Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning OCT 1, 2014 and ending SEP 30, 2015

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
St. Luke's Magic Valley Regional Medical Center,Ltd.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 801 Pole Line Road

Room/suite

City or town, state or province, country, and ZIP or foreign postal code Twin Falls, ID 83301

F Name and address of principal officer: James Angle same as (c)

D Employer identification number 56-2570686

E Telephone number 208-381-3790

G Gross receipts $ 381,235,533.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.stlukesonline.org/magic valley

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2006

M State of legal domicile: ID

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Provide healthcare services to the community.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2811
6	Total number of volunteers (estimate if necessary)	6	217
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	82,239.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	<30,149.>

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	1,837,028.	1,138,374.
9	Program service revenue (Part VIII, line 2g)	350,507,075.	379,502,500.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	642,598.	382,050.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<76,553.>	122,955.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	352,910,148.	381,145,879.
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	817,658.	1,055,743.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	127,562,826.	142,987,954.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	201,633,366.	212,686,268.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	330,013,850.	356,729,965.
19	Revenue less expenses. Subtract line 18 from line 12	22,896,298.	24,415,914.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	302,642,955.	296,333,994.
21	Total liabilities (Part X, line 26)	168,704,409.	143,701,205.
22	Net assets or fund balances. Subtract line 21 from line 20	133,938,546.	152,632,789.

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 8-4-16 Date

▶ Peter DiDio, Vice-President,Controller Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: John W. Sadoff, Jr.	Preparer's signature: John W. Sadoff Jr.	Date: 8-3-16	Check ☐ if self-employed	PTIN: P00540589
Firm's name ▶ Deloitte Tax LLP			Firm's EIN ▶ 86-1065772	
Firm's address ▶ 655 West Broadway, Suite 700 San Diego, CA 82101-8590			Phone no. 619-232-6500	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ 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:
Improve the health of people in the communities we serve by aligning physicians and other providers to deliver integrated,patient centered,quality care.

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 ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 328,854,714. including grants of $ 1,055,743.) (Revenue $ 368,314,795.)
Medical & Surgical:

St. Luke's Magic Valley is a 186-bed hospital,700,000 square foot health care facility with acute care and acute rehabilitation as well as St. Luke's Canyon View Behavioral Health Services. With more than 1,900 employees and more than 200 physicians with 28 specialties,St. Luke's Magic Valley provides the most comprehensive health care services in south central Idaho,including:general acute care services,Inpatient Rehabilitation services,Behavioral Health Services,cancer services with St. Luke's Mountain States Tumor Institute (MSTI),Cardiopulmonary and Cardiac Catheterization, CARES (Children At Risk Evaluation Services),Community Connection

4b (Code:) (Expenses $ 6,046,266. including grants of $) (Revenue $ 9,106,645.)
Behavioral Health:

St. Luke's Canyon View Behavioral Health Services,a 28-bed inpatient facility,provides treatment for adults and seniors. St. Luke's Canyon View offers intensive inpatient programs that address acute psychiatric issues in addition to medical detoxification from alcohol and drugs. Canyon View utilizes individual,family,and group counseling to address personal,family,emotional,psychiatric, behavioral,and addiction-related problems. Our wide variety of services allows Canyon View to carefully match the needs of each person who comes to us for help with the most appropriate, cost-effective level of care. Outpatient services are scheduled at

4c (Code:) (Expenses $ 1,560,080. including grants of $) (Revenue $ 2,081,060.)
Comprehensive Rehabilitation and Therapy Services

The Gwen Neilson Anderson Rehabilitation Center at St. Luke's Magic Valley is a licensed,comprehensive,14-bed acute inpatient rehabilitation center. Our inpatient unit provides state-of-the-art,evidenced-based rehabilitation care for patients requiring:

--Intensive physicial,occupational,and/or speech therapy (at least three hours per day).
--Specialized 24-hour rehabilitative nursing in an inpatient setting
--Daily oversight by a medical doctor who specializes in physical

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

4e Total program service expenses ▶ 336,461,060.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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 ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	56		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2811		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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 in 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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in 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: ▶

Peter DiDio Vice-President,Controller - 208-371-1251

190 E Bannock, Boise, ID 83712

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 X

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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) Mr. J. Robert Alexander	2.00									
Chairman	2.00	X		X				0.	0.	0.
(2) Mr. Charles Coiner	2.00									
Chair Elect	2.00	X		X				0.	0.	0.
(3) D. Jeff Fox, Ph.D.	2.00									
Director	2.00	X						0.	0.	0.
(4) Mr. R. Todd Blass	2.00									
Director	2.00	X						0.	0.	0.
(5) Mr. Peter Becker	2.00									
Director	2.00	X						0.	0.	0.
(6) Ms. Cynthia Murphy	2.00									
Director	2.00	X						0.	0.	0.
(7) Mr. Terry Kramer	2.00									
Director	2.00	X						0.	0.	0.
(8) Ms. Jane Miller	2.00									
Director	2.00	X						0.	0.	0.
(9) Mr. Terry Ring	2.00									
Director	2.00	X						0.	0.	0.
(10) Mr. George Kirk	2.00									
Director	2.00	X						0.	0.	0.
(11) Eric Cassidy, D.O.	40.00									
Director	2.00	X						0.	0.	0.
(12) Brian Fortuin, M.D.	40.00									
Director	4.00	X						0.	116,610.	0.
(13) Ron E. McGarrigle M.D.	40.00									
Director	2.00	X						0.	89,950.	0.
(14) Robert Wasserstrom, M.D.	40.00									
Director	2.00	X						0.	47,569.	0.
(15) Mr. James Angle	40.00									
CEO-St. Luke's Eastern Reg	2.00	X		X				0.	498,727.	27,213.
(16) Jon Thorson, M.D.	2.00									
Director(Served through Jan,-2015)	2.00	X						0.	0.	0.
(17) Rick Yavruian, D.O.	40.00									
Director(Served through Dec.-2014)	2.00	X						290,671.	0.	5,402.

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) Mr. Jeffrey S. Taylor	2.00									
SR VP/CFO/Treasurer	50.00			X				0.	1,227,091.	<3,464.>
(19) Ms. Christine Neuhoff	2.00									
VP/Legal Affairs/Secretary	50.00			X				0.	396,045.	36,674.
(20) James H. Rao,M.D.	40.00									
Physician	0.00					X		409,542.	0.	18,848.
(21) Randal L. Wraalstad,D.P.M.	40.00									
Physician	0.00					X		430,243.	0.	12,438.
(22) Timothy A Enders,D.O.	40.00									
Physician	0.00					X		433,124.	0.	18,344.
(23) Thomas W. Dirocco,M.D	40.00									
Physician	0.00					X		377,822.	0.	19,974.
(24) Jennifer R. Merchant,M.D.	40.00									
Physician	0.00					X		409,297.	0.	20,773.
1b Sub-total ▶								2,350,699.	2,375,992.	156,202.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								2,350,699.	2,375,992.	156,202.

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 ▶ 79

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4	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? *If "Yes," complete Schedule J for such person*	5		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
Magic Valley Anesthesiology Associate PLLC, 139 River Vista Place. Ste. 202,	Anesthesia Services	7,774,515.
Physician Center, 630 Addison Ave W. Ste. 100, Twin Falls, ID 83301	Medical Services	6,785,094.
Emergency Physicians of Southern Idaho,PLLC P.O. Box 2775, Twin Falls, ID 83301	Emergency Medicine Services	5,511,911.
RMJ Safari PLLC, 714 N. College Road Ste. A, Twin Falls, ID 83301	Medical Services	5,465,275.
Blue Lakes Gastroneterology,PLLC P.O. Box 1293, Twin Falls, ID 83303	Medical Services	4,171,176.

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 ▶ 65

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	295,442.			
	e Government grants (contributions)	1e	70,219.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	772,713.			
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f		1,138,374.			
Program Service Revenue		**Business Code**				
	2a Net Patient Revenue	900099	375,885,042.	375,885,042.		
	b					
	c					
	d					
	e					
	f All other program service revenue	900099	3,617,458.	3,617,458.		
	g **Total.** Add lines 2a-2f		379,502,500.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		383,704.			383,704.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents	125,526.				
	b Less: rental expenses	84,810.				
	c Rental income or (loss)	40,716.				
	d Net rental income or (loss)		40,716.			40,716.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	3,190.				
	b Less: cost or other basis and sales expenses	4,844.				
	c Gain or (loss)	<1,654.>				
	d Net gain or (loss)		<1,654.>			<1,654.>
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	**Business Code**				
	11a Transcription Services	541900	30,600.		30,600.	
	b MSO Admin & Billing Se	561000	20,181.		20,181.	
	c Information Technology	541519	15,875.		15,875.	
	d All other revenue	812300	15,583.		15,583.	
	e **Total.** Add lines 11a-11d		82,239.			
	12 **Total revenue.** See instructions.		381,145,879.	379,502,500.	82,239.	422,766.

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	1,055,743.	1,055,743.		
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	568,738.		568,738.	
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	113,557,650.	103,592,794.	9,964,856.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,958,788.	1,790,460.	168,328.	
9 Other employee benefits	18,918,601.	17,189,223.	1,729,378.	
10 Payroll taxes	7,984,177.	7,248,985.	735,192.	
11 Fees for services (non-employees):				
a Management	58,758,713.	58,288,389.	470,324.	
b Legal	739,082.	2,771.	736,311.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,230,454.	4,179,641.	50,813.	
12 Advertising and promotion	175,432.		175,432.	
13 Office expenses	3,035,422.	2,609,645.	425,777.	
14 Information technology	20,846,321.	20,844,571.	1,750.	
15 Royalties				
16 Occupancy	1,019,674.	1,019,674.		
17 Travel	361,883.	250,400.	111,483.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	254,663.	254,663.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,017,806.	18,898,404.	119,402.	
23 Insurance	112,885.	112,885.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Supplies	48,645,495.	47,519,261.	1,126,234.	
b Provision For Bad Debt	22,500,485.	22,500,485.		
c Contract Service Expens	7,516,184.	5,683,235.	1,832,949.	
d Repairs Expense	4,211,596.	3,143,413.	1,068,183.	
e All other expenses	21,260,173.	20,276,418.	983,755.	
25 **Total functional expenses.** Add lines 1 through 24e	356,729,965.	336,461,060.	20,268,905.	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) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		6,950,904.	1	9,276,423.
	2	Savings and temporary cash investments		3,245,363.	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		54,125,050.	4	52,053,343.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		26,836.	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	80,285.
	8	Inventories for sale or use		4,040,869.	8	6,419,615.
	9	Prepaid expenses and deferred charges		465,795.	9	739,921.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 284,974,604.			
	b	Less: accumulated depreciation	10b 60,785,754.	232,149,001.	10c	224,188,850.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		38,504.	12	2,075,557.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		18,269.	14	
	15	Other assets. See Part IV, line 11		1,582,364.	15	1,500,000.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		302,642,955.	16	296,333,994.
Liabilities	17	Accounts payable and accrued expenses		35,728,747.	17	15,701,894.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		941,316.	21	487,804.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	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		132,034,346.	25	127,511,507.
	26	**Total liabilities.** Add lines 17 through 25		168,704,409.	26	143,701,205.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		133,938,546.	27	152,632,789.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		133,938,546.	33	152,632,789.
	34	Total liabilities and net assets/fund balances		302,642,955.	34	296,333,994.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	381,145,879.
2	Total expenses (must equal Part IX, column (A), line 25)	2	356,729,965.
3	Revenue less expenses. Subtract line 2 from line 1	3	24,415,914.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	133,938,546.
5	Net unrealized gains (losses) on investments	5	<98,470.>
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 in Schedule O)	9	<5,623,201.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	152,632,789.

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		X
	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?	2b	X	
	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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?	3a	X	
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 in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at** *www.irs.gov/form990.*

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization	**Employer identification number**
St. Luke's Magic Valley Regional Medical Center,Ltd.	56-2570686

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2014.** 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 ▶ ☐

b **33 1/3% support test - 2013.** 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 ▶ ☐

17a **10% -facts-and-circumstances test - 2014.** 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 ▶ ☐

b **10% -facts-and-circumstances test - 2013.** 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 ▶ ☐

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 ▶ ☐

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

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2014.** 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 - 2013.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

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? *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.*	1		
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? *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.*	2		

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)? *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).*	1		

Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
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? *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.*	2a		
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? *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.*	2b		
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? Provide details in ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in ***Part VI*** *the role played by the organization in this regard.*	3b		

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. **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		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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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 2014 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-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2015.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990* .

OMB No. 1545-0047

2014

Name of the organization	Employer identification number
St. Luke's Magic Valley Regional Medical Center,Ltd.	56-2570686

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

[X] 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
St. Luke's Magic Valley Regional Medical Center,Ltd.	56-2570686

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		$ 372,671.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 295,442.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 223,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 41,952.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 10,899.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
St. Luke's Magic Valley Regional Medical Center,Ltd.	56-2570686

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
7		$ 8,368.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
St. Luke's Magic Valley Regional Medical Center,Ltd.	56-2570686

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

Name of organization	Employer identification number
St. Luke's Magic Valley Regional Medical Center, Ltd.	56-2570686

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

(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

(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

(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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization St. Luke's Magic Valley Regional Medical Center,Ltd.

Employer identification number 56-2570686

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., 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 8/17/06, 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? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, 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)? ☐ Yes ☐ No

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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 in 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 SFAS 116 (ASC 958) relating to these items:

a Revenue included in 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 are a 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 programs
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" to 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 in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%

The percentages in 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	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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" to 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	4,842,353.	9,478,687.		14,321,040.
b Buildings		218,631,079.	32,127,734.	186,503,345.
c Leasehold improvements		378,309.	91,307.	287,002.
d Equipment		48,732,761.	28,566,713.	20,166,048.
e Other		2,911,415.		2,911,415.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				224,188,850.

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) Due to Related Organizations	97,783,606.
(3) Capital Lease	2,875,343.
(4) AP MEDICARE-MEDICAID PROG	21,088,663.
(5) SERP DC Plan	147,161.
(6) Pension Liability	5,616,734.
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	127,511,507.

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 FIN 48 (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" to 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" to 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.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization St. Luke's Magic Valley Regional Medical Center,Ltd.

Employer identification number 56-2570686

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. [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [ ] 200% [X] Other 185 %	3a	X	
b Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [X] 400% [ ] Other %	3b	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	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		X
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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,977,558.	0.	6,977,558.	2.09%
b Medicaid (from Worksheet 3, column a)			53,510,595.	43,558,003.	9,952,592.	2.98%
c Costs of other means-tested government programs (from Worksheet 3, column b)			9,878,156.	6,785,904.	3,092,252.	.93%
d **Total** Financial Assistance and Means-Tested Government Programs			70,366,309.	50,343,907.	20,022,402.	6.00%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,414,670.	188,580.	2,226,090.	.67%
f Health professions education (from Worksheet 5)			2,144,249.	0.	2,144,249.	.64%
g Subsidized health services (from Worksheet 6)			3,712,507.	1,710,362.	2,002,145.	.60%
h Research (from Worksheet 7)			0.	0.		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			258,375.	0.	258,375.	.08%
j **Total.** Other Benefits			8,529,801.	1,898,942.	6,630,859.	1.99%
k **Total.** Add lines 7d and 7j			78,896,110.	52,242,849.	26,653,261.	7.99%

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

			Yes	No
Section A. Bad Debt Expense				
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 10,476,954.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			
Section B. Medicare				
5	Enter total revenue received from Medicare (including DSH and IME)	5 71,407,014.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6 84,311,415.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7 <12,904,401.>		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☐ Cost to charge ratio ☒ Other			
Section C. Collection Practices				
9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 St.Luke's Magic Valley Regional Medica 801 Pole Line Road Twin Falls, ID 83301 www.stlukesonline.org State of Idaho License #14	X	X					X			A
2 St. Luke's Jerome 709 N. Lincoln Jerome, ID 83308 www.stlukesonline.org State of Idaho License #08	X	X			X		X			A

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?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 12			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): www.stlukesonline.org/about-st-lukes/supporting-the-community			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 12			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		X
a	If "Yes," (list url):			
b	If "No", is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	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)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group 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?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 185 % and FPG family income limit for eligibility for discounted care of 400 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): See Part V			
b	[X] The FAP application form was widely available on a website (list url): See Part V			
c	[ ] A plain language summary of the FAP was widely available on a website (list url):			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[ ] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	[ ] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] Other (describe in Section C)			

Billing and Collections

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 non-payment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	[ ] Reporting to credit agency(ies)			
b	[ ] Selling an individual's debt to another party			
c	[ ] Actions that require a legal or judicial process			
d	[ ] Other similar actions (describe in Section C)			
e	[X] None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

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

		Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes", check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ 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** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- **a** ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- **b** ☒ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- **c** ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- **d** ☐ Other (describe in Section C)

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		X
If "Yes," explain in Section C.			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		X
If "Yes," explain in Section C.			

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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

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

Facility Reporting Group A consists of:

- Facility 1: St.Luke's Magic Valley Regional Medical
- Facility 2: St. Luke's Jerome

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

Part V, Section B, line 5:

A series of interviews with and surveys(questionnaires)of community representatives and leaders representing the broad interests of our community were conducted in order to assist us in defining,prioritizing and understanding our most important community needs. Many leaders that participated in our process are individuals who have devoted decades to helping others lead healthier and more independent lives. All of the leaders 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 or expertise in

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

public health

Category II: Federal,Regional,State,or Local health or other departments or agencies(with current data or other information relevant to the health needs of the community served by the hospital)

Category III: Leaders,representatives,or members of medically underserved,low income,and minority populations,and populations with chronic disease needs

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 leaders thought our community was healthy in that area already or had relatively good programs addressing the potential need. These scores were incorporated directly into our health need prioritization process. In addition,we invited the leaders to suggest programs,legislation,or other measures they believed to be effective in addressing the needs.

The following community leaders/representatives were contacted:

(1) Idaho Department of Health and Welfare

(2) Boise VA Medical Center

(3) South Central Public Health

(4) College of Southern Idaho

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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) Family Health Services

(6) St. Luke's Behavioral Health

(7) Coordinator of the CARES(Children At Risk Evaluation Services)

at St. Luke's Magic Valley Regional Medical Center

(8) College of Southern Idaho Office on Aging

(9) St. Luke's Diabetes Management Clinic and Physician's Center

(10) Mustard Tree Clinic

(11) Magic Valley Rehabilitation Services

(12) Community Council of Idaho

(13) Safe Harbor, Inc.

(14) College of Southern Idaho Refugee Center

(15) Crisis Center of Magic Valley

(16) Twin Falls School District

(17) United Way of Magic Valley

(18) Twin Falls County

(19) La Posada, Inc.

(20) South Central Community Action Partnership (SCCAP)

(21) Idaho Office for Refugees

(22) Idaho Department of Labor: Provided unemployment related information for the area.

(23) Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services,Region X.

(24) Family Residency of Idaho

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

Part V, Section B, line 11:

We organized our significant health needs into five groups:

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

Program Group 1:Weight Management and Fitness

-Adult and teen weight management

-Adult and teen nutrition

-Adult and teen exercise

Program Group 2:Diabetes

-Wellness and prevention for diabetes

-Chronic condition for diabetes

-Diabetes screening

Program Group 3:Behavioral Health

-Mental illness

-Substance Abuse

-Suicide prevention

-Availability of mental health service providers

Program Group 4:Barriers to Access

-Affordable care

-Affordable health insurance

-Children and family services(low income)

-More providers accept public health insurance

-Primary Care Providers(adequate numbers)

-Transportation to and from Appointments

Program Group 5:Additional Health Screening and Education Programs Ranked above the Median

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

-Asthma chronic care and wellness

-High cholesterol chronic care and wellness

-Breast cancer and mammography screening

-High school and college education support and assistance programs

-Lung Cancer

-Respiratory disease

-Safe sex education programs: Sexually transmitted diseases and teen birth rate

Next we examined whether it would be effective and efficient for St. Luke's Magic Valley Regional Medical Center(SLMV)to address each significant health need directly. To make this determination,we reviewed the resources we had available and determined whether the health need was in alignment with our mission and strengths. Where a high priority need was not in alignment with our mission and strengths,SLMV tried to identify a community group or organization better able to serve the need.

Significant community health needs not addressed by SLMV are as follows:

(1) Safe Sex Education

SLMV will not directly provide safe-sex education programs because this need has a low alignment with our mission and strengths and due to resource constraints we will instead focus on higher priority needs. SLMV will rely on South Central District Health and other community resources to help us address this need.

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

(2) Children and family services

SLMV will not develop its own children and family support services program because this need has a low alignment with our mission and stengths. However,because this need is ranked above the median SLMV will support the community-based children and family services program described in our implementation plan.

(3) Education support and assistance

SLMV will not develop its own education and support assistance programs because this need has a low alignment with our mission and strengths. However,we do provide training and education to the College of Southern Idaho as described in our implementation plan.

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

Part V, Section B, line 16i:

A Financial Care application is provided to the patient which contains Patient Financial Advocate contact information.

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

Part V, Section B, line 5:

A series of interviews with and surveys(questionnaires)of community representatives and leaders representing the broad interests of our community were conducted in order to assist us in defining,prioritizing, and understanding our most important community needs. Many leaders that

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

participated in our process are individuals who have devoted decades to helping others lead healthier and more independent lives. All of the leaders 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 or expertise in public health

Category II: Federal,Regional,State,or Local health or other departments or agencies(with current data or other information relevant to the health needs of the community served by the hospital)

Category III: Leaders,representatives,or members of medically underserved,low income,and minority populations,and populations with chronic disease needs

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 were important to address with additional resources. Lower scores usually meant our leaders thought our community was healthy in that area already or had relatively good programs addressing the potential need. These scores were incorporated directly into our health need prioritization process. In addition,we invited the leaders to suggest programs,legislation,or other measures they believed to be effective in addressing the needs.

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

The following community leaders/representatives were contacted:

(1) College of Southern Idaho

(2) College of Southern Idaho Office on Aging

(3) Family Health Services

(4) Idaho Department of Health and Welfare

(5) Jerome Recreation District

(6) Jerome School District

(7) Jerome Senior Center

(8) Jerome Interfaith Association

(9) Mustard Tree Clinic

(10) St. Luke's Magic Valley Regional Medical Center;Physicians and leadership.

(11) Boise VA Medical Center

(12) Shoshone Family Medical Center

(13) South Central Public Health

(14) St. Jerome's Catholic Parish

(15) St. Luke's Jerome:Physicians and Leadership

(16) St. Jerome Catholic Church

(17) Wendell School District

(18) U.S. Department of Mental Health Services,Region X Substance Abuse and Mental Health Services Administration

(19) Idaho Department of Labor: Obtained unemployment data

(20) Family Residency of Idaho

(21) St. Luke's Behavioral Health

(22) Coordinator of the CARES(Children At Risk Evaluation Services)

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

at St. Luke's Magic Valley Regional Medical Center

(23) United Way of Magic Valley

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

Part V, Section B, line 11:

We organized our significant health needs into five groups:

Program Group 1:Weight Management,Nutrition,and Fitness

-Adult and teen weight management

-Adult and teen nutrition

-Adult and teen exercise

Program Group 2:Diabetes

-Wellness and prevention for diabetes

-Chronic condition for diabetes

-Diabetes screening

Program Group 3:Behavioral Health

-Mental illness

-Substance abuse programs

-Suicide prevention

-Availability of mental health service providers

Program Group 4:Barriers to Access

-Affordable care

-Affordable dental care

-Affordable health insurance

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

-Children and family services (low income)

-More providers accept public health insurance

-Primary Care Providers(adequate numbers)

-Transportation to and from Appointments

Program Group 5:Additional Health Screening and Education Programs ranked above the Median

-High Cholesterol

-Mammography Screening

-Respiratory Disease

-Safe sex education programs: Sexually transmitted diseases and teen birth rate

Next we examined whether it would be effective and efficient for St. Luke's Jerome,as a critical acccess hospital,to address each significant health need directly. To make this determination,we reviewed the resources we had available and determined whether the health need was in alignment with our mission and strengths. Where a high priority need was not in alignment with our mission and strengths, St. Lukes Jerome tried to identify a community group or organization better able to serve the need.

Significant community health needs not addressed by St. Luke's Jerome are as follows:

(1) Safe Sex Education

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

St. Luke's Jerome will not directly provide safe-sex education programs because this need has a low alignment with our mission and strengths and due to resource constraints we will instead focus on higher priority needs. St. Luke's will rely on South Central District Health and other community resources to help us address this need.

(2) Substance Abuse

St. Luke's Jerome will not directly provide substance abuse programs because this need has a low alignment with our mission and strengths and due to resource constraints we will instead focus on higher priority needs.

(3) Respiratory disease

As a critical access hospital,St. Luke's Jerome will rely on St. Luke's Magic Valley to provide respiratory programs for our community for three primary reasons:

(1) resource constraints inherent with being a Critical Access Hospital,

(2) the need is not a 20th percentile, and

(3) meeting this need is a low strength for St. Luke's Jerome.

As a Crtical Access hospital,we have chosen to focus our limited resources on higher priority needs.

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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) Suicide

Because this is not a top 20th percentile need and has a low strength and mission alignment,we will rely on community based resources to help meet this need. St. Luke's Jerome will partner with St. Luke's Magic Valley to provide a behavioral clinic as described in our Implementation Plan.

(5) Affordable Dental Care

St. Luke's Jerome will not directly provide an affordable dental care program because this need is not aligned with our mission and strengths. However,this need is ranked above the median and St. Luke's will partner with the community to help address the dental health needs. A program description is included in our implementation plan.

(6) Children and family service

Due to resource constraints,St. Luke's Jerome will not develop its own children and family support program becuase this need has a low alignment with our mission and strengths.

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

Part V, Section B, line 16i:

A Financial Care application is provided to the patient which contains

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

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? 12

Name and address	Type of Facility (describe)
1 St. Luke's Magic Valley MOB 775 Pole Line Rd. W. Twin Falls, ID 83301	Various Family Medicine & Specialty Physician Clinics
2 St. Luke's Canyon View 228 Shoup Avenue W. Twin Falls, ID 83301	Psychiatric and Addiction
3 St. Luke's Clinic-Physician Center 2550 Addison Avenue E. Twin Falls, ID 83301	Family Medicine,Internal Medicine,& Pediatric Physician Clinics
4 St. Luke's Woman's Imaging Center 762 N. College Road Twin Falls, ID 83301	Women's Imaging Services
5 St. Luke's Clinic-Physician Center 746 N. College Road Twin Falls, ID 83301	Family Medicine & Specialty Physician Clinic
6 St. Luke's Clinic-Physician Center 730 N. College Road,Suite A Twin Falls, ID 83301	Family Medicine & ENT Physician Clinics
7 St. Luke's Clinic-Ortho./Plastic Surg 714 N. College Road,Suite A Twin Falls, ID 83301	Orthopedics and Plastic Surgery-Physician Clinic
8 St. Luke's Clinic-Physician Center 550 Polk,Suite A Twin Falls, ID 83301	Family Medicine-Physician Clinic
9 St. Luke's Clinic-Neurology 738 N. College Road,Suite C Twin Falls, ID 83301	Neurology and Physical Med.& Rehab-Physician Clinic
10 Magic Valley Paramedics 121 Aspenwood Twin Falls, ID 83301	Ground Paramedic Services

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? _____

Name and address	Type of Facility (describe)
11 Magic Valley Paramedics 285 Martin St. Twin Falls, ID 83301	Ground Paramedic Services
12 Magic Valley Paramedics 708 Shoshone Twin Falls, ID 83301	Ground Paramedic Services

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:

(A) St. Luke's does provide charity care services to patients who meet one or both of the following guidelines based on income and expenses:

1. Income. Patients whose family income is equal to or less than 400% of the then current Federal Poverty Guideline are eligible for possible fee elimination or reduction on a sliding scale.

2. Expenses. Patients may be eligible for charity care if his or her allowable medical expenses have so depleted the family's income and resources that he or she is unable to pay for eligible services. The following two qualifications must apply:

a. Expenses-The patients allowable medical expenses must be greater than 30% of the family income. Allowable medical expenses are the total of the family medical bills that, if paid,would qualify as deductible medical expenses for Federal income tax purposes without regard to whether the

Part VI Supplemental Information *(Continuation)*

expenses exceed the IRS-required threshold for taking the deduction. Paid and unpaid bills may be included.

b. Resources-The patient's excess medical expenses must be greater than available assets. Excess medical expenses are the amount by which allowable medical expenses exceed 30% of the family income. Available assets do not include the primary residence,the first motor vehicle,and a resource exclusion of the first $4,000 of other assets for an individual,or $6,000 for a family of two,and $1,500 for each additional family member.

(B) Service Exclusions:

1. Services that are not medically necessary(e.g. cosmetic surgery)are not eligible for charity care.

2. Eligibility for charity care for a patient whose need for services arose from injuries sustained in a motor vehicle accident where the patient, driver, and/or owner of the motor vehicle had a motor vehicle liability policy,and only if a claim for payment has been properly submitted to the motor vehicle liability insurer,where applicable.

(C) Eligibility Approval Process:

1. St. Luke's screens patients for other sources of coverage and eligibility in government programs. St. Luke's documents the results of each screening. If St. Luke's determines that a patient is potentially eligible for Medicaid or another government program,then St. Luke's shall encourage the patient to apply for such a program and shall assist the patient in applying

Part VI Supplemental Information *(Continuation)*

for benefits under such a program.

2. The patient must complete a Financial Assistance Application and provide required supporting documentation in order to be eligible.

3. St. Luke's verifies reported family and compares to the latest Poverty Guidelines published by the U.S. Department of Health and Human Services.

4. St. Luke's verifies reported assets.

5. St. Luke's provides a written notice of determination of eligibility to the patient or the responsible party within 10 business days of receiving a completed application and the required supporting documentation.

6. St. Luke's reserves the right to run a credit report on all patients applying for charity care services.

(D) Eligibility Period. The determination that an individual is approved for charity care will be effective for six months from the date the application is submitted,unless during that time the patient's family income or insurance status changes to such an extent that the patient becomes ineligible.

Part I, Line 6a:

St. Luke's Magic Valley Regional Medical Center, Ltd. does not include the activities of any of its other related organizations within its community benefit report.

Part I, Line 7:

Part VI Supplemental Information *(Continuation)*

The cost to charge ratio was used for the calculation of charity care at cost,unreimbursed Medicaid and other means-tested programs.

Part I, Line 7g:

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

Home Care

Family Practice-Rural Health Training Track

Palliative Care and Medicine

Behavioral Health

Part I, Ln 7 Col(f):

Bad Debt is defined as expenses resulting from services provided to a patient and/or guarantor who,having the requisite financial resources to pay for health care services,has demonstrated an unwillingness to do so.

Amount of bad debt expense included in Part IX,line 25,is $22,500,485.

Part II, Community Building Activities:

The community building activities for St. Luke's Magic Valley Regional Medical Center,Ltd. include the following:

Economic Development:

Cash donation to Community Connections to fund needed programs in the community and meetings with Planning and Zoning to discuss future

Part VI Supplemental Information *(Continuation)*

developement.

Community Support:

Select members of St. Luke's Magic Valley staff went through intense disaster readiness training in order to be ready for any disaster that occurs in the region. They took this knowledge and implemented disaster readiness policy and procedure throughout the hospital.

Coalition Building:

Activities for Coalition Building include involvement of physician in:

-Chamber of Commerce Leadership

-Tobacco-Free Coalition

-State Board of Medicine

-IMA-President of South Central Idaho

Community Health Improvement Advocacy:

Expenses represent the continued support for Serenity Garden project. The Serenity garden Project was established on June 6,2009 to provide a dignified burial for fetal remains and give the community a place to visit and grieve their loss.

Physician meetings with Genesis Group and county commissioners were held to discuss the Mustard Tree Wellness Clinic operations and funding.

Part VI Supplemental Information *(Continuation)*

Physician meetings with governor and legislators were held to discuss legalization of marijuana and meetings with Idaho Board of Corrections.

Other:

These are expenses incurred by the organization's staff for implementing and tracking community beneift operations.

Part III, Line 2:

The cost to charge ratio method is used to calculate an estimate of bad debt expense at cost.

Part III, Line 4:

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

100% of the shortfall in Medicare reimbursement is considered a community benefit. St. Luke's Magic Valley Regional Medical Center, Ltd. provides medical care to all patients eligble for Medicare regardless of the shortfall and thereby relieves the Federal Government of the burden for

Part VI Supplemental Information *(Continuation)*

paying the full cost of Medicare.

The source of the information is the Medicare Cost Report for fiscal year 2015. The amount is calculated by comparing the total Medicare apportioned costs(allowable costs) to reimbursements received during FY'15.

It should be noted that the unreimbursed costs reported within this schedule are significantly less than the amount reported in the annual Community Benefit Report to Twin Falls County("County"). In the report to the County,unreimbursed costs include program costs allocated to the Medicare Advantage program,along with costs that offset the provider-based physician clinic operations;i.e. professional component billing for physician time and effort. The Medicare Cost Report does not include these components.

In addition,the report to the County includes all allocated costs to the Medicare Programs,whereas the Medicare Cost Report reports allowable costs only.

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

Part VI Supplemental Information *(Continuation)*

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 fiscal year ending 9/30/2013. Information related to the 2013 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:

www.stlukesonline.org/about-st-lukes/supporting-the-community

Part VI, Line 3:

(A) St. Luke's Magic Valley Regional Medical Center 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) All notices are translated into the following language:Spanish

Part VI Supplemental Information *(Continuation)*

(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 eligibility for financial assitance,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 Magic Valley Regional Medical Center provides services for eight counties of south central Idaho and Elko County,Nevada. The primary service area consists of Gooding,Jerome,and Twin Falls Counties. The criteria used in selecting this area as the community served was to include the entire population of the counties where greater than 85% of the inpatients reside. The residents of these counties comprise about 90% of the inpatients with approximately 68% of the inpatients living in Twin Falls County,15% in Jerome County,and 8% in Gooding County. All three counties are part of Idaho Health District 5.

Both Idaho and the primary service area are comprised of about a 95% white population while the nation as a whole is 72% white. The Hispanic population in Idaho represents 11% of the overall population and about 19% of the defined service area. Gooding County is approximately 28%

Part VI Supplemental Information *(Continuation)*

Hispanic,Jerome County 31%,and Twin Falls County is 14% Hispanic.

Idaho experienced a 21% increase in population from 2000 to 2010 ranking it as the fourth fastest growing state in the country. The service area followed that trend experiencing a 19% increase in population within that timeframe and is expected to grow by an additional 17% by the year 2020. St. Luke's Magic Valley 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 our community. Over the next ten years,however,the 0 to 19 year old age group is expected to grow by about 25% making it the fastest growing segment. Currently,about 14% of the people in the community are over the age of 65 and by 2020 about the same percentage of our population is expected to be over the age of 65.

The official United States poverty rate increased from 12.5% in 2003 to 15.3% in 2010. The poverty rate for the primary service area has increased more than the national average since 2003. In 2003 it was at the national average and by 2010 it was above the national average at over 16%.The poverty rate in the community for children under the age of 18 is 20.9%,which is about the same as the national average.

Median income in the United States has risen by 8% since 2005. Growth in income was slower in Idaho but a little faster in our service area during that period. However,median income in the primary service area is well below the national median and lower than the median income for Idaho as

Part VI Supplemental Information *(Continuation)*

well.

Part VI, Line 5:

The people who serve on the various boards for subsidiaries within the St. Lukes 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 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 Magic Valley Regional Medical Center,Ltd.(SLMV) maintains an open medical staff. Any physician can apply for practicing privileges as long as they meet the standards for SLMV.

Part VI, Line 6:

Part VI Supplemental Information *(Continuation)*

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 our region." 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 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 Childrens Hospital

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

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

--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

Part VI Supplemental Information *(Continuation)*

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) Mountain States Tumor Institute(MSTI)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,

Part VI Supplemental Information *(Continuation)*

Schwartz Center Rounds for Caregivers,spiritual care,support groups/classes,tumor boards,and 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 12 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: 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. These facilities include:

(1) Challis Area Health Center

(2) North Canyon Medical Center

(3) Salmon River Clinic

(4) 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" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at** *www.irs.gov/form990.*

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: St. Luke's Magic Valley Regional Medical Center,Ltd.

Employer identification number: 56-2570686

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? ..... [X] 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" to 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 non-cash assistance	(h) Purpose of grant or assistance
St. Luke's Magic Valley Health Foundation,Inc. - 775 Pole Line Road - Twin Falls, ID 83301	82-0342863	501(c)(3)	634,494.	0.			Provide support for overall operational needs of St. Luke's Magic Valley Health
College of Southern Idaho 315 Falls Avenue Twin Falls, ID 83303	82-0388193	501(c)(3)	171,137.	0.			Provide funding to support the Health Occupations,Head Start/Early Head
Hospice Visions 209 Shoup Avenue West Twin Falls, ID 83301	82-0483284	501(c)(3)	15,100.	0.			Funds used to defray the costs for access to end-of-life care for indigent and uninsured
South Central District Health 513 North Main Street Hailey, ID 83333	82-0335043	115	20,000.	0.			Funds used to purchase child safety seats for WIC clients.
Volunteers Against Violence,Inc. DBA Crisis Center of Magic Valley - P.O. Box 2444 - Twin Falls, ID 83303	82-0372006	501(c)(3)	12,000.	0.			Provide funding to support victims of domestic violence and sexual assault.
Jubilee House,Inc. 315 Grandview Drive Twin Falls, ID 83303	20-8750670	501(c)(3)	11,500.	0.			Provide funds for the Full Life Recovery Program that helps women heal from addiction.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 19.

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2014)**

See Part IV for Column (h) descriptions

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
Interfaith Volunteer Caregivers of Magic Valley - 459 Locust Street North,Suite 106 No. A - Twin Falls, ID 83301	84-1417706	501(c)(3)	20,000.	0.			Provide funding to support rendering of non-medical services to the
Salvation Army-Twin Falls 348 4th Avenue North Twin Falls, ID 83301	13-2923701	501(c)(3)	8,000.	0.			Provide funds to purchase youth specific weight equipment,miscellaneous fitness equipment,and
Twin Falls County 425 Shoshone Street North Twin Falls, ID 83303	82-6000318	115	20,000.	0.			Provide funding to improve care for sexual assault victims, collections of forensic
Twin Falls Senior Citizens Federation,Inc. - P.O. Box 23 - Twin Falls, ID 83303	82-0342197	501(c)(3)	8,000.	0.			Support senior citizen center established to provide meals and activities for Twin Falls
Rising Stars Therapeutic Riding Center,Inc. - 3368 East 3400 North - Twin Falls, ID 83301	27-1255281	501(c)(3)	5,000.	0.			General support of programs and services.
Westend Senior Citizens,Inc. 1010 Main Street Buhl, ID 83316	82-0313172	501(c)(3)	5,000.	0.			Support federally designated services for senior citizens.
Living Independence Network Corporation - 1878 West Overland Road - Boise, ID 83705	82-0426465	501(c)(3)	5,000.	0.			Providing services to disabled citizens such as independent living programs,peer
Jerome Interfaith Association P.O. Box 112 Jerome, ID 83338	46-5460476	501(c)(3)	5,000.	0.			To support centralized processing of requests for food,emergency shelter,and other aid.
Twin Falls Lions Club P.O. Box 896 Twin Falls, ID 83303	82-6011481	501(c)(10)	6,100.	0.			Eye care for the community.

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
Helping Hearts and Hands,Inc. 237 Main Street Gooding, ID 83330	20-8322514	501(c)(3)	7,000.	0.			Assistance of food and clothing to needy families.
Boys and Girls Club of Magic Valley - 999 Frontier Road - Twin Falls, ID 83301	94-3176622	501(c)(3)	9,525.	0.			Operate boys and girls club for local youth with emphasis on youth at risk.
Jerome School District Foundation P.O. Box 140 Jerome, ID 83338	82-0481281	501(c)(3)	10,000.	0.			Provide financial support for general programs and scholarships.
Victory Home Restoration Center,Inc. - 450 3rd Avenue West - Twin Falls, ID 83301	37-1620945	501(c)(3)	15,000.	0.			Support individuals with addictions.
Wellness Tree Community Clinic 173 Martin Street Twin Falls, ID 83301	26-1249939	501(c)(3)	20,000.	0.			Provide free medical and dental care for low income patients.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to 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 non-cash 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:

St. Luke's Magic Valley Health Foundation,Inc.

(h) Purpose of Grant or Assistance: Provide support for overall operational needs of St. Luke's Magic Valley Health Foundation,Inc.

Name of Organization or Government: College of Southern Idaho

(h) Purpose of Grant or Assistance: Provide funding to support the Health Occupations,Head Start/Early Head Start,Foster Grantparent,and Dental programs that are working to improve the health of people in the community.

Name of Organization or Government: Hospice Visions

(h) Purpose of Grant or Assistance: Funds used to defray the costs for access to end-of-life care for indigent and uninsured patients.

Name of Organization or Government:

Interfaith Volunteer Caregivers of Magic Valley

(h) Purpose of Grant or Assistance: Provide funding to support rendering of non-medical services to the elderly, disabled, and chronically ill.

Name of Organization or Government: Salvation Army-Twin Falls

(h) Purpose of Grant or Assistance: Provide funds to purchase youth specific weight equipment,miscellaneous fitness equipment,and instructor costs.

Name of Organization or Government: Twin Falls County

Part IV Supplemental Information

(h) Purpose of Grant or Assistance: Provide funding to improve care for sexual assault victims, collections of forensic evidence, and to set up a sexual assault nurse examiner program at CSI.

Name of Organization or Government:

Twin Falls Senior Citizens Federation,Inc.

(h) Purpose of Grant or Assistance: Support senior citizen center established to provide meals and activities for Twin Falls area senior citizens.

Name of Organization or Government:

Living Independence Network Corporation

(h) Purpose of Grant or Assistance: Providing services to disabled citizens such as independent living programs,peer counseling,and support services.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**

▶ **Information about Schedule J (Form 990) and its instructions is at** *www.irs.gov/form990.*

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: St. Luke's Magic Valley Regional Medical Center,Ltd.

Employer identification number: 56-2570686

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., 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	**1b**		
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 in line 1a?	**2**		
3	Indicate which, if any, of the following the filing 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.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in 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?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in 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?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported in 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	**8**		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 in 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 are not 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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Mr. James Angle	(i)	0.	0.	0.	0.	0.	0.	0.
CEO-St. Luke's Eastern Reg	(ii)	474,485.	0.	24,242.	13,260.	13,953.	525,940.	0.
(2) Rick Yavruian, D.O.	(i)	246,607.	0.	44,064.	0.	5,402.	296,073.	0.
Director(Served through Dec.-2014)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Mr. Jeffrey S. Taylor	(i)	0.	0.	0.	0.	0.	0.	0.
SR VP/CFO/Treasurer	(ii)	502,191.	0.	724,900.	<16,575.>	13,111.	1,223,627.	0.
(4) Ms. Christine Neuhoff	(i)	0.	0.	0.	0.	0.	0.	0.
VP/Legal Affairs/Secretary	(ii)	395,505.	0.	540.	17,290.	19,384.	432,719.	0.
(5) James H. Rao,M.D.	(i)	156,331.	218,669.	34,542.	0.	18,848.	428,390.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Randal L. Wraalstad,D.P.M.	(i)	256,838.	155,095.	18,310.	0.	12,438.	442,681.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Timothy A Enders,D.O.	(i)	226,898.	153,225.	53,001.	0.	18,344.	451,468.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Thomas W. Dirocco,M.D	(i)	158,329.	184,007.	35,486.	0.	19,974.	397,796.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Jennifer R. Merchant,M.D.	(i)	391,094.	0.	18,203.	0.	20,773.	430,070.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 Magic Valley Regional Medical Center,Ltd.(SLMVRMC). 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 SLMVRMC.

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'14,the following individual 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 S. Taylor	$377,721	$ 305,937	$683,658

Part II-Column (c)

During CY'14 the following individual participated in the basic pension plan. Due to changes in actuarial assumptions this individual experienced a decrease in their vested balance in the plan.

Jeffrey Taylor ($41,925)

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.**
▶ **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at** *www.irs.gov/form990*

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization	**Employer identification number**
St. Luke's Magic Valley Regional Medical Center,Ltd.	56-2570686

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

information and referral database,Diabetes and Nutrition Services,Diagnostic Imaging,Radiology and Women's Imaging Services,Emergency Services,Home Health and Hospice Care,Intensive Care and Newborn Intensive Care Units,Laboratory Services,Medical Library (open to the public),Maternal-Child Services OB,Pediatrics and Women's Services),Pharmacy,Occupational Health,Adult and Pediatric Rehabilitation(Speech,Occupational,Physical Therapy),Comprehensive Surgical Services,Magic Valley SAFE KIDS Coalition,Social Services and Pastoral Care,Volunteer Services and Auxiliary,and St. Luke's Magic Valley Foundation for gift-giving. St. Luke's Magic Valley is fully accreditied by the Joint Commission and is a participant in the Institute for Healthcare Improvement's 5 Million Lives Campaign.

At St. Luke's Magic Valley Medical Center,we take great pride in the high quality,skilled,and compassionate care we provide to our patients. This focus on excellence has resulted in honors from national entities,such as Qualis Health and Solucient. These awards recognize that our commitment to safety and performance improvement means enhanced and safer care,and an overall better experience for you,your family,and everyone we serve.

During FY'15,St. Luke's Magic Valley Regional Medical Center provided qualified inpatient care for 12,142 admissions covering 44,159 patient days. The hospital also provided care associated with 290,083 outpatient visits.

Name of the organization St. Luke's Magic Valley Regional Medical Center,Ltd.

Employer identification number 56-2570686

Services at St. Luke's Jerome include a 24-hour emergency department, outpatient surgery, general surgery, diagnostics, maternity services, inpatient physical therapy, intensive care and medical/surgical units. During fiscal year 2015, St. Luke's Jerome provided patient care for 598 admissions covering 3,319 patient days. They also provided patient care associated with 46,100 outpatient visits.

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

convenient hours. The common goal of our programs is to help people find positive solutions to resolve the challenges and crises in their lives. The hospital is staffed with a diverse group of dedicated,caring professionals. Psychiatrists and other physicians, psychologists,social workers,nurses,therapists,nutritionists,and alcohol/drug counselors work as a team to provide comprehensive, personalized care to each person who comes to us for help.

During FY'15,Canyon View had 769 admissions covering 4,964 patient days.

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

medicine and rehabilitation(a physiatrist).

--Individualized case management provided by a licensed social worker

Our rehabilitation services are highly coordinated to optimize clinical outcomes and maximize a patient's independence. All members of the rehabilitation team (physicians,therapists,nurses,case workers.etc.)

Name of the organization St. Luke's Magic Valley Regional Medical Center,Ltd.

Employer identification number 56-2570686

meet daily to ensure that treatments are tailored to each patient's specific diagnosis and unique needs. Our inpatient programs include:

--Spinal cord injury

--Stroke

--Brain injury

--Neuromuscular diseases,such as multiple sclerosis,Guilain-Barre syndrome, and cerebral palsy

--Orthopedics

--Major multiple trauma

--Amputation

--Arthritis

--Medically complex conditions

All 14 inpatient rehabilitation rooms at St. Luke's are private,and designed specifically to enhance the safety,comfort,and independence of patients recovering from and adapting to a variety of injuries and illnesses. Room features include ADA design,bed-side environmental controls(lights,nurse call light,window shades,etc.),free wireless, broadband internet access,pull-out couch and reclining chair for visiting family members,and video surveillance capability for patients with confusion due to brain injury,stroke,or other illness.

The rehabilitation gymnasium in the Gwen Neilson Anderson Rehabilitation Center contains state-of-the-art equipment and design features. The spacious gym includes private treatment rooms for one-on-one therapy sessions and a large,open space for wheelchair training,advanced mobility training,and group interaction.

Name of the organization St. Luke's Magic Valley Regional Medical Center,Ltd.

Employer identification number 56-2570686

The rehabilitation gym includes the latest in equipment:

--LiteGait gait trainer

--Bioness Neuroprostheses: H200,L300,and L300 Plus

--Saeboflex Inpatient kit

--Dynavision D2

--Dynavox Vmax Plus

--Empi Vitai Stim

--60-inch LCD television with Blu-Ray player and Wii game console

The transitional apartment is a fully functional apartment in which patients can practice basic activities of daily living under the supervision of a trained therapist.

The activity area offers a place for patients and their visitors to gather and engage in therapeutic recreation.

During FY'15,the inpatient rehabilitation unit provided qualified inpatient care for 168 admissions covering 2,484 patient days.

Form 990 Part III-Statement of Program Accomplishments

Program Expense:

Please note that the program expense amounts reported in Statement III-Statement of Program Accomplishments,do not include an allocation of certain administrative and functional support costs. These costs are classified as Management and General within Part IX-Statement of

Name of the organization St. Luke's Magic Valley Regional Medical Center,Ltd.

Employer identification number 56-2570686

Functional Expenses.

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

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

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

The President and CEO of St. Luke's Magic Valley Regional Medical Center, Ltd.,(Corporation) is cooperatively selected by the Corporation and St. Luke's Health System,Ltd. St. Luke's Health System is the sole member of the Corporation.

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

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

Name of the organization St. Luke's Magic Valley Regional Medical Center,Ltd.

Employer identification number 56-2570686

(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 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;

Name of the organization St. Luke's Magic Valley Regional Medical Center,Ltd.

Employer identification number 56-2570686

(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;

(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;

Name of the organization St. Luke's Magic Valley Regional Medical Center,Ltd.

Employer identification number 56-2570686

(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 11:

The Form 990(Form)is reviewed by an independent public accounting firm based on audited financial statements and with the assistance of the organization's finance and accounting staff. The final draft of the Form is presented to the Finance Committee of the Board of Directors. The Board receives the final version of the Form prior to filing.

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 related to the conflict.

Name of the organization St. Luke's Magic Valley Regional Medical Center,Ltd.

Employer identification number 56-2570686

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

Executive compensation is set by St. Luke's board 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 of those surveyed. These surveys are usually done every two years,with the most recent compensation survey completed during calendar year 2014.

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 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

Name of the organization St. Luke's Magic Valley Regional Medical Center,Ltd.

Employer identification number 56-2570686

-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 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,which contains financial information,is available for public inspection.

Form 990 Part VII Section A

Allocation of Compensation and Hours:

The total hours worked and compensation reported for James Angle,Brian Fortuin M.D.,Jeff Taylor and Christine Neuhoff represents services

Name of the organization St. Luke's Magic Valley Regional Medical Center,Ltd.

Employer identification number 56-2570686

rendered to the following organizations within the St. Luke's Health System:

James Angle:

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

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

St. Luke's Magic Valley Health Foundation,Inc.

St. Luke's Clinic Coordinated Care,Ltd.

Brian Fortuin,M.D.:

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

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

St. Luke's Clinic Coordinated Care,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.

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.

Name of the organization St. Luke's Magic Valley Regional Medical Center,Ltd.

Employer identification number 56-2570686

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

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

St. Luke's Clinic Coordinated Care,Ltd.

Also,it should be noted that the hours reported for the directors(employed by St. Luke's),officers,key employees,and highest paid employees are based on a minimum 40 hour work week. However,due to the demands of their roles within the St. Luke's Health System,the hours worked by these individuals often exceed the minimum required 40 hours.

Part VII: Section A

Compensation of Physician Board Members

The following physician board members are members of various physician practices that contract with St. Luke's Magic Valley Regional Medical Center,Ltd.(SLMV) for the purpose of providing physician services to SLMV patients:

Eric Cassidy,D.O.	Emergency Physicians of Southern Idaho,PLLC
Brian Fortuin,M.D.	Idaho Medicine Associates
Ron McGarrigle, M.D.	Magic Valley Anesthesiology Associates
Robert Wasserstrom, M.D.	Southern Idaho Radiology

These physicians work at least 40 hours per week on behalf of these practices for physician services provided to St. Luke's patients.

Name of the organization St. Luke's Magic Valley Regional Medical Center,Ltd.

Employer identification number 56-2570686

During CY'14,SLMV made payments to these practices for the following amounts:

Physician Practice	Amount Paid
Emergency Physicians of Southern Idaho	$5,511,911
Idaho Medicine Associates,LLC	$3,181,088
Magic Valley Anesthesia Associates	$7,788,886
Southern Idaho Radiology	$3,770,959

Dr. Fortuin is also a member of St. Luke's Magic Valley Sleep Institute,LLC(Sleep Institute),a physician practice that contracts with SLMV to provide physician services to SLMV patients. During CY'14 SLMV made payments totaling $199,635.

During CY'14,Dr. Fortuin was compensated directly by SLMV for serving as chair for the Magic Valley Physician Leadership Council. The amount paid for these services was $116,610 and is reported in Part VII,Section A.

During CY'14,Dr. McGarrigle was compensated directly by SLMV for serving as chair for the Magic Valley Physician Leadership Council. The amount paid for these services was $89,950 and is reported in Part VII,Section A.

During CY'14,Dr. Wasserstrom was compensated directly by SLMV for serving as chair for the Magic Valley Physician Leadership Council. The amount paid for these services was $47,569 and is reported in Part VII,Section A.

Name of the organization	Employer identification number
St. Luke's Magic Valley Regional Medical Center,Ltd.	56-2570686

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

Defined Benefit Plan Adjustment	-5,607,402.
Contributed Capital	-15,799.
Total to Form 990, Part XI, Line 9	-5,623,201.

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.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: St. Luke's Magic Valley Regional Medical Center,Ltd.

Employer identification number: 56-2570686

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
Magic Valley Paramedics,LLC - 20-0997728 P.O. Box 409 Twin Falls, ID 83303	Paramedic Services	Idaho	3,959,492.	439,010.	St. Luke's Magic Valley Regional Medical Center,Ltd.
St. Luke's Clinic,LLC - 82-0527710 P.O. Box 409 Twin Falls, ID 83301	Physician Services	Idaho	88,019,442.	11,018,102.	St. Luke's Magic Valley Regional Medical Center,Ltd.
Magic Health Partners,LLC - 82-0507483 P.O. Box 409 Twin Falls, ID 83301	Admin.Services for Non-Provider Based Physician Groups	Idaho	82,240.	649,971.	St. Luke's Magic Valley 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	(g) Section 512(b)(13) controlled entity? No
St. Luke's Health System,Ltd. - 56-2570681 190 E. Bannock Boise, ID 83712	Supporting Organization	Idaho	501(c)(3)	11-3	N/A		X
Mountain States Tumor Institute,Inc. - 82-0295026, 100 E. Idaho, Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Regional Medical Center,Ltd.		X
St. Luke's Wood River Medical Center,Ltd. - 84-1421665, 190 E. Bannock, Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	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

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(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 organization? Yes	(g) No
St. Luke's Regional Medical Center,Ltd. - 82-0161600, 190 E. Bannock, Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Health System,Ltd.		X
St. Luke's McCall,Ltd. - 27-3311774 190 E. Bannock Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Health System,Ltd.		X
St. Luke's Magic Valley Health Foundation,Inc. - 82-0342863, 775 Pole Line Road, Twin Falls, ID 83301	Fundraising	Idaho	501(c)(3)	7	St. Luke's Magic Valley Regional Medical	X	
St. Luke's Clinic Coordinated Care,Ltd. - 45-5195864, 190 E. Bannock, Boise, ID 83712	Accountable Care Organization	Idaho	501(c)(3)	9	St. Luke's Health System,Ltd.		X

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

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.		Yes	No
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?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		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 Magic Valley Health Foundation,Inc.	O	352,356.	Payroll
(2)	St. Luke's Magic Valley Health Foundation,Inc.	C	331,148.	Contribution
(3)	St. Luke's Magic Valley Health Foundation,Inc.	P	634,494.	Subsidy
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

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

Part II, Identification of Related Tax-Exempt Organizations:

Name of Related Organization:

St. Luke's Magic Valley Health Foundation,Inc.

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

St. Luke's Health System, Ltd. and Subsidiaries

Consolidated Financial Statements as of and for the Years Ended September 30, 2015 and 2014, and Independent Auditors' Report

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

TABLE OF CONTENTS

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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, 2015 and 2014, 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, 2015 and 2014, 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.

Deloitte & Touche LLP

January 19, 2016

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS
AS OF SEPTEMBER 30, 2015 AND 2014
(In thousands)

	2015	2014
ASSETS		
CURRENT ASSETS:		
Cash and cash equivalents	$ 236,717	$ 266,047
Receivables—net	274,350	262,227
Inventories	30,839	27,310
Prepaid expenses	15,622	12,389
Current portion of assets whose use is limited	47,908	44,114
Total current assets	605,436	612,087
ASSETS WHOSE USE IS LIMITED:		
Board designated funds	336,586	263,360
Restricted funds	179,256	197,700
Permanent endowment funds	12,129	11,168
Donor restricted plant replacement and expansion funds and other specific purpose funds	27,705	24,098
Total assets whose use is limited	555,676	496,326
PROPERTY, PLANT, AND EQUIPMENT—Net	998,557	913,121
GOODWILL	37,393	37,693
OTHER ASSETS:		
Land and buildings held for investment or future expansion—at cost	45,921	45,970
Other	15,346	23,668
Deferred financing cost—net	8,523	9,171
Total other assets	69,790	78,809
TOTAL	$2,266,852	$2,138,036

See notes to consolidated financial statements.

LIABILITIES AND NET ASSETS	2015	2014
CURRENT LIABILITIES:		
Accounts payable and accrued liabilities	$ 128,160	$ 103,894
Accrued salaries and related liabilities	39,949	32,042
Employee benefit liabilities	101,298	86,593
Estimated payable to Medicare and Medicaid programs	91,095	106,554
Current portion of long-term debt and capital leases	20,432	17,827
Total current liabilities	380,934	346,910
NONCURRENT LIABILITIES:		
Long-term debt and capital leases	848,413	811,485
Liability for pension benefits	71,888	45,935
Other liabilities	2,416	2,935
Total noncurrent liabilities	922,717	860,355
NET ASSETS:		
Unrestricted:		
The Health System	924,004	893,428
Noncontrolling interests	1,251	2,358
Total unrestricted net assets	925,255	895,786
Temporarily restricted	25,817	23,817
Permanently restricted	12,129	11,168
Total net assets	963,201	930,771
TOTAL	$2,266,852	$2,138,036

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014
(In thousands)

	2015	2014
UNRESTRICTED REVENUES, GAINS, AND OTHER SUPPORT:		
Patient service revenue (net of contractual allowances and discounts)	$ 1,866,721	$ 1,683,044
Less provision for bad debts	(84,003)	(88,232)
Net patient service revenue (net of bad debts)	1,782,718	1,594,812
Other revenue (including rental income)	47,649	41,063
Net assets released from restrictions—operating	(2,139)	(1,022)
Income (loss) on equity interest in joint ventures	295	(1,185)
Total unrestricted revenues, gains, and other support	1,828,523	1,633,668
EXPENSES:		
Salaries and benefits	975,387	863,578
Supplies and drugs	303,879	260,103
Depreciation and amortization	103,517	106,636
Contract services	177,624	155,387
Purchased services	131,967	125,543
Interest expense	32,803	24,973
Other expenses	43,649	40,448
Total expenses	1,768,826	1,576,668
INCOME FROM OPERATIONS	59,697	57,000
INVESTMENT INCOME	6,164	4,082
REVENUE IN EXCESS OF EXPENSES	65,861	61,082
ADJUSTMENT FOR INCOME ATTRIBUTABLE TO NONCONTROLLING INTERESTS	(403)	(291)
REVENUE IN EXCESS OF EXPENSES ATTRIBUTABLE TO THE HEALTH SYSTEM	$ 65,458	$ 60,791

See notes to consolidated financial statements.

	2015	2014
UNRESTRICTED NET ASSETS:		
Revenue in excess of expenses	$ 65,861	$ 61,082
Change in noncontrolling interests	(1,510)	(1,280)
Change in net unrealized gains on investments	(6,079)	489
Net assets released from restrictions—capital acquisitions	807	3,428
Change in funded status of pension plan	(29,610)	6,400
Increase in unrestricted net assets	29,469	70,119
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	5,166	5,161
Investment income	875	514
Change in net unrealized gains on investments	(1,095)	405
Net assets released from restrictions	(2,946)	(4,450)
Increase in temporarily restricted net assets	2,000	1,630
PERMANENTLY RESTRICTED NET ASSETS—Contributions for endowment funds	961	1,017
INCREASE IN NET ASSETS	32,430	72,766
NET ASSETS—Beginning of year	930,771	858,005
NET ASSETS—End of year	$ 963,201	$ 930,771

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS
AS OF SEPTEMBER 30, 2015 AND 2014
(In thousands)

	2015	2014
CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase in net assets	$ 32,430	$ 72,766
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	103,517	106,636
Net realized loss on investments	2,213	2,191
Unrealized gain (loss) on investments	7,174	(894)
Amortization of deferred financing fees	648	596
Restricted contributions received	(6,127)	(6,178)
Loss (gain) on disposition of equipment and other assets	318	(964)
(Gain) loss on equity interest in joint ventures	(295)	1,185
Change in funded status of pension plans	29,610	(6,400)
Changes in assets and liabilities—net of acquisitions of medical practices:		
Net change in receivables	(28,537)	(8,087)
Net change in inventories	(3,108)	1,399
Net change in prepaid expenses and other current assets	(2,727)	314
Net change in other assets	(7,418)	(4,899)
Net change in accounts payable and accrued liabilities	25,155	14,457
Net change in accrued salaries and related liabilities	7,930	6,704
Net change in employee benefit liabilities	14,090	12,484
Net change in payable to Medicare and Medicaid programs	(6,223)	5,883
Net change in other liabilities	(4,133)	(2,532)
Net cash provided by operating activities	164,517	194,661

See notes to consolidated financial statements.

	2015	2014
CASH FLOWS FROM INVESTING ACTIVITIES:		
Acquisitions of property, plant, and equipment and land	$ (123,580)	$ (105,743)
Proceeds from disposition of equipment and other assets	576	759
Purchase of investments (includes purchases with restricted funds)	(1,588,853)	(857,449)
Change in restricted funds	3,695	1,442
Proceeds from sales of investments	1,520,148	711,331
Payments on acquisition of medical practices	-	(185)
Cash received from acquisition transactions	242	-
Contributions to unconsolidated joint ventures	-	(139)
Net cash used in investing activities	(187,772)	(249,984)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Repayment of long-term debt	(11,220)	(11,313)
Advances on lines of credit	54,074	50,473
Repayments on lines of credit	(52,719)	(50,541)
Proceeds from contributions for temporarily restricted net assets	5,166	5,161
Proceeds from contributions for endowment funds	961	1,017
Proceeds from bond issuance	-	176,780
Cost of issuance fees from bonds	-	(1,800)
Payments on notes payable	(2,337)	(1,710)
Net cash provided by financing activities	(6,075)	168,067
NET (DECREASE) INCREASE IN CASH	(29,330)	112,744
CASH—Beginning of year	266,047	153,303
CASH—End of year	$ 236,717	$ 266,047
Supplemental cash flow information:		
Non-cash increase in capital lease obligation	$ 51,734	

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 a comprehensive health care delivery system to the communities it serves. The Health System's general offices are located in Boise, Idaho. The Health System is governed by volunteer boards made up of local citizens.

The Health System's primary hospitals and service areas are located within the State of Idaho in Boise, Meridian, Nampa, Twin Falls, Mountain Home, McCall, Jerome, and Ketchum and have other facilities and operations throughout Southern Idaho and Eastern Oregon.

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 and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Such estimates include the useful lives of depreciable assets, liabilities associated with employee benefit programs, self-insured professional liability risks not covered by insurance and potential settlements with the Medicare and Medicaid programs. In addition, valuation reserve estimates are made regarding the collectability of outstanding patient and other receivables.

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 health care services are reported as unrestricted revenues, gains and other support and expenses.

Temporarily and Permanently Restricted Net Assets—Temporarily restricted net assets are those whose use by the Health System is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Health System pursuant to those stipulations. Permanently restricted net assets are assets whose use by the Health System is limited by donor-imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed.

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 either temporarily or permanently 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, temporarily restricted net assets are reclassified as

unrestricted net assets and reported in the statement of operations as net assets released from restrictions. Total pledges receivable, net of allowances, as of September 30 are as follows:

	2015	2014
Less than one year	$ 2,723	$ 871
One to five years	817	1,067
More than five years	264	507
	3,804	2,445
Less allowance for estimated uncollectible accounts	201	226
Total pledges receivable	$ 3,603	$ 2,219

Cash and Cash Equivalents—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, 2015 and 2014, the Health System had book overdrafts of $12,726 and $7,053, respectively, at multiple institutions that is included in accounts payable and accrued liabilities.

Inventories—Inventories consist primarily of medical and surgical supplies and are stated at the lower of cost (on a moving-average basis) or market.

Assets Whose Use is Limited—Assets whose use is limited include assets set aside by the Board of Directors 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 recorded using settlement date accounting. Investment income and 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 temporarily or permanently restricted net assets.

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, 2015 and 2014.

Property, Plant, and Equipment—Property, plant, and equipment are recorded at cost with the exception of 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

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.

Goodwill—Goodwill represents the future economic benefits arising from other assets acquired in a business combination that are not individually identified and separately recognized. Goodwill is not amortized but is subject to annual impairment testing at the reporting unit level. A reporting unit is defined as a component of an organization that engages in business activities from which it may earn revenues and incur expenses, whose operating results are regularly reviewed for decision making purposes and for which discrete financial information is available.

The quantitative impairment testing for goodwill includes a two-step process consisting of identifying a potential impairment loss by comparing the fair value of the reporting unit to its carrying amount, including goodwill and then measuring the impairment loss by comparing the implied fair value of the goodwill for a reporting unit to its carrying value. The fair value is estimated based upon internal evaluations of the related long-lived assets for each reporting unit and can include comparable market prices, quantitative analyses of revenues and estimated future net cash flows. If the fair value of the reporting unit assets is less than their carrying value including goodwill, an impairment loss is recognized.

In addition to annual impairment review, impairment reviews are performed whenever circumstances indicate a possible impairment may exist.

Meaningful Use—The Health System accounts for Electronic Health Records (EHR) incentive payments in accordance with ASC 450-30, *Gain Contingencies* ("ASC 450-30"). In accordance with ASC 450-30, the Health System recognizes a gain for EHR incentive payments when its eligible hospitals and physician practices have demonstrated meaningful use of certified EHR technology for the applicable period and when the final calculation of the EHR incentive payment is available. The demonstration of meaningful use is based on meeting a series of objectives and varies among hospitals and physician practices, between the Medicare and Medicaid programs and within the Medicaid program from state to state. Additionally, meeting the series of objectives in order to demonstrate meaningful use becomes progressively more stringent as its implementation is phased in through stages as outlined by the Centers for Medicare and Medicaid Services.

For the years ended September 30, 2015 and 2014 respectively, the Health System recognized $4,447 and $4,366 in EHR incentives in accordance with the HITECH Act under the Medicaid program. These incentives are included in other revenue.

The Health System incurs both capital expenditures and operating expenses in connection with the implementation of its various EHR initiatives. The amount and timing of these expenditures does not directly correlate with the timing of the Health System's receipt or recognition of the EHR incentive payments.

Land and Buildings Held for Future Investment or Future Expansion—Land and buildings held for investment or future expansion represents land and buildings purchased or donated to the Health System for future operations and are not included in the Health System operations.

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 bonds.

Net Patient Service Revenue—Net patient service revenue before provision for bad debts is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

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 $29,811 and $34,129 in 2015 and 2014, 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	
	2015	2014
Estimated unpaid costs of services provided under Medicare, Medicaid, and county indigency programs	$ 278,557	$ 227,638
Estimated benefit of services to support broader community needs	32,678	29,103

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.

Unrelated Business Income—The Health System is subject to federal excise tax on its unrelated business taxable income (UBTI). As of September 30, 2015, the Company had approximately $3,975 of UBTI Net Operating Losses from operating losses incurred from 2001 to 2015 which expire in years 2016 to 2030. 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.

Recently Issued and New Accounting Pronouncements—In April 2013, the FASB issued ASU No. 2013-06, *"Services Received from Personnel of an Affiliate (ASU 2013-06)."* ASU 2013-06 requires that contributed services be recognized at fair value if employees of separately governed affiliated entities regularly perform services for and under the direction of the donee. The scope includes all services received from personnel of any affiliate for which the affiliate does not seek compensation from the recipient not-for-profit and (1) create or enhance nonfinancial assets or (2) require specialized skills, are provided by individuals possessing those skills, and typically would need to be purchased if not provided by donation. Affiliates may include (1) other not-for-profits, (2) for-profit entities, (3) individuals, or (4) other parties that qualify as affiliates. ASU 2013-06 was adopted by the Health System for the fiscal year ended September 30, 2015 and did not have a material effect on the Health System's financial position, results of operations, or cash flows.

In April 2015, the FASB issued ASU 2015-03, Interest—Imputation of Interest (Subtopic 835-30): Simplifying the Presentation of Debt Issuance Costs ("ASU 2015-03"), which requires entities to present debt issuance costs related to a recognized debt liability as a direct deduction from the carrying amount of that debt liability. The provisions of ASU 2015-03 are applicable to the Health System for the fiscal year beginning October 1, 2016. The Heath System is currently evaluating the impact that adopting this standard will have on the Health System's financial position, results of operations, or cash flows.

In May 2014, the FASB issued ASU No. 2014-09, *"Revenue from Contracts with Customers (Topic 606) (ASU 2014-09)"* that will result in substantial changes in revenue recognition under US GAAP. Under ASU 2014-09, revenue recognition requires the following: (1) Identifying the contract; (2) Identifying the performance obligations; (3) Determining the transaction price; (4) Allocating the transaction price to performance obligations; and (5) Recognizing revenue upon satisfaction of performance obligations. In August 2015, the FASB issued ASU No. 2015-14, *"Revenue from Contracts with Customers (Topic 606): Deferral of the Effective Date."* Due to this deferral, the Health System is required to adopt this guidance for fiscal years beginning October 1, 2019 with early adoption permitted for fiscal year ending September 30, 2019.

Reclassifications—After a detailed review and restructuring of the general ledger chart of accounts, management determined that certain expense classifications could be enhanced by placing them in more specific categories. On the consolidated statement of operations, management reclassified amounts between other expense, contract services, supplies and drugs, salaries and benefits and purchased services. In particular $79,958 was reclassified from other expenses to contract services and $5,020 was reclassified from purchased services to contract services. On the consolidated balance sheet, management reclassified $30,987 from accrued salaries and related liabilities to employee benefit liabilities. In each case, management deemed that the reclassifications were not the result of misclassification in the previous year, however, the update enhanced the specificity of the balance categories in light of the general ledger review and restructuring that occurred during fiscal year 2015.

Subsequent Events—The Health System has evaluated subsequent events through January 19, 2016. This is the date the financial statements were available to be issued.

2. BUSINESS TRANSACTIONS

Effective October 1, 2014, the Health System entered into a definitive agreement with Idaho Elks Rehabilitation Hospital (Elks). The dual purpose of the agreement was to dissolve the existing joint ventures (JV's) that St. Luke's and Elks had in place prior to the agreement, and in turn for the Health System to purchase the assets associated with those JV's, along with other assets owned directly by Elks, at their appraised fair market value. Consideration given by the Health System for the transaction totaled $7,629, net of cash received, and consisted of an elimination of net receivables due to the Health

System from Elks prior to the transaction, along with the Health System giving up their portion of ownership in the joint ventures that were dissolved to Elks. As a result of the transaction, the Health System expanded its rehabilitation services including the operation of an inpatient rehabilitation hospital located in Boise, Idaho.

The determination of the estimated fair market value of the assets obtained and liabilities assumed required management to make certain estimates and assumptions. The transaction with Elks resulted in the assets obtained and liabilities assumed being recorded on their estimated fair values on the transaction date. In 2015, and excess of assets obtained over liabilities assumed in the amount of $104 was recorded in the consolidated statement of operations and changes in net assets representing the excess of the fair value of tangible and identifiable intangible assets obtained over liabilities assumed or other financial consideration given.

The results of operations are included in the Health System's consolidated financial statements beginning October 1, 2014. The following table presents the allocation of consideration given for the assets obtained and liabilities assumed:

	2015
Cash	$ 242
Inventory	421
Prepaid expenses	128
Covenants not to compete	319
Property	7,459
Total assets obtained	8,569
Employee benefit liability assumed	(594)
Total liabilities assumed	(594)
Total assets and liabilities assumed	7,975
Total consideration given	7,871
Excess of assets obtained over liabilities assumed in transaction	$ 104

3. NET PATIENT SERVICE REVENUE

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 nonacute services, certain other outpatient services, and defined capital 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 fiscal intermediary. 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 fiscal intermediary.

Medicaid—Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Health System is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Health System and audits thereof by the Medicaid fiscal intermediary.

Changes in estimates 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. With regard to the amended cost reports, the Health System accrues settlements when amounts are probable and estimable.

Changes in prior year estimates decreased net patient service revenue by $10,405 for fiscal year ended September 30, 2015 and decreased net patient service revenue by $12,768 for fiscal year ended September 30, 2014.

Other—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.

The System records a provision for bad debts related to uninsured accounts to record the net self-pay accounts receivable at the estimated amounts the System expects to collect.

Patient service revenue (including patient co-pays and deductibles), net of contractual allowances and discounts (but before provision for uncollectible accounts) by primary payor source, for the year ended September 30 are as follows:

	2015	2014
Commercial payors, patients, and other	$1,095,929	$ 988,259
Medicare program	599,440	512,093
Medicaid program	171,352	182,692
	1,866,721	1,683,044
Less total provision for uncollectible accounts	84,003	88,232
	$1,782,718	$1,594,812

4. 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:

	2015	2014
Commercial payors, patients, and other	$250,758	$225,663
Medicare program	58,035	45,320
Medicaid program	19,118	25,425
Non-patient	14,044	32,230
	341,955	328,638
Less total allowance	67,605	66,411
	$274,350	$262,227

The allowance for estimated uncollectible accounts is determined by analyzing both historical information (write-offs by payor classification), as well as current economic conditions.

5. PROPERTY, PLANT, AND EQUIPMENT

Property, plant, and equipment as of September 30 are as follows:

	2015	2014
Land	$ 49,770	$ 48,111
Buildings, land improvements, and fixed equipment	967,001	907,982
Major movable equipment	549,431	486,174
	1,566,202	1,442,267
Less accumulated depreciation:		
Buildings, land improvements, and fixed equipment	322,215	286,085
Major movable equipment	352,143	293,308
	674,358	579,393
	891,844	862,874
Construction in process	106,713	50,247
	$ 998,557	$ 913,121

As of September 30, 2015 and 2014, the Health System had $5,992 and $5,139, respectively, of property, plant, and equipment purchases included in accounts payable and accrued liabilities.

Depreciation expense was $96,451 and $98,637 for the years ended September 30, 2015 and 2014, respectively.

6. 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 managed by independent investment managers. The following table sets forth the composition of assets whose use is limited as of September 30:

	2015	2014
Board designated funds:		
Cash and cash equivalents	$ 4,376	$ 8,637
Mutual funds	85,472	36,460
Corporate bonds, notes, mortgages and asset-backed securities	217,126	161,069
Government and agency securities	112,482	133,303
Interest receivable	1,269	1,052
Due to donor restricted and permanent endowment funds	(36,231)	(33,047)
	384,494	307,474
Less amounts classified as current assets	(47,908)	(44,114)
	$336,586	$263,360
Restricted funds:		
Cash and cash equivalents	$ 10,729	$136,653
Certificates of deposit, commercial paper and other equities	45,127	31,601
Corporate bonds, notes, mortgages and asset-backed securities	61,943	16,129
Government and agency securities	61,457	13,317
	$179,256	$197,700
Permanent endowment funds—due from board designated funds	$ 12,129	$ 11,168
Donor restricted plant replacement and expansion funds and other specific purpose funds:		
Due from board designated funds	$ 24,102	$ 21,879
Pledges receivable	3,603	2,219
	$ 27,705	$ 24,098

Investment income for assets limited as to use, cash equivalents, and other investments for the years ended September 30 are comprised of the following:

	2015	2014
Investment income:		
Interest income	$ 8,377	$ 6,273
Realized loss on sales of securities	(2,213)	(2,191)
	$ 6,164	$ 4,082
Change in net unrealized gain on investments	$ (6,079)	$ 489

In connection with the issuance of the certain bond obligations, the Health System is required to maintain a debt reserve fund. The debt reserve fund is to be used for the payment of principal and interest at maturity. The amount held in the debt reserve fund as of September 30, 2015, related to the Series 2008A Bonds, is $16,716 (which includes $3,165 to be paid over the next 12 months). This amount is included in restricted funds. Amounts held in custody, to be paid over the next 12 months, for the Series 2005 and 2012CD Bonds is $1,942 and $112, respectively. These amounts are also included in restricted funds.

Proceeds received from the Series 2014A Bonds are restricted to qualified expenditures related to a facility project of the Health System and are held by the Series 2014A Bond Trustee in a Construction Fund. Initial deposits into the Construction Fund were $174,947 and the remaining balance as of September 30, 2015 was $158,886.

7. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Restricted net assets as of September 30 consist of donor restricted contributions and grants, which are to be used as follows:

	2015	2014
Equipment and expansion	$ 15,376	$ 13,584
Research and education	2,847	2,414
Charity and other	7,594	7,819
Total temporarily restricted net assets	25,817	23,817
Permanently restricted net assets	12,129	11,168
Total restricted net assets	$ 37,946	$ 34,985

The composition of endowment net assets by type of fund as of September 30 is as follows:

	September 30, 2015		
	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment net assets	$ -	$ 12,129	$ 12,129
Board-designated endowment net assets	510	-	510
Total endowment net assets	$ 510	$ 12,129	$ 12,639

	September 30, 2014		
	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment net assets	$ -	$ 11,168	$ 11,168
Board-designated endowment net assets	1,104	-	1,104
Total endowment net assets	$ 1,104	$ 11,168	$ 12,272

Changes in endowment net assets during 2015 and 2014 are as follows:

	September 30, 2015		
	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets—beginning of period	$ 1,104	$ 11,168	$ 12,272
Investment returns	-	-	-
Unrealized gains	-	-	-
Contributions	2	342	344
Appropriation of endowment net assets for expenditure	-	-	-
Transfers to remove or add to board-designated endowment funds	-	-	-
	(596)	619	23
Endowment net asset—end of period	$ 510	$ 12,129	$ 12,639

	September 30, 2014		
	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets—beginning of period	$ 1,618	$ 10,151	$ 11,769
Investment returns	162	-	162
Unrealized gains	(601)	-	(601)
Contributions	5	1,039	1,044
Appropriation of endowment net assets for expenditure	-	-	-
Transfers to remove or add to board-designated endowment funds	-	-	-
	(80)	(22)	(102)
Endowment net assets—end of period	$ 1,104	$ 11,168	$ 12,272

8. DEBT

Long-term debt as of September 30 consists of the following:

	2015	2014
Obligations to Idaho Health Facilities Authority—Series 2014A Fixed Rate Bonds	$166,135	$166,135
Obligations to Idaho Health Facilities Authority—Series 2014A Fixed Rate Bond Premium	10,225	10,585
Obligations to Idaho Health Facilities Authority—Series 2012A Fixed Rate Bonds	75,000	75,000
Obligations to Idaho Health Facilities Authority—Series 2012A Fixed Rate Bond Premium	749	794
Obligations to Idaho Health Facilities Authority—Series 2012B Variable Rate Direct Purchase	67,595	70,555
Obligations to Idaho Health Facilities Authority—Series 2012CD Variable Rate Revenue Bonds	150,000	150,000
Obligations to Idaho Health Facilities Authority—Series 2008A Fixed Rate Bonds	122,360	123,795
Obligations to Idaho Health Facilities Authority—Series 2008A Fixed Rate Bond Discount	(3,016)	(3,114)
Obligations to Idaho Health Facilities Authority—Series 2005 Fixed Rate Bonds	103,105	106,105
Obligations to Idaho Health Facilities Authority—Series 2000 Fixed Rate Bonds	72,500	75,800
Obligations to Idaho Health Facilities Authority—Series 2000 and Series 2005 Fixed Rate Bond Premium	4,286	4,502
Capital leases	57,464	7,375
Notes payable	36,266	36,962
Line of credit	6,176	4,818
Total debt	868,845	829,312
Less current portion	20,432	17,827
Total long-term debt	$848,413	$811,485

As of September 30, 2015, the maturity schedule of long-term debt is as follows:

Years Ending September 30	Long-Term Debt	Capital Lease	Total
2016	$ 18,681	$ 4,027	$ 22,708
2017	13,045	4,001	17,046
2018	13,558	4,040	17,598
2019	14,111	3,796	17,907
2020	14,694	3,528	18,222
Thereafter	737,292	70,457	807,749
	$ 811,381	89,849	901,230
Less amount representing interest		(32,385)	(32,385)
		$ 57,464	$ 868,845

Obligations to Idaho Health Facility Authority

Series 2000—Represents Fixed Rate Revenue Bonds, payable in annual payments ranging from $2,800 to $29,700, beginning July 2011 through July 2030. The Series 2000 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 on 12 30-day months and are payable on July 1 and January 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2015 was 4.86%.

The Series 2000 bonds maturing on or after July 1, 2021, are subject to redemption prior to maturity at the option of the Health System.

The Series 2000 Bonds are secured with a mortgage on the Health System's hospital located in Boise, Idaho.

Series 2005—Represents Fixed Rate Revenue Bonds, payable in annual payments ranging from $2,690 to $51,710, beginning July 2011 through July 2035. The Series 2005 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 on 12 30-day months and are payable on July 1 and January 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2015 was 4.68%.

The Series 2005 bonds maturing on or after July 1, 2021, are subject to redemption prior to maturity at the option of the Health System. In addition, Series 2005 bonds maturing on or after July 1, 2025, are subject to redemption prior to maturity at the option of the Health System on or after July 1, 2015.

The Series 2005 Bonds are secured with a mortgage on the Health System's hospital located in Boise, Idaho.

Series 2008A—Represents Fixed Rate Revenue Bonds, payable in annual payments ranging from $1,130 to $21,655 beginning November 2009 through 2037. The Series 2008A bonds bear interest at a fixed rate ranging from 4.00% to 6.75% per annum calculated on the basis of a 360 day year comprised of 12 30-day months and are payable on May 1 and November 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2015 was 6.63%.

The Series 2008A bonds maturing on or after November 1, 2019, are subject to redemption prior to maturity at the option of the Health System, on or after November 1, 2018.

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 2015 was 4.84%.

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 2012B—Represents Variable Rate Direct Purchases with Union Bank, N.A. in a privately placed transaction. The principal of the Series 2012B Bonds is payable in annual installments ranging from $1,700 to $5,160 between March 2013 and March 2032. The interest on the Series 2012B Bonds is currently payable monthly, as the Series 2012B Bonds are currently held in the Index Rate Mode (and the Health System has currently elected to use the one-month LIBOR Index Interest Period in connection with such Index Rate Mode). At the conclusion of the initial Index Rate Mode (i.e. July 30, 2019), and at the option of the Health System, the Series 2012B Bonds may be converted to the Daily Mode, the Weekly Mode, the Adjustable Long Mode, the Commercial Paper Mode, another Index Rate Mode, or the Fixed Mode upon compliance with certain conditions set forth in the bond documents. The interest payment dates, interest calculation methods, and terms, if any, upon which each Series 2012B Bond may or must be tendered for purchase in each Mode, are more fully set forth in the bond documents. The average interest rate (which includes amortization of costs of issuance) during 2015 was 1.34%.

The Series 2012B Bonds are subject to redemption prior to maturity at the option of the Health System in accordance with the terms set forth in the bond documents. During the initial Index Rate Mode, the Series 2012B Bonds are subject to optional redemption by the Health System on any business day upon payment of all fees required by the Index Rate Agreement.

Series 2012C—Represents Variable Rate Direct Purchases with Wells Fargo, N.A. in a privately placed transaction. The Series 2012C Bonds principal is payable in annual payments ranging from $11,820 to $13,195, beginning November 2038 through November 2043. The Series 2012C Bonds interest is payable monthly, as the Series 2012C Bonds are currently held in the Index Rate Mode (with interest being calculated using the SIFMA Index Rate). At the conclusion of the initial Index Rate Mode (i.e. October 1, 2018), and at the option of the Health System, the Series 2012C Bonds may be converted to the Daily Mode, the Weekly Mode, the Adjustable Long Mode, the Commercial Paper Mode, another Index Rate Mode, or the Fixed Mode upon compliance with certain conditions set forth in the bond documents. The interest payments, interest calculations methods, and terms, if any, upon which each Series 2012C Bond may or must be tendered for purchase in each Mode are more fully set forth in the bond documents. The average interest rate (which includes amortization of costs of issuance) during 2015 was .84%.

The Series 2012C Bonds are subject to redemption prior to maturity at the option of the Health System in accordance with the terms set forth in the bond documents. During the initial Index Rate Mode, the Series 2012C Bonds are subject to optional redemption on any business day upon payment of the principle amount thereof, accrued interest thereon, and all fees required by the Index Rate Agreement.

Series 2012D—Represents Variable Rate Direct Purchases with Wells Fargo Municipal Capital Strategies, LLC in a privately placed transaction. The Series 2012D Bonds principal is payable in annual payments ranging from $11,810 to $13,220, beginning November 2038 through November 2043. The Series 2012D Bonds interest is payable monthly, as the Series 2012D Bonds are currently held in the Index Rate Mode (with interest being calculated using the LIBOR Index Rate). At the conclusion of the initial Index Rate Mode (i.e. October 24, 2017), and at the option of the Health System, the Series 2012D Bonds may be converted to the Daily Mode, the Weekly Mode, the Adjustable Long Mode, the Commercial Paper Mode, another Index Rate Mode, or the Fixed Mode upon compliance with certain conditions set forth in the bond documents. The interest payments, interest calculations methods, and terms, if any, upon which each Series 2012D Bond may or must be tendered for purchase in each Mode are more fully set forth in the bond documents. The average interest rate (which includes amortization of costs of issuance) during 2015 was .96%.

The Series 2012D Bonds are subject to redemption prior to maturity at the option of the Health System in accordance with the terms set forth in the bond documents. During the initial Index Rate Mode, the Series 2012D Bonds are subject to optional redemption on any business day upon payment of the principle amount thereof, accrued interest thereon, and all fees required by the Index Rate Agreement.

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 2015 was 4.66%.

The Series 2014A bonds maturing on or after March 1, 2034 are subject to redemption prior to maturity at the option of the Health System.

The Series 2000, Series 2005, Series 2008A, Series 2012A, Series 2012B, Series 2012CD and Series 2014A bonds provide, among other things, restrictions on annual debt additions that the Health System may incur. The agreements also require that sufficient fees and rates be charged so as to provide net income available for debt service, as defined, in an amount not less than 125% of the annual principal and interest due on the Bonds. For the years ended September 30, 2015 and 2014, net income available for debt service, as defined, exceeded the minimum coverage required.

Notes Payable—These notes are secured by medical office buildings and guaranteed by a third party. Principal and interest are payable on a monthly basis. Per the agreements, the notes mature in 2023. Interest is fixed at 4.25%.

Line of Credit—In September 2011, the Health System entered into an unsecured credit agreement with Key Bank, N.A. The agreement allows for borrowings up to $60,000 and has a maturity date of September 15, 2018. In the event that principal amounts are outstanding, interest is incurred at a rate that is variable at the Prime Rate. The line of credit, among other things, contains an annual commitment fee of $30 as well as a non-usage fee on the actual daily unborrowed portion of the principal amount available at the rate of one-fifth of 1% per annum. As of September 30, 2015, there was no outstanding balance on the line of credit.

In January 2010, the Health System entered into an unsecured credit agreement with Wells Fargo Bank, N.A. The agreement allows for borrowings up to $8,000 and has a maturity date of August 1, 2016. The line of credit is to be utilized for working capital payments related to a cash payment program the Health System operates in connection with payments to vendors. Principal amounts are advanced as vendor payments are made, and are required to be repaid on a monthly basis. As principal is paid in full

on a monthly basis, no interest costs have been incurred. In the event that principal is outstanding in excess of 30 days, interest is variable at daily three month LIBOR plus 1.75%. The outstanding balance as of September 30, 2015 and 2014 was $6,176 and $4,818, respectively.

Interest Costs—During the years ended September 30, 2015 and 2014 the Health System incurred total interest costs of $34,717 and $26,350, respectively. During 2015 and 2014, $1,914 and $1,377, respectively, has been capitalized and is reflected as a component of property, plant, and equipment. During the years ended September 30, 2015 and 2014, the Health System made cash payments for interest of $34,928 and $24,746, respectively, and cash payments for bond fees of $379 and $362, respectively.

9. 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—September 30, 2013	$858,005	$854,658	$ 3,347
Unrestricted net assets:			
Revenue in excess of expenses	61,082	60,791	291
Change in noncontrolling interests	(1,280)	-	(1,280)
Change in net unrealized gains on investments	489	489	-
Net assets released from restrictions—capital acquisitions	3,428	3,428	-
Change in funded status of pension plan	6,400	6,400	-
Increase in unrestricted net assets	70,119	71,108	(989)
Temporarily restricted net assets	1,630	1,630	-
Permanently restricted net assets	1,017	1,017	-
Increase in net assets	72,766	73,755	(989)
Net assets—September 30, 2014	930,771	928,413	2,358
Unrestricted net assets:			
Revenue in excess of expenses	65,861	65,458	403
Change in noncontrolling interests	(1,510)		(1,510)
Change in net unrealized gains on investments	(6,079)	(6,079)	-
Net assets released from restrictions—capital acquisitions	807	807	-
Change in funded status of pension plan	(29,610)	(29,610)	-
Increase in unrestricted net assets	29,469	30,576	(1,107)
Temporarily restricted net assets	2,000	2,000	-
Permanently restricted net assets	961	961	-
Increase in net assets	32,430	33,537	(1,107)
Net assets—September 30, 2015	$963,201	$961,950	$ 1,251

10. EMPLOYEE RETIREMENT PLANS

Defined Benefit Plans—The St. Luke's Regional Medical, 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, Ltd. 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 St. Luke's Magic Valley Regional Medical Center, Ltd. Plan (the "SLMVRMC Plan") covers substantially all eligible St. Luke's Magic Valley Regional Medical Center, Ltd. (SLMVRMC) employees employed by SLMVRMC on or before April 1, 2005. The SLMVRMC Plan was amended and restated effective April 1, 2005, to exclude employees hired on or after that date from participation in the SLMVRMC Plan; however, the SLMVRMC 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 SLMVRMC Plan as necessary. Effective October 1, 2014, the mortality tables were updated to the Mercer modified RP-2014 Mortality Tables in order to more accurately reflect the generational projection of mortality improvement. These changes contributed to an increase in the projected benefit obligation in the amount of $11,700 for the SRLMC Plan and $3,100 for the SLMVRMC Plan.

The following table sets forth the SLRMC Plan and the SLMVRMC Plan (collectively the "Plans") funded status, amounts recognized in the Health System's consolidated financial statements and other related financial information:

	SLRMC	SLMVRMC	Total 2015	Total 2014
Projected benefit obligation for service rendered to date	$155,449	$ 49,202	$204,651	$184,249
Plan assets—at fair value	115,678	35,994	151,672	156,258
Funded status	$ (39,771)	$ (13,208)	$ (52,979)	$ (27,991)
Employer contributions	$ 7,000	$ 1,700	$ 8,700	$ 9,950
Accrued pension liability (all noncurrent)	39,771	13,208	52,979	27,991
Change in funded status	(20,886)	(4,102)	(24,988)	10,667
Amortization of prior service cost	13	-	13	13
Amortization of net loss	1,015	389	1,404	2,490
Net periodic benefit cost	2,956	185	3,141	6,424
Benefits paid	12,035	2,680	14,715	12,656
Accumulated benefit obligation	141,908	49,202	191,110	172,425

Amounts recognized in unrestricted net assets related to the Plans at September 30, consist of:

	SLRMC	SLMVRMC	Total 2015	Total 2014
Prior service cost	$ 3	$ -	$ 3	$ (16)
Net actuarial loss	(45,968)	(20,147)	(66,115)	(35,553)

The measurement date used to determine pension benefits is September 30. Contributions to the Plans for the year ending September 30, 2016, are expected to be approximately $10,000.

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 are as follows:

	Target SLRMC	Target SLMVRMC
Investments:		
Large-cap funds	20 %	20 %
Mid-cap funds	10	10
Small-cap funds	10	10
Non-U.S. funds	20	20
Fixed income	29	39
Other	11	1

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, 2015, the amounts and percentages of the fair value of Plans' assets are as follows:

	SLRMC		SLMVRMC	
Domestic equity	$ 44,856	39 %	$ 14,544	40 %
International equity	21,619	19	6,992	20
Fixed income	35,594	31	14,088	39
Other	13,609	11	370	1
Total	$ 115,678	100 %	$ 35,994	100 %

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid from the Plans:

	SLRMC	SLMVRMC	Total
2016	$ 11,313	$ 2,402	$ 13,715
2017	11,494	2,591	14,085
2018	11,724	2,737	14,461
2019	11,753	2,873	14,626
2020	11,752	3,052	14,804
2021–2025	57,115	15,920	73,035
	$ 115,151	$ 29,575	$ 144,726

Assumptions used in determining the actuarial present value of net periodic benefit cost of the Plans were as follows:

	2015	2014
SLRMC		
Weighted average discount rate	4.35 %	4.90 %
Rate of increase in future compensation levels	2.5–4.00	2.5–4.00
Expected long-term rate of return on assets	7.00	7.00
SLMVRMC		
Weighted average discount rate	4.25 %	4.90 %
Rate of increase in future compensation levels	2.5–4.00	2.5–4.00
Expected long-term rate of return on assets	7.00	7.00

Assumptions used in determining the actuarial present value of projected benefit obligation of the Plans were as follows:

	2015	2014
SLRMC		
Weighted average discount rate	4.49 %	4.35 %
Rate of increase in future compensation levels	4.00	4.00
SLMVRMC		
Weighted average discount rate	4.38 %	4.25 %
Rate of increase in future compensation levels	4.00	4.00

The principal cause of the change in the unfunded pension liability is related to the use of new mortality tables at September 30, 2015 and a change in the discount rate at September 30, 2014.

Supplemental Retirement Plan for Executives—The Supplemental Retirement Plan for Executives (SERP) is an unfunded 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:

	2015	2014
Projected benefit obligation for service rendered to date	$ 19,729	$ 18,806
Plan assets—at fair value	-	-
Funded status	$ (19,729)	$ (18,806)
Employer paid benefits	$ 679	$ 531
Accrued pension liability (noncurrent)	18,909	17,944
Accrued pension liability (current)	820	862
Change in funded status	923	(2,431)
Amortization of prior service cost	-	2
Amortization of net loss	840	669
Net periodic benefit cost	2,529	2,230
Accumulated benefit obligation	18,006	17,084

The measurement dates used to determine pension benefits is September 30. Expected contributions to the Plan for the year ending September 30, 2016, are expected to be approximately $820. Effective October 1, 2014, the mortality tables were updated to the Mercer modified RP-2014 Mortality Tables in order to more accurately reflect the generational projection of mortality improvement. These changes contributed to an increase in the projected benefit obligation in the amount of $1,100 for the SERP Plan.

Amounts recognized in unrestricted net assets related to the SERP at September 30, consist of:

	2015	2014
Prior service cost	$ -	$ -
Net actuarial loss	(6,681)	(7,707)

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid from the SERP:

	Benefit Payments
2016	$ 820
2017	816
2018	812
2019	807
2020	1,187
2021–2025	7,935
	$ 12,377

As of September 30, 2015 and 2014, the accrued pension liability is included in benefit plan liabilities.

Assumptions used in determining the actuarial present value of net periodic benefit cost were as follows:

	2015	2014
Weighted average discount rate	4.25 %	4.90 %
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:

	2015	2014
Weighted average discount rate	4.42 %	4.25 %
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 of its employees. The Health System's contributions to these contribution plans are at the discretion of the Health System's Board of Directors. 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 2015 and 2014, contributions to these plans were $28,695 and $19,387, respectively.

11. 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 necessarily 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.

Level 1 inputs are unadjusted quoted prices for identical assets or liabilities in active markets that the Health System has the ability to access. The level 2 inputs of the Health System include 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 inputs are 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. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There were no transfers of assets between any levels during the fiscal year.

Following is a description of the valuation methodologies used for the Health System's assets or liabilities measured at fair value.

Cash, Receivables, Accounts Payable, Accrued Liabilities, and Estimated Payable to Medicare and Medicaid Programs—The carrying amounts reported in the balance sheet for cash, receivables, accounts payable, accrued liabilities, and estimated payable to Medicare and Medicaid programs are a reasonable estimate of 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 System are open-end 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. The mutual funds held by the System are deemed to be actively traded.

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.

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 as of September 30:

	Fair Value Measurements as of September 30, 2015, 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	$ 15,105	$ -	$ -	$ 15,105
Certificates of deposit and commercial paper	-	45,127	-	45,127
Mutual funds	70,667	14,805	-	85,472
Government and agency securities	76,178	97,761	-	173,939
Corporate bonds, notes, mortgages and asset-backed securities	-	279,069	-	279,069
Total	$ 161,950	$ 436,762	$	$ 598,712

	Fair Value Measurements as of September 30, 2014, 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	$ 145,290	$ -	$ -	$ 145,290
Certificates of deposit and commercial paper	-	31,601	-	31,601
Mutual funds	36,460	-	-	36,460
Government and agency securities	62,583	83,850	-	146,433
Corporate bonds, notes, mortgages and asset-backed securities	-	177,198	-	177,198
Foreign government bonds	-	187	-	187
Total	$ 244,333	$ 292,836	$ -	$ 537,169

Fair Value of Pension Plan Assets—In addition to the types of assets listed above as held by the System, the pension plans also hold assets within limited partnerships, limited liability companies, and common collective trusts.

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 such as cap & 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 Health System's Plans measured at fair value on a recurring basis as of September 30:

	Fair Value Measurements as of September 30, 2015, Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Pension assets:				
Cash and cash equivalents	$ 2,108	$ -	$ -	$ 2,108
Domestic mutual funds	80,082	-	-	80,082
International mutual funds	25,316	-	-	25,316
Government & agency securities	-	17,737	-	17,737
Common collective trusts	5,808	8,774	-	14,582
Limited partnerships & liability companies	-	4,858	6,989	11,847
Total	$113,314	$31,369	$6,989	$151,672

	Fair Value Measurements as of September 30, 2014, Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Pension assets:				
Cash and cash equivalents	$ 1,077	$ -	$ -	$ 1,077
Domestic mutual funds	85,868	-	-	85,868
International mutual funds	24,065	-	-	24,065
Government & agency securities	-	18,060	-	18,060
Common collective trusts	6,160	9,945	-	16,105
Limited partnerships & liability companies	-	4,846	6,237	11,083
Total	$ 117,170	$ 32,851	$ 6,237	$ 156,258

The Health System's use of Level 3 unobservable inputs account for 4.61% and 3.99%, respectively, of the total fair value of Pension Assets as of September 30, 2015 and 2014. The following table summarizes the changes in Level 3 assets measured at fair value as of September 30:

Beginning Balance September 30, 2013	$ 5,689
Sales	(32)
Realized gain on sales	2
Allocation of capital loss	(13)
Miscellaneous fees	(61)
Interest received	276
Change in unrealized gains	376
Ending Balance September 30, 2014	6,237
Allocation of capital gain	99
Miscellaneous fees	(70)
Interest received	294
Change in unrealized gains	429
Ending Balance September 30, 2015	$ 6,989

The unrealized gains and losses on investment accounts at September 30, 2015 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 our investments' fair values and gross unrealized losses for individual securities that have been in a continuous loss position for 12 months or more as of September 30, 2015 and those that have been in a loss position for 12 months or more as of September 30, 2015. These investments are interest-yielding debt securities of varying maturities. We have 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	$119,522	$ (909)	274
Mutual funds	65,757	(6,468)	42
Government & agency securities	60,887	(713)	45
Total	$246,166	$ (8,090)	361

	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	$45,226	$ (1,007)	74
Mutual funds	19,033	(2,565)	24
Government & agency securities	20,875	(346)	35
Total	$85,134	$ (3,918)	133

Fair Value of Debt—The interest rate on the Health System's Variable Rate Demand 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 capital leased assets approximates its fair value.

The estimated fair value of the Fixed Rate Revenue Bonds as of September 30, 2015 and 2014 was $585,664 and $595,780, 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 estimated fair value of the notes payable as of September 30, 2015 and 2014, was $41,468 and $40,393, 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 fair value estimates presented herein are based on pertinent information available to management as of September 30, 2015. 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.

12. COMMITMENTS AND CONTINGENCIES

The Health System leases office space under operating leases, some of which contain renewal options. Rental expense on the operating leases during 2015 and 2014 were $16,056 and $16,324, respectively. The Health System also leases out space in medical office buildings under non-cancelable operating leases. Rental income on these leases during 2015 and 2014 were $1,656 and $2,389, respectively.

As of September 30, 2015, future minimum rental income and payments on operating leases are as follows:

Years Ending September 30	Minimum Rental Revenue	Minimum Rental Payments
2016	$ 1,208	$ 11,057
2017	933	9,792
2018	879	5,974
2019	711	4,252
2020	705	3,245
Thereafter	797	5,917
	$ 5,233	$ 40,237

As of September 30, 2015 and 2014, the Health System had commitments on construction contracts and equipment purchases totaling $15,013 and $4,674, respectively.

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 September 30, 2016, and includes provisions for purchase of tail coverage in the event a new carrier is selected. The Health System also maintains reserves based 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 3.0%. There can be no assurance that the ultimate liability will not exceed such estimates. Adjustments to the reserves are included in results of operations in the periods when such amounts are determined. As of September 30, 2015 and 2014, the Health System had professional liability recorded in accounts payable and accrued liabilities in the amounts of $10,361 and $8,205, respectively.

The Health System is routinely involved in 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.

On November 12, 2012, private plaintiffs filed a complaint against the Health System in Idaho Federal District Court (the "Court") asserting that a planned business transaction between the Health System and an independent medical practice violated state and federal antitrust law. The suit sought money damages, attorney fees, and a preliminary and permanent injunction against the transaction. The court denied the request for a preliminary injunction, allowing the transaction to close in December of 2012, but set a trial on plaintiffs' request for an order unwinding the transaction. On March 26, 2013, the Federal Trade Commission and the State of Idaho filed a complaint for a permanent injunction requiring the Health System to unwind the transaction and for attorney fees incurred by the Office of the Idaho Attorney General.

On February 28, 2014, the Court entered a judgment permanently enjoining the transaction and ordering the Health System to unwind the transaction.

On December 10, 2015, the Court entered an order setting out the process to divest the medical practice from the Health System and appointing a monitor and a trustee to oversee the process. The private plaintiffs and the State of Idaho have sought recovery of their attorney fees, and the parties have briefed the issue of the amount of fees to which these plaintiffs may be entitled to and are awaiting a decision regarding the specific dollar amount that will be owed. The Health System has recorded an amount in the financial statements for its estimated exposure to the fees owed—an amount that is not material to the financial statements as a whole.

The Health System has antitrust insurance with coverage for defense costs, costs on appeal, and an award of attorney fees. After receipt of a letter from its insurer invoking an exclusionary clause to deny coverage in the antitrust litigation, the Health System filed a lawsuit on November 4, 2014 in the Court alleging breach of the insurance contract and requesting a declaratory judgment that the insurance policy covers the antitrust litigation. The insurer asserted counterclaims for recoupment of defense costs already reimbursed in the antitrust litigation. On September 4, 2015, the court decided in the Health System's favor and that decision is currently on appeal with the Ninth Circuit Court of Appeals.

13. FUNCTIONAL EXPENSES

The Health System provides medical and healthcare services to residents within its geographic location. Expenses related to providing these services for the years ended September 30 are allocated as follows:

	2015	2014
Professional, nursing, and other patient care services	$1,451,510	$1,289,562
Fiscal and administrative support services	317,316	287,106
	$1,768,826	$1,576,668

14. GOODWILL AND OTHER INTANGIBLES

The Health System considered various events and circumstances when it evaluated whether it's reporting unit fair values were less than their carrying value. Based on the Health System's assessment of relevant events and circumstances, the Health System has concluded that there was no impairment of goodwill for the fiscal years ended September 30, 2015 and 2014.

Other intangible assets of the Health System include covenants not to compete related to the acquisition of medical practices and are amortized over their useful lives, which typically range from five to seven years. Other intangible assets as of September 30 consist of:

	2015	2014
Covenants not to compete	$ 46,849	$ 46,530
Less accumulated amortization	(41,688)	(34,811)
Total other intangible assets	$ 5,161	$ 11,719

The Health System recorded amortization expense of $6,877 and $7,812 for the years ending September 30, 2015 and 2014, respectively. Expected future amortization expense related to intangible assets as of September 30 is as follows:

Years Ending September 30	Amount
2016	$3,157
2017	1,633
2018	370
2019	1
	$5,161

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St. Luke's Magic Valley

2013 Community Health Needs Assessment

Implementation Plan

Updated for FY 2016

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Introduction

The St. Luke's Magic Valley 2013 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 2013 Community Health Needs Assessment (CHNA). Our Implementation Plan is divided into two main sections. The first section contains a list of the health needs identified in our CHNA. In addition, it provides the prioritization score for each health need, explains how the community could serve the need, and describes St. Luke's involvement in addressing the need. The second section of our implementation plan defines the programs and services St. Luke's plans to implement to address specific 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 our 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

We designed the St. Luke's Magic Valley 2013 CHNA to help us better understand the most significant health challenges facing the individuals and families in our service area. To accomplish this goal, we collaborated with representatives from our community to help us 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.

Our health needs were then ranked using a numerical prioritization system. Points were allocated to each need based on scores provided by our community leaders 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 scoring above the median were highlighted in light orange in the tables below. Health needs and factors with scores in the top 20th percentile were highlighted in dark orange and are considered to be high priorities.

Next, to complete our CHNA Implementation Plan, we collaborated with community representatives to address the most significant health needs. To determine the health needs St. Luke's will address directly, we utilized the following decision criteria:

1. Health needs ranked in the top 20th percentile in our CHNA were considered first. Other health needs that scored above the median were also given priority. In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not the focus of this implementation plan.

2. Next we examined whether it would be most effective for St. Luke's to address a higher priority health need directly 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, fitness and nutrition programs also support and strengthen weight management programs. Therefore, to better understand the total impact our programs are having on a health need, we arranged programs that reinforce one another into groups as defined later in this implementation plan.

List of Needs and Recommended Actions

Health Behavior Category

Our community's high priority needs in the health behavior category are wellness and prevention programs for diabetes, obesity, and mental illness. 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 (22.5%) of any mental illness (AMI) in the nation. Although not quite in the top 20th percentile, addressing a high teen birth rate is also a high ranking health need.

Table Color Key
Dark Orange = High priority (total score in the top 20th percentile)
Light Orange = Total score above the median
White = Total score below the median

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	External Community Resources Available	Recommended Action and Justification
Weight management	Obese Adults	20.7	Mission: High Strength: Low	Department of Health and Welfare Idaho Physical Activity and Nutrition (IPAN) Program. There are also a number of fee based weight management programs available in our	St. Luke's will directly 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 20th percentile. St. Luke's does not currently have a multi-disciplinary, medically managed weight loss program for patients. Since programs addressing this broader need are not a strength of St. Luke's, we will continue to rely on the

				community. In addition, the CDC has free online weight management information, and Idaho Medicaid has a Preventive Health Assistance Benefit weight management program: The Twin Falls YMCA and the College of Southern Idaho are also local resources.	community to help us address this need. The programs that St. Luke's directly supports are described in the following section of this Implementation Plan.
	Obese/Over-weight Teens	19.7	Mission: High Strength: Low	There are a number of fee based weight management programs available in our community. In addition, the CDC has free online weight management information, and Idaho Medicaid	St. Luke's will directly support teen 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 20th percentile. St. Luke's does not currently have a multi-disciplinary, medically managed weight loss program for patients. Since programs addressing this broader need are not a strength of St. Luke's, we will continue to rely on the community to help us address this need. The

				has a Preventive Health Assistance Benefit weight management program. The Twin Falls YMCA and the College of Southern Idaho are also local resources.	programs that St. Luke's directly supports are described in the following section of this Implementation Plan.
Wellness/ prevention	Diabetes	21.1	Mission: High Strength: Medium	South Central Public Health	St. Luke's will directly support diabetes chronic disease management programs because this need is highly aligned with our mission, is ranked in our CHNA's top 20th percentile, and is a medium strength. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
	Mental illness	20.1	Mission: High Strength: Medium	Family Health Services	St. Luke's Magic Valley is working to increase psychiatric services, programs, and the number of psychiatrists in our community because this need is aligned with our mission and is ranked in our CHNA's top 20th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Exercise programs/ education	Adult physical activity	16.9	Mission: Medium Strength: Low	Department of Health and Welfare Idaho Physical Activity and Nutrition (IPAN) Program.	St. Luke's will directly support adult physical activity through our 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 above the median. However, due to

				CSI (Over 60 and Fit), YMCA	resource constraints and because this need is not a high strength of St. Luke's, we will continue to depend on the community to help us address this need.
Nutrition education	Teen nutrition	16	Mission: Medium Strength: Medium	Department of Health and Welfare Idaho Physical Activity and Nutrition (IPAN) Program. There is a large amount of free online information and resources available from credible sources such as the CDC, the American Academy of Nutrition and Dietetics, the Mayo Clinic, YMCA, Boys and Girls Club, Salvation Army.	St. Luke's will directly support teen nutrition through our 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 above the median. However, due to resource constraints and because this need is not a high strength of St. Luke's, we will continue to depend on the community to help us address this need. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Safe-sex education programs	Sexually transmitted infections	16.2	Mission: Low Strength: Low	South Central District Health, Planned Parenthood	St. Luke's will not directly provide a sexually transmitted infections program because this is a low mission, low strength alignment and due to resource constraints but will instead focus on higher priority needs. St. Luke's will rely on South Central District Health and other

					community resources to help us address this need.
	Teen birth rate	18.2	Mission: Low Strength: Low	South Central District Health, Planned Parenthood, Pregnancy Crisis Center	St. Luke's will not directly provide a teen birth rate program because this is a low mission, low strength alignment and due to resource constraints but will instead focus on higher priority needs. St. Luke's will rely on South Central District Health and other community resources to help us address this need.
Substance abuse services and programs	Vehicle Crash Death Rate	17	Mission: Medium Strength: Medium	Twin Falls County, Walker Center	St. Luke's will directly support substance abuse programs because this need is in medium alignment with our mission and although there are other programs available in our community the need is still ranked above the median. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Wellness/ prevention	Breast cancer	16.1	Mission: High Strength: High	South Central Public Health	St. Luke's will directly support breast cancer programs because this need has a high alignment with our mission and is a strength of St. Luke's and the need is ranked above the median. The program St. Luke's directly supports is described in the following section of this Implementation Plan.
	High cholesterol	17.1	Mission: Medium Strength: Low		St. Luke's will directly support a high cholesterol prevention program because this need has a medium alignment with our mission and the need is ranked above the median. The program St. Luke's directly supports is described in the

					following section of this Implementation Plan.
	Lung cancer	16.1	Mission: Medium Strength: Low		St. Luke's will directly support lung cancer prevention programs because this need has a medium alignment with our mission and the need is ranked above the median. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
	Respiratory disease	16.1	Mission: Medium Strength: Low		St. Luke's Magic Valley will provide respiratory services for our community because this need has a medium alignment with our mission and is ranked above the median. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
	Suicide	17.1	Mission: High Strength: Medium	Suicide Prevention Hotline, State of Idaho provides evaluation and suicide intervention services.	St. Luke's Magic Valley provides a behavioral health clinic as described in the following section of this Implementation Plan. Because this is not a top 20th percentile need and is a low strength and mission alignment of St. Luke's and due to resource constraints, we will also rely on community based resources to help meet this need.
Exercise programs/ education	Teen exercise	14.9	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs); health needs scoring below the median were not directly addressed as part of our implementation plan.		
Nutrition education	Adult nutrition	15			
Substance abuse	Alcohol	14			

services and programs	Illicit drug use	14	
Tobacco cessation programs	Smoking	14.2	
Wellness and prevention (scores below the median)	Accidents	15.1	
	AIDS	14.1	
	Alzheimer's	15.1	
	Arthritis	12.1	
	Asthma	11.1	
	Cerebro-vascular diseases	15.1	
	Colorectal cancer	15.1	
	Flu/pneumonia	14.1	
	Heart disease	13.1	
	High blood pressure	15.1	
	Leukemia	13.1	
	Nephritis	15.1	
	Non-Hodgkin's	12.1	

	lymphoma		
	Pancreatic cancer	13.1	
	Prostate cancer	14.1	
	Skin cancer	14.1	

Clinical Care Category

High priority clinical care needs include: Affordable care; affordable health insurance; increased availability of behavioral health services; and chronic disease management for diabetes. Affordable care ranks as a high priority need due to its high community leader score and because an increasing number of people in our community are living in poverty (especially children). Affordable health insurance ranks as a top priority need in part because our service area has a high percentage of people who are uninsured and the trend is not improving. Availability of behavioral health services ranked as a top priority due to our health leader scores and because Idaho has a shortage of behavioral health professionals. Diabetes chronic disease management ranks high because our diabetes death rate is trending higher, and it is a contributing factor to a number of other health concerns.

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	External Community Resources Available to Address Need	Recommended Action and Justification
Affordable care	Children in poverty	19.4	Mission: High Strength: High	The Affordable Care Act; Medicaid; Idaho State Department of Health and Welfare; Idaho District 5 Health Department; Mustard Tree Clinic, Family Health Services.	St. Luke's will directly support programs designed to provide affordable care especially to those with low incomes 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 20th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan. Affordable care 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.
Affordable health Insurance	Uninsured adults	18.8	Mission: High	The Affordable Care Act;	St. Luke's will directly support programs designed to help provide affordable health

			Strength: Medium	Medicaid; Medicare; Idaho State Department of Health and Welfare.	insurance 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 20th 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 behavioral health services	Mental health service providers	18.8	Mission: High Strength: Medium	Family Health Services	St. Luke's Magic Valley will increase psychiatric services, programs, and the number of psychiatrists in our community because this need is aligned with our mission and is ranked in our CHNA's top 20th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Chronic disease management	Diabetes	20.1	Mission: High Strength: Medium		St. Luke's will directly support diabetes chronic disease management programs because this need is highly aligned with our mission and is a medium strength and the need is ranked in our CHNA's top 20th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
More providers accept public health insurance	Children in poverty	16	Mission: High Strength: High	Many health care providers in our community accept public health	St. Luke's accepts public and commercial health insurance including Medicare and Medicaid because this need is highly aligned with our mission and strengths and this need is

				insurance.	ranked above the median. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Screening programs	Mammography screening	15.5	Mission: High Strength: High	South Central District Health Women's Health Check is available to assist with funding.	St. Luke's will directly support a Mammography screening program because this need has a high alignment with our mission and is a strength of St. Luke's and the need is ranked above the median. The program St. Luke's directly supports is described in the following section of this Implementation Plan.
Affordable dental care	Dental visits, preventive	15.4	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs); health needs scoring below the median were not directly addressed as part of our implementation plan.		
Availability of primary care providers	Primary care providers	15.3			
Chronic disease management	Arthritis	11.1			
	Asthma	10.1			
	High blood pressure	14.1			
Immunization programs	Children immunized	12.8			
	Flu/pneumonia	10.8			
Improved health care quality	Preventable hospital stays	12.5			
Integrated, coordinated care (less fragmented)	Preventable hospital stays	14.3			

Prenatal care programs	Low birth weight	12.2	
	Prenatal care 1st trimester	15.2	
Screening programs	Cholesterol	14.5	
	Colorectal screening	13.5	
	Diabetic screening	13.5	

Social and Economic Category Summary

Children and family services and educational support are the only social and economic health needs scoring above the median. The increasing number of children living in poverty in our service area drives the need for more children and family services and our low high school graduation rate accounts for the need for more educational support.

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	External Community Resources Available to Address Need	Recommended Action and Justification
Children and family services	Children in poverty	17.9	Mission: Low Strength: Low	There are a number of organizations in our community that provide help to low income children and families in need.	St. Luke's will not develop its own children and family support services program because this need has a low alignment with our mission and strengths. However, because this need is ranked above the median St. Luke's will support the community-based children and family services program described in the following section of this Implementation Plan.
Education support and assistance programs	Education	16.4	Mission: Low Strength: Low	College of Southern Idaho	Although this need is ranked above the median, St. Luke's will not develop its own education and support assistance programs because this need has a low alignment with our mission and strengths. However, we do provide support for training and education to the College of Southern Idaho as described in the following section of this document.
Children and family services	Inadequate social support	14.9	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs); health needs scoring below the median were not directly addressed as part of our implementation plan.		
Disabled services		12.7			

Homeless services	Unemployment rate	13.4	
Job training services	Unemployment rate	12.9	
Senior services	Inadequate social support	13.6	
Veterans' services	Inadequate social support	13.9	
Violence and abuse services	Safety - homicide rate	12.7	

Physical Environment Category Summary

In the physical environment category, transportation to and from appointments ranked above the CHNA median health need score. This need was identified during our affected population focus groups and was reinforced during our community leader interview process. Low income, senior, and rural populations are most affected by the need for transportation to and from appointments.

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	External Community Resources Available to Address Need	Recommended Action and Justification
Transportation to and from appointments		17	Mission: Low Strength: Low	There are a few transportation companies in our community providing taxi and bus transportation in addition to volunteer services.	St. Luke's will directly support a program to help low income individuals afford transportation to and from appointments because this need has a medium alignment with our mission and the need is ranked above the median. However, public transportation is not a strength of St. Luke's and we will rely on organizations with missions to provide low-cost, public transportation to help us meet this

					need. The program St. Luke's directly supports is described in the following section of this Implementation Plan.
Availability of recreation and exercise facilities	Recreational facilities	12.4	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs); health needs scoring below the median were not directly addressed as part of our implementation plan.		
Availability or access to healthy foods	Limited access to healthy foods	12			
Healthier air quality, water quality, etc.	Air pollution	10.8			

St. Luke's CHNA Implementation Programs

This section of our implementation plan provides a list and description of the health improvement programs St. Luke's is executing to address the community health needs ranked above the median. Sometimes a single health improvement program supports the success of multiple related health needs. For example, fitness and nutrition programs also support and strengthen weight management 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: Weight Management and Fitness

- Adult and teen weight management
- Adult and teen nutrition
- Adult and teen exercise

Program Group 2: Diabetes

- Wellness and prevention for diabetes
- Chronic condition management for diabetes
- Diabetes screening

Program Group 3: Behavioral Health

- Mental illness
- Substance Abuse
- Suicide prevention
- Availability of mental health service providers

Program Group 4: Barriers to Access

- Affordable care
- Affordable health insurance
- Children and family services (low income)
- More providers accept public health insurance
- Primary care providers (adequate numbers)
- Transportation to and from Appointments

Program Group 5: Additional Health Screening and Education Programs Ranked Above the Median

- Asthma chronic care and wellness
- High cholesterol chronic care and wellness
- Breast cancer and mammography screening

- High school and college education support and assistance programs
- Lung cancer
- Respiratory disease
- Safe sex education programs: Sexually Transmitted Diseases and teen birth rate

The following pages describe the programs contained in our five high priority program groups. Each program description includes information on its target population, tactics, approved resources, and goals.

Program Group 1: Weight Management/Fitness Programs Ranked as High Priority

Adult and teen weight management programs were ranked as high priority health needs. According to the CDC, the key to achieving and maintaining a healthy weight is a lifestyle that includes healthy eating, regular physical activity, and balancing the number of calories you consume with the number of calories your body uses.[1] Therefore, we grouped the weight management programs together with the programs for adult and teen nutrition. Nutrition programs are also ranked above the median and are key components to weight management. In addition, some of our weight management programs include physical activity components. In fact, physical activity is such an integral component of weight management we included fitness programs in this program group as well.

There is great diversity in patient needs when it comes to weight management and nutrition. No single program can address the entire range of patient medical needs, schedules, or preferences. Therefore, St. Luke's has chosen to offer a number of weight loss, nutrition, and fitness programs designed to meet a wide variety patient circumstances.

Although each individual program described below includes a way to measure its success, we believe a more effective way to measure the overall impact of our CHNA efforts is to have a goal for each high priority program group. Therefore, we will measure the success of Program Group 1 using the following comprehensive goal:

Goal statement:

Adult: Improve the percentage of patients 18 years & older with BMI screening, calculated within the past 6 months, or during current visit & has follow-up plan documented, if BMI is outside of parameters.

Children: As least 85% of participants with the YEAH program will have improvement in at least one area of weight, waist circumference or BMI.

Type of goal (check one): Structure ___ Process __X__ Outcome____

Measure:

Adult: Greater than 70% (Baseline MV/Jerome 43%, Jerome 31%).

Children: At least 85% of participants will have improvement in at least one area of weight, waist circumference or BMI.

[1] http://www.cdc.gov/healthyweight/index.html

Data source: Centricity

1. Partnership with St. Luke's Boise Bariatric Surgery Program

Community Needs Addressed:
Adult weight management

Target Population:
This program serves the obese community with Medicare, Medicaid, commercial insurance or those who are self-pay. Participants must meet the criteria of the National Institute of Health to qualify for bariatric surgery. Bariatrics is the branch of medicine that deals with the causes, prevention, and treatment of obesity. The guidelines require a BMI (body mass index) of at least 35 with one or more obesity related diseases such as Type II diabetes, hypertension, and obstructive sleep apnea. A patient can also qualify if they have a BMI of 40 or higher, with or without co-morbidities.

Description and Tactics (How):
The St. Luke's Boise Bariatric Surgery Program offered four different types of bariatric surgery in FY2014 and will offer three types of surgery (excluding biliopancreatic diversion with duodenal switch in FY2015 (change due to physician retiring):

1. A gastric bypass creates a small stomach pouch; the intestines are rearranged and attached to the pouch. This procedure restricts the amount of food intake and nutrient absorption.
2. Sleeve gastrectomy removes much of the stomach, creating a small tubular stomach. This procedure restricts the amount of food intake.
3. Adjustable gastric band is a silicone device with an inflatable inner cuff that is placed around the top of the stomach, creating a small pouch that restricts the amount of food intake.
4. Biliopancreatic diversion with duodenal switch removes much of the stomach, creating a tubular stomach, and rearranges intestines to restrict the amount of food intake and the absorption of nutrients.

While St. Luke's Magic Valley (SLMV) does not perform bariatric surgeries, we do partner with St. Luke's Boise to provide access to the following bariatric services to residents of the Magic Valley:

1. Bariatric Surgery Seminar—SLMV provides space for Boise physicians to hold this community education event every other month. This event is free and open to the public. Typically, 20-30 people have attended each session.

2. Bariatric Pre-Operative Preparation Class—SLMV provides space for classes held monthly for individuals who have been screened and are actively preparing for bariatric surgical intervention.
3. Psychological Evaluation—Boise bariatric surgeons refer bariatric patients to SLMV psychologist, Collette Hoglund, for evaluation.
4. Bariatric Support Group—SLMV provides space for monthly meeting with approximately 10-20 in attendance.
5. Healthy Behaviors for Bariatric Patients—SLMV provides space for a four-part video teleconference series focused on the psychological needs of patients who have undergone bariatric surgery. The sessions consist of tips regarding stress management, emotional eating, commitment to change, and managing relationships.

Bariatric Newsletter—is generated quarterly by the Boise Bariatric Surgery program and distributed to Magic Valley patients electronically and distributed at the monthly Magic Valley Bariatric Support Group.

Resources (budget):

Expected Program Impact on Health Need:

To provide educational opportunities and support to the bariatric surgery patients in the Magic Valley area. Bariatric surgery has proven to resolve or improve multiple medical conditions associated with severe obesity. We want to meet resolution comparable to the national average for the following co-morbidities: Type II diabetes resolved
Obstructive sleep apnea resolved
Hypertension improved or resolved
Hyperlipidemia resolved
GERD resolved

St. Luke's Boise collects pre and post-surgery data on 100% of cases and follows outcomes for five years. This data is entered into a national registry of the Metabolic and Bariatric Surgery Accreditation Quality Improvement Program (MBSAQIP).

Metrics that are collected and compared to the national data base are:
Height/weight loss/ BMI
Perioperative complications, reoperations, and readmissions
Co-morbidity rates including:

- Pulmonary—oxygen dependent, obstructive sleep apnea
- Gastrointestinal—gastric esophageal reflux disease requiring medication, gallstone disease
- Musculoskeletal— activity limited, use of mobility devices, assistance with activities of daily living

- Renal—insufficiency or failure requiring dialysis
- Cardiac –hyperlipidemia requiring medication, hypertension requiring medication
- Vascular—Venous stasis
- Diabetes requiring medication
- Chronic steroids
- Anticoagulation therapy

In partnership with St. Luke's Boise, our goal is to meet or exceed the improvement shown in these metrics as compared to the national average data base.

Partnerships/Collaboration:
St. Luke's Boise

Comments:

2. BMI Screening

Community Needs Addressed:
Adult and teen weight management
Adult and teen nutrition
Adult and teen exercise

Target Population:
General community

Description and Tactics (How):
Establish tools and processes to assess and identify patients with BMI results that are out of range and provide intervention.

1. Ensure access to care and screening.
2. Use of Electronic Medical Record (EMR) for tracking, recording and reporting.
3. Standardize work flows in primary care access to ensure screening compliance.

For additional information, see Ambulatory Electronic Medical Records Program described in the Barriers to Access section of this Plan

Resources (budget):

Expected Program Impact on Health Need:
Identify patients with BMIs outside the recommended range.
Increase the percentage of patients receiving counseling and intervention.

Partnerships/Collaboration:

Comments:

3. Times News Health Fair

Community Needs Addressed:
Adult and teen weight management
Adult and teen nutrition
Adult and teen exercise

Target Population:
General Community

Description and Tactics (How):
The Times News Health Fair is an annual event that offers residents in the Magic Valley a range of free and reduced-priced services that focus on overall good health outcomes and education. The Health Fair offers multiple seminars and panel discussions, many of which are focused on good nutrition and strong exercise habits.

St. Luke's Magic Valley hosts a booth providing nutritional advice, fresh fruit and healthy snacks, and educational material on how to eat well, move more, and maintain a healthy weight in addition to raising awareness about St. Luke's Magic Valley YEAH! Program.

Resources (budget):
Dietician/Nutritionist time at the health fair

In FY15, SLMV provided $8,500 in sponsorship funds for the Times News Health Fair.

Expected Program Impact on Health Need:
St. Luke's Magic Valley sponsors the Times News Health Fair to promote healthy living throughout the Magic Valley. We strive to educate kids and their parents on the importance of eating well, moving more, and maintaining a healthy weight. Our goal is to have a minimum of 150 adults and teens come through our booth this year. We will encourage this by providing up-to-date information to adults about current trends and problems associated with having an unhealthy weight. We will also have activities and handouts available to promote healthy, active lifestyles and our services.

Partnerships/Collaboration:
Times News
College of Southern Idaho
St. Luke's Jerome
North Canyon Medical Center
St. Luke's Elks Rehab
Mountain States Tumor Institute (MSTI)
Family Health Services

4. KMVT Kids Fest

Community Needs Addressed:
Adult and teen weight management
Adult and teen nutrition
Adult and teen exercise

Target Population:
General community

Description and Tactics (How):
The KMVT Kids Fest is an annual event sponsored by St. Luke's Magic Valley and is held at the College of Southern Idaho. Children and their families are invited to this free event with activities that include hula-hoop competitions, stroller races, Zumba, exercise classes, and more. St. Luke's Magic Valley hosts a booth that provides nutritional advice, fresh fruit and healthy snacks, and educational materials on how to eat well, move more, and maintain a healthy weight in addition to raising awareness about the St. Luke's Magic Valley YEAH! Program.

The Yeah! Fun Run is also a signature event of Kids Fest, providing an opportunity for families to exercise together.

Resources (budget):
The booth is staffed by a St. Luke's Magic Valley Dietician/Nutrition expert.
The Fun Run is staffed by Yeah! Program coordinators.

Expected Program Impact on Health Need:
Many children nation-wide struggle with being overweight and obesity, and children in the Magic Valley are no exception. St. Luke's Magic Valley participates in the KMVT Kids Fest in order to educate kids and their parents on the importance of eating healthy, moving more, and maintaining a healthy weight.

Partnerships/Collaboration:
KMVT
College of Southern Idaho

Comments:

5. YEAH!

Community Needs Addressed:
Adult and teen weight management
Adult and teen nutrition
Adult and teen exercise

Target Population:
Overweight and obese children ages 5-16 and their families

Description and Tactics (How):
Evidence shows that childhood obesity has reached epidemic proportions across our country. In an effort to decrease the number of children who are obese in our community, St. Luke's Children's offers the YEAH! Program, an acronym for Youth Engaged in Activities for Health. All participants are children with a BMI of 85% or greater and have family members who agree to be involved in the program. YEAH! Sessions are conducted in the winter, spring, and early fall. Participants and their families attend eight-week long sessions that emphasis good nutrition, behavior modification lessons, and cooking and exercise classes taught by various experts in the community.

Resources (budget):
Staffing includes the following partial FTEs:
Project Director
Dietician
Physical Therapist
Administrative Support
Social Worker
Exercise Physiologist

Expected Program Impact on Health Need:
For 2016, our goal is to:

- Demonstrate that at least 60% of all participants show an improvement in at least one of the following areas: weight, measurements, and/or BMI
- Increase 100% of participants' and families knowledge and awareness of healthy nutritional choices
- 100% of participants will show improvement in at least one of the following areas: cardio endurance, muscular strength and endurance, flexibility, and Quality of Life

The goals of the program will be evaluated during each session through the analysis of pre/posttests, participant food and fitness logs, and participant Satisfaction Surveys.

Partnerships/Collaboration:
St. Luke's Magic Valley

Blue Cross Idaho Foundation
College of Southern Idaho
St. Luke's Humphrey's Diabetes Center
St. Luke's Jerome

Comments:

6. Athletic Screenings Exams

Community Needs Addressed:
Teen exercise
Teen weight management

Target Population:
Middle school and high school aged children involved in school sports.

Description and Tactics (How):
The Athletic Screening Exam is held annually in the spring at St Luke's Clinic Physician Center's office. At a reduced cost, middle and high school students are provided a screening for health concerns including a baseline Balance Error Scoring System (BESS) test prior to competing in school sports.

We have various stations set up where volunteers are assigned to complete each required portion of the form with the provider exam last.

The IMPACT Concussion Testing is also offered (at no additional cost) for students to have a "baseline" result for comparison in the event of an injury or suspected concussion.

We also work with Family Health Services to provide childhood immunizations for a very minimal fee for students in need.

Resources (budget):
Our volunteers for the three nights, who all work collaboratively on this project, include:
72 clinic office staff
22 providers (including three resident physicians and one DO student)
13 physical therapists

In 2013, we provided approximately 265 physicals at $20 per student, with 100% of these fees returned to the students' schools in order to benefit their athletic programs. Because of this, in FY 2013, our area schools received a total of $5,300 from St. Luke's Magic Valley sports physicals.

Expected Program Impact on Health Need:
The Athletic Screening Exams provides multiple benefits to more than twelve middle and high schools around the Magic Valley. Students are screened for health issues and healthcare providers will discuss any health issues found with students and their parents to ensure students receive the necessary follow up prior to competing in sports. In addition, if a student suffers mild head injuries while playing, the information gathered from the BESS test and IMPACT testing will assist clinicians in making "return to play" decisions. Participant attendance in 2015 was 220 (221 in

2014). Our goals for FY 2016 are to screen a higher number of students and continue to work collaboratively with the community to provide the necessary elements to keep our youth healthy.

Partnerships/Collaboration:

M Cole Johnson, MD (Family Medicine)
Family Health Services
Twin Falls School District
Jerome School District
Kimberly Middle & High School
Filer Middle & High School
Valley Middle & High School
Lighthouse Christian
St Luke's Elks Rehab
Wright Physical Therapy
Primary Therapy Source

Comments:

7. Color Coding

Community Needs Addressed:
Adult and teen weight management
Adult and teen nutrition

Target Population:
St. Luke's Magic Valley employees, guests, and visitors

Description and Tactics (How):
In order to encourage weight management and good nutrition, St. Luke's Magic Valley has implemented a color-coded program in their cafeteria that makes choosing healthy foods easier. Our open-air coolers are color coded:

- Green—the food you are choosing is good for you
- Yellow—food that is not necessarily bad for you but that should be eaten in moderation
- Red—food that is not good for you and should be only chosen every once in a while

Resources (budget):
This is a program that has already been implemented and requires no ongoing budgetary considerations.

Expected Program Impact on Health Need:
When people are informed, it is easier to make decisions that have positive impacts on health and wellbeing. At St. Luke's Magic Valley, we are committed to improving the health of our patients, family, and staff. Our goal is to continue to provide healthy food options and education to our community.

Partnerships/Collaboration:
St. Luke's Food and Nutrition Services
Sodexo

Comments:

8. SLHS Healthy U

Community Needs Addressed:
Adult weight management
Adult nutrition
Adult exercise

Target Population:
St. Luke's employees and their spouses. St. Luke's Magic Valley is the largest private employer in the Magic Valley area; therefore, this program will have a large impact on community health by covering St. Luke's employees and their families.

2013 identified populations for St. Luke's Magic Valley and Jerome:

Healthy U Target	Magic Valley N=1429	Jerome N=129
Pre-diabetes (BG>109)	41 (3%)	7 (5%)
Diabetes (A1c>7.9)	6 (0.4%)	2 (2%)
Pre-hypertension (BP>135 or 85)	313 (22%)	34 (26%)
Hypertension (BP>139 or 89	141 (10%)	5 (4%)
Tobacco Use (current user)	65 (5%)	12 (9%)
Obese (BMI 35+)	223 (16%)	25 (19%)
Waist Girth (>35 women, >40 men)	662 (46%)	78 (60%)

Description and Tactics (How):
HU = e3: Healthy U is a wellness initiative that **E**ngages, **E**ducates and **E**mpowers consumers to achieve optimal health!
St. Luke's Healthy U is an incentive-based program that engages benefit eligible employees and spouses through value-based insurance design to achieve or maintain identified health outcomes. Healthy behavior is rewarded through reduced premiums contributions toward the health insurance plan. Tactics include changes in organizational culture and policies, wellness and health promotion programs, online resources/tools, and health coaching to encourage consumers to adopt lifelong healthy habits.

Resources (budget):
Resources include: Wellness Managers, Wellness Coordinators, Nurse and Dietitian Health Coaches as well as office space, technology, educational materials, etc. These resources are present throughout the St. Luke's region.

Expected Program Impact on Health Need:
Expected impact is to improve health behaviors such as nutrition, fitness, tobacco use, stress management and achievement/maintenance of a healthy weight. In addition for pregnant employees or spouses, expected impact is a reduction in pre-term labor

and early delivery. Measurable, objective goals: reduction in tobacco use, decrease in pre-hypertension and hypertension, decrease in pre-diabetes as evidenced by healthier fasting glucose levels and diabetes as evidenced by an A1C <8, and reduction in consumers with a BMI>35 or waist circumference >35 for women and >40 for men. Specific Healthy U targets are set annually and evaluated through an online health assessment and Know Your Numbers biometric screening. Scalable strategies around population health management are also being developed.

Screening results for FY15 are in line with improvements in key indicators. The Best U Program, an evidence-based weight management program is now a covered health benefit program for SLHS employees and spouses as of April 1, 2015.

Risk Factor	MV	Jerome
2014 Pre-Diabetes (>106)	15	0
2015 In Compliance	10	0
% Change	**67%**	**0%**
2014 Diabetes	3	0
2015 In Compliance	0	0
% Change	**0%**	**0%**
2014 Pre-HTN	201	35
2015 In Compliance	130	24
% Change	**65%**	**68%**
2014 Hypertension	80	5
2015 In Compliance	65	5
% Change	**81%**	**100%**
2014 Tobacco Users	88	10
2015 In Compliance	22	2
% Change	**25%**	**20%**
2014 Obese (BMI>30)	543	44
2015 In Compliance	60	3
% Change	**11%**	**7%**
2014 Increased Waist	672	43

Partnerships/Collaboration:
Partnerships are within St Luke's Health System, the communities where St. Luke's has a presence and with regional partners such as the YMCA.

Comments:

9. CSI Wellness

Community Needs Addressed:
Adult weight management
Adult nutrition
Adult exercise

Target Population:
CSI employees and their families

Description and Tactics (How):
HU = e3: Healthy U is a wellness initiative that **E**ngages, **E**ducates and **E**mpowers consumers to achieve optimal health!
St. Luke's Healthy U is an incentive-based program that engages benefit eligible employees to achieve or maintain key biometric measures. Tactics include changes in organizational culture and policies, wellness and health promotion programs, online resources/tools, and health coaching to encourage consumers to adopt lifelong healthy habits.

Resources (budget):
Resources needed include three FTE's: a Wellness Manager, Nurse Health Coach and Wellness Coordinator. These resources were approved and the positions are currently posted. It is anticipated that these resources will support other Magic Valley region at-risk employers including St. Luke's Magic Valley.

Expected Program Impact on Health Need:
Expected impact is to improve health behaviors such as nutrition, fitness, stress management, tobacco cessation, and achievement/maintenance of a healthy weight. Measurable, objective goals: 50% participation of CSI employees (n= 300). Specific targets for improved health will be set after the online health assessment and Know Your Numbers biometric screening have been performed.

Partnerships/Collaboration:
Partnerships are within St Luke's, Select Health and various departments at CSI.

Comments:

10. Community Health Improvement Fund

Community Needs Addressed:
Adult and teen weight management
Adult and teen nutrition
Adult and teen exercise

Target Population:
General community

Description and Tactics (How):
The Community Health Improvement Fund (CHIF) was created by Magic Valley Regional Medical Center in 1998. In 2006, as part of an agreement with Twin Falls County, St. Luke's Magic Valley committed to continue this valuable community program. Since then, over $1.5 million has been distributed to organizations throughout Magic Valley communities by CHIF. The CHIF provides financial support for organizations sharing a common goal to improve the health of people in our region. In 2013, CHIF grants were provided to programs that addressed one or more of the following community health priorities: access to care; alcohol and substance abuse; injury and violence; *obesity;* wellness, prevention and accountability; and mental health.

The budgeted amount for the Fund is established at the beginning of each fiscal year. In FY 2007, the CHIF contribution was $200,000. In FY 2008 and thereafter, the CHIF contribution increases, and shall continue to increase annually, at a rate of no less than the rate of medical care inflation as reported by the Bureau of Labor Statistic of the Unites States DOL. In FY 2015, the CHIF provided 29 programs throughout the region with nearly $250,100 in funding.

Resources (budget):
In FY2015, SLMV provided funding to the following organizations:

- The Salvation Army
- Helping Hearts and Hands

In FY 2015, our budget for the Community Health Improvement Fund was $259,100. The budget for 2016 is $267,000.

Expected Program Impact on Health Need:
All of the organizations receiving funding are required to submit a Project Performance Report at the end of each quarter, documenting the success of their program by number of participants and/or outcomes.

Program Group 2: Diabetes Programs Ranked as High Priority

Wellness, prevention, and chronic condition management for diabetes were identified as a high priority needs, and diabetes screening was ranked below the median. We grouped these programs together because we believe coordination of these programs will produce the best results. There is great diversity in patient needs when it comes to diabetes. No single program can address the entire range of patient medical needs, schedules, or preferences. Therefore, St. Luke's has chosen to offer a number of diabetes programs designed to meet a wide variety patient circumstances and needs.

Although each individual program described below includes a way to measure its success, we believe a more effective way to measure the overall impact of our CHNA efforts is to have a goal for each high priority program group. Therefore, we will measure the success of Program Group 2 using the following comprehensive goal:

Goal statement: Utilize the DEaM measure which is to improve the (CMS) (MSSP) composite score measure for diabetes to 30% by the end of FY 2014.
It is expected that CMS will change the diabetes composite measure for 2015. SLHS will update the diabetes measures accordingly.

Type of goal (check one): Structure ___ Process ____ Outcome__X__

Measure: 15% or less of people with Diabetes will have a Hemoglobin A1c > 9.

Data source: Centricity

11. Improving Lives through Diabetes Management

This program was eliminated in 2015. A grant was applied for, but was not funded. The elements of the plan are now included in the Diabetes Population Management program.

12. Diabetes Population Management

Community Needs Addressed:

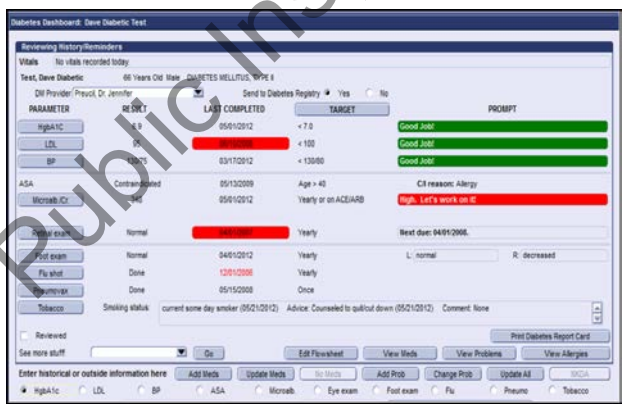
Wellness and prevention for diabetes
Chronic condition management for diabetes
Diabetes screening

Target Population:

All diabetic/pre-diabetic patients of St. Luke's Magic Valley

Description and Tactics (How):

1. Patient Registry & EMR Dashboard Tools: St. Luke's Magic Valley has developed a patient registry for all their diabetic patients. The registry is a critical component in proactively managing patients who have a diagnosis of diabetics. The registry is essential for identifying patients who are not meeting targeted outcomes or for sending reminders for diabetic health maintenance visits and testing. St. Luke's Magic Valley has also implemented a custom dashboard within the EMR to assist in the care of diabetics. The dashboard is used to input key metrics including blood pressure, hemoglobin A1C, LDL, and many others. The dashboard has the additional capability of trending the patient's results at their visit with previous results and then compiling the information into a printable "report card" to give to the patient.

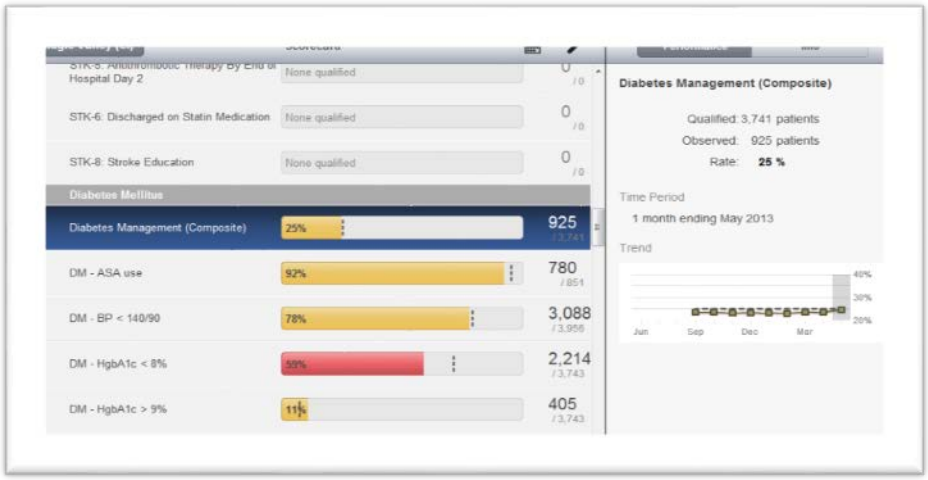


The dashboard records minable data into the patient registry that can be used by the primary care physician to more proactively manage their diabetic patient population.

Dx	Last Appt	Diab Mngmt Provider		HgbA1c < 8		Blood Press <130/80		LDL <100		MA/Cre <30	Smoking Status	Foot Exam	Eye Exam
250.01	4/17/12	Fortuin		13.5	4/17/12	100/60	4/17/12				current	Normal	Will schedule
250.00	11/7/11	Fortuin		13.0	11/7/11	142/80	11/7/11	90	11/4/11				Will schedule
250.00	4/12/12	Fortuin		12.9	6/20/11	118/64	4/12/12	109	6/20/11	40			
250.00	2/22/12	Fortuin		12.8	2/22/12	102/66	2/22/12						Completed
250.00	3/3/12	Fortuin		11.4	3/3/12	140/74	2/1/12	130	3/3/12				
250.00	4/25/12	Fortuin		11.2	1/30/12	116/80	4/25/12	72	3/30/12	14	prev.	Normal	Normal
250.00	4/11/12	Fortuin		10.9	4/9/12	102/68	4/11/12	56	4/9/12	6		Normal	Limited Retinop
250.00	4/12/12	Fortuin		10.8	2/17/12	130/82	4/12/12	118	2/16/12	0		Abnormal	Will schedule
250.03	2/23/12	Renaldi NP		10.8	1/10/12	100/62	2/1/12	82	1/10/12	32		Abnormal	Will schedule
250.00	4/10/12	Fortuin		10.7	2/17/12	114/82	3/20/12					Abnormal	Limited Retinop
250.00	3/15/12	Fortuin		10.6	1/13/12	128/78	3/15/12					Normal	Will schedule
250.00	4/16/12	Fortuin		10.4	4/13/12	132/69	4/16/12	74	4/13/12	1369	current	Normal	Will schedule
250.00	3/19/12	Fortuin		10.4	3/16/12	118/60	3/19/12	90	1/26/12	17		Normal	Will schedule
250.01	4/3/12	Fortuin		10.3	12/14/11	134/90	4/3/12						
250.01	4/4/12	Fortuin		10.1	1/12/12	120/74	4/4/12			91	current	Normal	Will schedule
250.00	2/20/12	Fortuin		10.0	2/14/12	148/80	2/20/12	39	5/9/11	24		Abnormal	Will schedule
250.00	4/24/12	Fortuin		10.0	4/25/12	130/70	4/26/12	50	6/24/11	302	never	Normal	Completed
250.00	3/5/12	Fortuin		9.8	2/27/12	90/50	3/5/12					Normal	Completed
250.00	4/25/12	Fortuin		9.8	2/2/12	230/130	4/11/12	50	2/1/12	212			Will schedule
250.00	4/3/12	Fortuin		9.8	3/8/12	128/72	4/3/12	97	3/8/12	0		Normal	Completed
250.00	3/23/12	Fortuin		9.6	3/19/12	106/70	3/23/12	73	3/19/12	746		Abnormal	Completed
250.00	2/17/12	Fortuin		9.5	2/15/12	138/74	2/17/12						
250.00	10/10/11	Fortuin		9.3	11/14/11	130/74	10/10/11	137	11/14/11				
250.13	7/19/11	Fortuin		9.2	11/17/11			103	11/17/11	23			
250.00	11/9/11	Fortuin		9.2	10/20/11	120/72	11/9/11	94	10/20/11	4		Normal	Will schedule
250.00	3/19/12	Fortuin		9.2	3/16/12	122/60	3/19/12	196	3/16/12	19	never	Normal	
250.00	3/6/12	Fortuin		9.2	3/6/12	124/80	3/6/12	107	11/7/11	259	current	Normal	Will schedule
250.00	4/9/12	Fortuin		9.0	1/30/12	122/60	3/21/12	84	3/19/12	517		Normal	Completed
250.00	3/7/12	Fortuin		8.9	3/6/12	162/80	2/7/12			479			
250.01	2/16/12	Houser NP		8.9	4/17/12	110/78	2/16/12	61	4/17/12			Severe senso	Will schedule
250.00	2/27/12	Fortuin		8.9	1/12/12	128/62	2/27/12	78	5/2/11	294		Abnormal	Will schedule
250.01	2/27/12	Renaldi NP		8.9	2/27/12	140/80	2/27/12	80	11/17/11	4		Normal	Normal
250.80	4/16/12	Fortuin		8.8	3/15/12	140/98	3/15/12	69	6/22/11	16		Followed by P	Will schedule
250.03	1/23/12	Renaldi NP		8.8	1/23/12	108/30	1/23/12	60	10/7/11				Nonproliferativ
250.00	2/1/12	Fortuin		8.7	1/30/12	140/82	2/1/12	77	9/28/11			Abnormal	
250.00	4/24/12	Fortuin		8.7	3/7/12	110/68	4/5/12	98	8/16/11	0000		Normal	Limited Retinop
250.00	3/15/12	Fortuin		8.7	3/13/12	100/56	3/15/12	56	3/13/12	0	never		Completed
250.00	4/27/12	Desmond		8.6	1/25/12	104/62	4/27/12	64	2/14/12	5		Abnormal	
250.00	4/27/12	Fortuin		8.5	4/17/12	120/72	4/27/12	171	1/12/12		prev.	Normal	

2. Team-Based Model of Care: St. Luke's Magic Valley has established a team-based model of care for patients diagnosed with diabetes. This model provides patients with access to a team of providers such as Physicians, Nurse Practitioners, Certified RN Diabetic Educators, and Dieticians. The team-based model has been designed to coordinate resources in a patient-centered fashion to improve access, patient engagement in their care, and overall patient outcomes.

3. Provider Scorecards: St. Luke's Magic Valley has also implemented provider scorecards through WhiteCloud Analytics. The Provider Scorecard is a tool utilized by our providers to measure their effectiveness in diabetes management. This tool enables them to measure their performance over time and as compared to their peer group.



Resources (budget):

1. Provider Resources: Physicians, Nurse Practitioners, Certified RN Diabetic Educators, and Dieticians.
2. Information Technology Team: The IT team consists of resources dedicated to ongoing development of the EMR including chronic disease management tools such as the diabetes patient registry and dashboard. Training resources are required to educate on new functionalities as they are developed and train new providers entering the system on how to utilize the dashboard and registry functions.
3. Information Technology Tools: Electronic Medical Records and WhiteCloud Analytics Tools & Resources.
4. Physician Administrative Time for tool development & implementation.

Expected Program Impact on Health Need:

Better population management for diabetics in our region.

Partnerships/Collaboration:

St. Luke's Health System
St. Luke's Clinic –Jerome Family Medicine
St. Luke's Magic Valley/Jerome Information Technology department
St. Luke's Magic Valley IT Steering Committee

Comments:

Program Group 3: Behavioral Health Programs Ranked as High Priority

Programs for mental illness and availability of mental health service providers were identified as high priority community health needs. Suicide prevention and substance abuse were ranked above the median. We grouped the programs designed to serve these needs together because we believe they reinforce one another.

Although each individual program described below includes a way to measure its success, we believe a more effective way to measure the overall impact of our CHNA efforts is to have a goal for each high priority program group. Therefore, we will measure the success of Program Group 3 using the following comprehensive goal:

Goal statement: Improve utilization of depression screening tools. Improve percentage of patients (12 yrs & older) screened for clinical depression using an age appropriate standardized tool and follow-up plan is documented--Goal >50%.

Type of goal (check one): Structure ___ Process __X__ Outcome____

Measure: >50% (Baseline-Overall MV/Jerome 14% & Jerome 16%).

Data source: Centricity

13. Program Name: Depression Screening (PHQ-2)

Community Needs Addressed:
Mental illness
Suicide prevention
Availability of mental health service providers

Target Population:
Patients of all ages

- Behavioral Health Services Integrated Care - We are focusing on Child/Adolescent at this time but will branch out to Adult in the future

St. Luke's facilities accept all insurance plans, including Medicare, Medicaid, Tricare, Blue Cross/Blue Shield, and others in addition to self-pay patients. St. Luke's offers financial hardship programs for clients who have financial difficulty meeting their out-of-pocket responsibilities.

Description and Tactics (How):
Screening standardization will assist with triaging the patient to the most appropriate treatment setting. Screening standardization will allow for care management, early diagnosis, and effective consultation with a psychiatrist. Standardization will allow us to focus on patients with a different level of acuity.

- Development of standards for treating certain diagnosis
- BH Clinic is standardizing screening assessment tools that could be used for providing clinical data, tracking outcome measures, and research purposes
  - DISC – Intake Assessment
  - Autism – G-ARS (Gilliam Autism Rating Scale)
  - Depression – CD12 (Depression Inventory)
  - Developmental – PDQ-11 (Prescreening Developmental Questionnaire
  - Conduct Problems – ECB1 (Eybery Child Behavior Inventory)
  - Social Skills – SSIS (Social Skills Improvement System)
  - Behavioral – CBCL (Behavior Checklist)

- Patient Centered Model of care with aligned incentives and focus on cost avoidance and quality performance with:
  - Primary Care
  - Pediatric Care
  - Internal Medicine
  - Specialty Care
  - Case Management

Resources (budget):

Behavioral Health Services staff:

- 3.5 FTEs—Adult Psychiatrist
  - 2.0 FTEs—Outpatient Clinic
  - 1.5 FTEs—Inpatient Hospitalist
- 2 Child/Adolescent Psychiatrist
  - 2 Outpatient Clinic (provides some Inpatient coverage)
- 2 FTE—Psychologist
- 7 LCSW Therapist
  - 1 in Jerome, 1 at Addison Clinic, 5 at Outpatient Behavioral Health Clinic
- 10 Support Staff—Outpatient Clinic

Expected Program Impact on Health Need:

- Earlier detection of mental illness can result in decrease of acuity
- Patient to receive more appropriate and effective treatment
- Decrease hospitalizations
- Improve patient satisfaction
- Support the triple aim—reduce cost
- Improve patient access to care

Partnerships/Collaboration:

Primary Care Providers

14. Behavioral Health Integration with Primary Care

Community Needs Addressed:
Mental illness
Suicide prevention
Availability of mental health service providers

Target Population:
Behavioral Health Services Integrated Care - We are currently focusing on Child/Adolescent and will incorporate Adult in fiscal year 2014.

St. Luke's facilities accept all insurance plans, including Medicare, Medicaid, Tricare, Blue Cross/Blue Shield, and others in addition to self-pay patients. St. Luke's offers financial hardship programs for clients who have financial difficulty meeting their out-of-pocket responsibilities.

Description and Tactics (How):

One in four adults—approximately 57.7 million Americans— experience a mental health disorder in a given year. One in 17 lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder and about one in 10 children live with a serious mental or emotional disorder.

Integrating mental health services into a primary care setting offers a promising, viable, and efficient way of ensuring that people have access to needed mental health services. Additionally, mental health care delivered in an integrated setting can help to minimize stigma and discrimination, while increasing opportunities to improve overall health outcomes.

Many people suffer from both physical and mental health problems. Integrated primary care helps to ensure that people are treated in a holistic manner, meeting the mental health needs of people with physical disorders, as well as the physical health needs of people with mental disorders. Goal is to have one treatment plan with behavioral and medical elements.

- Patients with high behavioral health and low physical health needs
    - Served in primary care and specialty mental health settings
- Patients with high behavioral health and high physical health needs
    - Served in primary care and specialty mental health settings
- Patients with low behavioral health and low physical health needs
    - Served in primary care setting
- Patients with low behavioral health and high physical health needs
    - Served in primary care setting

- Patient Centered Model of care with aligned incentives and focus on cost
    - Primary Care
    - Pediatric Care
    - Internal Medicine
    - Specialty Care
    - Case Management

Resources (budget):

Behavioral Health Services staff:

- 2.7 FTEs—Adult Psychiatrist
    - 1.3 FTEs—Outpatient Clinic
    - 1.4 FTEs—Inpatient Hospitalist
- 2 Child/Adolescent Psychiatrist
    - 2 Outpatient Clinic (provides some Inpatient coverage)
- 1 FTE—Adolescent/Adult Psychologist
- 7 LCSW Therapist
    - 1 in Jerome, 1 at Addison Clinic, 5 at Outpatient Behavioral Health Clinic
- 10 Support Staff—Outpatient Clinic

Expected Program Impact on Health Need:

1. May 2014 – Clinical Integration Committee (CIC) approved project plan to integrate Behavioral Health Services into primary care. Jerome Family Medicine and the Addison Clinic will have a fulltime therapist in each location. Practice Manager to behavioral health services has been hired.
2. September 2014 – REACH training/education scheduled for primary care providers. The program trains providers to identify behavioral health issues versus developmental concerns focusing on early intervention.
3. 2015 – To date, 50 primary care providers have been REACH trained in Treasure Valley, Jerome, Magic Valley, Wood River and Baker City, OR. Locally trained trainers will teach REACH III in Boise in October 2015 to 25 participants.

2016 goal: To recruit the approved staff members and implementation the plan which will improve patient access for Behavioral Health Services by continued integration into Primary Care and co-management of patients.

Partnerships/Collaboration:

Primary Care Providers, Partnership with St. Luke's Jerome, Community, Judicial System, Region Five Mental Health

15. Behavioral Health Inpatient Quality Outcome Measures

Community Needs Addressed:
Mental illness
Substance Abuse
Suicide prevention

Target Population:
- Perspective patients that are evaluated for admission into St. Luke's inpatient psychiatric services
- Inpatients currently under the care of St. Luke's inpatient psychiatric services
- Patients who have been discharged from inpatient psychiatric care at St. Luke's within the last 30 days
- Identified community populations who are assessed to have the need for mental health education

Description and Tactics (How):
We are currently in the process of developing and implementing five behavioral health strategic goals for the Twin Falls community. Inpatient strategic goals are focused on improved quality outcome measures through the use of a newly implemented Quality Assurance and Performance Improvement (QAPI) program, a new Hospital Based Inpatient Psychiatric Services (HBIPS) core measures program, transitional coaching in the form of post discharge call back for all discharged St. Luke's psychiatric inpatients who consent to participation, as well as compressive plans to improve community depression screening and to improve community education on behavioral health topics.

1. The Quality Assurance and Performance Improvement (QAPI) Program serves to set key outcome indicators for monthly measuring and is designed to improve patient outcomes. The goal is to identify key reasons (indicators) specific to St Luke's and the Twin Falls Community. These indicators will be used to determine best practices and ensure that those best practices are consistently followed. The short term goal of the QAPI program is to establish 12 leading indicators that best influence improved patient outcomes.
2. The new Hospital Based Inpatient Psychiatric Services (HBIPS) Core Measures Program is a real-time auditing and reporting model that consists of a hybrid method of developing/ transmitting a post-discharge treatment plan and abstracting charts to ensure key elements of care have been provided. HBIPS seeks to improve patient outcomes through a reduction of poly-pharmacy (multiple antipsychotics), improved outcomes across the continuum of care, and improved tracking/reduction of risk for seclusion and/or restraint interventions.

Three new Core Measures will go live next fiscal year and will include a pre-admission screening for substance abuse and follow up assessments for both mental health and substance abuse patients.

3. Post-discharge patient transitional coaching is currently being completed on all patients that consent to receiving follow-up phone calls. Current practice is to contact patient by phone five to thirty days after discharge to ensure medication compliance, patient access to follow-up care provider(s), that patient feels safe, and an assessment of their stay while at St. Luke's. All transitional coaching call backs will assess discharged patient's sobriety compliance and will provide relapse support in the form of an invitation to receive a free psychiatric assessment from either a Registered Nurse or a Mental Health Therapist.

Resources (budget):

To complete the above inpatient agenda items, we will be asking for an additional .5 RN/LPN FTE.

Expected Program Impact on Health Need:

The development of quality outcome measures for patients requiring inpatient crisis stabilization can be expected to reduce suicide risk and improve mental health for inpatient populations. Newly established metrics will identify variables that improve key indicators. Key indicators will be measured monthly and reported to the Medical Executive Committee through the Psychiatry Board.

For FY2016, our goals will continue to be:

1. Quality Assurance/Performance Improvement (QAPI) will be expanded to include therapeutic services, including; new therapeutic activities program discharge planning, social services and psychological based services.
2. Hospital based Inpatient Psychiatric Services (HBIPS) core measures will be expanded to include screenings or trauma history, risk of violence, patient strengths and alcohol misuse screening.
3. Continue developing and ultimately deploying an assessment tool for patients readmitted within 30 days of being discharged from Canyon View Behavioral Health Services.
4. Continue participation in annual health fairs, including adding the St. Luke's Jerome Health Fair.

Partnerships/Collaboration:

Comments:

16. Community Health Improvement Fund

Community Needs Addressed:
Mental Illness - wellness and management programs
Substance Abuse

Target Population: General community

Description and Tactics (How):
The Community health Improvement Fund (CHIF) was created by Magic Valley Regional Medical Center in 1998. In 2006, as part of an agreement with Twin Falls County, St. Luke's Magic Valley committed to continue this valuable community program. Since then, over $1.5 million has been distributed to organizations throughout Magic Valley communities by CHIF. The CHIF provides financial support for organizations sharing a common goal to improve the health of people in our region. In 2013, the CHIF grants were provided to programs that addressed one or more of the following community health priorities: access to care; alcohol and substance abuse; injury and violence; obesity, wellness, prevention and accountability; and *mental health.*

The budgeted amount for the Fund is established at the beginning of each fiscal year. In FY 2007, the CHIF contribution was $200,000. In FY 2008 and thereafter, the CHIF contribution increases, and shall continue to increase annually, at a rate of no less than the rate of medical care inflation as reported by the Bureau of Labor Statistic of the Unites States DOL. In FY 2015, the CHIF provided 29 programs throughout the region with nearly $259,100 in funding.

Resources (budget):
In FY2013, SLMV provided funding to the following organizations:

- Crisis Center of Magic Valley
- Jubilee House
- Living Independence Network Corporation, LINC
- Twin Falls County Safe House/Youth Group Home
- Victory Home of Twin Falls, Idaho
- Kids Count Too

In FY 2015, our budget for the Community Health Improvement Fund was $259,100. The budget for 2016 is $267,000.

Expected Program Impact on Health Need:
All of the organizations receiving funding are required to submit a Project Performance Report at the end of each quarter, documenting the success of their program by number of participants and/or outcomes.

Program Group 4: Barriers to Access Programs Ranked as High Priority

The following needs represent barriers to access that were ranked as high priority or above the median. Although the need for primary care providers was ranked below the median, we added it to this group because it is so important to patient access. The primary care provider program helps ensure that our community will continue to have an adequate number of primary care providers in the future. We believe that looking at this set of needs as a group will provide a more comprehensive picture of the programs required to address barriers to access in our community.

- Affordable care
- Affordable health insurance
- Children and family services (low income)
- More providers accept public health insurance
- Transportation to and from Appointments

Although each individual program described below includes a way to measure its success, we believe a more effective way to measure the overall impact of our CHNA efforts is to have a goal for each high priority program group. Therefore, we will measure the success of Program Group 4 using the following comprehensive goal:

Goal statement: Improve patient access as measured in the patient-centeredness survey. Two questions:

1. Access to Specialists--Goal >85% top response.

2. Timely Care—Goal >80% top response.

Type of goal (check one): Structure ___ Process __X__ Outcome____

Measure:

1. Access to Specialists > 85% top response (Baseline MV/Jerome 82%, Jerome 87%).

2. Timely Care > 80% top response (Baseline MV/Jerome 68%, Jerome 65%).

Data source: Patient Centeredness Survey

17. Primary Care Access

Community Needs Addressed:
Affordable care
Barriers to access
Wellness/Prevention
Chronic Disease Management
Weight Management
More Providers Accepting Private Health Insurance
Screening Programs
Children & Family Services

Target Population:
All populations within the communities we serve.

Description and Tactics (How):
Twin Falls and the surrounding counties, along with the entire state of Idaho, have a significant shortage of primary care physicians and providers. We have implemented the following strategies to expand primary care access for all ages and populations in our communities.

1. Physician Recruitment: St. Luke's Magic Valley, in partnership with St. Luke's Health System and St. Luke's Jerome, has put together a robust primary care recruitment and retention program to assess the needs for primary care physicians and develop strategies for recruitment and retention. Strong recruitment and retention strategies are essential for meeting the healthcare needs of the communities we serve.
2. Team-Based Model of Care: A team-based model of care has been developed to improve primary care access. Specifically, we have integrated nurse practitioners, physician assistants, nurse midwifes, and certified RN diabetes educators into our primary care clinics.
3. Urgent Care Clinic: Patients who cannot be seen when they feel care is needed and patients who are not established with a primary care provider may inappropriately elect to use emergency services due to lack of perceived options. St. Luke's has opened Quick Care in Twin Falls to provide a lower cost alternative for non-emergent medical conditions. The clinic operates on a walk-in basis and is open Monday through Friday 9am – 7pm and Saturday and Sunday from 9am – 4pm. St. Luke's Quick Care is the same cost as standard physician office visit, a fraction of the cost of an emergency room visit. The implementation of St. Luke's Quick Care reduces barriers to access and is an option that is more affordable than the emergency room.
4. Improve Practice Efficiencies: Specific strategies are being implemented to make our primary care clinics more efficient, thus enabling our providers to see more patients per day. Some of those strategies include space planning to ensure our

providers have enough exam rooms to improve patient flow, improving our scheduling process, and implementation of ambulatory electronic medical records.

Resources (budget):

- Physicians
- Non-physician providers (Nurse Practitioners and Physician Assistants)
- Administrative and clinical support staff
- Space, furnishings, equipment
- Information Technology
- Supplies
- Marketing and communications

Expected Program Impact on Health Need:

- Affordable care – An increase in access to primary care services will make care more affordable as opposed to the emergency room or waiting until the patient's illness gets much worse, requiring the patient to need a higher level of care.
- Barriers to access – The strategies above have been put in place to reduce some of the current barriers to access by improving the shortage in primary care providers and appointment availability.
- Wellness/Prevention – Primary care access is critical to improving wellness and prevention. Having a sufficient number of primary care providers will impact our ability to ensure patients get their wellness screening, preventative health checks, immunizations, etc. Our primary care providers are also an important part of our team in providing community education at health fairs and other community wellness events.
- Chronic disease management – Primary care access is critical to improving chronic disease management. Patients with chronic diseases need to be seen by their primary care providers on a regular basis and need to be able to get appointments when they are having issues with their health. In the absence of having access to primary care providers, patients often end up not receiving care until their condition is severe, resulting in a hospital or emergency room visit. The relationship with the primary care physician is also important to helping the patient and their families with self-management of their chronic conditions. Our primary care practices are using electronic medical records and patient registries to be more proactive and assist patients and families in better chronic disease self-management.
- Weight management – Having sufficient primary care access will also help with weight management. Our primary care physicians are screening for Body Mass Index (BMI) and when patients are identified as being overweight or obese, providers are counseling their patients on weight management.
- More providers accepting private health insurance – Our St. Luke's Clinic primary care providers take all patients regardless of their payor source. We contract with all major commercial health insurances and accept all governmental plans (i.e. –

Medicare, Tricare, & Medicaid). As we add primary care providers and resources, we can better meet the needs of the patients in our community.

- Screening programs – Primary care access is important to providing health screenings. Our primary care clinics provide screening during wellness and preventative visits. Primary care providers also volunteer their time to assist with community health fairs and other events to provide screening services such as BMI, depression, sports screenings, foot exams, and blood pressure to name a few.
- Children and family services – Having sufficient primary care providers is critical to providing children and family services. Our primary care providers see patients of all ages and provide services such as wellness and preventative, family planning, acute care healthcare needs, chronic disease management, and some mental health services such as depression.

Partnerships/Collaboration:

- St. Luke's Health System
- St. Luke's Jerome
- Collaboration with multiple community groups and stakeholders to obtain feedback pertaining to assessing community needs.

Comments:

18. Ambulatory Electronic Medical Records

Community Needs Addressed:
Wellness/Prevention
Chronic Disease Management
Weight Management
Depression and Mental Health Screenings
Tobacco Cessation

Target Population:
General community

Description and Tactics (How):

- Shared Ambulatory Electronic Medical Record (EMR): Over the past several years, we have worked together with our staff and physicians to establish an integrated, patient-centered model of care through implementation of a shared ambulatory EMR across all St. Luke's Clinic ambulatory practices. This includes access in the St. Luke's Magic Valley and St. Luke's Jerome emergency rooms, inpatient settings, and other ambulatory settings (i.e. home health & hospice). The EMR implemented by St. Luke's Magic Valley and St. Luke's Jerome is GE Centricity. The EMR allows for the sharing of all appropriate patient care information via a secure, HIPAA compliant electronic resource. Some of the preliminary outcomes include the following:
    a. Improved access, communication, and accuracy
        - Records are securely available for the healthcare providers wherever and whenever they are needed.
        - Records are legible, organized, and provide us with greater abilities to trend and report outcomes.
        - Records have demonstrated an improved accuracy of key components of the patient record. (i.e. medications and problem lists)
    b. Improved medication reconciliation
        - Provider access of medication lists (MD Office, ER, Inpatient, etc.)
        - Accuracy of medication lists
        - Medication alerts (allergies, contraindications, etc.)
        - Ability to electronically send prescriptions to pharmacies
        - Patient receives printed, updated medication list after each visit
    c. Improved chronic disease management (i.e. diabetes, congestive heart failure, asthma)
        - Improved patient education and involvement in care
        - Development of standards and protocols
        - Development of patient registries
        - Development of consistent documentation standards and ability to measure outcomes

- Coordination of care (inpatient, outpatient, ER)

d. Improved preventative health screenings for items such as obesity, adult /childhood immunizations, mammograms, and colonoscopies, through the development of standardized templates, protocols, patient education, prompts, alerts, and patient reminders.

- Patient Portal: In the summer of 2013, we will provide patients with access to certain parts of their electronic chart through the implementation of our patient portal. The Magic Valley Patient Portal will be used in a meaningful way to improve patient care, engagement, and care coordination while protecting privacy and security of patient health information. The portal will be available to St. Luke's Magic Valley and St. Luke's Jerome clinic patients and will include secure messaging and automated workflows that give patients the ability to electronically communicate with their providers and view portions of their medical information. Features provided in the portal will include electronic versions of office visit summaries, problem list, diagnostic test results, medications, allergies, immunizations, vital signs, and other key components of the EMR. In addition, the patient will be able to request/cancel appointments, report discrepancies and request updates to portions of their health record.

Resources (budget):

- Information technology software licenses & programs: Meditech & GE Centricity
- Interfaces between software solutions
- Information technology computers & other hardware
- Network infrastructure
- IT support staff / team
- Physician champions & user development teams
- Space, furnishings, equipment for IT staff

Expected Program Impact on Health Need:

- Wellness/Prevention: The EMR will assist with wellness and prevention by improving the screening process through standardized tools including templates, decision support tools, patient dashboards, patient education, charts and graphs, reminders, and alerts. The patient portal will also make this information accessible for patients.
- Chronic Disease Management: The EMR will assist with chronic disease management through the use of standardized protocols, templates, decision support tools, patient dashboards, patient education, charts and graphs, reminders, and alerts. The patient portal will also make this information accessible for patients.
- Weight Management: The EMR has a built-in BMI screening tool, which includes prompts for the physician and/or provider. It also has the ability to chart weight management progress in a meaningful way.

- Depression and Mental Health Screenings: A depression and mental health screening tool was recently developed and implemented through the EMR. Prompts and decision support tools are available for the physician and provider.
- Tobacco Cessation: The EMR has a build in tobacco screening tool. Patients who are tobacco users are counseled to quit.

Partnerships/Collaboration:

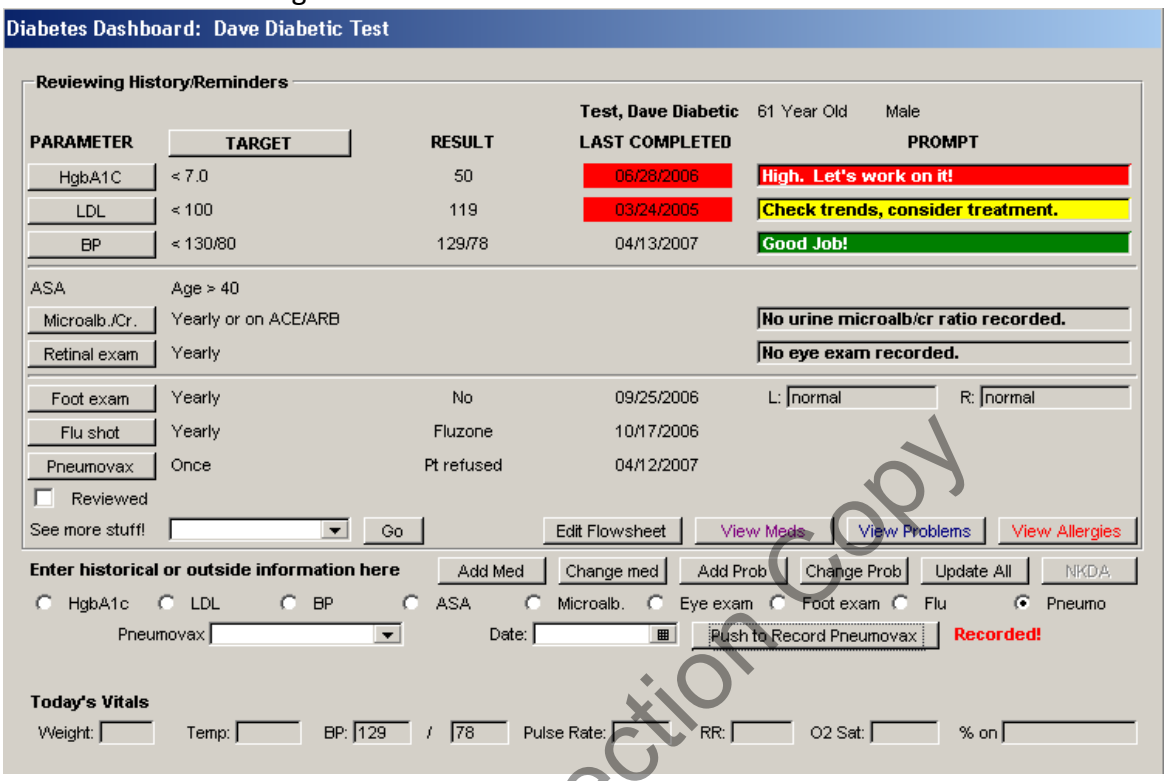
- St. Luke's Health System
- St. Luke's Jerome
- Collaboration with multiple community groups and stakeholders to obtain feedback pertaining to improving use of EMR tools and the patient portal.

Comments:

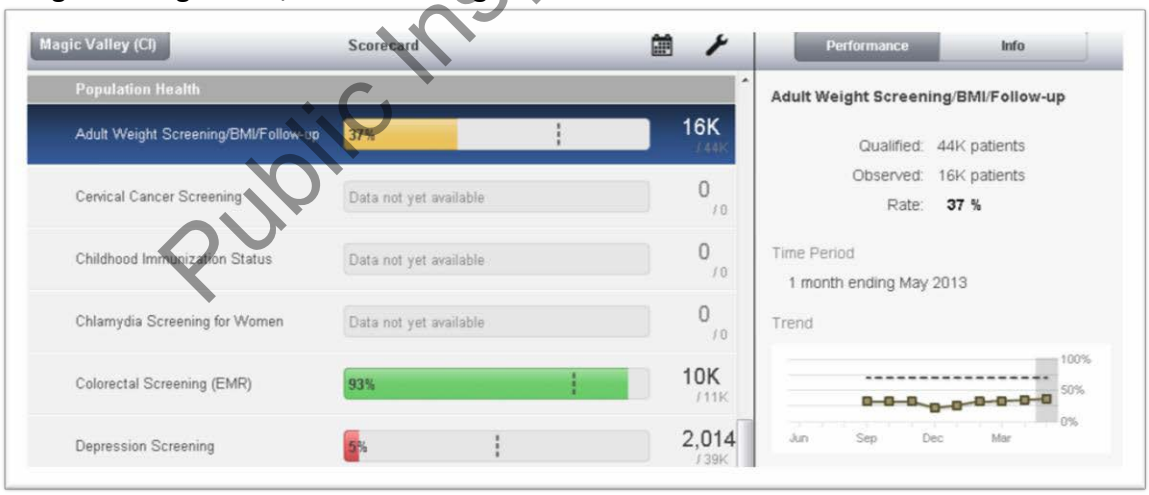
Some EMR pictures and charts are illustrated below.

Wellness/Prevention Scorecard

Chronic Disease Management - Diabetes Dashboard for Diabetic Patients



Weight Management / BMI Screening



Chronic Disease Management—Diabetes Management Provider Scorecard

19. Financial Care

Community Needs Addressed:

- Affordable Care
- Affordable health insurance
- More providers accept public health insurance
- Children and families (low income)

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
- Adults, adolescents, and children with mental health needs

Description and Tactics (How):

Our Community 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. An outpatient behavioral health clinic was opened in 2012 in order to serve the mental health needs of our community at a lower cost.

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 though 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 does not only screen for these programs, 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 registration roles (partially dedicated) in the clinic and hospital settings as well as Financial Advocates, Customer Care Specialists and County Care Coordinators. The budget for unreimbursed care for FY 2015 is estimated to be over $45 million.

Expected Program Impact on Health Need:
The impact from the program in helping patients using Medicare or Medicaid or who have low incomes in FY 2015 is shown below:

	FY 2015 Est
Charity	$ 6,574,216
Bad Debt	$ 8,294,346
Medicaid	$ 7,432,939
Medicare	$ 23,449,650
Total	$ 45,751,152

St. Luke's will continue to promote financially accessible healthcare and individualized support for our patients in FY 2016, allowing thousands patients with low incomes or those using Medicaid and Medicare to have improved access to healthcare. The changes in the final 501(r) regulations will impact the total Charity and Bad Debt as charges for the uninsured will be discounted to the Amounts Generally Billed (AGB) and classified as a contractual instead of charity/bad debt.

Partnerships/Collaboration:
St. Luke's works with commercial insurance companies, Health and Welfare (Medicaid), CMS, county commissioners, and Idaho Department of Insurance.

Comments:

20. Safe Kids

Community Needs Addressed:
Children and family services (low income)

Target Population:
Parents and caregivers of children under 18 years of age

Description and Tactics (How):
In the United States, accidental childhood injuries are the leading cause of death in children aged 19 years and younger.[2] Safe Kids Magic Valley is dedicated to educating low income women, families, and caregivers on the importance of using the appropriate car seat for the age, weight, and height of each child. In 2012, Safe Kids partnered with South Central Public Health in teaching 87 WIC car seat safety classes in the eight county Magic Valley area including Blaine, Cassia, Gooding, Jerome, and Twin Falls counties. Through the 2012 classes, Safe Kids was able to provide car seat and safety education to a total of 383 clients. Classes are taught both in English and Spanish with Safe Kids providing a bilingual Car Seat Safety Technician for parents with limited English proficiency.

Resources (budget):
Two Child Passenger Safety Technicians, one of whom is bilingual.

Expected Program Impact on Health Need:
Parents and caregivers who are educated about the proper use of car seats are better equipped to protect their children from injury or death due to auto accidents. Nearly all Safe Kids clients are underserved and are unable to afford the $60 to $80 cost of a retail car seat. With the partnership of Safe Kids Magic Valley and South Central Public Health, these families are able to purchase a safe and reliable car seat for only $15. This car seat starts at five pounds (rear facing) and adjusts to fit a child of up to 40 lbs. (forward facing)—keeping children safer for a longer period of time and helping low income parents save money. Safe Kids also provides education on how to properly install the car seat both with the Safety Technicians providing demonstrations and a hands-on workshop in which participants themselves install the car seat and are supervised to ensure they know how to install the seat properly.

Our goal for 2016 is to increase the number of clients served to 389.

Partnerships/Collaboration:
South Central Public Health

[2] http://www.cdc.gov/vitalsigns/childinjury/

21. Community Health Improvement Fund

Community Needs Addressed:
Children and family services (low income)
Transportation to and from appointments
Affordable dental care

Target Population:
General community

Description and Tactics (How):
The Community health Improvement Fund (CHIF) was created by Magic Valley Regional Medical Center in 1998. In 2006, as part of an agreement with Twin Falls County, St. Luke's Magic Valley committed to continue this valuable community program. Since then, over $1.5 million has been distributed to organizations throughout Magic Valley communities by CHIF. The CHIF provides financial support for organizations sharing a common goal to improve the health of people in our region. In 2013, the CHIF grants were provided to programs that addressed one or more of the following community health priorities: *access to care*; alcohol and substance abuse; injury and violence; obesity, wellness, prevention and accountability; and mental health.

The budgeted amount for the Fund is established at the beginning of each fiscal year. In FY 2007, the CHIF contribution was $200,000. In FY 2008 and thereafter, the CHIF contribution increases, and shall continue to increase annually, at a rate of no less than the rate of medical care inflation as reported by the Bureau of Labor Statistic of the Unites States DOL. In FY 2015, the CHIF provided 29 programs throughout the region with nearly $259,100 in funding.

Resources (budget):
In FY2015, SLMV provided funding to the following organizations:

- Crisis Center of Magic Valley
- CSI Head Start program
- CSI Office on Aging RSVP Transportation
- CSI Office on Aging Senior Companion
- Family Health Services
- Hospice Visions
- Magic Valley Rehabilitation Services
- South Central Community Action Partnership
- South Central Public Health District
- CSI Dental Clinic
- Mustard Tree Wellness Clinic
- West End Senior Center

In FY 2015, our budget for the Community Health Improvement Fund was $259,100. The budget for 2016 is $267,000.

Expected Program Impact on Health Need:

All of the organizations receiving funding are required to submit a Project Performance Report at the end of each quarter, documenting the success of their program by number of participants and/or outcomes.

Partnerships/Collaboration:

Comments:

22. Sponsorship of Magic Valley Rural Training Track (part of Family Medicine Residency of Idaho, Boise)

Community Needs Addressed:
Affordable care
Children and family services
Primary care providers (adequate numbers)

Target Population:
General community

Description and Tactics (How):
St. Luke's Magic Valley partners with the Family Medicine Residency of Idaho (FMRI) program to provide residency education in rural southern Idaho. St. Luke's Magic Valley provides for the inpatient rotations and is expanding their role to include clinic space for the residents to see patients in the outpatient setting. The RTT clinic will also become a hub to provide care for the refugee population in Twin Falls. This partnership's goal is to:

- Train outstanding family medicine physicians in Southern Idaho thus benefitting the community by offering better access to primary care and expanding residents' technical skills and cultural awareness in a variety of areas.
- Prepare diversely trained family medicine physicians and encourage them to work in Idaho's underserved and rural areas.
- Provide the opportunity for residents to serve low income, uninsured, disabled, and vulnerable populations of Twin Falls and the surrounding counties with necessary medical care.

Resources (budget):
St. Luke's Magic Valley provides administrative support for the MVRTT as well as the space and oversight needed for the inpatient rotations of the residents. The MVRTT will soon provide clinic space, staffing, supplies, and administrative oversight for the new residency clinic.

Expected Program Impact on Health Need:
While physician shortage did not score at or above the median in the Community Health Needs Assessment, St. Luke's Magic Valley recognizes the need to attract high quality physicians to our service area. The Magic Valley Rural Training Track has recently expanded to two residents per year. By doing so, we hope to increase recruitment of physicians who complete their residency in the Magic Valley and go on to provide high quality, affordable primary care to patients in the Magic Valley.

Partnerships/Collaboration:
Family Medicine Residency of Idaho (FFMRI); St. Luke's Regional Medical Center

23. Children with Special Needs Fund

Community Needs Addressed:
Children and family services (low income)

Target Population:
Children with disabilities including, but not limited to, autism and Down syndrome.

Description and Tactics (How):
The Children with Special Needs fund provides financial support for special equipment, therapy, travel assistance, and family counseling or respite care for medically/developmentally disabled children 18 years of age or younger. Children and families receiving these funds are not eligible for funding by insurance or other medical assistance. Therapies are physician referred and include hippo therapy (horse-back riding therapy); physical, occupational and speech therapy; and iPads with specialized programs for children with autism.

Resources (budget):
In FY 2013, the St. Luke's Magic Valley Children with Special Needs Fund distributed $20,500 in funds to families in need.

Expected Program Impact on Health Need:
The Children with Special Needs Fund has been in existence since 2005 and is an invaluable resource providing financial assistance for educational and behavioral therapies to special needs children and their families in the Magic Valley. Our goal for FY 2016 is to provide $20,000 - $25,000 in therapy assistance for children with special needs.

Partnerships/Collaboration:
Perrine Bridge Festival
Primary Therapy
Horizon Therapy
Rising Stars

Comments:

24. Mountain States Tumor Institute (MSTI) Patient Assistance Funds

Community Needs Addressed:
Transportation to and from appointments

Target Population:
Cancer patients, families, and caregivers

Description and Tactics (How):
The MSTI Patient Assistance Fund can make a critical difference in the life of a cancer patient of St. Luke's. The fund, generated by charitable donations, provides patients and their family with important basics such as temporary housing, meal vouchers, medications, gasoline, and transportation vouchers to travel to and from the hospital. The fund also provides for selected support to low-income patients for such items as a cancer treating drugs.

Resources (budget):
As of July 2014, $18,699.75 had been provided to patients. Our goal for FY2015 will be to distribute $20,000. The SLMV Health Foundation Epicurean Evening proceeds will benefit this program.

Expected Program Impact on Health Need:
Due to the geographically dispersed nature of the Magic Valley, it is often very expensive for our patients and their caregivers to commute from home to the hospital on a daily basis, especially for our neediest populations. Our goal for FY 2016 is to continue to provide families in need with services that will help ease their emotional and financial burdens associated with cancer and cancer treatment.

Partnerships/Collaboration:
Mountain State Tumor Institute
St. Luke's Auxiliary

Comments:

Program Group 5: Additional Health Screening and Education Programs Ranking Above the Median

The programs in this section address the following remaining health needs that rank above the median:

- Asthma chronic care and wellness
- High cholesterol chronic care and wellness
- Breast cancer and mammography screening
- High school and college education support and assistance programs
- Lung cancer
- Respiratory disease

Although each individual program described below includes a way to measure its success, we believe a more effective way to measure the overall impact of our CHNA efforts is to have a goal for each high priority program group. Therefore, we will measure the success of Program Group 5 using the following comprehensive goal:

Goal statement: Develop a consumer activation assessment tool covering the needs in Program Group 5. This tool assists the consumers with health care activation and engagement activities to improve their health.

Type of goal (check one): Structure ___ Process__X__ Outcome____

Measure: Develop tool and baseline numbers.

Data source: Seminar evaluation form.

25. Times News Health Fair

Community Needs Addressed:
Asthma chronic care and wellness
High cholesterol chronic care and wellness
Breast cancer and mammography screening
Lung cancer
Respiratory disease

Target Population:
General community

Description and Tactics (How):
The Times News Health Fair is an annual event that offers residents in the Magic Valley a range of services that focus on overall good health outcomes and health education. This event (sponsored in part by St. Luke's Magic Valley) provides area residents with free or reduced price health screenings that include blood pressure checks, oxygen saturation testing, pulmonary function testing, spirometer screenings, carotid ultrasounds, blood testing, and colon and skin cancer screenings. The Times News Health Fair also offers multiple seminars and panel discussions

Resources (budget):
Many St. Luke's Magic Valley employees participated in the Times News Health Fair.
Paid participants included:
10 Phlebotomists
1 Courier
2 CLA
In addition to staffing, St. Luke's Magic Valley provided the Times News Health Fair with $8,500 in sponsorship funding in 2014.

Expected Program Impact on Health Need:
At the 9th annual Times News Health Fair in fall 2014, over 683 people attended the event. Though the last Times News Health Fair was a success, we would like to reach even more people in our community. It is our goal to increase the number of participants by at least 10% for the fall 2015 Health Fair. We will accomplish this goal by continuing to aggressively market the Times News Health Fair though flyers (including Spanish translation), billboards, and web advertising.

Partnerships/Collaboration:
Times News; College of Southern Idaho; St. Luke's Jerome; North Canyon Medical Center; St. Luke's Elks Rehab; MSTI; St. Luke's Home Care and Hospice; Family Health Services; College of Southern Idaho Office on Aging; St. Luke's Magic Valley Sleep Institute

26. Asthma Support Group

Community Needs Addressed:
Asthma chronic care and wellness

Target Population:
General community

Description and Tactics (How):
Monthly asthma classes are sponsored by St. Luke's Magic Valley and programming is based on material from the National Asthma Prevention Program. The program is designed to educate the asthmatic on recognizing the signs of asthma and how to control it. This program is designed to work with primary care providers in educating both providers and patients on communication and asthma management.

Resources (budget):
1 LRCP FTE

Expected Program Impact on Health Need:
Asthma is a chronic condition that, when uncontrolled, has many consequences. Through continued monthly asthma classes, our goals are to:

- Reduce school absenteeism due to asthma
- Reduce asthma-related ED visits
- Improve provider/patient communication on asthma management

Partnerships/Collaboration:
Primary care providers
Area schools

Comments:

27. Cardiac Rehab Nutrition Classes

Community Needs Addressed:
High cholesterol chronic care and wellness

Target Population:
Adults recommended for cardiac rehabilitation

Description and Tactics (How):
To address high cholesterol chronic care and wellness, St. Luke's provides nutrition information and education to patients in Cardiac Rehabilitation. Classes take place for an hour every other week and on an individual basis as needed to educate patients and their families on what it takes to eat healthy.

Resources (budget):
Classes are taught by patient's physician and registered dietician FTEs.

Expected Program Impact on Health Need:
Thanks to advances in care and treatment, more people are living with cardiovascular disease today than ever before. And with careful, effective management, they can live a full, active life. A key component to effective management is cardiovascular rehabilitation—a coordinated, multifaceted intervention designed to improve and optimize patients' physical, psychological, and social functioning.

In FY 2014, 184 patients and 29 family members in Cardiac Rehab were provided with nutrition classes. Our goal for FY2015 is to increase this amount to 200 patients and 50 family members. The goal for FY2016 will remain the same.

Partnerships/Collaboration:
Dr. Harris Reed

Comments:

28. Breast Cancer and Mammography Screening

Community Needs Addressed:
Breast cancer and mammography screening

Target Population:
All women over 40 years of age and younger women with a family history of breast cancer.

Description and Tactics (How):

- Educational Opportunities (Group and Individual): Breast cancer prevention education is a free service available to all members of the community to raise awareness and educate individuals on ways to prevent breast cancer. Activities take place at community events such as health fairs, organizational fund raisers and through a variety of cancer and service organizations.
- Reducing Out-of-Pocket Costs: Screening mammograms are available at no cost to all women without insurance coverage.
- Community Clinical Linkages: In partnership with South Central Public Health District (SCPHD), St. Luke's Magic Valley will participate in a regional effort to mobilize health care partners and providers across the health district to determine mammography barriers for women and determine specific messages that increase mammography screening utilization. Participating regional hospitals will share success and barriers for their patient population. SCPHD will compile information gathered from literature review and local efforts, to form a proposal for regional project to increase mammography rates.
- Mass Media: Utilizing the local media to promote breast cancer awareness observances, i.e. Breast Cancer Awareness month (October). Support local mammography promotion organizations in their events and efforts, i.e. Tough Enough to Wear Pink. St. Luke's partners with the American Cancer Society, to sponsor the Twin Falls County Relay for Life event which raises awareness and attention to all cancers, including breast.

Resources (budget):

- .3 FTE Community Cancer Education Coordinator to facilitate educational presentations
- .2 FTE from St. Luke's Women's Imaging for community outreach and speaking engagements

Expected Program Impact on Health Need:
Through community outreach and education, St. Luke's and its partners strive determine specific messages that increase mammography screening rates in Magic Valley. As mammography rates increase with targeting messaging, there will be increasing survival rates and decreased late stage breast cancer diagnosis.

Partnerships/Collaboration:
St. Luke's Magic Valley Health Foundation; South Central Public Health District; Women's Health Check program; Twin Falls Tough Enough to Wear Pink; American Cancer Society; local media

29. Dianne K. Bolt Breast Cancer Screening Memorial Fund

Community Needs Addressed:
Breast cancer and mammography screening

Target Population:
Underserved or uninsured women, generally 40 years or older. Women under 40 with a clinical finding or a physician recommendation can also be covered if they meet the financial need.

Description and Tactics (How):
The Dianne K. Bolt Memorial Fund was originally established by Al Bolt in Twin Falls, Idaho after the passing of his wife, Dianne, in February 2009. Al created the fund "to not only honor her, but to provide a service to the community which Dianne would have wanted."

Early detection is a key to effectively treating breast cancer. By serving those without the means to afford mammogram screening, the Dianne K. Bolt Memorial Fund fills a critical need in the local community. Vouchers for mammograms are provided to community agencies including the United Way, Mustard Tree Clinic, and St. Luke's Women's Imaging Services.

Resources (budget):
In FY 2016, the Dianne K. Bolt Fund will continue to provide funds for screening and mammogram services.

Expected Program Impact on Health Need:
It is no secret that early breast cancer detection saves lives. Currently, Idaho ranks as one of the lowest in the nation in mammography screenings. The Dianne K. Bolt fund gives underserved and uninsured women a chance at early detection. For FY 2016, it is our goal to continue to provide funding to provide low income women with mammograms.

Partnerships/Collaboration:
United Way
Mustard Tree Clinic
St. Luke's Women's Imaging Services

Comments:

30. 900 Women Program

Community Needs Addressed:
Breast cancer and mammography screening

Target Population:
Underserved and uninsured women and men, typically 40 years of age or older, who are in need of breast cancer screening and mammography services. Under certain circumstances, women and men under 40 can also be covered to meet their financial needs.

Description and Tactics (How):
The *900 Women Project* is a collaborative effort between local health care organizations, the public health department, physicians, and Magic Valley communities and businesses to increase by 10% the number of women being screened annually for breast cancer. The *900 Women Project* was born in response to a report that Idaho's mammography rates in 2004 were the lowest in the nation—50th out of 50. The *900 Women Project* provides financial assistance to women and men aged 40-49 (though women and men under 40 with a physician recommendation can also receive assistance) who are ineligible for the Idaho Health Check program which serves women aged 50-64.

The *900 Women Program* also partners with the Tough Enough to Wear Pink (TETWP) Committee in providing funding for mammograms and breast cancer screening. The TETWP hosts events at local rodeos with proceeds going to *900 Women.*

Resources (budget):
As of July 2015, $6,951 is available from the St. Luke's Health Foundation for women and men in need of financial support for breast cancer screening.

Expected Program Impact on Health Need:
The overarching goals of the *900 Women Program* are to:

- Continue to provide financial assistance through the *900 Women* fund to women and men 40-49 who meet financial need criteria
- Continue to collaborate with South Central District Health to enroll women aged 50-64 with financial need into the Idaho Women's Health Check program

Partnerships/Collaboration:
Idaho Women's Health Check; United Way; Mustard Tree Clinic; South Central District Health; St. Luke's Women's Imaging Services; Tough Enough to Wear Pink Committee; St. Luke's Jerome; North Canyon Medical Center; Minidoka Memorial Hospital

31. Clinical Partnerships with CSI

Community Needs Addressed:
High school and college education support and assistance programs

Target Population:
CSI Health Science students

Description and Tactics (How):
The College of Southern Idaho has a number of health career and health education programs which directly benefit St. Luke's by training new staff and providing continued education for existing staff.

Resources (budget):
$50,000 annual donation to CSI

Expected Program Impact on Health Need:

Partnerships/Collaboration:

Comments:

32. Mountain States Tumor Institute (MSTI) Fun for Life

Community Needs Addressed:
Lung cancer
Respiratory disease

Target Population:
School-age students in rural areas in south central Idaho
Services are provided at no cost to participants

Description and Tactics (How):
The Tar Wars program, which is owned and operated by the American Academy of Family Physicians (AAFP), is a tobacco-free education program for fourth grade students in Idaho. The mission of Tar Wars is to educate students about being tobacco free, provide them with the tools to make positive decisions regarding their health, and promote personal responsibility for their well-being. The evidence-informed program is designed to teach kids about the short-term, image-based consequences of tobacco use, the cost associated with using tobacco products, and the advertising techniques used by the tobacco industry to market their products to youth. A follow-up poster contest is conducted at the school, state, and national level to reinforce the Tar Wars message.

Teens Against Tobacco Use (T.A.T.U.℠) is an evidence-informed tobacco education program designed to help teens develop strong leadership skills while influencing younger children to live tobacco-free lifestyles.

To facilitate tobacco prevention in both the teenage and 4th grade population, the primary resource tool is the American Lung Association's "Teens Against Tobacco Use" (T.A.T.U.℠) curriculum. This curriculum is designed to help prevent young people from initiating tobacco use and the program's final result meets the goal of educating youth to become responsible citizens. T.A.T.U.℠ is founded on five principles that have been proven effective in helping prevent tobacco initiation among young people. Through T.A.T.U.℠, teens will:

- Develop skills to teach younger children the dangers of tobacco use and to become advocates for a tobacco-free community;
- Understand and identify the positive aspects of being tobacco-free and realize that the majority of teens and adults do NOT smoke;
- Understand how tobacco advertising and promotions deceive us;
- Understand how getting hooked on tobacco destroys youth's freedom and control over their personal lives; and
- Develop self-confidence.

Resources (budget):
For FY 2016, it is estimated the 25 educational presentations will require at least 0.4 FTE during the school year. It is estimated that costs to implement the educational presentations will cost approximately $1500.00, which includes the cost of supplies and printed materials.

Expected Program Impact on Health Need:
The educational program for students is designed to raise awareness and reduce the number of youth using tobacco products

We measure the impact by tracking the number of students who participate in presentations and assess their level of knowledge at end of presentation. For FY2015 the goal is to have 700 youth participate in tobacco prevention education. As of July, 2015, 766 youth received the education. The goal for FY2016 will remain the same.

Long term impact can be assessed by YBRFSS results in the future.

Partnerships/Collaboration:
Relationships include working closely with school personnel, including health, science, and PE teachers along with school nurses, school district and PTA/PTO members. Through this collaboration, MSTI gains greater insight about strategies and tactics that are most beneficial to student learning. Collaboration with local health district or physician clinic staff also encourages a team approach towards common messaging and cross-referrals so each group's outreach efforts to students as well as patients and the community are consistent and provide a broader reach to raise community awareness about lung cancer prevention.

Comments:

St. Luke's Jerome

2013 Community Health Needs Assessment

Implementation Plan

Updated for FY16

Table of Contents

Introduction

The St. Luke's Jerome 2013 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 2013 Community Health Needs Assessment (CHNA). Our Implementation Plan is divided into two main sections. The first section contains a list of the health needs identified in our CHNA. In addition, it provides the prioritization score for each health need, explains how the community could serve the need, and describes St. Luke's involvement in addressing the need. The second section of our implementation plan defines the programs and services St. Luke's plans to implement to address specific 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 our 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

We designed the St. Luke's Jerome 2013 CHNA to help us better understand the most significant health challenges facing the individuals and families in our service area. To accomplish this goal, we collaborated with representatives from our community to help us 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.

Our health needs were then ranked using a numerical prioritization system. Points were allocated to each need based on scores provided by our community leaders 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 scoring above the median were highlighted in light orange in the tables below. Health needs and factors with scores in the top 20th percentile were highlighted in dark orange and are considered to be high priorities.

Next, to complete our CHNA Implementation Plan, we collaborated with community representatives to address the most significant health needs. To determine the health needs St. Luke's will address directly, we utilized the following decision criteria:

1. Health needs ranked in the top 20th percentile in our CHNA were considered first. Other health needs that scored above the median were also given priority. In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not the focus of this implementation plan.

2. Next we examined whether it would be most effective for St. Luke's to address a higher priority health need directly 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, fitness and nutrition programs also support and strengthen weight management programs. Therefore, to better understand the total impact our programs are having on a health need, we arranged programs that reinforce one another into groups as defined later in this implementation plan.

List of Needs and Recommended Actions

Health Behavior Category

Our community's high priority needs in the health behavior category are wellness and prevention programs for diabetes, obesity, and mental illness. 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 (22.5%) of any mental illness (AMI) in the nation.

Table Color Key
Dark Orange = High priority (total score in the top 20th percentile)
Light Orange = Total score above the median
White = Total score below the median

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	External Community Resources Available to Address Need	Recommended Action and Justification
Weight management	Obese Adults	23.1	Mission: High Strength: Low	Department of Health and Welfare Idaho Physical Activity and Nutrition. (IPAN) Program There are also a number of fee based weight management programs available in our community.	St. Luke's will directly support adult weight management program(s) because this need is aligned with our mission and is ranked in our CHNA's top 20th percentile. St. Luke's does not currently have a multi-disciplinary, medically managed weight loss program for patients. Since programs addressing this broader need are not a strength of St. Luke's, we will continue to rely on the community to help us address this need. The programs that St. Luke's directly supports are described in the following section of this Implementation Plan.

				In addition, the CDC has free online weight management information, and Idaho Medicaid has a Preventive Health Assistance Benefit weight management program. Jerome Recreation District and Curves are also local resources.	
	Obese/Over-weight Teens	20.1	Mission: High Strength: Low	Department of Health and Welfare Idaho Physical Activity and Nutrition (IPAN) Program. The CDC has free online weight management information, and Idaho Medicaid has a preventative Health Assistant Benefit weight management program. Jerome Recreation	St. Luke's will directly support a teen weight management program(s) because this need is aligned with our mission and ranked in our CHNA's top 20th percentile. However, this is currently not a strength of St. Luke's and due to resource constraints we will continue to rely on the community to help us address this need. The programs that St. Luke's directly supports are described in the following section of this Implementation Plan.

				District and Curves are also local resources.	
Wellness/ prevention	Diabetes	20.2	Mission: High Strength: Medium	St. Luke's Magic Valley	St. Luke's will directly support diabetes chronic disease management programs because this need is highly aligned with our mission, ranked in our CHNA's top 20th percentile and a medium strength. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
	Mental illness	20.2	Mission: High Strength: Low	There is a shortage of behavioral health providers in our community. Resources include SLMV Behavioral Health and Canyon View.	St. Luke's Jerome is partnering with St. Luke's Magic Valley to increase psychiatric services, programs, and the number of psychiatrists in our community because this need is aligned with our mission and is ranked in our CHNA's top 20th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Nutrition education	Teen nutrition	16.2	Mission: High Strength: Medium	Department of Health and Welfare Idaho Physical Activity and Nutrition (IPAN) Program. There is also a large amount of free	St. Luke's will directly support teen nutrition through our 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 above the median. However, due to resources constraints and because this need is not a high strength of St. Luke's, we will

				online information and resources available from credible sources such as the CDC, the American Academy of Nutrition and Dietetics, and the Mayo Clinic.	continue to depend on the community to help us address this need. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Safe-sex education programs	Sexually transmitted infections	16.9	Mission: Low Strength: Low	South Central District Health	St. Luke's will not directly provide a sexually transmitted infections program because this is a low mission, low strength alignment and due to resource constraints but will instead focus on higher priority needs. St. Luke's will rely on South Central District Health and other community resources to help us address this need.
	Teen birth rate	18.9	Mission: Low Strength: Low	South Central District Health	St. Luke's will not directly provide a teen birth rate program because this has a low mission, low strength alignment. Due to resource constraints, we will instead focus on higher priority needs. St. Luke's will rely on South Central District Health and other community resources to help us address this need.

Substance abuse services and programs	Illicit drug use	18.5	Mission: Low Strength: Low	St. Luke's Behavioral Health, Canyon View	St. Luke's will not directly provide a program for drug and alcohol use because this has a low alignment with the mission and strengths of St. Luke's. Due to resource constraints, we will instead focus on higher priority needs. St. Luke's will rely on other community resources to address this need.
	Vehicle crash death rate	17.5	Mission: Low Strength: Low	Drug Free Idaho, State Liquor Dispensary	St. Luke's will not directly provide a program for vehicle crash death rate because this has a low alignment with the mission and strengths of St. Luke's. Due to resource constraints we will instead focus on higher priority needs. St. Luke's will rely on other community resources to address this need.
Wellness/ prevention	High cholesterol	17.2	Mission: Medium Strength: Medium	St. Luke's Magic Valley	St. Luke's will directly support a high cholesterol prevention program because this need has a medium alignment with the mission and strengths of St. Luke's and the need is ranked above the median. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
	Respiratory disease	16.2	Mission: Medium Strength: Low	St. Luke's Magic Valley	St. Luke's Jerome will rely on St. Luke's Magic Valley to provide respiratory programs for our community for three primary reasons: (1) resources constraints inherent with being a Critical Access Hospital, (2) the need is not a top 20th percentile and (3)this need is a low strength for St. Luke's Jerome. As a Critical Access Hospital, we have chosen to focus our

					limited resources on higher priority needs.
	Suicide	17.2	Mission: Low Strength: Low	Suicide Prevention Hotline, SLMV Behavioral Health, Independent Behavioral Health Providers, State of Idaho provides evaluation and suicide intervention services.	Because this is not a top 20th percentile need and has a low strength and mission alignment, we will rely on community based resources to help meet this need. St. Luke's Jerome will partner with St. Luke's Magic Valley to provide a behavioral health clinic as described in the following section of this Implementation Plan.
Exercise programs/ education	Adult physical activity	14.9	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not directly addressed as part of our implementation plan.		
	Teen exercise	14.9			
Nutrition education	Adult nutrition	15.2			
Substance abuse services and programs	Alcohol	14.5			
Tobacco cessation programs	Smoking	13.5			
Wellness and prevention (scores below the median)	Accidents	15.2			
	AIDS	14.2			
	Alzheimer's	12.2			

	Arthritis	12.2	
	Asthma	13.2	
	Breast cancer	14.2	
	Cerebro-vascular diseases	15.2	
	Colorectal cancer	15.2	
	Flu/pneumonia	15.2	
	Heart disease	15.2	
	High blood pressure	15.2	
	Leukemia	11.2	
	Lung cancer	15.2	
	Nephritis	14.2	
	Non-Hodgkin's lymphoma	12.2	
	Pancreatic cancer	12.2	
	Prostate cancer	15.2	
	Skin cancer	14.2	

Clinical Care Category

High priority clinical care needs include: Affordable care; affordable health insurance; and increased availability of behavioral health services. Affordable care ranks as a high priority need due to its high community leader score and because an increasing number of people in our community are living in poverty (especially children). Affordable health insurance ranks as a top priority need in part because our service area has a high percentage of people who are uninsured and the trend is not improving. Availability of behavioral health services ranked as a top priority due to our health leader scores and because Idaho has a shortage of behavioral health professionals.

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	External Community Resources Available to Address Need	Recommended Action and Justification
Affordable care	Children in poverty	20	Mission: High Strength: High	The Affordable Care Act; Medicaid; Idaho State Department of Health and Welfare; Idaho District 5 Health Department; Mustard Tree Clinic.	St. Luke's will directly support programs designed to provide affordable care especially to those with low incomes 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 20th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan. Affordable care 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.
Affordable health Insurance	Uninsured adults	20.5	Mission: High Strength: Medium	The Affordable Care Act; Medicaid; Medicare; Idaho	St. Luke's will directly support programs designed to help provide affordable health insurance because this need is aligned with our

				State Department of Health and Welfare.	mission and although there are other programs available in our community the need is still ranked in our CHNA's 20th 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 behavioral health services	Mental health service providers	19.3	Mission: High Strength: Low	There is a shortage of behavioral health experts in our community. Resources include SLMV Behavioral Health and Canyon View.	St. Luke's Jerome is partnering with St. Luke's Magic Valley to increase psychiatric services, programs, and the number of psychiatrists in our community because this need is aligned with our mission and is ranked in our CHNA's top 20th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Chronic disease management	Diabetes	19.1	Mission: High Strength: Medium	St. Luke's Magic Valley	St. Luke's will directly support diabetes chronic disease management programs because this need is highly aligned with our mission and is a medium strength and the need is ranked above the median. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
More providers	Children in	17.4	Mission: High	Many health care	St. Luke's accepts public and commercial health

accept public health insurance	poverty		Strength: High	providers in our community accept public health insurance.	insurance including Medicare and Medicaid because this need is highly aligned with our mission and strengths and this need is ranked above the median. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Screening programs	Mammography screening	16.5	Mission: High Strength: High	South Central District Health (Women's Health Check), 900 Women programs are available to assist with funding.	St. Luke's will directly support a Mammography screening program because this need has a high alignment with our mission and is a strength of St. Luke's and the need is ranked above the median. The program St. Luke's directly supports is described in the following section of this Implementation Plan.
Affordable dental care	Dental visits, preventive	15.8	Mission: Low Strength: Low	Idaho Department of Health and Welfare Smiles 4 Kids	St. Luke's will not directly provide an affordable dental care program because this need is not aligned with our mission or strengths. However, this need is ranked above the median and St. Luke's will partner with the community to help address the dental health needs. A program description is included in the next section of this Implementation Plan.
Availability of primary care providers	Primary care providers	14.9			
Chronic disease	Arthritis	11.1			

management	Asthma	12.1	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not directly addressed as part of our implementation plan.
	High blood pressure	14.1	
Immunization programs	Children immunized	12.5	
	Flu/pneumonia	11.5	
Improved health care quality	Preventable hospital stays	12.5	
Integrated, coordinated care (less fragmented)	Preventable hospital stays	15.2	
Prenatal care programs	Low birth weight	12.4	
	Prenatal care 1st trimester	15.4	
Screening programs	Cholesterol	14.5	
	Colorectal screening	13.5	
	Diabetic screening	13.5	

Social and Economic Category Summary

Children and family services for low income populations is the only social and economic health need scoring above the median. The increasing number of children living in poverty in our service area drives this need.

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	External Community Resources Available to Address Need	Recommended Action and Justification
Children and family services	Children in poverty	19.3	Mission: Low Strength: Low	There are a number of organizations in our community that provide help to low income children and families in need.	Although this need is ranked above the median, due to resource constraints St. Luke's will not develop its own children and family support program because this need has a low alignment with our mission and strengths.
Children and family services	Inadequate social support	15.9	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not directly addressed as part of our implementation plan.		
Disabled services		15.3			
Education support and assistance programs	Education	13.3			
Homeless services	Unemployment rate	13.5			
Job training services	Unemployment rate	13.5			
Senior services	Inadequate social support	14			
Veterans' services	Inadequate	14.2			

	social support		
Violence and abuse services	Safety - homicide rate	12.9	

Physical Environment Category Summary

In the physical environment category, transportation to and from appointments ranked above the CHNA median health need score. This need was identified during our affected population focus groups and was reinforced during our community leader interview process. Low income, senior, and rural populations are most affected by the need for transportation to and from appointments.

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	External Community Resources Available to Address Need	Recommended Action and Justification
Transportation to and from appointments		16.1	Mission: Medium Strength: Low	There are a few transportation companies in our community providing taxi and bus transportation. Examples are Snake River Taxi, Trans IV, Karen's Errands, Twin Falls Taxi and Interfaith Volunteers.	St. Luke's will directly support a program to help low income individuals afford transportation to and from appointments because this need has a medium alignment with our mission and the need is ranked above the median. However, public transportation is not a strength of St. Luke's and we will rely on organizations with missions to provide low-cost, public transportation to help us meet this need. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Availability of recreation and exercise facilities	Recreational facilities	12.7	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not directly addressed as part of our implementation plan.		

Availability or access to healthy foods	Limited access to healthy foods	13.7	
Healthier air quality, water quality, etc.	Air pollution	11	

St. Luke's CHNA Implementation Programs

This section of our implementation plan provides a list and description of the health improvement programs St. Luke's is executing to address the community health needs ranked above the median. Sometimes a single health improvement program supports the success of multiple related health needs. For example, fitness and nutrition programs also support and strengthen weight management 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: Weight Management, Nutrition, and Fitness

- Adult and teen weight management
- Adult and teen nutrition
- Adult and teen exercise

Program Group 2: Diabetes

- Wellness and prevention for diabetes
- Chronic condition management for diabetes
- Diabetes screening

Program Group 3: Behavioral Health

- Mental illness
- Substance abuse programs
- Suicide prevention
- Availability of mental health service providers

Program Group 4: Barriers to Access

- Affordable care
- Affordable dental care
- Affordable health insurance
- Children and family services (low income)
- More providers accept public health insurance
- Primary care providers (adequate numbers)
- Transportation to and from Appointments

Program Group 5: Additional Health Screening and Education Programs Ranked Above the Median

- High Cholesterol
- Mammography Screening
- Respiratory Disease
- Safe sex education programs: Sexually transmitted diseases and teen birth rate

The following pages describe the programs contained in our five high priority program groups. Each program description includes information on its target population, tactics, approved resources, and goals.

Program Group 1: Weight Management, Nutrition, and Fitness Programs

Adult and teen weight management programs were ranked as high priority health needs. According to the CDC, the key to achieving and maintaining a healthy weight is a lifestyle that includes healthy eating, regular physical activity, and balancing the number of calories you consume with the number of calories your body uses.[1] Therefore, we grouped the weight management programs together with the programs for adult and teen nutrition. Nutrition programs are also ranked above the median and are key components to weight management. In addition, some of our weight management programs include physical activity components. In fact, physical activity is such an integral component of weight management we included fitness programs in this program group even though exercise was not ranked above the median.

There is great diversity in patient needs when it comes to weight management and nutrition. No single program can address the entire range of patient medical needs, schedules, or preferences. Therefore, St. Luke's has chosen to offer a number of weight loss, nutrition, and fitness programs designed to meet a wide variety patient circumstances.

Although each individual program described below includes a way to measure its success, we believe a more effective way to measure the overall impact of our CHNA efforts is to have a goal for each high priority program group. Therefore, we will measure the success of Program Group 1 using the following comprehensive goal:

Goal statement:

Adult: Improve the percentage of patients 18 years and older with BMI screening, calculated within the past 6 months, or during current visit and has follow-up plan documented, if BMI is outside of parameters.

Children: At least 85% of participants with the YEAH program will have improvement in at least one area of weight, waist circumference or BMI.

Type of goal (check one): Structure ___ Process __X__ Outcome____

Measure:

Adult: Greater than 70% (Baseline MV/Jerome 43%, Jerome 31%).

Children: <15% (Baseline MV/Jerome 21%, Jerome 18%).

Data source: Centricity

[1] http://www.cdc.gov/healthyweight/index.html

1. Program Name: BMI Screening

Community Needs Addressed:
Adult and teen weight management
Adult and teen nutrition
Adult and teen exercise

Target Population:
General community

Description and Tactics (How):
Our primary care physicians are screening for Body Mass Index (BMI) during regular physician visits and routine check-ups. When patients are identified as being overweight or obese, primary care physicians are counseling their patients on weight management.

Resources (budget):
Physicians
Non-physician providers

Expected Program Impact on Health Need:
Many poor health outcomes can be averted by achieving and maintaining a healthy weight. It is our goal in FY14 and FY15 to screen >70% of our patients for BMI. Every person with an unhealthy BMI will receive weight management counseling and be provided with St. Luke's Jerome and community resources that focus on nutrition, exercise, and health weight management.

Our goal for FY16 will remain the same.

Partnerships/Collaboration:
Primary care physicians
St. Luke's Magic Valley

Comments:

2. Program Name: St. Luke's Jerome Health Fair

Community Needs Addressed:
Adult and teen weight management
Adult and teen nutrition
Adult and teen exercise

Target Population:
General community

Description and Tactics (How):
Obesity and obesity related illnesses are a major concern in the Magic Valley. St. Luke's Jerome is addressing this, in part, through the St. Luke's Jerome Community Health Fair, an event that promotes healthy lifestyles, strong exercise and eating habits, and healthcare education. Community residents and local vendors are invited to take part in this fun and informative event, which takes place annually at the Jerome Recreation District Gymnasium. The St. Luke's Jerome Community Health Fair provides access to discounted laboratory tests, health and nutrition demonstrations, healthcare information, and exposure to community resources. Free healthy snack idea seminars and fitness classes including Boot Camp for Adults, Cross Fit for Adults and Kids, and Intro to Taekwondo take place throughout the day.

Resources (budget):
The St. Luke's Jerome Community Health Fair is staffed by nine employees including NPs, RNs, Lab Technicians, and phlebotomists, with salaries ranging from $15.01 to $25.00 per hour. Two thousand dollars has been budgeted for salaries for the 2014 and 2015 Community Health Fairs in addition to $1,500 for food and giveaways and $50,000 in lab fees for a total operating budget of $53,500.

Expected Program Impact on Health Need:
In 2013, over 600 participants and 28 vendors took part in the Health Fair. In order to heighten weight management and healthy lifestyle awareness, our goal for FY14 is to increase both the number of participants and vendors by 10%.

In 2014, over 700 participants and 30 vendors took part in the Health Fair. In 2015, 508 people attended the Health Fair, which was a decrease from 2014. The number of vendors increased from 30 to 38 in 2015. SLJ saved the community $57,341 dollars related to the testing offered at a discounted rate. In order to heighten weight management and healthy lifestyle awareness, our goal for FY15 and FY16 is to increase both the number of participants and vendors by 5%.

Partnerships/Collaboration:
- St. Luke's Magic Valley
- Jerome Recreation District
- Multiple Healthcare Vendors including: MISTI (Colon Cancer Screening and Nutrition), Jerome Family Medicine, Jerome Imaging, Transition Care, Air St. Luke's, St. Luke's Gastroenterology Clinic, St. Luke's Jerome OB, Idaho Department of Environmental Quality,

Hearing Aid Counselors and Audiology, College of Southern Idaho Office on Aging, College of Southern Idaho Grandparents as Parents, Norco Medical, Costco, Bridgeview Estates, Wynwood, Smiles for Kids, Jerome Eye Center, Today's Dental Center, Visions Home Health, Ashley Manor.

Comments:

3. Program Name: YEAH Program

Community Needs Addressed:
Teen and adult weight management/obesity
Teen and adult nutrition
Teen and adult exercise

Target Population:
Overweight and obese children ages 5-16 and their families

Description and Tactics (How):
St. Luke's Jerome physicians refer overweight and obese children and their families to the St. Luke's Magic Valley Youth Engaged in Activities for Health (YEAH!) program. All participants are children with a BMI greater than or equal to the 85th percentile and have family members who agree to be involved in the program. YEAH! sessions are conducted in the winter, spring, and early fall. Participants and their families attend eight-week long sessions that emphasis good nutrition, behavior modification lesson, and cooking and exercise classes taught by various experts in the community.

Resources (budget):
Staffing includes partial FTEs from the following positions:
Project Director
Dietician
Physical Therapist
Administrative Support
Social Worker
Exercise Physiologist

The total budget for the 2013 YEAH! program is $35,784, with $15,788 provided by grant funds from the Blue Cross Idaho Foundation. Included in the budget are supplies; scholarships; food; translation services; and gas vouchers, particularly for low-income participants traveling from Jerome to Twin Falls where the classes take place.

Expected Program Impact on Health Need:
A total of 150 children and their families are expected to participate in YEAH over the 2013 funding year. Our goal is to:

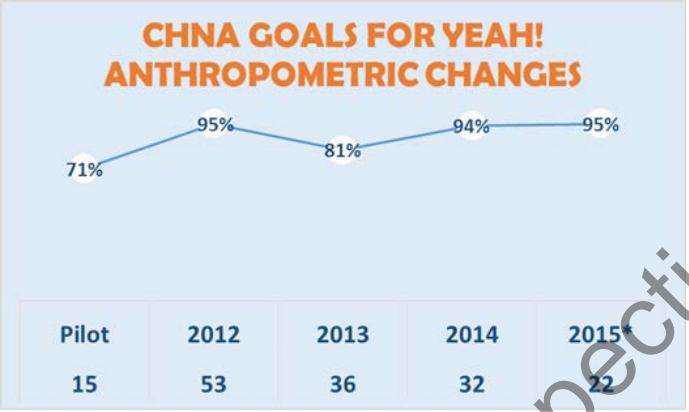
- Demonstrate that at least 60% of all participants show an improvement in at least one of the following areas: weight, measurements, and/or BMI.
- Increase 100% of participants' and families knowledge and awareness of healthy nutritional choices
- 100% of participants will show improvement in at least one of the following areas: cardio endurance, muscular strength and endurance, flexibility, and Quality of Life.

The goals of the program will be evaluated during each session through the analysis of pre/post tests, participant food and fitness logs, and participant Satisfaction Surveys.

In FY14, 86% of the participants demonstrated improvement in their weight; 100% improved their knowledge of healthy nutritional choices and 100% demonstrated improvement in their endurance and flexibility. The FY15 goals will remain the same.

Sessions 1 and 2 have been completed during FY15, with an 86% completion rate.

- 50% lost or maintained weight
- 73% experienced height growth
- 59% decreased or maintained their BMI
- 100% reduced or maintained abdominal girth
- 95% showed improvement in at least 1 area of weight, waist circumference and/or BMI (see graph)



All kids showed improvement in at least 2 areas of physical abilities (out of 9 possible). 72% in 5 or more areas. 27% in 8 or 9 areas.

100% of participants and families increased their knowledge and awareness of healthy nutritional choices throughout each session.

Session 3 will begin on September 21, 2015. In FY16, our goal is at least 85% of participants will have an improvement in at least one area of weight, waist circumference or BMI.

Partnerships/Collaboration:
St. Luke's Magic Valley
Blue Cross Idaho Foundation
College of Southern Idaho
St. Luke's Humphrey's Diabetes Center

Comments:

4. Program Name: Sports Physicals – Jerome School District

Community Needs Addressed:
Teen exercise
Teen weight management

Target Population:
Middle school and high school aged children involved in school sports.

Description and Tactics (How):
The Sports Screening Night is held annually in the spring at Jerome Family Medicine. At a reduced cost, middle and high school students are provided screening for health concerns, including a baseline Balance Error Scoring System (BESS) test prior to competing in school sports.

Resources (budget):
Fourteen clinic staff, eight providers (including three resident physicians), and two physical therapists work collaboratively on this project, with staff working at various stations to complete assigned portions of the exams.

Expected Program Impact on Health Need:
The Sports Screening Night provides multiple benefits to Jerome middle and high school students. 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 prior to competing in sports. In addition, if a student suffers mild head injuries while playing, information gathered from the BESS testing will assist clinicians in making "return to play" decisions. In the spring 2013 Sports Screening Night 93 students received physicals and BESS testing. Our goals for 2014, 2015 and 2016 is to screen a higher number of students, work collaboratively with other community sources to provide reduced cost or free immunizations, and to include Impact Testing (physical therapy) in our yearly screenings.

Partnerships/Collaboration:
Jerome School District
Jerome Physical Therapy

Comments:

5. Program Name: SLHS Healthy U

Community Needs Addressed:
Adult weight management
Adult fitness
Adult nutrition
Tobacco Cessation
Health Pregnancy

St. Luke's employees and their spouses are the identified populations for St. Luke's Magic Valley and Jerome:

Description and Tactics (How):

HU = e3: Healthy U is a wellness initiative that **E**ngages, **E**ducates and **E**mpowers consumers to achieve optimal health!
St. Luke's Healthy U is an incentive-based program that engages benefit eligible employees and spouses through value-based insurance design to achieve or maintain identified health outcomes. Healthy behavior is rewarded through reduced premiums contributions toward the health insurance plan. Tobacco Free U combines certified health coaching with an evidence-based tobacco cessation program and free medications for nicotine dependence to help users quit. The Healthy Pregnancy Program helps pregnant employees or spouses minimize work-related stress and provide education to reduce pre-term labor and early delivery. Other tactics include changes in organizational culture and policies, wellness and health promotion programs, online resources/tools, and health coaching to encourage consumers to adopt lifelong healthy habits. Scalable strategies around population health management are also being developed.

Resources (budget):
Resources include: Director, Wellness Manager, Wellness Coordinators, Nurse and Dietitian Health Coaches, Certified Diabetic Educators, Behavioral Health Specialists, Massage Therapists, Acupuncturist, Fitness and Yoga Insturctors as well as office space, technology, educational materials, etc. These resources are present throughout the St. Luke's region.

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: Reduction in tobacco use, decrease in pre-hypertension and hypertension, decrease in pre-diabetes as evidence by healthier fasting glucose levels and diabetes as evidenced by an A1c <8, and reduction in consumers with a BMI >33 or waist circumference >35 for women and >40 for men. . Specific Healthy U targets are set annually and evaluated through an online health assessment and Know Your Numbers biometric screening. The annual screenings typically identify several uncontrolled, or new, cases of hypertension and pre-diabetes or diabetes. These employees or spouses are either referred to their primary care provider for follow-up, or in some cased they receive help finding a primary care provider.

There are recheck clinics offered monthly to monitor changes in weight, blood pressure and blood glucose. The recheck clinics also provide cholesterol screening and reinforce age and gender appropriate preventive health screenings and immunizations.

- **Reach:** engagement is high, 94% benefits eligible employees and 74% spouses enrolled in the health plan.
- **Impact:** results for employees who were NOT "on target" at the beginning of the program and were in compliance at the end of the plan year.

Risk Factor	Magic Valley 2012-2013 N=1429	Magic Valley 2013-2014 N=1539	Jerome 2012-2013 N=129	Jerome 2013-2014 N=125
Pre-diabetes	6	36	1	6
In Compliance	4	32	1	6
% Change	67%	77%	100%	100%
Diabetes	20	5	4	2
In Compliance	11	4	2	2
% Change	55%	80%	50%	100%
Pre-hypertension	186	275	19	28
In Compliance	129	210	13	13
% Change	69%	76%	68%	46%
Hypertension	91	119	7	4
In Compliance	61	84	5	2
% Change	67%	71%	71%	50%
Tobacco Use	53	49	13	10
In Compliance	12	14	4	1
% Change	23%	29%	31%	10%
Obese BMI>35	N/A	223	N/A	25
In Compliance	N/A	29	N/A	3
% Change	N/A	13%	N/A	12%
Increased Waist Circumference	584	550	68	67
In Compliance	112	126	9	10
% Change	19%	23%	13%	15%

2015 Results

Screening results for FY15 are in with improvements in key indicators. The Best U Program, an evidence-based weight management program is now a covered health benefit program for SLHS employees and spouses as of April 1, 2015.

Risk Factor	MV	Jerome
2014 Pre-Diabetes (>106)	15	0
2015 In Compliance	10	0
% Change	**67%**	**0%**
2014 Diabetes	3	0
2015 In Compliance	0	0
% Change	**0%**	**0%**
2014 Pre-HTN	201	35
2015 In Compliance	130	24
% Change	**65%**	**68%**
2014 Hypertension	80	5
2015 In Compliance	65	5
% Change	**81%**	**100%**
2014 Tobacco Users	88	10
2015 In Compliance	22	2
% Change	**25%**	**20%**
2014 Obese (BMI>30)	543	44
2015 In Compliance	60	3
% Change	**11%**	**7%**
2014 Increased Waist	672	43
2015 In Compliance	115	2
% Change	**17%**	**7%**

Partnerships/Collaboration:
Partnerships are within St Luke's Health System, the communities where St. Luke's has a presence and with regional partners such as the YMCA.

Comments:
Overall health measures significantly improved in each area are noted. Introduction of BMI as part of the Healthy U premium reduction occurred in 2013.

Program Group 2: Diabetes Programs Ranked as High Priority

Wellness and prevention for diabetes was identified as a high priority need. Chronic condition management for diabetes was ranked as a medium priority need and diabetes screening was ranked below the median. We grouped these programs together because we believe coordination of these programs will produce the best results. There is great diversity in patient needs when it comes to diabetes. No single program can address the entire range of patient medical needs, schedules, or preferences. Therefore, St. Luke's has chosen to offer a number of diabetes programs designed to meet a wide variety patient circumstances and needs.

Although each individual program described below includes a way to measure its success, we believe a more effective way to measure the overall impact of our CHNA efforts is to have a goal for each high priority program group. Therefore, we will measure the success of Program Group 2 using the following comprehensive goal:

Goal statement: Utilize the DEaM measure which is to improve the (CMS) (MSSP) composite score measure for diabetes to 30% by the end of FY14.

Type of goal (check one): Structure ___ Process ____ Outcome__X__

Measure: 15% or less of people with Diabetes will have a Hemoglobin A1C >9.

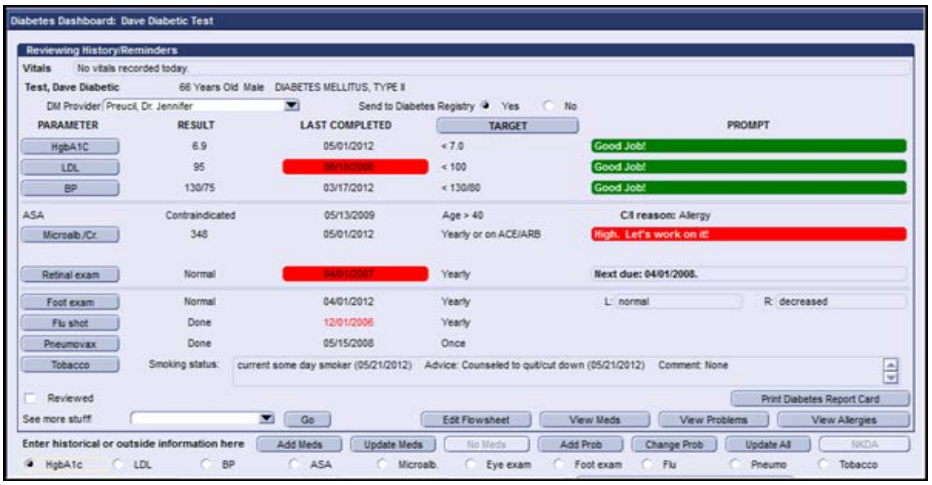
Data source: Centricity

6. Program Name: Diabetes Registry/Dashboard

Community Needs Addressed:
Wellness and prevention for Diabetes
Chronic condition management for Diabetes
Diabetic screening

Target Population:
All diabetic/pre-diabetic patients of St. Luke's Jerome

Description and Tactics (How):
Patient Registry and EMR Dashboard Tools: St. Luke's Clinic Jerome Family Medicine has begun the development of a patient registry for all their diabetic patients. This is critical to more proactively managing those patients who are not meeting targeted outcomes or for sending reminders for diabetic health maintenance visits and testing. The clinic has also implemented a custom dashboard within the EMR to assist in the care of diabetics. The dashboard is used to input key metrics including blood pressure, hemoglobin A1c, LDL, and many other key metrics. The dashboard has the additional capability of trending the patient's results at their visit with previous results and then compiles the information into a printable "report card" to give to the patient.

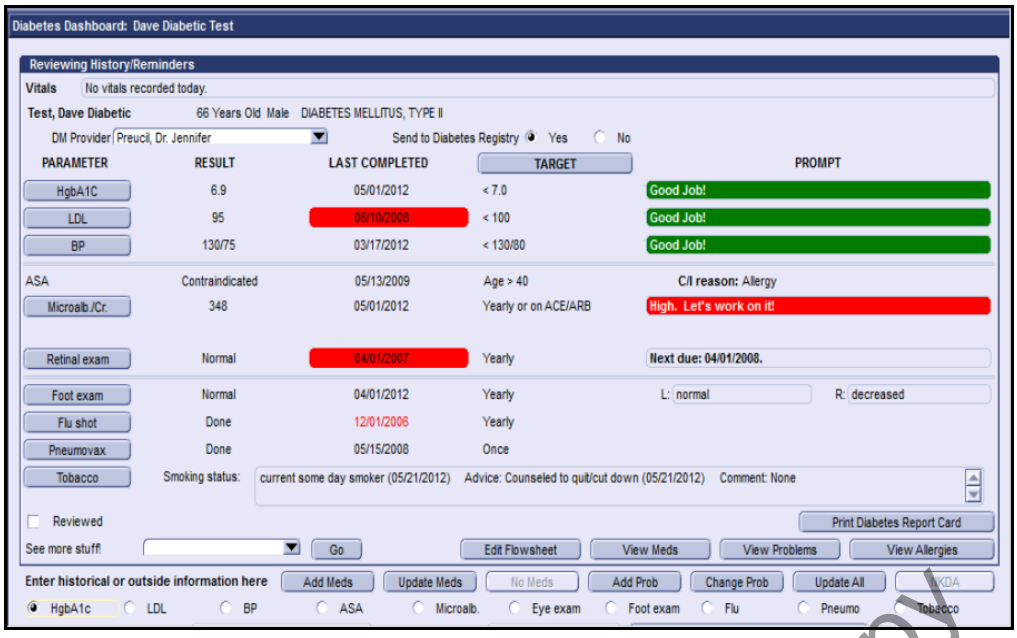


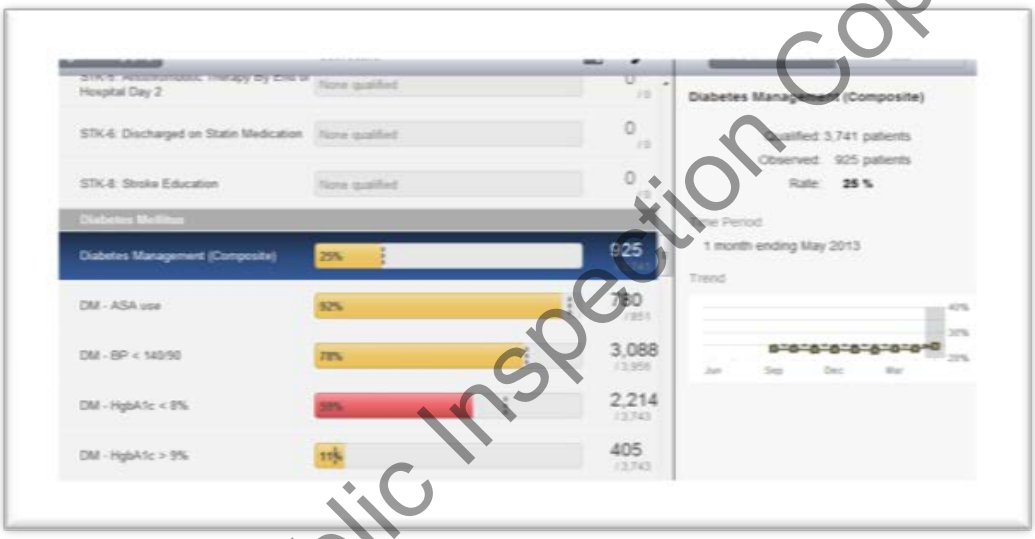
The dashboard records minable data into the patient registry that can be used by the primary care physician to more proactively manage their diabetic patient population.

Dx	Last Appt	Diab Mngmt Provider	HgbA1c < 8		Blood Press <130/80		LDL <100		MA/Cre <30	Smoking Status	Foot Exam	Eye Exam
250.01	4/17/12	Fortuin	15.5	4/17/12	100/60	4/17/12					Normal	Will schedule
250.00	11/7/11	Fortuin	13.0	11/5/11	142/80	11/7/11	80	11/4/11				Will schedule
250.00	4/12/12	Fortuin	12.9	6/28/11	118/64	4/12/12	109	6/28/11	48			
250.00	2/22/12	Fortuin	12.8	2/22/12	102/60	2/22/12						Completed
250.00	2/3/12	Fortuin	11.4	2/3/12	140/74	2/3/12	130	2/3/12				
250.00	4/25/12	Fortuin	11.2	3/20/12	116/80	4/25/12	72	3/20/12	14	prev.	Normal	Normal
250.00	4/11/12	Fortuin	10.9	4/9/12	102/60	4/11/12	56	4/9/12	6		Normal	Limited Retinop
250.00	4/12/12	Fortuin	10.8	2/17/12	130/82	4/12/12	118	2/16/12	0		Abnormal	Will schedule
250.03	2/23/12	Renaldi NP	10.8	1/10/12	100/62	2/1/12	82	1/10/12	32		Abnormal	Will schedule
250.00	4/10/12	Fortuin	10.7	2/17/12	114/82	3/20/12					Abnormal	Limited Retinop
250.00	3/15/12	Fortuin	10.6	1/13/12	120/78	3/15/12					Normal	Will schedule
250.00	4/16/12	Fortuin	10.4	4/13/12	132/60	4/16/12	71	4/13/12	1369	current	Normal	Will schedule
250.00	3/19/12	Fortuin	10.4	3/16/12	118/60	3/19/12	51	12/6/12	17		Normal	Will schedule
250.01	4/3/12	Fortuin	10.3	12/14/11	138/90	4/3/12						
250.01	4/4/12	Fortuin	10.1	1/12/12	120/74	4/4/12			52	current	Normal	Will schedule
250.00	2/20/12	Fortuin	10.0	2/16/12	140/80	2/20/12	39	5/9/11	24		Abnormal	Will schedule
250.00	4/26/12	Fortuin	10.0	4/25/12	130/70	4/26/12	50	6/24/11	302	never	Normal	Completed
250.00	3/5/12	Fortuin	9.8	2/27/12	90/50	3/5/12					Normal	Completed
250.00	4/25/12	Fortuin	9.8	2/2/12	210/110	4/11/12	50	2/1/12	212			Will schedule
250.00	4/3/12	Fortuin	9.8	3/9/12	128/72	4/3/12	97	3/8/12	0		Normal	Completed
250.00	3/23/12	Fortuin	9.6	3/19/12	100/50	3/23/12	75	3/19/12	746		Abnormal	Completed
250.00	2/17/12	Fortuin	9.5	2/15/12	136/74	2/17/12						
250.00	10/10/11	Fortuin	9.3	11/14/11	130/74	10/10/11	137	11/14/11				
250.13	7/19/11	Fortuin	9.2	11/17/11			103	11/17/11	23			
250.00	11/9/11	Fortuin	9.2	10/28/11	120/70	11/9/11	94	10/28/11	4		Normal	Will schedule
250.00	3/19/12	Fortuin	9.2	3/16/12	122/60	3/19/12	196	3/16/12	19	never	Normal	
250.00	2/6/12	Fortuin	9.2	2/6/12	124/70	2/6/12	107	11/7/11	259	current	Normal	Will schedule
250.00	4/9/12	Fortuin	9.0	3/20/12	122/60	3/21/12	84	3/19/12	517		Normal	Completed
250.00	2/7/12	Fortuin	8.9	2/6/12	160/80	2/7/12			479			
250.01	2/16/12	Houser NP	8.9	4/17/12	110/68	2/16/12	63	4/17/12			Severe senso	Will schedule
250.00	2/27/12	Fortuin	8.9	1/12/12	128/62	2/27/12	78	5/2/11	294		Abnormal	Will schedule
250.01	2/27/12	Renaldi NP	8.9	2/27/12	140/80	2/27/12	80	11/17/11	4		Normal	Normal
250.80	4/18/12	Fortuin	8.8	3/15/12	140/68	3/15/12	69	6/22/11	16		Followed by P	Will schedule
250.03	1/23/12	Renaldi NP	8.6	1/23/12	108/58	1/23/12	60	10/7/11				Nonproliferative
250.00	2/1/12	Fortuin	8.5	1/30/12	140/82	2/1/12	77	9/28/11			Abnormal	
250.00	4/24/12	Fortuin	8.7	3/7/12	110/68	4/5/12	58	8/16/11	0000		Normal	Limited Retinop
250.00	3/15/12	Fortuin	8.6	2/13/12	108/56	3/15/12	56	3/13/12	0	never		Completed
250.00	4/27/12	Desmond	8.6	1/25/12	106/62	4/27/12	64	2/14/12	5		Abnormal	
250.00	4/27/12	Fortuin	8.5	4/17/12	120/72	4/27/12	171	1/12/12		prev.	Normal	

Team-Based Model of Care: St. Luke's Jerome has established a team-based model of care for patients diagnosed with diabetes. This model provides patients with access to a team of providers such as Physicians, Nurse Practitioners, Certified RN Diabetic Educators and Dieticians. The team-based model has been designed to coordinate resources ini a patient-centered fashion to improve access, patient engagement in their care, and overall patient outcomes.

Provider Scorecards: St. Luke's Jerome has also implemented provider scorecards through WhiteCloud Analytics. The Provider Scorecard is a tool utilized by our providers to measure their effectiveness in diabetes management. This tool enables them to measure their performance over time and as compared to their peer group.





Resources (budget):

Provider Resources: Physicians, Nurse Practitioners, Certified RN Diabetic Educators, Dieticians

Information Technology Team: St. Luke's Jerome shares an IT team with St. Luke's Magic Valley. The IT team consists of resources dedicated to ongoing development of the EMR, including chronic disease management tools such as the diabetes patient registry and dashboard. Training resources are required to educate on new functionalities as they are developed and train new providers entering the system how to utilize the dashboard and registry functions.

Information Technology Tools: Electronic Medical Records and WhiteCloud Analytics Tools and Resources

Physician Administrative Time for tool development and implementation.

Expected Program Impact on Health Need:

Better population management for diabetics in our region.

In FY14, Jerome Family Medicine patients with diabetes improved their CMS MSSP composite score from a baseline of 18% to a current measurement of 21% but fell short of the 30% goal. A new standard with LDL Cholesterol was added to the 5 composite indicators in FY14 adding to the complexity of meeting this goal.

In FY15, the LDL Cholesterol will be removed from the composite indicators as a change in the standard of care and our goal will remain the same.

In FY16, 15% or less of people with Diabetes will have a Hemoglobin A1C >9.

Partnerships/Collaboration:

St. Luke's Clinic –Jerome Family Medicine
St. Luke's Magic Valley/Jerome Information Technology department
St. Luke's Health System
St. Luke's Magic Valley IT Steering Committee

Comments:

7. Program Name: Partnerships in Implementing Patient Safety

Community Needs Addressed:
Wellness and prevention for Diabetes
Chronic condition management for Diabetes
Diabetic screening

Target Population:
Adults and teens aged 17 and older who have been diagnosed with diabetes and have a diabetes related hospital or ER admission/readmission and/or an A1C level of ≥9.

Description and Tactics (How):
St. Luke's Magic Valley and St. Luke's Jerome have partnered in submitting an application for the AHRQ's Partnerships in Implementing Patient Safety research program. If funded, the SLMV/SLJ Improving Lives through Diabetes Management (ILDM) will serve as a pilot program, focused on increasing participants' medication adherence, health literacy, and self-efficacy in addition to improving coordination of providers across the continuum of care. The SLMV and SLJ current system of diabetes care will be enhanced by the ILDM program with the addition of an RN Transition Coach, Health Care Coaches, and a Behavioral Health Specialist.

Participants who enroll in the two-year program will receive free services including: biannual A1C testing, group and individual counseling sessions intended to address behavioral issues, and will frequently receive phone calls from Health Care Coaches. The program will be evaluated by an analysis of participants' admission/readmission records, A1C levels, and the results of Self-Efficacy surveys. Because there has been little research on the long term health impacts of chronic disease self-management, participants' health records will be tracked for an additional year after the grant funding expires.

Resources (budget):
1 FTE RN Transition Coach
1.5 FTE Health Care Coach
1 FTE Behavioral Health Specialist
Total Funds Requested: $487,053

Expected Program Impact on Health Need:
The goal of ILDM is to enroll 200 diabetics in the Magic Valley area into the program and provide them with effective and complete collaborative care and long lasting chronic disease self-management training. Expected outcomes include:

- A statistically significant increase in Diabetes Self-Efficacy scores in study participants.
- A statistically significant reduction in emergency room visits and/or hospital readmission for diabetes related diagnosis in study participants.
- A statistically significant decrease in A1C values in participants whose A1C levels were ≥9% at the time of entry into the program.

In addition to the health benefits described above, the ILDM team will create a toolkit that is portable and easily generalizable for both internal use and for other institutions to adopt into their chronic disease management programs.

Unfortunately, our ILDM grant was not funded in FY14. However, that has not hindered our progress with improving the coordination of providers and care across the contimuum of care. As an alternative to ILDM, SLMV/SLJ have selected an RN/Certified Diabetes Educator and a Dietician to join the newly forming Population Health team as Care Coordinators. They attended formal Care Coordination training in June 2014 and will be utilized for our most at risk diabetic patients. Although this work is in its infancy, we are confident we can improve the lives of diabetics in our region by reaching out to them and focusing on medication adherence, health literacy and self-efficacy. The current diabetes composite score is 24.08%.

This program is part of our High Level Goals for Diabetes and Diabetes Education and will not be reported separately in FY15 or FY16.

Partnerships/Collaboration:
St. Luke's Magic Valley

Comments:

8. Program Name: Head to Toe Clinic

Community Needs Addressed:
Wellness and prevention for Diabetes
Chronic condition management for Diabetes
Diabetic screening

Target Population:
General community

Description and Tactics (How):
St. Luke's Jerome partners with the Magic Valley Diabetes Coalition to bring a special "Head to Toe" clinic once a year to residents of Jerome. Services offered include: eye screenings, foot exams, blood pressure and hemoglobin A1C testing, and nutrition education. The event is free and open to people with diabetes that are either newly diagnosed, have no insurance, or have insurance with high deductibles.

Resources (budget):
In 2012, St. Luke's Jerome provided 15 hours of services at the Head to Toe Clinic and an additional five hours for scheduling appointments and reminders.

Expected Program Impact on Health Need:
The Centers for Disease Control and Prevention and the Idaho Diabetes Prevention and Control Program recommends that people with diabetes receive a dilated eye screening, a neurosensory foot exam, and an A1C test at least once a year. The Head to Toe Clinic provides low income and vulnerable populations in Jerome with these necessary services. In 2013, the Head to Toe Clinic provided 17 people with these services. It is our goal to nearly double that amount by providing a minimum of 30 exams. This will be accomplished by offering two clinics—one in fall 2013, and one in spring 2014.

In FY14, SLJ provided 16 screenings at the Jerome Health Fair but were unable to meet our goal of 30 exams (see Implementation Plan for a listing of the complete services that were provided during the clinic).

In FY15, Ann Bybee and Jeanie Mayer are providing a clinic at the Times News Magic Valley Health Fair in October and a second event in March 2015 at the Jerome Community Health Fair. Our goal is to provide services to 25 patients.

In FY16, Ann Bybee and Jeanie Mayer will partner with the Times News Magic Valley Health Fair on October 17, 2015 for a Head to Toe Clinic. Ann and Jeanie also plan to coordinate another Clinic in Jerome at the annual Health Fair on March 12, 2016.

Partnerships/Collaboration:
South Central Public Health District, Magic Valley Diabetes Coalition, Family Health Services

9. Program Name: St. Luke's Jerome Health Fair

Community Needs Addressed:
Wellness and prevention for Diabetes
Diabetic screening

Target Population:
General community

Description and Tactics (How):
Diabetes and diabetes related illnesses are a major concern in the Magic Valley. St. Luke's Jerome is addressing this, in part, through the St. Luke's Jerome Community Health Fair, an event that promotes healthy lifestyles, strong exercise and eating habits, healthcare education, and low-cost laboratory testing and screenings. Community residents and local vendors are invited to take part in this fun and informative event, which is offered annually at the Jerome Recreation District Gymnasium. The St. Luke's Jerome Community Health Fair provides access to discounted laboratory tests (particularly blood glucose and Hemoglobin A1C), health and nutrition demonstrations, healthcare information, and exposure to community resources. Free healthy snack idea seminars and fitness classes including Boot Camp for Adults, Cross Fit for Adults and Kids, and Intro to Taekwondo take place throughout the day.

Resources (budget):
Please refer to the budget for the St. Luke's Jerome Health Fair listed in Program Group #1.

Expected Program Impact on Health Need:
In 2013, over 600 participants and 28 vendors took part in the Health Fair. Of the more than 600 participants receiving laboratory tests, 324 were given blood glucose screenings (used to screen for diabetes) and 126 were administered Hemoglobin A1C tests (used to monitor a diagnosed diabetic blood sugar). In order to increase diabetes screening, monitoring, and self-management behaviors related to food and exercise, our FY14 goal is to increase both the number of participants and vendors by 10%.

In 2014, over 700 participants and 30 vendors took part in the Health Fair. In 2015, 508 people attended the Health Fair, which was a decrease from 2014. The number of vendors increased from 30 to 38 in 2015. SLJ saved the community $57,341 dollars related to the testing offered at a discounted rate. Our goal for FY15 and FY16 is to increase both the number of participants and vendors by 5%.

Partnerships/Collaboration:
- St. Luke's Magic Valley
- Jerome Recreation District
- Multiple Health Care Vendors including: MISTI (Colon Cancer Screening and Nutrition), Jerome Family Medicine, St. Luke's Jerome Imaging, Transitional Care, Air St. Luke's, St. Luke's Gastroenterology Clinic, St. Luke's Jerome OB, Idaho Department of Environmental Quality, Hearing Aid Counselors and Audiology, College of Southern Idaho Office on Aging,

College of Southern Idaho Grandparents as Parents, Norco Medical, Costco, Bridgeview Estates, Wynwood, Smiles for Kids, Jerome Eye Center, Today's Dental Center, Visions Home Health, Ashley Manor.

Comments:

10. Program Name: Diabetes Self-Management

Community Needs Addressed:
Wellness and prevention for Diabetes
Chronic condition management

Target Population:
People with a diagnosis of diabetes or pre-diabetes

Services are paid for by Medicare, Medicaid, and health insurances. Self-pay patients may apply for charity benefits for education.

Description and Tactics (How):
Diabetes is a chronic disease characterized by other disease processes (co-morbidities) that affect the quality and quantity of life. Obesity, hypertension, hyperlipidemia, sleep apnea, stroke, heart attack and chronic depression occur at much higher rates in people with diabetes.

In Idaho, it is estimated that more than 8% (90,000 people) of the population 18 years and up are afflicted with diabetes. The concept of wellness among those with diabetes is elusive. In a 2010 BRFFS survey, 57% of diabetics in Idaho reported at least one day a month of poor physical health, nearly 38% experienced at least one day when they were forced to stop routine activities as a result of poor health, and more than 46% reported their general overall health status as poor to fair health.

Locally, St. Luke's Jerome and St. Luke's Magic Valley provide the majority of the diabetes medical needs in Magic Valley. The current diabetes registries for these facilities have over 6,200 patients with a diagnosis of diabetes. Of these, 7.6% are identified with having poor control of their disease.

The Jerome Diabetes-Self Management Center is a part of the larger system umbrella comprising all the St. Luke's ADA and AADE certified diabetes centers. We see patients with type 1, type 2, gestational, LADA, and secondary diabetes. The services provided at the Jerome Diabetes Self-Management Center include education on the proper medication usage and adherence, exercise, and nutrition need to manage the disease. Insulin pump management and all other methods of treating diabetes are available by certified diabetes educators. The educators also provide community education for service groups, church organizations, both public and private schools, and industry as needed and requested.

Resources (budget):
FTEs include:

- Ann Bybee RN, CDE, director of diabetes management at SL-Jerome .4 FTE
- Jeanie Mayer RD, CDE, PRN employee
- Reception, .2 FTE

Expected Program Impact on Health Need:

Nationally, it has been shown that diabetes education lowers A1C, decreases amputations, blindness, end stage renal disease, and cardiovascular events. Through the Jerome Diabetes Self-Management Center, providers challenged by busy practices, accountable care goals, and increasing demand for services by the growing population of people with diabetes in our community have a reliable resource for improving health care and reducing demands of those with highest risk for complications of diabetes.

Because of our limited time with a newly acquired EMR, we were unable to track the reduction of A1C from the Jerome program in the FY`3. However, at our sister site at St. Luke's Magic Valley, the A1C reduction provided by a team-managed approach of diabetes certified nurse practitioners, certified diabetes educators, and physician oversight has provided an above national average reduction in A1C of 1.3%. Having greater experience with the EMR, the St. Luke's Jerome Diabetes Self-Management program has a goal to establish baseline data for A1C levels of our patients and begin tracking the effects of diabetes self-management in FY14.

GE Centricity (Electronic Medical Record) was installed at Jerome Family Medicine (East and West) in FY12 and FY13. There is a lag time converting from paper charting to electronic systems to capture this data.

This program is part of our High Level Goals for Diabetes and Diabetes Education and will not be reported separately in FY15 or FY16.

Partnerships/Collaboration:

SLMV Diabetes Clinic
Family Health
SLHS DEaM

Comments:

Program Group 3: Behavioral Health Programs Ranked as High Priority

Programs for mental illness and availability of mental health service providers were identified as high priority community health needs. Suicide prevention and substance abuse were ranked above the median. We grouped the programs designed to serve these needs together because we believe they reinforce one another.

Although each individual program described below includes a way to measure its success, we believe a more effective way to measure the overall impact of our CHNA efforts is to have a goal for each high priority program group. Therefore, we will measure the success of Program Group 3 using the following comprehensive goal:

Goal statement: Improve the utilization of depression screening tools. Improve percentage of patients (12 yrs and older) screened for clinical depression using an age appropriate standardized tool and follow-up plan is documented—Goal>50%.

Type of goal (check one): Structure ___ Process __X__ Outcome ___

Measure: >50% (Baseline-Overall MV/Jerome 15% and Jerome 16%).

Data source: Centricity

11. Program Name: Depression Screening (PHQ-2)

Community Needs Addressed:
Mental illness
Suicide prevention
Availability of mental health service providers

Target Population:
Patients of all ages

- Behavioral Health Services Integrated Care - We are focusing on Child/Adolescent at this time but will branch out to Adult in the future

St. Luke's facilities accept all insurance plans, including Medicare, Medicaid, Tricare, Blue Cross/Blue Shield, and others in addition to self-pay patients. St. Luke's offers financial hardship programs for clients who have financial difficulty meeting their out-of-pocket responsibilities.

Description and Tactics (How):
Screening standardization will assist with triaging the patient to the most appropriate treatment setting. Screening standardization will allow for care management, early diagnosis, and effective consultation with a psychiatrist. Standardization will allow us to focus on patients with a different level of acuity.

- Development of standards for treating certain diagnosis
- BH Clinic is standardizing screening assessment tools that could be used for providing clinical data, tracking outcome measures, and research purposes
  - DISC – Intake Assessment
  - Autism – G-ARS (Gilliam Autism Rating Scale)
  - Depression – CD12 (Depression Inventory)
  - Developmental – PDQ-11 (Prescreening Developmental Questionnaire
  - Conduct Problems – ECB1 (Eybery Child Behavior Inventory)
  - Social Skills – SSIS (Social Skills Improvement System)
  - Behavioral – CBCL (Behavior Checklist)

- Patient Centered Model of care with aligned incentives and focus on cost avoidance and quality performance with:
  - Primary Care
  - Pediatric Care
  - Internal Medicine
  - Specialty Care
  - Case Management

Resources (budget):

Behavioral Health Services staff:

- 3.5 FTEs—Adult Psychiatrist
  - 2.0 FTEs—Outpatient Clinic
  - 1.5 FTEs—Inpatient Hospitalist
- 2 Child/Adolescent Psychiatrist
  - 2 Outpatient Clinic (provides some Inpatient coverage)
- 2 FTE—Psychologist
-
- 7 LCSW Therapist
  - 1 in Jerome, 1 at Addison Clinic in Twin Falls and 5 at Outpatient Behavioral Health Clinic
- 10 Support Staff—Outpatient Clinic

Expected Program Impact on Health Need:

- Earlier detection of mental illness can result in decrease of acuity
- Patient to receive more appropriate and effective treatment
- Decrease hospitalizations
- Improve patient satisfaction
- Support the triple aim—reduce cost
- Improve patient access to care

Jerome Family Medicine met this goal in FY14 with 62% compared to a goal >50% and a baseline of 14%. This program is included in our High Level Goals under Behavioral Health and will not be listed separately in FY15 or FY16.

Partnerships/Collaboration:
Primary Care Providers
St. Luke's Jerome
Area elementary, junior/middle, and high schools

Comments:

12. Program Name: Behavioral Health Integration with Primary Care

Community Needs Addressed:
Mental illness
Availability of mental health providers

Target Population:
Patients of all ages

St. Luke's facilities accept all insurance plans, including Medicare, Medicaid, Tricare, Blue Cross/Blue Shield, and others in addition to self-pay patients. St. Luke's offers financial hardship programs for clients who have financial difficulty meeting their out-of-pocket responsibilities.

Description and Tactics (How):
Mental Health Care Coordinators will work collaboratively with primary care providers to improve coordination and integration of behavioral healthcare services. Care Coordination will assist patients with difficulty accessing Mental Health Services, helping to provide care to those with mental health needs, while improving their experience of the care system and driving down overall health care costs.

Screening standardization will assist with triaging the patient to the most appropriate treatment setting. Screening standardization will allow for care management, early diagnosis and effective consultation with a psychiatrist. Standardization will allow us to focus on patients with different levels of acuity.

Resources (budget):
St. Luke's Magic Valley Behavioral Health Services staff:

- 2.7 FTE's - Adult Psychiatrist
  - 1.3 FTE's - Outpatient Clinic
  - 1.4 FTE's - Inpatient Hospitalist
- 2 Child/Adolescent Psychiatrist
  - 2 Outpatient Clinic (provides some Inpatient coverage)
- 1 FTE – Adolescent/Adult Psychologist
- 5 LCSW Therapist
- 9 Support Staff – Outpatient clinic

Expected Program Impact on Health Need:
Mental Health Care Coordinators will improve patient compliance with the treatment plan, reduce usage of higher acuity services – ER visits, hospitalizations.

Screening standardization expected outcomes:

- Earlier detection of mental illness can result in decrease of acuity
- Patient to receive more appropriate and effective treatment
- Decrease hospitalizations
- Improve patient satisfaction
- Reduce patient cost

In FY14, St. Luke's Jerome will partner with St. Luke's Magic Valley Behavioral Health to open a clinic on the Jerome campus.

We met this goal for 2014.

1. May 2014—CIC approves project plan to integrate Behavioral Health Services into primary care. JFM and Addision clinics will have a FT therapist in each location to start. Practice Manager for behavioral health services approved to hire.

2. September 2014—REACH training/education scheduled for primary care providers. The program trains providers to identy behavioral health issues versus developmental concerns focusing on early intervention.

Regarding our FY15 goal, the Behavioral Health Business Integration Plan received FINAL approval from the Clinical Integration Committee in July 2014. The interview process has started for a Licensed Clinical Social Work Therapist in the Jerome clinic. SLJ/SLMV will continue our goal to improve patient access for Behavioral Health Services by continued integration into Primary Care and co-management of patients.

A Licensed Clinical Social Worker began practice in late January 2015. Through the end of August 2015, 134 patients were seen. In FY16, we will work to increase the volume and add a second provider if our current patient capacity exceeds our ability to provide services.

Partnerships/Collaboration:

Primary Care Providers
St. Luke's Magic Valley

Comments:

Program Group 4: Barriers to Access Programs Ranked as High Priority

The following needs represent barriers to access that were ranked as high priority or above the median. Although the need for primary care providers was ranked below the median, we added it to this group because it is so important to patient access. The primary care provider program helps ensure that our community will continue to have an adequate number of primary care providers in the future. We believe that looking at this set of needs as a group will provide a more comprehensive picture of the programs required to address barriers to access in our community.

- Affordable care
- Affordable dental care
- Affordable health insurance
- Children and family services (low income)
- More providers accept public health insurance
- Primary care providers (adequate numbers)
- Transportation to and from Appointments

Although each individual program described below includes a way to measure its success, we believe a more effective way to measure the overall impact of our CHNA efforts is to have a goal for each high priority program group. Therefore, we will measure the success of Program Group 4 using the following comprehensive goal:

Goal statement: Improve patient access as measured in the patient-centeredness survey.

Two Questions:

1. Access to Specialist—Goal >85% top response.

2. Timely Care—Goal >80% top response.

Type of goal (check one): Structure ___ Process __X__ Outcome____

Measure:

1. Access to Specialist >85% top response (Baseline MV/Jerome 82%, Jerome 87%).

2. Timely Care >80% top response (Baseline MV/Jerome 68%, Jerome 65%).

Data source: Patient Centeredness Survey

13. Program Name: Smiles 4 Kids

Community Needs Addressed:
Affordable dental care

Target Population:
Children and adolescents of all socio-economic backgrounds
Smiles 4 Kids accepts all insurances and utilizes a sliding fee scale

Description and Tactics (How):
According to the CDC, dental carries is the most common childhood illness—five times more common than asthma. St. Luke's Jerome is proud to partner with the Smiles 4 Kids program to provide dental services to Magic Valley children in need. St. Luke's Jerome provides space in the hospital Operating Room and general anesthesia. This calms the patients and allows dentists to attend to multiple dental disease processes at one time, eliminating the need for multiple visits.

Resources (budget):
Smiles 4 Kids takes place, on average, 6-7 days per month in the St. Luke's Jerome Operating Room. Jerome FTE's working with Smiles 4 Kids include:
2 RN's
1 LPN and 1 Surgical Scrub Tech
1 Surgical Scrub Tech
1 CRNA

Expected Program Impact on Health Need:
The Smiles 4 Kids program is integral in providing children in the Magic Valley with the dental care they need. The average dental office sees 2,000 patients per year. Currently, Smiles 4 Kids has an active patient list of approximately 16,000. Smiles 4 Kids treated 160 patients at ST. Luke's Jerome in FY11, and the FY13 is currently at 230 patients. As the demand for Smiles 4 Kids services continues to grow, it is the goal of St. Luke's Jerome to continue to provide access to the Operating Room and anesthesia for Smiles 4 Kids patients.

We met our goals in FY14 by continuing to provide this service. In FY13, SLJ performed 247 cases. In FY14 (YTD), we have performed 86 cases. IN FY15, 100 cases have been performed through August. The decline in the number of dental cases is directly related to programs being established at SLMV and in Cassia County. Prior to FY14, these patients were being served in Jerome.

Our goal in FY15 and FY16 is to continue providing this service.

Partnerships/Collaboration:
Smiles 4 Kids; Department of Health and Welfare; College of Southern Idaho Dental Hygiene Program

14. Program Name: Financial Care

Community Needs Addressed:
Barriers to access
Affordable care
Affordable insurance
Accepts public 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 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 though 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 does not only screen for these programs, 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 registration roles (partially dedicated) in the clinic and hospital settings as well as Financial Advocates, Customer Care Specialists and County Care Coordinators. The budget for unreimbursed care for FY15 is estimated to be around $1.5 million.

Expected Program Impact on Health Need:
The impact from the program in helping patients using Medicare or Medicaid or who have low incomes in FY15 amounted to about $1.5 million as shown below:

	FY 2015 Est
Charity	$ 487,475
Bad Debt	$ 1,042,761
Total	$ 1,530,236

St. Luke's will continue to promote accessible financial healthcare and individualized support for our patients in FY16, allowing thousands of patients with low incomes or those using Medicaid and Medicare to have improved access to healthcare. The changes in the final 501(r) regulations will impact the total Charity and Bad Debt as charges for the uninsured will be discounted to the Amounts Generally Billed (AGB) and classified as a contractual instead of charity/bad debt.

St. Luke's Jerome continues to work with and identify patients who have not previously had insurance coverage to help with enrollment in the insurance exchange.

Partnerships/Collaboration:
St. Luke's works with commercial insurance companies, Health and Welfare (Medicaid), CMS, county commissioners, and Idaho Department of Insurance.

Comments:

15. Program Name: Rural Physician Training Track (Boise Family Practice Residency)

Community Needs Addressed:
Barriers to access

Target Population:
General community, all ages and genders

Description and Tactics (How):
St. Luke's Jerome works with the Family Medicine Residency of Idaho (FMRI) program to encourage physicians to perform their residencies in rural southern Idaho. St. Luke's Jerome provides clinic space and staffing to the residency clinic and is proud to partner with the FMRI to:

- Train outstanding family medicine physicians in rural health clinic settings, benefitting the community by offering better access to primary care and expanding residents' technical skills and cultural awareness in a variety of areas.
- Prepare diversely trained family medicine physicians and encourage them to work in Idaho's underserved and rural areas.
- Provide the opportunity for residents to serve low income, uninsured, disabled, and vulnerable populations of Jerome and the surrounding counties with important medical care.

Resources (budget):
St. Luke's Jerome provides clinical space, staffing, supplies, and administrative oversight of the residency clinic.

Expected Program Impact on Health Need:
While physician shortage did not make a score at or above the median in the Community Health Needs Assessment, St. Luke's Jerome recognizes the need to attract high quality physicians to our service area. It is our goal to increase the number of residents participating in the Magic Valley Rural Training Track. By doing so, we hope to increase recruitment of physicians who complete their residency in the Magic Valley and provide high quality, affordable primary care to patients in Jerome.

In FY14, six residents participated in the Family Practice rotation at Jerome Family Medicine. This is an increase of one provider since FY13. Dr. Franz will begin part-time work in Jerome the end of August. Working with other residents for possible positions in either Jerome or Twin Falls. In FY15, four residents are currently participating in the program. 2,203 patients were seen by the residents in Jerome from October 2014 through August 2015. 413 patients were seen in Twin Falls.

Per Dr. Kern, will continue the same process in FY15 and FY16 as this is a multi-year plan to meet this goal.

Partnerships/Collaboration:
Family Medicine Residency of Idaho (FMRI)
St. Luke's Regional Medical Center

Comments:

16. Program Name: SLJ Electronic Medical Record

Community Needs Addressed:
Wellness / Prevention
Chronic Disease Management
Weight Management
Depression & Mental Health Screenings
Tobacco Cessation

Target Population: All populations within the communities we serve.

Description and Tactics (How):

- Shared Ambulatory Electronic Medical Record (EMR): Over the past year we have implemented a shared ambulatory electronic medical record across all St. Luke's Clinic Jerome & Magic Valley ambulatory practices with access in the SLMV & SLJ Emergency Rooms, Inpatient settings, & other ambulatory settings (i.e. – home health & hospice). The electronic medical record implemented is GE Centricity. The EMR allows for the sharing of all appropriate patient care information via a secure, HIPAA compliant electronic resource. Some of the preliminary outcomes include the following:
    a. Improved access, communication & accuracy
        - Records are securely available for the healthcare providers wherever, whenever needed.
        - Records are legible, organized, and provide us with greater ability to trend and report outcomes.
        - Demonstrated improved accuracy of key components of the patient record. (i.e. – medications & problem lists)
    b. Improved medication reconciliation
        - Access of medication lists (MD Office, ER, Inpatient, etc.)
        - Accuracy of medication lists
        - Medication alerts (allergies, contraindications, etc)
        - Ability to electronically send prescriptions to pharmacies
        - Patient receives printed, updated medication list after each visit
    c. Improved chronic disease management (i.e. diabetes, congestive heart failure, asthma)
        - Improved patient education & involvement in care
        - developing standards & protocols
        - development of patient registries
        - Development of consistent documentation standards and ability to measure outcomes
        - Coordination of care (inpatient, outpatient, ER)
    d. Improved preventative health screenings for items such as obesity, adult / childhood immunizations, mammograms, colonoscopies, etc through the development of standardized templates, protocols, patient education, prompts, alerts, & patient reminders.

- Patient Portal: In the summer of 2013 we will provide patients with access to certain parts of their electronic chart through the implementation of our patient portal. The Magic Valley Patient Portal will be used in a meaningful way to improve patient care, engagement, and care coordination while protecting privacy and security of patient health information. The portal will be available to Magic Valley and Jerome clinic patients and will include secure messaging and automated workflows that give patients the ability to electronically communicate with their providers and view portions of their medical information. Features provided in the portal will include electronic versions of office visit summaries, problem list, diagnostic test results, medications, allergies, immunizations, vital signs, and other key components of the electronic health record. In addition the patient will be able to request/cancel appointments, and report discrepancies/request updates to portions of their health record.

Resources (budget):

- Information technology software licenses & programs: Meditech & GE Centrictiy
- Interfaces between software solutions
- Information technology computers & other hardware
- Network infrastructure
- IT support staff / team
- Physician champions & user development teams
- Space, furnishings, equipment for IT staff

Expected Program Impact on Health Need:

Our goal in 2014 is to implement the EMR in Jerome Family Medicine East bringing it to all of Jerome Family Medicine. In addition, we will implement the patient portal for Jerome Family Medicine East and West. The benefits from doing this include:

- Wellness / Prevention: The EMR will assist with wellness & prevention by improving the screening process through standardized tools including those such as templates, decision support tools, patient dashboards, patient education, charts & graphs, reminders, & alerts. The patient portal will also make this information accessible for patients.
- Chronic Disease Management: The EMR will assist with chronic disease through the use of standardized protocols, templates, decision support tools, patient dashboards, patient education, charts & graphs, reminders, & alerts. The patient portal will also make this information accessible for patients.
- Weight Management: The EMR has a built in BMI screening tool, which includes prompts for the physician / provider. It also has the ability to chart weight management progress in a meaningful way.
- Depression & Mental Health Screenings: A depressing & mental health screening was just recently developed and implemented through the EMR Prompts & decision support tools are available for the physician & provider.
- Tobacco Cessation: The EMR has a build in tobacco screening tool and those patients who are tobacco users are counseled to quit.

Our goal in FY15 is to achieve Stage II Meaningful Use for all eligible clinic providers.

Regarding our FY15 goal, SLJ/SLMV is currently on target to meet Stage II Meaningful Use (for eligible providers) by December 2015. Meaningful Use is based on calendar year as opposed to Fiscal Year. The organization completed a Centricity software upgrade that was necessary to meet the criteria for Stage II. SLJ/SLMV is waiting on a clarification with regard to the Stage II requirement that 5% of providers are utilizing secure messaging related to interactions with the Patient Portal.

In FY16, SLJ/SLMV will continue with Stage II Meaningful Use along with the system-wide implementation of mySt.Luke's/EPIC across all St. Luke's sites for both Inpatient and Outpatient records.

Partnerships/Collaboration:

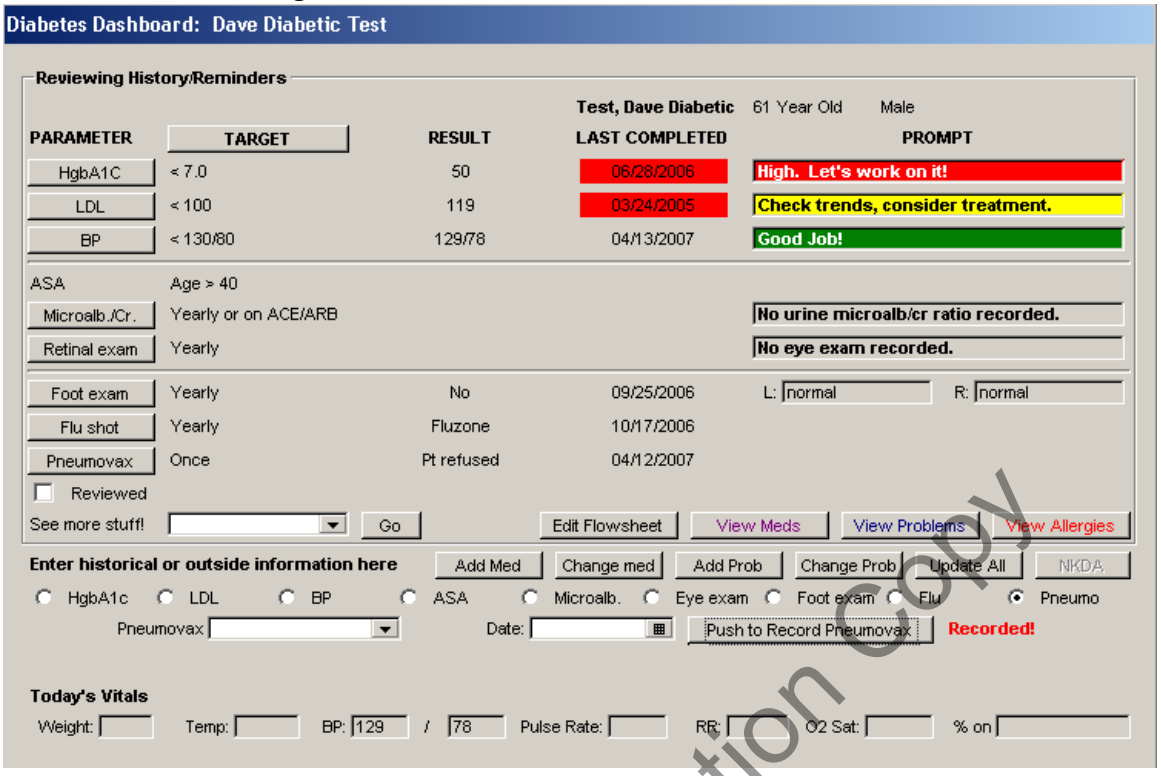
- St. Luke's Health System
- St. Luke's Magic Valley
- Collaboration with multiple community groups & stakeholders to obtain feedback pertaining to improving use of EMR tools & patient portal.

Comments:

Some EMR pictures & charts are illustrated below.

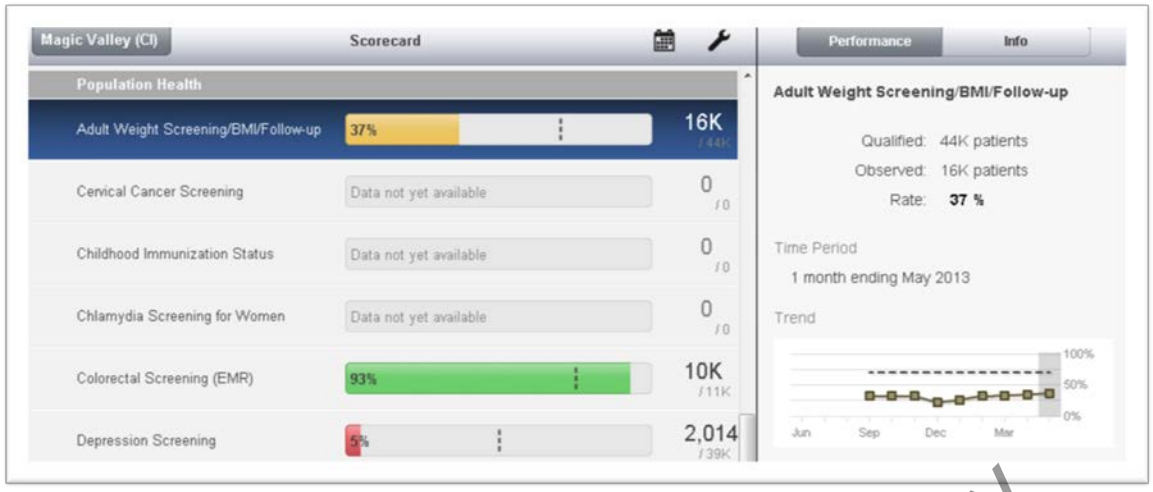
Wellness / Prevention Scorecard Example:

Chronic Disease Management - Diabetes Dashboard for Diabetic Patients:



Chronic Disease Management - Diabetes Management Provider Scorecard:

Weight Management / BMI Screening:



17. Program Name: Primary Care Access

Community Needs Addressed:
Affordable care
Barriers to access

Target Population:
All populations within the communities we serve. We provide and are expanding primary care access for all ages & populations.

Description and Tactics (How):
Physician Recruitment: St. Luke's Jerome in partnership with St. Luke's Magic Valley and St. Luke's Health System has put together a robust primary care recruitment & retention program to assess the needs for primary care physicians and develop strategies for recruitment & retention. Jerome County, along with the entire state of Idaho, has a significant shortage of primary care physicians & providers
Team Based Model of Care: A team based model of care has also been developed to improve primary care access. Specifically we have integrated nurse practitioners, physician assistants, nurse midwifes, and certified RN diabetic into our primary care clinics.
Urgent Care Clinic: Patients who cannot be seen when they feel care is needed and patients who are not established with a primary care provider may inappropriately elect to use emergency services due to lack of perceived options. St. Luke's has opened "Quick Care" in the neighboring city of Twin Falls to serve the population with a lower cost alternative for non-emergent medical conditions. The clinic operates on a walk-in basis and is open seven days a week, Monday through Friday 9am – 7pm and Saturday and Sunday from 9am – 4pm. St. Luke's Quick Care is the same cost as standard physician office visit, a fraction of the cost of an emergency room visit. The implementation of St. Luke's Quick Care reduces barriers to access and provides a more affordable option to utilizing the emergency room.
Improve Practice Efficiencies: Specific strategies are being implemented to make our primary care clinics more efficient enabling our providers to see more patients per day. Some of those strategies include space planning to ensure our providers have enough exam rooms to improve patient flow, improving our scheduling process, and implementation of ambulatory electronic medical records.

Resources (budget):
- Physicians
- Non-Physician Providers (Nurse Practitioners, Physician Assistants, Nurse Midwife
- Administrative & clinical support Staff
- Space, furnishings, equipment
- Information Technology
- Supplies
- Marketing & Communications

Expected Program Impact on Health Need:

Our goal in 2014 is to complete the tactics described above. The benefits from doing this include:

Affordable care – An increase in access to primary care services will make care more affordable as opposed to the emergency room or waiting until the patient's illness gets much worse requiring the patient to need a higher level of care.

Barriers to access – The strategies above have been put in place to reduce some of the current barriers to access by improving the shortage in primary care providers and appointment availability.

Wellness / Prevention – Primary care access is critical to improving wellness & prevention. Our primary care physicians see patients of all ages. Having a sufficient number of primary care providers will impact our ability to ensure patients get their wellness screening, preventative health checks, immunizations, etc. Our primary care providers are also an important part of our team in providing community education, health fairs, and other community wellness events.

Chronic Disease Management – Primary care access is also critical to improving the management of patients with chronic diseases. Patients with chronic diseases need to be seen by their primary care providers on a regular basis and need to be able to get appointments when they are having issues with their health. In the absence of having access to primary care providers, patients often end up not receiving care until they get severe and then they end up in the Emergency Room. The relationship with the primary care physician is also important to helping the patient & their families with self-management with of their chronic conditions. Our primary care practices are also using electronic medical records and patient registries to be more proactive and assist patients and families in better self-management in chronic diseases.

Weight Management – Having sufficient primary care access will also help with weight management. Our primary care physicians are screening for Body Mass Index (BMI) and when patients are identified as being overweight or obese, they are counseling their patients on weight management.

More Providers Accepting Private Health Insurance – Our St. Luke's Clinic Jerome Family Medicine providers take all patients regardless of their payor source. We contract with all the major commercial health insurances and accept all the governmental plans (ie. – Medicare, Tricare, & Medicaid). As we add primary care providers and resources we can better meet the needs of the patients in our community.

Screening Programs – Primary care access is important to providing health screenings. Our primary care clinics providing screenings with their wellness & preventative visits as well as other opportunities. Primary care providers also volunteer their time to assist with community health fairs and other community events to provide screening services such as BMI, depression, sports screenings, foot exams, blood pressures, etc.

Children & Family Services – Having sufficient Primary care providers is critical to providing children and family services. Our Primary care providers see patients of all ages. They provide services such as wellness & preventative, family planning, acute care healthcare needs, chronic disease management, and some mental health services such as depression.

In FY14, Jerome Family Medicine successfully recruited Dr. Justin Smith. The Family Medicine Residents (including an expanded continuity clinic at SLMV) were also utilized to provide access

to primary care. Jerome Family Medicine (exam room space) was completely restructured to allow for 2-3 exam rooms per provider and improve patient access. SLMV opened a Quick Care in Twin Falls to assist with primary care access.

Jerome Family Medicine budgeted for 21,336 visits and is tracking at 23,142 visits through August 2014.

In FY15, Jerome Family Medicine will continue to recruit for an additional Family Practice physician to assist with OB and C-Section services.

In FY16, Jerome Family Medicine will continue to recruit for an additional Family Practice Physician and a Fellowship-trained OB Provider to assist with C-Section coverage. Jerome Family Medicine will continue to increase volumes in our Behavioral Health Clinic (integration with Primary Care) and continue our robust initiatives regarding access to care and improve our measurement tools (dashboard).

Partnerships/Collaboration:

St. Luke's Health System; St. Luke's Magic Valley; and collaboration with multiple community groups & stakeholders to obtain feedback pertaining to assessing community needs

18. Program Name: Transportation Patient Assistance Fund

Community Needs Addressed:
Transportation to and from appointments

Target Population:
Low-income patients and families

Description and Tactics (How):
Patient Assistance Funds are utilized to assist patients with transportation to and from outpatient clinic visits and hospital.

Resources (budget):
FY14 budget:

Gas cards	$1,000
Taxi vouchers	$600
Bus passes	$500

Expected Program Impact on Health Need:
We will improve patient access to healthcare by decreasing transportation barriers to access. Our goal for this program is to assist low income patients with trips to and from medical appointments as necessary. The FY14 budget has been increased by 20% to assist with gasoline assistance, bus passes and taxi vouchers.

In FY14, $220.00 in gas cards and $209.00 in taxi fares were provided. Our FY14 budget was increased and we have allocated resources in the FY15 budget to assist with this need.

In FY15, $150.00 in gas cards and $141.00 in taxi fares were provided. We have allocated resources in FY16 budget to assist with this need.

Partnerships/Collaboration:

Comments:

Program Group 5: Additional Health Screening and Education Programs Ranking Above the Median

The programs in this section address the following remaining health needs that rank above the median:

- High Cholesterol
- Mammography Screening
- Respiratory Disease
- Safe sex education programs: Sexually transmitted diseases and teen birth rate

Although each individual program described below includes a way to measure its success, we believe a more effective way to measure the overall impact of our CHNA efforts is to have a goal for each high priority program group. Therefore, we will measure the success of Program Group 5 using the following comprehensive goal:

Goal statement: Develop a consumer activation assessment tool covering the needs in Program Group 5. This tool assists the consumer with health care activation and engagement activities to improve their health.

Type of goal (check one): Structure ___ Process __X__ Outcome____

Measure: Develop tool and baseline numbers.

Data source: Seminar evaluation form (included below)

Seminar Evaluation Form

Colon Cancer Awareness Seminar, March 11
Dr. _____, Gastroenterologist
St. Luke's Clinic - Gastroenterology

If you would please fill out this evaluation form on Dr. Wheeler's presentation this evening, and leave on the registration table as you leave, we would greatly appreciate it.

Question	Poor 1	2	3	4	Excellent 5
1. My personal learning objectives were satisfied.					
2. Audiovisual aids were useful					
3. The presentation was well organized and clearly presented.					
4. The program included a useful blend of both theory and practical application.					
5. The room, facilities and food were acceptable					

6. I will be able to utilize what I have learned in my life.					

9. What did you enjoy most about the program?

10. What other topics would interest you?

11. Do you have a primary care provider? Yes ☐ No ☐

If you do not, would you like help finding one? Yes ☐ No ☐

12. Do you use the St. Luke's electronic health record – Magic Valley/Jerome Patient Portal?
If not, can we help you activate your portal account?

Please check how we can help you activate your account:

Call me ☐ Phone Number _____

Contact your provider for you ☐ Physician _____

THANK YOU!!

19. Program Name: St. Luke's Jerome Health Fair

Community Needs Addressed:
High cholesterol
Mammography screening

Target Population:
General community

Description and Tactics (How):
St. Luke's Jerome recognizes the importance of affordable screenings for early detection and preventable health issues. This is especially important in areas, like Jerome, where a large portion of the population is considered low-income and lacking health insurance. St. Luke's Jerome is addressing this, in part, through the St. Luke's Jerome Community Health Fair, an event that promotes healthy lifestyles, strong exercise and eating habits, and healthcare education. Community residents and local vendors are invited to take part in this event, which takes place annually at the Jerome Recreation District Gymnasium. The St. Luke's Jerome Community Health Fair provides access to discounted laboratory tests, including lipid screening, and information on affordable mammograms. The St. Luke's Community Health Fair also provides nutrition demonstrations, healthcare information, and exposure to community resources. Free healthy snack idea seminars and fitness classes including Boot Camp for Adults, Cross Fit for Adults and Kids, and Intro to Taw Kwando take place throughout the day.

Resources (budget):
Please refer to the budget for the St. Luke's Jerome Health Fair listed in Program Group #1.

Expected Program Impact on Health Need:
In 2013, over 600 participants and 28 vendors took part in the Health Fair. Of the more than 600 participants receiving laboratory tests, 364 people received lipid screenings. In order to increase early detection and screenings, our FY14 goal is to increase both the number of participants and vendors by 10%.

In 2014, over 700 participants and 30 vendors took part in the Health Fair. In 2015, 508 people attended the Health Fair, which was a decrease from 2014. The number of vendors increased from 30 to 38 in 2015. SLJ saved the community $57,341 dollars related to the testing offered at a discounted rate. In order to heighten healthy lifestyle awareness, our goal for FY15 and FY16 is to increase both the number of participants and vendors by 5%.

Partnerships/Collaboration:
- St. Luke's Magic Valley
- Jerome Recreation District
- Multiple Health Care Vendors including: MISTI, Jerome Family Clinic, Jerome Imaging, Transition Care, Air St. Luke's, St. Luke's Gastroenterology Clinic, St. Luke's Jerome OB, Idaho Department of Environmental Quality, Hearing Aid Counselors and Audiology, College of Southern Idaho Office on Aging, College of Southern Idaho Grandparents as Parents, Norco

Medical, Costco, Bridgeview Estates, Wynwood, Smiles for Kids, Jerome Eye Center, Today's Dental Center, Visions Home Health, Ashley Manor.

20. Program Name: Safe Kids

Community Needs Addressed:
Vehicle crash death rate

Target Population:
Parents and caregivers of children under 18 years of age.

Description and Tactics (How):
Safe Kids Magic Valley is dedicated to working to prevent accidental childhood injuries in the Magic Valley, the leading cause of death in children aged 14 and under. Safe Kids Partners with St. Luke's Jerome in providing education on how to keep children safe from accidental injury. Some of these activities include:

- In 2012, two Safe Kids Magic Valley Child Passenger Safety Technicians helped educate approximately 240 of Jerome's new parents on the best way to transport babies and children in cars.
- The Safe Kids program helps sponsor the annual Back to School Safety event at Con Paulos Chevrolet, Pontiac and GM Dealership in Jerome. The event takes place on the second Saturday every September, and Safe Kids staff performs car seat checks for safety, appropriateness of size, and durability. At this event, we have both English and Spanish speaking child passenger safety technicians that help interpret for us.
- Safe Kids partners with the South Central Public Health in teaching 24 WIC car seat safety classes per year in Jerome. This included 96 participants. Classes are taught both in English and Spanish with Safe Kids providing a bilingual Car Seat Safety Technician for parents with limited English proficiency.

Resources (budget):
Two Child Passenger Safety Technicians

Expected Program Impact on Health Need:
Parents and caregivers who are educated about the proper use of car seats are better equipped to protect their children from injury or death due to auto accidents. Jerome children are safer, happier, and healthier when their parents and caregivers are provided access to car seats and car seat education. Due to the large Hispanic population in Jerome County, our goal for FY14 is to add 1 bilingual Child Passenger Safety Technician to teach classes in Jerome.

In FY14, a bilingual technician was added to this program and will be able to assist at Safe Kids, WIC classes and other events. This technician is scheduled to take a class in FY15 (October) to become certified and continue to offer a class in Jerome. In addition, the Jerome Family Medicine nursing staff has been invited to attend the class in October.

Safe Kids continues to provide Car Seat safety classes at various locations in English and Spanish. Through August 2015, Safe Kids has provided services to 311 clients. The goal in FY15 and FY16 is to increase the number of clients served to at least 389 or a minimum of 10%. This program is

a partnership with South Central Public Health District for the clients served by the Women, Infants and Children (WIC) program.

Partnerships/Collaboration:

Jerome Con Paulos Chevrolet, Pontiac and GM Dealership
Rich Thompson Trucking and Thompson Motorsports
Jerome City Police Department
South Central Public Health

21. Program Name: Digital Mammography

Community Needs Addressed:
Mammography screening

Target Population:
General community
Women > 40 years old

Description and Tactics (How):
In 2013, St. Luke's Jerome installed a Hologic digital mammography unit at the hospital. This new equipment will help provide early breast cancer detection with high resolution images and shorter wait times. Digital mammography is the SLHS standard for quality.

Resources (budget):
The Digital Mammography Suite at St. Luke's Jerome employs 1.75 FTEs. In early February 2013, St. Luke's Jerome installed the Hologic digital screening system and updated the Mammography Suite at a total cost of $382,000. The cost of equipment and updates were offset by donations from the St. Benedicts Foundation ($200,000) and the St. Luke's Magic Valley Health Foundation ($50,000).

Expected Program Impact on Health Need:
Women have the best chance of beating breast cancer if it is detected early. In 2012, St. Luke's Jerome performed 759 mammograms. This is fewer than we would have liked, due to the fact that many of our patients sought screening elsewhere because of our lack of digital equipment. We understand the importance of providing mammography services close to home for our residents and are happy that we can now offer state-of-the-art screening and diagnostic examinations. Our goal is to increase screening mammograms for the community by 10%. We have been advertising at local health fairs, partnered with 900 Women and Women's Health Check to raise awareness of our new services, have mailed brochures to community residents, and have made contact with local physicians to inform them that we now offer digital service.

In FY13, we performed 741 mammograms. We are projected to perform 755 mammograms in FY14. Although we are projected to increase our screening numbers in FY14, we will not reach the goal of a 10% increase.

In FY15 and FY16, our goal is to increase by 5% from the FY14 and FY15 final numbers.

Partnerships/Collaboration:
St. Benedicts Foundation
St. Luke's Magic Valley Health Foundation
Women's Health Check
900 Women
KMVT