the Mobile Consulates, "Sabatinas," health fairs, and community events throughout Idaho.
- Engage and educate the Hispanic community about healthy eating habits and cooking techniques through continued collaboration with Cooking Matters classes.
- Participate as referring agency for the Idaho Hunger Relief Task Force Rx for Fresh Fruit and Veggies program.
- Participate in at least one Mobile Consulate or "Sabatina" per quarter.
- Work with local business owners to donate space after hours to host presentations, classes and workshops in accessible, familiar and non-intimidating locations for the community (*near their homes, trusted/familiar location, on a bus route, outside of daytime working hours*).
- Collaborate with the University of Idaho Extension to increase enrollment and participation in their year-long, Spanish, Diabetes Prevention Program.
- Continue to promote and provide referrals for preventive screening services and assist patients in establishing a medical home, as applicable.
- Continue to build relationships with community clinics and organizations to develop a diverse and robust infrastructure for referrals.
- Continually collaborate with the various Spanish-speaking radio stations in Idaho.

Partnerships/Collaboration:

Mexican Consulate

St. Luke's Humphreys Diabetes Center

St. Luke's Mountain States Tumor Institute (MSTI)

St. Luke's Children's Hospital

St. Luke's Occupational Health and Well-being

Family Medicine Residency of Idaho/ Family Medicine Health Center

Terry Reilly

Radio Rancho

Hispanic Cultural Center

Idaho State University

SelectHealth
Castaños Insurance
Your Health Idaho
St. Mary's Catholic Church
Idaho Women, Infant and Children (WIC) program
University of Idaho Extension
Central District Health Department
Southwest District Health Department
Core Wellness
Idaho Hunger Relief Task Force
United Way
Community Council of Idaho
JUMP in Boise
YMCA Treasure Valley

33. Program Name: SHIBA – Senior Health Insurance Benefits Advisors

Community Needs Addressed:

Improve access to affordable health care and affordable health insurance

Target Population:

- Persons attending cardiac or pulmonary rehabilitation
- Patients of St Luke’s Idaho Cardiology
- Community members who are Medicare-eligible

Description and Tactics (How):

Senior Health Insurance Benefits Advisors (SHIBA) serves Idahoans on Medicare and those who help them by offering free, unbiased Medicare benefits information and assistance through workshops, group presentations and personal counseling.

SHIBA – a service of the Idaho Department of Insurance – is Idaho's provider for the federal network of State Health Insurance Assistance Programs (SHIPs). The program is partially funded by and operated under the authority of the U.S. Department of Health of Human Services Administration for Community Living (ACL).

Resources (budget):

Allow SHIBA counselors to utilize St. Luke’s facility space free of charge.

Expected Program Impact on Health Need:

Eight persons per office space per day times the number of days allocated. Cardiac Rehab dedicates one office, one day per week, for three months during open enrollment. Slots are typically all filled, resulting in 104 patients served.

Partnerships/Collaboration:

SHIBA is a program provided by the Idaho Department of Insurance with financial assistance through a grant from the Administration for Community Living (ACL). SHIBA is Idaho’s State Health Insurance Assistance Programs (SHIP), a program that helps states enhance and support a network of local staff and volunteers to assist people with Medicare.

34. Program Name: Rides 2 Wellness

Community Needs Addressed:

Improve access to affordable health care and affordable health insurance

Target Population:

Patients of St. Luke's clinics, as well as other community healthcare agencies that have barriers for transportation to attend appointments

Description and Tactics (How):

This program is designed to reduce missed appointments resulting in readmissions; to bridge the transportation barrier preventing patients from receiving critical follow-up medical care after hospitalization and foster sustainable relationships between healthcare and transportation providers to ensure ongoing collaboration directed toward improving healthcare access.

Patients in the Treasure Valley suffering from ailments with the highest likelihood of debilitating and costly complications will be approached prior to hospital discharge to assess their transportation needs. Patients will learn of the program upon hospital discharge and engage in a three-way call with healthcare schedulers and transportation customer service staff to schedule a ride to and from follow-up appointments. The ride provided will be designed for each individual's needs. This places an emphasis on an easy scheduling outlet for patients, as it is intended to not be overly burdensome nor difficult to navigate. The free service supports St. Luke's goals of patient-centered, quality health care by reducing transportation barriers to services.

Resources (budget):

Community Health Budget will support \$30,000 annually for FY 20, FY 21 and FY 22

Expected Program Impact on Health Need:

Serve over 8,000 medical appointments per fiscal year

Partnerships/Collaboration:

Valley Regional Transit

Saint Alphonsus

Clinics, rehabilitation centers, case workers and medical facilities

35. Program Name: St. Luke's Financial Care Program

Community Needs Addressed:

Improve access to affordable health insurance

Target Population:

- Uninsured or underinsured adults
- Hispanic or other non-English speaking residents
- Low education; no college
- Low income adults and children in poverty
- Adults over the age of 65

Description and Tactics (How):

Our Community Health Needs Assessment identified uninsured patients, affordable care, affordable insurance, and providers accepting public health insurance as high priority needs. To address these needs, St. Luke's provides care to all patients with emergent conditions regardless of their ability to pay.

Insurance/Payer Inclusion

All St. Luke's providers and facilities accept all insurances, including Medicare and Medicaid. It is the patient's responsibility to provide the hospital with accurate information regarding health insurance, address, and applicable financial resources to determine whether the patient is eligible for coverage through existing private insurance or through available public assistance programs.

Financial Screening and Assistance

St. Luke's works with patients at financial risk to assist them in making financial arrangements through payment plans or by screening patients for enrollment into available government or privately sponsored programs that they are eligible for. These programs include, but are not limited to, various Medicaid programs, COBRA and County Assistance. St. Luke's not only screens for these programs, but they help the patient navigate through the application process until a determination is made.

Financial Care and Charity

St. Luke's is committed to caring for the health and well-being of all patients, regardless of their ability to pay for all or part of the care provided. Therefore, St. Luke's offers financial care to patients who are uninsured and underinsured to help cover the cost of non-elective treatment. Charity Care services are provided on a sliding scale adjustment based on income (based on the Federal Poverty Guideline), expenses and eligibility for private or public health coverage.

Resources (budget):

The resources required to generate and support the Financial Care Process are primarily drawn from the organization's Patient Access and Financial Services departments. Administration of these programs includes over 300 registration roles (partially dedicated) in the clinic and

hospital settings as well as Financial Advocates, Customer Care Specialists and County Care Coordinators. Overall, St. Luke's has over 40 FTEs dedicated to administering these programs.

To help ensure that everyone in our community can access the care they need when they need it, St. Luke's provides care to all patients with emergent conditions, regardless of their ability to pay—and St. Luke's Financial Care Program supports our not-for-profit mission. St. Luke's Boise/Meridian provided \$303,938,381 in FY 2016, \$309,833,026 in FY 2017, and \$268,607,673 in FY 2018 for unreimbursed services (charity care at cost, bad debt at cost, Medicaid, and Medicare. In future years, we plan to continue to promote financially accessible healthcare and individualized support for our patients.

Expected Program Impact on Health Need:

St. Luke's will continue to promote financially accessible health care and individualized support for our patients in FY 2020-FY202, allowing thousands of patients with low incomes or those using Medicaid and Medicare to have improved access to health care. St. Luke's is compliant with the 501(r) regulations and will continue to adhere to changes in the 501(r) program.

Partnerships/Collaboration:

St. Luke's works with commercial insurance companies, Health and Welfare (Medicaid), CMS, county commissioners, and the Idaho Department of Insurance.

36. Program Name: Your Health Idaho

Community Needs Addressed:

Improve access to affordable health insurance and health care.

Target Population:

- Uninsured and underinsured individuals whose projected annual income is greater than 138 percent of the Federal Poverty Line
- Individuals who will lose medical insurance coverage whose projected annual income is greater than 138 percent of the Federal Poverty Line
- Individuals who do not have access to qualified health plans through employment

Description and Tactics (How):

Annually, St. Luke's cares for more than 66,000 patients who are uninsured. Many of these individuals put off seeking health care and do not attend wellness checkups because they are unfunded. As a result, these individuals often experience more serious conditions as well as high-dollar admissions and treatments. Assisting this population in gaining access to health insurance should they be eligible for an advanced premium tax credit (APTC) and obtain an affordable health plan that incorporates free wellness exams should result in the number of uninsured patients decreasing while simultaneously improving the health of the people in our communities.

St. Luke's Patient Financial Advocates:

- Obtain Your Health Idaho (YHI) Enrollment Counselor certification annually
- Identify current and future uninsured and underinsured patients and community members during YHI open enrollment and screen all individuals throughout the year for special enrollment opportunities
- Screen individuals for APTC eligibility through Your Health Idaho
- Assist individuals with enrollment processes, appeals and obtaining medical insurance coverage

Resources (budget):

All SLHS Patient Financial Advocates become certified YHI Enrollment Counselors and assist existing St. Luke's patients and other community members with YHI enrollment whenever possible.

- Approximately 50 SLHS Advocates serving communities throughout Southwest Idaho

Expected Program Impact on Health Need:

1. Provide accurate information to all patients and community members seeking information regarding Your Health Idaho
2. Screen all uninsured, underinsured and patients losing health coverage for APTC eligibility

3. Help to enroll and re-enroll all uninsured patients and community members who are seeking coverage
4. Be an expert organization with certified staff available to the community for guidance and assistance with the program

Partnerships/Collaboration:

Your Health Idaho

Idaho Department of Health and Welfare

St. Luke's Elmore

2019 Community Health Needs Assessment

Implementation Plan for FY 2020

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Introduction

The St. Luke's Elmore FY 2020 Community Health Needs Assessment Implementation Plan describes the programs and resources St. Luke's and other community groups plan to employ to address the most important health needs identified in our 2019 Community Health Needs Assessment (CHNA). The Implementation Plan is divided into two main sections. The first section contains a list of the significant health needs identified in our CHNA and describes what St. Luke's intends to do to address these needs. The second section of the implementation plan defines the specific programs and services St. Luke's plans to implement to address the significant health needs. For each program, there is a description of its objective, tactics, expected impact, and partnerships.

Stakeholder involvement in determining and addressing community health needs is vital to this process. We thank, and will continue to collaborate with, all the dedicated individuals and organizations working with us to make our community a healthier place to live.

Methodology

The St. Luke's Elmore 2019 CHNA was designed to better understand the most significant health challenges facing the individuals and families in our service area. To accomplish this goal, St. Luke's collaborated with representatives from our community to help identify and prioritize our most important health needs. Each identified health need was included in one of these four categories: 1) health behavior needs; 2) clinical care needs; 3) social and economic needs; and 4) physical environment needs.

These health needs were ranked using a numerical prioritization system. Points were allocated to each need based on scores provided by our community representatives as well as scores for related health factors. The more points the health need and factor received, the higher the priority and the higher the potential to positively impact community health. Health needs and factors with scores in the top 10th percentile were highlighted in dark orange and were considered to be our community's most significant health needs.

To complete the CHNA Implementation Plan, St. Luke's consulted and collaborated with community representatives, addressing the most significant health needs using the following decision criteria:

1. Health needs ranked in the top 10th percentile in the CHNA are our significant health needs. In order to focus limited resources on the health needs having the greatest potential to improve community health (the most significant needs), implementation plan programs were not developed for health needs scoring below the top 10th percentile.
2. Next St. Luke's examined whether it was more effective to directly address a high priority health need or whether another community organization was better positioned to address the need. To make this determination, we focused on whether the health need was in alignment with St. Luke's mission and strengths. Where a high priority need was substantially in alignment with both our mission and strengths, St. Luke's provided at least one program to address that need. Where a high priority need was not in alignment with our mission and strengths, St. Luke's tried to identify or partner with a community group or organization better able to serve the high priority need.
3. A single health improvement program can often support the success of multiple related health needs. For example, obesity programs also support and strengthen diabetes programs. Therefore, to better understand the total impact our programs are having on a health need, St. Luke's arranged the significant health needs into groups that will benefit by being addressed together.

List of Needs and Recommended Actions

Health Behavior Category

Our community’s high priority needs in the health behavior category are diabetes, obesity, tobacco use, mental illness, and suicide. Our community health representatives provided relatively high scores for these needs. In addition, diabetes, and obesity rank as high priority needs because their trend is going up, they are more prevalent in our community than in the nation as a whole, and are contributing factors to a number of other health concerns. Mental illness ranks high because Idaho has one of the highest percentages of any mental illness (AMI) in the nation. Tobacco prevention is high due to a high percentage of people who smoke in our community.

Table Color Key	
Dark Orange = High priority (total score in the top 10 th percentile)	

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Non-St. Luke’s Community Resources Available to Address Need	Recommended Action and Justification
Wellness and Prevention Programs	Diabetes	21.9	Mission: High Strength: Medium	YMCA, Mountain Home Parks & Recreation	St. Luke’s Elmore will directly support diabetes chronic disease management programs because this need is highly aligned with our mission, ranked in our CHNA’s top percentile and a medium strength. The programs St. Luke’s Elmore directly supports are described in the following section of this Implementation Plan.
Weight management, wellness, and prevention programs	Obese/Over-weight Adults	19.9	Mission: High Strength: Low	There are a number of fee-based weight management programs available in our community. In addition, the CDC	St. Luke’s Elmore will directly support adult weight management programs because this need is aligned with our mission and although there are other programs available in our community the need is still ranked in our CHNA’s top 10 th percentile.

Weight management continued				has free online weight management information, and Idaho Medicaid has a Preventive Health Assistance Benefit weight management program. Mountain Home Parks & Recreation, and local gyms are also community resources.	The programs St. Luke’s Elmore directly supports are described in the following section of this Implementation Plan.
	Obese/Over-weight Teens	19.9	Mission: High Strength: Low	The CDC has free online weight management information, and Idaho Medicaid has a Preventive Health Assistance Benefit weight management program. Mountain Home Parks & Recreation and Western Elmore County Recreation District are local resources for youth.	St. Luke’s Elmore will directly support teen weight management programs with the schools and community education because this need is aligned with our mission and although there are other programs available in our community the need is still ranked in our CHNA’s top 10 th percentile. The programs St. Luke’s Elmore directly supports are described in the following section of this Implementation Plan.
Tobacco prevention and cessation	Smoking adults	21.8	Mission: High Strength: Low	The Idaho Central District Health Dept. (CDHD) offers free classes to quit	St. Luke’s Elmore will directly support tobacco cessation programs because this need is aligned with our mission, and although there are some programs available in our

				tobacco classes. Idaho Department of Health and Welfare Project Filter Program provides free nicotine replacement therapy. There are also a number of online programs that assist with quitting tobacco.	community the need is still ranked in our CHNA's top 10 th percentile. The programs St. Luke's Elmore directly supports, such as Tobacco Cessation Coaching, are described in the following section of this Implementation Plan.
Wellness and Prevention Programs	Mental Illness	19.9	Mission: High Strength: Low	There is a shortage of behavioral health providers in our community. Resources include All Seasons Mental Health, Idaho Behavioral Health, Inspiring Change, Desert Sage Clinic	Mental health and suicide awareness and prevention programs are aligned with our mission and are ranked in the CHNAs top 10 th percentile. SLE will directly support programs to address this need, and we will also continue to collaborate with the Elmore County Health Coalition, Idaho Resilience Project, the Domestic Violence Council, and other local mental health providers, to see where we can further contribute or assist to help our community address this need. Programs St. Luke's directly supports are described in the following section of this Implementation Plan.
	Suicide	19.9	Mission: High Strength: Low	There is a shortage of behavioral health providers in our community. Resources include	Mental health and suicide awareness and prevention programs are aligned with our mission and are ranked in the CHNAs top 10 th percentile. SLE will directly support programs to address this need, and we will also continue

				All Seasons Mental Health, Idaho Behavioral Health, Inspiring Change, Desert Sage Clinic	to collaborate with the Elmore County Health Coalition, Idaho Resilience Project, the Domestic Violence Council, and other local mental health providers, to see where we can further contribute or assist to help our community address this need. Programs St. Luke's directly supports are described in the following section of this Implementation Plan.
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Clinical Care Category

High priority clinical care needs include: Increased availability of behavioral health services and chronic disease management for diabetes. Our community health representative’s gave high scores to both of these needs. In addition, the availability of behavioral health services ranked as a top priority because Idaho has a shortage of behavioral health professionals. Diabetes chronic disease management ranks high because the percentage of people with diabetes is trending higher, and the percent of people with diabetes in our community is well above the national average 34.

Table Color Key
Dark Orange = High priority (total score in the top 10 th percentile)

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Non-St. Luke’s Community Resources Available to Address Need	Recommended Action and Justification
Chronic disease management	Diabetes	21.7	Mission: High Strength: Low	Area Agency on Aging, YMCA	St. Luke’s Elmore will directly support diabetes chronic disease management programs because this need is highly aligned with our mission, ranked in our CHNA’s top percentile and a low strength. The programs St. Luke’s Elmore directly supports are described in the following section of this Implementation Plan.
Availability of behavioral health services (provider, suicide, hotline, etc.)	Mental health service providers	19.8	Mission: High Strength: Low	Resources include All Seasons Mental Health, Idaho Behavioral Health, Inspiring Change, Desert Sage Clinic	Although availability of mental health service providers is aligned with our mission and are ranked in the CHNAs top 10 th percentile, due to resource constraints and because this need is not a strength, SLE we will continue to depend on community resources to address this need.

Social and Economic Category Summary

In the Social and Economic category, there were no needs that ranked in the 10th percentile.

Physical Environment Category Summary

In the physical environment category, there were no needs that ranked above the 10th percentile.

St. Luke’s Elmore CHNA Implementation Programs

This section of the implementation plan provides a list and description of the health improvement programs St. Luke’s is executing to address the significant health needs ranked in the top 10th percentile. Sometimes a single health improvement program supports the success of multiple related health needs. For example, obesity programs also support and strengthen diabetes programs. Therefore, to better understand the total impact our programs are having on a health need, we arranged programs that reinforce one another into the groups defined below

High Priority Program Groups

Program Group 1: Improve the Prevention and Management of Obesity and Diabetes

Program Group 2: Improve Mental Health and Reduce Suicide

Program Group 3: Prevent and Reduce Tobacco Use

The following pages describe the programs contained in our three high priority program groups. Each program description includes information on its target population, tactics, approved resources, and goals.

Applying a “Resilience-Building Lens” to St. Luke’s CHNA Implementation Plan Programs

St. Luke’s Community Health department believes cultivating resilient individuals, families and communities is the most effective and sustainable way to improve high priority health needs in our service areas. Evidence supports this: resilient people experience less obesity, mental illness, harmful addictions, incarcerations, and chronic diseases.

Resilience is the ability to maintain—or regain—positive physical and mental health upon experiencing prolonged and extreme stress, fatigue, and toxic personal situations. Resilience positively correlates with longevity, happiness, and productivity. In applying a resilience-building lens, St. Luke’s strives to provide people with the skills and resources they need to achieve their optimal level of health. Building blocks for resilience include health education, hope and purpose, connectedness, and access to basic life needs such as healthcare, nutritious food and shelter.

Program Group 1: Improve the Prevention and Management of Obesity and Diabetes

Obesity and diabetes are two of our community's most significant health needs. Over 60% of the adults in our community and more than 25% of the children in our state are either overweight or obese. Obesity and diabetes are serious concerns because they are associated with poorer mental health outcomes, reduced quality of life, and are leading causes of death in the U.S. and worldwide.

¹

Impact on Community

Obesity costs the United States about \$150 billion a year, or 10 percent of the national medical budget.² Besides excess health care expenditure, obesity also imposes costs in the form of lost productivity and foregone economic growth as a result of lost work days, lower productivity at work, mortality and permanent disability.³ Diabetes is also a serious health issue that can even result in death.⁴ Direct medical costs for type 2 diabetes accounts for nearly \$1 of every \$10 spent on medical care in the U.S.⁵ Reducing obesity and diabetes will dramatically impact community health by providing an immediate and positive effect on many conditions including mental health; heart disease; some types of cancer; high blood pressure; dyslipidemia; kidney, liver and gallbladder disease; sleep apnea and respiratory problems; osteoarthritis; and gynecological problems.

How to Address the Need

Obesity is a complex health issue to address. Obesity results from a combination of causes and contributing factors, including both behavior and genetics. Behavioral factors include dietary patterns, physical activity, inactivity, and medication use. Additional contributing social and economic factors include the food environment in our community, the availability of resources supporting physical activity, personal education, and food promotion.

Obesity and type 2 diabetes can be prevented and managed through healthy behaviors. Healthy behaviors include a healthy diet pattern and regular physical activity. The goal is to achieve a balance between the number of calories consumed from foods with the number of calories the body uses for activity. According to the U.S. Department of Health & Human Services Dietary Guidelines for Americans, a healthy diet consists of eating whole grains, fruits, vegetables, lean protein, low-fat and fat-free dairy products and drinking water. The [Physical Activity Guidelines for Americans](#) recommends adults do at least 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity, or a combination of both, along with 2 days of strength training per week.⁶

St. Luke's intends to engage our community in developing services and policies designed to encourage proper nutrition and healthy exercise habits. Echoing this approach, the CDC states that

¹ <https://www.cdc.gov/obesity/adult/causes.html>

² <http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html>

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5409636/>

⁴ Idaho and National 2002 - 2016 Behavioral Risk Factor Surveillance System

⁵ America's Health Rankings 2015-2018, www.americashealthrankings.org

⁶ <https://www.cdc.gov/obesity/adult/causes.html>

“we need to change our communities into places that strongly support healthy eating and active living.”⁷ These health needs can also be improved through evidence-based clinical programs.⁸

Affected Populations

Some populations are more affected by these health needs than others. For example, low income individuals and those without college degrees have significantly higher rates of obesity and diabetes.

⁷ <http://www.cdc.gov/cdctv/diseaseandconditions/lifestyle/obesity-epidemic.html>

⁸ America’s Health Rankings 2015-2018, www.americashealthrankings.org

1. Program Name: Investment in Programs Supporting the High Priority Health Needs through St. Luke's CHI Fund

Community Need Addressed:

Improve the prevention, detection and treatment of obesity and diabetes
Improve mental health and reduce suicide
Prevent and reduce tobacco use

Target Population:

All

Description and Tactics (How):

Through St. Luke's Community Health Improvement Fund (CHIF), St Luke's provides financial and in-kind support to community-based non-profits facilitating prevention, detection and treatment of obesity and diabetes; improving mental health and reducing suicide; and, preventing and reducing tobacco use. St. Luke's provides funding to nonprofit organizations through a competitive grant process. All the organizations awarded grants are required to submit an Activation Report at the end of the program year, documenting the success of their program by number of participants and outcomes.

Resources (budget):

Funds for community-based programs are provided through the St. Luke's Community Health Improvement Fund (CHIF). The amount of funding for these programs to support all high priority health needs in FY20 is approximately \$600,000 in the broader Treasure Valley area, including Elmore, Ada, Canyon and Valley County. It is expected this level of funding will be awarded in FY21 and FY22.

Expected Program Impact on Health Need:

In order to receive a St. Luke's grant, organizations must demonstrate program success in addressing one or more of the CHNA significant needs. Additionally, each organization receiving St. Luke's funding must report qualitative and quantitative outcomes in the form of activation reports. The measurements include participation and completion rates, demonstrated behavior changes and improvements in health knowledge and status. These activation reports will be analyzed to assist in determining future investments.

Partnerships/Collaboration:

Through the Community Health Improvement Fund, multiple organizations are partnering with St. Luke's toward shared goals of improving our high priority health needs.

2. Program Name: Health and Wellness Day (Health Fair)

Community Needs Addressed:

Improve the prevention, detection and treatment of obesity and diabetes

Improve mental health and reduce suicide

Prevent and reduce tobacco use

Target Population:

General community

Youth

Description and Tactics (How):

Obesity and obesity related illnesses are a major concern in Elmore County. St. Luke's Elmore is addressing this, in part, through the Health and Wellness Day. This event promotes healthy lifestyles, regular exercise, tobacco & smoking cessation education, improved eating habits and healthcare education for adults, families, and youth. Community residents and local vendors are invited to take part in this fun and informative event, which takes place annually in Mountain Home. Health and Wellness Day provides access to discounted laboratory tests for adults that provide screenings for cholesterol and A1C levels, health and nutrition demonstrations, healthcare information, introduction to exercise options and exposure to community resources. St. Luke's Elmore also promotes a family fun walk the morning of the Health and Wellness Day to encourage walking as a safe and healthy form of exercise.

Resources (budget):

\$1,000 of Community Health Budget

Expected Program Impact on Health Need:

Many poor health outcomes can be averted by achieving and maintaining a healthy weight, and quitting tobacco use.

St. Luke's Elmore and community resources that focus on nutrition, exercise, healthy weight management and quitting tobacco will be provided. Low cost laboratory tests will provide community members with their cholesterol and A1C levels for screening purposes and to assist in the management of chronic conditions. Mental Health resources will also be present.

Partnerships/Collaboration:

St. Luke's Elmore

Community Health & Wellness service providers

Comments:

Opportunities for improvement will be addressed and acted upon yearly

3. Program Name: Extreme Challenge

Community Needs Addressed:

Improve the prevention, detection and treatment of obesity and diabetes

Improve mental health and reduce suicide

Prevent and reduce tobacco use

Target Population:

Mountain Home School District 5th grade students – approximately 330 students

Description and Tactics (How):

An Extreme Challenge Program is designed to create interactive learning opportunities that teach children how to make smart choices regarding their lifestyle and wellness. Breakout sessions are devoted to educate specifically on the dangers of drug, alcohol and tobacco usage. Additional sessions include topics that deal with healthy eating, exercise, dealing with stress and developing healthy relationships. All sessions are presented by community members with expertise in the topic.

Resources (budget):

Community Health will provide \$4,000

Expected Program Impact on Health Need:

Improved health & wellness behaviors relating to alcohol and illicit drug use; improved behaviors relating to high cholesterol, such as healthier eating habits and increased exercise and improve the understanding of healthy behaviors relating to the two identified community needs, alcohol and illicit drug use prevention and wellness and high cholesterol prevention. Mental health

Partnerships/Collaboration:

Community health & behavioral health Partners, affiliates, local organizations, stakeholders.

Comments:

4. **Program Name: School-based Resilience Programming**

Community Needs Addressed:

Improve the prevention, detection, and treatment of obesity and diabetes
Improve mental illness and reduce suicide
Prevent and reduce tobacco use

Target Population:

Faculty, staff, students, families and neighbors in Ada County.

Description and Tactics (How):

Resilience can be defined as “the process of effectively negotiating, adapting to, or managing significant sources of stress or trauma”¹⁸⁷. Evidence has suggested that exposure to trauma, especially in the form of Adverse Childhood Experiences (ACEs), can lead to a greater susceptibility for development of poor health outcomes, including chronic conditions such as obesity, diabetes, mental illness, and drug misuse¹⁸⁸. Therefore, resilience initiatives that support the ability to thrive in the midst of trauma and adversity, and promote overall healthy behaviors, are upstream prevention efforts addressing our significant health needs for all populations.

Schools are a significant setting for successful resilience programming. There are several opportunities for implementing resilience programming aimed at youth, staff, families and neighbors, before, during and after the school day. St. Luke’s will partner with school districts located in Elmore County for the selection and implementation of school-based resilience initiatives most appropriate for them, based on their community demographics, available resources, and readiness.

Examples of school-based resilience programming could be the following:

- After school programming
- Community School model
- Physical activity spaces such as playgrounds and school tracks
- TOOLBOX™
- Gate Keeper Training/Mental Health First Aid
- Etc.

Specific school-based resilience programs will be selected in FY20 and then implemented, evaluated, and scaled/adjusted through FY22.

Resources (budget):

\$25,000 of SLHS Community Health budget

Expected Program Impact on Health Need:

Resilience programming will promote healthy behaviors and provide access, education, skills, confidence and support for individuals to thrive; therefore, increasing the likelihood of positive health outcomes, including those identified as our significant health needs.

FY 2020 Goals:

Improve presence of resilience programming in local schools

Increase the number of students, families, staff and neighbors with access to resilience programming offered at the school setting

Partnerships/Collaboration:

Mountain Home School District

¹⁸⁷ <https://www.cambridge.org/core/journals/reviews-in-clinical-gerontology/article/what-is-resilience-a-review-and-concept-analysis/B94C9BEAD7F43E1297EC9443DD24CA5C>

¹⁸⁸ <https://www.cdc.gov/violenceprevention/childabuseandneglect/cestudy/aboutace.html>

5. Program Name: St. Luke's Health Coaching

Community Needs Addressed:

Improve the prevention, detection, and treatment of obesity and diabetes
Improve mental illness and reduce suicide
Prevent and reduce tobacco use

Target Population:

Value-Based Care Populations under St. Luke's Health Partners (includes St. Luke's Employees and spouses on the St. Luke's Health Plan)

Description and Tactics (How):

In 2018, under the direction of St. Luke's Health Partners, St. Luke's Health Coaching team expanded to providing health coaching to patients within the defined Value-Based Care populations.

Health Coaching is an evidence-based approach to engaging individuals around optimizing well-being and management of chronic medical conditions. The goal of the Health Coaching program is to support the individual using positive psychology, motivational interviewing and appreciative inquiry to build self-efficacy to manage health. Our health coaches are both subject matter experts in their field of study (dietetics, diabetes education, health education, nursing) and have undergone additional training to be certified as a Health and Wellness Coach with the advancement to obtaining the newly established National Board Certification for Health and Wellness Coaching.

In 2017, St. Luke's Health Partners made an investment in the Twine Health Activation Platform, now known as Fitbit Plus, to help bridge the gap of care by allowing participants to achieve maximum self-efficacy in their health through continuous collaboration with their health coach. The Fitbit Plus platform tracks adherence to action plans and outcome measurements while also allowing for asynchronous communications to occur between the health coach and participant.

Individuals are identified either through population health rosters, primary care provider (PCP) referrals or, for the St. Luke's employees, through the annual Know Your Numbers screenings. The monthly rosters are generated from Epic based on recent visits with a St. Luke's Provider around one or more of these chronic health issues. These individuals are sent a letter explaining the program and then a phone call from a health coach is made to enroll individuals into the health coaching program. Fitbit Plus is used to communicate with participants, schedule appointments and to track participants goals and outcomes.

Resources (budget):

SLHP Care Management Director, Wellness Manager, Nurse and Dietitian Health Coaches, Certified Diabetic Educator, and a partnership with a Certified Tobacco Cessation specialist. Office space is utilized across four primary locations—Boise, Meridian, McCall, and Twin Falls.

The Fitbit Plus platform is a contractual agreement with Fitbit and St. Luke’s Health Partners for a set number of licenses per month.

Expected Program Impact on Health Need:

Expected impact is to improve health behaviors such as nutrition, fitness, tobacco use, and achievement/maintenance of a healthy weight, blood pressure and blood glucose/A1c.

Measurable, objective goals:

- Decrease in pre-hypertension and hypertension (<130/80)
- Decrease in pre-diabetes as evidence by healthier fasting glucose levels (<100) and diabetes as evidenced by an A1c <8,
- Reduction in participants with a BMI >30 or waist circumference >35 for women and >40 for men.
- Reduction in tobacco use.

FY 2020 Goals:

- **Reach:** Call Outreach goal is to reach 80% of people identified.
- **Engagement:** Engagement goal is 45% of the reach population.
- **Impact:** Expected increase in the number St. Luke’s patients who have improved a chronic health condition.

Program Improvement

1. Continue to refine Outreach and Engagement strategies:
 - a. Monthly Roster process – we have not met care management standards yet on outreach calls so continued focus on improving outreach.
 - b. Provider Referrals – look for opportunities to have Primary Care Providers send direct referrals for value-based care patients.
 - c. SLHS Employee Health Screenings – continue to partner with St. Luke’s Benefits team on expanding options to engage employees around obesity and diabetes management.
2. Continue on-going evaluation of Fitbit Plus tool for various populations.

Table of Program Goals

<u>Formative Evaluation</u>	<u>FY’20 Goal</u>
Total Outreach	80% of 1500
Total Engaged/Reached	45%
<u>Impact Evaluation</u>	
Adherence - Est. Action Plans	65%
Coach Panel Size	91

Patient & Coach Satisfaction (NPS)	70%
<u>Outcome Evaluation</u>	<u>Goal</u>
Diabetes – A1C>7.9	3 months A1C drop >1 pt.
HTN – Pre-135-139/85-89 HTN>139 or >89	75% in range at 3 months
Weight Loss %	1.7% reduction in 3 months

Partnerships/Collaboration:

- St. Luke’s Health Partners
- St. Luke’s Health Plan
- St. Luke’s Tobacco Cessation Clinic
- St. Luke’s Community Health Teams

6. Program Name: Built Environment Initiatives

Community Needs Addressed:

Improve the prevention, detection, and treatment of obesity and diabetes

Improve the prevention, detection and management of mental illness and reduce suicide

Target Population:

Community

Description and Tactics (How):

Pop-Up Produce Stands: From June – October, weekly produce stands on St. Luke’s Boise and Meridian campuses, sell fresh produce to employees and visitors. There is also the option for employees to purchase a Community Supported Agriculture (CSA) membership from these onsite farmers with a weekly produce basket included in the season subscription.

Transportation Improvements for Pedestrians and Cyclists: Infrastructure improvements in Mountain Home in partnership with the City of Mountain Home

Heritage Project – Glens Ferry: The Heritage Project is working on infrastructure improvements to Downtown Glens Ferry, as well as biking and walking path connectivity from Three Island State Park to Downtown Glens Ferry. This will allow for active means of visiting both the state park and downtown facilities.

Resources (budget):

St. Luke’s is contributing staff resources towards the planning and support of these programs in FY 2020 and may contribute financial resources in FY 2021 and 2022 based on chosen initiatives

Expected Program Impact on Health Need:

Increase physical activity, reducing negative impact of sedentary lifestyle (obesity, diabetes, mental illness) and reducing emissions.

Increase access to fresh produce by providing onsite opportunities through partnerships with local farmers.

Partnerships/Collaboration:

City of Mountain Home

City of Glens Ferry

Local farmers

7. **Program Name: Partnership with the Idaho Foodbank on their Hunger to Health Strategy**

Community Needs Addressed:

Improve the prevention, detection, and treatment of obesity and diabetes

Target Population:

Community members who are food insecure, and/or in need of healthy eating education.

Description and Tactics (How):

The Idaho Foodbank has adopted a statewide Hunger to Health Strategy to improve the capacity of their partner network to provide comprehensive, wrap around support for their participants to achieve optimal health. The Hunger to Health Strategy includes the following 4 initiatives:

1. *Nutrition:* emphasis on providing healthy food to the individuals, families and communities in need. This includes promoting the donation of more nutritious foods to the food bank for distribution
2. *Education:* delivery and promotion of cooking and nutrition education and the distribution of nutrition/health education materials to our statewide partner network and food recipients. This includes their Cooking Matters classes.
3. *Social Determinants of Health:* promote engagement with healthcare professionals to utilize an assessment tool and process regarding the social determinants of health, including food insecurity questions
4. *Community Health:* partner with key stakeholders on community health assessments/projects, offering leadership, subject matter expertise, and/or solutions as needed. This includes co-location of health and social services with Food Bank programs, offerings and services

St. Luke's will partner with the Idaho Foodbank on the Hunger to Health initiatives we are uniquely positioned to have the greatest impact and influence. Our partnership will include connecting the Idaho Foodbank with local coalitions and partners; providing financial support; providing space and other in-kind resources; and participating in planning committees and discussions as appropriate.

Resources (budget):

SLHS Community Health budget will provide \$2,000 of financial support

Expected Program Impact on Health Need:

The Idaho Foodbank supports over 400 partners statewide and delivers approximately 12 million pounds of food in our service area. They serve 179,000 people statewide each month.

Partnerships/Collaboration:

Idaho Foodbank and their network of partners
Garden City Collaborative

FY 2020 Goals:

Approximately 400 network partners will receive education and capacity-building resources for adopting the Hunger to Health Strategy.

Food distributed by the Idaho Foodbank and local partners will meet nutrition goals of each food category:

Fruit/Vegetable: 50%

Whole Grain: 11%

Refined Grain: 4%

Beverage: 2%

Meat Protein: 13.6%

Non-Meat Protein: 2.4%

Dairy: 15%

Ready-made meals: 2%

Mixed and Assorted (grocery store food rescue, food drive): 5%

Not intentionally sourced (dessert/candy, non-food, condiments): 1% or less

Cooking matters classes will be delivered to over 1,200 people statewide.

8. Program Name: Sports Physicals and Athletic Trainers

Community Needs Addressed:

Improve the prevention, detection, and treatment of obesity and diabetes (teens).

Target Population:

Middle school and high school aged children involved in school sports

Description and Tactics (How):

The Sports Physical day is held annually in the summer at St Luke's Clinic Trinity Mountain. Free sports physicals are provided to middle and high school students to screen for health concerns and to ensure they are healthy enough to participate in sports programs. Immunization records reviews and low-cost immunizations are provided by Central District Health Department.

In addition, St. Luke's provides the Athletic Training staff to Mountain Home School District throughout the school year. The Athletic Trainers provide direct care services at sporting events, as well as general health and injury prevention education to staff, coaches, athletes, and parents.

Resources (budget):

St. Luke's providers work collaboratively on this project, staff from Central District Health Department participates by offering low cost immunizations.

St. Luke's providers Athletic Trainers at no cost to the school district

St. Luke's Community Health will provide \$500 towards these events and services.

Expected Program Impact on Health Need:

The Sports Physical Day provides multiple benefits to students in the St. Luke's Elmore service area middle and high schools. Students are screened for health issues and staff will discuss any health issues found with students and their parents to ensure students receive the necessary follow up care prior to competing in sports. Our aim is to provide free screenings for all students as needed and continue to work collaboratively with Central District Health Department to provide reduced cost or free immunizations.

The Athletic Trainers work to keep youth healthy and injury-free throughout the school year and their sport seasons. A significant portion of this work is concussion education, evaluation and protocol.

Partnerships/Collaboration:

St. Luke's Elmore

Central District Health Department

Mountain Home School District

9. **Program Name: The YMCA's Healthy Living Center and Diabetes Prevention Program**

Community Needs Addressed:

Improve the prevention, detection, and treatment of obesity and diabetes as well as the management of chronic disease(s).

Target Population:

The Y HLC strives to serve adults with chronic and disabling conditions and/or seeking support in lifestyle and behavior change.

Description and Tactics (How):

The YMCA Healthy Living Center focuses on promoting wellbeing, reducing the risk of disease and reclaiming health by changing the behavior of individuals, families, organizations and communities. Participants adopt healthier lifestyles to make significant and positive impact on individual quality of life while reducing incidence of chronic disease and the cost of health care. There are four areas of focus:

- Arthritis and Joint Health
- Cancer Survivorship
- Neurological Rehab
- Weight loss and Lifestyle Support

Working with the medical and insurance communities, the Healthy Living Center will deliver accessible, evidence-based programs that demonstrate both an improvement in Treasure Valley residents' health and a saving in health care costs. For example - The Weight Management/Diabetes Prevention Program works to create an awareness of prediabetes (via detection) and prevention (or delay) of the onset of type 2 diabetes by intervention with evidence-based tools (lifestyle modification including losing weight, increasing physical activity and making dietary changes).

Resources (budget):

St. Luke's Community Health Operational Budget contributes \$30,000 annually

Expected Program Impact on Health Need:

Each Healthy Living Center program uses validated measures to assess program effectiveness, such as tracking weight, improvement in functioning, or improvement in quality of life. Additionally, the accessibility of these programs provides support for community members looking to adopt healthier lifestyles. All Healthy Living Center programs include or encourage engaging in physical activity. The Department of Health and Human Services announced the DPP program has shown to produce cost savings and lower incidence of type 2 diabetes. The Y Healthy Living Center recently gained full recognition for program effectiveness through the Center for Disease Control and Prevention. This program is offered in the St. Luke's Employee Health Benefits package and is a resource for those who are going to have bariatric surgery.

Partnerships/Collaboration:

Local Medical Community, such as St. Luke's, St. Alphonsus and Primary Health
Local and National Insurance Providers, such as SelectHealth, PacificSource, and United
Health Care

10. Program Name: First Teeth Matter

Community Needs Addressed:

Improve the prevention, detection and treatment of obesity and diabetes

Target Population:

Parents of children 0-3 years old

Description and Tactics (How):

Utilizing the CAMBRA (Caries Management by Risk Assessment) approach through motivational interviewing of parents, dental hygienists review habits and diet of the child and make recommendations and help parents set goals for healthier nutritional choices and best oral health practices to help modify behaviors that contribute to a risk of Early Childhood Cavities.

Resources (budget):

Central District Health Department's First Teeth Matter clinic is affordable and open to all families regardless of income and insurance status. A nominal fee (\$20) is charged to all participants. This fee is covered by Medicaid for eligible children. This program is not eligible for a sliding-fee scale. This program is also supported by District funds and grants are sought for the purchase of toothbrush kits for the children.

Expected Program Impact on Health Need:

Promoting healthy dietary habits and encouraging parents to not give their child unhealthy snacks and sugary drinks in bottles and Sippy cups also helps reduce a child's intake of calories that contribute toward high incidence of diabetes and obesity.

Partnerships/Collaboration:

Central District Health
St Luke's Elmore

Comments:

CDH can provide St Luke's Elmore with educational material to assist in the referral process. Clients call the Mountain Home CDH office to schedule an appointment at the First Teeth Matter clinic which is held once a month.

11. Program Name: Fitness RX- Prescription for improved physical health

Community Needs Addressed:

Improve the prevention, detection and treatment of obesity and diabetes.

Target Population:

General community 18 and older (some participants are minors participating with their parent)

Description and Tactics (How):

The Parks and Recreation department has found that by utilizing energetic and talented instructors it maximizes the amount of people who participate. Fitness is a large component of overall health, by partnering with St. Luke's Elmore to offer low cost or FREE fitness classes. We can improve the health of the community with this partnership. The collaboration will enable folks of every demographic the ability to safely and effectively improve their physical fitness through organized fitness classes and provide them with enhanced mental health by becoming part a community group.

Components:

Zumba- Fitness can be fun! This full body fitness class creates an environment that has participants forgetting that they are exercising. Choreographed to accomplish significant cardiovascular health improvement.

Bailando Fitness- This fitness class is taught in Spanish to specifically market to the Hispanic demographic which was identified in the St Luke's Elmore as a community need. The class is family friendly which also caters to the Hispanic culture and encourages children to participate solidifying fitness routines at a youthful age. The class is not limited to only the Hispanic demographic; the entire community is welcome to register.

Resources:

Community Health Budget will support \$5,000 per year

Expected Program Impact on Health Need:

Increase the overall physical health of each participant. Specific program health and wellness identifiers will be addressed at the beginning of each month of programming and follow-up results will be quantified at the end of each month to track improved results.

Weight Management, Fitness, and Nutrition- Exercise has a vast impact on health. Motivational and a up tempo atmosphere for fitness routines like Zumba and Bailando Fitness have a higher success rate to retain participants. By creating welcoming, enthusiastic environments participants are more likely to feel results in health improvement and continue to succeed at their overall health and fitness goals.

Mental Health- Fitness programming is a significant element to mental well-being by relieving stress, improving sleep patterns, decreasing depression and anxiety and boosts overall mood. Participants will become part of a fitness community striving to reach goals to improve their health. The sense of belonging is to a community group is instrumental to improved mental health.

Partnerships/Collaboration:

Parks and Recreation
St Luke's Elmore

Program Group 2: Mental Health Programs

Improving mental health and reducing suicide rank among our community's most significant health needs. Idaho has one of the highest percentages (21.6%) of any mental illness (AMI) in the nation, shortages of mental health professionals in all counties across the state, and suicide rates that are consistently higher than the national average.⁹ Although the terms are often used interchangeably, poor mental health and mental illness are not the same things. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. A person can experience poor mental health and not be diagnosed with a mental illness. We will address the need of improving mental health, which is inclusive of times when a person is experiencing a mental illness.

Mental illnesses are among the most common health conditions in the United States.

- More than 50% of Americans will be diagnosed with a mental illness or disorder at some point in their lifetime.
- One in five will experience a mental illness in a given year.
- One in five children, either currently or at some point during their life, have had a seriously debilitating mental illness.
- One in twenty-five Americans lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.¹⁰

Impact on Community

Mental and physical health are equally important components of overall health. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental illness, especially depression, increases the risk for many types of physical health problems, particularly long-lasting conditions like stroke, type 2 diabetes, and heart disease.

How to Address the Need

Mental illness often strikes early in life. Young adults aged 18-25 years have the highest prevalence of mental illness. Symptoms for approximately 50 percent of lifetime cases appear by age 14 and 75 percent by age 24. Not only have one in five children struggled with a serious mental illness, suicide is the third leading cause of death for young adults.¹¹

Fortunately, there are programs proven to be effective in lowering suicide rates and improving mental health.¹² The majority of adults who live with a mental health problem do not get corresponding treatment.¹³ Stigma surrounding the receipt of mental health care is among the

⁹ Mental Health, United States, 2009 - 2016 Reports, SAMHSA, www.samhsa.gov

¹⁰ <https://www.cdc.gov/mentalhealth/learn/index.htm>

¹¹ <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

¹² <https://www.samhsa.gov/suicide-prevention/samhsas-efforts>

¹³ Substance Abuse and Mental Health Services Administration, Behavioral Health Report, United States, 2012 pages 29 - 30

many barriers that discourage people from seeking treatment.¹⁴ Increasing physical activity and reducing obesity are also known to improve mental health.¹⁵

Our aim is to work with our community to reduce the stigma around seeking mental health treatment, to improve access to mental health services, increase physical activity, and reduce obesity especially for our most affected populations. It is also critical that we focus on children and youth, especially those in low income families, who often face difficulty accessing mental health treatment. In addition, we will work to increase access to mental health providers.

Affected Populations

Data shows that people with lower incomes are about three and a half times more likely to have depressive disorders.¹⁶ Suicide is a complex human behavior, with no single determining cause. The following groups have demonstrated a higher risk for suicide or suicide attempts than the general population:¹⁷

- American Indians and Alaska Natives
- People bereaved by suicide
- People in justice and child welfare settings
- People who intentionally hurt themselves (non-suicidal self-injury)
- People who have previously attempted suicide
- People with medical conditions
- People with mental and/or substance use disorders
- People who are lesbian, gay, bisexual, or transgender
- Members of the military and veterans
- Men in midlife and older men

¹⁴ Idaho Suicide Prevention Plan: An Action Guide, 2011, Page 9

¹⁵ <http://www.cdc.gov/healthyplaces/healthtopics/physactivity.htm>, <http://www.cdc.gov/obesity/adult/causes.html>

¹⁶ Idaho 2011 - 2016 Behavioral Risk Factor Surveillance System

¹⁷ <https://www.samhsa.gov/suicide-prevention/at-risk-populations>

12. **Program Name: The Idaho Resilience Project Adverse Childhood Experiences (ACEs) Collaborative**

Community Needs Addressed:

Improve the prevention, detection and treatment of obesity and diabetes
Improve mental illness and reduce suicide
Prevent and reduce tobacco use

Target Population: Service agencies, providers, municipal and state leaders, faith-based leaders, school districts and community members.

Description and Tactics (How): Collaboratively provide education and resources on adverse childhood experiences and resiliency-focused strategies to build healthy and resilient communities. Improve awareness, education and prevention of adverse childhood experiences with a particular focus on the improvement of resiliency-focused strategies and appropriate community supports.

Resources (budget):

St. Luke's has committed \$10,000 to support the collaborative network

Expected Program Impact on Health Need: The Idaho Resilience Project represents a diverse group of cross-sector partners committed to shaping and creating an environment in Idaho that allows individuals to thrive and be resilient in the face of adversity. Understanding that trauma happens at the individual, family, and community level, the collaborative is working to improve and create shared understanding about adverse childhood experiences and resilience building through:

1. Awareness and education
2. Prevention and resiliency-focused strategies
3. Healing and coping strategies
4. Community support

Partnerships/Collaboration:

St. Luke's is one of 80 cross-sector organizations participating in the collaborative.

FY 2020 Goals:

Collaborative is formed with cross-sector partners engaged in resilience building and trauma-informed strategies

13. Program Name: Western Idaho Community Health Collaborative

Community Needs Addressed:

Improve the prevention, detection, and management of obesity and diabetes
Improve mental health and reduce suicide
Prevent and Reduce Tobacco Use

Target Population:

Individuals in public health districts 3 and 4, serving Ada, Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Valley and Washington Counties.

Description and Tactics (How):

St. Luke's is both a member of the Funding Committee and the Collaborative Committee of the Western Idaho Community Health Collaborative.

As a community of stakeholders, the Western Idaho Community Health Collaborative (WICHC) aims to transform the health of our community by collaborating, prioritizing, and collectively supporting the community health needs and healthcare transformation efforts that will have the greatest impact on improving health outcomes and lowering the costs of healthcare for the ten-county region that includes: Ada, Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Valley, and Washington Counties. The work of the collaborative is to serve all those who live, work, learn or play in the ten-county region, focusing on all ages of residents in our urban and rural settings.

The key functions of the Collaborative are:

- Serve as a convener of both urban and rural regional partners who are invested in the transformation of healthcare and community health, aligning functions to navigate the intersection
- In partnership with the Healthcare Transformation Council of Idaho (HTCI), agree to a common vernacular and promote broad understanding of population health and community health
- Identify policy, system, and environmental barriers that are negatively impacting community vitality, health outcomes and driving up the cost of healthcare
- Collect, analyze, and consolidate data that helps to identify the greatest drivers of poor clinical quality and community health outcomes
- Collaborate and align efforts amidst regional partners to support healthcare transformation for medical home health neighborhood partnerships
- Coordinate efforts and funding amongst partner organizations to establish a community-wide health improvement plan that looks at both the rural and urban portions of our 10-county region
- Be a trusted source of information and a credible voice for the strategic improvement of community health and a regional advisor to practices in their population health transformation efforts

- Establish a framework for evaluating community health drivers that can help to prioritize investment strategies
- Generate local, regional, and national support for initiatives to transform the health of the community
- Adopt a funding model to coordinate community investments and create scaled transformation for prioritized healthcare delivery and community health drivers
- Develop strategic initiatives, policy statements, and transformative efforts that meet local needs and positively influence or contribute to other health improvement strategies such as those driven by HTCI, the Idaho Department of Health and Welfare, Idaho Medicaid, Legislature and others

Resources (budget):

St. Luke's will invest \$10,000 to the WICHC

Expected Program Impact on Health Need:

The Western Idaho Community Health Collaborative will identify key health priority areas, and associated metrics in Year 1. The overall mission of the Collaborative however, defines the purpose of the group to make an impact on health outcomes and healthcare costs in our area.

2020 Goals:

Specific project goals are to be determined by the Collaborative in 2020

Partnerships/Collaboration:

The membership composition will consist of representatives from the following stakeholder groups. No more than 20 members:

- One representative from Public Health District 3
- One representative from Public Health District 4
- 2 primary care clinicians - one from each district
- 1 representing nursing professionals
- 2 hospital system representatives (includes St. Luke's)
- 1 independent rural provider
- 2 payer representative members from the Idaho Association of Health Plans
- 1 behavioral health representative
- 1 consumer advocate
- Up to 4 representatives from entities focused on key social determinants of health including but not limited to:
 - Housing Nutrition
 - Transportation
 - Schools
 - Oral health
- 2 representatives from community business or non-profits, one from each region

- Up to 2 At-Large members
- 1 representative from the funders of WICHC (not represented elsewhere)

Comments:

The collaborative is currently in its first year and there are approximately 25 key stakeholders involved developing the structure and first work for the group.

14. Program Name: Elmore County Health Coalition

Community Needs Addressed:

Improve the prevention, detection, and management of obesity and diabetes

Improve mental health and reduce suicide

Prevent and Reduce Tobacco Use

Target Population:

All Elmore County Community Members

Description and Tactics (How):

The mission of the Elmore County Health Coalition is to bring together and work with community partners to empower our communities through strategic initiatives that advance equity and health for present and future generations. The coalition is comprised of several key community organizations including:

- St. Luke's Elmore
- Desert Sage – FQHC
- Mountain Home School District
- Elmore County staff and Commissioners
- City of Mountain Home
- Mountain Home Police Department
- Mountain Home Fire Department
- Central District Health Department
- Elmore County Domestic Violence Council
- Salvation Army
- Mountain Home Parks and Rec Department
- Western Elmore County Rec District

The Elmore County Health coalition will select key community projects to address high priority health needs, and then solidify local resources and other funding opportunities such as grants, to activate those projects.

Resources (budget):

Community Health budget will provide \$10,000

Expected Program Impact on Health Need:

The Elmore County Health Coalition will identify key health priority areas, and associated metrics in Year 1. The mission of the Coalition, however, defines the purpose of the group to make an impact on equity and overall health in our area.

2020 Goals:

Specific project goals are to be determined by the Elmore County Health Coalition in 2020

Partnerships/Collaboration:

Members of the Elmore County Health Coalition listed above

17. Program Name: Older Adult Resilience Programming

Community Needs Addressed:

Improve mental health and reduce suicide.

Target Population:

Older adults

Description and Tactics (How):

St. Luke's will engage with key community partners in FY 20 who provide services for older adult resilience-building. These partners include:

- Boise State University Center for the Study on Aging
- JANNUS
- Idaho Department of Health and Welfare – Healthy and Safe Communities Program
- Idaho Commission on Aging
- And others

St. Luke's will identify an older adult resilience programming strategy and activities in FY 20, implement appropriate programming by FY 21, and complete program evaluation, adjustments, and scaling as appropriate by FY 22.

Resources (budget):

Community Health budget will provide \$5,000

Expected Program Impact on Health Need:

Older adults are one of the most vulnerable populations in our communities. They are at risk of social isolation, food insecurity, mental health issues, and high health care costs. It is vital for St. Luke's, as a health system, to support older adult health in the community and in their homes in order to improve their quality of life and reduce overall health care costs.

FY 2020 GOALS:

Goals to be determined when strategies and activities outlined by end of FY 20.

Partnerships/Collaboration:

Boise State University Center for the Study on Aging

JANNUS

Idaho Department of Health and Welfare – Healthy and Safe Communities Program

Idaho Commission on Aging

Mountain Home Senior Center

18. Program Name: Idaho Association for the Education of Young Children (IAEYC) Ready! for Kindergarten Program

Community Needs Addressed:

Improve mental health and reduce suicide

Target Population:

Children and parents

Description and Tactics (How):

The Ready! for Kindergarten program is an evidence-based curriculum engaging parents of children ages 0-5 on preparing their kids for kindergarten learning. The curriculum is founded on the principle that parents are their child's first and most important teacher. Parents learn how to play with purpose with their children, and how to use everyday toys, games, books, and environments to meaningfully connect with their children, and teach them vital skills for kindergarten readiness. Parents who attend the classes also receive free toys and materials that are used in the Ready! for Kindergarten lessons.

Resources (budget):

Community Health budget will provide \$2,000

Expected Program Impact on Health Need:

Academic success is a key social influencer of health. Kindergarten readiness is benchmark predictor of academic success. Therefore, the Ready! for Kindergarten program provides an avenue to support and teach skills to families of how to provide kindergarten readiness lessons in the home, to families who may not have access to other means of quality early education or kindergarten preparation programs.

2020 Goals:

Specific project goals for 2020 are to be determined by IAEYC by December 2019

Partnerships/Collaboration:

Idaho Association for the Education of Young Children
Local IAEYC preschool collaboratives

Program Group 3: Prevent and Reduce Tobacco Use

Tobacco prevention and cessation rank as a high priority health need because the percent of adults who smoke in our service area is well above the national average and because the relationship between tobacco use, particularly cigarette smoking, and adverse health outcomes is well known.

Impact on community:

Cigarette smoking is the leading cause of preventable death in our nation. Cigarette smoking is responsible for more than 480,000 deaths per year in the United States, including more than 41,000 deaths resulting from secondhand smoke exposure. This is about one in five deaths annually. On average, smokers die ten years earlier than nonsmokers. Smoking leads to disease and disability and harms nearly every organ of the body. The total economic cost of smoking is more than \$300 billion a year, including:

- Nearly \$170 billion in direct medical care for adults
- More than \$156 billion in lost productivity due to premature death and exposure to secondhand smoke¹⁸

How to Address the Need:

Regular use of tobacco products leads to addiction in many users. Anyone who starts using tobacco can become addicted to nicotine making it difficult to stop. In 2015, nearly 7 in 10 (68.0%) adult cigarette smokers wanted to stop smoking. More than 5 in 10 (55.4%) adult cigarette smokers had made a quit attempt in the past year.¹⁹ Of every three young smokers, only one will quit, and one of those remaining smokers will die from tobacco-related causes. Therefore, to reduce the use of tobacco products, it is important to prevent people from smoking to begin with.

Studies show that smoking is most likely to become a habit during the teen years. The younger a person is when they begin to smoke, the more likely they are to become addicted to nicotine. According to the 2014 Surgeon General's Report, nearly nine out of ten adult smokers started before age 18, and nearly all started by age 26. The report estimates that about three out of four high school smokers will become adult smokers.²⁰

In order to reduce the use of tobacco, we will work with our community partners using evidence-based programs that have been effective in the prevention and cessation of tobacco use.

Affected populations:

People with lower incomes and without a high school diploma are more likely to smoke.²¹ In 2016, 15.5% of all U.S. adults (37.8 million people) smoke: 17.5% of males, 13.5% of females:²²

- Nearly 32 of every 100 non-Hispanic American Indians/Alaska Natives (31.8%)

¹⁸ https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

¹⁹ Ibid

²⁰ <https://www.cancer.org/cancer/cancer-causes/tobacco-and-cancer/why-people-start-using-tobacco.html>

²¹ Comprehensive Cancer Alliance for Idaho, Idaho Comprehensive Cancer Strategic Plan 2004-2010, www.ccaidaho.org

²² https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

- About 25 of every 100 non-Hispanic multiple race individuals (25.2%)
- Nearly 17 of every 100 non-Hispanic Blacks (16.5%)
- Nearly 17 of every 100 non-Hispanic Whites (16.6%)
- Nearly 11 of every 100 Hispanics (10.7%)
- 9 of every 100 non-Hispanic Asians (9.0%)

19. Program Name: Youth and Community Resilience and Tobacco/E-Cigarette Prevention and Education

Community Needs Addressed:

Prevent and Reduce Tobacco Use

Target Population:

School districts, schools, staff, students in 5th grade, junior high and high schools, and their families in Idaho communities within the St. Luke's catchment area, including Eastern Oregon, West Treasure Valley, Treasure Valley and Magic Valley/Jerome.

Description and Tactics (How):

Provide education to school staff, parents, families, and youth regarding the risks of tobacco and nicotine product use, including e-cigarette and vaping. Work with community partners to support educational efforts and reduce incidence of tobacco/e-cigarette use and increase awareness of positive resilience and alternative activities for youth.

Resources (budget):

Staffing - Community Health outreach staff
Expenses - Classroom supplies and mileage

Expected Program Impact on Health Need:

Evidence has shown that many teens look to tobacco/nicotine, drugs and alcohol as ways to cope with depression, mental illness, and potential risk of suicide. Helping teens choose a tobacco/nicotine-free lifestyle has demonstrated reduction in these areas. It is expected that participating students, school staff and parents will improve knowledge of the health risks of e-cigarettes/vaping and learn how positive choices and resilience can support a healthy lifestyle, along with academic, athletic and social success.

FY 2020 GOALS:

It is expected to provide school districts with Elmore County education and training about tobacco/nicotine prevention that includes the dangers of e-cigarette/vape use by youth. Goals include:

1. Students demonstrate increased knowledge of the dangers, myths and marketing of e-cigarettes/vapes and identify replacement health habits. This knowledge includes understanding of:
 - Nicotine products, including:
 - Types of tobacco products and e-cigarettes/vapes
 - Myths, e.g. only water vapor, vapes are harmless, marketing doesn't target youth
 - Health impact of nicotine products
 - Nicotine addiction
 - Brain development
 - Respiratory, heart and related health issues
 - Unintended consequences (exploding devices, vape juice poisoning)

- 2nd and 3rd-hand smoke
 - Positive lifestyle behaviors and resilience
2. Explore possibility to develop a statewide youth-based e-cigarette/vape education plan in collaboration with community partners.
 3. Deliver an updated tobacco/nicotine prevention education in the schools that aligns with the community health/lifestyle medicine branding and positive resilience messaging.
 4. Provide guidance, training and information to internal and external resources who may leverage the St. Luke's presentation materials to deliver to youth.

Partnerships/Collaboration:

St. Luke's Health System (Community Health, Lifestyle Medicine)

Idaho Dept. of Health & Welfare (Tobacco Free Idaho Alliance/TFIA, Project Filter, Health Districts)

United Way Treasure Valley

State Department of Education

Stanford Medicine Tobacco Prevention

Central District Health Department

School district staff, students and their parents

Comments:

20. Program Name: St. Luke's Department of Lifestyle Medicine Tobacco Cessation Specialist Telephonic Counseling

Community Needs Addressed:

Prevent and Reduce Tobacco Use

Target Population:

General community

Description and Tactics (How):

According to the CDC, "cigarette smoking is the leading preventable cause of death in the United States"¹. Risk of lung cancer, other cancers, heart disease, stroke, broken bones, birth complications, and several other poor health outcomes rise with cigarette use.¹ According to our 2019 St. Luke's Elmore Community Health Needs Assessment (CHNA), the total economic cost of smoking is more than \$300 billion a year, including nearly \$170 million in direct medical care for adults and more than \$156 billion in lost productivity due to premature death and exposure to second hand smoke. Those of lower educational achievement, lower incomes and the unemployed are more likely to smoke.

The 2019 St. Luke's Elmore CHNA identified tobacco use as one of 3 top priority health needs for Elmore County. According to the Behavioral Risk Factor Surveillance System (BRFSS) provided by the Centers for Disease Control (CDC), the percent of adults in Elmore County who smoke is well above the national average. Elmore County has approximately 30% of the adult population who smoke, while the national average is approximately 16% and the state average in Idaho is below 15%. So the percentage of smokers in Elmore County is double that of the state and nearly double that of the nation.

Despite the data on significant poor health outcomes associated with smoking, quitting smoking has proven to create a positive reversal of these risks, within a fairly short amount of time.¹ Therefore, focusing on the prevention of starting tobacco use in the first place, and quitting as soon as possible once use is initiated, could have significant impact on better health outcomes and lower healthcare costs. Concentrating these services in Elmore County would be of greatest impact due to the percentage of smokers in that area.

St. Luke's Department of Lifestyle Medicine houses a Nicotine Dependence Treatment Program that employs Tobacco Cessation Mayo Clinic Certified Tobacco Treatment Specialists who deliver evidence-based one-on-one counseling for quitting tobacco. These specialists are based in the Treasure Valley, but offer the majority of their services telephonically. They already serve St. Luke's employees across our entire system footprint. The Tobacco Treatment Specialists account for approximately 1.5 total FTE and can see approximately 200 active patients per year. Currently, these Specialists are not serving patients in Elmore County because they are only able to see these patients for an initial face to face visit in Treasure Valley. Expanding the telephonic service to Elmore County would tackle the need for patients to travel and would resolve an access gap that exists in all our rural areas.

The current barrier for expanding telephonic services to Elmore is that telephonic Tobacco Treatment Counseling is not a billable service to insurance. Patients are often not able to pay out of pocket and the Department of Lifestyle Medicine cannot offer the service for free under their clinical patient payment structure due to legal restrictions. If the services were offered for free through a Community Health model, similar to the mobile Mammography Unit, there may be a way to provide support for the Tobacco Treatment Specialists and serve our community at most need for tobacco cessation resources. This would serve both our system population health and community health goals.

If this service ends up being successful in Elmore County, it would be easily scalable across our entire SLHS system footprint because it is not resource intensive to add geographic areas and participant numbers.

Demographic Data:

According to the 2018 County Health Rankings Elmore County residents as a whole have lower educational achievements and higher unemployment rates than our nation. Knowing both of these demographic factors are indicative of higher smoking rates, it may be no surprise to see tobacco use as a high priority health need for this community. In addition, approximately 21% of children in Elmore are living in poverty.

Project Scope:

The proposed initial strategy could include:

- Telephonic Tobacco Treatment Counseling offered to Elmore community members free of charge.
 - Salaries of Tobacco Treatment Specialists covered by Community Health Department Budget
 - Up to 200 patients for this community with current FTE

- EPIC referral systems to Tobacco Treatment Specialists established and promoted to St. Luke's Elmore Hospital and Clinic staff

- Primary Care Support
 - Prescription for cessation medication accompanies coaching as appropriate
 - Communication via EPIC between Tobacco Treatment Specialist and Primary Care Provider for status on cessation efforts

Current Internal Partners

Partner	Current Initiatives
Department of Lifestyle Medicine - Nicotine Dependence Treatment Program	<ol style="list-style-type: none"> 1. Employs Mayo Clinic Certified Tobacco Treatment Specialists 2. Stands up EPIC documentation and referral systems 3. Creates marketing and promotional materials to education providers and recruit participants 4. Tracks outcomes to evaluate success and potential impact on health outcomes and healthcare costs 5. Develops plan for expansion and scalability as appropriate
St. Luke's Health Partners (SLHP)	<ol style="list-style-type: none"> 1. Currently contracts with St. Luke's Total Worker Health Coaches with St. Luke's Physician Services, Primary Care Service Line <ul style="list-style-type: none"> • SLHP sends weekly rosters of green-banner patients in participating primary care clinics meeting criteria for free health coaching services to Total Worker Health coaches <i>(current criteria does not include smoking)</i> • Current coaching team for PCP patient population does not include Lifestyle Medicine Tobacco Treatment Specialists • System is established however, with referral mechanisms, PCP engagement and education, and payment model for green-banner patients
St. Luke's Total Worker Health	<ol style="list-style-type: none"> 1. Employs Health Coaches and has stood up standards for clinical competencies, EPIC documentation, health coaching certification, data tracking, FitBit+ platform, etc. 2. St. Luke's Total Worker Health is part of the Primary Care Service Line within St. Luke's Physician Services
St. Luke's Employee Health Plan	<ol style="list-style-type: none"> 1. Covers telephonic Health Coaching for SLHS employees across our system footprint

Elmore County Requests:

We hear regularly from our Elmore County partners that they are resource-deficient and are hungry for affordable, accessible, and relevant care options for their community members.

The opportunity to provide evidence-based, one-on-one support for nicotine cessation in an affordable and convenient manner would be ideal as a pilot for this community, while not being a large financial commitment on Community Health. It would also serve as a strong pilot for assessing value and impact for scaling to other locations.

Structure for Fulfillment from FY 2020-FY 2022

1. 1.5 FTE Mayo Clinic Certified Tobacco Treatment Specialists housed in the Department of Lifestyle Medicine
2. The time spent by the Tobacco Treatment Specialists on patients in Elmore at no charge would be billed to the Community Health Department as part of our Community Health Implementation Plan activities
3. EPIC systems would be set up for direct referrals from St. Luke's clinical staff, and for communication between Tobacco Treatment Specialists and PCPs

References:

1. *Health Effects of Cigarette Smoking*. Centers for Disease Control. 17 January 2018.
https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm. Accessed 19 March 2019.

Resources (budget):

Community Health budget will support \$1,500

Expected Program Impact on Health Need:

Reduce tobacco use rate in Elmore County

Partnerships/Collaboration:

St. Luke's Department of Lifestyle Medicine

Comments:

21. Program Name: You Can Quit Tobacco and the Idaho Quitline

Community Needs Addressed:

Prevent and Reduce Tobacco Use

Target Population:

General community, including teens

Description and Tactics (How):

Free Quit Tobacco Classes are offered through Central District Health. The Idaho Quitline is offered through the Idaho Department of Health and Welfare Project Filter program as well, offering cessation resources and free nicotine replacement therapy. The goal is to organize a local class so that Elmore residents can participate. Referral systems will be established with St. Luke's Elmore, so patients who are tobacco users will have information about these classes, nicotine replacement therapy, and cessation resources.

Resources (budget):

St. Luke's Elmore will establish systemic referral systems to these resources and provide a location to facilitate classes when needed.

Expected Program Impact on Health Need:

Reduce tobacco use in our community

Partnerships/Collaboration:

Central District Health

Department of Health and Welfare Project Filter program

Comments:

St. Luke's Health System, Ltd. and Subsidiaries

Consolidated Financial Statements as of and for the
Years Ended September 30, 2020 and 2019, and
Independent Auditors' Report

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
St. Luke's Health System, Ltd.
Boise, Idaho

We have audited the accompanying consolidated financial statements of St. Luke's Health System, Ltd. and its subsidiaries (the "Health System"), which comprise the consolidated balance sheets as of September 30, 2020 and 2019, and the related consolidated statements of operations and changes in net assets, and of cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Health System's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

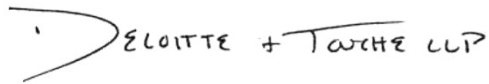
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of St. Luke's Health System, Ltd. and its subsidiaries as of September 30, 2020 and 2019, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Disclaimer of Opinion on Charity Care Schedule

The charity care schedule summarized in Note 1, which is the responsibility of the Health System's management, is not a required part of the basic financial statements, and we did not audit or apply limited procedures to such information and we do not express any assurances on such information.

A handwritten signature in black ink that reads "DELOITTE + TOUCHE LLP". The signature is written in a cursive, slightly slanted style.

December 18, 2020

St. Luke's Health System, Ltd. and Subsidiaries

**Consolidated Balance Sheets
As of September 30, 2020 and 2019
(In thousands)**

	2020	2019
Assets		
Current assets		
Cash and cash equivalents	\$ 123,192	\$ 118,816
Receivables—net	356,483	330,095
Inventories	44,999	38,213
Prepaid expenses	27,100	25,657
Current portion of assets whose use is limited	<u>47,828</u>	<u>45,950</u>
Total current assets	599,602	558,731
Assets whose use is limited	1,102,377	804,219
Property, plant, and equipment—net	1,255,328	1,198,970
Operating lease right-of-use assets	111,788	-
Other assets	<u>81,885</u>	<u>92,688</u>
Total assets	<u>\$ 3,150,980</u>	<u>\$ 2,654,608</u>
Liabilities and net assets		
Current liabilities		
Accounts payable and accrued liabilities	\$ 207,348	\$ 199,720
Compensation and related liabilities	296,376	251,456
Medicare cash advances	149,599	-
Estimated payable to medicare and medicaid programs	71,725	63,203
Current portion of operating lease obligations	19,728	-
Current portion of long-term debt and finance lease obligations	<u>14,355</u>	<u>10,663</u>
Total current liabilities	759,131	525,042
Long-term debt	822,060	833,993
Operating lease obligations	93,084	-
Finance lease obligations	48,129	50,056
Pension liabilities	95,790	95,932
Other liabilities	2,089	2,401
Net assets		
Net assets without donor restrictions	1,288,131	1,106,685
Net assets with donor restrictions	<u>42,566</u>	<u>40,499</u>
Total net assets	1,330,697	1,147,184
Total liabilities and net assets	<u>\$ 3,150,980</u>	<u>\$ 2,654,608</u>

See notes to consolidated financial statements.

St. Luke's Health System, Ltd. and Subsidiaries**Consolidated Statements of Operations and Changes in Net Assets
For the Years Ended September 30, 2020 and 2019
(In thousands)**

	2020	2019
Revenues		
Net patient service revenue	\$ 1,867,720	\$ 1,845,985
Capitated revenue	961,429	919,594
Other revenue (including rental income)	147,504	135,512
Government assistance	88,941	-
Net assets released from restrictions—operating	<u>(5,891)</u>	<u>(6,245)</u>
Total revenues	3,059,703	2,894,846
Expenses		
Employee compensation and benefits	1,358,005	1,305,224
Supplies and drugs	486,212	434,928
Medical claims	482,700	441,051
Other operating expenses	<u>444,403</u>	<u>448,287</u>
Total operating expenses	2,771,320	2,629,490
Earnings before interest, depreciation and amortization	288,383	265,356
Depreciation and amortization	119,724	129,728
Interest	<u>27,953</u>	<u>32,402</u>
Net operating income	140,706	103,226
Investment income	32,027	25,906
Income taxes	<u>(1,678)</u>	<u>1,678</u>
Revenue in excess of expenses	171,055	130,810
Noncontrolling loss	<u>-</u>	<u>(38)</u>
Revenue in excess of expenses attributable to the Health System	<u>\$ 171,055</u>	<u>\$ 130,772</u>

See notes to consolidated financial statements.

	2020	2019
Net assets without donor restrictions		
Revenue in excess of expenses	\$ 171,055	\$ 130,810
Change in net assets from noncontrolling interests	-	1,763
Change in net assets from acquisition of noncontrolling interests	-	(7,397)
Change in net unrealized gains on investments	12,731	8,772
Net assets released from restrictions—capital	2,251	17,234
Other components of net periodic pension cost	(9,567)	(5,609)
Change in funded status of pension plans	<u>4,976</u>	<u>(40,115)</u>
Increase in net assets without donor restrictions	<u>181,446</u>	<u>105,458</u>
Net assets with donor restrictions		
Contributions	9,387	9,523
Investment income	657	493
Change in net unrealized gain (loss) on investments	165	(212)
Net assets released from restrictions	<u>(8,142)</u>	<u>(23,479)</u>
Increase (decrease) in net assets with donor restrictions	<u>2,067</u>	<u>(13,675)</u>
Increase in net assets	183,513	91,783
Net assets—Beginning of year	<u>1,147,184</u>	<u>1,055,401</u>
Net assets—End of year	<u>\$ 1,330,697</u>	<u>\$ 1,147,184</u>

St. Luke's Health System, Ltd. and Subsidiaries
Consolidated Statement of Cash Flows
For the Years Ended September 30, 2020 and 2019
(In thousands)

	2020	2019
Cash flows from operating activities:		
Increase in net assets	\$ 183,513	\$ 91,783
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	119,724	129,728
Net realized gain on investments	(14,145)	(7,798)
Unrealized gain on investments	(12,956)	(8,560)
Undistributed earnings of unconsolidated affiliates	(24)	(94)
Increase in noncontrolling interest from operations	-	(1,763)
Decrease in noncontrolling interest from acquisition	-	7,397
Amortization of deferred financing fees	341	316
Restricted contributions received	(9,387)	(9,523)
Loss (gain) on disposition of equipment and other assets	2,301	(2,296)
Change in other components of net periodic pension cost	9,567	5,609
Change in funded status of pension plans	(4,976)	40,115
Changes in operating assets and liabilities:		
Receivables	(24,292)	(11,406)
Inventories	(6,786)	(2,096)
Prepaid expenses and other current assets	(1,442)	(1,629)
Other assets	(16,298)	583
Accounts payable and accrued liabilities	7,315	29,764
Compensation and related liabilities	44,919	28,953
Medicare cash advances	149,599	-
Payable to medicare and medicaid programs	8,809	3,391
Other liabilities	<u>(5,045)</u>	<u>(7,484)</u>
Net cash provided by operating activities	430,737	284,990
Cash flows from investing activities:		
Acquisition of property, plant, equipment and land	(171,537)	(162,572)
Proceeds from disposition of equipment and other assets	488	810
Purchase of investments	(1,152,620)	(712,394)
Other changes in investments	3,166	(6,014)
Proceeds from sale of investments	911,276	571,136
Distributions from unconsolidated affiliates	-	2,235
Capital contributed to unconsolidated affiliates	<u>1,084</u>	<u>(350)</u>
Net cash used in investing activities	(408,143)	(307,149)

See notes to consolidated financial statements.

	2020	2019
Cash flows from financing activities:		
Repayment of long-term debt	\$ (3,338)	\$ (1,485)
Advances on lines of credit	-	10,207
Repayment on lines of credit	-	(11,704)
Proceeds from contributions for temporarily restricted net assets	9,387	9,523
Acquisition of noncontrolling interest	-	(4,408)
Dividends paid	-	(1,226)
Payments on notes payable	<u>(7,171)</u>	<u>(7,053)</u>
Net cash (used in) provided by financing activities	(1,122)	(6,146)
Net decrease in cash, cash equivalents and restricted cash	21,472	(28,305)
Cash, cash equivalents and restricted cash—Beginning of year	<u>163,679</u>	<u>191,984</u>
Cash, cash equivalents and restricted cash—End of year	<u>\$ 185,151</u>	<u>\$ 163,679</u>
Supplemental cash flow information:		
Purchase of property, plant and equipment in accounts payable and accrued liabilities	\$ 9,308	\$ 9,791

St. Luke's Health System, Ltd. and Subsidiaries

Notes to the Consolidated Financial Statements As of and for the Years Ended September 30, 2020 and 2019 (In thousands)

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization—St. Luke's Health System, Ltd. and subsidiaries (the "Health System") is an Idaho-based not-for-profit organization providing comprehensive integrated healthcare services throughout the communities it serves.

The Health System provides patient services, including outpatient and inpatient, rehabilitation services and physician services. The Health System's primary hospitals and patient service areas are located within the State of Idaho in or surrounding the cities of Boise, Meridian, Nampa, Twin Falls, Mountain Home, McCall, Jerome, and Ketchum and have other facilities and operations throughout Southern Idaho and Eastern Oregon.

The Health System's wholly owned subsidiary, St. Luke's Health Partners (SLHP), is a financially and clinically-integrated network that allows independent physicians and facilities to partner with the Health System. SLHP is organized to assume financial and clinical accountability in capitated arrangements. These arrangements include governmental and commercial payers, as well as self-funded employers. Under these arrangements, SLHP is accountable for the management of health outcomes and medical spend for defined populations through value-based agreements with payers.

The Health System's general offices and corporate functions are located in Boise, Idaho. The Health System is governed by a volunteer Board of Directors ("the Board") made up of local citizens.

Basis of Presentation—The consolidated financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America. Intercompany transactions have been eliminated.

Use of Estimates—The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates, assumptions and judgments that affect the amounts reported in the consolidated financial statements. The Health System considers critical accounting estimates to be those that require more significant judgments and estimates in the preparation of its consolidated financial statements, including the following: contractual allowances for uncollectible accounts receivable, provisions for bad debt and charity care; useful lives of depreciable assets; liabilities associated with employee benefit programs; self-insured professional liability risks not covered by insurance; medical claims incurred but not yet reported; and potential settlements with the Medicare and Medicaid programs.

Changes in estimates are included in results of operations in the period when such amounts are determined and actual amounts could differ from such estimates.

Statements of Operations—Transactions deemed by management to be ongoing, major, or central to the provision of integrated health care services are reported as unrestricted revenues, gains and other support and expenses.

Net Assets with Donor Restrictions—Net assets with donor restrictions are those subject to donor-imposed stipulations. Some donor-imposed restrictions are temporary in nature which are met by actions of the Health System or by the passage of time. Other donor restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. These are generally restricted to provide ongoing income for a specific program.

Donor Restricted Gifts—Unconditional promises to give cash, pledges receivable and other assets are recorded at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as donor restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of operations and changes in net assets as net assets released from restrictions. Total pledges receivable, net of allowances, as of September 30 are as follows:

	2020	2019
Less than one year	\$ 2,381	\$ 2,366
One to five years	1,004	1,328
More than five years	<u>50</u>	<u>-</u>
	3,435	3,694
Less allowance for estimated uncollectible accounts	<u>87</u>	<u>70</u>
Total pledges receivable	<u>\$ 3,348</u>	<u>\$ 3,624</u>

Cash, Cash Equivalents and Restricted Cash—Cash and cash equivalents represents cash on hand and cash in banks, excluding amounts whose use is limited, and consists primarily of cash and highly liquid investments with original maturities of three months or less. As of September 30, 2020, and 2019, the Health System had book overdrafts of \$12,992 and \$12,049, respectively, that is included in accounts payable and accrued liabilities.

The following table reconciles cash, cash equivalents and restricted cash shown in the statement of cash flows to amounts presented within the consolidated balance sheets as of September 30, 2020 and 2019, respectively:

	2020	2019
Cash and cash equivalents	\$ 123,192	\$ 118,816
Restricted cash included in current portion of assets whose use is limited		
Held by trust under bond indenture	<u>172</u>	<u>320</u>
Restricted cash included in assets whose use is limited		
Held by trust under bond indenture	-	22,766
By Board, donors, and other	<u>61,787</u>	<u>21,777</u>
Total restricted cash included in assets whose use is limited	61,787	44,543
Total cash, cash equivalents, and restricted cash shown in statement of cash flows	<u>\$ 185,151</u>	<u>\$ 163,679</u>

Inventories—Inventories consist primarily of pharmaceutical, medical, and surgical supplies and are stated at the lower of cost (on a moving-average basis) or net realizable value.

Assets Whose Use is Limited—Assets whose use is limited include assets set aside by the Board for future capital purposes over which the Board retains control and may, at its discretion, subsequently be used for debt retirement or other purposes. It also includes assets held by trustee under indenture agreements, assets restricted by donors for specific purposes and permanent endowment funds.

The Health System's long-term and short-term investment portfolios are managed according to investment policies adopted by the Health System and based on overall investment objectives. Board designated funds are investments established by the Board for strategic future capital or operating expenditures intended to expand or preserve services provided to the communities it serves. All investments are classified as available for sale and recorded at fair value using settlement date accounting. Realized gains (losses) on investments whose use has not been restricted by the donor, including unrestricted income from endowment funds, are reported as part of investment income. Investment income and gains (losses) on investments whose income has been restricted by the donor are recorded as increases (decreases) to net assets with donor restrictions.

The Health System's investments primarily include mutual funds and debt securities that are carried at fair value. The Health System evaluates whether securities are other-than-temporarily impaired (OTTI) based on criteria that include the extent to which cost exceeds market value, the intent to sell, the duration of the market decline, the credit rating of the issuer or security, the failure of the issuer to make scheduled principal or interest payments and the financial health and prospects of the issuer or security. Any declines in the value of investment securities determined to be OTTI are recognized in earnings and reported as OTTI losses. The Health System determined that no securities were OTTI as of September 30, 2020 and 2019.

Equity Method Investment—The Health System owns a membership interest of 49.5% in Broadway Park Holdings, LLC. (BPH). The Health System accounts for its investment in BPH using the equity method and records the investment at cost. The Health System's investment in BPH as of September 30, 2020 and 2019 was \$10,094 and \$11,647, respectively. The

Health System's investment in BPH is increased by additional contributions as well as its proportionate share of earnings. Conversely, the Health System's investment is decreased by distributions made to the Health System and by its proportionate share of losses. During the year ended September 30, 2020 and 2019, the Health System recognized equity earnings from the investment in BPH of \$1,536 and \$2,678, respectively.

Property, Plant, and Equipment—Property, plant, and equipment, including internal use software, are recorded at cost except for donated assets, which are recorded at fair value at the date of donation. Property and equipment donated for Health System operations are recorded as additions to property, plant, and equipment when the assets are placed in service. Depreciation is computed using the straight-line method over the estimated useful lives of the depreciable assets with depreciation taken in both the year placed in service and the year of disposition.

The estimated useful lives of each asset ranges are as follows:

Buildings	15–40 years
Fixed and major movable equipment	2–20 years
Leasehold improvements	5–15 years
Information technology	3–7 years

Expenditures for maintenance and repairs are charged to expense as incurred and expenditures for renewals and betterments are capitalized. Upon sale or retirement of depreciable assets, the related cost and accumulated depreciation are removed from the records and any gain or loss is reflected in the statement of operations. Periodically, the Health System evaluates the carrying value of property, plant, and equipment for impairment based on undiscounted operating cash flows whenever events or changes occur which might impact recovery of recorded assets.

Other Assets—Other assets includes land and buildings held for future investment or future expansion, goodwill and other non-limited use assets.

Goodwill—Goodwill represents the future economic benefits arising from other assets acquired in a business combination that are not individually identified and separately recognized. With the adoption of Accounting Standards Update (ASU) 2019-06, the Health System amortizes goodwill on a straight-line basis over a ten-year period. The Health System has elected to test goodwill for impairment at the entity level. Impairment testing is required when a triggering event occurs that indicates that the fair value of the Health System may be below carrying amount. The Health System considered various events and circumstances to evaluate whether the Health System's fair value was less than carrying value. Based on the Health System's assessment of relevant events and circumstances, the Health System has concluded that no triggering events occurred that would require an impairment test. There was no impairment of goodwill for the fiscal years ended September 30, 2020 and 2019.

Right-of-Use Assets and Lease Obligations — The Health System determines if an arrangement is a lease at inception of the contract. Right-of-use assets represent the right to use the underlying assets for the lease term and the lease liabilities represent an obligation to make lease payments arising from the leases. Right-of-use assets and lease liabilities are recognized at the lease commencement date based on the present value of lease payments over the lease term. When available, the Health System uses the implicit rate stated in the contract. If the implicit rate is not stated, an estimated Incremental Borrowing Rate (IBR) is used. The IBR is estimated based on market rates provided by our banking advisors for similar duration debt issuances at or near the lease commencement date. Operating and financing leases with an initial term of 12 months or less ("short-term leases") are not

recorded on the consolidated balance sheet. Expenses for short-term leases are recognized within other operating expenses on the consolidated statements of operations and changes in net assets, over the lease term. The Health System's finance leases are primarily for real estate. Finance lease right-of-use assets are included in plant, property and equipment with the related liabilities listed in current and long-term liabilities on the consolidated balance sheet.

Operating lease right-of-use assets and lease obligations are recorded for all leases that are not considered finance leases or short-term leases. The Health System's operating leases cover medical and office equipment, auto, medical transportation aircraft and real estate inclusive of outpatient facilities, medical office buildings, warehousing, and administrative office space. The Health System's real estate leases typically have an initial term of one to fifteen years. The Health System's equipment lease agreements typically have a term of one to six years. The real estate leases may include one or more options to renew, with renewals that typically can extend the lease term from one to ten years. The exercise of lease renewal options is at the Health System's sole discretion. For accounting purposes, options to extend or terminate the lease are included in the lease term when it is reasonably certain the options will be exercised. Operating lease liabilities represent the obligation to make lease payments arising from the leases and are recognized at the lease commencement date based on the present value of lease payments over the lease term.

Certain lease agreements for real estate include payments based on actual common area maintenance expenses and others include rental payments adjusted periodically for inflation. We have elected to include these non-lease components with lease components for contracts containing real estate leases for the purpose of calculating lease right-of-use assets and liabilities, to the extent that they are fixed. Non-lease components that are not fixed are expensed as incurred as variable lease payments. These variable lease payments are recognized in other operating expenses, net, but are not included in the right-of-use asset or liability balances. The Health System's lease agreements do not contain any material residual value guarantees, restrictions, or covenants.

Medicare Cash Advances— The Health System requested accelerated Medicare payments for its acute care and critical access hospitals through the Coronavirus Aid, Relief and Economic Security Act (the "CARES Act") and received funds in April 2020 from Centers for Medicare & Medicaid Services (CMS). Guidance released in the H.R. 8337, Continuing Appropriations Act, 2021 and Other Extensions Act of 2020 (passed by the House on September 22, 2020) has delayed the recoupment of Medicare Accelerated and Advance Payments due to the COVID-19 pandemic by one year. Under the latest guidance, CMS's recoupment of funds from the Health System is expected to begin in April 2021 by withholding 25% of Medicare reimbursement payments for 11 months, and thereafter withholding 50% of Medicare reimbursement payments for an additional 6 months. If the Health System has a remaining balance at the end of 29 months, CMS will request direct repayment of the full balance. Any unpaid balance after 30 months will accrue interest at 4%. Under this payback method, the Health System expects substantially all of the balance to be paid off by the twenty-ninth month, and to payoff the remaining balance, if any, prior to the thirtieth month. The latest guidance was released by CMS on October 8, 2020, subsequent to the Health System's reporting date, and extends the timeline for expected repayment of the loan into fiscal year 2022. Accordingly, beginning in fiscal year 2021 the Health System has reclassified \$104,869 of the amount due as a long-term liability.

Costs of Borrowing—Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. Financing costs are deferred and amortized over the life of the debt.

Charity Care—The Health System provides services to all patients regardless of their ability to pay in accordance with its charity care policy. The estimated cost of providing these services was \$54,423 and \$54,935 in 2020 and 2019, respectively, calculated by multiplying the ratio of cost to gross charges for the Health System by the gross compensated charges associated with providing care to charity patients.

In addition to charity care services, the Health System provides services to patients who are deemed indigent under state Medicaid and county indigency program guidelines. In most cases, the cost of services provided to these patients exceeds the amounts received as compensation from the respective programs. In addition, in response to broader community needs, the Health System also provides many programs such as health screening, patient and health education programs, clinical and biomedical services to outlying hospitals, and serves as a clinical teaching site for higher education programs of health professionals. The following unaudited schedule summarizes the charges forgone in accordance with the Health System’s charity care policy, the unpaid costs associated with services provided under Medicare, Medicaid, and county indigency programs, and the benefit of services provided to support broader community needs:

	Unaudited	
	2020	2019
Estimated unpaid costs of services provided under Medicare, Medicaid, and county indigency programs	\$ 465,083	\$ 367,170
Estimated benefit of services to support broader community needs	52,278	58,389

Income Taxes—The Health System is a not-for-profit corporation and is recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. The Health System has activities that are considered unrelated business taxable income (UBTI), which are subject to excise tax. The Health System also has a taxable subsidiary, SLHP whose operations are included in the consolidated financial statements and as such we have provided for income taxes on this activity under the Accounting Standards Codification (ASC) 740.

For the Health System’s taxable subsidiary and activities considered UBTI, income taxes are accounted for under the asset and liability method, which requires the recognition of Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs) for the expected future tax consequences of events that have been included in the consolidated financial statements. Under this method, the Health System determines DTAs and DTLs on the basis of the differences between the financial statement and tax bases of assets and liabilities using enacted tax rates in effect for the year in which the differences are expected to reverse. The effect of a change in tax rates on DTAs and DTLs is recognized in results of operations in the period that includes the enactment date of the rate change.

The Health System recognizes DTAs to the extent that these assets are more likely than not to be realized. In making such a determination, the Health System considers all available positive and negative evidence, including future reversals of existing taxable temporary differences, projected future taxable income, tax-planning strategies, and results of recent operations. If the Health System determines that DTAs are realizable in the future in excess of their net recorded amount, the Health System would make an adjustment to the DTA valuation allowance, which would reduce the provision for income taxes.

The Health System records uncertain tax positions in accordance with ASC 740 on the basis of a two-step process in which (1) the Health System determines whether it is more likely

than not that the tax positions will be sustained on the basis of the technical merits of the position and (2) for those tax positions that meet the more-likely-than-not recognition threshold, the Health System recognizes the largest amount of tax benefit that is more than 50 percent likely to be realized upon ultimate settlement with the related tax authority. Management is not aware of any uncertain tax positions that should be recorded.

Net Patient Service Revenue—Net patient service revenue is reported at the amount that reflects the consideration to which the Health System expects to be entitled in exchange for providing care. These amounts are due from patients, third-party payors, and others, including estimated adjustments under reimbursement agreements with third-party payors when services are rendered. As final settlements are made and estimates are revised, the differences are reflected in current operations.

The Health System records revenue during the period after obligations to provide healthcare services are satisfied. Generally, the Health System bills patients and third-party payors several days after the services are performed or after the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied by transferring services to customers.

Performance obligations are determined based on the nature of the services provided by the Health System. Revenues are recorded during the period obligations to provide health care services are satisfied.

Revenue for the performance obligations satisfied over time is recognized based on actual charges incurred. Generally, performance obligations satisfied over time relate to patients receiving inpatient services. The Health System measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. Revenue for performance obligations satisfied at a point in time is generally recognized when goods or services are provided, and the Health System does not believe it is required to provide additional goods or services related to the patient.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Health System has elected to apply the optional exemption provided in ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Health System determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Health System's policy, or implicit price concessions provided to uninsured patients. The Health System determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policy, and historical experience. The Health System determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

The Health System has agreements with third-party payors that provide for payments to the Health System at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare—Inpatient acute and certain outpatient care services rendered to Medicare program beneficiaries are paid at prospectively determined rates based upon the service provided. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors.

Inpatient non-acute services, certain other outpatient services, and medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology.

The Health System is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Health System and audits thereof by the Medicare Administrative Contractor (MAC). The Health System's classification of patients under the Medicare program, and the appropriateness of their admission are subject to a review by a peer review organization under contract with the MAC.

Medicaid—Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Health System is reimbursed at an interim rate with final settlement determined after submission of annual cost reports by the Health System and audits thereof by the MAC.

Changes in estimated settlement amounts are included in results of operations in the period when such amounts are determined. The Health System has an opportunity to amend previously settled cost reports when new or revised information is discovered. With regard to the amended cost reports, the Health System updates estimated settlements when amounts are probable and estimable.

Changes in prior year estimates for Medicare and Medicaid settlements increased net patient service revenue by \$17,371 and \$13,450 for the years ended September 30, 2020 and 2019.

Other Third-Party Payors—The Health System has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Health System under these agreements includes prospectively determined rates per patient day, per discharge and discounts from established charges as well as payor specific contract terms.

The Health System provides care to patients regardless of their ability to pay. The Health System has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances such as copays and deductibles. The implicit price concessions included in estimating the transaction prices represent the difference between amounts billed to patients and amounts the Health System expects to collect based on the collection history of those patients.

Capitated Revenue—Capitated revenue represents contractual revenue from value-based arrangements at SLHP, where financial responsibility is assumed for services provided to enrollees by other institutional health care providers. In these arrangements, a settlement amount is calculated based on medical claims experience as compared to budget targets based on contractual terms. Capitated revenue is recognized during the period for which institutional providers are obligated to provide health services to enrollees. Settlements are accrued during the period in which the related services are rendered. Losses expected under

the contract period in value-based arrangements are recognized when it is probable that expected medical claim expense exceeds future capitated revenue.

Reserves for incurred but not reported medical claims have been established for the unpaid costs of health care services covered under the value-based arrangements. The reserves are estimated based on actuarial analysis, historical experience, and payment trends. Subsequent actual claims experience will differ from the estimated reserve due to variances in estimated and actual utilization of health care services. As final settlements are made and estimates are revised, the differences are reflected in current operations.

SLHP bears full performance exposure on all significant value-based arrangements, except for the Next Generation ACO program which is capped at plus or minus 10% of the capitated funding. All other value-based arrangements include reinsurance purchased by the sponsoring payor and is netted within medical claims expense related to the arrangement.

Adopted Accounting Pronouncements— Effective October 1, 2019 the Health System adopted ASU No. 2016-01, *"Recognition and Measurement of Financial Assets and Financial Liabilities,"* as well as amended technical guidance through ASU No. 2018-03, *"Technical Corrections and Improvements of Financial Instruments-Overall (Subtopic 825-10)."* These updates revise accounting related to (1) the classification and measurement of investments in equity securities and (2) the presentation and certain fair value changes for financial liabilities measured at fair value. They also amend certain disclosure requirements associated with the fair value of financial instruments. The adoption of ASU No. 2016-01 did not have a material impact on the consolidated financial statements.

Effective October 1, 2019 the Health System adopted ASU No. 2016-02, *"Leases"* - Topic 842 ("ASC 842") using the optional transition method described in ASU 2018-11, *Leases - Targeted Improvements*. Under the optional transition method, we recognized the cumulative effect of initially applying the guidance as an adjustment to the operating lease ROU assets and operating lease liabilities on our consolidated balance sheet on October 1, 2019 without retrospective application to comparative periods. This guidance and related amendments introduce a lessee model that brings substantially all leases with a duration of greater than 12 months onto the consolidated balance sheet. The main difference between the guidance in ASC 842 and previous generally accepted accounting principles in the United States of America (GAAP) is the recognition of right-of-use assets and lease liabilities on the balance sheet by lessees for those leases classified as operating leases under previous GAAP. ASC 842 also requires additional quantitative and qualitative disclosures to enable users of the financial statements to assess the amount, timing, and uncertainty of cash flows arising from leases. The Health System adopted ASC 842 using the modified retrospective approach and elected the package of transition provisions available which allowed us to carryforward our historical assessments of (1) whether expired or existing contracts are or contain leases, (2) lease classification of any existing leases or (3) the initial direct costs for existing leases. The Health System has elected the practical expedient that allows lessees to choose to not separate lease and non-lease components by class of underlying asset and is applying this expedient to relevant asset classes. Prior period financial statement amounts, and disclosures have not been adjusted to reflect the provisions of the new standard. Upon adopting ASU 2016-02 the Health System recorded \$128,612 in right-of-use assets and operating lease liabilities in the consolidated balance sheet.

Effective October 1, 2019 the Health System adopted ASU No. 2016-15, *"Classification of Certain Cash Receipts and Cash Payments."* This guidance adds or clarifies guidance on the classification of certain cash receipts and payments in the consolidated statement of cash flows. The adoption of ASU No. 2016-15 did not have a material impact on the consolidated financial statements.

Effective October 1, 2019 the Health System adopted ASU No. 2016-18 "*Restricted Cash*" which adds and clarifies guidance in the presentation of changes in restricted cash on the statement of cash flows requiring restricted cash to be included with cash and cash equivalents in the statement of cash flows on a retrospective basis. The adoption of ASU No. 2016-18 changed the amounts presented as cash and cash equivalents in the statements of cash flows, and it also impacted certain disclosures but did not materially impact the Health Systems financial position, or results of operations. As of September 30, 2019, the Health System modified the cash flow statement to include restricted cash of \$44,863 under the new standard.

Forthcoming Accounting Pronouncements— In August 2018, FASB issued ASU No. 2018-13 "*Fair Value Measurement (Topic 820)*." This guidance provides changes to the disclosure requirements for fair value measurements in "*Topic 820, Fair Value Measurement*" to improve the effectiveness of the disclosures. This guidance will be effective for the Health System beginning October 1, 2020. The Health System is still evaluating the impact this guidance may have on its consolidated financial statements.

In August 2018, FASB issued ASU No. 2018-14 "*Compensation—Retirement Benefits—Defined Benefit Plans—General (Subtopic 715-20)*." This guidance modifies the disclosure requirements for employers that sponsor defined benefit pension or other postretirement plans. This guidance will be effective for the Health System beginning October 1, 2021 and allows for early adoption. The Health System is still evaluating the impact this guidance may have on its consolidated financial statements.

In November 2018, the FASB issued ASU No. 2018-18, "*Collaborative Arrangements (Topic 808): Clarifying the Interaction between Topic 808 and Topic 606*." This guidance clarifies whether certain transactions between collaborative arrangement participants should be accounted for within revenue under Topic 606. This guidance is effective for the Health System beginning October 1, 2021. The Health System is still evaluating the impact this guidance may have on its consolidated financial statements.

In September 2020, FASB issued ASU No. 2020-07 "*Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets — Not-for-Profit Entities (Topic 958)*". This guidance provides new presentation and disclosure requirements about contributed nonfinancial assets for not-for-profit entities, including additional disclosure requirements for recognized contributed services. The amendments will not change the recognition and measurement requirements in Subtopic 958-605 for those assets. This guidance will be effective for the Health System beginning October 1, 2021 and allows for early adoption. The Health System is still evaluating the impact this guidance may have on its consolidated financial statements.

2. OPERATING REVENUE

Operating revenue consists primarily of net patient service revenue and capitated revenue. Revenue from patient's deductible and coinsurance are included in the categories presented below based on primary payor. Capitated revenue primarily represents contractual revenue from value-based arrangements.

Patient service revenue, net of contractual allowances and discounts by primary payor source, for the year ended September 30 are as follows:

	2020	2019
Commercial payors, patients, and other	\$ 832,467	\$ 824,587
Managed care other	254,106	270,716
Medicare program	297,213	295,548
Managed Medicare	205,215	209,829
Medicaid program	<u>278,719</u>	<u>245,305</u>
	<u>\$ 1,867,720</u>	<u>\$ 1,845,985</u>

The composition of net patient service revenue and other revenue based on major service lines for the years ended September 30, 2020 and 2019 are as follows:

	2020	2019
Service lines:		
Hospital services	\$ 1,516,990	\$ 1,459,733
Physician services	<u>350,730</u>	<u>386,252</u>
Net patient service revenue by service line	1,867,720	1,845,985
Capitated revenue	961,429	919,594
Revenue from other sources	<u>230,554</u>	<u>129,267</u>
Total operating revenue	<u>\$ 3,059,703</u>	<u>\$ 2,894,846</u>

The CARES Act authorized \$100 billion in funding to hospitals and other health care providers to be distributed through the Public Health and Social Services Emergency Fund ("Relief Funds"). Furthermore, the Paycheck Protection Program and Health Care Enhancement Act ("PPPHCE Act", collectively the "Acts") enacted on April 24, 2020 provides an additional \$75 billion in emergency appropriations to eligible providers for COVID-19 response including distributions to safety net hospitals to compensate for lost revenues and qualified expenses, loan forgiveness and capacity expansion. Payments from Relief Funds are intended to compensate health care providers for lost revenue and qualified expenses incurred in response to the COVID-19 pandemic and are not required to be repaid; provided that the recipients attest to and comply with certain terms and conditions, including limitations on balance billing and not using Relief Funds to reimburse expenses or losses that other sources are obligated to reimburse. The Health System received \$94,167 in payments under the Acts as of September 30, 2020, of which, \$5,226 was recorded as deferred revenue in accounts payable and accrued liabilities in the consolidated balance sheet. For the year ended September 30, 2020 the consolidated statement of operations and changes in net assets includes \$88,941 of grants recognized in other revenue under the Acts.

3. ACCOUNTS RECEIVABLE AND CONCENTRATION OF CREDIT RISK

The Health System grants credit without collateral to its patients, most of whom are local residents and many of whom are insured under third-party payor agreements. Accounts receivable, reflected net of any contractual arrangements, as of September 30 are as follows:

	2020	2019
Commercial payors, patients, and other	\$ 186,131	\$ 190,717
Medicare program	64,068	79,730
Medicaid program	20,893	22,827
Non-patient	<u>85,391</u>	<u>36,821</u>
	<u>\$ 356,483</u>	<u>\$ 330,095</u>

The allowance for estimated uncollectible accounts is determined by analyzing both historical information (write-offs by payor classification), as well as current economic conditions.

4. LONG-LIVED ASSETS

Property, Plant, and Equipment

Property, plant, and equipment as of September 30 are as follows:

	2020	2019
Land	\$ 57,317	\$ 57,317
Buildings, land improvements, and fixed equipment	1,292,266	1,249,039
Major movable equipment and information technology	<u>885,274</u>	<u>855,085</u>
	<u>\$ 2,234,857</u>	<u>\$ 2,161,441</u>
Less accumulated depreciation:		
Buildings, land improvements, and fixed equipment	526,853	481,327
Major movable equipment and information technology	<u>702,164</u>	<u>634,825</u>
	<u>\$ 1,229,017</u>	<u>\$ 1,116,152</u>
	1,005,840	1,045,289
Construction in process	<u>249,488</u>	<u>153,681</u>
	<u>\$ 1,255,328</u>	<u>\$ 1,198,970</u>

Depreciation expense was \$115,985 and \$125,989 for the years ended September 30, 2020 and 2019, respectively.

Leases

The following table presents the components of the Health System's right-of-use assets and lease obligations related to operating and finance lease obligations and their classification in the consolidated balance sheets as of September 30:

Components of Lease Balances	Consolidated Balance Sheets Classification	2020
Assets		
Operating lease right-of-use assets—net	Operating lease right-of-use asset—net	\$ 111,788
Finance lease assets—net	Property, plant, and equipment—net	<u>42,226</u>
Total leased assets		154,014
Liabilities		
Current		
Operating lease obligations	Current portion of operating lease obligations	\$ 19,728
Finance lease obligations	Current portion of long-term debt and finance lease obligations	2,086
Noncurrent		
Operating lease obligations	Operating lease obligations	93,084
Finance lease obligations	Finance lease obligations	<u>48,129</u>
Total lease liabilities		<u>\$ 163,027</u>

The weighted average remaining lease term and weighted average discount rate as of and for the year ended September 30, 2020, are as follows:

	Weighted-Average Remaining Term (years)	Weighted-Average Discount Rate
Operating leases ¹	7.56	2.96 %
Finance leases	17.92	3.99 %

¹ Upon adoption of the new lease standard, discount rates used for existing leases were established as of October 1, 2019

The components of lease expense and their classification in the consolidated statement of operations and changes in net assets for the year ended September 30 are as follows:

Components of Lease Expenses	Classification in Consolidated Statement of Operations and Changes in Net Assets	2020
Operating lease expenses:		
Operating lease expenses	Other operating expenses	\$ 26,208
Short-term rent expenses	Other operating expenses	2,106
Variable lease expenses	Other operating expenses	<u>2,064</u>
Total operating lease expenses		30,378
Finance lease expenses		
Amortization on leased assets	Depreciation and amortization	3,093
Interest on leased assets	Interest expense	<u>2,047</u>
Total finance lease expenses		5,140
Total lease expenses		<u>\$ 35,518</u>

Sublease income for the Health System for the year ended September 30, 2020 was \$2,661 and was reported as other revenue (including rental income) in the consolidated statements of operations and changes in net assets.

Supplemental cashflow information related to leases for the year end September 30, 2020 includes:

	2020
Cash paid for amounts included in the measurement of lease obligations	
Operating cash outflows from operating leases	\$ 30,262
Operating cash outflows from finance leases	2,041
Financing cash outflows from finance leases	2,162
Right-of-use assets obtained in exchange for lease obligations	
Operating leases	133,764
Finance leases	453

The following table reconciles the undiscounted minimum lease payment amounts to the operating and finance lease obligations on the balance sheet as of:

Years Ending September 30	Operating Leases	Finance Leases	Total
2021	\$ 22,843	\$ 4,054	\$ 26,897
2022	18,446	3,991	22,437
2023	16,203	4,070	20,273
2024	13,518	3,968	17,486
2025	11,811	3,347	15,158
Thereafter	<u>44,114</u>	<u>52,676</u>	<u>96,790</u>
Total lease payments	126,935	72,106	199,041
Less imputed interest	<u>(14,123)</u>	<u>(21,891)</u>	<u>(36,014)</u>
Present value of future minimum lease payments	112,812	50,215	163,027
Less current lease obligations	<u>(19,728)</u>	<u>(2,086)</u>	<u>(21,814)</u>
Long-term lease obligations	<u>\$ 93,084</u>	<u>\$ 48,129</u>	<u>\$ 141,213</u>

The Health System leases out buildings or portions of buildings that it owns or leases. The following table sets forth the minimum rental income for those leases as of:

Years Ending September 30	Minimum Rental Revenue
2021	\$ 4,183
2022	2,332
2023	1,155
2024	839
2025	675
Thereafter	<u>34</u>
	<u>\$ 9,218</u>

The Health System's largest operating lease is for a multibuilding complex near our largest hospital, known as St. Luke's Plaza (SLP). On March 8, 2018, the Health System entered into a Master Lease agreement (the "Master Lease") to lease 582,527 square feet of office space in Boise, Idaho. At the time the Health System entered the Master Lease it only occupied a portion of the office space with the remainder being leased out to other third parties. Under the Master Lease the Health System assumed responsibility for managing all other leases at SLP and in exchange became the recipient of all payments for these third-party leases, in a sublet arrangement. Since the initial commencement of the Master Lease the Health System continues to increase the amount of space it occupies at SLP. The Master Lease is with the property owner BPH where the Health System owns a membership interest of 49.5%. The Health System accounts for its ownership in BPH as a joint venture under the equity method. As of September 30, 2020, the future minimum payments of the Master Lease of SLP are expected to be \$76,618 over the remaining term of the lease which ends March 7, 2030.

Goodwill

Goodwill as of September 30 consists of:

	2020	2019
Goodwill	\$ 37,393	\$ 37,393
Less accumulated amortization	<u>(7,478)</u>	<u>(3,739)</u>
Total Goodwill	<u>\$ 29,915</u>	<u>\$ 33,654</u>

Goodwill amortization expense was \$3,739 and \$3,739 for the years ending September 30, 2020 and 2019, respectively.

Expected future amortization expenses related to goodwill as of September 30, 2020 is as follows:

Years Ending September 30,	Amortization
2021	\$ 3,739
2022	3,739
2023	3,739
2024	3,739
2025	3,739
Thereafter	<u>11,220</u>
	<u>\$ 29,915</u>

5. ASSETS WHOSE USE IS LIMITED

Assets whose use is limited that will be used for obligations classified as current liabilities and the current portion of pledges receivable are reported in current assets. Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value, based on quoted market prices of identical or similar assets.

The majority of the Health System's investments are independently advised and managed by independent investment managers. The following table sets forth the composition of assets whose use is limited as of September 30:

	2020	2019
Board designated funds:		
Cash and cash equivalents	\$ 59,045	\$ 19,208
Mutual funds	395,562	230,958
Corporate bonds, notes, mortgages and asset-backed securities	471,408	359,440
Government and agency securities	215,669	209,070
Interest receivable	2,259	2,214
Due to donor restricted and permanent endowment funds	<u>(37,945)</u>	<u>(34,642)</u>
	1,105,998	786,248
Less amounts classified as current assets	<u>(47,828)</u>	<u>(45,950)</u>
	<u>\$ 1,058,170</u>	<u>\$ 740,298</u>
Restricted funds—cash and cash equivalents	<u>\$ 2,914</u>	<u>\$ 25,655</u>
Permanent endowment funds—due from Board designated funds	<u>\$ 16,650</u>	<u>\$ 15,995</u>
Donor restricted plant replacement and expansion funds and other specific purpose funds:		
Due from Board designated funds	\$ 21,295	\$ 18,647
Pledges receivable	<u>3,348</u>	<u>3,624</u>
	<u>\$ 24,643</u>	<u>\$ 22,271</u>

Investment income for assets limited as to use, cash equivalents, and other investments for the years ended September 30 are comprised of the following:

	2020	2019
Investment income:		
Interest income	\$ 17,882	\$ 18,108
Realized gain on sales of securities	<u>14,145</u>	<u>7,798</u>
	<u>\$ 32,027</u>	<u>\$ 25,906</u>
Change in net unrealized gain on investments	<u>\$ 12,731</u>	<u>\$ 8,772</u>

Proceeds from the Series 2018A Bonds are restricted to qualified expenditures related to projects of the Health System. Funds are held by the Series 2018A Trustee in a Construction Fund with initial deposits of \$82,844 and the remaining balance as of September 30, 2020 was \$0.

6. NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are principally held by the Health System's wholly owned subsidiary, St. Luke's Health Foundation, Ltd. ("the Foundation") and have been donated for multiple programs and initiatives throughout the Health System, principally related to furthering the advancement of patient care. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. These assets are generally restricted for funding a specific program, capital projects, and other purposes. Other donor restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. These assets are generally restricted to provide ongoing income for a specific program.

Net assets with donor restrictions as of September 30, for the following purposes, were as follows:

	2020	2019
Subject to expenditures for specified purpose:		
Equipment and expansion	\$ 3,634	\$ 4,152
Research and education	5,733	5,273
Charity and other	<u>16,549</u>	<u>15,079</u>
Total subject to specified purpose	<u>25,916</u>	<u>24,504</u>
Perpetual endowment:		
Equipment and expansion	277	283
Research and education	9,413	9,530
Charity and other	<u>6,960</u>	<u>6,182</u>
Total subject to permanent endowment	<u>16,650</u>	<u>15,995</u>
 Total net assets with donor restrictions	 <u>\$ 42,566</u>	 <u>\$ 40,499</u>

The Health System's endowment consists of funds established for a variety of purposes. Endowments include both donor-restricted endowment funds and funds designated by the Board.

The composition of endowment net assets as of September 30 is as follows:

	2020	2019
Donor-restricted endowment net assets	\$ 16,650	\$ 15,995
Board-designated endowment net assets	<u>1,509</u>	<u>1,019</u>
Total endowment net assets	<u>\$ 18,159</u>	<u>\$ 17,014</u>

Changes in endowment net assets during 2020 and 2019 are as follows:

	2020	2019
Endowment net assets—beginning of period	\$ 17,014	\$ 16,880
Investment returns	657	493
Unrealized gain (loss)	165	(212)
Contributions	944	417
Appropriation of endowment net assets for expenditure	-	-
Transfers to remove or add to Board-designated endowment funds	<u>(621)</u>	<u>(564)</u>
Endowment net assets—end of period	<u>\$ 18,159</u>	<u>\$ 17,014</u>

Periodically, the fair value of assets associated with the individual donor restricted endowment funds may fall below the level that the donor requires the Health System to retain as a fund of perpetual duration. Deficiencies of this nature did not exist for the years ended September 30, 2020 and 2019. The Health System has a policy that permits spending from underwater endowment funds, unless otherwise precluded by donor intent or relevant laws and regulations. The Health System's policy allows for up to 4.5% of the total investment pool balance on a 12-quarter average to be released annually from the endowment to support designated programs. This policy also applies to underwater endowments.

7. DEBT

Long-term debt as of September 30 consists of the following:

	2020	2019
Obligations to Idaho Health Facilities Authority:		
Series 2018A Fixed Rate Bonds	\$ 163,715	\$ 165,505
Series 2018A Fixed Rate Bond Premium	16,354	16,942
Series 2018B Taxable Fixed Rate Bonds	149,910	149,910
Series 2018C Variable Rate Revenue Bonds	73,760	73,760
Series 2018D Variable Rate Direct Purchase	70,000	70,000
Series 2018E Variable Rate Direct Purchase	63,090	63,090
Series 2014A Fixed Rate Bonds	164,345	164,900
Series 2014A Fixed Rate Bond Premium	8,426	8,786
Series 2012A Fixed Rate Bonds	75,000	75,000
Series 2012A Fixed Rate Bond Premium	521	567
Banc of America Public Capital Corp Equipment Financing	29,815	34,701
Finance lease obligations	50,215	51,842
Notes payable	<u>24,736</u>	<u>25,390</u>
Total debt and finance lease obligations	889,887	900,393
Less current portion	<u>14,355</u>	<u>10,663</u>
Total long term debt, excluding deferred financing costs	875,532	889,730
Deferred financing costs	<u>(5,343)</u>	<u>(5,681)</u>
Total long term debt and finance lease obligations	<u>\$ 870,189</u>	<u>\$ 884,049</u>

As of September 30, 2020, the maturity schedule of long-term debt, excluding deferred financing costs, is as follows:

Years Ending September 30	Long-Term Debt	Finance Leases	Total
2021	\$ 12,269	\$ 4,054	\$ 16,323
2022	12,687	3,991	16,678
2023	35,755	4,070	39,825
2024	12,778	3,968	16,746
2025	18,488	3,347	21,835
Thereafter	<u>747,695</u>	<u>52,676</u>	<u>800,371</u>
	<u>\$ 839,672</u>	72,106	911,778
Less imputed interest		<u>(21,891)</u>	<u>(21,891)</u>
		<u>\$ 50,215</u>	<u>\$ 889,887</u>

Obligations to Idaho Health Facility Authority

Series 2012A—Represents Fixed Rate Revenue Bonds payable in annual payments ranging from \$23,780 to \$26,220, beginning March 2045 through March 2047. The Series 2012A Bonds bear interest at a fixed rate ranging from 4.50% to 5.00% per annum calculated based on a 360-day calendar year comprised of 12 30-day months and are payable on March 1 and September 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2020 was 4.83%.

The Series 2012A Bonds are subject to redemption prior to maturity at the option of the Health System, on or after March 1, 2022.

Series 2014A—Represents Fixed Rate Revenue Bonds, payable in annual installments ranging from \$170 to \$16,080 beginning March 2016 through March 2044. The Series 2014A Bonds bear interest at a fixed rate ranging from 2.00% to 5.00% per annum calculated on the basis of a 360-day year comprised of 12 30-day months and are payable on March 1 and September 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2020 was 4.81%.

The Series 2014A Bonds maturing on or after March 1, 2025 are subject to redemption prior to maturity at the option of the Health System.

Series 2018A—Represents Fixed Rate Revenue Bonds, payable in annual installments ranging from \$995 to \$18,285 beginning March 2020 through March 2048. The Series 2018A Bonds bear interest at a fixed rate ranging from 4.00% to 5.00% per annum calculated on the basis of a 360-day year comprised of 12 30-day months and are payable on March 1 and September 1 of each year. The average interest rate during 2020 was 4.82%.

The Series 2018A Bonds maturing on or after March 1, 2029 are subject to redemption prior to maturity at the option of the Health System. On any date the Series 2018A Bonds are subject to optional redemption at par, they may be converted to another interest rate mode at the option of the Health System upon compliance with certain conditions set forth in the bond documents.

Series 2018B—Represents taxable Fixed Rate Revenue Bonds, payable in annual installments ranging from \$7,705 to \$49,160 beginning March 2039 through March 2048. The Series 2018B Bonds bear interest at a fixed rate of 5.02% per annum calculated on the basis of a 360-day year comprised of 12 30-day months and are payable on March 1 and September 1 of each year. The interest rate during 2020 was 5.02%.

The Series 2018B Bonds are subject to redemption prior to maturity at the option of the Health System. The Series 2018B Bonds may be converted to another interest rate mode at the option of the Health System upon compliance with certain conditions set forth in the bond documents.

Series 2018C—Represents Variable Rate Revenue Bonds, payable in annual installments ranging from \$600 to \$6,000 beginning March 2026 through March 2048. The interest on the Series 2018C Bonds is payable monthly, as the Series 2018C Bonds are currently held in the Daily Mode and supported by an irrevocable direct pay letter of credit. At the option of the Health System, the Series 2018C Bonds may be converted to the Weekly Mode, Commercial Paper Mode, Adjustable Long Mode, Bank Loan Mode, Index Mode, FRN Rate Mode, Fixed Mode or another Daily Mode upon compliance with certain conditions set forth in the bond documents. The average interest rate during 2020 was 1.42%.

The Series 2018C Bonds are subject to redemption prior to maturity at the option of the Health System and, while in a Daily Mode or Weekly Mode, to optional tender by the bondholder. In the event of optional tender of the bonds, funds for repayment of the purchase price of the bonds are available from a letter of credit facility, which is scheduled to expire on August 8, 2023. As of September 30, 2020, the bonds were in the Daily Mode.

Series 2018D—Represents Variable Rate Direct Purchases, payable in annual installments ranging from \$555 to \$5,660 beginning March 2026 through March 2048. The interest on the Series 2018D Bonds is payable monthly, as the Series 2018D Bonds are currently held in the LIBOR Index Mode. At the conclusion of the initial LIBOR Index Mode (August 1, 2021) and at the option of the Health System, the Series 2018D Bonds may be converted to the Daily Mode, Weekly Mode, Commercial Paper Mode, Adjustable Long Mode, Bank Loan Mode, another Index Mode, FRN Rate Mode, or the Fixed Mode upon compliance with certain conditions set forth in the bond documents. The average interest rate during 2020 was 1.50%.

Series 2018E—Represents Variable Direct Purchases, payable in annual installments ranging from \$500 to \$5,110 beginning March 2026 through March 2048. The interest on the Series 2018E Bonds is payable monthly, as the Series 2018E Bonds are currently held in the LIBOR Index Mode. At the conclusion of the initial LIBOR Index Mode (August 1, 2025) and at the option of the Health System, the Series 2018E Bonds may be converted to the Daily Mode, Weekly Mode, Commercial Paper Mode, Adjustable Long Mode, Bank Loan Mode, another Index Mode, FRN Rate Mode, or the Fixed Mode upon compliance with certain conditions set forth in the bond documents. The average interest rate during 2020 was 1.73%.

Banc of America Public Capital Corp—Represents ten-year debt financing, payable in quarterly installments, which include principal and interest of \$1,366 beginning August 2016 through May 2026. The Banc of America Public Capital Corp debt is secured by the Health System's EHR system and bears interest at a fixed rate of 1.756% per annum payable quarterly on February 18th, May 18th, August 18th, and November 18th.

Notes Payable—These notes are secured by medical office buildings. Principal and interest are payable on a monthly basis. Per the agreements, the notes mature in 2023. Interest is fixed at 4.25%.

Lines of Credit—In March 2020, the Health System renewed an unsecured credit agreement with Key Bank, N.A. The agreement allows for borrowings up to \$60,000 and has a maturity date of March 1, 2023. In the event that principal amounts are outstanding, interest is incurred at a rate that is variable at the Prime Rate or LIBOR Rate depending on the borrowing timeframe. The line of credit, among other things, contains a non-usage fee on the actual daily unborrowed portion of the principal amount available at the rate of one-tenth of 1% per annum. There were no amounts outstanding as of September 30, 2020 and 2019.

The Health System carries insignificant unsecured credit balances with Wells Fargo Bank, N.A. for working capital strategy needs such as vendor payments and employee reimbursements. Principal amounts are paid in full on a monthly basis and no interest was incurred related to these balances for the years ended September 30, 2020 and 2019.

Interest Costs—During the years ended September 30, 2020 and 2019 the Health System incurred total interest costs of \$33,647 and \$35,887, respectively. During 2020 and 2019, \$5,694 and \$3,485, respectively, has been capitalized and is reflected as a component of property, plant, and equipment. During the years ended September 30, 2020 and 2019, the Health System made cash payments for interest of \$34,240 and \$37,262, respectively, and cash payments for bond fees of \$809 and \$614, respectively.

Covenants—Debt agreements held by the Health System include a range of required covenants, provisions and conditions. The primary covenants are related to minimum debt service coverage, unrestricted cash positions, minimum credit ratings, and maximum indebtedness to capitalization. At September 30, 2020, the Health System was in compliance with all covenants, provisions and conditions required by outstanding agreements.

8. NONCONTROLLING INTEREST

The following table shows the allocation of controlling and noncontrolling interest within net assets as of September 30:

	Total Net Assets	Controlling Interest	Noncontrolling Interest
Net assets—October 1, 2018	<u>\$ 1,055,401</u>	<u>\$ 1,057,202</u>	<u>\$ (1,801)</u>
Net assets without donor restrictions:			
Revenue in excess of expenses	130,810	130,772	38
Change in noncontrolling interests	1,763	-	1,763
Change in net assets from acquisition of noncontrolling interest	(7,397)	(7,397)	-
Change in net unrealized gain on investments	8,772	8,772	-
Net assets released from restrictions—capital	17,234	17,234	-
Other components of net periodic pension cost	(5,609)	(5,609)	-
Change in funded status of pension plans	<u>(40,115)</u>	<u>(40,115)</u>	<u>-</u>
Increase in net assets without donor restrictions	105,458	103,657	1,801
Decrease in net assets with donor restrictions	<u>(13,675)</u>	<u>(13,675)</u>	<u>-</u>
Increase in net assets	<u>91,783</u>	<u>89,982</u>	<u>1,801</u>
Net assets—September 30, 2019	<u>1,147,184</u>	<u>1,147,184</u>	<u>-</u>
Net assets without donor restrictions:			
Revenue in excess of expenses	171,055	171,055	-
Change in noncontrolling interests	-	-	-
Change in net assets from acquisition of noncontrolling interest	-	-	-
Change in net unrealized gain on investments	12,731	12,731	-
Net assets released from restrictions—capital	2,251	2,251	-
Other components of net periodic pension cost	(9,567)	(9,567)	-
Change in funded status of pension plans	<u>4,976</u>	<u>4,976</u>	<u>-</u>
Increase in net assets without donor restrictions	181,446	181,446	-
Increase in net assets with donor restrictions	<u>2,067</u>	<u>2,067</u>	<u>-</u>
Increase in net assets	<u>183,513</u>	<u>183,513</u>	<u>-</u>
Net assets—September 30, 2020	<u>\$ 1,330,697</u>	<u>\$ 1,330,697</u>	<u>\$ -</u>

9. EMPLOYEE RETIREMENT PLANS

Defined Benefit Plans—The St. Luke’s Regional Medical Center, Ltd. Basic Pension Plan (the “SLRMC Plan”) covers substantially all eligible employees employed by the Health System (with the exception of St. Luke’s Magic Valley Regional Medical Center, Ltd. (SLMV) employees on or before December 31, 1994. The SLRMC Plan was amended and restated effective January 1, 1995, to exclude employees hired on or after that date from participation in the SLRMC Plan; however, the SLRMC Plan remains in effect for those participants who qualify and were hired prior to January 1, 1995. Employees eligible for the SLRMC Plan with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65), or after obtaining age 62 with 25 years of service, equal to a percentage of their highest five-year average annual compensation, not to exceed a certain maximum. The Health System makes annual contributions to the SLRMC Plan as necessary.

The SLMV Plan covers substantially all eligible SLMV employees employed by SLMV on or before April 1, 2005. The SLMV Plan was amended and restated effective April 1, 2005, to exclude employees hired on or after that date from participation in the SLMV Plan; however, the SLMV Plan remains in effect for those participants whose sum of their age plus years of credited service exceed 65 or who exceeded 10 years of service as of April 1, 2005. Participants are entitled to annual pension benefits beginning at normal retirement age (65), or after obtaining age 60 with 30 years of service, equal to a calculation based on either average annual compensation or credited service. The Health System makes annual contributions to the SLMV Plan as necessary.

The following table sets forth the SLRMC Plan and the SLMV Plan (collectively the “Plans”) funded status, amounts recognized in the Health System’s consolidated financial statements and other related financial information:

	SLRMC	SLMV	Total 2020	Total 2019
Projected benefit obligation for service rendered to date	\$ 219,775	\$ 55,218	\$ 274,993	\$ 264,355
Plan assets—at fair value	<u>148,642</u>	<u>55,956</u>	<u>204,598</u>	<u>191,938</u>
Funded status	<u>\$ (71,133)</u>	<u>\$ 738</u>	<u>\$ (70,395)</u>	<u>\$ (72,417)</u>
Employer contributions	\$ 5,435	\$ 1,565	\$ 7,000	\$ 9,880
Accrued pension liability (all noncurrent)	71,133	(738)	70,395	72,417
Change in funded status	2,090	(4,112)	(2,022)	34,938
Benefits paid	10,656	3,113	13,769	14,877
Accumulated benefit obligation	208,132	55,218	263,350	252,892

The following table presents the pension benefit costs:

	SLRMC	SLMV	Total 2020	Total 2019
Service cost	\$ 3,028	\$ -	\$ 3,028	\$ 2,486
Interest cost	6,030	1,477	7,507	8,974
Expected return on plan assets	(7,414)	(2,061)	(9,475)	(9,256)
Amortization of prior service cost	80	-	80	80
Amortization of net loss	<u>8,862</u>	<u>717</u>	<u>9,579</u>	<u>4,198</u>
Net periodic pension cost	<u>\$ 10,586</u>	<u>\$ 133</u>	<u>\$ 10,719</u>	<u>\$ 6,482</u>

Service cost is recorded on the consolidated statement of operations, within the line item employee compensation and benefits. The other components of net periodic benefit cost are recorded in the statement of changes in net assets, as other components of net periodic pension cost.

Amounts recognized in net assets without donor restrictions related to the Plans at September 30, consist of:

	SLRMC	SLMV	Total 2020	Total 2019
Prior service cost	\$ 192	\$ -	\$ 192	\$ 272
Net actuarial loss	(71,127)	(19,855)	(90,982)	(96,661)

The measurement date used to determine pension benefits is September 30. Contributions to the Plans for the year ending September 30, 2021, are expected to be approximately \$14,000.

The overall investment strategy and policy has been developed based on the need to satisfy the long-term liabilities of the Plans. Risk management is accomplished through diversification across asset classes, multiple investment manager portfolios, and both general and portfolio-specific investment guidelines. The asset allocation guidelines for the Plans, including allocation ranges, are as follows:

	SLRMC	SLMV	Range
Asset Class:			
Broad US Equity	35 %	15 %	-5% / 5 %
Broad International Equity	29	10	-5 / 5
Core Real Estate	5	-	-3 / 3
Liability Hedging Fixed	31	75	-8 / 8
Cash Equivalents	-	-	0 / 3

Managers are expected to generate a total return consistent with their philosophy and outperform both their respective peer group medians and an appropriate benchmark, net of expenses, over a one-, three-, and five-year period. The investment guidelines contain categorical restrictions such as no commodities, short-sales and margin purchases; and asset class restrictions that address such things as single security or sector concentration, capitalization limits and minimum quality standards.

Expected long-term returns on the Plans' assets are estimated by asset classes, and are generally based on historical returns, volatilities and risk premiums. Based upon the Plans' asset allocation, composite return percentiles are developed upon which the Plans' expected long-term return is determined. As of September 30, 2020, the amounts and percentages of the fair value of Plans' assets are as follows:

	<u>SLRMC</u>		<u>SLMV</u>	
Broad US Equity	\$ 51,646	35 %	\$ 8,682	16 %
Broad International Equity	43,883	29	5,527	10
Core Real Estate	7,244	5	-	-
Liability Hedging Fixed	44,214	30	41,493	74
Cash Equivalents	<u>1,656</u>	<u>1</u>	<u>254</u>	<u>-</u>
Total	<u>\$ 148,643</u>	<u>100 %</u>	<u>\$ 55,956</u>	<u>100 %</u>

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid from the Plans:

	SLRMC	SLMV	Total
2021	\$ 14,205	\$ 3,174	\$ 17,379
2022	14,673	3,211	17,884
2023	14,494	3,242	17,736
2024	14,119	3,239	17,358
2025	13,994	3,221	17,215
Thereafter	<u>65,923</u>	<u>15,653</u>	<u>81,576</u>
	<u>\$ 137,408</u>	<u>\$ 31,740</u>	<u>\$ 169,148</u>

Assumptions used in determining the actuarial present value of net periodic benefit cost of the Plans were as follows:

SLRMC	2020	2019
Spot discount rates	2.92–3.31 %	4.13–4.40 %
Rate of increase in future compensation levels	2.00–4.00	2.00–4.00
Expected long-term rate of return on assets	6.50	6.75
SLMV		
Spot discount rates	2.82–3.15 %	4.04–4.30 %
Expected long-term rate of return on assets	5.00	5.00

Assumptions used in determining the actuarial present value of projected benefit obligation of the Plans were as follows:

SLRMC	2020	2019
Weighted average discount rate	2.77 %	3.21 %
Rate of increase in future compensation levels	2.00–4.00	2.00–4.00
SLMV		
Weighted average discount rate	2.65 %	3.15 %

The principal cause of the change in the unfunded pension liability is a decrease in the discount rate, off-set by employer contributions and overall market performance.

Supplemental Retirement Plan for Executives—The Supplemental Retirement Plan for Executives (SERP) is a non-qualified retirement plan for certain executives of the Health System. The following table sets forth the funded status, amounts recognized in the Health System’s consolidated financial statements, and other SERP financial information:

	2020	2019
Projected benefit obligation for service rendered to date	\$ 26,824	\$ 24,857
Plan assets—at fair value	<u>-</u>	<u>-</u>
Funded status	<u><u>\$(26,824)</u></u>	<u><u>\$(24,857)</u></u>
Employer paid benefits	\$ 1,155	\$ 891
Accrued pension liability (noncurrent)	25,415	23,515
Accrued pension liability (current)	1,409	1,342
Change in funded status	1,967	3,436
Accumulated benefit obligation	26,751	24,483

The following table presents the pension benefit costs:

	2020	2019
Service cost	\$ -	\$ 816
Interest cost	684	843
Amortization of prior service cost	59	59
Amortization of net loss	<u>1,133</u>	<u>711</u>
Net periodic pension cost	<u><u>\$ 1,876</u></u>	<u><u>\$ 2,429</u></u>

Service cost is recorded on the consolidated statement of operations, within the line item employee compensation and benefits. The other components of net periodic benefit cost are recorded in the statement of changes in net assets, as other components of net periodic pension cost.

Due to its non-qualified status, the SERP is considered unfunded under the Employee Retirement Income Security Act, as disclosed above. The Health System has set aside funds in

a Rabbi Trust for the purpose of funding the SERP. The Rabbi Trust asset balance at September 30, 2020 and 2019 was \$19,493 and \$13,723, respectively.

The measurement dates used to determine pension benefits is September 30. The Health System expects to make approximately \$1,409 of benefit payments directly to plan participants for the year ending September 30, 2021. The projected benefit obligation increase was primarily driven by participant movement, plan experience, the passage of time, and a decrease in the discount rate.

Amounts recognized in net assets without donor restrictions related to the SERP at September 30, consist of:

	2020	2019
Prior service cost	\$ (29)	\$ (89)
Net actuarial loss	(7,178)	(5,876)

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid from the SERP:

	Benefit Payments
2021	\$ 1,409
2022	1,545
2023	1,582
2024	1,569
2025	1,555
Thereafter	<u>7,510</u>
	<u>\$ 15,170</u>

Assumptions used in determining the actuarial present value of net periodic benefit cost were as follows:

	2020	2019
Spot discount rates	2.83–3.15 %	4.05–4.33 %
Rate of increase in future compensation levels	4.00	4.00

Assumptions used in determining the actuarial present value of projected benefit obligation were as follows:

	2020	2019
Weighted average discount rate	2.64 %	3.15 %
Rate of increase in future compensation levels	4.00	4.00

Defined Contribution Plan—The Health System sponsors two defined contribution plans (the “Contribution Plans”) that cover substantially all employees. The Health System’s contributions to these Contribution Plans are at the discretion of the Board. Amounts

contributed are allocated to participants based on individual compensation amounts, years of service, and the participant's level of participation in tax deferred annuity programs. During 2020 and 2019, contributions to these Contribution Plans were \$54,402 and \$49,264, respectively.

10. FAIR VALUE OF FINANCIAL INSTRUMENTS

The following disclosure of the estimated fair value of financial instruments is made in accordance with the requirements of ASC 825, "*Financial Instruments*". The Health System accounts for certain assets and liabilities at fair value or on a basis that is approximate to fair value. The estimated fair value amounts have been determined by the Health System using available market information and appropriate valuation methodologies. However, considerable judgment is required in interpreting market data to develop the estimates of fair value. Accordingly, the estimates presented herein are not necessarily indicative of the amounts that the Health System could realize in a current market exchange.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value should be based on the assumptions that the market participants would use, including a consideration of nonperformance risk.

The Health System assesses the inputs used to measure fair value using a three-level hierarchy based on the extent to which inputs used in measuring fair value are observable in the market. The fair value hierarchy is as follows:

Level 1—Quoted (unadjusted) prices for identical assets or liabilities in active markets that the Health System has the ability to access.

Level 2—Other observable inputs, either directly or indirectly, including: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified or contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3—Unobservable inputs for the asset or liability. The determination to measure the asset or liability as a level 3 depends on the significance of the input to the fair value measurement.

The asset or liabilities fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. In instances where the inputs used to measure fair value fall into different levels of the hierarchy, the fair value measurement has been determined based on the lowest-level input that is significant to the fair value measurement in its entirety. The Health System's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs. The Health System's policy is to recognize transfers between all levels as of the beginning of the reporting period. For the year ended September 30, 2020 and 2019 there were \$0 and \$13,000 transferred from Level 2 to Level 1, respectively.

Following is a description of the valuation methodologies used for the Health System's assets or liabilities measured at fair value.

Cash and Cash Equivalents—The carrying amounts reported in the balance sheet approximate their fair value.

Accounts Receivables, Accounts Payable, Accrued Liabilities, and Estimated Payable to Medicare and Medicaid Programs—The carrying amounts reported in the balance sheet approximate their fair value.

Assets Whose Use is Limited—These assets consist primarily of cash and cash equivalents, mutual funds, debt and equity securities, and pledges receivable. For cash and cash equivalents, pledges receivable and interest receivable, the carrying amount reported in the balance sheet approximates fair value.

For mutual funds the fair value is based on the value of the daily closing price as reported by the fund. Mutual funds held by the Health System are open-end mutual funds that are registered with the Securities and Exchange Commission. The mutual funds held by the Health System include funds that are traded on both active and inactive markets.

For equities (common stock), the fair value is based on the value of the closing price reported on the active market on which the individual securities are traded.

For government obligations, the fair value is measured using pricing models maximizing the use of observable inputs for similar securities.

For commercial paper, the fair value is based on amortized cost with observable inputs, including security cost, maturity, and credit rating.

For debt securities, the fair value is measured using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flows, and other pricing models. These models are primarily industry standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

The following tables set forth by level within the fair value hierarchy a summary of the Health System's investments measured at fair value on a recurring basis:

Fair Value Measurements as of September 30, 2020, Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments:				
Cash and cash equivalents	\$ 61,959	\$ -	\$ -	\$ 61,959
Mutual funds	55,750	339,812	-	395,562
Government and agency securities	-	215,669	-	215,669
Corporate bonds, notes, mortgages and asset-backed securities	-	339,673	-	339,673
Subtotal	<u>\$ 117,709</u>	<u>\$ 895,154</u>	<u>\$ -</u>	<u>1,012,863</u>
Investments measured at net asset value:				
Mortgages and asset-backed securities				<u>131,735</u>
Total assets				<u>\$ 1,144,598</u>

Fair Value Measurements as of September 30, 2019, Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments:				
Cash and cash equivalents	\$ 44,863	\$ -	\$ -	\$ 44,863
Mutual funds	47,898	183,060	-	230,958
Government and agency securities	-	209,070	-	209,070
Corporate bonds, notes, mortgages and asset-backed securities	-	259,903	-	259,903
Subtotal	<u>\$ 92,761</u>	<u>\$ 652,033</u>	<u>\$ -</u>	<u>744,794</u>
Investments measured at net asset value:				
Mortgages and asset-backed securities				<u>99,537</u>
Total assets				<u>\$ 844,331</u>

Fair Value of Pension Plan Assets—In addition to the types of assets listed above as held by the Health System, the Employee Retirement Plans also hold assets within limited partnerships, limited liability companies, and common collective trusts.

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price.

Government obligations are valued at pricing models maximizing the use of observable inputs for similar securities.

Limited partnerships and limited liability companies are valued at fair value based on the audited financial statements of the partnerships and the percentage ownership in the partnership. This method is an accepted practical expedient that is considered equivalent to NAV. The assets held were further considered for level of inputs used. When quoted prices are not available for identical or similar assets, real estate assets are valued under a discounted cash flow or lender survey approach that maximizes observable inputs, but includes adjustments for certain risks that may not be observable, such as cap and discount rates, maturities and loan to value ratios.

Common collective trusts are valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, based on the hierarchy requirements for fair value guidance outlined previously, a summary of the assets of the Employee Retirement Plans measured at fair value on a recurring basis:

	Fair Value Measurements as of September 30, 2020, Using			
	Quoted Prices in	Significant	Significant	
	Active Markets	Other	Unobservable	
	for Identical	Observable	Inputs	
	Assets	Inputs	(Level 3)	Total
	(Level 1)	(Level 2)	(Level 3)	
Pension assets:				
Cash and cash equivalents	\$ 1,910	\$ -	\$ -	\$ 1,910
Domestic mutual funds	16,175	-	-	16,175
International mutual funds	146,325	-	-	146,325
Domestic stocks	12,302	-	-	12,302
International stocks	1,200	-	-	1,200
Limited partnerships and liability companies	<u>-</u>	<u>-</u>	<u>7,244</u>	<u>7,244</u>
Subtotal	<u>\$177,912</u>	<u>\$ -</u>	<u>\$7,244</u>	<u>185,156</u>
Investments measured at net asset value:				
Common collective trusts				<u>19,442</u>
Total assets				<u>\$204,598</u>

	Fair Value Measurements as of September 30, 2019, Using			
	Quoted Prices in	Significant	Significant	
	Active Markets	Other	Unobservable	
	for Identical	Observable	Inputs	
	Assets	Inputs	(Level 3)	Total
	(Level 1)	(Level 2)	(Level 3)	
Pension assets:				
Cash and cash equivalents	\$ 3,336	\$ -	\$ -	\$ 3,336
Domestic mutual funds	133,172	-	-	133,172
International mutual funds	15,440	-	-	15,440
Domestic stocks	11,377	-	-	11,377
International stocks	1,302	-	-	1,302
Limited partnerships and liability companies	<u>-</u>	<u>-</u>	<u>7,095</u>	<u>7,095</u>
Subtotal	<u>\$164,627</u>	<u>\$ -</u>	<u>\$7,095</u>	<u>171,722</u>
Investments measured at net asset value:				
Common collective trusts				<u>20,144</u>
Total assets				<u>\$191,866</u>

The Health System's use of Level 3 unobservable inputs account for 3.52% and 3.70%, respectively, of the total fair value of Employee Retirement Plan assets as of September 30, 2020 and 2019. The following table summarizes the changes in Level 3 assets measured at fair value as of September 30:

Ending balance—September 30, 2018	\$ 7,367
Sales	(591)
Allocation of net capital gain	243
Miscellaneous fees	(81)
Interest received	179
Changes in unrealized gains	<u>(22)</u>
Ending balance—September 30, 2019	7,095
Sales	-
Allocation of net capital gain	-
Miscellaneous fees	(80)
Interest received	336
Changes in unrealized gains	<u>(107)</u>
Ending balance—September 30, 2020	<u>\$ 7,244</u>

The unrealized gains and losses on investment accounts at September 30, 2020 were determined to be temporary in nature as the change in market value for these assets was the result of fluctuating interest rates and market activity rather than the deterioration of the credit worthiness of the issuers. In the event that the Health System disposes of these securities before maturity, it is expected that the realized gains or losses, if any, will be immaterial both quantitatively and qualitatively to the statement of operations and financial position as of the Health System's fiscal year end.

The following tables show the Health System's investments' fair values and gross unrealized losses for individual securities that have been in a continuous loss position for 12 months or less as of September 30, 2020 and those that have been in a loss position for 12 months or more as of September 30, 2020. These investments are interest-yielding debt securities of varying maturities. The Health System has determined that the unrealized loss position for these securities is primarily due to market volatility. Generally, in a rising interest rate environment, the estimated fair value of fixed income securities would be expected to decrease; conversely, in a decreasing interest rate environment, the estimated fair value of

fixed income securities would be expected to increase. These securities may also be negatively impacted by illiquidity in the market.

	In a Continuous Loss Position for Less than 12 Months		
	Estimated Fair Value	Unrealized Losses	Total Number of Positions
Corporate bonds, notes, mortgages and asset-backed securities	\$ 35,524	\$ (393)	107
Mutual funds	18,299	(884)	17
Government & agency securities	<u>39,672</u>	<u>(188)</u>	<u>31</u>
Total	<u>\$ 93,495</u>	<u>\$ (1,465)</u>	<u>155</u>

	In a Continuous Loss Position for more than 12 Months		
	Estimated Fair Value	Unrealized Losses	Total Number of Positions
Corporate bonds, notes, mortgages and asset-backed securities	\$ 4,241	\$ (276)	20
Mutual funds	3,688	(523)	3
Government & agency securities	<u>100</u>	<u>(1)</u>	<u>1</u>
Total	<u>\$ 8,029</u>	<u>\$ (800)</u>	<u>24</u>

Fair Value of Debt—The interest rate on the Health System’s Variable Rate Revenue Bonds is reset daily to reflect current market rates. Consequently, the carrying value approximates fair value. The carrying amount reported in the balance sheet for finance leased assets approximates its fair value.

The estimated fair value of the Fixed Rate Bonds as of September 30, 2020 and 2019 was \$648,130 and \$644,567, respectively, and are based on Level 2 inputs within the fair value hierarchy. The fair value was estimated by discounting the future cash flows using rates currently available for debt of similar terms and maturity. The carrying value of the Fixed Rate Bonds as of September 30, 2020 and 2019 was \$552,970 and \$555,315, respectively.

The estimated fair value of the notes payable as of September 30, 2020 and 2019, was \$27,251 and \$25,912, respectively. The fair value is based on Level 2 inputs within the fair value hierarchy and was estimated by discounting the future cash flows using rates currently available for debt of similar terms and maturity. The carrying value of the notes payable as of September 30, 2020 and 2019 was \$24,736 and \$25,390, respectively.

The fair value estimates presented herein are based on pertinent information available to management as of September 30, 2020. Although management is not aware of any factors that would significantly affect the estimated fair value amounts, such amounts have not been comprehensively revalued for purposes of these financial statements since that date, and current estimates of fair value may differ significantly from the amounts presented herein.

11. COMMITMENTS AND CONTINGENCIES

The Health System maintains professional liability coverage through a "claims made" insurance policy. The policy provides coverage for claims filed within the period of the policy term. The current policy period ends May 31, 2021 and includes provisions for purchase of tail coverage in the event a new carrier is selected. The Health System also maintains reserves based primarily on actuarial estimates provided by an independent third party for the portion of its professional liability risks, including incurred but not reported claims, for which it does not have insurance coverage. Reserves for losses and related expenses are estimated using expected loss reporting patterns and are discounted to their present value using a discount rate of 3.5%. There can be no assurance that the ultimate liability will not exceed such estimates. Adjustments to the estimated reserves are included in results of operations in the periods when such amounts are determined. As of September 30, 2020, and 2019, the Health System had professional liability recorded in accounts payable and accrued liabilities in the amounts of \$22,367 and \$21,860, respectively.

As of September 30, 2020, and 2019, the Health System had commitments on construction contracts and equipment purchases totaling \$79,200 and \$137,143, respectively.

The Health System is routinely involved in other litigation matters and regulatory investigations arising in the normal course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material effect on the Health System's future financial position, results of operations, or cash flows.

12. FUNCTIONAL EXPENSES

The Health System provides medical and healthcare services to residents within its geographic location. Expenses from continuing operations related to providing these services for the years ended September 30 are allocated as follows:

	2020	2019
Professional, nursing, and other patient care services	\$ 2,496,764	\$ 2,376,412
Fiscal and administrative support services	<u>422,233</u>	<u>415,208</u>
	<u>\$ 2,918,997</u>	<u>\$ 2,791,620</u>

13. INCOME TAXES

Income tax expense for the Health System differs from the income tax expense at the U.S. federal statutory tax rate of 21% due to state taxes, net of a federal benefit, nondeductible

business meals and entertainment expenses, and tax-exempt earnings of our not-for-profit entities.

Deferred income taxes resulted from temporary differences between the tax basis of assets and liabilities and their reported amounts in the financial statements, resulting in taxable or deductible amounts in future years and net operating loss carryforwards (NOLs).

Management assesses the available positive and negative evidence to estimate whether sufficient future taxable income will be generated to permit use of the existing DTAs for each of the Health System's legal entities. A significant piece of objective negative evidence evaluated was the cumulative loss incurred over the three-year period ended September 30, 2020. Such objective evidence limits the ability to consider other subjective evidence, such as our projections for future growth.

As of September 30, 2020, the Health System has net operating loss carry forwards in the amount of \$108,072 and \$89,259 for federal and state jurisdictions, respectively. The NOLs are set to expire in years 2021 through 2041. The Health System does not believe that it is more likely than not they will utilize these losses prior to their expiration and as such has provided a full valuation allowance against these losses. The amount of the DTA considered realizable, however, could be adjusted if estimates of future taxable income during the carryforward period are reduced or increased or if objective negative evidence in the form of cumulative losses is no longer present and additional weight is given to subjective evidence such as our projections for growth.

The Health System accounts for uncertain tax positions in accordance with ASC 740. Management is not aware of any uncertain tax positions that should be recorded. The Health System includes penalties and interest, if any, with its provision for income taxes in the non-operating items in the consolidated statements of operations and changes in net assets.

The Health System is subject to taxation in the United States and Idaho jurisdictions. As of September 30, 2020, the Health System's tax years for 2017, 2018 and 2019 are subject to examination by the tax authorities. As of September 30, 2020, the Health System is no longer subject to U.S. Federal or Idaho examinations by tax authorities for tax years before 2017.

14. SUBSEQUENT EVENTS

The Health System has evaluated subsequent events through December 18, 2020. This is the date the financial statements were available to be issued.

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