

Idaho 501c3 Hospital Report of Community Benefits

INTRODUCTION

Section 63-602D of the Idaho Code specifically provides a property tax exemption to 501c3 (non-profit) hospitals' real property and land. This section of the code was amended by the 1999 legislature (HB 154) in recognition of the general benefit non-profit hospitals provide to Idaho's residents.

Section 7 of this code requires that 501c3 hospitals having 150 or more beds file a community benefit report with the board of equalization by December 31 of each year. According to the code, the report shall include:

- The hospital's amount of unreimbursed services for the prior year (including charity care, bad debt, and under-reimbursed care covered through government programs).
- Donated time, funds, subsidies, and in-kind services.
- Additions to capital such as physical plant and equipment.
- Indication of the process the hospital has used to determine general community needs which coincide with the hospital's mission.

There is no single national or statewide-prescribed method for accounting for and reporting this type of data. Indeed, several national health care organizations and other states have developed various criteria for such reports. To help assure a level of data consistency, Idaho's major hospitals have collaborated to develop this uniform report format using prevalent formats already established.

By reviewing this data, the submitting hospital hopes to provide county boards of equalization with insight into benefits derived by their community through the operations of their county's 501c3 hospital.

It is important to note, however, that the full value of benefits provided to the community by 501c3 hospitals cannot be measured solely by statistics, finances, and/or the data contained in this report. Beyond the benefits defined in this report, Idaho's residents also benefit by having non-profit hospitals whose missions, vision and values are focussed on patients rather than shareholders. St. Luke's has a governing board comprised of independent civic leaders from the community, they include:

Arthur F. (Skip) Oppenheimer - Chairman
The Rt. Rev. Harry Bainbridge III
Edwin E. Dahlberg
Jim Everett
Robert M. Franklin, DO – Chief of Staff
Morley Golden
Alice E. Hennessey
Mark C. Johnson, MD
Terry Keller, MD
Robert Kustra, PhD

J. Patrick McMurray
Jon H. Miller
Mike Mooney
Donald J. (Jim) Nelson
Jan B. Packwood
Thomas R. Saldin
Cathy R. Silak
Gay Simplot
Barbara L. Wilson
Charles H. Wilson

Residents of a community served by a 501c3 hospital know that if they do require emergency, routine, or medically ordered hospital care, they will not be turned away. In addition, many studies indicate that the rates charged by 501c3 hospitals are generally lower than the rates charged by investor owned hospitals offering similar services.

St. Luke's also serves a vital role within our community in the preparation for and provision of services and resources in the event of a disaster. The current unrest in our nation underscores what a critical commitment it is to provide this safety net. At St. Luke's, disaster preparedness encompasses everything from our investments in infrastructure items like back-up power resources, communication systems, warehousing of supplies and personal protective equipment, to building decontamination areas and

isolation rooms, and most importantly our regular training and drills for the entire staff inside the facility and in concert with other community partners.

1) **NAME: St. Luke’s Regional Medical Center, Ltd.**

2) **FEDERAL 501c3 TAX ID NUMBER: 82-016 1600**

3) **GENERAL DESCRIPTION OF SERVICE AREA:**

St. Luke’s primary service area includes Idaho’s Ada County, with its secondary service area covering southwest and south central Idaho and Eastern Oregon. Certain tertiary services routinely provide care to residents from throughout Idaho and into its surrounding states.

4) **SOURCE OF DATA:**

FYE September 30, 2003 financial reports plus unaudited internal records

5) **UNREIMBURSED SERVICES:**

a. Total amount of charity care and bad debt at cost: \$ **17,419,000**

b. Unreimbursed (net) cost of services provided to patients covered by Medicare, Medicaid, County Indigency, and other government programs: \$ **36,820,000**

c. Cost of other unreimbursed services not accounted for in other sections of this report: \$**0**

6) **COMMUNITY BENEFIT SERVICES, PROGRAMS AND OTHER SPECIAL SERVICES OPERATED BELOW ACTUAL REIMBURSEMENTS:**

a. The total unreimbursed value of “community benefit” services and programs operated by the hospital, donations or subsidies or in-kind services to other 501c3 organizations, as defined by the Catholic Hospital Association, VHA, or other nationally recognized format identified by the hospital. Value noted here excludes any figures noted in other sections of this report: \$**10,698,000**

b. Community Benefit reporting format used: Lyons Software based on the Social Accountability Guidelines from the Catholic Hospital Association

c. Description/Sampling of Community Benefit Activities:

Sampling of Education Services:

Birth and Parenting Classes	<i>Offered to all new and prospective parents in our region, regardless of their choice of location for the birth of their baby</i>
Respiratory Therapy and Physical Therapy Clinical Instruction	<i>Subsidized instruction offered to Respiratory Therapy and Physical Therapy Students throughout the region</i>
Idaho Perinatal Project & NIDCAP Training Program	<i>Subsidized resources serving all obstetric programs and providers in our state</i>
MSTI Rural Outreach	<i>Free clinics held in rural locations to support the knowledge of providers and support the care of oncology patients in those areas</i>
Cancer Detection Education	<i>Community education efforts to increase awareness and early detection of specific cancers</i>
Clinical Education Programs	<i>SLRMC staff provide preceptorship, mentoring, and teaching for nursing and pharmacy students from local universities.</i>
Educational Observations and Preceptorships	<i>Mentoring and teaching of students interested in non-clinical professions within healthcare</i>

Senior Life Program	<i>Subsidized services provided to senior citizens in this region such as foot clinics, educational sessions, Life Line, Contemporary Health Topics, Idaho Senior Games, Personal Care Services, etc.</i>
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Sampling of Clinical & Support Services:

St. Luke's Internal Medicine	<i>Subsidy of the cost to provide physician care to thousands of Medicare and Medicaid patients</i>
NICU Clinic	<i>Subsidized service available to all graduates of the Neonatal Intensive Care Unit and their families.</i>
MSTI Patient Family Support Services	<i>Family support for patients of the Mountain States Tumor Institute</i>
MSTI Patient Financial Assistance Fund	<i>Financial Assistance for the personal needs of patients of the Mountain States Tumor Institute</i>
Mountain States Medical Research Institute	<i>Research subsidies for treatments benefiting area patients</i>
Marrow Donor Drives and Donor Program	<i>Efforts to increase the awareness and volunteers associated with the bone marrow donor program</i>
Women's Life Program	<i>Free or subsidized programs are offered throughout the region such as fertility support groups, parenting for toddlers and older children, stress management, osteoporosis education, domestic violence education/prevention efforts, birth control, etc.</i>
Community Immunization Clinics and Childhood Immunization Support	<i>Immunizations given at minimal or no-charge (flu clinics, back-to-school efforts, etc..)</i>
Health Access Clinic	<i>Provide significant subsidy of a primary health clinic for the working uninsured of Ada County</i>
Family Practice Residency	<i>Funding of the residency education program for family practice physicians and its clinics serving thousands of area patients</i>

Sampling of Community Partnerships

Community Program Sponsorships	<i>Cash sponsorships of community programs and activities such as The American Cancer Society Relay for Life, Idaho Women's Fitness Celebration, and Susan G. Komen Race for the Cure</i>
Humphreys Diabetes Center	<i>Underwrite this diabetes care and education center</i>
Children's Services (Pediatrics)	<i>Various services are subsidized, including the sponsorship of an Explorer Scout troop within the walls of the hospital, Kid Safe program and Success by Six</i>
Epilepsy League Building Rental	<i>Subsidy of the rent for the Epilepsy League office</i>
Women's Fitness Celebration	<i>Largest women's fitness event in the region. Involving ~12,000 women of all ages promoting health and fitness, to inspire healthy attitudes that reach families and communities</i>
Youth Camps	<i>Support of camp efforts for community youth. Specifically, Camp Hodia for diabetic children and Camp Rainbow Gold for children with cancer</i>

7) VALUE OF DONATIONS

Idaho's 501c3 hospitals and the communities they serve benefit from the philanthropic support the hospitals receive each year. Charitable donations often enable the hospital to start needed new services, subsidize programs, fund research and outreach activities, and keep their rates lower than may otherwise be necessary. Some donations are given to hospitals without restrictions, allowing the

hospital to use those funds where needed most. Restricted gifts, often related to specific program grants, research or capital projects, are used by hospitals only as specifically directed by the donor.

- a. Donations received: \$ **3,940,000**
- b. Number of volunteer hours contributed to the hospital: **87,466**

8) ADDITIONS TO CAPITAL

- a. Additions to capital including all expenditures for land, facilities, equipment and other capital supporting the hospital's mission: \$ **59,351,000**

9) COMMUNITY NEEDS DETERMINATION PROCESS

- a. Attach a description of the process(es) used to identify general or specific community needs which coincide with the hospital's mission.

St. Luke's determines community needs in three primary ways. First, we conduct a semi-annual community survey covering the primary service area of Ada County. This is a structured survey tool that is randomly administered to individual households. This survey coincides with/and immediately precedes the semi-annual strategic planning process. This survey provides both perception and anecdotal information from individuals on health needs in this community. The timing of the survey is significant as we reflect on the mission as the cornerstone of the organization and the strategies that will address the identified needs to support the mission. We also glean this type of information during other times through specialty surveys (either written, telephone, or focus group) focused on a specific community or service.

Secondarily, we analyze hard data provided through such agencies as Ada Planning Association (COMPASS), United Way, Kids Count, Blue Cross of Idaho, and the State of Idaho. These bodies report various socio-economic facts or identify key needs, which help further develop the picture of health challenges and existing needs across our service area.

Finally, we create forums for members from different walks of life to dialogue about the needs in the community and the opportunities to address these needs. These individuals range from the volunteers that provide an on-going source of ambassadorship between St. Luke's and the community, to the members of affiliated services (i.e. Humphrey's Diabetes, Residency Program, etc.) to various partisan groups within the region (ICAN), to the leadership of affiliated medial facilities (McCall, Mountain Home, Gooding, Challis, Wood River, Fairfield), to our formal and informal Board leadership (Children's Advisory Council, Board of Directors, Foundation Board), to our own staff who participate in many health related volunteer roles.

All of these inputs are routinely reviewed and discussed, relative to St. Luke's current efforts, to address these issues or ability to initiate or enhance our support. Our process also reviews the organization's fiscal ability to continue its subsidy or support of existing community benefit activities. This process also identifies capital-related needs, such as facility expansion, which are necessary for St. Luke's to continue to serve the healthcare needs of our service area.

Submitted by:

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Date: December 30, 2004