OREGON'S CRITICAL ACCESS HOSPITALS

Fiscal Year 2016 Community Benefit Reporting Highlights

The Oregon Office of Rural Health, in partnership with the Oregon Association of Hospitals and Health Systems, created this report to break out community benefit reporting highlights for Oregon's 25 Critical Access Hospitals. The Oregon Health Authority publishes Hospital Community Benefit data annually. The most recent data available is Fiscal Year 2016 for which 60 hospitals reported community benefit information. This report describes community benefit reporting requirements, including the federal requirements for 501(c)(3) hospitals.

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OREGON OFFICE of RURAL HEALTH

In partnership with:

Oregon Association of Hospitals and Health Systems

We welcome your feedback. If you have any questions or suggestions on this report, please contact Rose Locklear at locklear@ohsu.edu or Meredith Guardino at guardino@ohsu.edu For previous year reports and resources on 501(c)(3) compliance, please visit the ORH website.

Published: July 2018

Federal & State Community Benefit Reporting Requirements for Non-Profit Hospitals

Federal Reporting Requirements

The United States Internal Revenue Services (IRS) requires all non-profit 501(c)(3) hospitals to provide and report (via the 990 Schedule H) on measurable benefits to the communities they serve. Incorporated as non-profit through state law, a non-profit organization is tax-exempt because it fills a socially charitable need that for-profit organizations have not found profitable enough to serve. Non-profits can make a profit; however, they must reinvest those profits in community service or to the community's benefit. Community benefits are defined as programs or activities that hospitals provide to meet community needs regardless of a low or negative financial return in the following three categories:

1. Free and discounted care to those unable to afford health care,
2. Care to low-income beneficiaries of Medicaid and other indigent care programs,
3. Services designated to improve community health and increase access to health care.

The Affordable Care Act added Section 501(r) to the law enacting new requirements for 501(c)(3) hospitals that operate one or more hospital facilities (hospital organizations). This requires hospital organizations to be responsible for additional reporting and excise tax requirements. Government hospital organizations are not excluded from Section 501(r) requirements.

Each 501(c)(3) hospital organization must meet the four general requirements:

1. Establish written financial assistance and emergency medical care policies;
   The financial assistance policy (FAP) must include:
   - Eligibility criteria for financial assistance, and if assistance includes free or discounted care;
   - The basis for calculating amounts charged to patients;
   - The method for applying for financial assistance;
   - The actions the hospital organization may take in the event of nonpayment; and
   - The measures taken to widely publicize the FAP within the community served by the hospital.

   The emergency medical care policy requires a hospital organization to provide, without discrimination, care for emergency medical conditions to individuals regardless of their ability to pay under the organization's FAP. Emergency Medical Treatment and Labor Act (EMTALA 42 U.S.C. 1395DD), section 1867 of the Social Security Act.

2. Limit amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy;

3. Make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual; and

4. Conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy at least once every three years. (These CHNA requirements became effective for tax years beginning after March 23, 2012). More information on CHNA requirements is available on the ORH website.

Section 4959 of the ACA imposes a $50,000 excise tax for each year that 501(c)(3) a hospital organization fails to meet these requirements.

State Reporting Requirements

In 2007, Oregon House Bill (HB) 3290 established a community benefit reporting law for all hospitals statewide. Oregon Revised Statutes (ORS) 442.200 and 442.205 require the OHA to collect each hospital's annual community benefit spend (via the Community Benefit Reporting (CBR) form) within 240 days of the close of their fiscal year (FY). Detailed CBR instructions can be found here. Oregon HB 4020 lists hospital FAPs, including a new requirement that the OHA makes a uniform application for financial assistance available by January 2020.

Each year the Oregon Office of Rural Health uses OHA community benefit data to highlight the community benefit that the 25 Oregon Critical Access Hospitals provide to their communities.

Reporting Limitations

1. All CAHs must report a CBR form annually to OHA; however, not all CAHs submit a 990 Schedule H to the IRS. These include:
    a. CAHs that are part of a hospital system: Regardless of how many hospitals are within the system, a hospital system can submit one 990 Schedule H under a system Employer Identification Number (EIN).
    b. Health tax district hospitals: A health tax district is a municipal corporation with a defined contiguous geographic area. Health districts receive tax revenues based on the voter approved permanent rate per $1,000 in assessed property value within the defined geographic area. There are currently 11 health districts supporting CAHs in Oregon. For more detail on health districts see ORS 440.320 and 440.360 and the ORH website. For more detail on which CAHs are supported by health districts and those that do not report a 990 Schedule H to the IRS (see Appendix F.)

2. The OHA CBR form does not require detail of specific activities or outcome data. However, one publicly available report that does elaborate on community benefit activities is the Capitol Project Report (see Appendix G.)

3. The IRS continues to revise the 990 Schedule H. As a result, OHA's CBR form and the IRS' 990 Schedule H are significantly different, and hospitals are required to do two sets of reporting. Oregon legislators and health care stakeholders continue to work toward aligning reporting requirements and establishing minimum spending thresholds. To date, this work has not resulted in updated reporting requirements.

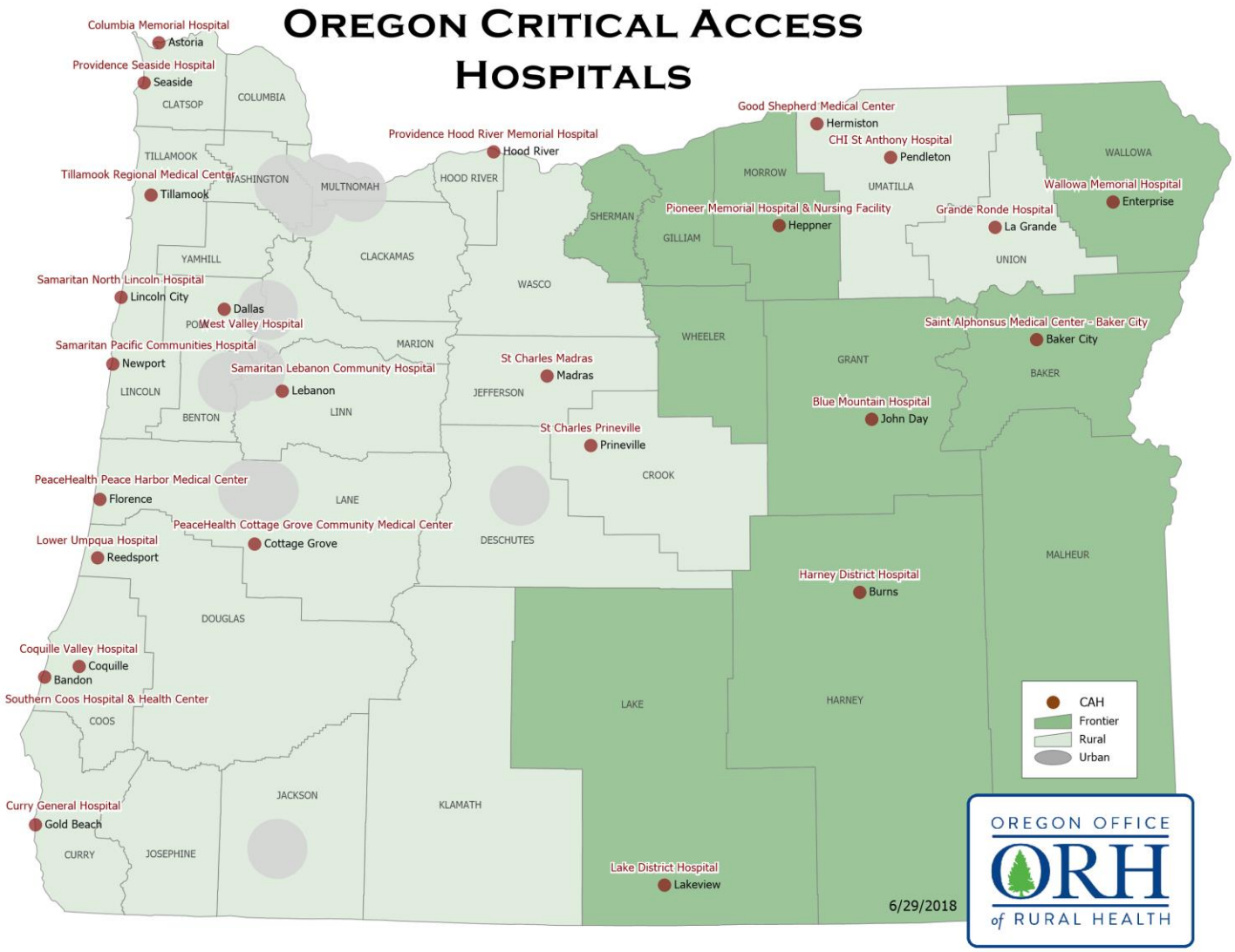
4. Hospital fiscal year (FY) time periods vary. As a result, the most recent full FY data available for all CAHs is from 2016. See Appendix F for FY periods for each CAH.

Oregon Critical Access Hospitals

Small rural hospitals with 25 beds or less, that meet geographic and other criteria established by federal law, can be classified as a Critical Access Hospital (CAH). All of Oregon's 25 Critical Access Hospitals maintain tax-exempt not-for-profit status (see Appendix F).

Geographic criteria required for CAH designation:

- Located more than a 35-mile drive from any hospital, or
- Located more than a 15-mile drive from any hospital in mountainous terrain or on secondary roads, or
- Certificated as a CAH before January 1, 2006, based on designation as a "necessary provider."



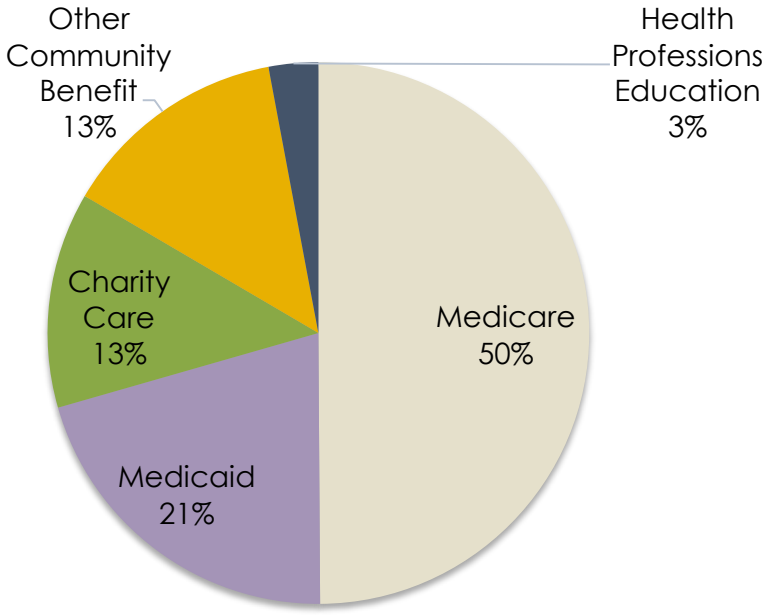
FY 2016 Critical Access Hospital Community Benefit Overview

During FY 2016, unreimbursed Medicare and Medicaid costs accounted for 71% of Critical Access Hospital community benefit spend.

Oregon CAHs reported a total community benefit spend in FY 2016 of $147,167,917 compared to $137,288,963 spend during FY 2015. Increases in community benefit spend can largely be attributed to the unreimbursed Medicaid and Medicare cost categories. Community benefit spend is allocated to the 11 categories listed below. See Appendix H for a complete list of community benefit category definitions provided by OHA.

Community Benefit Spend Categories:

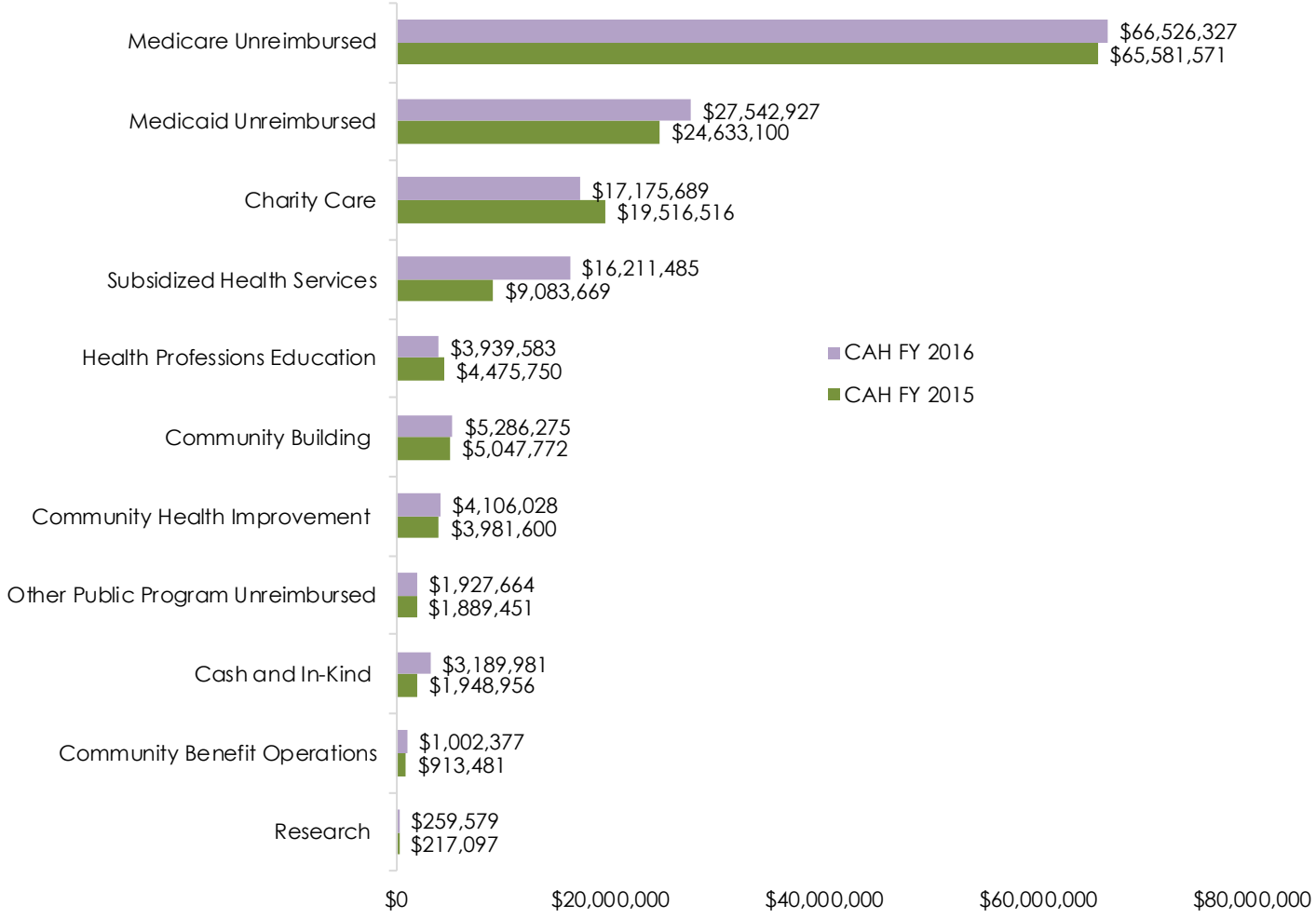
- Unreimbursed costs from Medicare
- Unreimbursed costs from Medicaid
- Charity care or financial assistance
- Subsidized health services
- Health professions education
- Community building activities
- Community health improvement
- Other public programs
- Cash and in-kind contributions
- Community benefit operations
- Research



FY 2016 Statewide Trends

All Oregon hospitals reported more than $2.19 billion in community benefit costs in FY 2016, an increase of approximately 14% from FY 2015 ($1.9 billion; see Oregon Health Authority's Oregon Acute Hospitals Community Benefit Report FY 2016). Critical Access Hospitals reported spending $9,878,954 (7.20%) more on total community benefit costs, as compared to FY 2015. The percent community benefit spend allocated to charity care (-11.99%) decreased, while unreimbursed Medicaid (11.81%) and Medicare (1.44%) increased. Additional community benefit activities that substantially increased were: Subsidized Health Services (78.47%); Cash and In-Kind (63.68%); and Research (19.57%). All other categories remained relatively constant with a decrease in Health Professions Education (11.98%).

Appendix A. Total CAH Community Benefit Dollars Spent Per Category During FY 2015 and FY 2016



Appendix B: Highest to Lowest FY 2016 CAH Community Benefit Spend

Hospital Name	Total Community Benefit	Charity Care Net Cost	Medicaid Net Cost	Medicare Net Cost	Net Patient Revenue[1]	Total Community Benefit/ Net Patient Revenue[1]
Providence Hood River Memorial	$20,648,531	$1,956,790	$3,548,068	$12,737,235	$83,184,345	24.8%
Columbia Memorial	$20,602,755	$1,074,595	$0	$18,571,920	$98,801,884	20.9%
Providence Seaside	$13,964,645	$838,106	$817,301	$8,809,739	$58,624,271	23.8%
Good Shepherd	$12,601,174	$1,365,386	$1,145,958	$0	$90,251,824	14.0%
Samaritan Lebanon Community	$12,119,583	$2,162,676	$1,716,010	$5,206,879	$110,837,703	10.9%
Tillamook Regional	$9,260,815	$1,952,362	$0	$3,739,741	$76,331,061	12.1%
Samaritan Pacific Communities	$6,938,227	$1,671,505	$0	$3,209,831	$89,704,624	7.7%
St. Charles -Madras	$6,077,959	$375,601	$4,527,496	$559,009	$27,174,795	22.4%
St. Anthony	$6,007,876	$286,961	$3,376,334	$668,032	$65,179,508	9.2%
Coquille Valley	$5,348,985	$119,882	$2,485,521	$2,720,797	$23,223,926	23.0%
Harney District	$4,088,617	$126,662	$862,072	$2,749,842	$21,504,115	19.0%
Samaritan North Lincoln	$3,740,021	$1,230,929	$376,400	$792,444	$57,661,356	6.5%
Lower Umpqua	$3,614,296	$107,021	$674,216	$1,237,430	$21,180,498	17.1%
Grande Ronde	$3,487,064	$1,193,840	$0	$158,996	$84,102,598	4.1%
St. Charles -Prineville	$3,384,867	$382,454	$1,607,342	$979,066	$31,289,521	10.8%
West Valley	$2,919,805	$374,484	$1,656,667	$0	$26,522,160	11.0%
Southern Coos	$2,588,407	$60,105	$968,935	$1,548,905	$15,406,034	16.8%
Wallowa Memorial	$2,422,599	$104,983	$552,274	$1,434,145	$19,899,949	12.2%
Lake District	$2,092,656	$341,855	$879,239	$112,548	$22,128,479	9.5%
St. Alphonsus -Baker City	$1,448,246	$325,845	$1,070,846	$0	$30,084,370	4.8%
Curry General	$1,199,374	$246,436	$74,578	$839,014	$35,201,290	3.4%
Pioneer Memorial -Heppner	$961,616	$63,574	$646,179	$216,977	$8,117,878	11.8%
Blue Mountain	$894,418	$71,501	$557,491	$233,777	$20,613,016	4.3%
PeaceHealth Peace Harbor	$540,855	$535,830	$0	$0	$71,101,425	0.8%
PeaceHealth Cottage Grove Community	$214,526	$206,306	$0	$0	$28,008,942	0.8%
Critical Access Hospital Total	**$147,167,917**	**$17,175,689**	**$27,542,927**	**$66,526,327**	**$1,216,135,572**	**12.1%**

[1]Total Operating Expenses and Net Patient Revenues are from audited financial statements and FR-3 forms. Annual hospital financial reports, can be found here.

Appendix C. Highest to Lowest FY 2016 CAH Community Benefit as a Percent of Net Patient Revenue

Hospital Name	Total Community Benefit	Charity Care Net Cost	Medicaid Unreimbursed Net Cost	Medicare Unreimbursed Net Cost	Net Patient Revenue[1]	Total Community Benefit/ Net Patient Revenue[1]
Providence Hood River Memorial	$20,648,531	$1,956,790	$3,548,068	$12,737,235	$83,184,345	24.8%
Providence Seaside	$13,964,645	$838,106	$817,301	$8,809,739	$58,624,271	23.8%
Coquille Valley	$5,348,985	$119,882	$2,485,521	$2,720,797	$23,223,926	23.0%
St. Charles -Madras	$6,077,959	$375,601	$4,527,496	$559,009	$27,174,795	22.4%
Columbia Memorial	$20,602,755	$1,074,595	$0	$18,571,920	$98,801,884	20.9%
Harney District	$4,088,617	$126,662	$862,072	$2,749,842	$21,504,115	19.0%
Lower Umpqua	$3,614,296	$107,021	$674,216	$1,237,430	$21,180,498	17.1%
Southern Coos	$2,588,407	$60,105	$968,935	$1,548,905	$15,406,034	16.8%
Good Shepherd	$12,601,174	$1,365,386	$1,145,958	$0	$90,251,824	14.0%
Wallowa Memorial	$2,422,599	$104,983	$552,274	$1,434,145	$19,899,949	12.2%
Tillamook Regional	$9,260,815	$1,952,362	$0	$3,739,741	$76,331,061	12.1%
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Samaritan Lebanon Community	$12,119,583	$2,162,676	$1,716,010	$5,206,879	$110,837,703	10.9%
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[1]Total Operating Expenses and Net Patient Revenues are from audited financial statements and FR-3 forms.

Annual hospital financial reports, can be found here.

Appendix D. Top 10 Categories of CAH Community Benefit by Percentage Spent During FY 2016

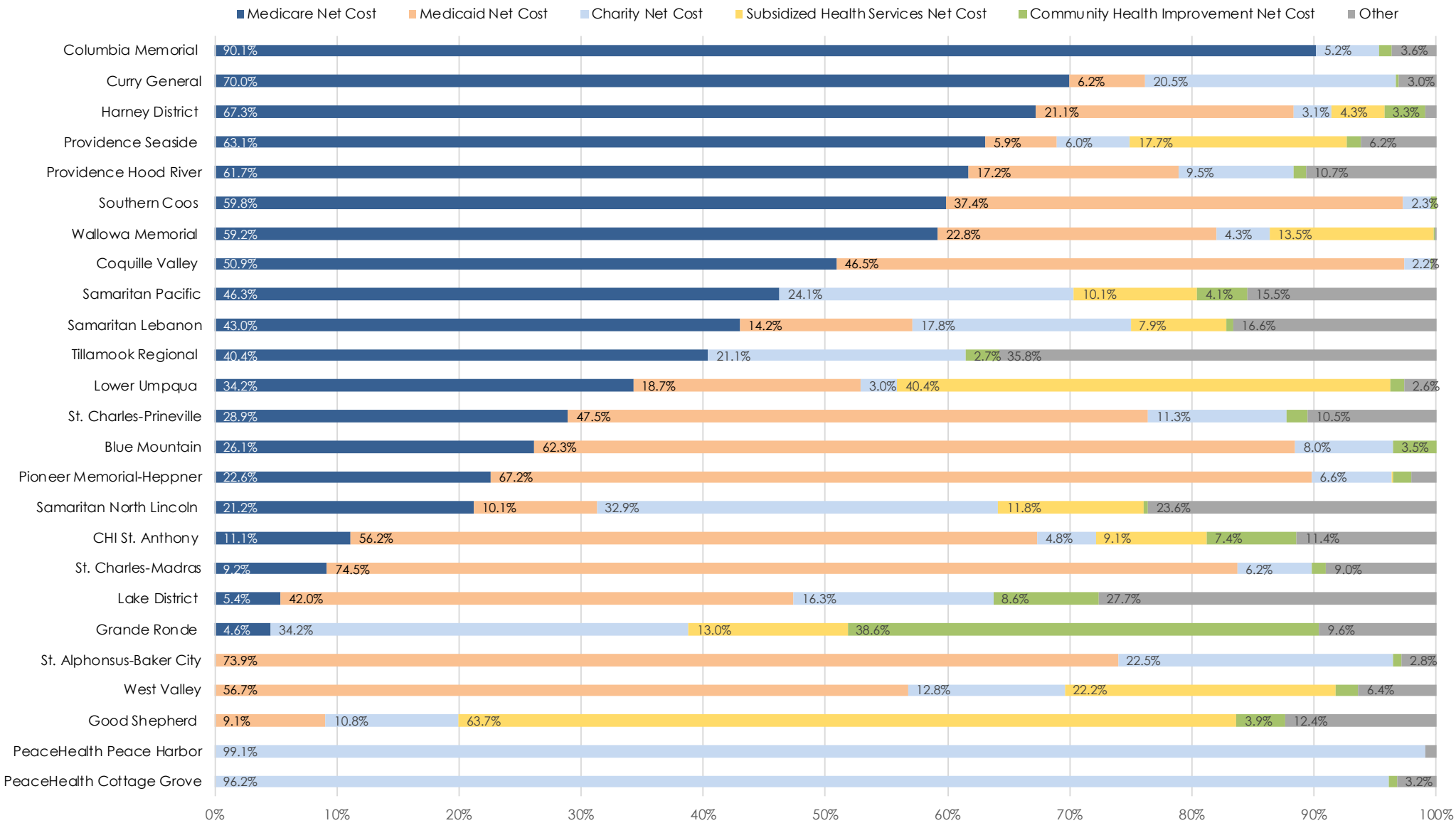
(in alphabetical order)

Hospital Name	Total Community Benefit Cost	Medicare Net Cost	Medicaid Net Cost	Charity Net Cost	Subsidized Health Services Net Cost	Community Health Improvement Net Cost	Health Professions Education Net Cost	Community Building Net Cost	Cash and In-Kind Net Cost	Other Public Programs Net Cost	Community Benefit Operations Net Cost	Research Net Cost
Blue Mountain	$894,418	26.1%	62.3%	8.0%	0.0%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CHI St. Anthony	$6,007,876	11.1%	56.2%	4.8%	9.1%	7.4%	4.0%	1.7%	5.6%	0.0%	0.1%	0.0%
Columbia Memorial	$20,602,755	90.1%	0.0%	5.2%	0.0%	1.0%	0.0%	0.7%	1.0%	1.0%	0.4%	0.4%
Coquille Valley	$5,348,985	50.9%	46.5%	2.2%	0.0%	0.1%	0.2%	0.0%	0.2%	0.0%	0.0%	0.0%
Curry General	$1,199,374	70.0%	6.2%	20.5%	0.0%	0.2%	3.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Good Shepherd	$12,601,174	0.0%	9.1%	10.8%	63.7%	3.9%	1.6%	0.0%	7.6%	0.0%	3.2%	0.0%
Grande Ronde	$3,487,064	4.6%	0.0%	34.2%	13.0%	38.6%	6.7%	0.0%	0.2%	0.0%	2.6%	0.0%
Harney District	$4,088,617	67.3%	21.1%	3.1%	4.3%	3.3%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%
Lake District	$2,092,656	5.4%	42.0%	16.3%	0.0%	8.6%	13.7%	11.9%	1.6%	0.0%	0.5%	0.0%
Lower Umpqua	$3,614,296	34.2%	18.7%	3.0%	40.4%	1.1%	0.0%	0.0%	2.6%	0.0%	0.0%	0.0%
PeaceHealth Cottage Grove	$214,526	0.0%	0.0%	96.2%	0.0%	0.6%	0.0%	0.0%	3.2%	0.0%	0.0%	0.0%
PeaceHealth Peace Harbor	$540,855	0.0%	0.0%	99.1%	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%
Pioneer Memorial-Heppner	$961,616	22.6%	67.2%	6.6%	0.1%	1.5%	0.0%	1.7%	0.2%	0.0%	0.1%	0.0%
Providence Hood River	$20,648,531	61.7%	17.2%	9.5%	0.0%	1.0%	3.7%	1.6%	0.9%	3.6%	0.9%	0.0%
Providence Seaside	$13,964,645	63.1%	5.9%	6.0%	17.7%	1.2%	0.5%	0.2%	1.6%	3.4%	0.4%	0.1%
Samaritan Lebanon	$12,119,583	43.0%	14.2%	17.8%	7.9%	0.5%	10.3%	2.3%	2.9%	0.0%	0.4%	0.6%
Samaritan North Lincoln	$3,740,021	21.2%	10.1%	32.9%	11.8%	0.4%	3.9%	13.1%	5.0%	0.0%	0.6%	0.9%
Samaritan Pacific	$6,938,227	46.3%	0.0%	24.1%	10.1%	4.1%	7.1%	3.7%	3.3%	0.0%	0.5%	0.8%
Southern Coos	$2,588,407	59.8%	37.4%	2.3%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
St. Alphonsus-Baker City	$1,448,246	0.0%	73.9%	22.5%	0.0%	0.7%	1.6%	0.0%	1.3%	0.0%	0.0%	0.0%
St. Charles-Madras	$6,077,959	9.2%	74.5%	6.2%	0.0%	1.1%	0.7%	1.0%	1.2%	5.7%	0.3%	0.0%
St. Charles-Prineville	$3,384,867	28.9%	47.5%	11.3%	0.0%	1.8%	1.2%	1.6%	2.5%	4.6%	0.6%	0.0%
Tillamook Regional	$9,260,815	40.4%	0.0%	21.1%	0.0%	2.7%	0.0%	35.0%	0.8%	0.0%	0.0%	0.0%
Wallowa Memorial	$2,422,599	59.2%	22.8%	4.3%	13.5%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
West Valley	$2,919,805	0.0%	56.7%	12.8%	22.2%	1.9%	3.6%	0.7%	2.0%	0.0%	0.0%	0.0%
CAH Total	**$147,167,917**											

*cells are highlighted according to the highest percentages within each hospital

Appendix E. Categories of CAH Community Benefit by Percentage Spent During FY 2016

(hospitals listed in alphabetical order of decreasing Medicare unreimbursed percentage)



Appendix F. CAH 501(c)(3), Tax District, I 990 Status

Hospital Name	FY End	Health Tax District (Y/N)	I 990 Schedule H Available (Year)	501(c)(3) (Y/N)
Blue Mountain	June	Y	No	Y
CHI St. Anthony	June	N	2015	Y
Columbia Memorial	December	N	No	Y
Coquille Valley	June	Y	No	Y
Curry General	June	Y	No	Y
Good Shepherd	June	N	2015	Y
Grande Ronde	April	N	2016	Y
Harney District	June	Y	No	Y
Lake District	June	Y	No	Y
Lower Umpqua	June	Y	No	Y
PeaceHealth Cottage Grove Community	June	N	No	Y
PeaceHealth Peace Harbor	June	N	No	Y
Pioneer Memorial	June	Y	2016	Y
Providence Hood River Memorial	December	N	No	Y
Providence Seaside	December	N	No	Y
Saint Alphonsus -Baker City	June	N	No	Y
Samaritan Lebanon Community	December	N	2016	Y
Samaritan North Lincoln	December	Y	2016	Y
Samaritan Pacific Communities	December	Y	2015	Y
Southern Coos	June	Y	No	Y
St. Charles -Madras	December	N	No	Y
St. Charles -Prineville	December	N	No	Y
Tillamook Regional	December	N	No	Y
Wallowa Memorial	June	Y	No	Y
West Valley	June	N	No	Y

Appendix G. FY 2016 CAH Capital Projects

Oregon law requires Type A, Type B and DRG hospitals to publicly report capital projects to OHA via the Capital Project Reporting (CPR) form. In FY 2016, West Valley Hospital completed a CPR to replace the hot water boilers with two duel-fuel new stream boilers in order to meet current state regulations. Costs were projected to be $3,117,200.

Appendix H. Community Benefit Cost Categories and Definitions

Cash And In-Kind Contributions Cost	Funds and services donated to individuals or groups of the community. Typical contributions include grants, scholarships, staff hours, hospital space, food, and equipment.
Charity Care Cost	Charity care: health care services provided to people who are determined by the hospital to be unable to pay for the services. Hospitals will determine a patient's inability to pay based on established hospital policy, as required by the Affordable Care Act. These financial assistance policies examine a variety of factors, such as individual and family income, assets, employment status, family size, or availability of alternative sources of payment. A hospital may establish inability to pay at the time care is provided or through later efforts to gather adequate financial information to make an eligibility determination. Charity care may cover all or just a portion of the owed bill. Hospitals may use different methodologies to estimate the costs of charity care.
Community Benefit Operations Cost	Costs associated with developing and maintaining community benefit programs, such as staff hours, grant writing, needs assessments, and fundraising.
Community Building Activities Cost	Costs associated with non-health care programs provided by the hospital to minimize potential health problems. Examples include: neighborhood revitalization, tree planting, low-income housing projects, mentoring groups, air quality improvement, conflict resolution training, and workforce development programs.
Community Health Improvement Cost	Costs associated with activities geared towards improving the health of the community including educational lectures/presentations, special community health screening events, clinics, telephone information services, poison control services, and hotlines.
Health Professions Education Cost	Costs associated with training future health care professionals by providing a clinical setting for training, internships, vocational training, and residencies.
Medicaid Unreimbursed Cost	An estimate of the costs not reimbursed by Medicaid, the federal health insurance program that provides health and long-term care services to low-income populations.
Medicare Unreimbursed Cost	An estimate of the costs not reimbursed by Medicare, the federal health insurance program for citizens over 65 and those determined disabled by the Social Security Administration.
Net Patient Revenue	The amount of revenue received (or expected to be received) from all payers for patient services. (Obtained from a hospital's FR-3 form.)
Total Community Benefit	The total amount of unreimbursed expenditures by a hospital toward their community benefit programs. Direct offsetting revenues have been deducted from these data.
Other Public Programs Cost	An estimate of the costs not reimbursed by public health programs other than Medicaid and Medicare, such as Tricare, Champus, Indian Health Service, or other federal, state, or local programs.
Research Cost	The cost of clinical and community health research, as well as studies on health care delivery. Requires that results of studies are shared with entities outside the hospital organization.
Subsidized Health Services Cost	Clinical services that meet a particular community need that are provided despite a financial loss to the hospital. Emergency services may be included, such as an air ambulance or a trauma center.
Total Operating Expense	All expenses associated with operating the hospital, such as salaries, employee benefits, purchased services, supplies, professional fees, and insurance. (Obtained from a hospital's FR-3 form.)
Health District Hospital	A hospital that operates in a Health District and receives funding from property tax as one of the revenue sources to cover the cost of providing healthcare services in the Health District.

Appendix I. CAH Community Health Needs Assessments

All 25 CAHs in Oregon are not-for-profit and maintain their tax-exempt/charitable status under section 501(c)(3) of Federal Internal Revenue Code by providing benefit to the community that they serve. The IRS requires that 501(c)(3) hospitals publicly show community benefit by conducting a community health needs assessment (CHNA) and adopting an implementation strategy to meet identified needs. This must be done at least once every three years and can be done in collaboration with other clinical, public health and population health focused organizations. Resources to support CHNA development and compliance are available on ORH website.

Hospital Name	CHNA (Y/N)	Online (Y/N)	Most Recent	*Partnership with Local Health Department (Y/N)
Blue Mountain	Y	Y	2016-19	N
CHI St Anthony	Y	Y	2015-18	Y
Columbia Memorial	Y	Y	2016-19	N
Coquille Valley	Y	Y	2017-20	N
Curry General	Y	Y	2018-21	Y
Good Shepherd	Y	Y	2015-18	Y
Grande Ronde	Y	Y	2015-18	Y
Harney District	Y	Y	2016-19	Y
Lake District	Y	Y	2017-20	Y
Lower Umpqua	Y	Y	2017-20	N
PeaceHealth Cottage Grove	Y	Y	2017-19	N
PeaceHealth Peace Harbor	Y	Y	2017-19	N
Pioneer Memorial	Y	Y	2015-18	Y
Providence Hood River Memorial	Y	Y	2016-19	Y
Providence Seaside	Y	Y	2016-19	N
Saint Alphonsus -Baker City	Y	Y	2016-19	N
Samaritan North Lincoln	Y	Y	2016-19	N
Samaritan Lebanon Community	Y	Y	2016-19	N
Samaritan Pacific Communities	Y	Y	2016-19	N
Southern Coos	Y	Y	2017-20	Y
St. Charles Madras	Y	Y	2017-19	N
St. Charles Prineville	Y	Y	2017-19	N
Tillamook Regional	Y	Y	2016-19	N
Wallowa Memorial	Y	Y	2016-19	N
West Valley	Y	Y	2017-20	Y

* Marked Y if the Local Health Department was listed in the CHNA report as a participating partner.