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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 By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SUTTER HEALTH SACRAMENTO SIERRA REGION		D Employer identification number 94-1156621
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) PO BOX 160727 Suite	Room/suite	E Telephone number (916) 286-6665
	City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95816		G Gross receipts \$ 1,886,897,271
	F Name and address of principal officer JAMES CONFORTI PO BOX 160727 SACRAMENTO, CA 95816		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: WWW.SUTTERHEALTH.ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1935
			M State of legal domicile CA

Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> 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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	9,789
	6 Total number of volunteers (estimate if necessary)	6	1,150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,493,926
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,454,040	8,201,030
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,847,267,442	1,873,497,794
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,932,380	588,430
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,187,585	2,340,647
		1,864,841,447	1,884,627,901
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,075,591	5,127,958
	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)	887,589,267	891,327,486
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 95,691		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	777,526,860	839,560,221
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,671,191,718	1,736,015,665
	19 Revenue less expenses Subtract line 18 from line 12	193,649,729	148,612,236
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,653,906,391	1,738,079,830
	21 Total liabilities (Part X, line 26)	1,171,733,527	1,255,476,921
	22 Net assets or fund balances Subtract line 21 from line 20	482,172,864	482,602,909

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		2014-10-30	
	Date			
Paid Preparer Use Only	Jeff Sprague CFO		Type or print name and title	
	Print/Type preparer's name DEBRA HEISKALA		Preparer's signature	
	Firm's name ERNST & YOUNG US LLP		Date	
Firm's address 4370 LA JOLLA VILLAGE DR SUITE 500 SAN DIEGO, CA 92122		Check if self-employed		PTIN P00649485
		Firm's EIN		Phone no (916) 286-6665
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1

Briefly describe the organization's mission

SEE SCHEDULE O

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 \$ 1,631,488,169 including grants of \$ 5,127,958) (Revenue \$ 1,873,497,794)

SEE SCHEDULE O

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d





















Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses 1,631,488,169

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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
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	No
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	No
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	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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	No
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 Yes	
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 Yes	
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	No
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	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
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	No
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	No
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 (see instructions) 	17	No
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 Yes	
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If so, complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	

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	896			
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	Yes			
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	9,789			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
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	Yes			
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			No	
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No	
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			No	
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	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No	
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			No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No	
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the 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			No	
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 lines 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

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	18	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	10	
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	No
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
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	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body?	8b	Yes
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	No

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	No
10b	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	Yes
11b	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	Yes
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	Yes
15b	b Other officers or key employees of the organization	15b	Yes
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	Yes
16b	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	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, physical address, and telephone number of the person who possesses the books and records of the organization CHRIS BOUDREAU 9100 FOOTHILLS BLVD ROSEVILLE, CA 95747 (916) 297-8007	

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

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

Form **990** (2013)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	167,981	16,034,644	3,844,323

\$100,000 of reportable compensation from the organization 2,590

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

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
PULMONARY MEDICINE ASSOCIATES, 3637 MISSION AVENUE SUITE 7 CARMICHAEL CA 95816	MEDICAL SERVICES	9,494,299
DIAGNOSTIC PATHOLOGY MEDICAL GROUP, 3301 C ST STE 200E SACRAMENTO CA 95816	MEDICAL SERVICES	7,702,136
CENTRAL ANESTHESIA SERVICE, PO BOX 660910 SACRAMENTO CA 95866	MEDICAL SERVICES	4,106,079
TOTAL RENAL CARE INC, PO BOX 2076 TACOMA WA 98401	MEDICAL SERVICES	3,378,183
SODEXO LAUNDRY SERVICE, DEPARMENT 880328 LOS ANGELES CA 90088	LAUNDRY SERVICES	2,607,134

\$100,000 of compensation from the organization ▶186

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	38,496			
	d	Related organizations 1d	6,718,416			
	e	Government grants (contributions) 1e	1,057,676			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	386,442			
	g	Noncash contributions included in lines 1a-1f \$	8,627			
	h	Total. Add lines 1a-1f	8,201,030			
Program Service Revenue	2a	PATIENT SERVICE REVENUE				
		Business Code				
		622110	1,866,341,341	1,866,341,341		
	b	RENTAL TO AFFILIATES	6,681,429	6,681,429		
	c	ROSEVILLE ENDOSCOPY	480,180	480,180		
	d	SUTTER AMADOR SURGERY	-5,156	-5,156		
	e					
	f	All other program service revenue				
Other Revenue	g	Total. Add lines 2a-2f	1,873,497,794			
	3	Investment income (including dividends, interest, and other similar amounts)	543,910			543,910
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	6a	(i) Real				
		(ii) Personal				
		3,086,081				
		2,245,850				
	b	Less rental expenses				
	c	Rental income or (loss)	840,231	0		
	d	Net rental income or (loss)	840,231			840,231
	7a	(i) Securities				
		(ii) Other				
		44,520				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)		44,520		
	d	Net gain or (loss)	44,520			44,520
	8a	Gross income from fundraising events (not including \$ 38,496 of contributions reported on line 1c) See Part IV, line 18				
	a	25,200				
	b	Less direct expenses b	23,520			
	c	Net income or (loss) from fundraising events	1,680			1,680
	9a	Gross income from gaming activities See Part IV, line 19				
	a	4,810				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities	4,810			4,810
	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	0			
	Miscellaneous Revenue		Business Code			
	11a	UBI - LABORATORY	621500	1,398,595	1,398,595	
	b	UBI - PARKING	812930	94,841	94,841	
	c	UBI - PHARMACY	446110	490	490	
	d	All other revenue				
	e	Total. Add lines 11a-11d	1,493,926			
	12	Total revenue. See Instructions	1,884,627,901	1,873,497,794	1,493,926	1,435,151

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 governments and organizations in the United States. See Part IV, line 21.	5,127,958	5,127,958		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	6,197,670		6,197,670	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	99,264	99,264		
7	Other salaries and wages.	583,505,999	563,954,140	19,514,617	37,242
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	32,565,685	31,149,114	1,414,522	2,049
9	Other employee benefits.	218,697,090	209,147,609	9,539,206	10,275
10	Payroll taxes.	50,261,778	48,067,456	2,191,148	3,174
11	Fees for services (non-employees):				
a	Management.	4,947,085		4,947,085	
b	Legal.	1,837,937		1,837,937	
c	Accounting.	165,956		165,956	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	237,111		235,958	1,153
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	75,385,439	75,385,439		
12	Advertising and promotion.	2,105,775	2,104,627		1,148
13	Office expenses.	19,807,814	9,325,454	10,479,360	3,000
14	Information technology.	35,492,982	32,290,145	3,202,837	
15	Royalties.	0			
16	Occupancy.	24,977,396	24,977,396		
17	Travel.	1,347,714	1,128,892	218,531	291
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	920,185	823,912	93,807	2,466
20	Interest.	13,344,580	13,343,316	1,264	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	74,748,134	74,248,198	499,936	
23	Insurance.	13,843,622	13,732,611	111,011	
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	MEDICAL SUPPLIES	252,183,872	252,183,872		
b	PURCHASED SERVICES	159,384,464	146,292,879	13,091,585	
c	HOSPITAL PROVIDER FEES	84,001,298	84,001,298		
d	REPAIRS & MAINTENANCE	28,763,961	18,378,960	10,385,001	
e	All other expenses	46,064,896	25,725,629	20,304,374	34,893
25	Total functional expenses. Add lines 1 through 24e.	1,736,015,665	1,631,488,169	104,431,805	95,691
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		65,348,266	2	69,889,638
	3	Pledges and grants receivable, net		89,343	3	141,201
	4	Accounts receivable, net		220,089,829	4	277,199,156
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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 instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		24,540,792	8	25,513,499
	9	Prepaid expenses and deferred charges		6,966,081	9	4,388,831
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a2,082,768,266			
	b	Less accumulated depreciation	10b835,467,326	1,148,481,829	10c	1,247,300,940
	11	Investments—publicly traded securities		130,023,799	11	62,341,837
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		1,068,446	13	1,057,297
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		57,298,006	15	50,247,431
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,653,906,391	16	1,738,079,830
Liabilities	17	Accounts payable and accrued expenses		241,529,253	17	291,568,856
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		909,439,517	20	939,590,161
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		4,627,048	23	4,660,681
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		16,137,709	25	19,657,223
	26	Total liabilities. Add lines 17 through 25		1,171,733,527	26	1,255,476,921
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		480,907,888	27	480,508,141
	28	Temporarily restricted net assets		1,264,976	28	2,094,768
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		482,172,864	33	482,602,909
	34	Total liabilities and net assets/fund balances		1,653,906,391	34	1,738,079,830

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,884,627,901
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,736,015,665
3	Revenue less expenses Subtract line 2 from line 1	3	148,612,236
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	482,172,864
5	Net unrealized gains (losses) on investments	5	-1,826,430
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,745,248
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-144,610,513
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	482,602,909

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	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	Yes	

Additional Data

Software ID:
Software Version:
EIN: 94-1156621
Name: SUTTER HEALTH SACRAMENTO SIERRA REGION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
James Conforti Regional President, SHSSR	40 0 0 0	X		X				0	1,122,894	209,404
Andrew DeMar MD Trustee, Chief of Staff	2 0 0 0	X		X				145,250	0	0
Mike Dourgarian Trustee	2 0 0 0	X						0	0	0
Patrick Fry President & CEO, Sutter Health	2 0 40 0	X						0	3,989,362	2,020,826
Gary Hooper Trustee	2 0 0 0	X						0	0	0
Scott Howell Trustee	2 0 0 0	X						0	0	0
Peter Hull MD Trustee	2 0 0 0	X						22,731	0	0
Christopher Johnson Trustee	2 0 0 0	X						0	0	0
Richard Kramer Trustee, Chair	4 0 0 0	X		X				0	0	0
Sarah Krevans COO, Sutter Health	2 0 40 0	X						0	2,264,199	372,873
Pat Fong Kushida Trustee	2 0 0 0	X						0	0	0
Marion Leff MD Trustee	2 0 0 0	X						0	0	0
Jerry May PHD Trustee, Vice-Chair	4 0 0 0	X		X				0	0	0
Joseph Mendez Trustee	2 0 0 0	X						0	0	0
Mike Newell Trustee, Chair Finance & Plan	4 0 0 0	X		X				0	0	0
Pat Pathipati Trustee	2 0 0 0	X						0	0	0
Helen Thomson Trustee	2 0 0 0	X						0	0	0
Robert Wolfe Trustee	2 0 0 0	X						0	0	0
Jeffrey Sprague CFO, Sac Sierra Region	40 0 0 0			X				0	750,274	123,686
Penny Westfall VP & Reg Counsel, SSR	40 0 0 0			X				0	444,941	66,325
Pat Brady CEO, Sutter Roseville Med Ctr	40 0 0 0				X			0	868,373	144,198
Terry Glubka CEO, Sutter Solano Medical Ctr	40 0 0 0				X			0	625,443	87,558
Mitch Hanna CAO, SAFH	40 0 0 0				X			0	556,022	89,377
Carrie Owen-Plietz CEO, Sutter Med Ctr Sacramento	40 0 0 0				X			0	766,323	125,298
Anne Platt CEO, SUTTER AMADOR HOSPITAL	40 0 0 0				X			0	469,589	77,579

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
Thomas Ream II Reg CIO, Sac Sierra Region	40 0 0 0				X			0	341,052	57,804
Randall Ross Admin Ancillary Svcs SHSSR	40 0 0 0				X			0	397,817	44,667
Janet Wagner CAO, Sutter Davis Hospital	40 0 0 0				X			0	555,334	80,027
Cecilia Hernandez Dir Med Affairs, Med Ctr Sac	40 0 0 0					X		0	494,378	38,185
Daryn Kumar CEO, Memorial Med Ctr	40 0 0 0					X		0	582,884	75,804
John Mesic MD CMO, Sac Sierra Region	40 0 0 0					X		0	788,705	93,375
Jeffrey Szczesny Reg VP HR, Sac Sierra Region	40 0 0 0					X		0	525,317	74,818
Paige Terra Controller, Sac Sierra Region	40 0 0 0					X		0	491,737	62,519

SCHEDULE A
(Form 990 or 990EZ)

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

OMB No 1545-0047
2013
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization SUTTER HEALTH SACRAMENTO SIERRA REGION	Employer identification number 94-1156621
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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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	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 that describes the type of supporting organization and complete lines 11e through 11h <div>a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated</div>
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div>(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?</div>
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV)						
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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2012. 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 IV 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 IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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

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).

Facts And Circumstances Test		
Return Reference	Explanation	

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization SUTTER HEALTH SACRAMENTO SIERRA REGION	Employer identification number 94-1156621
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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 contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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 an 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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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) Revenues 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

Revenues 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
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	17,651,842	16,233,588	17,264,360	15,654,225	12,421,867
b Contributions	151,996	1,009	1,279	1,668	17,176
c Net investment earnings, gains, and losses	1,678,960	1,935,574	-456,995	2,004,352	3,223,622
d Grants or scholarships					
e Other expenditures for facilities and programs	335,757	518,329	575,056	395,885	8,350
f Administrative expenses				0	90
g End of year balance	19,147,041	17,651,842	16,233,588	17,264,360	15,654,225

- 2

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

Board designated or quasi-endowment

66 000 %
- b

Permanent endowment

13 000 %
- c

Temporarily restricted endowment

21 000 %
- 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
- (i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐
- b

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

3b

☐ Yes

☐
- 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	0	45,638,905		45,638,905
b Buildings	0	1,018,145,435	463,114,084	555,031,351
c Leasehold improvements	0	13,823,154	7,934,709	5,888,445
d Equipment	0	428,833,172	338,127,500	90,705,672
e Other	0	576,327,600	26,291,033	550,036,567
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,247,300,940

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 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.

Return Reference	Explanation
PART V, LINE 4	ENDOWMENTS HELD BY RELATED FUNDRAISING ORGANIZATIONS FOR THE EXCLUSIVE PURPOSE OF VARIOUS PROGRAMS OF SUTTER HEALTH SACRAMENTO SIERRA REGION
PART X, LINE 2	THIS ORGANIZATION WAS PART OF A CONSOLIDATED FINANCIAL SYSTEM AUDIT. THE ASC 740 AUDIT FOOTNOTE DISCLOSURE FOR THE SUTTER SYSTEM IS AS FOLLOWS: SUTTER HEALTH, THE LEGAL ENTITY, AND MOST AFFILIATES HAVE BEEN DETERMINED TO BE EXEMPT ORGANIZATIONS BY THE INTERNAL REVENUE SERVICE, (PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3)), AND THE CALIFORNIA FRANCHISE TAX BOARD (PURSUANT TO CALIFORNIA REVENUE AND TAXATION CODE 23701(D)) AND, GENERALLY, ARE NOT SUBJECT TO TAXES ON INCOME. CERTAIN ACTIVITIES OF SUTTER ARE SUBJECT TO INCOME TAXES, HOWEVER, SUCH ACTIVITIES ARE NOT SIGNIFICANT TO THE COMBINED FINANCIAL STATEMENTS. WITH RESPECT TO ITS TAXABLE ACTIVITIES, SUTTER RECORDS INCOME TAXES USING THE LIABILITY METHOD, UNDER WHICH DEFERRED TAX ASSETS AND LIABILITIES ARE DETERMINED BASED ON THE DIFFERENCES BETWEEN THE FINANCIAL ACCOUNTING AND TAX BASIS OF ASSETS AND LIABILITIES. DEFERRED TAX ASSETS OR LIABILITIES AT THE END OF EACH PERIOD ARE DETERMINED USING THE CURRENTLY ENACTED TAX RATE EXPECTED TO APPLY TO TAXABLE INCOME IN THE PERIODS THAT THE DEFERRED TAX ASSET OR LIABILITY IS EXPECTED TO BE REALIZED OR SETTLED. SUTTER RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. SUTTER RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES. AT DECEMBER 31, 2013 AND 2012, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS.

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization SUTTER HEALTH SACRAMENTO SIERRA REGION	Employer identification number 94-1156621
--	--

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and email solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

- 3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Theme Ball (event type)	(event type)	0 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	63,696		63,696
	2	Less Contributions	38,496		38,496
	3	Gross income (line 1 minus line 2)	25,200		25,200
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	36		36
	6	Rent/facility costs	775		775
	7	Food and beverages	11,085		11,085
	8	Entertainment	500		500
	9	Other direct expenses	11,124		11,124
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			
					1,680

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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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. ► See separate instructions.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

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 Yes	
b	If "Yes," was it a written policy?	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria 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"?	3a Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4 Yes	
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?	5a Yes	
6a	Did the organization prepare a community benefit report during the tax year?	5b Yes	
b	If "Yes," did the organization make it available to the public?	5c	No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	6a Yes	
		6b Yes	

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)			50,275,609		50,275,609	2 900 %
b Medicaid (from Worksheet 3, column a)			402,245,908	330,983,342	71,262,566	4 100 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			76,373,471	30,065,547	46,307,924	2 670 %
d Total Financial Assistance and Means-Tested Government Programs			528,894,988	361,048,889	167,846,099	9 670 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	18		1,568,969		1,568,969	0 090 %
f Health professions education (from Worksheet 5)	7		4,955,054	2,415,082	2,539,972	0 150 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	6		361,808		361,808	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	20		8,312,789		8,312,789	0 480 %
j Total Other Benefits	51		15,198,620	2,415,082	12,783,538	0 740 %
k Total. Add lines 7d and 7j	51		544,093,608	363,463,971	180,629,637	10 410 %

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	1	1,440		1,440	
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total	1	1,440		1,440	

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

No

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

11,153,627

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

398,677,093

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

427,835,032

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-29,157,939

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

Yes

9b

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

Yes

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 SUTTER AMADOR SURG C	MEDICAL SERVICES	73.000 %	0 %	27.000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

Name, address, primary website address,
and state license number

Schedule H (Form 990) 2013

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)

A

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 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 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
3 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 Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4 Yes	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url) <u>SEE SECTION C</u>		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No
8a 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)?	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, 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		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 % If "No," explain in Part VI the criteria the hospital facility used	11	Yes
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12	Yes
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input checked="" type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	13	Yes
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available upon request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	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 actions the hospital facility may take upon non-payment?	15	Yes
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third 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? If "Yes," check all actions in which the hospital facility or a third party engaged	17	No
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (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)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

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

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	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? If "Yes," explain in Part VI		No
22	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? If "Yes," explain in Part VI		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

[illegible]

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? **27**

Name and address	Type of Facility (describe)
<div>1</div> <div>See Additional Data Table</div>	
<div>2</div>	
<div>3</div>	
<div>4</div>	
<div>5</div>	
<div>6</div>	
<div>7</div>	
<div>8</div>	
<div>9</div>	
<div>10</div>	

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

Form and Line Reference	Explanation
PART I, LINE 3C	TO BE ELIGIBLE FOR FREE CARE THE FILING ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 200% OF FPG PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES APPLIES TO UNINSURED PATIENTS THAT WHOSE FAMILY INCOMES ARE BETWEEN 201% AND 400% IN ADDITION, THE FOLLOWING DISCOUNTS APPLY TO UNINSURED PATIENTS * SPECIAL CIRCUMSTANCES CHARITY CARE FOR UNINSURED PATIENTS WHO DO NOT MEET THE FINANCIAL ASSISTANCE CRITERIA SET FORTH BY THE ORGANIZATION, A COMPLETE OR PARTIAL WRITE-OFF IN CIRCUMSTANCES INCLUDING BUT NOT LIMITED TO BANKRUPTCY, HOMELESSNESS, DECEASED, ELIGIBLE FOR MEDICARE/MEDI-CAL, OR IF A COLLECTION AGENCY IDENTIFIES A PATIENT MEETING THE ORGANIZATION'S CHARITY CARE ELIGIBILITY CRITERIA * CATASTROPHIC CHARITY CARE PARTIAL WRITE-OFF WHEN THE FINANCIAL RESPONSIBILITY EXCEEDS 30% OF THE PATIENT'S FAMILY INCOME PATIENTS THAT MEET THE CRITERIA WILL RECEIVE A FULL WRITE-OFF OF UNDISCOUNTED CHARGES THAT EXCEED 30% OF THEIR FAMILY INCOME * HIGH MEDICAL COST CHARITY CARE (FOR INSURED PATIENTS) PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES FOR PATIENTS WHOSE FAMILY INCOME IS LESS THAN 400% OF FPG, MEDICAL EXPENSES EXCEED 10% OF THE PATIENT'S FAMILY INCOME, AND THE PATIENT'S INSURE HAS NOT PROVIDED A DISCOUNT * UNINSURED PATIENT DISCOUNT A WRITE-OFF OF A PORTION OF COVERED SERVICES NO GREATER THAT THE CURRENT AVERAGE COMMERCIAL FEE-FOR-SERVICE DISCOUNT WITH MANAGED CARE PAYERS FOR PATIENTS WHOSE BENEFITS UNDER INSURANCE OR A GOVERNMENT PROGRAM HAVE BEEN EXHAUSTED PRIOR TO ADMISSION * PROMPT PAYMENT DISCOUNT PARTIAL WRITE-OFF AVAILABLE TO UNINSURED PATIENTS WHO PAY PROMPTLY, CONSISTING OF AT LEAST A 20% DISCOUNT FOR THOSE WHO PAY WITHIN 30 DAYS OF FINAL BILLING, OR A 20% DISCOUNT IF 50% OF THE ESTIMATED BILL IS PAID PRIOR TO DISCHARGE
PART I, LINE 7	COSTING METHODOLOGY USED COST TO CHARGE RATIO UTILIZING WORKSHEET 2 METHODOLOGY PART II COMMUNITY BUILDING ACTIVITIES SUTTER HEALTH DAVIS DONATED STAFF TIME TO YOLO COUNTY FOSTER CARE, COORDINATING AND TEACHING A FOSTER CARE EDUCATION PROGRAM

Form and Line Reference	Explanation
PART III, LINE 2	METHODOLOGY FOR CALCULATING BAD DEBT (AT COST) THE RATIO OF PATIENT CARE COST TO CHARGES IS APPLIED TO THE BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS THAT IS REPORTED ON LINE 2 DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE
PART III, LINE 3	METHODOLOGY FOR DETERMINING THE AMOUNT OF BAD DEBT LIKELY ATTRIBUTABLE TO CHARITY CARE AMOUNTS MAY BE INCLUDED IN BAD DEBT PENDING A CHARITY CARE DETERMINATION UPON ELIGIBILITY THESE AMOUNTS WOULD BE RECLASSIFIED AS CHARITY CARE

Form and Line Reference	Explanation
PART III, LINE 4	<p>THE ORGANIZATION MAKES EVERY EFFORT TO QUALIFY THOSE ELIGIBLE FOR CHARITY CARE. IF A PATIENT HAS APPLIED FOR CHARITY CARE, HAS BEEN APPROVED TO RECEIVE CHARITY CARE, OR IS COOPERATING WITH THE HOSPITAL'S EFFORTS TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE HOSPITAL WILL NOT PURSUE COLLECTIONS. AUDIT FOOTNOTE THE ORGANIZATION IS AN AFFILIATE OF SUTTER HEALTH WHICH UNDERWENT A SYSTEM-WIDE AUDIT. THE AUDIT REPORT DOES NOT INCLUDE A BAD DEBT EXPENSE FOOTNOTE. PROVISION FOR BAD DEBTS IS LISTED ON A SEPARATE LINE ITEM IN THE FINANCIAL STATEMENTS. THE AUDIT DOES INCLUDE FOOTNOTES FOR PATIENT ACCOUNTS RECEIVABLE AND PATIENT SERVICE REVENUES LISTED BELOW. PATIENT ACCOUNTS RECEIVABLE AUDIT FOOTNOTE: SUTTER'S PRIMARY CONCENTRATION OF CREDIT RISK IS PATIENT ACCOUNTS RECEIVABLE, WHICH CONSIST OF AMOUNTS OWED BY VARIOUS GOVERNMENTAL AGENCIES, INSURANCE COMPANIES AND PRIVATE PATIENTS. SUTTER MANAGES THE RECEIVABLES BY REGULARLY REVIEWING ITS PATIENT ACCOUNTS AND CONTRACTS AND BY PROVIDING APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE AMOUNTS. THESE ALLOWANCES ARE ESTIMATED BASED UPON AN EVALUATION OF HISTORICAL PAYMENTS, NEGOTIATED CONTRACTS AND GOVERNMENTAL REIMBURSEMENTS. SUTTER'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS WAS 90% AND 89% OF SELF-PAY ACCOUNTS RECEIVABLE AT DECEMBER 31, 2013 AND 2012 RESPECTIVELY. ADJUSTMENTS AND CHANGES IN ESTIMATES ARE RECORDED IN THE PERIOD IN WHICH THEY ARE DETERMINED. SIGNIFICANT CONCENTRATIONS OF GROSS PATIENT ACCOUNTS RECEIVABLE ARE AS FOLLOWS: MEDICARE 33% AS OF 12/31/13, 29% AS OF 12/31/12; MEDICAL 21% AS OF 12/31/13, 23% AS OF 12/31/12. DURING 2013 AND 2012, CERTAIN AFFILIATES COLLECTED ON ACCOUNTS THAT WERE PREVIOUSLY DEEMED UNCOLLECTIBLE AND RESERVED. SUCH RECOVERIES ARE RECOGNIZED IN THE PERIOD THAT CASH IS RECEIVED AND WERE NOT MATERIAL. DUE TO THE INHERENT VARIABILITY IN THIS AREA OF PATIENT RECEIVABLE COLLECTIONS, THERE IS AT LEAST A REASONABLE POSSIBILITY THAT THE ESTIMATION MAY CHANGE BY A MATERIAL AMOUNT IN THE NEAR TERM. PATIENT SERVICE REVENUES FOOTNOTE: PATIENT SERVICE REVENUES ARE REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT PROGRAMS WITH THIRD-PARTY PAYERS. ESTIMATED SETTLEMENTS UNDER THIRD-PARTY REIMBURSEMENT PROGRAMS ARE ACCRUED IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, PRIMARILY AS A RESULT OF FINAL COST REPORT SETTLEMENTS WITH GOVERNMENTAL AGENCIES. PATIENT SERVICE REVENUES LESS PROVISION FOR BAD DEBTS ARE REPORTED NET OF THE PROVISION FOR BAD DEBTS ON THE CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGE IN NET ASSETS. SUTTER'S SELF-PAY WRITE-OFFS WERE \$375 MILLION AND \$370 MILLION FOR 2013 AND 2012, RESPECTIVELY.</p>
PART III, LINE 7	<p>MEDICARE COST REPORTS THAT THE ORGANIZATION FILES DO NOT INCLUDE ALL OF THE COSTS REQUIRED TO TREAT MEDICARE PATIENTS.</p>

Form and Line Reference	Explanation
PART III, LINE 8	COSTING METHODOLOGY MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE RATIO COMMUNITY BENEFIT MEDICARE SHORTFALL THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS CARING FOR MEDICARE PATIENTS FULFILLS A COMMUNITY NEED AND RELIEVES A GOVERNMENT BURDEN AS THESE PATIENTS TYPICALLY HAVE LOW AND/OR FIXED INCOMES MEDICARE DOES NOT PROVIDE SUFFICIENT REIMBURSEMENT TO COVER THE COST OF PROVIDING CARE FOR THESE PATIENTS FORCING THE HOSPITAL TO USE OTHER FUNDS TO COVER THE DEFICIT
PART III, LINE 9B	COLLECTION PRACTICES ARE CONSISTENT FOR ALL PATIENTS AND COMPLY WITH APPLICABLE PROVISIONS OF CALIFORNIA LAW DURING PREADMISSION OR REGISTRATION, THE HOSPITAL PROVIDES ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AN UNINSURED PATIENT WHO INDICATES THE FINANCIAL INABILITY TO PAY A BILL IS EVALUATED FOR FINANCIAL ASSISTANCE PATIENTS WILL BE GIVEN AN APPLICATION WHICH WILL DOCUMENT THE PATIENT'S OVERALL FINANCIAL SITUATION IF AN UNINSURED PATIENT DOES NOT COMPLETE THE APPLICATION FORM WITHIN 30 DAYS OF DELIVERY, THE HOSPITAL WILL NOTIFY THE PATIENT THAT THE APPLICATION HAS NOT BEEN RECEIVED AND WILL PROVIDE THE PATIENT AN ADDITIONAL 30 DAYS TO COMPLETE THE APPLICATION IF A PATIENT HAS APPLIED FOR CHARITY CARE, HAS BEEN APPROVED TO RECEIVE CHARITY CARE, OR IS COOPERATING WITH THE HOSPITAL'S EFFORTS TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE HOSPITAL WILL NOT PURSUE COLLECTIONS

Form and Line Reference	Explanation
PART VI, LINE 2	<p>SUTTER MEDICAL CENTER SACRAMENTO BEGINNING IN EARLY 2012 THROUGH FEBRUARY 2013, VALLEY VISION, INC CONDUCTED AN ASSESSMENT OF THE HEALTH NEEDS OF RESIDENTS LIVING IN THE SERVICE AREA OF SUTTER MEDICAL CENTER, SACRAMENTO (SMCS) FOR THE PURPOSES OF THE ASSESSMENT, A HEALTH NEED WAS DEFINED AS "A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER " A HEALTH DRIVER WAS DEFINED AS "A BEHAVIORAL, ENVIRONMENTAL, AND/OR CLINICAL FACTOR, AS WELL AS MORE UPSTREAM SOCIAL ECONOMIC FACTORS, THAT IMPACT HEALTH " A COMMUNITY-BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT THAT INCLUDED BOTH PRIMARY AND SECONDARY DATA PRIMARY DATA COLLECTION INCLUDED INPUT FROM THE HEALTHY SACRAMENTO COALITION (FOCUSED ON SACRAMENTO COUNTY ONLY), EXPERT INTERVIEWS WITH 41 KEY INFORMANTS AND 10 FOCUS GROUP INTERVIEWS COMPRISED OF 129 COMMUNITY MEMBERS IN ADDITION, A COMMUNITY HEALTH ASSETS ASSESSMENT COLLECTED DATA ON MORE THAN 200 HEALTH RELATED ASSETS IN ALL OF THE COUNTIES IN WHICH THE SMCS HOSPITAL SERVICE AREA (HSA) EXTENDED SECONDARY DATA USED INCLUDED HEALTH OUTCOME DATA, SOCIO-DEMOGRAPHIC DATA, AND BEHAVIORAL AND ENVIRONMENTAL DATA AT THE ZIP CODE OR CENSUS TRACT LEVEL HEALTH OUTCOME DATA INCLUDED EMERGENCY DEPARTMENT (ED) VISITS, HOSPITALIZATION, AND MORTALITY RATES RELATED TO HEART DISEASE, DIABETES, STROKE, HYPERTENSION, COPD, ASTHMA, AND SAFETY AND MENTAL HEALTH CONDITIONS SOCIO-DEMOGRAPHIC DATA INCLUDED DATA ON RACE AND ETHNICITY, POVERTY (FEMALE-HEADED HOUSEHOLDS, FAMILIES WITH CHILDREN, PEOPLE OVER 65 YEARS OF AGE), EDUCATIONAL ATTAINMENT, INSURANCE STATUS, AND HOUSING ARRANGEMENT (RENT OR OWN) BEHAVIORAL AND ENVIRONMENTAL DATA HELPED DESCRIBE GENERAL LIVING CONDITIONS OF THE HOSPITAL SERVICE AREA (HSA) SUCH AS CRIME RATES, ACCESS TO PARKS, AVAILABILITY OF HEALTHY FOOD, AND LEADING CAUSES OF DEATH ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED SIX SPECIFIC ZIP CODE COMMUNITIES OF CONCERN WITHIN THE HSA THAT WERE LIVING WITH A HIGH BURDEN OF DISEASE THESE SIX COMMUNITIES HAD CONSISTENTLY HIGH RATES OF NEGATIVE HEALTH OUTCOMES THAT FREQUENTLY EXCEEDED COUNTY, STATE, AND HEALTHY PEOPLE 2020 BENCHMARKS THEY WERE CONFIRMED BY EXPERTS AS AREAS PRONE TO EXPERIENCE POORER HEALTH OUTCOMES RELATIVE TO OTHER COMMUNITIES IN THE HSA AGE-ADJUSTED RATES OF ED VISITS AND HOSPITALIZATION DUE TO HEART DISEASE, DIABETES, STROKE, AND HYPERTENSION WERE NOTABLY HIGHER IN THESE ZIP CODES COMPARED TO OTHERS WITHIN THE HSA WITH A FEW EXCEPTIONS, BLACKS AND WHITES HAD THE HIGHEST RATES FOR THESE CONDITIONS COMPARED TO OTHER RACIAL AND ETHNIC GROUPS MORTALITY DATA FOR THESE CONDITIONS SHOWED HIGH RATES AS WELL ANALYSIS OF ENVIRONMENTAL INDICATORS SHOWED THAT MANY OF THESE COMMUNITIES HAD CONDITIONS THAT WERE BARRIERS TO ACTIVE LIFESTYLES, SUCH AS ELEVATED CRIME RATES AND A TRAFFIC CLIMATE THAT IS UNFRIENDLY TO BICYCLISTS AND PEDESTRIANS FURTHERMORE, THESE COMMUNITIES FREQUENTLY HAD HIGHER PERCENTAGES OF RESIDENTS THAT WERE OBESE OR OVERWEIGHT ACCESS TO HEALTHY FOOD OUTLETS WAS LIMITED, WHILE THE CONCENTRATION OF FAST FOOD OUTLETS AND CONVENIENCE STORES WERE HIGH ANALYSIS OF THE HEALTH BEHAVIORS OF THESE RESIDENTS ALSO SHOWED MANY BEHAVIORS THAT CORRELATE TO POOR HEALTH, SUCH AS HAVING A DIET THAT IS LIMITED IN FRUIT AND VEGETABLE CONSUMPTION WHEN EXAMINING THESE FINDINGS WITH THOSE OF THE QUALITATIVE DATA (KEY INFORMANT INTERVIEW AND FOCUS GROUPS), A CONSOLIDATED LIST OF PRIORITY HEALTH NEEDS OF THESE COMMUNITIES WAS COMPILED THESE PRIORITIZED HEALTH NEEDS ARE 1 LACK OF ACCESS TO PRIMARY AND PREVENTATIVE SERVICES 2 LACK OF ACCESS TO MENTAL HEALTH SERVICES 3 LIVING IN AN UNHEALTHY FOOD ENVIRONMENT 4 PERCEIVED OR REAL FEAR FOR PERSONAL SAFETY 5 INABILITY TO EXERCISE AND BE ACTIVE 6 LACK OF ACCESS TO DENTAL CARE 7 LACK OF ACCESS TO SPECIALTY CARE 8 LACK OF COORDINATION OF CARE AMONG PROVIDERS 9 ACCULTURATION/LIMITED CULTURAL COMPETENCE IN HEALTH AND RELATED SYSTEMS 10 LACK OF HEALTH LITERACY 11 LACK OF HOUSING, BASIC SHELTER THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR SUTTER MEDICAL CENTER, SACRAMENTO IS AVAILABLE AT HTTP //WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML</p>
PART VI, LINE 2 (CONTINUED)	<p>SUTTER SOLANO MEDICAL CENTER BEGINNING IN EARLY 2012 THROUGH FEBRUARY 2013, VALLEY VISION, INC COMPLETED AN ASSESSMENT OF THE HEALTH NEEDS OF RESIDENTS LIVING IN THE SOLANO COUNTY HEALTH SERVICE AREA (HSA) FOR THE PURPOSES OF THE ASSESSMENT, A HEALTH NEED WAS DEFINED AS "A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER " A HEALTH DRIVER WAS DEFINED AS "A BEHAVIORAL, ENVIRONMENTAL, AND/OR CLINICAL FACTOR, AS WELL AS MORE UPSTREAM SOCIAL ECONOMIC FACTORS, THAT IMPACT HEALTH " A COMMUNITY-BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT, WHICH INCLUDED BOTH PRIMARY AND SECONDARY DATA PRIMARY DATA COLLECTION INCLUDED INPUT FROM MEMBERS OF THE HOSPITALS, SOLANO COUNTY, THE SOLANO COALITION FOR BETTER HEALTH, AND OTHER COMMUNITY-BASED ORGANIZATIONS WITHIN THE HSA, EXPERT INTERVIEWS WITH 17 KEY INFORMANTS AND FIVE FOCUS GROUP INTERVIEWS WITH 89 COMMUNITY MEMBERS IN ADDITION, A COMMUNITY HEALTH ASSETS ASSESSMENT COLLECTED DATA ON NEARLY 60 ASSETS IN SOLANO COUNTY SECONDARY DATA USED INCLUDED HEALTH OUTCOME DATA, SOCIO-DEMOGRAPHIC DATA, AND BEHAVIORAL AND ENVIRONMENTAL DATA AT THE ZIP CODE OR CENSUS TRACT LEVEL HEALTH OUTCOME DATA INCLUDED EMERGENCY DEPARTMENT (ED) VISITS, HOSPITALIZATION, AND MORTALITY RATES RELATED TO HEART DISEASE, DIABETES, STROKE, HYPERTENSION, COPD, ASTHMA, AND SAFETY AND MENTAL HEALTH CONDITIONS SOCIO-DEMOGRAPHIC DATA INCLUDED DATA ON RACE AND ETHNICITY, POVERTY (FEMALE-HEADED HOUSEHOLDS, FAMILIES WITH CHILDREN, PEOPLE OVER 65 YEARS OF AGE), EDUCATIONAL ATTAINMENT, HEALTH INSURANCE STATUS, AND HOUSING ARRANGEMENT (OWN OR RENT) FURTHER, BEHAVIORAL AND ENVIRONMENTAL DATA HELPED DESCRIBE GENERAL LIVING CONDITIONS OF THE HSA SUCH AS CRIME RATES, ACCESS TO PARKS, AVAILABILITY OF HEALTHY FOOD, AND LEADING CAUSES OF DEATH ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED SIX SPECIFIC COMMUNITIES OF CONCERN LIVING WITH A HIGH BURDEN OF DISEASE IN SOLANO COUNTY THESE SIX COMMUNITIES HAD CONSISTENTLY HIGH RATES OF NEGATIVE HEALTH OUTCOMES THAT FREQUENTLY EXCEEDED COUNTY, STATE, AND HEALTHY PEOPLE 2020 BENCHMARKS THEY WERE CONFIRMED BY EXPERTS AS AREAS PRONE TO EXPERIENCING POORER HEALTH OUTCOMES RELATIVE TO OTHER COMMUNITIES IN THE HSA AGE-ADJUSTED RATES OF ED VISITS AND HOSPITALIZATION DUE TO HEART DISEASE, DIABETES, STROKE AND HYPERTENSION WERE DRASTICALLY HIGHER IN THESE ZIP CODES COMPARED TO OTHER ZIP CODES IN THE HSA IN GENERAL, BLACKS AND WHITES HAD THE HIGHEST RATES FOR THESE CONDITIONS COMPARED TO OTHER RACIAL AND ETHNIC GROUPS ANALYSIS OF ENVIRONMENTAL INDICATORS SHOWED THAT MANY OF THESE COMMUNITIES HAD CONDITIONS THAT ACT AS BARRIERS TO ACTIVE LIFESTYLES, SUCH AS ELEVATED CRIME RATES AND A TRAFFIC CLIMATE THAT IS UNFRIENDLY TO BICYCLISTS AND PEDESTRIANS FURTHERMORE, THESE COMMUNITIES FREQUENTLY HAD HIGHER PERCENTAGES OF RESIDENTS THAT WERE OBESE OR OVERWEIGHT ACCESS TO HEALTHY FOOD OUTLETS WAS LIMITED, WHILE THE CONCENTRATION OF FAST FOOD AND CONVENIENCE STORES WERE HIGH ANALYSIS OF THE HEALTH BEHAVIORS OF THESE RESIDENTS ALSO SHOW MANY BEHAVIORS THAT CORRELATE TO POOR HEALTH, SUCH AS HAVING A DIET THAT IS LIMITED IN FRUIT AND VEGETABLE CONSUMPTION AFTER EXAMINING THESE FINDINGS WITH THOSE OF THE QUALITATIVE DATA (KEY INFORMANT INTERVIEWS AND FOCUS GROUPS), A CONSOLIDATED LIST OF HEALTH NEEDS OF THESE COMMUNITIES WAS COMPILED THE PRIORITY HEALTH NEEDS ARE 1 LIMITED ACCESS TO HEALTHY FOODS 2 PERSONAL SAFETY 3 LACK OF OR LIMITED ACCESS TO HEALTH EDUCATION 4 LIMITED ACCESS TO FOLLOW-UP TREATMENT AND SPECIALTY CARE 5 TRANSPORTATION 6 LACK OF OR LIMITED ACCESS TO DENTAL CARE 7 LIMITED ACCESS TO MEDICATIONS AND PRESCRIPTION DRUGS 8 LIMITED PLACES TO WALK, BIKE, EXERCISE, OR PLAY 9 LIMITED PLACES AND SOCIAL SPACE FOR CIVIC ENGAGEMENT 10 LACK OF PREVENTIVE SERVICES AND COMMUNITY PROGRAMS THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR SUTTER SOLANO MEDICAL CENTER IS AVAILABLE AT HTTP //WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML</p> <p>SUTTER AUBURN FAITH HOSPITAL BEGINNING IN EARLY 2012 THROUGH FEBRUARY 2013, AN ASSESSMENT OF THE HEALTH NEEDS OF RESIDENTS LIVING IN THE SUTTER AUBURN FAITH HOSPITAL (SAFH) SERVICE AREA WAS COMPLETED BY VALLEY VISION, INC FOR THE PURPOSES OF THE ASSESSMENT, A HEALTH NEED WAS DEFINED AS, "A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER " A HEALTH DRIVER WAS DEFINED AS, "A BEHAVIORAL, ENVIRONMENTAL, AND/OR CLINIC FACTOR, AS WELL AS MORE UPSTREAM SOCIAL ECONOMIC FACTORS, THAT IMPACT HEALTH " A COMMUNITY-BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT THAT INCLUDED BOTH PRIMARY AND SECONDARY DATA PRIMARY DATA COLLECTION INCLUDED EXPERT INTERVIEWS WITH SIX KEY INFORMANTS AND THREE FOCUS GROUP INTERVIEWS WITH COMMUNITY MEMBERS IN ADDITION, A COMMUNITY HEALTH ASSETS ASSESSMENT COLLECTED DATA ON NEARLY 40 ASSETS IN THE SUTTER AUBURN FAITH HOSPITAL (SAFH) SERVICE AREA SECONDARY DATA USED INCLUDED HEALTH OUTCOME DATA, SOCIO-DEMOGRAPHIC DATA, AND BEHAVIORAL AND ENVIRONMENTAL DATA AT THE ZIP CODE OR CENSUS TRACT LEVEL HEALTH OUTCOME DATA INCLUDED EMERGENCY DEPARTMENT (ED) VISITS, HOSPITALIZATION, AND MORTALITY RATES RELATED TO HEART DISEASE, DIABETES, STROKE, HYPERTENSION, COPD, ASTHMA, AND SAFETY AND MENTAL HEALTH CONDITIONS SOCIO-DEMOGRAPHIC DATA INCLUDED DATA ON RACE AND ETHNICITY, POVERTY (FEMALE-HEADED HOUSEHOLDS, FAMILIES WITH CHILDREN, PEOPLE OVER 65 YEARS OF AGE), EDUCATIONAL ATTAINMENT, INSURANCE STATUS, AND HOUSING ARRANGEMENT (OWN OR RENT) FURTHER, BEHAVIORAL AND ENVIRONMENTAL DATA HELPED DESCRIBE GENERAL LIVING CONDITIONS OF THE HOSPITAL SERVICE AREA (HSA), SUCH AS CRIME RATES, ACCESS TO PARKS, AVAILABILITY OF HEALTHY FOOD, AND LEADING CAUSES OF DEATH ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED FOUR SPECIFIC COMMUNITIES OF CONCERN WITHIN THE HSA THESE FOUR COMMUNITIES OFTEN HAD HIGH RATES OF NEGATIVE HEALTH OUTCOMES THAT FREQUENTLY EXCEEDED COUNTY, STATE, AND HEALTHY PEOPLE 2020 BENCHMARKS AND WERE CONFIRMED BY AREA EXPERTS AS AREAS PRONE TO EXPERIENCE POORER HEALTH OUTCOMES RELATIVE TO OTHER COMMUNITIES IN THE HSA AGE-ADJUSTED RATES OF ED VISITS AND HOSPITALIZATION DUE TO HEART DISEASE AND DIABETES WERE OFTEN HIGHER IN THESE ZIP CODES COMPARED TO OTHERS IN THE HSA MORTALITY DATA FOR DIABETES, HEART DISEASE, AND STROKE SHOWED HIGH RATES AS WELL RATES OF ED VISITS AND HOSPITALIZATION FOR MENTAL HEALTH AND SUBSTANCE ABUSE WERE HIGH AND THESE ISSUES WERE FREQUENTLY MENTIONED DURING KEY INFORMANT AND FOCUS GROUP INTERVIEWS THESE AREAS HAD CONSISTENTLY HIGH RATES OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AND ASTHMA COMPARED TO COUNTY AND STATE BENCHMARKS ANALYSIS OF ENVIRONMENTAL INDICATORS SHOWED THAT MANY OF THESE COMMUNITIES HAD CONDITIONS THAT WERE BARRIERS TO ACTIVE LIFESTYLES, SUCH AS ELEVATED CRIME RATES AND A TRAFFIC CLIMATE THAT IS UNFRIENDLY TO BICYCLISTS AND PEDESTRIANS FURTHERMORE, THESE COMMUNITIES FREQUENTLY HAD HIGHER PERCENTAGES OF RESIDENTS THAT WERE OBESE OR OVERWEIGHT ACCESS TO HEALTHY FOOD OUTLETS WAS LIMITED, WHILE THE CONCENTRATION OF FAST FOOD AND CONVENIENCE STORES WERE HIGH ANALYSIS OF THE HEALTH BEHAVIORS OF THESE RESIDENTS ALSO SHOW MANY BEHAVIORS THAT CORRELATE TO POOR HEALTH, SUCH AS HAVING A DIET THAT IS LIMITED IN FRUIT AND VEGETABLE CONSUMPTION WHEN EXAMINING THESE FINDINGS WITH THOSE OF THE QUALITATIVE DATA (KEY INFORMANT INTERVIEW AND FOCUS GROUPS), A CONSOLIDATED LIST OF IDENTIFIED HEALTH NEEDS WITHIN THESE COMMUNITIES WAS COMPILED THESE PRIORITY HEALTH NEEDS ARE 1 LACK OF HEALTH CARE PROVIDERS (PRIMARY CARE AND PHYSICIANS THAT TAKE MEDI-CAL) 2 LACK OF AFFORDABLE HEALTH CARE AND PREVENTIVE SERVICES 3 LACK OF HEALTH CARE COVERAGE 4 LACK OF DENTAL CARE 5 DIFFICULTY QUALIFYING FOR MEDI-CAL 6 TRANSPORTATION ISSUES 7 LACK OF ACCESS TO MEDICATIONS 8 LACK OF CULTURALLY COMPETENT CARE 9 LACK OF NUTRITION AND HEALTH FOOD CLASSES 10 LACK OF ACTIVE LIVING OPPORTUNITIES THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR SUTTER AUBURN FAITH HOSPITAL IS AVAILABLE AT HTTP //WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML</p>

Form and Line Reference	Explanation
PART VI, LINE 2 (CONTINUED)	<p>SUTTER AMADOR HOSPITAL BETWEEN EARLY 2012 AND FEBRUARY 2013, VALLEY VISION, INC , CONDUCTED AN ASSESSMENT OF THE HEALTH NEEDS OF RESIDENTS LIVING IN THE SUTTER AMADOR HOSPITAL SERVICE AREA (HSA) FOR THE PURPOSES OF THE ASSESSMENT, A HEALTH NEED WAS DEFINED AS "A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER " A HEALTH DRIVER WAS DEFINED AS "A BEHAVIORAL, ENVIRONMENTAL, AND/OR CLINICAL FACTOR, AS WELL AS MORE UPSTREAM SOCIAL ECONOMIC FACTORS, THAT IMPACT HEALTH " A COMMUNITY-BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT, WHICH INCLUDED BOTH PRIMARY AND SECONDARY DATA PRIMARY DATA COLLECTION INCLUDED INPUT FROM MORE THAN 50 MEMBERS OF THE HSA, EXPERT INTERVIEWS WITH 14 KEY INFORMANTS, FOCUS GROUP INTERVIEWS WITH 39 COMMUNITY MEMBERS, AND INPUT GATHERED AT MEETINGS OF THE SUTTER AMADOR HOSPITAL COMMUNITY ADVISORY BOARD IN ADDITION, A COMMUNITY HEALTH ASSESSMENT COLLECTED DATA ON MORE THAN 40 ASSETS IN THE GREATER AMADOR COUNTY AREA SECONDARY DATA INCLUDED HEALTH OUTCOME DATA, SOCIO-DEMOGRAPHIC DATA, AND BEHAVIORAL AND ENVIRONMENTAL DATA AT THE ZIP CODE OR CENSUS TRACT LEVEL HEALTH OUTCOME DATA INCLUDED EMERGENCY DEPARTMENT (ED) VISITS, HOSPITALIZATION, AND MORTALITY RATES RELATED TO HEART DISEASE, DIABETES, STROKE, HYPERTENSION, COPD, ASTHMA, AND SAFETY AND MENTAL HEALTH CONDITIONS SOCIO-DEMOGRAPHIC DATA INCLUDED DATA ON RACE AND ETHNICITY, POVERTY (FEMALE-HEADED HOUSEHOLDS, FAMILIES WITH CHILDREN, PEOPLE OVER 65 YEARS OF AGE), EDUCATIONAL ATTAINMENT, HEALTH INSURANCE STATUS, AND HOUSING ARRANGEMENT (OWN OR RENT) FURTHER, BEHAVIORAL AND ENVIRONMENTAL DATA HELPED DESCRIBE GENERAL LIVING CONDITIONS OF THE HSA SUCH AS CRIME RATES, ACCESS TO PARKS, AVAILABILITY OF HEALTHY FOOD, AND LEADING CAUSES OF DEATH ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED FIVE SPECIFIC COMMUNITIES OF CONCERN LIVING WITH A HIGH BURDEN OF DISEASE IN AMADOR COUNTY THESE FIVE COMMUNITIES OF CONCERN HAD CONSISTENTLY HIGH RATES OF NEGATIVE HEALTH OUTCOMES THAT FREQUENTLY EXCEEDED COUNTY, STATE, AND HEALTHY PEOPLE 2020 BENCHMARKS, AND WERE CONFIRMED BY EXPERTS AS AREAS PRONE TO EXPERIENCING POORER HEALTH OUTCOMES RELATIVE TO OTHER COMMUNITIES IN THE HSA AGE-ADJUSTED RATES OF ED VISITS AND HOSPITALIZATIONS DUE TO HEART DISEASE, DIABETES, STROKE, AND HYPERTENSION WERE DRASTICALLY HIGHER IN THESE ZIP CODES COMPARED TO OTHERS IN THE HSA IN GENERAL, WHITES HAD THE HIGHEST RATES FOR THESE CONDITIONS COMPARED TO OTHER RACIAL AND ETHNIC GROUPS MORTALITY DATA FOR THESE CONDITIONS SHOWED HIGH RATES AS WELL ANALYSIS OF ENVIRONMENTAL INDICATORS SHOWED THAT MANY OF THESE COMMUNITIES HAD CONDITIONS THAT WERE BARRIERS TO ACTIVE LIFESTYLES, SUCH AS ELEVATED CRIME RATES AND A TRAFFIC CLIMATE UNFRIENDLY TO BICYCLISTS AND PEDESTRIANS FURTHERMORE, THESE COMMUNITIES FREQUENTLY HAD HIGHER PERCENTAGES OF RESIDENTS WHO WERE OBESE OR OVERWEIGHT ACCESS TO HEALTHY FOOD OUTLETS WAS LIMITED, WHILE THE CONCENTRATION OF FAST FOOD AND CONVENIENCE STORES WAS HIGH AN ANALYSIS OF THE HEALTH BEHAVIORS OF THESE RESIDENTS ALSO SHOWED MANY BEHAVIORS THAT CORRELATE TO POOR HEALTH, SUCH AS A DIET THAT IS LIMITED IN FRUIT AND VEGETABLE CONSUMPTION WHEN EXAMINING THESE FINDINGS WITH THOSE OF THE QUALITATIVE DATA (KEY INFORMANT INTERVIEW AND FOCUS GROUPS), A CONSOLIDATED LIST OF PRIORITY HEALTH NEEDS OF THESE COMMUNITIES WAS COMPILED THE PRIORITY HEALTH NEEDS FOR THE SUTTER AMADOR HOSPITAL SERVICE AREA ARE 1 LACK OF OR LIMITED ACCESS TO PRIMARY AND PREVENTATIVE SERVICES 2 LACK OF OR LIMITED ACCESS TO SPECIALTY CARE 3 LIMITED TRANSPORTATION OPTIONS 4 LIMITED MENTAL HEALTH SERVICES, LACK OF ACCESS TO MENTAL HEALTH SERVICES 5 LACK OF SUBSTANCE ABUSE TREATMENT AND REHABILITATION, BOTH INPATIENT AND OUTPATIENT 6 LIMITED ACCESS TO DENTAL CARE 7 LIMITED ACCESS TO PRESCRIPTION MEDICATIONS AND MEDICAL EQUIPMENT 8 LACK OF OR LIMITED ACCESS TO HEALTH EDUCATION 9 LACK OF OPPORTUNITIES FOR PHYSICAL ACTIVITY 10 LACK OF OR LIMITED ACCESS TO HEALTHY FOOD THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR SUTTER AMADOR HOSPITAL IS AVAILABLE AT HTTP //WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML</p> <p>SUTTER DAVIS HOSPITAL BEGINNING IN EARLY 2012 THROUGH FEBRUARY 2013, VALLEY VISION, INC CONDUCTED AN ASSESSMENT OF THE HEALTH NEEDS OF RESIDENTS LIVING IN THE SERVICE AREA OF SUTTER DAVIS HOSPITAL FOR THE PURPOSES OF THE ASSESSMENT, A HEALTH NEED WAS DEFINED AS "A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER " A HEALTH DRIVER WAS DEFINED AS "A BEHAVIORAL, ENVIRONMENTAL, AND/OR CLINICAL FACTOR, AS WELL AS MORE UPSTREAM SOCIAL ECONOMIC FACTORS, THAT IMPACT HEALTH " A COMMUNITY-BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT WHICH INCLUDED BOTH PRIMARY AND SECONDARY DATA PRIMARY DATA COLLECTION INCLUDED EXPERT INTERVIEWS WITH 12 KEY INFORMANTS AND FOCUS GROUP INTERVIEWS WITH 45 COMMUNITY MEMBERS IN ADDITION, A COMMUNITY HEALTH ASSETS ASSESSMENT COLLECTED DATA ON MORE THAN 90 ASSETS IN THE AREA SECONDARY DATA USED INCLUDED HEALTH OUTCOME DATA, SOCIO-DEMOGRAPHIC DATA, AND BEHAVIORAL AND ENVIRONMENTAL DATA AT THE ZIP CODE OR CENSUS TRACT LEVEL HEALTH OUTCOME DATA INCLUDED EMERGENCY DEPARTMENT (ED) VISITS, HOSPITALIZATION, AND MORTALITY RATES RELATED TO HEART DISEASE, DIABETES, STROKE, HYPERTENSION, COPD, ASTHMA, AND SAFETY AND MENTAL HEALTH CONDITIONS SOCIO-DEMOGRAPHIC DATA INCLUDED DATA ON RACE AND ETHNICITY, POVERTY (FEMALE-HEADED HOUSEHOLDS, FAMILIES WITH CHILDREN, PEOPLE OVER 65 YEARS OF AGE), EDUCATIONAL ATTAINMENT, HEALTH INSURANCE STATUS, AND HOUSING ARRANGEMENT (OWN OR RENT) BEHAVIORAL AND ENVIRONMENTAL DATA HELPED DESCRIBE GENERAL LIVING CONDITIONS OF THE HOSPITAL SERVICE AREA (HSA) SUCH AS CRIME RATES, ACCESS TO PARKS, AVAILABILITY OF HEALTHY FOOD, AND LEADING CAUSES OF DEATH ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED FOUR SPECIFIC COMMUNITIES OF CONCERN IN YOLO COUNTY THAT WERE LIVING WITH A HIGH BURDEN OF DISEASE THESE FOUR COMMUNITIES HAD CONSISTENTLY HIGH RATES OF HEALTH OUTCOMES THAT FREQUENTLY COUNTY, STATE, AND HEALTHY PEOPLE 2020 BENCHMARKS THEY WERE CONFIRMED BY AREA EXPERTS AS AREAS PRONE TO EXPERIENCE POORER HEALTH OUTCOMES RELATIVE TO OTHER COMMUNITIES IN THE HSA AGE-ADJUSTED RATES OF ED VISITS AND HOSPITALIZATION DUE TO HEART DISEASE, DIABETES, STROKE AND HYPERTENSION WERE DRASTICALLY HIGHER IN THESE ZIP CODES COMPARED TO OTHER ZIP CODES IN THE HSA IN GENERAL, BLACKS AND WHITES HAD THE HIGHEST RATES FOR THESE CONDITIONS COMPARED TO OTHER RACIAL AND ETHNIC GROUPS MORTALITY DATA FOR THESE CONDITIONS SHOWED HIGH RATES AS WELL ANALYSIS OF ENVIRONMENTAL INDICATORS SHOWED THAT MANY OF THESE COMMUNITIES HAD CONDITIONS THAT WERE BARRIERS TO ACTIVE LIFESTYLES, SUCH AS ELEVATED RATES OF CRIME AND UNSAFE TRAFFIC CLIMATE THAT WAS UNFRIENDLY TO BICYCLISTS AND PEDESTRIANS FURTHERMORE, THESE COMMUNITIES FREQUENTLY HAD HIGHER PERCENTAGES OF RESIDENTS THAT WERE OBESE OR OVERWEIGHT ACCESS TO HEALTHY FOOD OUTLETS WAS LIMITED, WHILE THE CONCENTRATIONS OF FAST FOOD AND CONVENIENCE STORES WERE HIGH ANALYSIS OF THE HEALTH BEHAVIORS OF THESE RESIDENTS ALSO SHOW MANY BEHAVIORS THAT CORRELATE TO POOR HEALTH, SUCH AS HAVING A DIET THAT IS LIMITED IN FRUIT AND VEGETABLE CONSUMPTION WHEN EXAMINING THESE FINDINGS WITH THOSE OF THE QUALITATIVE DATA (KEY INFORMANT INTERVIEW AND FOCUS GROUPS), A CONSOLIDATED LIST OF PRIORITY HEALTH NEEDS OF THESE COMMUNITIES WAS COMPILED THE HEALTH NEEDS ARE 1 ACCESS TO PRIMARY CARE AND PREVENTATIVE SERVICES 2 ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES 3 ACCESS TO SPECIALTY CARE 4 ACCESS TO AFFORDABLE HEALTHY FOODS 5 IMPROVED TRANSPORTATION SERVICES 6 EDUCATION ON HEALTH AND CHRONIC DISEASE MANAGEMENT 7 NUTRITION EDUCATION 8 ACCESS TO DENTAL CARE 9 ACCESS TO AFFORDABLE MEDICAL CARE AND MEDICATIONS FOR ALL 10 SAFE PLACES TO BE ACTIVE THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR SUTTER DAVIS HOSPITAL IS AVAILABLE AT HTTP //WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML</p>
PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE SACRAMENTO SIERRA REGION FOLLOWS A SUTTER HEALTH SYSTEM-WIDE CHARITY CARE POLICY, WHICH INCLUDES THE FOLLOWING DETAILS OF HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE FOR A MORE DETAILED LOOK AT OUR CHARITY CARE POLICIES BY REGION, PLEASE VISIT THE OFFICE OF STATEWIDE AND HEALTH PLANNING'S WEBSITE AT HTTP //SYFPHR.OSHPD.CA.GOV COMMUNICATIONS OF FINANCIAL ASSISTANCE AVAILABILITY A INFORMATION PROVIDED TO PATIENTS 1 PREADMISSION OR REGISTRATION DURING PREADMISSION OR REGISTRATION (OR AS SOON THEREAFTER AS PRACTICABLE) HOSPITAL AFFILIATES SHALL PROVIDE A ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AND THEIR RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES (IMPORTANT BILLING INFORMATION FOR UNINSURED PATIENTS) B PATIENTS WHO THE HOSPITAL IDENTIFIES MAY BE UNINSURED WITH A FINANCIAL ASSISTANCE APPLICATION SUBSTANTIALLY SIMILAR TO THE SUTTER HEALTH STANDARDIZED FINANCIAL ASSISTANCE APPLICATION, "STATEMENT OF FINANCIAL CONDITION" 2 EMERGENCY SERVICES IN THE CASE OF EMERGENCY SERVICES, HOSPITAL AFFILIATES SHALL PROVIDE THE ABOVE INFORMATION AS SOON AS PRACTICABLE AFTER STABILIZATION OF THE PATIENT'S EMERGENCY MEDICAL CONDITION OR UPON DISCHARGE 3 ALL OTHER TIMES UPON REQUEST, HOSPITAL AFFILIATES SHALL PROVIDE PATIENTS WITH INFORMATION ABOUT THEIR RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES, THE SUTTER HEALTH STANDARDIZED FINANCIAL ASSISTANCE APPLICATION FORM, "STATEMENT OF FINANCIAL CONDITION" B POSTINGS AND OTHER NOTICES INFORMATION ABOUT FINANCIAL ASSISTANCE SHALL ALSO BE PROVIDED AS FOLLOWS 1 BY POSTING NOTICES IN A VISIBLE MANNER IN LOCATIONS WHERE THERE IS A HIGH VOLUME OF INPATIENT OR OUTPATIENT ADMITTING/REGISTRATION, INCLUDING BUT NOT LIMITED TO THE EMERGENCY DEPARTMENT, BILLING OFFICES, ADMITTING OFFICE, AND OTHER HOSPITAL OUTPATIENT SERVICE SETTINGS 2 BY POSTING INFORMATION ABOUT FINANCIAL ASSISTANCE ON THE SUTTER HEALTH WEBSITE AND EACH HOSPITAL AFFILIATE WEBSITE, IF ANY 3 BY INCLUDING INFORMATION ABOUT FINANCIAL ASSISTANCE IN BILLS THAT ARE SENT TO UNINSURED PATIENTS 4 BY INCLUDING LANGUAGE ON BILLS SENT TO UNINSURED PATIENTS AS SPECIFICALLY SET FORTH IN THE MANAGEMENT OF PATIENT ACCOUNTS RECEIVABLE, COLLECTION PRACTICES, HOSPITAL AFFILIATE THIRD-PARTY LIENS, AND AFFILIATE DISPUTE INITIATION POLICY (FINANCE POLICY 14-227) C APPLICATIONS PROVIDED AT DISCHARGE IF NOT PREVIOUSLY PROVIDED, HOSPITAL AFFILIATES SHALL PROVIDE UNINSURED PATIENTS WITH APPLICATIONS FOR MEDI-CAL, HEALTHY FAMILIES, CALIFORNIA CHILDREN'S SERVICES, OR ANY OTHER POTENTIALLY APPLICABLE GOVERNMENT PROGRAM AT THE TIME OF DISCHARGE D LANGUAGES ALL NOTICES/COMMUNICATIONS PROVIDED IN THIS SECTION SHALL BE AVAILABLE IN THE PRIMARY LANGUAGE(S) OF THE AFFILIATE'S SERVICE AREA AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS E NOTIFICATIONS TO UNINSURED PATIENTS OF ESTIMATED FINANCIAL RESPONSIBILITY BY LAW, UNINSURED PATIENTS ARE ENTITLED TO RECEIVE AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR HOSPITAL SERVICES EXCEPT IN THE CASE OF EMERGENCY SERVICES, HOSPITAL AFFILIATES SHALL NOTIFY PATIENTS WHO THE HOSPITAL IDENTIFIES MAY BE UNINSURED PATIENTS THAT THEY MAY OBTAIN AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR HOSPITAL SERVICES, AND PROVIDE ESTIMATES TO THOSE PATIENTS UPON REQUEST ESTIMATES SHALL BE WRITTEN, AND BE PROVIDED DURING NORMAL BUSINESS HOURS ESTIMATES SHALL PROVIDE THE PATIENT WITH AN ESTIMATE OF THE AMOUNT THE HOSPITAL AFFILIATE WILL REQUIRE THE PATIENT TO PAY FOR THE HEALTH CARE SERVICES, PROCEDURES, AND SUPPLIES THAT ARE REASONABLY EXPECTED TO BE PROVIDED TO THE PATIENT BY THE HOSPITAL, BASED UPON THE AVERAGE LENGTH OF STAY AND SERVICES PROVIDED FOR THE PATIENT'S DIAGNOSIS</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>SUTTER MEDICAL CENTER SACRAMENTO THE ASSESSMENT STUDY AREA INCLUDED THE SMCS HOSPITAL SERVICE AREA (HSA) A KEY FOCUS WAS TO SHOW SPECIFIC COMMUNITIES (DEFINED GEOGRAPHICALLY) EXPERIENCING DISPARITIES AS THEY RELATED TO CHRONIC DISEASE AND MENTAL HEALTH TO THIS END, ZIP CODE BOUNDARIES WERE SELECTED AS THE UNIT-OF-ANALYSIS FOR MOST INDICATORS THIS LEVEL OF ANALYSIS ALLOWED FOR EXAMINATION OF HEALTH OUTCOMES AT THE COMMUNITY LEVEL THAT ARE OFTEN HIDDEN WHEN DATA ARE AGGREGATED AT THE COUNTY LEVEL SOME INDICATORS (DEMOGRAPHIC, BEHAVIORAL, AND ENVIRONMENTAL IN NATURE) WERE INCLUDED IN THE ASSESSMENT AT THE CENSUS TRACT, CENSUS BLOCK, OR POINT PREVALENCE LEVEL, WHICH ALLOWED FOR DEEPER COMMUNITY LEVEL EXAMINATION THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY THE HSA WAS DETERMINED BY ANALYZING PATIENT DISCHARGE DATA FROM TWO OF THE THREE FACILITIES THAT MAKE UP SMCS COLLECTION AND ANALYSIS OF THE ZIP CODES OF PATIENTS DISCHARGED FROM THE HOSPITALS OVER A SIX-MONTH PERIOD ALLOWED THE PRIMARY GEOGRAPHIC AREA SERVED BY THE HOSPITALS TO BE IDENTIFIED THE HSA IDENTIFIED AS THE FOCUS OF THE NEEDS ASSESSMENT IS DEPICTED IN FIGURE 2 IN THE FINAL CHNA BECAUSE THE HOSPITALS REPRESENTED IN SMCS (SUTTER GENERAL HOSPITAL, SUTTER MEMORIAL HOSPITAL, AND SUTTER CENTER FOR PSYCHIATRY) ARE CLOSE IN PROXIMITY, ANALYSIS REVEALED THAT THE HOSPITALS SERVED THE SAME GEOGRAPHIC AREAS TO IDENTIFY COMMUNITIES OF CONCERN, INPUT FROM THE CHNA TEAM, PRIMARY DATA FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS, ALONG WITH DETAILED ANALYSIS OF SECONDARY DATA, HEALTH OUTCOME INDICATORS, AND SOCIO-DEMOGRAPHICS WERE EXAMINED ZIP CODE COMMUNITIES WITH RATES THAT CONSISTENTLY EXCEEDED COUNTY, STATE, OR HEALTHY PEOPLE 2020 BENCHMARKS FOR ED UTILIZATION, HOSPITALIZATION, AND MORTALITY WERE CONSIDERED ZIP CODES WITH RATES THAT CONSISTENTLY FELL IN THE TOP 20% WERE NOTED AND THEN TRIANGULATED WITH PRIMARY DATA INPUT AND SOCIO-DEMOGRAPHIC DATA TO IDENTIFY SPECIFIC COMMUNITIES OF CONCERN DATA ON SOCIO-DEMOGRAPHICS OF RESIDENTS IN THESE COMMUNITIES, WHICH INCLUDED SOCIO-ECONOMIC STATUS, RACE AND ETHNICITY, EDUCATIONAL ATTAINMENT, HOUSING ARRANGEMENT, EMPLOYMENT STATUS, AND HEALTH INSURANCE STATUS, WERE EXAMINED AREA HEALTH NEEDS WERE DETERMINED VIA IN-DEPTH ANALYSIS OF QUALITATIVE AND QUANTITATIVE DATA, AND THEN CONFIRMED WITH SOCIO-DEMOGRAPHIC DATA AS NOTED EARLIER, A HEALTH NEED WAS DEFINED AS A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER A HEALTH NEED WAS INCLUDED AS A PRIORITY IF IT WAS REPRESENTED BY RATES WORSE THAN THE ESTABLISHED QUANTITATIVE BENCHMARKS OR WAS CONSISTENTLY MENTIONED IN THE QUALITATIVE DATA THE COMMUNITIES OF CONCERN ARE HOME TO MORE THAN 200,000 RESIDENTS THE AREAS CONSIST OF ZIP CODE COMMUNITIES OCCUPYING THE NORTHERN, DOWNTOWN, AND SOUTHERN PORTIONS OF THE SACRAMENTO COUNTY AREA ALL OF THE ZIP CODE COMMUNITIES ARE DENSELY POPULATED, WITH THE SOUTH SACRAMENTO AREA HAVING THE HIGHEST POPULATION AND THE DOWNTOWN AREA HAVING THE LOWEST POPULATION THE COMMUNITIES OF CONCERN ARE ZIP CODES 95660, 95814, 95815, 95823, 95824 AND 95838 SOCIO-DEMOGRAPHIC CONDITIONS, OR SOCIAL DETERMINANTS OF HEALTH, HELP PREDICT WHICH COMMUNITIES IN A BROAD GEOGRAPHIC AREA ARE MOST SUSCEPTIBLE TO POOR HEALTH OUTCOMES IN GENERAL, THE VAST MAJORITY OF RESIDENTS LIVING IN THE COMMUNITIES OF CONCERN FELL INTO MULTIPLE CATEGORIES OF SOCIAL DETERMINANTS OFTEN ASSOCIATED WITH POOR HEALTH OUTCOMES FOR EXAMPLE, ALL ZIP CODE COMMUNITIES FAR EXCEEDED THE NATIONAL BENCHMARKS FOR THE PERCENT OF FAMILIES IN A LIVING IN POVERTY WITH CHILDREN AND SINGLE-FEMALE HEADED HOUSEHOLDS WITH CHILDREN LIVING IN POVERTY ALL COMMUNITIES HAD HIGH PERCENTAGES OF NON-WHITE OR HISPANIC RESIDENTS, WITH 84% IN 95823 AND 83% IN 95824 FALLING INTO THIS CATEGORY FURTHER, ALL COMMUNITIES OF CONCERN HAD HIGH PERCENTAGES OF RESIDENTS WITHOUT HEALTH INSURANCE COMPARED TO STATE AND NATIONAL BENCHMARKS AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE SUTTER MEDICAL CENTER CHNA AT HTTP //WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SUTTER ROSEVILLE MEDICAL CENTER THE HOSPITAL SERVICE AREA (HSA) WAS DETERMINED BY ANALYZING PATIENT DISCHARGE DATA COLLECTING AND ANALYZING THE ZIP CODES OF PATIENTS DISCHARGED FROM THE HOSPITAL OVER A SIX-MONTH PERIOD ALLOWED THE PRIMARY GEOGRAPHIC AREA SERVED BY THE HOSPITAL TO BE IDENTIFIED THE HSA DETERMINED TO BE THE FOCUS OF THE NEEDS ASSESSMENT IS DEPICTED IN FIGURE 2 IN THE FULL REPORT THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY THE FIRST STEP IN IDENTIFYING VULNERABLE COMMUNITIES WAS TO EXAMINE SOCIO-DEMOGRAPHICS IN ORDER TO IDENTIFY AREAS OF THE HSA WITH HIGH VULNERABILITY TO CHRONIC DISEASE DISPARITIES AND POOR MENTAL HEALTH OUTCOMES RACE/ETHNICITY, HOUSEHOLD MAKE-UP, INCOME, AND AGE VARIABLES WERE COMBINED INTO A VULNERABILITY INDEX THAT DESCRIBED THE LEVEL OF VULNERABILITY OF EACH CENSUS TRACT THIS INDEX WAS THEN MAPPED FOR THE ENTIRE HSA A TRACT WAS CONSIDERED MORE VULNERABLE, OR MORE LIKELY TO HAVE HIGHER UNWANTED HEALTH OUTCOMES THAN OTHERS IN THE HSA, IF IT HAD HIGHER 1)PERCENT NON-WHITE OR HISPANIC POPULATION, 2)PERCENT SINGLE PARENT HEADED HOUSEHOLDS, 3)PERCENT BELOW 125% OF THE POVERTY LEVEL, 4)PERCENT UNDER FIVE YEARS OLD, AND 5)PERCENT 65 YEARS OF AGE OR OLDER LIVING IN THE CENSUS TRACT THIS INFORMATION WAS USED IN COMBINATION WITH INPUT FROM THE CHNA WORKGROUP TO IDENTIFY PRIORITIZED AREAS FOR WHICH KEY INFORMANTS WOULD BE SOUGHT TO IDENTIFY COMMUNITIES OF CONCERN, INPUT FROM THE CHNA TEAM, PRIMARY DATA FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS, AND DETAILED ANALYSIS OF SECONDARY DATA, HEALTH OUTCOME INDICATORS, AND SOCIO-DEMOGRAPHICS WERE EXAMINED ZIP CODE COMMUNITIES WITH RATES THAT CONSISTENTLY EXCEEDED COUNTY, STATE, OR HEALTHY PEOPLE 2020 BENCHMARKS FOR ED UTILIZATION, HOSPITALIZATION, AND MORTALITY WERE CONSIDERED ZIP CODES THAT CONSISTENTLY FELL IN THE TOP 20% WERE NOTED AND THEN TRIANGULATED WITH PRIMARY DATA INPUT AND SOCIO-DEMOGRAPHIC DATA TO IDENTIFY SPECIFIC COMMUNITIES OF CONCERN THE SRMC COMMUNITIES OF CONCERN ARE HOME TO MORE THAN 220,000 SACRAMENTO COUNTY RESIDENTS THE AREAS CONSIST OF ZIP CODES ALL IN THE NORTHEASTERN PART OF THE SACRAMENTO METROPOLITAN AREA, EXCEPT THE ZIP CODE 95670 (RANCHO CORDOVA), WHICH IS LOCATED ALONG THE HIGHWAY 50 CORRIDOR IN EASTERN SACRAMENTO COUNTY SEVERAL ZIP CODES SIT ALONG THE INTERSTATE 80 CORRIDOR AND ALL ZIP CODE COMMUNITIES OF CONCERN ARE CONTIGUOUS, EXCEPT 95670 (RANCHO CORDOVA) ALL COMMUNITIES OF CONCERN ARE URBAN AREAS OF RELATIVELY HIGH POPULATION DENSITY THE COMMUNITIES OF CONCERN ARE ZIP CODES 95621, 95660, 95670, 95673, 95821, 95841 AND 95842 MANY COMMUNITIES EXCEEDED STATE AND NATIONAL BENCHMARKS FOR A NUMBER OF SOCIO-DEMOGRAPHIC CONDITIONS, WITH 95660 (NORTH HIGHLANDS) LEADING IN ALMOST ALL CATEGORIES OTHER NOTABLE POPULATION CHARACTERISTICS INCLUDED UNEMPLOYMENT AND UNINSURED RATES THAT EXCEEDED BOTH NATIONAL AND STATE BENCHMARKS IN ALL COMMUNITIES OF CONCERN NEARLY THREE OF EVERY TEN RESIDENTS IN ZIP CODE 95821 (NORTH WATT AREA) WERE UNINSURED, A RATE THAT WAS ALMOST DOUBLE THE NATIONAL BENCHMARK FURTHER, IN 95660 (NORTH HIGHLANDS), OVER FOUR OF EVERY TEN SINGLE FEMALE HEADED-HOUSEHOLDS LIVED IN POVERTY, A STRONG PREDICTOR OF POOR HEALTH OUTCOMES FOR THIS VULNERABLE POPULATION AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE SUTTER ROSEVILLE MEDICAL CENTER CHNA AT HTTP //WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML</p>
PART VI, LINE 4 (CONTINUED)	<p>SUTTER SOLANO MEDICAL CENTER THE STUDY AREA OF THE ASSESSMENT WAS SOLANO COUNTY A KEY FOCUS WAS TO SHOW SPECIFIC COMMUNITIES (DEFINED GEOGRAPHICALLY) EXPERIENCING DISPARITIES AS THEY RELATE TO CHRONIC DISEASE AND MENTAL HEALTH TO THIS END, ZIP CODE BOUNDARIES WERE SELECTED AS THE UNIT-OF-ANALYSIS FOR MOST INDICATORS THIS LEVEL OF ANALYSIS ALLOWED FOR EXAMINATION OF HEALTH OUTCOMES AT THE COMMUNITY LEVEL THAT ARE OFTEN HIDDEN WHEN DATA ARE AGGREGATED AT THE COUNTY LEVEL SOME INDICATORS (DEMOGRAPHIC, BEHAVIORAL, AND ENVIRONMENTAL IN NATURE) WERE INCLUDED IN THE ASSESSMENT AT THE CENSUS TRACT LEVEL, THE CENSUS BLOCK, OR POINT PREVALENCE, WHICH ALLOWED FOR DEEPER COMMUNITY LEVEL EXAMINATION THERE ARE THREE HOSPITALS THAT SERVE THE COMMUNITY THE HOSPITAL SERVICE AREA (HSA) WAS DESIGNATED AS ALL OF SOLANO COUNTY BECAUSE ALL THREE HEALTHCARE SYSTEMS SERVE COMMUNITIES WITHIN THE COUNTY AND, AS A KEY PARTNER IN THIS ASSESSMENT AND EVENTUAL IMPLEMENTATION, THE SOLANO COALITION FOR BETTER HEALTH MAINTAINS CLOSE RELATIONSHIPS WITH THE HEALTHCARE SYSTEMS INVOLVED THE FIRST STEP IN THE PROCESS OF IDENTIFYING VULNERABLE COMMUNITIES WAS TO EXAMINE SOCIO-DEMOGRAPHICS IN ORDER TO IDENTIFY AREAS OF THE HSA WITH HIGH VULNERABILITY TO CHRONIC DISEASE DISPARITIES AND POOR MENTAL HEALTH OUTCOMES RACE AND ETHNICITY, HOUSEHOLD MAKEUP, INCOME, AND AGE VARIABLES WERE COMBINED INTO A VULNERABILITY INDEX THAT DESCRIBED THE LEVEL OF VULNERABILITY OF EACH CENSUS TRACT THIS INDEX WAS THEN MAPPED FOR THE ENTIRE HSA A TRACT WAS CONSIDERED MORE VULNERABLE, OR MORE LIKELY TO HAVE HIGHER NEGATIVE OR UNWANTED HEALTH OUTCOMES THAN OTHERS IN THE HSA, IF IT HAD HIGHER 1)PERCENT HISPANIC OR NON-WHITE POPULATION, 2)PERCENT SINGLE PARENT HEADED HOUSEHOLDS, 3)PERCENT POPULATION BELOW 125% OF THE POVERTY LEVEL, 4)PERCENT POPULATION UNDER FIVE YEARS OLD, AND 5)PERCENT POPULATION OVER 65 YEARS OF AGE LIVING IN THE CENSUS TRACT THIS INFORMATION WAS USED IN COMBINATION WITH INPUT FROM THE CHNA WORKGROUP TO IDENTIFY PRIORITIZED AREAS FOR WHICH KEY INFORMANTS WOULD BE SOUGHT TO IDENTIFY COMMUNITIES OF CONCERN, INPUT FROM THE CHNA TEAM AND PRIMARY DATA FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS, ALONG WITH DETAILED ANALYSIS OF SECONDARY DATA, HEALTH OUTCOME INDICATORS, AND SOCIO-DEMOGRAPHICS WERE EXAMINED ZIP CODES WITH RATES THAT CONSISTENTLY EXCEEDED COUNTY, STATE, OR HEALTHY PEOPLE 2020 BENCHMARKS FOR ED UTILIZATION, HOSPITALIZATION, AND MORTALITY WERE CONSIDERED ZIP CODES THAT CONSISTENTLY FELL IN THE TOP 20% HIGHEST RATES WERE NOTED AND THEN TRIANGULATED WITH PRIMARY AND SOCIO-DEMOGRAPHIC DATA TO IDENTIFY SPECIFIC COMMUNITIES OF CONCERN THE COMMUNITIES OF CONCERN ARE CLUSTERED IN THE VALLEJO, FAIRFIELD, AND VACAVILLE AREAS ALONG THE I-80 CORRIDOR IN TERMS OF POPULATION DENSITY, THESE REPRESENT THE MAJOR POPULATION CENTERS OF THE SOLANO COUNTY HSA THE RIO VISTA AREA COMMUNITIES OF CONCERN ARE LOCATED IN THE SOUTHEASTERN PORTION OF THE COUNTY ADJACENT TO THE DELTA AREA AND ARE CONSIDERED MORE RURAL THE COMMUNITIES OF CONCERN ARE 94533, 94571, 94589, 94590, 94591 AND 95688 SOCIO-DEMOGRAPHIC CONDITIONS, COMMONLY REFERRED TO AS SOCIAL DETERMINANTS OF HEALTH, HELP PREDICT WHICH COMMUNITIES IN A BROAD GEOGRAPHIC AREA ARE MOST SUSCEPTIBLE TO POOR HEALTH OUTCOMES THE SIX ZIP CODES IDENTIFIED ARE HOME TO NEARLY ONE-QUARTER MILLION RESIDENTS DATA INDICATED THAT THESE AREAS OF THE HSA WERE HIGHLY DIVERSE AND DEMONSTRATED A LARGE NUMBER OF AREAS WITH HIGH RATES OF POVERTY, LOW EDUCATIONAL ATTAINMENT, HIGH UNEMPLOYMENT, HIGH UNINSURED RATES, AND A HIGH NUMBER OF RESIDENTS RENTING VERSUS OWNING THEIR HOMES IN ALL SIX ZIP CODES, AT LEAST 29 4% OF RESIDENTS REPORTED AS EITHER HISPANIC OR NON-WHITE IN ZIP CODES WITHIN VALLEJO AND FAIRFIELD, 66 4% OR MORE REPORTED AS HISPANIC OR NON-WHITE THE PERCENT OF RESIDENTS OVER THE AGE OF FIVE WITH LIMITED ENGLISH PROFICIENCY (LEP) WAS RELATIVELY LOW, RANGING FROM 3 7% TO 6 4% ZIP CODES 94571, 94589, AND 94590 DISPLAYED HIGH PERCENTAGES OF POVERTY IN SPECIFIC AREAS IN RIO VISTA, 94571, 53 8% OF SINGLE FEMALE-HEADED HOUSEHOLDS WERE LIVING IN POVERTY, WHICH EXCEEDED THE NATIONAL AVERAGE OF 31 2% TWO ZIP CODES IN VALLEJO, 94589 AND 94590, HAD A HIGHER PERCENT OF RESIDENTS OVER AGE 65 LIVING IN POVERTY COMPARED TO THE NATIONAL BENCHMARK THE PERCENT OF FAMILIES WITH CHILDREN LIVING IN POVERTY IN 94590 WAS 19 5%, WHICH EXCEEDED THE NATIONAL BENCHMARK OF 15 1% FIVE OUT OF THE SIX AREA ZIP CODES HAD A HIGHER PERCENT OF RESIDENTS OVER THE AGE OF 25 WHO DID NOT POSSESS A HIGH SCHOOL DIPLOMA COMPARED TO THE NATIONAL BENCHMARK ALL BUT ONE OF THE ZIP CODES HAD A HIGHER RATE OF UNEMPLOYMENT COMPARED TO THE NATIONAL RATE, WHILE TWO HAD A HIGHER PERCENT UNINSURED COMPARED TO THE NATIONAL RATE AT 16 3% LOOKING AT THE PERCENTAGE OF INDIVIDUALS WITHIN A ZIP CODE WHO RENT VERSUS OWN THEIR PLACE OF RESIDENCE PROVIDES A PEEK INTO A COMMUNITY'S HEALTH AND FINANCIAL STABILITY THE PERCENT OF RESIDENTS WHO RENT IN THE SIX ZIP CODES IDENTIFIED AS COMMUNITIES OF CONCERN RANGED FROM 27 0% TO 54 6% AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE SUTTER MEDICAL CENTER CHNA AT HTTP //WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SUTTER AUBURN FAITH HOSPITAL THE STUDY AREA OF THE ASSESSMENT INCLUDED THE SUTTER AUBURN FAITH HOSPITAL A KEY FOCUS WAS TO SHOW SPECIFIC COMMUNITIES (DEFINED GEOGRAPHICALLY) EXPERIENCING DISPARITIES AS THEY RELATE TO CHRONIC DISEASE AND MENTAL HEALTH TO THIS END, ZIP CODE BOUNDARIES WERE SELECTED AS THE UNIT OF ANALYSIS FOR MOST INDICATORS THIS LEVEL OF ANALYSIS ALLOWED FOR EXAMINATION OF HEALTH OUTCOMES AT THE COMMUNITY LEVEL THAT ARE OFTEN HIDDEN WHEN AGGREGATED AT THE COUNTY LEVEL SOME INDICATORS (DEMOGRAPHIC, BEHAVIORAL, AND ENVIRONMENTAL IN NATURE) WERE INCLUDED IN THE ASSESSMENT AT THE CENSUS TRACT, CENSUS BLOCK, OR POINT PREVALENCE LEVEL, WHICH ALLOWED FOR DEEPER COMMUNITY LEVEL EXAMINATION THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY SUTTER AUBURN FAITH'S HSA WAS DETERMINED BY ANALYSIS OF PATIENT DISCHARGE DATA COLLECTION AND ANALYSIS OF THE ZIP CODES OF PATIENTS DISCHARGED FROM THE HOSPITAL OVER A SIX-MONTH PERIOD ALLOWED FOR IDENTIFICATION OF THE PRIMARY GEOGRAPHIC AREA SERVED BY THE HOSPITAL THE HSA IDENTIFIED AS THE FOCUS OF THE NEEDS ASSESSMENT IS DEPICTED IN FIGURE 2 IN THE FULL CHNA THE SUTTER AUBURN FAITH HOSPITAL HSA COMMUNITIES OF CONCERN ARE HOME TO JUST OVER 90,000 RESIDENTS THE ZIP CODE COMMUNITIES CONSIST OF THE SUBURBAN CITY OF LINCOLN, THE FOOTHILL TOWN OF AUBURN, AND THE SMALL, UNINCORPORATED COMMUNITY OF APPLGATE EACH ZIP CODE, EXCEPT FOR THE TWO IN AUBURN, IS UNIQUE FROM OTHERS APPLGATE IS A SMALL COMMUNITY TUCKED INTO THE FOOTHILLS AND IS HOME TO LESS THAN 1,000 RESIDENTS, WHILE LINCOLN HAS REALIZED MAJOR GROWTH OVER THE PAST DECADE AND NOW BOASTS A POPULATION OF OVER 45,000 QUANTITATIVE DATA AT THE ZIP CODE LEVEL DOES NOT NECESSARILY POINT TO DEEP DISPARITIES IN REGARDS TO POVERTY, UNEMPLOYMENT, OR EDUCATIONAL ATTAINMENT HOWEVER, A CLOSER LOOK AT CENSUS TRACT LEVEL DATA COUPLED WITH ANALYSIS OF QUALITATIVE DATA REVEALED AREAS WITHIN THESE ZIP CODES WITH LARGE POPULATIONS OF HISPANICS, INDIVIDUALS LIVING UNDER THE FEDERAL POVERTY LEVEL, AND FEMALE-HEADED HOUSEHOLDS FOR EXAMPLE, A CENSUS TRACT WITHIN 95602 HAD HISPANICS AS 22% OF ITS POPULATION AND 23% OF ITS RESIDENTS LIVING 200% BELOW THE FEDERAL POVERTY LEVEL IN CONTRAST, AN ADJACENT CENSUS TRACT WITHIN THE 95602 ZIP CODE HAD ONLY 6% HISPANICS AND HAD ONLY 6% LIVING 200% BELOW FPL AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN SUTTER AUBURN FAITH HOSPITAL'S CHNA AT HTTP //WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML</p>

Form and Line Reference	Explanation
PART VI, LINE 4 (CONTINUED)	<p>SUTTER AMADOR HOSPITAL A COMMUNITY-BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT, WHICH INCLUDED BOTH PRIMARY AND SECONDARY DATA. PRIMARY DATA COLLECTION INCLUDED INPUT FROM MORE THAN 50 MEMBERS OF THE HOSPITAL SERVICE AREA (HSA), EXPERT INTERVIEWS WITH 14 KEY INFORMANTS, FOCUS GROUP INTERVIEWS WITH 39 COMMUNITY MEMBERS, AND INPUT GATHERED AT MEETINGS OF THE SUTTER AMADOR HOSPITAL COMMUNITY ADVISORY BOARD. THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY. IN ADDITION, A COMMUNITY HEALTH ASSESSMENT COLLECTED DATA ON MORE THAN 40 ASSETS IN THE GREATER AMADOR COUNTY AREA. SECONDARY DATA INCLUDED HEALTH OUTCOME DATA, SOCIO-DEMOGRAPHIC DATA, AND BEHAVIORAL AND ENVIRONMENTAL DATA AT THE ZIP CODE OR CENSUS TRACT LEVEL. HEALTH OUTCOME DATA INCLUDED EMERGENCY DEPARTMENT (ED) VISITS, HOSPITALIZATION, AND MORTALITY RATES RELATED TO HEART DISEASE, DIABETES, STROKE, HYPERTENSION, COPD, ASTHMA, AND SAFETY AND MENTAL HEALTH CONDITIONS. SOCIO-DEMOGRAPHIC DATA INCLUDED DATA ON RACE AND ETHNICITY, POVERTY (FEMALE-HEADED HOUSEHOLDS, FAMILIES WITH CHILDREN, PEOPLE OVER 65 YEARS OF AGE), EDUCATIONAL ATTAINMENT, HEALTH INSURANCE STATUS, AND HOUSING ARRANGEMENT (OWN OR RENT). FURTHER, BEHAVIORAL AND ENVIRONMENTAL DATA HELPED DESCRIBE GENERAL LIVING CONDITIONS OF THE HSA SUCH AS CRIME RATES, ACCESS TO PARKS, AVAILABILITY OF HEALTHY FOOD, AND LEADING CAUSES OF DEATH. THE STUDY AREA OF THE ASSESSMENT INCLUDED THE GREATER AMADOR COUNTY REGION. A KEY FOCUS WAS TO SHOW SPECIFIC COMMUNITIES (DEFINED GEOGRAPHICALLY) EXPERIENCING DISPARITIES AS THEY RELATE TO CHRONIC DISEASE AND MENTAL HEALTH. TO THIS END, ZIP CODE BOUNDARIES WERE SELECTED AS THE UNIT OF ANALYSIS FOR MOST INDICATORS. THIS LEVEL OF ANALYSIS ALLOWED FOR EXAMINATION OF HEALTH OUTCOMES AT THE COMMUNITY LEVEL THAT ARE OFTEN HIDDEN WHEN DATA ARE AGGREGATED AT THE COUNTY LEVEL. SOME INDICATORS (DEMOGRAPHIC, BEHAVIORAL, AND ENVIRONMENTAL IN NATURE) WERE INCLUDED IN THE ASSESSMENT AT THE CENSUS TRACT, CENSUS BLOCK, OR POINT PREVALENCE LEVEL, WHICH ALLOWED FOR DEEPER COMMUNITY LEVEL EXAMINATION. HSAS WERE DETERMINED BY ANALYZING PATIENT DISCHARGE DATA. THE PRIMARY GEOGRAPHIC AREA SERVED BY THE HOSPITAL WAS IDENTIFIED THROUGH THE COLLECTION AND ANALYSIS OF ZIP CODES ASSOCIATED WITH PATIENTS DISCHARGED FROM THE HOSPITAL OVER A SIX-MONTH PERIOD. ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED FIVE SPECIFIC COMMUNITIES OF CONCERN LIVING WITH A HIGH BURDEN OF DISEASE IN AMADOR COUNTY. THESE FIVE COMMUNITIES OF CONCERN HAD CONSISTENTLY HIGH RATES OF NEGATIVE HEALTH OUTCOMES THAT FREQUENTLY EXCEEDED COUNTY, STATE, AND HEALTHY PEOPLE 2020 BENCHMARKS, AND WERE CONFIRMED BY EXPERTS AS AREAS PRONE TO EXPERIENCING POORER HEALTH OUTCOMES RELATIVE TO OTHER COMMUNITIES IN THE HSA. THE SUTTER AMADOR HSA FIVE COMMUNITIES OF CONCERN ARE HOME TO NEARLY 20,000 COUNTY RESIDENTS. THE AREAS CONSIST OF ZIP CODE COMMUNITIES OCCUPYING THE NORTH, CENTRAL, AND WESTERN PORTIONS OF THE AMADOR COUNTY AREA. IONE AND JACKSON ARE THE MOST DENSELY POPULATED ZIP CODES AND INCLUDE BOTH URBAN AND RURAL AREAS. THE RURAL COMMUNITIES OF FIDDLTOWN, RIVER PINES, AND AMADOR CITY HAVE SIGNIFICANTLY LOWER POPULATIONS. JACKSON (95642) IS THE LARGEST CITY IN AMADOR COUNTY AND THE LOCATION OF THE MAJORITY OF THE REGION'S RETAIL CENTERS, GOVERNMENT AND SOCIAL SERVICE AGENCIES, AND HEALTH CARE PROVIDERS. SUTTER AMADOR HOSPITAL IS LOCATED IN JACKSON. AMADOR CITY (95601) IS A SMALL, RURAL COMMUNITY IN THE CENTRAL PART OF AMADOR COUNTY, 6.5 MILES NORTH OF JACKSON (95642). THIS COMMUNITY IS APPROXIMATELY EIGHT MILES OR 15 MINUTES AWAY FROM SUTTER AMADOR HOSPITAL. FIDDLTOWN (95629) AND RIVER PINES (95675) ARE RURAL COMMUNITIES LOCATED IN THE NORTHEASTERN PART OF AMADOR COUNTY. SUTTER PLYMOUTH HEALTH CENTER IS APPROXIMATELY EIGHT MILES FROM FIDDLTOWN AND 12 MILES FROM RIVER PINES. DRIVE TIME TO SUTTER AMADOR HOSPITAL FROM FIDDLTOWN IS APPROXIMATELY 30 MINUTES. IONE (95640) IS LOCATED IN A LARGE ZIP CODE IN WESTERN AMADOR COUNTY. THE ZIP CODE INCLUDES THE TOWN OF IONE AND ADJACENT RURAL AREAS. THIS COMMUNITY IS APPROXIMATELY 11 MILES OR 20 MINUTES AWAY FROM SUTTER AMADOR HOSPITAL. AN IN-DEPTH VIEW OF THE HOSPITAL'S SERVICE AREA IS AVAILABLE IN SUTTER AMADOR HOSPITAL'S CHNA AT HTTP://WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT. HT ML SUTTER DAVIS HOSPITAL THE ASSESSMENT STUDY AREA INCLUDED THE SUTTER DAVIS HOSPITAL SERVICE AREA (HSA). A KEY FOCUS WAS TO SHOW SPECIFIC COMMUNITIES (DEFINED GEOGRAPHICALLY) EXPERIENCING DISPARITIES AS RELATED TO CHRONIC DISEASE AND MENTAL HEALTH. TO THIS END, ZIP CODE BOUNDARIES WERE SELECTED AS THE UNIT OF ANALYSIS FOR MOST INDICATORS. THIS LEVEL OF ANALYSIS ALLOWED FOR EXAMINATION OF HEALTH OUTCOMES AT THE COMMUNITY LEVEL THAT ARE OFTEN HIDDEN WHEN DATA ARE AGGREGATED AT THE COUNTY LEVEL. SOME INDICATORS (DEMOGRAPHIC, BEHAVIORAL AND ENVIRONMENTAL IN NATURE) WERE INCLUDED IN THE ASSESSMENT AT THE CENSUS TRACT LEVEL, CENSUS BLOCK, OR POINT PREVALENCE, WHICH ALLOWED FOR DEEPER COMMUNITY LEVEL EXAMINATION. THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY. THE HSA WAS DETERMINED BY ANALYZING PATIENT DISCHARGE DATA. COLLECTING AND ANALYZING THE ZIP CODES OF PATIENTS DISCHARGED FROM THE HOSPITAL OVER A SIX-MONTH PERIOD ALLOWED THE PRIMARY GEOGRAPHIC AREA SERVED BY THE HOSPITAL TO BE IDENTIFIED. THE HSA DETERMINED TO BE THE FOCUS OF THE NEEDS ASSESSMENT IS DEPICTED IN FIGURE 2 IN THE FULL CHNA REPORT. TO IDENTIFY VULNERABLE COMMUNITIES, THE FIRST STEP WAS TO EXAMINE SOCIO-DEMOGRAPHICS IN ORDER TO IDENTIFY AREAS OF THE HSA WITH HIGH VULNERABILITY TO CHRONIC DISEASE DISPARITIES AND POOR MENTAL HEALTH OUTCOMES. RACE AND ETHNICITY, HOUSEHOLD MAKEUP, INCOME, AND AGE VARIABLES WERE COMBINED INTO A VULNERABILITY INDEX THAT DESCRIBED THE LEVEL OF VULNERABILITY OF EACH CENSUS TRACT. THIS INDEX WAS THEN MAPPED FOR THE ENTIRE HSA. A TRACT WAS CONSIDERED MORE VULNERABLE, OR MORE LIKELY TO HAVE NEGATIVE OR UNWANTED HEALTH OUTCOMES, IF IT HAD HIGHER: 1) PERCENT HISPANIC OR NON-WHITE POPULATION, 2) PERCENT SINGLE PARENT HEADED HOUSEHOLDS, 3) PERCENT POPULATION BELOW 125% OF THE POVERTY LEVEL, 4) PERCENT POPULATION UNDER FIVE YEARS OLD AND 5) PERCENT POPULATION OVER 65 YEARS OF AGE LIVING IN THE CENSUS TRACT. THIS INFORMATION WAS USED IN COMBINATION WITH INPUT FROM THE CHNA WORKGROUP TO IDENTIFY PRIORITIZED AREAS FROM WHICH KEY INFORMANTS WOULD BE SOUGHT TO IDENTIFY COMMUNITIES OF CONCERN, INPUT FROM THE CHNA TEAM, PRIMARY DATA FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS, ALONG WITH DETAILED ANALYSIS OF SECONDARY DATA, HEALTH OUTCOME INDICATORS, AND SOCIO-DEMOGRAPHICS WERE EXAMINED. ZIP CODES WITH RATES THAT CONSISTENTLY EXCEEDED COUNTY, STATE, OR HEALTHY PEOPLE 2020 BENCHMARKS FOR ED UTILIZATION, HOSPITALIZATION, AND MORTALITY WERE CONSIDERED. ZIP CODES WITH RATES THAT FELL IN THE TOP 20% WERE NOTED AND THEN TRIANGULATED WITH PRIMARY AND SOCIO-DEMOGRAPHIC DATA TO IDENTIFY SPECIFIC COMMUNITIES OF CONCERN. THE SUTTER DAVIS HSA FOUR COMMUNITIES OF CONCERN ARE HOME TO MORE THAN 108,000 RESIDENTS. THE COMMUNITIES OF CONCERN CONSIST OF ZIP CODES THAT INCLUDE THE CITIES OF WEST SACRAMENTO AND WOODLAND AND THEIR OUTLYING AREAS. THE FOUR COMMUNITIES OF CONCERN ARE ZIP CODES 95605, 95691, 95695 AND 95776. THESE FOUR ZIP CODES ARE HOME TO OVER 108,000 RESIDENTS. DATA INDICATED THAT THESE AREAS OF THE HSA INCLUDED AREAS WITH HIGH RATES OF POVERTY, LOW EDUCATIONAL ATTAINMENT, HIGH UNEMPLOYMENT, HIGH UNINSURED RATES, AND A HIGH NUMBER OF RESIDENTS RENTING THEIR HOMES. ALL FOUR ZIP CODES HAD RATES OF AT LEAST 41% OF RESIDENTS REPORTING TO BE EITHER NON-WHITE OR HISPANIC, AND IN THREE OF THE FOUR ZIP CODES AT LEAST 50% OF RESIDENTS WERE NON-WHITE OR HISPANIC. THE PERCENT OF RESIDENTS OVER THE AGE OF FIVE WITH LIMITED ENGLISH PROFICIENCY RANGED FROM 7.7% IN ZIP CODE 95691 TO 21.3% IN 95605. TWO OF THE FOUR ZIP CODES HAD A HIGHER PERCENT OF SINGLE FEMALE-HEADED HOUSEHOLDS LIVING IN POVERTY THAN THE NATIONAL AVERAGE OF 31.2%. THREE OF THE FOUR COMMUNITIES OF CONCERN HAD A HIGHER PERCENT OF RESIDENTS OVER AGE 65 YEARS LIVING IN POVERTY COMPARED TO THE NATIONAL BENCHMARK OF 9%. TWO OF THE ZIP CODES HAD A PERCENT OF FAMILIES WITH CHILDREN LIVING IN POVERTY HIGHER THAN THE NATIONAL BENCHMARK OF 15.1%. ALL BUT ONE ZIP CODE HAD A HIGHER PERCENT OF RESIDENTS OVER THE AGE OF 25 WITHOUT A HIGH SCHOOL DIPLOMA COMPARED TO THE NATIONAL AVERAGE, WITH THE HIGHEST BEING 34.4% IN ZIP CODE 95605. ALL FOUR OF THE ZIP CODES HAD A HIGHER PERCENT UNEMPLOYED COMPARED TO THE NATIONAL RATE OF 7.9%. ALL BUT ONE OF THE ZIP CODES HAD A HIGHER PERCENT UNINSURED COMPARED TO THE NATIONAL RATE OF 16.3%, WITH 42.8% OF RESIDENTS IN 95605 BEING UNINSURED. LOOKING AT THE PERCENTAGE OF RESIDENTS IN A ZIP CODE WHO RENT VERSUS OWN THEIR PLACE OF RESIDENCE PROVIDES A PEEK INTO A COMMUNITY'S HEALTH AND FINANCIAL STABILITY. THE PERCENT OF RESIDENTS WHO RENT IN THE FOUR HSA COMMUNITIES OF CONCERN RANGED FROM 30% IN 95776 TO 57% IN 95605. AN IN-DEP</p>
PART VI, LINE 5	<p>SUTTER HEALTH'S MISSION IS TO "ENHANCE THE WELL-BEING OF THE PEOPLE IN THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES." SUTTER HEALTH'S MISSION REACHES BEYOND THE WALLS OF OUR HOSPITALS AND FACILITIES. OUR AFFILIATES FURTHER THEIR TAX-EXEMPT PURPOSE BY: * BUILDING RELATIONSHIPS OF TRUST BY WORKING COLLABORATIVELY WITH COMMUNITY GROUPS, SCHOOLS AND GOVERNMENT ORGANIZATIONS TO EFFECTIVELY LEVERAGE RESOURCES AND ADDRESS IDENTIFIED COMMUNITY NEEDS, * SUPPORTING NONPROFIT ORGANIZATIONS THAT ARE COMMITTED TO COMMUNITY HEALTH IMPROVEMENT THROUGH FINANCIAL INVESTMENTS, IN-KIND SERVICES AND EMPLOYEE VOLUNTEERISM, AND * PROVIDING GENEROUS CHARITY CARE POLICIES FOR OUR MOST VULNERABLE COMMUNITY MEMBERS. THE 2013 - 2015 IMPLEMENTATION STRATEGIES FOR SUTTER HEALTH SACRAMENTO SIERRA REGION HOSPITALS DEFINE A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENTIFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVES. A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BELOW. SUTTER MEDICAL CENTER SACRAMENTO THE INTERIM CARE PROGRAM (ICP) AND ICP PLUS HELPS SUTTER MEDICAL CENTER, SACRAMENTO FULFILL ITS MISSION TO PROVIDE ACCESS TO CARE FOR VULNERABLE AND TRADITIONALLY UNDERSERVED RESIDENTS. A COLLABORATIVE OF THE FOUR HEALTH CARE SYSTEMS, COMMUNITY BASED ORGANIZATIONS AND THE COUNTY GOVERNMENT CAME TOGETHER IN SACRAMENTO TO CREATE A RESPITE CARE SHELTER FOR HOMELESS PATIENTS DISCHARGED FROM HOSPITALS, ESTABLISHING AN 18-BED SHELTER FOR HOMELESS MEN AND WOMEN TO RECUPERATE FROM MEDICAL CONDITIONS. STARTED IN 2004, THE INTERIM CARE PROGRAM LINKS PEOPLE IN NEED TO VITAL COMMUNITY SERVICES WHILE GIVING THEM A PLACE TO HEAL. THE CLIENTS WHO ARE ENROLLED IN THE ICP ARE HOMELESS ADULT INDIVIDUALS WHO OTHERWISE WOULD BE DISCHARGED TO THE STREET OR CARED FOR IN AN INPATIENT SETTING. ONLY THE PROGRAM IS DESIGNED TO OFFER CLIENTS UP TO SIX WEEKS DURING WHICH THEY CAN FOCUS ON RECOVERY AND DEVELOPING A PLAN FOR THEIR HOUSING AND CARE UPON DISCHARGE. THIS INNOVATIVE COMMUNITY PARTNERSHIP PROVIDES TEMPORARY RESPITE HOUSING IN SACRAMENTO THAT OFFER HOMELESS MEN AND WOMEN A PLACE TO RECUPERATE FROM THEIR MEDICAL CONDITIONS, LINK THEM TO VITAL COMMUNITY SERVICES, AND PROVIDE THEM A PLACE TO HEAL. ICP PLUS IS A PROGRAM DESIGNED FOR HOMELESS PATIENTS DISCHARGING FROM SMCS, AND IS AN ENHANCED VERSION OF THE ICP, WITH PATIENTS NEEDING A GREATER LEVEL OF SUPPORT AND SPECIAL RESOURCES. SMCS AND THE OTHER HEALTH SYSTEMS PROVIDE FINANCIAL SUPPORT FOR THIS PROGRAM. WELLSPACE HEALTH, SACRAMENTO'S FEDERALLY QUALIFIED HEALTH CENTER, PROVIDES ON-SITE NURSING AND SOCIAL SERVICES TO SUPPORT CLIENTS IN THEIR RECOVERY AND HELP THEM MOVE OUT OF HOMELESSNESS. THE WELLSPACE CASE MANAGER LINKS CLIENTS WITH MENTAL HEALTH SERVICES, SUBSTANCE ABUSE RECOVERY, HOUSING WORKSHOPS AND PROVIDES DISABILITY APPLICATION ASSISTANCE. THE SALVATION ARMY PROVIDES 18 BEDS IN A DESIGNATED WING OF THE SHELTER WHERE CLIENTS HAVE THREE MEALS A DAY AND A SAFE, CLEAN PLACE TO RECOVER FROM THEIR HOSPITALIZATIONS. SUTTER MEDICAL CENTER, SACRAMENTO IS A FOUNDED PARTNER OF T3, A PROGRAM LAUNCHED IN 2006 THAT PROVIDES SERVICES TO PATIENTS WHO SEEK EMERGENCY DEPARTMENT CARE FOR NEEDS THAT ARE BEST ADDRESSED THROUGH PREVENTIVE MEASURES AND BY PRIMARY CARE PROVIDERS. THIS PROGRAM IS A MODEL FOR THE KIND OF CHANGE BEING CALLED FOR IN VARIOUS HEALTH CARE REFORM PLANS. A HUGE OBSTACLE FOR HEALTHCARE PROVIDERS, INCLUDING SUTTER MEDICAL CENTER, SACRAMENTO, IS THE INAPPROPRIATE USE OF THE EMERGENCY DEPARTMENT. THIS ISSUE IS NOT ONLY PROBLEMATIC FOR THE HEALTHCARE PROVIDER, BUT ALSO FOR THE PATIENTS WHO ARE NOT RECEIVING THE APPROPRIATE CARE IN THE APPROPRIATE PLACE, AT THE APPROPRIATE TIME. PROGRAMS LIKE T3 SEEK TO CONNECT PEOPLE WHO FREQUENTLY AND INAPPROPRIATELY USE THE EMERGENCY DEPARTMENT TO THE CORRECT RESOURCES, INCLUDING HOUSING AND MENTAL HEALTH SERVICES, WHICH IS KEY TO THE POPULATION WHO UTILIZES T3. MOVING THESE PATIENTS FROM THE EMERGENCY DEPARTMENT IMPROVES THE PATIENTS' HEALTH BY PROVIDING THEM WITH THE APPROPRIATE CARE IN THE RIGHT SETTING, WHILE REDUCING THE WAIT FOR THOSE SEEKING CARE FOR REAL MEDICAL EMERGENCIES, AND DRAMATICALLY REDUCING COSTS TO OUR HEALTH CARE SYSTEM. SMCS PARTNERS WITH AND PROVIDES FUNDING TO WELLSPACE HEALTH, THE SACRAMENTO REGION'S LARGEST FEDERALLY QUALIFIED HEALTH CLINIC, TO OFFER THIS PROGRAM TO SOME OF THE MOST VULNERABLE PATIENTS IN OUR SERVICE AREA. ED NAVIGATORS ATTEND TO PATIENTS IN THE EMERGENCY DEPARTMENT (UPON REFERRAL FROM A SMCS EMPLOYEE AND AFTER PATIENT AGREEMENT) TO PROVIDE ASSISTANCE IN IDENTIFYING PRIMARY CARE PROVIDERS AND TO DETERMINE OTHER CLIENT NEEDS. SMCS PROVIDES FUNDING TO WELLSPACE TO OFFER THIS IMPORTANT PROGRAM TO THE UNDERSERVED IN OUR COMMUNITY. THE ED NAVIGATOR IS AN EMPLOYEE OF WELLSPACE HEALTH AND SERVES AS A VISIBLE ED-BASED STAFF MEMBER WHO IS ABLE TO PROVIDE REFERRALS TO TREATMENT FOR THOSE WHO ARE SEEKING CARE IN THE ED FOR NON-URGENT MATTERS. THE ED NAVIGATOR WILL CONNECT WITH PATIENTS AND PROVIDE REFERRALS TO PRIMARY CARE APPOINTMENTS, THE T3 PROGRAM FOR PERSONS WHO ARE FREQUENT NON-URGENT USERS, WELLSPACE AND OTHER CLINICS FOR THOSE WHO NEED A MEDICAL HOME AND OTHER IMPORTANT COMMUNITY RESOURCES, SUCH AS INSURANCE AND HOUSING. THE ED NAVIGATORS ARE CRITICAL IN DIRECTING THOSE WHO NEED MEDICAL HOMES OR ACCESS TO SERVICES, TO THE RIGHT CARE IN THE RIGHT PLACE AT THE RIGHT TIME. THE ED NAVIGATOR PROGRAM IS ANOTHER EXAMPLE OF THE COLLABORATIVE AND INNOVATIVE RELATIONSHIP SHARED BETWEEN SMCS AND WELLSPACE HEALTH. HEALTHY ACCESS IS A GRASSROOTS, COMMUNITY ENGAGEMENT EFFORT INTENDED TO INFLUENCE INDIVIDUAL BEHAVIORS TO ENSURE PEOPLE HAVE BETTER ACCESS TO PRIMARY CARE SERVICES. WE'VE BEEN ACTIVELY WORKING TO IDENTIFY AND ENGAGE COMMUNITY MEMBERS AND ORGANIZATIONS THAT FIT THE GENERAL PROFILE OF NON-URGENT ED USERS. ENGAGEMENT HAS FOCUSED ON TWO GENERAL POPULATIONS MOVING FORWARD: THE FAITH AND COMMUNITY BASED ORGANIZATIONS (FCBO'S) SERVING THE INDIVIDUAL PROFILE WE SEEK TO ENGAGE. ORGANIZATIONS AGREED TO PARTICIPATE BY PROVIDING ACCESS TO THEIR STAKEHOLDERS AND COLLECTING DATA FROM THEM TO INFORM OUR EDUCATION AND OUTREACH. HEALTHY ACCESS, A PROGRAM SUPPORTED BY FUNDING FROM SMCS, HAS CONNECTED WITH VARIOUS FAITH AND COMMUNITY BASED ORGANIZATIONS AND ASSOCIATIONS TO HELP INCREASE AND STRENGTHEN THEIR OUTREACH. THE GREATER COMMUNITY AROUND HEALTH CARE RELATED ISSUES. THIS LINKAGE ALLOWS US TO UTILIZE OUR COMMUNITY PARTNERS TO ENCOURAGE AND DIRECT THEIR PATIENTS TO APPROPRIATE CLINICS, SUCH AS WELLSPACE AND ELICA HEALTH CENTER, FOR PRIMARY CARE NEEDS, RATHER THAN LOCAL EMERGENCY DEPARTMENTS. IN 2013, HEALTHY ACCESS FOCUSED ON SUPPORTING HEALTH MINISTRIES IN LOCAL AFRICAN AMERICAN CHURCHES AT ST. JOHN MISSIONARY BAPTIST CHURCH, HEALTHY ACCESS PROVIDED SUPPORT TO THEIR FOOD PANTRY WHERE THEY SERVE ABOUT 200 PEOPLE EACH WEEK. INFORMATION WAS ALSO PROVIDED ABOUT HEALTHY EATING, EXERCISE, DIABETIC SCREENINGS AND REFERRALS TO LOCAL HEALTH CLINICS. ALSO, NEEDED RESOURCES WERE IDENTIFIED AND SHARED WITH THEIR CLIENTS. THE NORTHERN DISTRICT BAPTIST ASSOCIATION DISSEMINATED INFORMATION AMONG THEIR 26 SACRAMENTO COUNTY CONGREGATIONS IN SUPPORT OF HEALTH MINISTRIES OR, WHERE THEY DIDN'T EXIST, THEIR WOMEN'S, YOUNG MEN'S AND YOUTH PROGRAMS. THE PRIMARY TARGET AUDIENCE HAS BEEN ADULTS AND SENIORS, PROMOTING HEALTH COVERAGE, ACCESS TO PRIMARY CARE AVAILABLE TO THEM VS EMERGENCY DEPARTMENT VISITS AND HEALTHIER LIFESTYLE ACTIVITIES SUCH AS FOOD CHOICES, EXERCISE AND HEALTH SCREENINGS. HEALTHY ACCESS ALSO HELD A LARGE HEALTH FAIR WITH A "BACK TO SCHOOL" THEME, AIMED TO SUPPORT SCHOOL READINESS FOR CHILDREN GRADES K-12. NEARLY 40 DIFFERENT COMMUNITY RESOURCES WERE ON SITE, INCLUDING FREE DENTAL SCREENINGS, COUNSELING, PRIMARY CARE CONNECTIONS, SUICIDE PREVENTION, CALFRESH INFORMATION, A FOOD BANK, JOB DEVELOPMENT, SUPPORT SERVICES AND FUN EVENTS FOR KIDS, LIKE BIKE GIVEAWAYS. IN ADDITION TO ADDRESSING THE LACK OF ACCESS TO PRIMARY AND PREVENTATIVE SERVICES, HEALTHY ACCESS ALSO TACKLES ACCESS TO MENTAL HEALTH, ACCESS TO DENTAL AND IMPROVED HEALTH LITERACY.</p>

Form and Line Reference	Explanation
PART VI, LINE 5 (CONTINUED)	<p>IN 1994 A COLLABORATIVE BETWEEN MERCY HEALTHCARE OF SACRAMENTO, SUTTER COMMUNITY HOSPITALS OF SACRAMENTO, UC DAVIS SCHOOL OF MEDICINE, KAISER PERMANENTE MEDICAL GROUP, THE SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE SIERRA SACRAMENTO VALLEY MEDICAL SOCIETY WAS ESTABLISHED TO INCREASE AND ENHANCE PHYSICIAN RESPONSE TO THE MEDICAL NEEDS OF THE TARGETED POPULATION THROUGH VOLUNTEERISM. THE COLLABORATORS NAMED THE PROJECT THE SACRAMENTO PHYSICIANS' INITIATIVE TO REACH OUT, INNOVATE AND TEACH (SPIRIT). SPIRIT CURRENTLY PROVIDES DONATED SERVICES TO OVER 1,400 PATIENTS PER YEAR, INCLUDING 60+ FREE OUTPATIENT SURGERIES TO DATE. SPIRIT VOLUNTEERS HAVE DONATED \$8.4 MILLION IN CARE TO NEARLY 40,000 PATIENTS. SPIRIT, THE ORGANIZATION THAT PROVIDES ALL OF THE CASE MANAGEMENT SERVICES, WORKS CLOSELY WITH SMCS AND THE SUTTER AMBULATORY SURGERY CENTERS TO PROVIDE CHARITY SURGICAL AND SPECIALTY CARE AT SUTTER AFFILIATED AMBULATORY SURGERY CENTERS FOR ELIGIBLE, LOW-INCOME PATIENTS. REFERRALS ARE GENERATED BY A LOCAL FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) AND BY PARTICIPATING SURGEONS. ELIGIBLE PATIENTS HAVE NO INSURANCE, BELOW 250% OF THE FEDERAL POVERTY LEVEL, AND CAN BE TREATED AS A SURGICAL OUTPATIENT. SOME OF THE SURGERIES PROVIDED ARE CATARACT, OTHER OPHTHALMOLOGIC SURGERIES, OB-GYN, ENT, ORTHOPEDICS AND GENERAL SURGERY. THE SERIAL INEBRIATE PROGRAM (SIP) IS A RESULT OF A PARTNERSHIP BETWEEN SUTTER MEDICAL CENTER, SACRAMENTO AND THE DOWNTOWN SACRAMENTO PARTNERSHIP (DSP) NAVIGATORS. USING A MODEL WITH GREAT SUCCESS, THE DSP NAVIGATORS REACH OUT AND BUILD A ONE-ON-ONE RAPPORT WITH HOMELESS ADULTS LIVING ON DOWNTOWN STREETS. THE NAVIGATORS GRADUALLY DEVELOP RELATIONSHIPS AND EVENTUALLY CONNECT INDIVIDUALS WITH LOCAL COMMUNITY SERVICE PROGRAMS. THE NAVIGATORS DON'T MOVE ON AT THAT POINT; THEY CONTINUE WORKING CLOSELY WITH EACH INDIVIDUAL, FACILITATING ACCESS TO CARE AND FINDING WAYS TO IMPROVE THEIR LIVING CONDITIONS. ANOTHER SIP PARTNER IS THE SACRAMENTO DISTRICT ATTORNEY'S OFFICE AND THE DOWNTOWN COMMUNITY PROSECUTOR, WHICH BOTH WORK WITH SIP PATIENTS AND HOMELESS ADULTS WHO HAVE BEEN ARRESTED REPEATEDLY FOR PUBLIC INTOXICATION. THOUGH OTHER CITIES ARE BEGINNING TO OFFER SIMILAR PROGRAMS, THE SACRAMENTO PROGRAMS OFFER A UNIQUE TWIST. THE SIP UNITES DOWNTOWN AND MIDTOWN SACRAMENTO BUSINESSES, NONPROFIT ORGANIZATIONS, GOVERNMENT, ENFORCEMENT AGENCIES AND SUTTER MEDICAL CENTER, SACRAMENTO IN A TRULY COLLABORATIVE EFFORT. FOR MANY YEARS, HOMELESSNESS SEEMED TO BE AN ETERNAL, INCURABLE EPIDEMIC. IN RECENT YEARS, HOWEVER, THE CONNECTION BETWEEN HOMELESS AND HOPELESS HAS BEGUN TO GIVE WAY. THE SHIFT HAS COME ABOUT THROUGH AN INNOVATIVE IDEA THAT IS APPEARING IN A GROWING NUMBER OF CITIES, INCLUDING SACRAMENTO. THE APPROACH OFFERS CHRONICALLY HOMELESS ADULTS AN IMPORTANT INGREDIENT MISSING IN PAST PROGRAMS: THE OPPORTUNITY TO MOVE INTO PERMANENT HOUSING AND MEDICAL HOMES TO QUALIFY. INDIVIDUALS HAVE BEEN ARRESTED, TAKEN TO DETOX CENTERS OR EMERGENCY DEPARTMENTS MORE THAN 25 TIMES IN A 12-MONTH PERIOD. THE PROGRAM CONSISTS OF A PARTNERSHIP BETWEEN SUTTER MEDICAL CENTER, SACRAMENTO, SACRAMENTO'S NAVIGATOR PROGRAM (SPONSORED BY THE DOWNTOWN PARTNERSHIP, AN ORGANIZATION THAT SUPPORTS THE BUSINESS COMMUNITY), AND SACRAMENTO SELF HELP HOUSING. THE GOAL OF THE SIP IS TO MOVE HOMELESS MEN AND WOMEN OFF THE STREETS, AND CONNECT THEM WITH THE MEDICAL SERVICES AND HOUSING RESOURCES THEY WOULDN'T OTHERWISE HAVE ACCESS TO. THE SIP PROGRAM PROVIDES EARLY INTERVENTION AND A LASTING SOLUTION, BY LINKING THE HOMELESS TO HOUSING, PRIMARY CARE, SUBSTANCE ABUSE RESOURCES AND MENTAL HEALTH SERVICES. INSTEAD OF RELYING ON POLICE OR OTHER NON-PROFIT AGENCIES THAT WORK TO ALLEVIATE HOMELESSNESS AND THE PROBLEMS ASSOCIATED WITH IT, THE SIP IS A PARTNERSHIP THAT HELPS BREAK THE CYCLE AND HELP THESE MEN AND WOMEN MOVE OFF THE STREETS AND ON WITH THEIR LIVES. IN ADDITION TO ADDRESSING THE LACK OF HOUSING/BASIC SHELTER, THE SIP PROVIDES ACCESS TO PRIMARY AND PREVENTATIVE SERVICES, LACK OF ACCESS TO MENTAL HEALTH SERVICES, LACK OF ACCESS TO DENTAL CARE AND LACK OF HEALTH LITERACY BY TEACHING THE SIP CLIENTS HOW TO COOK, ABOUT NUTRITION, GOING TO DOCTORS APPOINTMENTS AND LIVING AN OVERALL HEALTHIER LIFE. SUTTER ROSEVILLE MEDICAL CENTER T3 (TRIAGE, TRANSPORT AND TREATMENT) CONNECTS PATIENTS TO THE SERVICES THEY NEED AT THE EASIEST LEVEL OF CARE AND RIGHT INTENSITY OF SUPPORT. T3 PROVIDES SERVICES TO PATIENTS WHO SEEK EMERGENCY DEPARTMENT CARE FOR NEEDS THAT ARE BEST ADDRESSED THROUGH PREVENTIVE MEASURES AND BY PRIMARY CARE PROVIDERS. THIS PROGRAM IS A MODEL FOR THE KIND OF CHANGE BEING CALLED FOR IN VARIOUS HEALTH CARE REFORM PLANS. A HUGE OBSTACLE FOR HEALTHCARE PROVIDERS, INCLUDING SUTTER ROSEVILLE MEDICAL CENTER, IS THE INAPPROPRIATE USE OF THE EMERGENCY DEPARTMENT. THIS ISSUE IS NOT ONLY PROBLEMATIC FOR THE HEALTHCARE PROVIDER, BUT ALSO FOR THE PATIENTS WHO ARE NOT RECEIVING THE APPROPRIATE CARE IN THE APPROPRIATE PLACE, AT THE APPROPRIATE TIME. PROGRAMS LIKE T3 SEEK TO CONNECT PEOPLE WHO FREQUENTLY AND INAPPROPRIATELY USE THE EMERGENCY DEPARTMENT TO THE CORRECT RESOURCES, INCLUDING HOUSING AND MENTAL HEALTH SERVICES, WHICH IS VITAL TO THE POPULATION WHO UTILIZES T3. MOVING THESE PATIENTS FROM THE EMERGENCY DEPARTMENT IMPROVES THE PATIENTS' HEALTH BY PROVIDING THEM WITH THE APPROPRIATE CARE IN THE RIGHT SETTING, WHILE REDUCING THE WAIT FOR THOSE SEEKING CARE FOR REAL MEDICAL EMERGENCIES, AND DRAMATICALLY REDUCING COSTS TO OUR HEALTH CARE SYSTEM. SRMC PARTNERS WITH AND PROVIDES FUNDING TO WELLSPACE HEALTH, THE GREATER SACRAMENTO REGION'S LARGEST FEDERALLY QUALIFIED HEALTH CLINIC, TO OFFER THIS PROGRAM TO SOME OF THE MOST VULNERABLE PATIENTS IN OUR SERVICE AREA. IN PARTNERSHIP WITH THE GATHERING INN, KAISER PERMANENTE, SUTTER ROSEVILLE MEDICAL CENTER AND SUTTER AUBURN FAITH HOSPITAL, PROVIDE THE INTERIM CARE PROGRAM (ICP), A TEMPORARY RESPITE PROGRAM FOR HOMELESS PATIENTS WHO ARE DISCHARGED FROM ONE OF THE PARTICIPATING HOSPITALS. WHEN A PATIENT IS READY FOR APPROPRIATE DISCHARGE, BUT DOES NOT HAVE A PLACE TO OTHERWISE HEAL, THEY CAN BE REFERRED TO THE INTERIM CARE PROGRAM. UPON DISCHARGE, THE GATHERING INN PROVIDES ON-SITE NURSING AND SOCIAL SERVICES TO SUPPORT CLIENTS IN THEIR RECOVERY AND HELP THEM MOVE OUT OF HOMELESSNESS. A WELLSPACE CASE MANAGER LINKS CLIENTS WITH SERVICES, LIKE MENTAL HEALTH SERVICES, SUBSTANCE ABUSE RECOVERY, HOUSING WORKSHOPS AND PROVIDES DISABILITY APPLICATION ASSISTANCE. THE GATHERING INN WORKS WITH ADVOCATES FOR MENTALLY ILL (AMI) TO PROVIDE BEDS WHERE CLIENTS HAVE THREE MEALS A DAY AND A SAFE, CLEAN PLACE TO RECOVER FROM THEIR HOSPITALIZATIONS. THE PROGRAM IS DESIGNED TO GIVE PATIENTS WITHOUT HOUSING ALTERNATIVES, A CLEAN AND SAFE PLACE TO HEAL FOR UP TO SIX WEEKS AND COMPREHENSIVE "WRAPAROUND" SERVICES LIKE SUBSTANCE ABUSE TREATMENT, PERMANENT HOUSING AND MEDICAL CARE. ED NAVIGATORS ATTEND TO PATIENTS IN THE EMERGENCY DEPARTMENT (UPON REFERRAL FROM A SRMC EMPLOYEE AND AFTER PATIENT AGREEMENT) TO PROVIDE ASSISTANCE IN IDENTIFYING PRIMARY CARE PROVIDERS AND TO DETERMINE OTHER CLIENT NEEDS. SRMC PROVIDES FUNDING TO WELLSPACE TO OFFER THIS IMPORTANT PROGRAM TO THE UNDERSERVED IN OUR COMMUNITY. THE ED NAVIGATOR IS AN EMPLOYEE OF WELLSPACE HEALTH AND SERVES AS A VISIBLE EDBASED STAFF MEMBER WHO IS ABLE TO PROVIDE REFERRALS TO TREATMENT FOR THOSE WHO ARE SEEKING CARE IN THE ED FOR NON-URGENT MATTERS. THE ED NAVIGATOR WILL CONNECT WITH PATIENTS AND PROVIDE REFERRALS TO PRIMARY CARE APPOINTMENTS, THE T3 PROGRAM FOR PERSONS WHO ARE FREQUENT NON-URGENT USERS, WELLSPACE AND OTHER CLINICS FOR THOSE WHO NEED A MEDICAL HOME AND OTHER IMPORTANT COMMUNITY RESOURCES, SUCH AS INSURANCE AND HOUSING. THE ED NAVIGATORS ARE CRITICAL IN DIRECTING THOSE WHO NEED MEDICAL HOMES OR ACCESS TO SERVICES, TO THE RIGHT CARE IN THE RIGHT PLACE AT THE RIGHT TIME. THE ED NAVIGATOR PROGRAM IS ANOTHER EXAMPLE OF THE COLLABORATIVE AND INNOVATIVE RELATIONSHIP SHARED BETWEEN SRMC AND WELLSPACE HEALTH. HEALTH EXPRESS SEEKS TO PROVIDE TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS FOR PLACER COUNTY'S MOST VULNERABLE POPULATIONS, INCLUDING SENIOR RESIDENTS. ONE OF THE KEY ISSUES OFTEN IDENTIFIED DURING COMMUNITY HEALTH NEEDS ASSESSMENTS ARE GAPS IN BASIC TRANSPORTATION SERVICES FOR SENIORS AND THE UNDERSERVED POPULATION, WHO OFTEN SITE LACK OF TRANSPORTATION AS A KEY BARRIER TO ACCESSING APPROPRIATE PRIMARY CARE AND HEALTH-RELATED APPOINTMENTS. HEALTH EXPRESS SEEKS TO BRIDGE THIS GAP, TO ENSURE THAT THE PLACER COUNTY CITIZENS WHO WOULD OTHERWISE NOT HAVE ACCESS TO TRANSPORTATION ARE PROVIDED THE NECESSARY MEANS TO OBTAIN APPROPRIATE MEDICAL CARE. SRMC PROVIDES FUNDING TO HEALTH EXPRESS AND PARTNERS WITH SENIORS FIRST, PLACER COUNTY TRANSPORTATION PLANNING AGENCY AND KAISER PERMANENTE.</p>
PART VI, LINE 5 (CONTINUED)	<p>THE HEALTH EXPRESS PARTNERSHIP PROVIDES TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS FOR PLACER COUNTY'S UNDERSERVED, VULNERABLE AND ELDERLY POPULATION, WHO ARE UNABLE TO ACCESS NECESSARY MEDICAL CARE, DUE TO TRANSPORTATION CONSTRAINTS. THIS PROGRAM IS PUBLICIZED THROUGHOUT PLACER COUNTY TO ENCOURAGE USE. IN ORDER TO INCREASE ACCESS TO HEALTH CARE SERVICES FOR PLACER COUNTY SENIORS, DISABLED, AND UNDERSERVED POPULATIONS, THE HEALTH EXPRESS WAS EXPANDED IN 2007 TO INCLUDE A LARGER POPULATION AND PROVIDE LAST RESORT MEDICALLY RELATED TRANSPORTATION SERVICES WITHIN MOST OF PLACER COUNTY. SENIOR RECREATION AND RESPITE PROGRAM (R & R) CONNECTS THE SENIOR POPULATION IN PLACER COUNTY, WHO MIGHT OTHERWISE BE ISOLATED, WITH IMPORTANT SOCIAL AND EDUCATIONAL ACTIVITIES. THE SENIOR RECREATION AND RESPITE PROGRAM (R & R) IS DESIGNED TO MEET THE NEEDS OF OLDER ADULTS WITH MEMORY OR PHYSICAL IMPAIRMENT. THE PROGRAM PROVIDES RECREATIONAL, SOCIAL AND EDUCATIONAL ACTIVITIES FOR THE PARTICIPANTS AND RESPITE FOR CAREGIVERS TO ENJOY SOME FREE TIME TO THEMSELVES. THE STAFF IS SUPPORTED BY ITS VALUABLE TEAM OF VOLUNTEERS AND COMPLETED BY PERSONAL CARE AIDES. R & R MEETS IN VARIOUS LOCATIONS THROUGHOUT ROSEVILLE, AUBURN AND LINCOLN TO REACH THE MAXIMUM AMOUNT OF SENIORS IN NEED. IN 2010, THE R&R PROGRAM EXPANDED AND TRANSPORTATION IS NOW OFFERED THROUGH HEALTH EXPRESS TO ENSURE THOSE WHO BENEFIT THE MOST FROM THE PROGRAM WILL CONTINUE TO ACCESS. SUTTER SOLANO MEDICAL CENTER THE TRANSITIONAL CARE PROGRAM (TCP) PROVIDES A PLACE TO DISCHARGE AND CONNECT HOMELESS PATIENTS, WHO ARE TRADITIONALLY UNDERSERVED RESIDENTS, WITH RESOURCES AND SUPPORT. SSMC, ALONG WITH OTHER LOCAL HEALTH PROVIDERS, OFFER FUNDING AND SUPPORT TO THE SOLANO COALITION FOR BETTER HEALTH AND THE BENICIA COMMUNITY ACTION COALITION, TO PROVIDE THIS PROGRAM TO SOME OF SOLANO COUNTY'S MOST VULNERABLE RESIDENTS. THIS PROGRAM LINKS HOMELESS ADULTS TO VITAL COMMUNITY SERVICES WHILE GIVING THEM A PLACE TO HEAL, AS WELL AS MEDICAL FOLLOW-UP AND CASE MANAGEMENT. THE CLIENTS WHO ARE ENROLLED IN THE TCP ARE INDIVIDUALS WHO OTHERWISE WOULD BE DISCHARGED TO THE STREET OR CARED FOR IN AN INPATIENT SETTING ONLY. IN ADDITION, THE TCP ALLOWS PATIENTS TO FOCUS ON RECOVERY AND DEVELOPING A LONG-TERM PLAN TO GET OFF THE STREETS, ALL WHILE BEING LINKED TO VITAL COMMUNITY AND MEDICAL SERVICES. THE TCP HAS PRODUCED IMPRESSIVE CLIENT OUTCOMES BY PROVIDING "WRAPAROUND" SERVICES INCLUDING CONNECTION TO A MEDICAL HOME, ENROLLMENT IN ELIGIBLE PROGRAMS AND SUPPORT SERVICES FOR CLIENTS. THE EMERGENCY DEPARTMENT NAVIGATOR PROGRAM SEEKS TO CONNECT WITH PATIENTS WHO ARE INAPPROPRIATELY ACCESSING CARE AT THE SUTTER SOLANO MEDICAL CENTER EMERGENCY DEPARTMENT AND LINKS ALL NON-URGENT USERS OF THE ED TO IMMEDIATE COMMUNITY RESOURCES AND MEDICAL CARE. MORE SPECIFICALLY, ED NAVIGATORS REACH OUT TO PATIENTS WHO DO NOT HAVE A PRIMARY CARE PROVIDER AND PROVIDE EXTERNAL MANAGEMENT, CONNECTION TO SERVICES (E.G. INSURANCE ENROLLMENT, SUBSTANCE ABUSE TREATMENT, ETC.) AND FOLLOW-UP TO ENSURE A PRIMARY CARE PROVIDER IS BEING UTILIZED. ED NAVIGATORS ARE EMPLOYEES OF LA CLINICA, BUT ARE SUPPORTED THROUGH FUNDING FROM SSMC AND RESIDE IN THE SUTTER SOLANO MEDICAL CENTER EMERGENCY DEPARTMENT. ADDITIONALLY, WE RECENTLY EXPANDED THIS PROGRAM TO INCLUDE A CERTIFIED APPLICATION ASSISTANT, WHO WORKS ALONGSIDE THE ED NAVIGATOR IN THE EMERGENCY ROOM AND PROVIDES EDUCATION, OUTREACH AND INSURANCE ENROLLMENT SERVICES FOR THE PATIENTS WHO NEED IT. INVESTMENT IN FEDERALLY QUALIFIED HEALTH CENTERS (FQHC'S) THROUGHOUT THE SUTTER HEALTH SACRAMENTO SIERRA REGION IS IMPERATIVE TO THE HEALTH AND WELLBEING OF OUR COMMUNITIES AS WE PREPARE FOR AFFORDABLE CARE ACT IMPLEMENTATION IN 2014. AS A RESULT, SSMC HAS PROVIDED STRATEGIC INVESTMENTS IN LA CLINICA, VALLEJO NORTH, TO INCREASE THEIR CAPACITY TO SERVE THE UNDERINSURED. LA CLINICA SERVES A KEY PARTNER IN SOLANO COUNTY, AS THEY PROVIDE CARE TO SOME OF THE MOST VULNERABLE POPULATIONS IN OUR REGION. BY CONTINUING TO INVEST IN THIS IMPORTANT HEALTH CENTER, WE ARE ENSURING THE UNDERSERVED HAVE ACCESS TO CARE AND A MEDICAL HOME. LA CLINICA NORTH VALLEJO IS LOCATED ACROSS THE PARKING LOT FROM SUTTER SOLANO MEDICAL CENTER AND OFFERS PRIMARY MEDICAL CARE, HEALTH EDUCATION, SOCIAL SERVICES AND BEHAVIORAL HEALTH SERVICES TO RESIDENTS OF SOLANO COUNTY AND SURROUNDING AREAS. LA CLINICA IS A FULL SERVICE URGENT CARE HEALTH CENTER THAT SERVES DIVERSE PATIENTS FROM THE SUTTER SOLANO EMERGENCY DEPARTMENT AND PROVIDES MEDICAL PROCEDURES BEYOND TRADITIONAL PRIMARY CARE INCLUDING SUTURING, INCISION AND DRAINAGE, CASTING, AND MUCH MORE. THEIR GOAL IS TO PROVIDE QUALITY, PATIENT-CENTERED HEALTH INFORMATION, EDUCATION AND CLINICAL CARE TO ALL MEMBERS OF THE COMMUNITY REGARDLESS OF ECONOMIC, INSURANCE, OR CULTURAL BARRIERS. LA CLINICA ACCOMPLISHES THIS THROUGH COLLABORATIVE, INNOVATIVE PROGRAMS, SERVICES AND REFERRAL RESOURCES TO MEET THE ECONOMIC NEEDS OF THE ENTIRE COMMUNITY. IN ADDITION TO PRIMARY AND MENTAL HEALTH CARE SERVICES, LA CLINICA OFFERS, PHYSICAL EXAMS, IMMUNIZATIONS, PAP SMEARS, NUTRITION AND FITNESS PROMOTION, MANAGEMENT OF CHRONIC ILLNESSES, LABORATORY TESTING, SMOKING CESSATION AND PRESCRIPTIONS AND PHARMACY ASSISTANCE PROGRAM. LA CLINICA NORTH VALLEJO ALSO PROVIDES REFERRAL CARE, FAMILY PLANNING SERVICES (INCLUDING, PREGNANCY TESTING AND REFERRALS, BIRTH CONTROL AND SAFE SEX EDUCATION, DIAGNOSIS AND TREATMENT OF SEXUALLY-TRANSMITTED AND OTHER INFECTIONS AND HIV TESTING) BEHAVIORAL HEALTH CARE SERVICES (INCLUDING GRIEF COUNSELING, CRISIS INTERVENTION, CASE MANAGEMENT LINKAGE & REFERRALS, COUNSELING SUPPORT/EDUCATION GROUPS) AND SPECIALTY CARE SERVICES. LA CLINICA DENTAL ALSO OFFERS DENTAL EXAMS FOR CHILDREN, CLEANING AND POLISHING, CROWN AND BRIDGE, FULL AND PARTIAL DENTURES, EMERGENCY TREATMENT (INCLUDING EXTRACTIONS, RESTORATIONS AMALGAM, COMPOSITE) FLUORIDE AND SEALANT TREATMENT AND GENERAL DENTISTRY. BY INVESTING IN LA CLINICA AND SUPPORTING THIS TREMENDOUS ORGANIZATION'S GROWTH AND INNOVATIVE EFFORTS, WE ARE ABLE TO ADDRESS MULTIPLE PRIORITY NEEDS IN EFFECTIVE AND IMPACTFUL WAYS. IN ADDITION TO ADDRESSING THE LACK OF ACCESS TO PREVENTATIVE SERVICES AND COMMUNITY PROGRAMS, AS WELL AS LIMITED ACCESS TO FOLLOW-UP TREATMENT AND SPECIALTY CARE, SSMC'S INVESTMENT IN LA CLINICA ALSO HELPS TACKLE THE COMMUNITY'S NEED FOR ACCESS TO HEALTH EDUCATION, LACK OF PREVENTIVE SERVICES AND COMMUNITY PROGRAMS, AND LIMITED ACCESS TO MEDICATIONS AND PRESCRIPTION DRUGS. SUTTER AUBURN FAITH HOSPITAL T3 (TRIAGE, TRANSPORT AND TREATMENT) CONNECTS PATIENTS TO THE SERVICES THEY NEED AT THE EASIEST LEVEL OF CARE AND RIGHT INTENSITY OF SUPPORT. T3 PROVIDES SERVICES TO PATIENTS WHO SEEK EMERGENCY DEPARTMENT CARE FOR NEEDS THAT ARE BEST ADDRESSED THROUGH PREVENTIVE MEASURES AND BY PRIMARY CARE PROVIDERS. THIS PROGRAM IS A MODEL FOR THE KIND OF CHANGE BEING CALLED FOR IN VARIOUS HEALTH CARE REFORM PLANS. A HUGE OBSTACLE FOR HEALTHCARE PROVIDERS, INCLUDING SUTTER AUBURN FAITH HOSPITAL, IS THE INAPPROPRIATE USE OF THE EMERGENCY DEPARTMENT. THIS ISSUE IS NOT ONLY PROBLEMATIC FOR THE HEALTHCARE PROVIDER, BUT ALSO FOR THE PATIENTS WHO ARE NOT RECEIVING THE APPROPRIATE CARE IN THE APPROPRIATE PLACE, AT THE APPROPRIATE TIME. PROGRAMS LIKE T3 SEEK TO CONNECT PEOPLE WHO FREQUENTLY AND INAPPROPRIATELY USE THE EMERGENCY DEPARTMENT TO THE CORRECT RESOURCES, INCLUDING PRIMARY CARE, INSURANCE, HOUSING AND MENTAL HEALTH SERVICES, WHICH IS VITAL TO THE POPULATION WHO UTILIZES T3.</p>

Form and Line Reference	Explanation
PART VI, LINE 5 (CONTINUED)	<p>MOVING THESE PATIENTS FROM THE EMERGENCY DEPARTMENT IMPROVES THE PATIENTS' HEALTH BY PROVIDING THEM WITH THE APPROPRIATE CARE IN THE RIGHT SETTING, WHILE REDUCING THE WAIT FOR THOSE SEEKING CARE FOR REAL MEDICAL EMERGENCIES, AND DRAMATICALLY REDUCING COSTS TO OUR HEALTH CARE SYSTEM. SAHF AND SRMC PARTNERS WITH AND PROVIDES FUNDING TO WELLSPACE HEALTH, THE GREATER SACRAMENTO REGION'S LARGEST FEDERALLY QUALIFIED HEALTH CLINIC, TO OFFER THIS PROGRAM TO SOME OF THE MOST VULNERABLE PATIENTS IN OUR SERVICE AREA. IN PARTNERSHIP WITH THE GATHERING INN, KAISER PERMANENTE, SUTTER ROSEVILLE MEDICAL CENTER AND SUTTER AUBURN FAITH HOSPITAL, PROVIDE THE INTERIM CARE PROGRAM (ICP), A TEMPORARY RESPITE PROGRAM FOR HOMELESS PATIENTS WHO ARE DISCHARGED FROM ONE OF THE PARTICIPATING HOSPITALS. WHEN A PATIENT IS READY FOR APPROPRIATE DISCHARGE, BUT DOES NOT HAVE A PLACE TO OTHERWISE HEAL, THEY CAN BE REFERRED TO THE INTERIM CARE PROGRAM. UPON DISCHARGE, THE GATHERING INN PROVIDES ON-SITE NURSING AND SOCIAL SERVICES TO SUPPORT CLIENTS IN THEIR RECUPERATION AND HELP THEM MOVE OUT OF HOMELESSNESS. A WELLSPACE CASE MANAGER LINKS CLIENTS WITH SERVICES, LIKE MENTAL HEALTH SERVICES, SUBSTANCE ABUSE RECOVERY, HOUSING WORKSHOPS AND PROVIDES DISABILITY APPLICATION ASSISTANCE. THE GATHERING INN WORKS WITH ADVOCATES FOR MENTALLY ILL (AMI) TO PROVIDE BEDS WHERE CLIENTS HAVE THREE MEALS A DAY AND A SAFE, CLEAN PLACE TO RECOVER FROM THEIR HOSPITALIZATIONS. THE PROGRAM IS DESIGNED TO GIVE PATIENTS WITHOUT HOUSING ALTERNATIVES, A CLEAN AND SAFE PLACE TO HEAL FOR UP TO SIX WEEKS AND COMPREHENSIVE "WRAPAROUND" SERVICES LIKE SUBSTANCE ABUSE TREATMENT, PERMANENT HOUSING AND MEDICAL CARE. ED NAVIGATORS ATTEND TO PATIENTS IN THE EMERGENCY DEPARTMENT (UPON REFERRAL FROM A SUTTER EMPLOYEE AND AFTER PATIENT AGREEMENT) TO PROVIDE ASSISTANCE IN IDENTIFYING PRIMARY CARE PROVIDERS AND TO DETERMINE OTHER CLIENT NEEDS. SHSSR AFFILIATES PROVIDE FUNDING TO WELLSPACE TO OFFER THIS IMPORTANT PROGRAM TO THE UNDERSERVED IN OUR COMMUNITY. ED NAVIGATOR IS AN EMPLOYEE OF WELLSPACE HEALTH AND SERVES AS A VISIBLE ED-BASED STAFF MEMBER WHO IS ABLE TO PROVIDE REFERRALS TO TREATMENT FOR THOSE WHO ARE SEEKING CARE IN THE ED FOR NON-URGENT MATTERS. THE ED NAVIGATOR WILL CONNECT WITH PATIENTS AND PROVIDE REFERRALS TO PRIMARY CARE APPOINTMENTS, THE T3 PROGRAM FOR PERSONS WHO ARE FREQUENT NON-URGENT USERS, WELLSPACE AND OTHER CLINICS FOR THOSE WHO NEED A MEDICAL HOME AND OTHER IMPORTANT COMMUNITY RESOURCES, SUCH AS INSURANCE AND HOUSING. THE ED NAVIGATORS ARE CRITICAL IN DIRECTING THOSE WHO NEED MEDICAL HOMES OR ACCESS TO SERVICES, TO THE RIGHT CARE IN THE RIGHT PLACE AT THE RIGHT TIME. THE ED NAVIGATOR PROGRAM IS ANOTHER EXAMPLE OF THE COLLABORATIVE AND INNOVATIVE RELATIONSHIP SHARED BETWEEN SAHF AND WELLSPACE HEALTH, HOWEVER, IN AUBURN, WE PLAN TO USE CHAPA DE AS THE PRIMARY HEALTH CENTER FOR REFERRALS. SENIOR RECREATION AND RESPITE PROGRAM (R & R) CONNECTS THE SENIOR POPULATION IN PLACER COUNTY, WHO MIGHT OTHERWISE BE ISOLATED, WITH IMPORTANT SOCIAL AND EDUCATIONAL ACTIVITIES. THE SENIOR RECREATION AND RESPITE PROGRAM (R & R) IS DESIGNED TO MEET THE NEEDS OF OLDER ADULTS WITH MEMORY OR PHYSICAL IMPAIRMENT. THE PROGRAM PROVIDES RECREATIONAL, SOCIAL AND EDUCATIONAL ACTIVITIES FOR THE PARTICIPANTS AND RESPITE FOR CAREGIVERS TO ENJOY SOME FREE TIME TO THEMSELVES. THE STAFF IS SUPPORTED BY ITS VALUABLE TEAM OF VOLUNTEERS AND COMPLETED BY PERSONAL CARE AIDES. R & R MEETS IN VARIOUS LOCATIONS THROUGHOUT ROSEVILLE, AUBURN AND LINCOLN TO REACH THE MAXIMUM AMOUNT OF SENIORS IN NEED. IN 2010, THE R&R PROGRAM EXPANDED AND TRANSPORTATION IS NOW OFFERED THROUGH HEALTH EXPRESS TO ENSURE THOSE WHO BENEFIT THE MOST FROM THE PROGRAM WILL CONTINUE TO HAVE ACCESS. THE PROMOTORA PROGRAM IS THE RESULT OF A PARTNERSHIP BETWEEN SUTTER AUBURN FAITH HOSPITAL, SUTTER ROSEVILLE MEDICAL CENTER AND THE LATINO LEADERSHIP COUNCIL. AS THE BRIDGE BETWEEN THE HOSPITAL AND THE PATIENTS, PROMOTORAS SERVE THE DUAL ROLE OF ADVOCATING FOR THE PATIENT WHILE AT THE SAME TIME ENSURING THAT THE PATIENT FULLY UNDERSTANDS AND COMPLIES WITH THE HEALTH CARE PROVIDER'S RECOMMENDATIONS. PROMOTORAS HELP BRIDGE THE CULTURAL AND LINGUISTIC GAP BETWEEN THE HEALTH CARE PROVIDER AND THE PATIENT. AS THE BRIDGE, THEY SERVE THE DUAL ROLE OF ADVOCATING FOR THE PATIENT WHILE AT THE SAME TIME ENSURING THAT THE PATIENT FULLY UNDERSTANDS AND COMPLIES WITH THE HEALTH CARE PROVIDER'S RECOMMENDATIONS. THEY ASK THE QUESTIONS THAT THE PATIENTS AREN'T AWARE THEY SHOULD BE ASKING OR ARE CULTURALLY DISSUADED FROM ASKING, SINCE IT IS CULTURALLY INAPPROPRIATE TO QUESTION AUTHORITY. FIGURES SUCH AS PHYSICIANS OR NURSES. PROMOTORAS HELP ENSURE THAT PATIENTS TRULY UNDERSTAND WHAT IS AT STAKE AND WHAT IS BEING ASKED OF THEM, AND CAN PROVIDE FOLLOW-UP SERVICES TO HELP ENSURE THAT PATIENTS RECEIVE THE RESOURCES THEY NEED. SUTTER NURSES AND OTHER MEDICAL STAFF ARE TRAINED TO PROVIDE SPANISH SPEAKING PATIENTS WITH INFORMATION ON THE PROMOTORA PROGRAM, AS WELL AS PROVIDE REFERRALS FOR PATIENTS WHO MIGHT BENEFIT FROM MAKING A CONNECTION OF THIS NATURE. PROMOTORAS ARE EXPERTS IN THE CULTURE, LANGUAGE AND COMMUNITY OF LATINO PATIENTS IN THAT AREA AS WELL AS A CONNECTOR TO COMMUNITY RESOURCES AND PROGRAMS THAT CAN HELP PATIENTS CONTINUE THEIR PATH TO WELLNESS. THEY ALSO UNDERSTAND CULTURAL NUANCES, PARTICULARLY AS THEY RELATE TO HEALTH CARE. WHEN A PATIENT IS IN NEED OF CARE, IT IS A TIME OF CRISIS FOR THEM AND THOSE CULTURAL NUANCES BECOME VERY IMPORTANT. PROMOTORAS ARE QUICKLY BECOMING A MUCH-NEEDED RESOURCE AND PARTNER IN OUR EFFORTS TO PROVIDE THE BEST MEDICAL CARE POSSIBLE TO PATIENTS, AS THEY HELP TO EXTEND A CONTINUUM OF CARE BEYOND THE FOUR WALLS OF THE HOSPITAL. HEALTH EXPRESS SEEKS TO PROVIDE TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS FOR PLACER COUNTY'S MOST VULNERABLE POPULATIONS, INCLUDING SENIOR RESIDENTS. ONE OF THE KEY ISSUES OFTEN IDENTIFIED DURING COMMUNITY HEALTH NEEDS ASSESSMENTS ARE GAPS IN BASIC TRANSPORTATION SERVICES FOR SENIORS AND THE UNDERSERVED POPULATION, WHO OFTEN CITE LACK OF TRANSPORTATION AS A KEY BARRIER TO ACCESSING APPROPRIATE PRIMARY CARE AND HEALTH-RELATED APPOINTMENTS. HEALTH EXPRESS SEEKS TO BRIDGE THIS GAP, TO ENSURE THAT THE PLACER COUNTY CITIZENS WHO WOULD OTHERWISE NOT HAVE ACCESS TO TRANSPORTATION, ARE PROVIDED THE NECESSARY MEANS TO OBTAIN APPROPRIATE MEDICAL CARE. SAHF PROVIDES FUNDING TO HEALTH EXPRESS AND PARTNERS WITH SENIORS FIRST, PLACER COUNTY TRANSPORTATION PLANNING AGENCY AND KAISER PERMANENTE. THE HEALTH EXPRESS PARTNERSHIP PROVIDES TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS FOR PLACER COUNTY'S UNDERSERVED, VULNERABLE AND ELDERLY POPULATION, WHO ARE UNABLE TO ACCESS NECESSARY MEDICAL CARE, DUE TO TRANSPORTATION CONSTRAINTS. THIS PROGRAM IS PUBLICIZED THROUGHOUT PLACER COUNTY TO ENCOURAGE USE. IN ORDER TO INCREASE ACCESS TO HEALTH CARE SERVICES FOR PLACER COUNTY SENIORS, DISABLED, AND UNDERSERVED POPULATIONS, THE HEALTH EXPRESS WAS EXPANDED IN 2007 TO INCLUDE A LARGER POPULATION AND PROVIDE LAST RESORT MEDICALLY RELATED TRANSPORTATION SERVICES WITHIN MOST OF PLACER COUNTY. SUTTER AMADOR HOSPITAL THROUGHOUT THE MONTH OF OCTOBER, SUTTER DIAGNOSTIC IMAGING CENTERS ACROSS THE SHSSR REGION PROVIDE FREE DIGITAL SCREENING MAMMOGRAMS TO UNINSURED WOMEN IN HONOR OF NATIONAL BREAST CANCER AWARENESS MONTH. THE GOAL OF THIS OUTREACH EFFORT WAS TO NOT ONLY PROVIDE FREE SCREENINGS TO UNDERINSURED WOMEN IN OUR COMMUNITIES, BUT IT ALSO SERVES AS AN OPPORTUNITY TO PROVIDE WOMEN WITH INFORMATION ON HEALTH AND INSURANCE RESOURCES. FREE MAMMOGRAMS ARE OFFERED IN VARIOUS LOCATIONS, AT VARIOUS TIMES, INCLUDING IN AMADOR COUNTY, TO ENSURE AS MANY WOMEN AS POSSIBLE WERE ABLE TO TAKE ADVANTAGE OF THIS EFFORT. IN ADDITION, A PACKET OF FOLLOW-UP RESOURCES WAS CREATED IN THE EVENT THAT A PARTICIPANT HAD AN ABNORMAL SCREENING, AS WELL AS INSURANCE ENROLLMENT SERVICES. SUTTER DIAGNOSTIC STAFF WAS ALSO GIVEN RESOURCES TO PROVIDE TO WOMEN WHO NEEDED DIAGNOSTIC FOLLOW-UP AND/OR TREATMENT. THE GOAL IS NOT ONLY TO SCREEN UNINSURED WOMEN, BUT ALSO USE THESE EVENTS AS A CONNECTION POINT FOR THE UNDERSERVED MEMBERS OF OUR COMMUNITY, TO LINK THEM WITH A PRIMARY CARE PROVIDER AND FOLLOW-UP RESOURCES IF NEEDED, AS WELL AS INSURANCE ENROLLMENT INFORMATION. SAH WILL HAVE TO EXAMINE THE CURRENT MODEL OF THIS PROGRAM IN 2014, AS UNDER THE AFFORDABLE CARE ACT, ALL WOMEN (WITH THE EXCEPTION OF UNDOCUMENTED IMMIGRANTS) WILL HAVE INSURANCE, THEREFORE, WE WILL REASSESS OUR PROCESS MOVING FORWARD, AS THESE EVENTS HAVE TYPICALLY TARGETED THE UNINSURED ONLY. SUTTER AMADOR HOSPITAL IS WORKING WITH THE AMADOR-TUOLUMNE COMMUNITY ACTION AGENCY (ATCCA) TO PROVIDE INSURANCE OUTREACH AND EDUCATION TO THE UNDERSERVED POPULATION IN AMADOR COUNTY. WITH THE SUPPORT OF SUTTER AMADOR HOSPITAL AND THE HELP OF A SMALL FEDERAL GRANT, THE ATCCA WILL BE DOING MAJOR OUTREACH TO CONNECT WITH THE UNDERSERVED POPULATION IN AMADOR COUNTY TO EDUCATE THEM ABOUT INSURANCE COVERAGE THROUGH COVERED</p>
PART VI, LINE 5 (CONTINUED)	<p>OVER THE LONG-TERM, SAH PLANS TO EXPLORE THE POSSIBILITY OF EXPANDING PARTNERSHIPS WITH RURAL HEALTH CLINICS AND FQHCs. WE WOULD LOOK AT CREATIVE WAYS TO STRENGTHEN THE RELATIONSHIP BETWEEN SAH AND FQHC'S LIKE WELLSPACE HEALTH, AS BUILDING BOTH THE CAPACITY AND SUSTAINABILITY OF FQHC'S CONTINUES TO BE OF CRITICAL IMPORTANCE NOT ONLY TO SUTTER, BUT IS VITAL TO THE OVERALL HEALTH AND WELLBEING OF THE COMMUNITY. THE 2013 CHNA SHOWS THAT LACK OF ACCESS TO CARE IS ONE OF THE MOST DIRE HEALTH RELATED CHALLENGES FACING OUR REGION. IT IS OUR GOAL TO TIGHTEN THE PARTNERSHIP WITH THESE IMPORTANT HEALTH CLINICS, TO PROVIDE A LINKAGE TO PRIMARY AND MENTAL HEALTH SERVICES TO THOSE WHO NEED IT THE MOST. IN ADDITION TO ADDRESSING THE LACK OF ACCESS TO PRIMARY AND PREVENTATIVE SERVICES, EXPANDED PARTNERSHIPS WITH RURAL HEALTH CLINICS AND FQHCs WOULD ALSO TACKLE LACK OF ACCESS TO MENTAL HEALTH SERVICES. LED BY A NATIONALLY RECOGNIZED DIABETES EDUCATOR AND SPECIALLY TRAINED STAFF OF NUTRITIONISTS, SUTTER AMADOR HOSPITAL'S (SAH) OUTPATIENT DIABETES EDUCATION AND CLINICAL NUTRITION CENTER HELPS PEOPLE WITH DIABETES AND THEIR FAMILIES UNDERSTAND AND MANAGE THIS LIFE-THREATENING DISEASE. SERVICES INCLUDE TRAINING IN THE USE OF BLOOD SUGAR TESTING EQUIPMENT, DIET AND EXERCISE, FOOD SHOPPING AND SYMPTOM CONTROL. THE PROGRAM ALSO OFFERS SWEET SUCCESS, A PROGRAM WITH SPECIAL EDUCATION AND COUNSELING FOR PREGNANT WOMEN. THE OUTPATIENT DIABETES EDUCATION AND CLINICAL NUTRITION CENTER ALSO HOSTS A DIABETES FAIR THAT OFFERS FREE BLOOD-GLUCOSE AND HEMOGLOBIN A1C TESTING FOR MORE THAN 200 PARTICIPANTS EACH YEAR. THE FAIR PROVIDES AN OPPORTUNITY FOR LOCAL RESIDENTS TO TALK TO VENDORS ABOUT PERSONAL BLOOD SUGAR TESTING EQUIPMENT, INSULIN PUMPS, DIETARY SUPPLEMENTS AND OTHER PRODUCTS. IN ADDITION, THE DIABETIC YOUTH SUMMER CAMP PROGRAM IS FUNDED BY VENDORS OF THE DIABETES FAIR AND GIFTS FROM THE COMMUNITY. THIS PROGRAM PAYS FOR YOUNG PEOPLE WITH DIABETES TO ATTEND SUMMER CAMPS DESIGNED FOR THEIR SPECIAL NEEDS AND PROVIDES AN OPPORTUNITY FOR THEM TO MEET OTHERS DEALING WITH THE CHALLENGES OF LIVING WITH DIABETES. SUTTER AMADOR HOSPITAL PARTNERED WITH THE AMADOR ORAL HEALTH TASK FORCE TO HELP ADDRESS ONE OF THE PRIORITY AREAS OF FOCUS IN AMADOR. PROVIDING UNDERINSURED CHILDREN WITH DENTAL CARE. THIS PARTNERSHIP ALLOWED THE ORAL HEALTH TASK FORCE TO OFFER TWICE-YEARLY DENTAL SCREENINGS, DENTAL EDUCATION AND FLUORIDE VARNISH TO UNINSURED/UNDERINSURED CHILDREN IN AMADOR COUNTY. LACK OF ADEQUATE DENTAL CARE WAS IDENTIFIED AS A MAJOR NEED IN AMADOR COUNTY, THEREFORE, SUPPORT OF THE AMADOR ORAL HEALTH TASK FORCE AND OTHER DENTAL RELATED EFFORTS, IS VITAL IN THE QUEST TO SPREAD ORAL HEALTH THROUGHOUT THE COMMUNITY. IN ADDITION TO PAST EFFORTS THAT ADDRESS THE LACK OF ACCESS TO DENTAL CARE, SAH WILL CONTINUE TO LOOK FOR NEW OPPORTUNITIES TO ENGAGE VARIOUS ORGANIZATIONS THROUGHOUT THE SAH'S HOSPITAL SERVICE AREA TO PROVIDE PREVENTATIVE DENTAL CARE TO THE CHILDREN AND ADULTS IN THE COMMUNITY. IN PARTNERSHIP WITH PUBLIC HEALTH AND OTHER COMMUNITY ORGANIZATIONS, SUTTER AMADOR HEALTH PLANS TO TAKE PART IN THE "LET'S GET HEALTHY AMADOR" CAMPAIGN. THIS IMPORTANT PUBLIC/PRIVATE PARTNERSHIP WILL ACTIVELY WORK TO ENCOURAGE PEOPLE THROUGHOUT AMADOR COUNTY TO EXERCISE AND STRESS THE IMPORTANCE OF HEALTHY LIVING. ADDITIONALLY, WALKING GROUPS AND OTHER GROUP FITNESS ACTIVITIES WILL BE CREATED AND PROMOTED TO THE GREATER AMADOR COMMUNITY AS A PART OF THIS EFFORT. IN ADDITION, SERVING ON THE "LET'S GET HEALTHY AMADOR" BOARD AND PROVIDING OTHER RESOURCES, SUTTER AMADOR HOSPITAL HAS A BEAUTIFUL WALKING TRAIL ON THE CAMPUS OF THE HOSPITAL, WHICH IS OPEN TO NOT ONLY PATIENTS, BUT THE ENTIRE COMMUNITY. BETWEEN THE WALKING TRAIL AND EXPANDED EFFORT TO PROMOTE EXERCISE THROUGH THE HEALTHY LIVING CAMPAIGN, PROVIDING ENCOURAGEMENT AND OPPORTUNITY FOR PHYSICAL ACTIVITY IS GOING TO BE A MAJOR FOCUS IN 2014. SUTTER DAVIS HOSPITAL AS WE PREPARE FOR THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT, WE UNDERSTAND THAT NOTHING IS MORE IMPORTANT THAN EXPANDING ACCESS TO CARE AND BUILDING CAPACITY FOR THE UNDERSERVED. CURRENTLY, LIMITED ACCESS TO CARE REMAINS THE TOP PRIORITY IN THE GREATER SACRAMENTO REGION, AND WHILE SUTTER DAVIS HOSPITAL FUNDS AND SUPPORTS MANY INITIATIVES AND ORGANIZATIONS THAT DO AMAZING WORK IN OUR COMMUNITY, THE INVESTMENTS WE PROVIDE TO COMMUNICARE TO EXPAND CAPACITY AND ACCESS TO CARE REMAIN PARAMOUNT. SDH HAS BEEN A LONGTIME PARTNER WITH COMMUNICARE AND WILL CONTINUE TO MAKE STRATEGIC INVESTMENTS AND PROVIDE SUPPORT TO THIS CRITICALLY IMPORTANT NETWORK, AS COMMUNICARE MEETS THE NEEDS OF MORE AND MORE PEOPLE THROUGHOUT YOLO COUNTY AND THE SDH HOSPITAL SERVICE AREA (HSA). COMMUNICARE PROVIDES CARE TO SOME OF THE MOST VULNERABLE POPULATIONS IN OUR REGION. BY CONTINUING TO MAKE STRATEGIC INVESTMENTS IN THIS IMPORTANT HEALTH CENTER, WE ARE ENSURING THE UNDERSERVED HAVE ACCESS TO CARE AND A MEDICAL HOME. THIS FEDERALLY QUALIFIED HEALTH CENTER (FQHC) HAS BEEN PROVIDING HEALTH CARE TO THOSE IN NEED SINCE 1972. COMMUNICARE OFFERS COMPREHENSIVE PRIMARY MEDICAL AND DENTAL SERVICES, SUBSTANCE ABUSE TREATMENT, BEHAVIORAL HEALTH SERVICES, HEALTH EDUCATION AND SUPPORT SERVICES IN YOLO COUNTY AND THE SURROUNDING COMMUNITIES THROUGH FIVE COMMUNITY CLINIC SITES AND OUTREACH PROGRAMS. COMMUNICARE PROVIDES MORE THAN 20,000 BEHAVIORAL HEALTH VISITS EACH YEAR. THE BEHAVIORAL HEALTH DEPARTMENT IS COMPRISED OF FOUR SERVICE CATEGORIES, ADULT SERVICES, ADOLESCENT SERVICES, FAMILY SERVICES AND INTEGRATED BEHAVIORAL HEALTH SERVICES. ADDITIONALLY, COMMUNICARE HEALTH CENTERS ARE DEDICATED TO PROVIDING A PATIENT-CENTERED HEALTH HOME FOR ANY INDIVIDUAL WHO SERVE REGARDLESS OF THEIR POINT OF ENTRY INTO OUR SYSTEM. THE BEHAVIORAL HEALTH TEAM WORKS CLOSELY WITH OUR MEDICAL, DENTAL AND PERINATAL PROVIDERS TO ENSURE THAT WE ARE TREATING THE ENTIRE INDIVIDUAL. PHYSICAL EXAMINATIONS ARE PROVIDED TO ALL CLIENTS ENTERING OUR BEHAVIORAL HEALTH PROGRAMS. IN ADDITION, MEDICALLY SUPERVISED DETOXIFICATION SERVICES ARE OFFERED FOR OPIOID AND STIMULANT WITHDRAWAL. ONE OF THE BEST AND MOST COST-EFFECTIVE WAYS TO PREVENT DISEASE AND PROMOTE HEALTHY COMMUNITIES IS TO TEACH PEOPLE HOW TO TAKE GOOD CARE OF THEMSELVES AND THEIR FAMILIES. COMMUNICARE HEALTH CENTERS PROVIDES COMPREHENSIVE HEALTH EDUCATION AND OUTREACH SERVICES THROUGHOUT THE COUNTY. COMMUNICARE HEALTH CENTERS REMAINS COMMITTED TO ITS FOUNDING PURPOSE, WHICH IS TO ENSURE THAT HIGH-QUALITY HEALTH CARE IS AVAILABLE TO EVERYONE WHO NEEDS IT, AND TO PROVIDE A FULL RANGE OF SERVICES FROM ANNUAL EXAMS TO PEDIATRIC IMMUNIZATIONS TO TREATMENT FOR CHRONIC DISEASES. OVER THE YEARS, COMMUNICARE HAS BEEN ABLE TO EXPAND SERVICES TO INCLUDE DENTAL, EYE CARE AND PERINATAL PROGRAMS THAT MEET THE NEEDS OF OUR COMMUNITY. BY INVESTING IN COMMUNICARE AND SUPPORTING THIS TREMENDOUS ORGANIZATION'S GROWTH AND INNOVATIVE EFFORTS, WE ARE ABLE TO ADDRESS MULTIPLE PRIORITY NEEDS IN EFFECTIVE AND IMPACTFUL WAYS. IN ADDITION TO ADDRESSING THE LACK OF ACCESS TO PRIMARY AND PREVENTATIVE SERVICES, SDH'S PARTNERSHIP WITH COMMUNICARE HELPS EXPAND ACCESS TO AFFORDABLE MEDICAL CARE AND MEDICATIONS FOR ALL, ACCESS TO DENTAL CARE, ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, ACCESS TO SPECIALTY CARE AND EDUCATION ON HEALTH AND CHRONIC DISEASE MANAGEMENT. WORKING WITH SUTTER DIAGNOSTIC IMAGING CENTERS THROUGHOUT THE SUTTER HEALTH SACRAMENTO SIERRA REGION, SUTTER DAVIS HOSPITAL OFFERS THE OPPORTUNITY FOR UNINSURED WOMEN TO RECEIVE FREE DIGITAL MAMMOGRAMS. IN 2012, AS A RESULT OF ALL OF THE COLLABORATIVE EVENTS THROUGHOUT THE REGION, WE WERE ABLE TO PROVIDE A TOTAL OF 670 FREE AND LOW-COST MAMMOGRAMS. AT MANY OF OUR MAMMOGRAPHY EVENTS, WE HAVE WAITING LISTS AND LONG LINES, DEMONSTRATING THAT ACCESS TO PRIMARY AND PREVENTATIVE CARE CONTINUES TO BE A MAJOR ISSUE IN OUR REGION. OUR GOAL IS NOT ONLY TO SCREEN UNINSURED WOMEN, BUT WE ALSO USE THESE EVENTS AS A CONNECTION POINT FOR THE UNDERSERVED MEMBERS OF OUR COMMUNITY, TO LINK THEM WITH A PRIMARY CARE PROVIDER, FOLLOW-UP RESOURCES IF NEEDED, INSURANCE ENROLLMENT INFORMATION AND OTHER KEY SERVICES. NEW IN 2013, WE ARE INTEGRATING OUR ED NAVIGATORS INTO SOME OF THE SCREENING EVENTS, AS A PILOT PROJECT, TO PROVIDE ON-SITE PRIMARY CARE REFERRALS AND OTHER COMMUNITY RESOURCES TO THE WOMEN ALSO, WE INTEGRATED INSURANCE ENROLLMENT SPECIALISTS FROM COVERED CALIFORNIA TO PROVIDE INSURANCE EDUCATION, OUTREACH AND ENROLLMENT TO THE WOMEN WHO NEED IT MOST.</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEM SUTTER SACRAMENTO SIERRA REGION IS AFFILIATED WITH SUTTER HEALTH, A NOT-FOR-PROFIT NETWORK OF ALMOST 50,000 PHYSICIANS, EMPLOYEES, AND VOLUNTEERS WHO CARE FOR MORE THAN 100 NORTHERN CALIFORNIA TOWNS AND CITIES TOGETHER, WE'RE CREATING A MORE INTEGRATED, SEAMLESS AND AFFORDABLE APPROACH TO CARING FOR PATIENTS IT'S BETTER FOR PATIENTS WE BELIEVE THIS COMMUNITY-OWNED, NOT-FOR-PROFIT APPROACH TO HEALTH CARE BEST SERVES OUR PATIENTS AND OUR COMMUNITIES - FOR MULTIPLE REASONS FIRST OF ALL, IT'S GOOD FOR PATIENTS ACCORDING TO THE JOURNAL OF GENERAL INTERNAL MEDICINE (APRIL 2000), PATIENTS TREATED AT FOR-PROFIT OR GOVERNMENT-OWNED HOSPITALS WERE TWO-TO-FOUR TIMES MORE LIKELY TO SUFFER PREVENTABLE ADVERSE EVENTS THAN PATIENTS TREATED AT NOT-FOR-PROFIT INSTITUTIONS OUR STOCKHOLDERS ARE OUR COMMUNITIES INVESTOR-OWNED, FOR-PROFIT HEALTH SYSTEMS HAVE A FINANCIAL INCENTIVE TO AVOID CARING FOR UNINSURED AND UNDERINSURED PATIENTS THEY ALSO HAVE A FINANCIAL INCENTIVE TO AVOID HARD-TO-SERVE POPULATIONS AND "UNDESIRABLE" GEOGRAPHIC AREAS SUCH AS RURAL AREAS FOR MANY NORTHERN CALIFORNIA'S UNDERSERVED RURAL LOCALES, SUTTER HEALTH IS THE ONLY PROVIDER OF HOSPITAL AND EMERGENCY MEDICAL SERVICES IN THE COMMUNITY PROVIDING CHARITY CARE AND SPECIAL PROGRAMS TO COMMUNITIES OUR COMMUNITIES' SUPPORT HELPS US EXPAND SERVICES, INTRODUCE NEW PROGRAMS AND IMPROVE MEDICAL TECHNOLOGY ACROSS OUR NETWORK, EVERY SUTTER HOSPITAL, PHYSICIAN ORGANIZATION AND CLINIC HAS A SPECIAL STORY TO TELL ABOUT FULFILLING VITAL COMMUNITY NEEDS OUR COMMITMENT TO COMMUNITY BENEFIT MEETING THE HEALTH CARE NEEDS OF OUR COMMUNITIES IS THE CORNERSTONE OF SUTTER HEALTH'S NOT-FOR-PROFIT MISSION THIS INCLUDES DIRECTLY SERVING THOSE WHO CANNOT AFFORD TO PAY FOR HEALTH CARE AND SUPPORTING PROGRAMS AND SERVICES THAT HELP THOSE IN FINANCIAL NEED SUTTER HEALTH NOW PROVIDES AN AVERAGE OF MORE THAN \$3 MILLION IN CHARITY CARE PER WEEK IN 2013, OUR NETWORK OF PHYSICIAN ORGANIZATIONS, HOSPITALS AND OTHER HEALTH CARE PROVIDERS INVESTED \$901 MILLION IN HEALTH CARE PROGRAMS, SERVICES AND BENEFITS FOR THE POOR AND UNDERSERVED THIS INCLUDES * THE COST OF PROVIDING CHARITY CARE, * THE UNPAID COSTS OF PARTICIPATING IN MEDICAL, AND * INVESTMENTS IN MEDICAL RESEARCH, HEALTH EDUCATION AND COMMUNITY-BASED PUBLIC BENEFIT PROGRAMS SUCH AS SCHOOL-BASED CLINICS AND PRENATAL CARE FOR PATIENTS SUTTER HEALTH'S COMMITMENT TO DELIVERING CHARITY CARE TO PATIENTS CONTINUED TO GROW, REACHING ANOTHER ALL-TIME HIGH OF \$166 MILLION IN 2013</p>
PART VI, LINE 7	CALIFORNIA

Additional Data

Software ID:

Software Version:

EIN: 94-1156621

Name: SUTTER HEALTH SACRAMENTO SIERRA REGION

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART I, LINE 3C	TO BE ELIGIBLE FOR FREE CARE THE FILING ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 200% OF FPG PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES APPLIES TO UNINSURED PATIENTS THAT WHOSE FAMILY INCOMES ARE BETWEEN 201% AND 400% IN ADDITION, THE FOLLOWING DISCOUNTS APPLY TO UNINSURED PATIENTS * SPECIAL CIRCUMSTANCES CHARITY CARE FOR UNINSURED PATIENTS WHO DO NOT MEET THE FINANCIAL ASSISTANCE CRITERIA SET FORTH BY THE ORGANIZATION, A COMPLETE OR PARTIAL WRITE-OFF IN CIRCUMSTANCES INCLUDING BUT NOT LIMITED TO BANKRUPTCY, HOMELESSNESS, DECEASED, ELIGIBLE FOR MEDICARE/MEDI-CAL, OR IF A COLLECTION AGENCY IDENTIFIES A PATIENT MEETING THE ORGANIZATION'S CHARITY CARE ELIGIBILITY CRITERIA * CATASTROPHIC CHARITY CARE PARTIAL WRITE-OFF WHEN THE FINANCIAL RESPONSIBILITY EXCEEDS 30% OF THE PATIENT'S FAMILY INCOME PATIENTS THAT MEET THE CRITERIA WILL RECEIVE A FULL WRITE-OFF OF UNDISCOUNTED CHARGES THAT EXCEED 30% OF THEIR FAMILY INCOME * HIGH MEDICAL COST CHARITY CARE (FOR INSURED PATIENTS) PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES FOR PATIENTS WHOSE FAMILY INCOME IS LESS THAN 400% OF FPG, MEDICAL EXPENSES EXCEED 10% OF THE PATIENT'S FAMILY INCOME, AND THE PATIENT'S INSURE HAS NOT PROVIDED A DISCOUNT * UNINSURED PATIENT DISCOUNT A WRITE-OFF OF A PORTION OF COVERED SERVICES NO GREATER THAT THE CURRENT AVERAGE COMMERCIAL FEE-FOR-SERVICE DISCOUNT WITH MANAGED CARE PAYERS FOR PATIENTS WHOSE BENEFITS UNDER INSURANCE OR A GOVERNMENT PROGRAM HAVE BEEN EXHAUSTED PRIOR TO ADMISSION * PROMPT PAYMENT DISCOUNT PARTIAL WRITE-OFF AVAILABLE TO UNINSURED PATIENTS WHO PAY PROMPTLY, CONSISTING OF AT LEAST A 20% DISCOUNT FOR THOSE WHO PAY WITHIN 30 DAYS OF FINAL BILLING, OR A 20% DISCOUNT IF 50% OF THE ESTIMATED BILL IS PAID PRIOR TO DISCHARGE

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART I, LINE 7	COSTING METHODOLOGY USED COST TO CHARGE RATIO UTILIZING WORKSHEET 2 METHODOLOGY PART II COMMUNITY BUILDING ACTIVITIES SUTTER HEALTH DAVIS DONATED STAFF TIME TO YOLO COUNTY FOSTER CARE, COORDINATING AND TEACHING A FOSTER CARE EDUCATION PROGRAM

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART III, LINE 2	METHODOLOGY FOR CALCULATING BAD DEBT (AT COST) THE RATIO OF PATIENT CARE COST TO CHARGES IS APPLIED TO THE BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS THAT IS REPORTED ON LINE 2 DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART III, LINE 3	METHODOLOGY FOR DETERMINING THE AMOUNT OF BAD DEBT LIKELY ATTRIBUTABLE TO CHARITY CARE AMOUNTS MAY BE INCLUDED IN BAD DEBT PENDING A CHARITY CARE DETERMINATION UPON ELIGIBILITY THESE AMOUNTS WOULD BE RECLASSIFIED AS CHARITY CARE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART III, LINE 4	<p>THE ORGANIZATION MAKES EVERY EFFORT TO QUALIFY THOSE ELIGIBLE FOR CHARITY CARE IF A PATIENT HAS APPLIED FOR CHARITY CARE, HAS BEEN APPROVED TO RECEIVE CHARITY CARE, OR IS COOPERATING WITH THE HOSPITAL'S EFFORTS TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE HOSPITAL WILL NOT PURSUE COLLECTIONS</p> <p>AUDIT FOOTNOTE THE ORGANIZATION IS AN AFFILIATE OF SUTTER HEALTH WHICH UNDERWENT A SYSTEM-WIDE AUDIT THE AUDIT REPORT DOES NOT INCLUDE A BAD DEBT EXPENSE FOOTNOTE PROVISION FOR BAD DEBTS IS LISTED ON A SEPARATE LINE ITEM IN THE FINANCIAL STATEMENTS THE AUDIT DOES INCLUDE FOOTNOTES FOR PATIENT ACCOUNTS RECEIVABLE AND PATIENT SERVICE REVENUES LISTED BELOW</p> <p>PATIENT ACCOUNTS RECEIVABLE AUDIT FOOTNOTE SUTTER'S PRIMARY CONCENTRATION OF CREDIT RISK IS PATIENT ACCOUNTS RECEIVABLE, WHICH CONSIST OF AMOUNTS OWED BY VARIOUS GOVERNMENTAL AGENCIES, INSURANCE COMPANIES AND PRIVATE PATIENTS SUTTER MANAGES THE RECEIVABLES BY REGULARLY REVIEWING ITS PATIENT ACCOUNTS AND CONTRACTS AND BY PROVIDING APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE AMOUNTS THESE ALLOWANCES ARE ESTIMATED BASED UPON AN EVALUATION OF HISTORICAL PAYMENTS, NEGOTIATED CONTRACTS AND GOVERNMENTAL REIMBURSEMENTS SUTTER'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS WAS 90% AND 89% OF SELF-PAY ACCOUNTS RECEIVABLE AT DECEMBER 31, 2013 AND 2012 RESPECTIVELY ADJUSTMENTS AND CHANGES IN ESTIMATES ARE RECORDED IN THE PERIOD IN WHICH THEY ARE DETERMINED SIGNIFICANT CONCENTRATIONS OF GROSS PATIENT ACCOUNTS RECEIVABLE ARE AS FOLLOWS MEDICARE 33% AS OF 12/31/13 29% AS OF 12/31/12 MEDI-CAL 21% AS OF 12/31/13 23% AS OF 12/31/12 DURING 2013 AND 2012, CERTAIN AFFILIATES COLLECTED ON ACCOUNTS THAT WERE PREVIOUSLY DEEMED UNCOLLECTIBLE AND RESERVED SUCH RECOVERIES ARE RECOGNIZED IN THE PERIOD THAT CASH IS RECEIVED AND WERE NOT MATERIAL DUE TO THE INHERENT VARIABILITY IN THIS AREA OF PATIENT RECEIVABLE COLLECTIONS, THERE IS AT LEAST A REASONABLE POSSIBILITY THAT THE ESTIMATION MAY CHANGES BY A MATERIAL AMOUNT IN THE NEAR TERM</p> <p>PATIENT SERVICE REVENUES FOOTNOTE PATIENT SERVICE REVENUES ARE REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT PROGRAMS WITH THIRD-PARTY PAYERS ESTIMATED SETTLEMENTS UNDER THIRD-PARTY REIMBURSEMENT PROGRAMS ARE ACCRUED IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, PRIMARILY AS A RESULT OF FINAL COST REPORT SETTLEMENTS WITH GOVERNMENTAL AGENCIES PATIENT SERVICE REVENUES LESS PROVISION FOR BAD DEBTS ARE REPORTED NET OF THE PROVISION FOR BAD DEBTS ON THE CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGE IN NET ASSETS SUTTER'S SELF-PAY WRITE-OFFS WERE \$375 MILLION AND \$370 MILLION FOR 2013 AND 2012, RESPECTIVELY</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART III, LINE 7	MEDICARE COST REPORTS THAT THE ORGANIZATION FILES DO NOT INCLUDE ALL OF THE COSTS REQUIRED TO TREAT MEDICARE PATIENTS

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART III, LINE 8	COSTING METHODOLOGY MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE RATIO COMMUNITY BENEFIT MEDICARE SHORTFALL THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS CARING FOR MEDICARE PATIENTS FULFILLS A COMMUNITY NEED AND RELIEVES A GOVERNMENT BURDEN AS THESE PATIENTS TYPICALLY HAVE LOW AND/OR FIXED INCOMES MEDICARE DOES NOT PROVIDE SUFFICIENT REIMBURSEMENT TO COVER THE COST OF PROVIDING CARE FOR THESE PATIENTS FORCING THE HOSPITAL TO USE OTHER FUNDS TO COVER THE DEFICIT

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART III, LINE 9B	COLLECTION PRACTICES ARE CONSISTENT FOR ALL PATIENTS AND COMPLY WITH APPLICABLE PROVISIONS OF CALIFORNIA LAW DURING PREADMISSION OR REGISTRATION, THE HOSPITAL PROVIDES ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AN UNINSURED PATIENT WHO INDICATES THE FINANCIAL INABILITY TO PAY A BILL IS EVALUATED FOR FINANCIAL ASSISTANCE PATIENTS WILL BE GIVEN AN APPLICATION WHICH WILL DOCUMENT THE PATIENT'S OVERALL FINANCIAL SITUATION IF AN UNINSURED PATIENT DOES NOT COMPLETE THE APPLICATION FORM WITHIN 30 DAYS OF DELIVERY, THE HOSPITAL WILL NOTIFY THE PATIENT THAT THE APPLICATION HAS NOT BEEN RECEIVED AND WILL PROVIDE THE PATIENT AN ADDITIONAL 30 DAYS TO COMPLETE THE APPLICATION IF A PATIENT HAS APPLIED FOR CHARITY CARE, HAS BEEN APPROVED TO RECEIVE CHARITY CARE, OR IS COOPERATING WITH THE HOSPITAL'S EFFORTS TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE HOSPITAL WILL NOT PURSUE COLLECTIONS

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART VI, LINE 2	<p>SUTTER MEDICAL CENTER SACRAMENTO BEGINNING IN EARLY 2012 THROUGH FEBRUARY 2013, VALLEY VISION, INC CONDUCTED AN ASSESSMENT OF THE HEALTH NEEDS OF RESIDENTS LIVING IN THE SERVICE AREA OF SUTTER MEDICAL CENTER, SACRAMENTO (SMCS) FOR THE PURPOSES OF THE ASSESSMENT, A HEALTH NEED WAS DEFINED AS "A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER " A HEALTH DRIVER WAS DEFINED AS "A BEHAVIORAL, ENVIRONMENTAL, AND/OR CLINICAL FACTOR, AS WELL AS MORE UPSTREAM SOCIAL ECONOMIC FACTORS, THAT IMPACT HEALTH " A COMMUNITY-BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT THAT INCLUDED BOTH PRIMARY AND SECONDARY DATA PRIMARY DATA COLLECTION INCLUDED INPUT FROM THE HEALTHY SACRAMENTO COALITION (FOCUSED ON SACRAMENTO COUNTY ONLY), EXPERT INTERVIEWS WITH 41 KEY INFORMANTS AND 10 FOCUS GROUP INTERVIEWS COMPRISED OF 129 COMMUNITY MEMBERS IN ADDITION, A COMMUNITY HEALTH ASSETS ASSESSMENT COLLECTED DATA ON MORE THAN 200 HEALTH RELATED ASSETS IN ALL OF THE COUNTIES IN WHICH THE SMCS HOSPITAL SERVICE AREA (HSA) EXTENDED SECONDARY DATA USED INCLUDED HEALTH OUTCOME DATA, SOCIO-DEMOGRAPHIC DATA, AND BEHAVIORAL AND ENVIRONMENTAL DATA AT THE ZIP CODE OR CENSUS TRACT LEVEL HEALTH OUTCOME DATA INCLUDED EMERGENCY DEPARTMENT (ED) VISITS, HOSPITALIZATION, AND MORTALITY RATES RELATED TO HEART DISEASE, DIABETES, STROKE, HYPERTENSION, COPD, ASTHMA, AND SAFETY AND MENTAL HEALTH CONDITIONS SOCIO-DEMOGRAPHIC DATA INCLUDED DATA ON RACE AND ETHNICITY, POVERTY (FEMALE-HEADED HOUSEHOLDS, FAMILIES WITH CHILDREN, PEOPLE OVER 65 YEARS OF AGE), EDUCATIONAL ATTAINMENT, INSURANCE STATUS, AND HOUSING ARRANGEMENT (RENT OR OWN) BEHAVIORAL AND ENVIRONMENTAL DATA HELPED DESCRIBE GENERAL LIVING CONDITIONS OF THE HOSPITAL SERVICE AREA (HSA) SUCH AS CRIME RATES, ACCESS TO PARKS, AVAILABILITY OF HEALTHY FOOD, AND LEADING CAUSES OF DEATH ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED SIX SPECIFIC ZIP CODE COMMUNITIES OF CONCERN WITHIN THE HSA THAT WERE LIVING WITH A HIGH BURDEN OF DISEASE THESE SIX COMMUNITIES HAD CONSISTENTLY HIGH RATES OF NEGATIVE HEALTH OUTCOMES THAT FREQUENTLY EXCEEDED COUNTY, STATE, AND HEALTHY PEOPLE 2020 BENCHMARKS THEY WERE CONFIRMED BY EXPERTS AS AREAS PRONE TO EXPERIENCE POORER HEALTH OUTCOMES RELATIVE TO OTHER COMMUNITIES IN THE HSA AGE-ADJUSTED RATES OF ED VISITS AND HOSPITALIZATION DUE TO HEART DISEASE, DIABETES, STROKE, AND HYPERTENSION WERE NOTABLY HIGHER IN THESE ZIP CODES COMPARED TO OTHERS WITHIN THE HSA WITH A FEW EXCEPTIONS, BLACKS AND WHITES HAD THE HIGHEST RATES FOR THESE CONDITIONS COMPARED TO OTHER RACIAL AND ETHNIC GROUPS MORTALITY DATA FOR THESE CONDITIONS SHOWED HIGH RATES AS WELL ANALYSIS OF ENVIRONMENTAL INDICATORS SHOWED THAT MANY OF THESE COMMUNITIES HAD CONDITIONS THAT WERE BARRIERS TO ACTIVE LIFESTYLES, SUCH AS ELEVATED CRIME RATES AND A TRAFFIC CLIMATE THAT IS UNFRIENDLY TO BICYCLISTS AND PEDESTRIANS FURTHERMORE, THESE COMMUNITIES FREQUENTLY HAD HIGHER PERCENTAGES OF RESIDENTS THAT WERE OBESE OR OVERWEIGHT ACCESS TO HEALTHY FOOD OUTLETS WAS LIMITED, WHILE THE CONCENTRATION OF FAST FOOD OUTLETS AND CONVENIENCE STORES WERE HIGH ANALYSIS OF THE HEALTH BEHAVIORS OF THESE RESIDENTS ALSO SHOWED MANY BEHAVIORS THAT CORRELATE TO POOR HEALTH, SUCH AS HAVING A DIET THAT IS LIMITED IN FRUIT AND VEGETABLE CONSUMPTION WHEN EXAMINING THESE FINDINGS WITH THOSE OF THE QUALITATIVE DATA (KEY INFORMANT INTERVIEW AND FOCUS GROUPS), A CONSOLIDATED LIST OF PRIORITY HEALTH NEEDS OF THESE COMMUNITIES WAS COMPILED THESE PRIORITIZED HEALTH NEEDS ARE 1 LACK OF ACCESS TO PRIMARY AND PREVENTATIVE SERVICES 2 LACK OF ACCESS TO MENTAL HEALTH SERVICES 3 LIVING IN AN UNHEALTHY FOOD ENVIRONMENT 4 PERCEIVED OR REAL FEAR FOR PERSONAL SAFETY 5 INABILITY TO EXERCISE AND BE ACTIVE 6 LACK OF ACCESS TO DENTAL CARE 7 LACK OF ACCESS TO SPECIALTY CARE 8 LACK OF COORDINATION OF CARE AMONG PROVIDERS 9 ACCULTURATION/LIMITED CULTURAL COMPETENCE IN HEALTH AND RELATED SYSTEMS 10 LACK OF HEALTH LITERACY 11 LACK OF HOUSING, BASIC SHELTER THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR SUTTER MEDICAL CENTER, SACRAMENTO IS AVAILABLE AT HTTP //WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML</p> <p>SUTTER ROSEVILLE MEDICAL CENTER BEGINNING IN EARLY 2012 THROUGH FEBRUARY 2013, VALLEY VISION, INC CONDUCTED AN ASSESSMENT OF THE HEALTH NEEDS OF RESIDENTS LIVING IN THE SUTTER ROSEVILLE MEDICAL CENTER (SRMC) SERVICE AREA FOR THE PURPOSES OF THE ASSESSMENT, A HEALTH NEED WAS DEFINED AS, "A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER " A HEALTH DRIVER WAS DEFINED AS, "A BEHAVIORAL, ENVIRONMENTAL, AND/OR CLINIC FACTOR, AS WELL AS MORE UPSTREAM SOCIAL ECONOMIC FACTORS, THAT IMPACT HEALTH " A COMMUNITY-BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT THAT INCLUDED BOTH PRIMARY AND SECONDARY DATA PRIMARY DATA COLLECTION INCLUDED INPUT FROM THE HEALTHY SACRAMENTO COALITION (FOCUSED ON SACRAMENTO COUNTY ONLY), EXPERT INTERVIEWS WITH 22 KEY INFORMANTS, AND 12 FOCUS GROUP INTERVIEWS COMPRISED OF 148 COMMUNITY MEMBERS IN ADDITION, A COMMUNITY HEALTH ASSETS ASSESSMENT COLLECTED DATA ON MORE THAN 260 HEALTH-RELATED ASSETS THROUGHOUT THE SRMC HOSPITAL SERVICE AREA (HSA) IN SACRAMENTO COUNTY AND PLACER COUNTY SECONDARY DATA USED INCLUDED HEALTH OUTCOME DATA, SOCIO-DEMOGRAPHIC DATA, AND BEHAVIORAL AND ENVIRONMENTAL DATA AT THE ZIP CODE OR CENSUS TRACT LEVEL HEALTH OUTCOME DATA INCLUDED EMERGENCY DEPARTMENT (ED) VISITS, HOSPITALIZATION, AND MORTALITY RATES RELATED TO HEART DISEASE, DIABETES, STROKE, HYPERTENSION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, ASTHMA, AND SAFETY AND MENTAL HEALTH CONDITIONS SOCIO-DEMOGRAPHIC DATA INCLUDED DATA ON RACE AND ETHNICITY, POVERTY (FEMALE-HEADED HOUSEHOLDS, FAMILIES WITH CHILDREN, PEOPLE OVER 65 YEARS OF AGE), EDUCATIONAL ATTAINMENT, INSURANCE STATUS, AND HOUSING ARRANGEMENT (OWN OR RENT) FURTHER, HEALTH BEHAVIORAL AND ENVIRONMENTAL DATA HELPED DESCRIBE GENERAL LIVING CONDITIONS OF THE HSA, SUCH AS CRIME RATES, ACCESS TO PARKS, HEALTHY FOOD AVAILABILITY, AND LEADING CAUSES OF DEATH ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED SEVEN SPECIFIC ZIP CODE COMMUNITIES OF CONCERN THAT WERE LIVING WITH A HIGH BURDEN OF DISEASE THESE SEVEN COMMUNITIES HAD CONSISTENTLY HIGH RATES OF NEGATIVE HEALTH OUTCOMES THAT FREQUENTLY EXCEEDED COUNTY, STATE, AND HEALTHY PEOPLE 2020 BENCHMARKS THEY WERE CONFIRMED BY EXPERTS AS AREAS PRONE TO EXPERIENCE POORER HEALTH OUTCOMES RELATIVE TO OTHER COMMUNITIES IN THE HSA AGE-ADJUSTED RATES OF ED VISITS AND HOSPITALIZATION DUE TO HEART DISEASE, DIABETES, STROKE, AND HYPERTENSION WERE NOTABLY HIGHER IN THESE ZIP CODES COMPARED TO OTHER ZIP CODES IN THE HSA IN GENERAL, BLACKS AND WHITES HAD THE HIGHEST RATES FOR THESE CONDITIONS COMPARED TO OTHER RACIAL AND ETHNIC GROUPS WITH A FEW EXCEPTIONS MORTALITY DATA FOR THESE CONDITIONS SHOWED HIGH RATES AS WELL ANALYSIS OF ENVIRONMENTAL INDICATORS SHOWED THAT MANY OF THESE COMMUNITIES HAD CONDITIONS THAT WERE BARRIERS TO ACTIVE LIFESTYLES, SUCH AS ELEVATED RATES OF CRIME AND A TRAFFIC CLIMATE THAT WAS UNFRIENDLY TO BICYCLISTS AND PEDESTRIANS FURTHERMORE, THESE COMMUNITIES FREQUENTLY HAD HIGHER PERCENTAGES OF RESIDENTS THAT WERE OBESE OR OVERWEIGHT ACCESS TO HEALTHY FOOD OUTLETS WAS LIMITED, WHILE THE CONCENTRATION OF FAST FOOD AND CONVENIENCE STORES WAS HIGH ANALYSIS OF THE HEALTH BEHAVIORS OF THESE RESIDENTS SHOWED MANY BEHAVIORS THAT CORRELATE TO POOR HEALTH, SUCH AS HAVING A DIET THAT IS LIMITED IN FRUIT AND VEGETABLE CONSUMPTION WHEN EXAMINING THESE FINDINGS WITH THOSE OF THE QUALITATIVE DATA (KEY INFORMANT INTERVIEW AND FOCUS GROUPS), A CONSOLIDATED LIST OF PRIORITY HEALTH NEEDS OF THESE COMMUNITIES WAS COMPILED THESE PRIORITIZED HEALTH NEEDS ARE 1 LACK OF ACCESS TO PRIMARY AND PREVENTATIVE SERVICES 2 LACK OF ACCESS TO MENTAL HEALTH SERVICES 3 LIVING IN AN UNHEALTHY FOOD ENVIRONMENT 4 PERCEIVED OR REAL FEAR FOR PERSONAL SAFETY 5 INABILITY TO EXERCISE AND BE ACTIVE 6 LACK OF ACCESS TO DENTAL CARE 7 LACK OF ACCESS TO SPECIALTY CARE 8 LACK OF COORDINATION OF CARE AMONG PROVIDERS 9 ACCULTURATION/LIMITED CULTURAL COMPETENCE IN HEALTH AND RELATED SYSTEMS 10 LACK OF HEALTH LITERACY THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR SUTTER ROSEVILLE MEDICAL CENTER IS AVAILABLE AT HTTP //WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART VI, LINE 2 (CONTINUED)	<p>SUTTER SOLANO MEDICAL CENTER BEGINNING IN EARLY 2012 THROUGH FEBRUARY 2013, VALLEY VISION, INC COMPLETED AN ASSESSMENT OF THE HEALTH NEEDS OF RESIDENTS LIVING IN THE SOLANO COUNTY HEALTH SERVICE AREA (HSA) FOR THE PURPOSES OF THE ASSESSMENT, A HEALTH NEED WAS DEFINED AS "A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER " A HEALTH DRIVER WAS DEFINED AS "A BEHAVIORAL, ENVIRONMENTAL, AND/OR CLINICAL FACTOR, AS WELL AS MORE UPSTREAM SOCIAL ECONOMIC FACTORS, THAT IMPACT HEALTH " A COMMUNITY-BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT, WHICH INCLUDED BOTH PRIMARY AND SECONDARY DATA PRIMARY DATA COLLECTION INCLUDED INPUT FROM MEMBERS OF THE HOSPITALS, SOLANO COUNTY, THE SOLANO COALITION FOR BETTER HEALTH, AND OTHER COMMUNITY-BASED ORGANIZATIONS WITHIN THE HSA, EXPERT INTERVIEWS WITH 17 KEY INFORMANTS AND FIVE FOCUS GROUP INTERVIEWS WITH 89 COMMUNITY MEMBERS IN ADDITION, A COMMUNITY HEALTH ASSETS ASSESSMENT COLLECTED DATA ON NEARLY 60 ASSETS IN SOLANO COUNTY SECONDARY DATA USED INCLUDED HEALTH OUTCOME DATA, SOCIO-DEMOGRAPHIC DATA, AND BEHAVIORAL AND ENVIRONMENTAL DATA AT THE ZIP CODE OR CENSUS TRACT LEVEL HEALTH OUTCOME DATA INCLUDED EMERGENCY DEPARTMENT (ED) VISITS, HOSPITALIZATION, AND MORTALITY RATES RELATED TO HEART DISEASE, DIABETES, STROKE, HYPERTENSION, COPD, ASTHMA, AND SAFETY AND MENTAL HEALTH CONDITIONS SOCIO-DEMOGRAPHIC DATA INCLUDED DATA ON RACE AND ETHNICITY, POVERTY (FEMALE-HEADED HOUSEHOLDS, FAMILIES WITH CHILDREN, PEOPLE OVER 65 YEARS OF AGE), EDUCATIONAL ATTAINMENT, HEALTH INSURANCE STATUS, AND HOUSING ARRANGEMENT (OWN OR RENT) FURTHER, BEHAVIORAL AND ENVIRONMENTAL DATA HELPED DESCRIBE GENERAL LIVING CONDITIONS OF THE HSA SUCH AS CRIME RATES, ACCESS TO PARKS, AVAILABILITY OF HEALTHY FOOD, AND LEADING CAUSES OF DEATH ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED SIX SPECIFIC COMMUNITIES OF CONCERN LIVING WITH A HIGH BURDEN OF DISEASE IN SOLANO COUNTY THESE SIX COMMUNITIES HAD CONSISTENTLY HIGH RATES OF NEGATIVE HEALTH OUTCOMES THAT FREQUENTLY EXCEEDED COUNTY, STATE, AND HEALTHY PEOPLE 2020 BENCHMARKS THEY WERE CONFIRMED BY EXPERTS AS AREAS PRONE TO EXPERIENCING POORER HEALTH OUTCOMES RELATIVE TO OTHER COMMUNITIES IN THE HSA AGE-ADJUSTED RATES OF ED VISITS AND HOSPITALIZATION DUE TO HEART DISEASE, DIABETES, STROKE AND HYPERTENSION WERE DRASTICALLY HIGHER IN THESE ZIP CODES COMPARED TO OTHER ZIP CODES IN THE HSA IN GENERAL, BLACKS AND WHITES HAD THE HIGHEST RATES FOR THESE CONDITIONS COMPARED TO OTHER RACIAL AND ETHNIC GROUPS ANALYSIS OF ENVIRONMENTAL INDICATORS SHOWED THAT MANY OF THESE COMMUNITIES HAD CONDITIONS THAT ACT AS BARRIERS TO ACTIVE LIFESTYLES, SUCH AS ELEVATED CRIME RATES AND A TRAFFIC CLIMATE THAT IS UNFRIENDLY TO BICYCLISTS AND PEDESTRIANS FURTHERMORE, THESE COMMUNITIES FREQUENTLY HAD HIGHER PERCENTAGES OF RESIDENTS THAT WERE OBESE OR OVERWEIGHT ACCESS TO HEALTHY FOOD OUTLETS WAS LIMITED, WHILE THE CONCENTRATION OF FAST FOOD AND CONVENIENCE STORES WERE HIGH ANALYSIS OF THE HEALTH BEHAVIORS OF THESE RESIDENTS ALSO SHOW MANY BEHAVIORS THAT CORRELATE TO POOR HEALTH, SUCH AS HAVING A DIET THAT IS LIMITED IN FRUIT AND VEGETABLE CONSUMPTION AFTER EXAMINING THESE FINDINGS WITH THOSE OF THE QUALITATIVE DATA (KEY INFORMANT INTERVIEWS AND FOCUS GROUPS), A CONSOLIDATED LIST OF HEALTH NEEDS OF THESE COMMUNITIES WAS COMPILED THE PRIORITY HEALTH NEEDS ARE 1 LIMITED ACCESS TO HEALTHY FOODS 2 PERSONAL SAFETY 3 LACK OF OR LIMITED ACCESS TO HEALTH EDUCATION 4 LIMITED ACCESS TO FOLLOW-UP TREATMENT AND SPECIALTY CARE 5 TRANSPORTATION 6 LACK OF OR LIMITED ACCESS TO DENTAL CARE 7 LIMITED ACCESS TO MEDICATIONS AND PRESCRIPTION DRUGS 8 LIMITED PLACES TO WALK, BIKE, EXERCISE, OR PLAY 9 LIMITED PLACES AND SOCIAL SPACE FOR CIVIC ENGAGEMENT 10 LACK OF PREVENTIVE SERVICES AND COMMUNITY PROGRAMS THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR SUTTER SOLANO MEDICAL CENTER IS AVAILABLE AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML</p> <p>SUTTER AUBURN FAITH HOSPITAL BEGINNING IN EARLY 2012 THROUGH FEBRUARY 2013, AN ASSESSMENT OF THE HEALTH NEEDS OF RESIDENTS LIVING IN THE SUTTER AUBURN FAITH HOSPITAL (SAFH) SERVICE AREA WAS COMPLETED BY VALLEY VISION, INC FOR THE PURPOSES OF THE ASSESSMENT, A HEALTH NEED WAS DEFINED AS, "A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER " A HEALTH DRIVER WAS DEFINED AS, "A BEHAVIORAL, ENVIRONMENTAL, AND/OR CLINIC FACTOR, AS WELL AS MORE UPSTREAM SOCIAL ECONOMIC FACTORS, THAT IMPACT HEALTH " A COMMUNITY-BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT THAT INCLUDED BOTH PRIMARY AND SECONDARY DATA PRIMARY DATA COLLECTION INCLUDED EXPERT INTERVIEWS WITH SIX KEY INFORMANTS AND THREE FOCUS GROUP INTERVIEWS WITH COMMUNITY MEMBERS IN ADDITION, A COMMUNITY HEALTH ASSETS ASSESSMENT COLLECTED DATA ON NEARLY 40 ASSETS IN THE SUTTER AUBURN FAITH HOSPITAL (SAFH) SERVICE AREA SECONDARY DATA USED INCLUDED HEALTH OUTCOME DATA, SOCIO-DEMOGRAPHIC DATA, AND BEHAVIORAL AND ENVIRONMENTAL DATA AT THE ZIP CODE OR CENSUS TRACT LEVEL HEALTH OUTCOME DATA INCLUDED EMERGENCY DEPARTMENT (ED) VISITS, HOSPITALIZATION, AND MORTALITY RATES RELATED TO HEART DISEASE, DIABETES, STROKE, HYPERTENSION, COPD, ASTHMA, AND SAFETY AND MENTAL HEALTH CONDITIONS SOCIO-DEMOGRAPHIC DATA INCLUDED DATA ON RACE AND ETHNICITY, POVERTY (FEMALE-HEADED HOUSEHOLDS, FAMILIES WITH CHILDREN, PEOPLE OVER 65 YEARS OF AGE), EDUCATIONAL ATTAINMENT, INSURANCE STATUS, AND HOUSING ARRANGEMENT (OWN OR RENT) FURTHER, BEHAVIORAL AND ENVIRONMENTAL DATA HELPED DESCRIBE GENERAL LIVING CONDITIONS OF THE HOSPITAL SERVICE AREA (HSA), SUCH AS CRIME RATES, ACCESS TO PARKS, AVAILABILITY OF HEALTHY FOOD, AND LEADING CAUSES OF DEATH ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED FOUR SPECIFIC COMMUNITIES OF CONCERN WITHIN THE HSA THESE FOUR COMMUNITIES OFTEN HAD HIGH RATES OF NEGATIVE HEALTH OUTCOMES THAT FREQUENTLY EXCEEDED COUNTY, STATE, AND HEALTHY PEOPLE 2020 BENCHMARKS AND WERE CONFIRMED BY AREA EXPERTS AS AREAS PRONE TO EXPERIENCE POORER HEALTH OUTCOMES RELATIVE TO OTHER COMMUNITIES IN THE HSA AGE-ADJUSTED RATES OF ED VISITS AND HOSPITALIZATION DUE TO HEART DISEASE AND DIABETES WERE OFTEN HIGHER IN THESE ZIP CODES COMPARED TO OTHERS IN THE HSA MORTALITY DATA FOR DIABETES, HEART DISEASE, AND STROKE SHOWED HIGH RATES AS WELL RATES OF ED VISITS AND HOSPITALIZATION FOR MENTAL HEALTH AND SUBSTANCE ABUSE WERE HIGH AND THESE ISSUES WERE FREQUENTLY MENTIONED DURING KEY INFORMANT AND FOCUS GROUP INTERVIEWS THESE AREAS HAD CONSISTENTLY HIGH RATES OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AND ASTHMA COMPARED TO COUNTY AND STATE BENCHMARKS ANALYSIS OF ENVIRONMENTAL INDICATORS SHOWED THAT MANY OF THESE COMMUNITIES HAD CONDITIONS THAT WERE BARRIERS TO ACTIVE LIFESTYLES, SUCH AS ELEVATED CRIME RATES AND A TRAFFIC CLIMATE THAT IS UNFRIENDLY TO BICYCLISTS AND PEDESTRIANS FURTHERMORE, THESE COMMUNITIES FREQUENTLY HAD HIGHER PERCENTAGES OF RESIDENTS THAT WERE OBESE OR OVERWEIGHT ACCESS TO HEALTHY FOOD OUTLETS WAS LIMITED, WHILE THE CONCENTRATION OF FAST FOOD AND CONVENIENCE STORES WERE HIGH ANALYSIS OF THE HEALTH BEHAVIORS OF THESE RESIDENTS ALSO SHOW MANY BEHAVIORS THAT CORRELATE TO POOR HEALTH, SUCH AS HAVING A DIET THAT IS LIMITED IN FRUIT AND VEGETABLE CONSUMPTION WHEN EXAMINING THESE FINDINGS WITH THOSE OF THE QUALITATIVE DATA (KEY INFORMANT INTERVIEW AND FOCUS GROUPS), A CONSOLIDATED LIST OF IDENTIFIED HEALTH NEEDS WITHIN THESE COMMUNITIES WAS COMPILED THESE PRIORITY HEALTH NEEDS ARE 1 LACK OF HEALTH CARE PROVIDERS (PRIMARY CARE AND PHYSICIANS THAT TAKE MEDI-CAL) 2 LACK OF AFFORDABLE HEALTH CARE AND PREVENTIVE SERVICES 3 LACK OF HEALTH CARE COVERAGE 4 LACK OF DENTAL CARE 5 DIFFICULTY QUALIFYING FOR MEDI-CAL 6 TRANSPORTATION ISSUES 7 LACK OF ACCESS TO MEDICATIONS 8 LACK OF CULTURALLY COMPETENT CARE 9 LACK OF NUTRITION AND HEALTH FOOD CLASSES 10 LACK OF ACTIVE LIVING OPPORTUNITIES THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR SUTTER AUBURN FAITH HOSPITAL IS AVAILABLE AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART VI, LINE 2 (CONTINUED)	<p>SUTTER AMADOR HOSPITAL BETWEEN EARLY 2012 AND FEBRUARY 2013, VALLEY VISION, INC , CONDUCTED AN ASSESSMENT OF THE HEALTH NEEDS OF RESIDENTS LIVING IN THE SUTTER AMADOR HOSPITAL SERVICE AREA (HSA) FOR THE PURPOSES OF THE ASSESSMENT, A HEALTH NEED WAS DEFINED AS "A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER " A HEALTH DRIVER WAS DEFINED AS "A BEHAVIORAL, ENVIRONMENTAL, AND/OR CLINICAL FACTOR, AS WELL AS MORE UPSTREAM SOCIAL ECONOMIC FACTORS, THAT IMPACT HEALTH " A COMMUNITY-BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT, WHICH INCLUDED BOTH PRIMARY AND SECONDARY DATA PRIMARY DATA COLLECTION INCLUDED INPUT FROM MORE THAN 50 MEMBERS OF THE HSA, EXPERT INTERVIEWS WITH 14 KEY INFORMANTS, FOCUS GROUP INTERVIEWS WITH 39 COMMUNITY MEMBERS, AND INPUT GATHERED AT MEETINGS OF THE SUTTER AMADOR HOSPITAL COMMUNITY ADVISORY BOARD IN ADDITION, A COMMUNITY HEALTH ASSESSMENT COLLECTED DATA ON MORE THAN 40 ASSETS IN THE GREATER AMADOR COUNTY AREA SECONDARY DATA INCLUDED HEALTH OUTCOME DATA, SOCIO-DEMOGRAPHIC DATA, AND BEHAVIORAL AND ENVIRONMENTAL DATA AT THE ZIP CODE OR CENSUS TRACT LEVEL HEALTH OUTCOME DATA INCLUDED EMERGENCY DEPARTMENT (ED) VISITS, HOSPITALIZATION, AND MORTALITY RATES RELATED TO HEART DISEASE, DIABETES, STROKE, HYPERTENSION, COPD, ASTHMA, AND SAFETY AND MENTAL HEALTH CONDITIONS SOCIO-DEMOGRAPHIC DATA INCLUDED DATA ON RACE AND ETHNICITY, POVERTY (FEMALE-HEADED HOUSEHOLDS, FAMILIES WITH CHILDREN, PEOPLE OVER 65 YEARS OF AGE), EDUCATIONAL ATTAINMENT, HEALTH INSURANCE STATUS, AND HOUSING ARRANGEMENT (OWN OR RENT) FURTHER, BEHAVIORAL AND ENVIRONMENTAL DATA HELPED DESCRIBE GENERAL LIVING CONDITIONS OF THE HSA SUCH AS CRIME RATES, ACCESS TO PARKS, AVAILABILITY OF HEALTHY FOOD, AND LEADING CAUSES OF DEATH ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED FIVE SPECIFIC COMMUNITIES OF CONCERN LIVING WITH A HIGH BURDEN OF DISEASE IN AMADOR COUNTY THESE FIVE COMMUNITIES OF CONCERN HAD CONSISTENTLY HIGH RATES OF NEGATIVE HEALTH OUTCOMES THAT FREQUENTLY EXCEEDED COUNTY, STATE, AND HEALTHY PEOPLE 2020 BENCHMARKS, AND WERE CONFIRMED BY EXPERTS AS AREAS PRONE TO EXPERIENCING POORER HEALTH OUTCOMES RELATIVE TO OTHER COMMUNITIES IN THE HSA AGE-ADJUSTED RATES OF ED VISITS AND HOSPITALIZATIONS DUE TO HEART DISEASE, DIABETES, STROKE, AND HYPERTENSION WERE DRASTICALLY HIGHER IN THESE ZIP CODES COMPARED TO OTHERS IN THE HSA IN GENERAL, WHITES HAD THE HIGHEST RATES FOR THESE CONDITIONS COMPARED TO OTHER RACIAL AND ETHNIC GROUPS MORTALITY DATA FOR THESE CONDITIONS SHOWED HIGH RATES AS WELL ANALYSIS OF ENVIRONMENTAL INDICATORS SHOWED THAT MANY OF THESE COMMUNITIES HAD CONDITIONS THAT WERE BARRIERS TO ACTIVE LIFESTYLES, SUCH AS ELEVATED CRIME RATES AND A TRAFFIC CLIMATE UNFRIENDLY TO BICYCLISTS AND PEDESTRIANS FURTHERMORE, THESE COMMUNITIES FREQUENTLY HAD HIGHER PERCENTAGES OF RESIDENTS WHO WERE OBESE OR OVERWEIGHT ACCESS TO HEALTHY FOOD OUTLETS WAS LIMITED, WHILE THE CONCENTRATION OF FAST FOOD AND CONVENIENCE STORES WAS HIGH AN ANALYSIS OF THE HEALTH BEHAVIORS OF THESE RESIDENTS ALSO SHOWED MANY BEHAVIORS THAT CORRELATE TO POOR HEALTH, SUCH AS A DIET THAT IS LIMITED IN FRUIT AND VEGETABLE CONSUMPTION WHEN EXAMINING THESE FINDINGS WITH THOSE OF THE QUALITATIVE DATA (KEY INFORMANT INTERVIEW AND FOCUS GROUPS), A CONSOLIDATED LIST OF PRIORITY HEALTH NEEDS OF THESE COMMUNITIES WAS COMPILED THE PRIORITY HEALTH NEEDS FOR THE SUTTER AMADOR HOSPITAL SERVICE AREA ARE 1 LACK OF OR LIMITED ACCESS TO PRIMARY AND PREVENTATIVE SERVICES 2 LACK OF OR LIMITED ACCESS TO SPECIALTY CARE 3 LIMITED TRANSPORTATION OPTIONS 4 LIMITED MENTAL HEALTH SERVICES, LACK OF ACCESS TO MENTAL HEALTH SERVICES 5 LACK OF SUBSTANCE ABUSE TREATMENT AND REHABILITATION, BOTH INPATIENT AND OUTPATIENT 6 LIMITED ACCESS TO DENTAL CARE 7 LIMITED ACCESS TO PRESCRIPTION MEDICATIONS AND MEDICAL EQUIPMENT 8 LACK OF OR LIMITED ACCESS TO HEALTH EDUCATION 9 LACK OF OPPORTUNITIES FOR PHYSICAL ACTIVITY 10 LACK OF OR LIMITED ACCESS TO HEALTHY FOOD THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR SUTTER AMADOR HOSPITAL IS AVAILABLE AT HTTP //WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML</p> <p>SUTTER DAVIS HOSPITAL BEGINNING IN EARLY 2012 THROUGH FEBRUARY 2013, VALLEY VISION, INC CONDUCTED AN ASSESSMENT OF THE HEALTH NEEDS OF RESIDENTS LIVING IN THE SERVICE AREA OF SUTTER DAVIS HOSPITAL FOR THE PURPOSES OF THE ASSESSMENT, A HEALTH NEED WAS DEFINED AS "A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER " A HEALTH DRIVER WAS DEFINED AS "A BEHAVIORAL, ENVIRONMENTAL, AND/OR CLINICAL FACTOR, AS WELL AS MORE UPSTREAM SOCIAL ECONOMIC FACTORS, THAT IMPACT HEALTH " A COMMUNITY-BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT WHICH INCLUDED BOTH PRIMARY AND SECONDARY DATA PRIMARY DATA COLLECTION INCLUDED EXPERT INTERVIEWS WITH 12 KEY INFORMANTS AND FOCUS GROUP INTERVIEWS WITH 45 COMMUNITY MEMBERS IN ADDITION, A COMMUNITY HEALTH ASSETS ASSESSMENT COLLECTED DATA ON MORE THAN 90 ASSETS IN THE AREA SECONDARY DATA USED INCLUDED HEALTH OUTCOME DATA, SOCIO-DEMOGRAPHIC DATA, AND BEHAVIORAL AND ENVIRONMENTAL DATA AT THE ZIP CODE OR CENSUS TRACT LEVEL HEALTH OUTCOME DATA INCLUDED EMERGENCY DEPARTMENT (ED) VISITS, HOSPITALIZATION, AND MORTALITY RATES RELATED TO HEART DISEASE, DIABETES, STROKE, HYPERTENSION, COPD, ASTHMA, AND SAFETY AND MENTAL HEALTH CONDITIONS SOCIO-DEMOGRAPHIC DATA INCLUDED DATA ON RACE AND ETHNICITY, POVERTY (FEMALE-HEADED HOUSEHOLDS, FAMILIES WITH CHILDREN, PEOPLE OVER 65 YEARS OF AGE), EDUCATIONAL ATTAINMENT, HEALTH INSURANCE STATUS, AND HOUSING ARRANGEMENT (OWN OR RENT) BEHAVIORAL AND ENVIRONMENTAL DATA HELPED DESCRIBE GENERAL LIVING CONDITIONS OF THE HOSPITAL SERVICE AREA (HSA) SUCH AS CRIME RATES, ACCESS TO PARKS, AVAILABILITY OF HEALTHY FOOD, AND LEADING CAUSES OF DEATH ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED FOUR SPECIFIC COMMUNITIES OF CONCERN IN YOLO COUNTY THAT WERE LIVING WITH A HIGH BURDEN OF DISEASE THESE FOUR COMMUNITIES HAD CONSISTENTLY HIGH RATES OF HEALTH OUTCOMES THAT FREQUENTLY COUNTY, STATE, AND HEALTHY PEOPLE 2020 BENCHMARKS THEY WERE CONFIRMED BY AREA EXPERTS AS AREAS PRONE TO EXPERIENCE POORER HEALTH OUTCOMES RELATIVE TO OTHER COMMUNITIES IN THE HSA AGE-ADJUSTED RATES OF ED VISITS AND HOSPITALIZATION DUE TO HEART DISEASE, DIABETES, STROKE AND HYPERTENSION WERE DRASTICALLY HIGHER IN THESE ZIP CODES COMPARED TO OTHER ZIP CODES IN THE HSA IN GENERAL, BLACKS AND WHITES HAD THE HIGHEST RATES FOR THESE CONDITIONS COMPARED TO OTHER RACIAL AND ETHNIC GROUPS MORTALITY DATA FOR THESE CONDITIONS SHOWED HIGH RATES AS WELL ANALYSIS OF ENVIRONMENTAL INDICATORS SHOWED THAT MANY OF THESE COMMUNITIES HAD CONDITIONS THAT WERE BARRIERS TO ACTIVE LIFESTYLES, SUCH AS ELEVATED RATES OF CRIME AND UNSAFE TRAFFIC CLIMATE THAT WAS UNFRIENDLY TO BICYCLISTS AND PEDESTRIANS FURTHERMORE, THESE COMMUNITIES FREQUENTLY HAD HIGHER PERCENTAGES OF RESIDENTS THAT WERE OBESE OR OVERWEIGHT ACCESS TO HEALTHY FOOD OUTLETS WAS LIMITED, WHILE THE CONCENTRATIONS OF FAST FOOD AND CONVENIENCE STORES WERE HIGH ANALYSIS OF THE HEALTH BEHAVIORS OF THESE RESIDENTS ALSO SHOW MANY BEHAVIORS THAT CORRELATE TO POOR HEALTH, SUCH AS HAVING A DIET THAT IS LIMITED IN FRUIT AND VEGETABLE CONSUMPTION WHEN EXAMINING THESE FINDINGS WITH THOSE OF THE QUALITATIVE DATA (KEY INFORMANT INTERVIEW AND FOCUS GROUPS), A CONSOLIDATED LIST OF PRIORITY HEALTH NEEDS OF THESE COMMUNITIES WAS COMPILED THE HEALTH NEEDS ARE 1 ACCESS TO PRIMARY CARE AND PREVENTATIVE SERVICES 2 ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES 3 ACCESS TO SPECIALTY CARE 4 ACCESS TO AFFORDABLE HEALTHY FOODS 5 IMPROVED TRANSPORTATION SERVICES 6 EDUCATION ON HEALTH AND CHRONIC DISEASE MANAGEMENT 7 NUTRITION EDUCATION 8 ACCESS TO DENTAL CARE 9 ACCESS TO AFFORDABLE MEDICAL CARE AND MEDICATIONS FOR ALL 10 SAFE PLACES TO BE ACTIVE THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR SUTTER DAVIS HOSPITAL IS AVAILABLE AT HTTP //WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE SACRAMENTO SIERRA REGION FOLLOWS A SUTTER HEALTH SYSTEM-WIDE CHARITY CARE POLICY, WHICH INCLUDES THE FOLLOWING DETAILS OF HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE FOR A MORE DETAILED LOOK AT OUR CHARITY CARE POLICIES BY REGION, PLEASE VISIT THE OFFICE OF STATEWIDE AND HEALTH PLANNING'S WEBSITE AT HTTP //SYFPHR OSHPD CA GOV COMMUNICATIONS OF FINANCIAL ASSISTANCE AVAILABILITY A INFORMATION PROVIDED TO PATIENTS 1 PREADMISSION OR REGISTRATION DURING PREADMISSION OR REGISTRATION (OR AS SOON THEREAFTER AS PRACTICABLE) HOSPITAL AFFILIATES SHALL PROVIDE A ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AND THEIR RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES (IMPORTANT BILLING INFORMATION FOR UNINSURED PATIENTS) B PATIENTS WHO THE HOSPITAL IDENTIFIES MAY BE UNINSURED WITH A FINANCIAL ASSISTANCE APPLICATION SUBSTANTIALLY SIMILAR TO THE SUTTER HEALTH STANDARDIZED FINANCIAL ASSISTANCE APPLICATION, "STATEMENT OF FINANCIAL CONDITION" 2 EMERGENCY SERVICES IN THE CASE OF EMERGENCY SERVICES, HOSPITAL AFFILIATES SHALL PROVIDE THE ABOVE INFORMATION AS SOON AS PRACTICABLE AFTER STABILIZATION OF THE PATIENT'S EMERGENCY MEDICAL CONDITION OR UPON DISCHARGE 3 ALL OTHER TIMES UPON REQUEST, HOSPITAL AFFILIATES SHALL PROVIDE PATIENTS WITH INFORMATION ABOUT THEIR RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES, THE SUTTER HEALTH STANDARDIZED FINANCIAL ASSISTANCE APPLICATION FORM, "STATEMENT OF FINANCIAL CONDITION" B POSTINGS AND OTHER NOTICES INFORMATION ABOUT FINANCIAL ASSISTANCE SHALL ALSO BE PROVIDED AS FOLLOWS 1 BY POSTING NOTICES IN A VISIBLE MANNER IN LOCATIONS WHERE THERE IS A HIGH VOLUME OF INPATIENT OR OUTPATIENT ADMITTING/REGISTRATION, INCLUDING BUT NOT LIMITED TO THE EMERGENCY DEPARTMENT, BILLING OFFICES, ADMITTING OFFICE, AND OTHER HOSPITAL OUTPATIENT SERVICE SETTINGS 2 BY POSTING INFORMATION ABOUT FINANCIAL ASSISTANCE ON THE SUTTER HEALTH WEBSITE AND EACH HOSPITAL AFFILIATE WEBSITE, IF ANY 3 BY INCLUDING INFORMATION ABOUT FINANCIAL ASSISTANCE IN BILLS THAT ARE SENT TO UNINSURED PATIENTS 4 BY INCLUDING LANGUAGE ON BILLS SENT TO UNINSURED PATIENTS AS SPECIFICALLY SET FORTH IN THE MANAGEMENT OF PATIENT ACCOUNTS RECEIVABLE, COLLECTION PRACTICES, HOSPITAL AFFILIATE THIRD-PARTY LIENS, AND AFFILIATE DISPUTE INITIATION POLICY (FINANCE POLICY 14-227) C APPLICATIONS PROVIDED AT DISCHARGE IF NOT PREVIOUSLY PROVIDED, HOSPITAL AFFILIATES SHALL PROVIDE UNINSURED PATIENTS WITH APPLICATIONS FOR MEDICAL, HEALTHY FAMILIES, CALIFORNIA CHILDREN'S SERVICES, OR ANY OTHER POTENTIALLY APPLICABLE GOVERNMENT PROGRAM AT THE TIME OF DISCHARGE D LANGUAGES ALL NOTICES/COMMUNICATIONS PROVIDED IN THIS SECTION SHALL BE AVAILABLE IN THE PRIMARY LANGUAGE(S) OF THE AFFILIATE'S SERVICE AREA AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS E NOTIFICATIONS TO UNINSURED PATIENTS OF ESTIMATED FINANCIAL RESPONSIBILITY BY LAW, UNINSURED PATIENTS ARE ENTITLED TO RECEIVE AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR HOSPITAL SERVICES EXCEPT IN THE CASE OF EMERGENCY SERVICES, HOSPITAL AFFILIATES SHALL NOTIFY PATIENTS WHO THE HOSPITAL IDENTIFIES MAY BE UNINSURED PATIENTS THAT THEY MAY OBTAIN AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR HOSPITAL SERVICES, AND PROVIDE ESTIMATES TO THOSE PATIENTS UPON REQUEST ESTIMATES SHALL BE WRITTEN, AND BE PROVIDED DURING NORMAL BUSINESS HOURS ESTIMATES SHALL PROVIDE THE PATIENT WITH AN ESTIMATE OF THE AMOUNT THE HOSPITAL AFFILIATE WILL REQUIRE THE PATIENT TO PAY FOR THE HEALTH CARE SERVICES, PROCEDURES, AND SUPPLIES THAT ARE REASONABLY EXPECTED TO BE PROVIDED TO THE PATIENT BY THE HOSPITAL, BASED UPON THE AVERAGE LENGTH OF STAY AND SERVICES PROVIDED FOR THE PATIENT'S DIAGNOSIS</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART VI, LINE 4	<p>SUTTER MEDICAL CENTER SACRAMENTO THE ASSESSMENT STUDY AREA INCLUDED THE SMCS HOSPITAL SERVICE AREA (HSA) A KEY FOCUS WAS TO SHOW SPECIFIC COMMUNITIES (DEFINED GEOGRAPHICALLY) EXPERIENCING DISPARITIES AS THEY RELATED TO CHRONIC DISEASE AND MENTAL HEALTH TO THIS END, ZIP CODE BOUNDARIES WERE SELECTED AS THE UNIT-OF-ANALYSIS FOR MOST INDICATORS THIS LEVEL OF ANALYSIS ALLOWED FOR EXAMINATION OF HEALTH OUTCOMES AT THE COMMUNITY LEVEL THAT ARE OFTEN HIDDEN WHEN DATA ARE AGGREGATED AT THE COUNTY LEVEL SOME INDICATORS (DEMOGRAPHIC, BEHAVIORAL, AND ENVIRONMENTAL IN NATURE) WERE INCLUDED IN THE ASSESSMENT AT THE CENSUS TRACT, CENSUS BLOCK, OR POINT PREVALENCE LEVEL, WHICH ALLOWED FOR DEEPER COMMUNITY LEVEL EXAMINATION THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY THE HSA WAS DETERMINED BY ANALYZING PATIENT DISCHARGE DATA FROM TWO OF THE THREE FACILITIES THAT MAKE UP SMCS COLLECTION AND ANALYSIS OF THE ZIP CODES OF PATIENTS DISCHARGED FROM THE HOSPITALS OVER A SIX-MONTH PERIOD ALLOWED THE PRIMARY GEOGRAPHIC AREA SERVED BY THE HOSPITALS TO BE IDENTIFIED THE HSA IDENTIFIED AS THE FOCUS OF THE NEEDS ASSESSMENT IS DEPICTED IN FIGURE 2 IN THE FINAL CHNA BECAUSE THE HOSPITALS REPRESENTED IN SMCS (SUTTER GENERAL HOSPITAL, SUTTER MEMORIAL HOSPITAL, AND SUTTER CENTER FOR PSYCHIATRY) ARE CLOSE IN PROXIMITY, ANALYSIS REVEALED THAT THE HOSPITALS SERVED THE SAME GEOGRAPHIC AREAS TO IDENTIFY COMMUNITIES OF CONCERN, INPUT FROM THE CHNA TEAM, PRIMARY DATA FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS, ALONG WITH DETAILED ANALYSIS OF SECONDARY DATA, HEALTH OUTCOME INDICATORS, AND SOCIO-DEMOGRAPHICS WERE EXAMINED ZIP CODE COMMUNITIES WITH RATES THAT CONSISTENTLY EXCEEDED COUNTY, STATE, OR HEALTHY PEOPLE 2020 BENCHMARKS FOR ED UTILIZATION, HOSPITALIZATION, AND MORTALITY WERE CONSIDERED ZIP CODES WITH RATES THAT CONSISTENTLY FELL IN THE TOP 20% WERE NOTED AND THEN TRIANGULATED WITH PRIMARY DATA INPUT AND SOCIO-DEMOGRAPHIC DATA TO IDENTIFY SPECIFIC COMMUNITIES OF CONCERN DATA ON SOCIO-DEMOGRAPHICS OF RESIDENTS IN THESE COMMUNITIES, WHICH INCLUDED SOCIO-ECONOMIC STATUS, RACE AND ETHNICITY, EDUCATIONAL ATTAINMENT, HOUSING ARRANGEMENT, EMPLOYMENT STATUS, AND HEALTH INSURANCE STATUS, WERE EXAMINED AREA HEALTH NEEDS WERE DETERMINED VIA IN-DEPTH ANALYSIS OF QUALITATIVE AND QUANTITATIVE DATA, AND THEN CONFIRMED WITH SOCIO-DEMOGRAPHIC DATA AS NOTED EARLIER, A HEALTH NEED WAS DEFINED AS A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER A HEALTH NEED WAS INCLUDED AS A PRIORITY IF IT WAS REPRESENTED BY RATES WORSE THAN THE ESTABLISHED QUANTITATIVE BENCHMARKS OR WAS CONSISTENTLY MENTIONED IN THE QUALITATIVE DATA THE COMMUNITIES OF CONCERN ARE HOME TO MORE THAN 200,000 RESIDENTS THE AREAS CONSIST OF ZIP CODE COMMUNITIES OCCUPYING THE NORTHERN, DOWNTOWN, AND SOUTHERN PORTIONS OF THE SACRAMENTO COUNTY AREA ALL OF THE ZIP CODE COMMUNITIES ARE DENSELY POPULATED, WITH THE SOUTH SACRAMENTO AREA HAVING THE HIGHEST POPULATION AND THE DOWNTOWN AREA HAVING THE LOWEST POPULATION THE COMMUNITIES OF CONCERN ARE ZIP CODES 95660, 95814, 95815, 95823, 95824 AND 95838 SOCIO-DEMOGRAPHIC CONDITIONS, OR SOCIAL DETERMINANTS OF HEALTH, HELP PREDICT WHICH COMMUNITIES IN A BROAD GEOGRAPHIC AREA ARE MOST SUSCEPTIBLE TO POOR HEALTH OUTCOMES IN GENERAL, THE VAST MAJORITY OF RESIDENTS LIVING IN THE COMMUNITIES OF CONCERN FELL INTO MULTIPLE CATEGORIES OF SOCIAL DETERMINANTS OFTEN ASSOCIATED WITH POOR HEALTH OUTCOMES FOR EXAMPLE, ALL ZIP CODE COMMUNITIES FAR EXCEEDED THE NATIONAL BENCHMARKS FOR THE PERCENT OF FAMILIES IN A LIVING IN POVERTY WITH CHILDREN AND SINGLE-FEMALE HEADED HOUSEHOLDS WITH CHILDREN LIVING IN POVERTY ALL COMMUNITIES HAD HIGH PERCENTAGES OF NON-WHITE OR HISPANIC RESIDENTS, WITH 84% IN 95823 AND 83% IN 95824 FALLING INTO THIS CATEGORY FURTHER, ALL COMMUNITIES OF CONCERN HAD HIGH PERCENTAGES OF RESIDENTS WITHOUT HEALTH INSURANCE COMPARED TO STATE AND NATIONAL BENCHMARKS AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE SUTTER MEDICAL CENTER CHNA AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SUTTER ROSEVILLE MEDICAL CENTER THE HOSPITAL SERVICE AREA (HSA) WAS DETERMINED BY ANALYZING PATIENT DISCHARGE DATA COLLECTING AND ANALYZING THE ZIP CODES OF PATIENTS DISCHARGED FROM THE HOSPITAL OVER A SIX-MONTH PERIOD ALLOWED THE PRIMARY GEOGRAPHIC AREA SERVED BY THE HOSPITAL TO BE IDENTIFIED THE HSA DETERMINED TO BE THE FOCUS OF THE NEEDS ASSESSMENT IS DEPICTED IN FIGURE 2 IN THE FULL REPORT THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY THE FIRST STEP IN IDENTIFYING VULNERABLE COMMUNITIES WAS TO EXAMINE SOCIO-DEMOGRAPHICS IN ORDER TO IDENTIFY AREAS OF THE HSA WITH HIGH VULNERABILITY TO CHRONIC DISEASE DISPARITIES AND POOR MENTAL HEALTH OUTCOMES RACE/ETHNICITY, HOUSEHOLD MAKE-UP, INCOME, AND AGE VARIABLES WERE COMBINED INTO A VULNERABILITY INDEX THAT DESCRIBED THE LEVEL OF VULNERABILITY OF EACH CENSUS TRACT THIS INDEX WAS THEN MAPPED FOR THE ENTIRE HSA A TRACT WAS CONSIDERED MORE VULNERABLE, OR MORE LIKELY TO HAVE HIGHER UNWANTED HEALTH OUTCOMES THAN OTHERS IN THE HSA, IF IT HAD HIGHER 1) PERCENT NON-WHITE OR HISPANIC POPULATION, 2) PERCENT SINGLE PARENT HEADED HOUSEHOLDS, 3) PERCENT BELOW 125% OF THE POVERTY LEVEL, 4) PERCENT UNDER FIVE YEARS OLD, AND 5) PERCENT 65 YEARS OF AGE OR OLDER LIVING IN THE CENSUS TRACT THIS INFORMATION WAS USED IN COMBINATION WITH INPUT FROM THE CHNA WORKGROUP TO IDENTIFY PRIORITIZED AREAS FOR WHICH KEY INFORMANTS WOULD BE SOUGHT TO IDENTIFY COMMUNITIES OF CONCERN, INPUT FROM THE CHNA TEAM, PRIMARY DATA FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS, AND DETAILED ANALYSIS OF SECONDARY DATA, HEALTH OUTCOME INDICATORS, AND SOCIO-DEMOGRAPHICS WERE EXAMINED ZIP CODE COMMUNITIES WITH RATES THAT CONSISTENTLY EXCEEDED COUNTY, STATE, OR HEALTHY PEOPLE 2020 BENCHMARKS FOR ED UTILIZATION, HOSPITALIZATION, AND MORTALITY WERE CONSIDERED ZIP CODES THAT CONSISTENTLY FELL IN THE TOP 20% WERE NOTED AND THEN TRIANGULATED WITH PRIMARY DATA INPUT AND SOCIO-DEMOGRAPHIC DATA TO IDENTIFY SPECIFIC COMMUNITIES OF CONCERN THE SRMC COMMUNITIES OF CONCERN ARE HOME TO MORE THAN 220,000 SACRAMENTO COUNTY RESIDENTS THE AREAS CONSIST OF ZIP CODES ALL IN THE NORTHEASTERN PART OF THE SACRAMENTO METROPOLITAN AREA, EXCEPT THE ZIP CODE 95670 (RANCHO CORDOVA), WHICH IS LOCATED ALONG THE HIGHWAY 50 CORRIDOR IN EASTERN SACRAMENTO COUNTY SEVERAL ZIP CODES SIT ALONG THE INTERSTATE 80 CORRIDOR AND ALL ZIP CODE COMMUNITIES OF CONCERN ARE CONTIGUOUS, EXCEPT 95670 (RANCHO CORDOVA) ALL COMMUNITIES OF CONCERN ARE URBAN AREAS OF RELATIVELY HIGH POPULATION DENSITY THE COMMUNITIES OF CONCERN ARE ZIP CODES 95621, 95660, 95670, 95673, 95821, 95841 AND 95842 MANY COMMUNITIES EXCEEDED STATE AND NATIONAL BENCHMARKS FOR A NUMBER OF SOCIO-DEMOGRAPHIC CONDITIONS, WITH 95660 (NORTH HIGHLANDS) LEADING IN ALMOST ALL CATEGORIES OTHER NOTABLE POPULATION CHARACTERISTICS INCLUDED UNEMPLOYMENT AND UNINSURED RATES THAT EXCEEDED BOTH NATIONAL AND STATE BENCHMARKS IN ALL COMMUNITIES OF CONCERN NEARLY THREE OF EVERY TEN RESIDENTS IN ZIP CODE 95821 (NORTH WATT AREA) WERE UNINSURED, A RATE THAT WAS ALMOST DOUBLE THE NATIONAL BENCHMARK FURTHER, IN 95660 (NORTH HIGHLANDS), OVER FOUR OF EVERY TEN SINGLE FEMALE HEADED-HOUSEHOLDS LIVED IN POVERTY, A STRONG PREDICTOR OF POOR HEALTH OUTCOMES FOR THIS VULNERABLE POPULATION AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE SUTTER ROSEVILLE MEDICAL CENTER CHNA AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART VI, LINE 4 (CONTINUED)	<p>SUTTER SOLANO MEDICAL CENTER THE STUDY AREA OF THE ASSESSMENT WAS SOLANO COUNTY A KEY FOCUS WAS TO SHOW SPECIFIC COMMUNITIES (DEFINED GEOGRAPHICALLY) EXPERIENCING DISPARITIES AS THEY RELATE TO CHRONIC DISEASE AND MENTAL HEALTH TO THIS END, ZIP CODE BOUNDARIES WERE SELECTED AS THE UNIT-OF-ANALYSIS FOR MOST INDICATORS THIS LEVEL OF ANALYSIS ALLOWED FOR EXAMINATION OF HEALTH OUTCOMES AT THE COMMUNITY LEVEL THAT ARE OFTEN HIDDEN WHEN DATA ARE AGGREGATED AT THE COUNTY LEVEL SOME INDICATORS (DEMOGRAPHIC, BEHAVIORAL, AND ENVIRONMENTAL IN NATURE) WERE INCLUDED IN THE ASSESSMENT AT THE CENSUS TRACT LEVEL, THE CENSUS BLOCK, OR POINT PREVALENCE, WHICH ALLOWED FOR DEEPER COMMUNITY LEVEL EXAMINATION THERE ARE THREE HOSPITALS THAT SERVE THE COMMUNITY THE HOSPITAL SERVICE AREA (HSA) WAS DESIGNATED AS ALL OF SOLANO COUNTY BECAUSE ALL THREE HEALTHCARE SYSTEMS SERVE COMMUNITIES WITHIN THE COUNTY AND, AS A KEY PARTNER IN THIS ASSESSMENT AND EVENTUAL IMPLEMENTATION, THE SOLANO COALITION FOR BETTER HEALTH MAINTAINS CLOSE RELATIONSHIPS WITH THE HEALTHCARE SYSTEMS INVOLVED THE FIRST STEP IN THE PROCESS OF IDENTIFYING VULNERABLE COMMUNITIES WAS TO EXAMINE SOCIO-DEMOGRAPHICS IN ORDER TO IDENTIFY AREAS OF THE HSA WITH HIGH VULNERABILITY TO CHRONIC DISEASE DISPARITIES AND POOR MENTAL HEALTH OUTCOMES RACE AND ETHNICITY, HOUSEHOLD MAKEUP, INCOME, AND AGE VARIABLES WERE COMBINED INTO A VULNERABILITY INDEX THAT DESCRIBED THE LEVEL OF VULNERABILITY OF EACH CENSUS TRACT THIS INDEX WAS THEN MAPPED FOR THE ENTIRE HSA A TRACT WAS CONSIDERED MORE VULNERABLE, OR MORE LIKELY TO HAVE HIGHER NEGATIVE OR UNWANTED HEALTH OUTCOMES THAN OTHERS IN THE HSA, IF IT HAD HIGHER 1) PERCENT HISPANIC OR NON-WHITE POPULATION, 2) PERCENT SINGLE PARENT HEADED HOUSEHOLDS, 3) PERCENT POPULATION BELOW 125% OF THE POVERTY LEVEL, 4) PERCENT POPULATION UNDER FIVE YEARS OLD, AND 5) PERCENT POPULATION OVER 65 YEARS OF AGE LIVING IN THE CENSUS TRACT THIS INFORMATION WAS USED IN COMBINATION WITH INPUT FROM THE CHNA WORKGROUP TO IDENTIFY PRIORITIZED AREAS FOR WHICH KEY INFORMANTS WOULD BE SOUGHT TO IDENTIFY COMMUNITIES OF CONCERN, INPUT FROM THE CHNA TEAM AND PRIMARY DATA FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS, ALONG WITH DETAILED ANALYSIS OF SECONDARY DATA, HEALTH OUTCOME INDICATORS, AND SOCIO-DEMOGRAPHICS WERE EXAMINED ZIP CODES WITH RATES THAT CONSISTENTLY EXCEEDED COUNTY, STATE, OR HEALTHY PEOPLE 2020 BENCHMARKS FOR ED UTILIZATION, HOSPITALIZATION, AND MORTALITY WERE CONSIDERED ZIP CODES THAT CONSISTENTLY FELL IN THE TOP 20% HIGHEST RATES WERE NOTED AND THEN TRIANGULATED WITH PRIMARY AND SOCIO-DEMOGRAPHIC DATA TO IDENTIFY SPECIFIC COMMUNITIES OF CONCERN THE COMMUNITIES OF CONCERN ARE CLUSTERED IN THE VALLEJO, FAIRFIELD, AND VACAVILLE AREAS ALONG THE I-80 CORRIDOR IN TERMS OF POPULATION DENSITY, THESE REPRESENT THE MAJOR POPULATION CENTERS OF THE SOLANO COUNTY HSA THE RIO VISTA AREA COMMUNITIES OF CONCERN ARE LOCATED IN THE SOUTHEASTERN PORTION OF THE COUNTY ADJACENT TO THE DELTA AREA AND ARE CONSIDERED MORE RURAL THE COMMUNITIES OF CONCERN ARE 94533, 94571, 94589, 94590, 94591 AND 95688 SOCIO-DEMOGRAPHIC CONDITIONS, COMMONLY REFERRED TO AS SOCIAL DETERMINANTS OF HEALTH, HELP PREDICT WHICH COMMUNITIES IN A BROAD GEOGRAPHIC AREA ARE MOST SUSCEPTIBLE TO POOR HEALTH OUTCOMES THE SIX ZIP CODES IDENTIFIED ARE HOME TO NEARLY ONE-QUARTER MILLION RESIDENTS DATA INDICATED THAT THESE AREAS OF THE HSA WERE HIGHLY DIVERSE AND DEMONSTRATED A LARGE NUMBER OF AREAS WITH HIGH RATES OF POVERTY, LOW EDUCATIONAL ATTAINMENT, HIGH UNEMPLOYMENT, HIGH UNINSURED RATES, AND A HIGH NUMBER OF RESIDENTS RENTING VERSUS OWNING THEIR HOMES IN ALL SIX ZIP CODES, AT LEAST 29 4% OF RESIDENTS REPORTED AS EITHER HISPANIC OR NON-WHITE IN ZIP CODES WITHIN VALLEJO AND FAIRFIELD, 66 4% OR MORE REPORTED AS HISPANIC OR NON-WHITE THE PERCENT OF RESIDENTS OVER THE AGE OF FIVE WITH LIMITED ENGLISH PROFICIENCY (LEP) WAS RELATIVELY LOW, RANGING FROM 3 7% TO 6 4% ZIP CODES 94571, 94589, AND 94590 DISPLAYED HIGH PERCENTAGES OF POVERTY IN SPECIFIC AREAS IN RIO VISTA, 94571, 53 8% OF SINGLE FEMALE-HEADED HOUSEHOLDS WERE LIVING IN POVERTY, WHICH EXCEEDED THE NATIONAL AVERAGE OF 31 2% TWO ZIP CODES IN VALLEJO, 94589 AND 94590, HAD A HIGHER PERCENT OF RESIDENTS OVER AGE 65 LIVING IN POVERTY COMPARED TO THE NATIONAL BENCHMARK THE PERCENT OF FAMILIES WITH CHILDREN LIVING IN POVERTY IN 94590 WAS 19 5%, WHICH EXCEEDED THE NATIONAL BENCHMARK OF 15 1% FIVE OUT OF THE SIX AREA ZIP CODES HAD A HIGHER PERCENT OF RESIDENTS OVER THE AGE OF 25 WHO DID NOT POSSESS A HIGH SCHOOL DIPLOMA COMPARED TO THE NATIONAL BENCHMARK ALL BUT ONE OF THE ZIP CODES HAD A HIGHER RATE OF UNEMPLOYMENT COMPARED TO THE NATIONAL RATE, WHILE TWO HAD A HIGHER PERCENT UNINSURED COMPARED TO THE NATIONAL RATE AT 16 3% LOOKING AT THE PERCENTAGE OF INDIVIDUALS WITHIN A ZIP CODE WHO RENT VERSUS OWN THEIR PLACE OF RESIDENCE PROVIDES A PEEK INTO A COMMUNITY'S HEALTH AND FINANCIAL STABILITY THE PERCENT OF RESIDENTS WHO RENT IN THE SIX ZIP CODES IDENTIFIED AS COMMUNITIES OF CONCERN RANGED FROM 27 0% TO 54 6% AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE SUTTER MEDICAL CENTER CHNA AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML</p> <p>SUTTER AUBURN FAITH HOSPITAL THE STUDY AREA OF THE ASSESSMENT INCLUDED THE SUTTER AUBURN FAITH HOSPITAL HSA A KEY FOCUS WAS TO SHOW SPECIFIC COMMUNITIES (DEFINED GEOGRAPHICALLY) EXPERIENCING DISPARITIES AS THEY RELATE TO CHRONIC DISEASE AND MENTAL HEALTH TO THIS END, ZIP CODE BOUNDARIES WERE SELECTED AS THE UNIT OF ANALYSIS FOR MOST INDICATORS THIS LEVEL OF ANALYSIS ALLOWED FOR EXAMINATION OF HEALTH OUTCOMES AT THE COMMUNITY LEVEL THAT ARE OFTEN HIDDEN WHEN AGGREGATED AT THE COUNTY LEVEL SOME INDICATORS (DEMOGRAPHIC, BEHAVIORAL, AND ENVIRONMENTAL IN NATURE) WERE INCLUDED IN THE ASSESSMENT AT THE CENSUS TRACT, CENSUS BLOCK, OR POINT PREVALENCE LEVEL, WHICH ALLOWED FOR DEEPER COMMUNITY LEVEL EXAMINATION THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY SUTTER AUBURN FAITH'S HSA WAS DETERMINED BY ANALYSIS OF PATIENT DISCHARGE DATA COLLECTION AND ANALYSIS OF THE ZIP CODES OF PATIENTS DISCHARGED FROM THE HOSPITAL OVER A SIX-MONTH PERIOD ALLOWED FOR IDENTIFICATION OF THE PRIMARY GEOGRAPHIC AREA SERVED BY THE HOSPITAL THE HSA IDENTIFIED AS THE FOCUS OF THE NEEDS ASSESSMENT IS DEPICTED IN FIGURE 2 IN THE FULL CHNA THE SUTTER AUBURN FAITH HOSPITAL HSA COMMUNITIES OF CONCERN ARE HOME TO JUST OVER 90,000 RESIDENTS THE ZIP CODE COMMUNITIES CONSIST OF THE SUBURBAN CITY OF LINCOLN, THE FOOTHILL TOWN OF AUBURN, AND THE SMALL, UNINCORPORATED COMMUNITY OF APPELGATE EACH ZIP CODE, EXCEPT FOR THE TWO IN AUBURN, IS UNIQUE FROM OTHERS APPELGATE IS A SMALL COMMUNITY TUCKED INTO THE FOOTHILLS AND IS HOME TO LESS THAN 1,000 RESIDENTS, WHILE LINCOLN HAS REALIZED MAJOR GROWTH OVER THE PAST DECADE AND NOW BOASTS A POPULATION OF OVER 45,000 QUANTITATIVE DATA AT THE ZIP CODE LEVEL DOES NOT NECESSARILY POINT TO DEEP DISPARITIES IN REGARDS TO POVERTY, UNEMPLOYMENT, OR EDUCATIONAL ATTAINMENT HOWEVER, A CLOSER LOOK AT CENSUS TRACT LEVEL DATA COUPLED WITH ANALYSIS OF QUALITATIVE DATA REVEALED AREAS WITHIN THESE ZIP CODES WITH LARGE POPULATIONS OF HISPANICS, INDIVIDUALS LIVING UNDER THE FEDERAL POVERTY LEVEL, AND FEMALE-HEADED HOUSEHOLDS FOR EXAMPLE, A CENSUS TRACT WITHIN 95602 HAD HISPANICS AS 22% OF ITS POPULATION AND 23% OF ITS RESIDENTS LIVING 200% BELOW THE FEDERAL POVERTY LEVEL IN CONTRAST, AN ADJACENT CENSUS TRACT WITHIN THE 95602 ZIP CODE HAD ONLY 6% HISPANICS AND HAD ONLY 6% LIVING 200% BELOW FPL AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN SUTTER AUBURN FAITH HOSPITAL'S CHNA AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART VI, LINE 4 (CONTINUED)	<p>SUTTER AMADOR HOSPITAL A COMMUNITY-BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT, WHICH INCLUDED BOTH PRIMARY AND SECONDARY DATA PRIMARY DATA COLLECTION INCLUDED INPUT FROM MORE THAN 50 MEMBERS OF THE HOSPITAL SERVICE AREA (HSA), EXPERT INTERVIEWS WITH 14 KEY INFORMANTS, FOCUS GROUP INTERVIEWS WITH 39 COMMUNITY MEMBERS, AND INPUT GATHERED AT MEETINGS OF THE SUTTER AMADOR HOSPITAL COMMUNITY ADVISORY BOARD THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY IN ADDITION, A COMMUNITY HEALTH ASSESSMENT COLLECTED DATA ON MORE THAN 40 ASSETS IN THE GREATER AMADOR COUNTY AREA SECONDARY DATA INCLUDED HEALTH OUTCOME DATA, SOCIO-DEMOGRAPHIC DATA, AND BEHAVIORAL AND ENVIRONMENTAL DATA AT THE ZIP CODE OR CENSUS TRACT LEVEL HEALTH OUTCOME DATA INCLUDED EMERGENCY DEPARTMENT (ED) VISITS, HOSPITALIZATION, AND MORTALITY RATES RELATED TO HEART DISEASE, DIABETES, STROKE, HYPERTENSION, COPD, ASTHMA, AND SAFETY AND MENTAL HEALTH CONDITIONS SOCIO-DEMOGRAPHIC DATA INCLUDED DATA ON RACE AND ETHNICITY, POVERTY (FEMALE-HEADED HOUSEHOLDS, FAMILIES WITH CHILDREN, PEOPLE OVER 65 YEARS OF AGE), EDUCATIONAL ATTAINMENT, HEALTH INSURANCE STATUS, AND HOUSING ARRANGEMENT (OWN OR RENT) FURTHER, BEHAVIORAL AND ENVIRONMENTAL DATA HELPED DESCRIBE GENERAL LIVING CONDITIONS OF THE HSA SUCH AS CRIME RATES, ACCESS TO PARKS, AVAILABILITY OF HEALTHY FOOD, AND LEADING CAUSES OF DEATH THE STUDY AREA OF THE ASSESSMENT INCLUDED THE GREATER AMADOR COUNTY REGION A KEY FOCUS WAS TO SHOW SPECIFIC COMMUNITIES (DEFINED GEOGRAPHICALLY) EXPERIENCING DISPARITIES AS THEY RELATE TO CHRONIC DISEASE AND MENTAL HEALTH TO THIS END, ZIP CODE BOUNDARIES WERE SELECTED AS THE UNIT OF ANALYSIS FOR MOST INDICATORS THIS LEVEL OF ANALYSIS ALLOWED FOR EXAMINATION OF HEALTH OUTCOMES AT THE COMMUNITY LEVEL THAT ARE OFTEN HIDDEN WHEN DATA ARE AGGREGATED AT THE COUNTY LEVEL SOME INDICATORS (DEMOGRAPHIC, BEHAVIORAL, AND ENVIRONMENTAL IN NATURE) WERE INCLUDED IN THE ASSESSMENT AT THE CENSUS TRACT, CENSUS BLOCK, OR POINT PREVALENCE LEVEL, WHICH ALLOWED FOR DEEPER COMMUNITY LEVEL EXAMINATION HSAS WERE DETERMINED BY ANALYZING PATIENT DISCHARGE DATA THE PRIMARY GEOGRAPHIC AREA SERVED BY THE HOSPITAL WAS IDENTIFIED THROUGH THE COLLECTION AND ANALYSIS OF ZIP CODES ASSOCIATED WITH PATIENTS DISCHARGED FROM THE HOSPITAL OVER A SIX-MONTH PERIOD ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED FIVE SPECIFIC COMMUNITIES OF CONCERN LIVING WITH A HIGH BURDEN OF DISEASE IN AMADOR COUNTY THESE FIVE COMMUNITIES OF CONCERN HAD CONSISTENTLY HIGH RATES OF NEGATIVE HEALTH OUTCOMES THAT FREQUENTLY EXCEEDED COUNTY, STATE, AND HEALTHY PEOPLE 2020 BENCHMARKS, AND WERE CONFIRMED BY EXPERTS AS AREAS PRONE TO EXPERIENCING POORER HEALTH OUTCOMES RELATIVE TO OTHER COMMUNITIES IN THE HSA THE SUTTER AMADOR HSA FIVE COMMUNITIES OF CONCERN ARE HOME TO NEARLY 20,000 COUNTY RESIDENTS THE AREAS CONSIST OF ZIP CODE COMMUNITIES OCCUPYING THE NORTH, CENTRAL, AND WESTERN PORTIONS OF THE AMADOR COUNTY AREA IONE AND JACKSON ARE THE MOST DENSELY POPULATED ZIP CODES AND INCLUDE BOTH URBAN AND RURAL AREAS THE RURAL COMMUNITIES OF FIDDLETOWN, RIVER PINES, AND AMADOR CITY HAVE SIGNIFICANTLY LOWER POPULATIONS JACKSON (95642) IS THE LARGEST CITY IN AMADOR COUNTY AND THE LOCATION OF THE MAJORITY OF THE REGION'S RETAIL CENTERS, GOVERNMENT AND SOCIAL SERVICE AGENCIES, AND HEALTH CARE PROVIDERS SUTTER AMADOR HOSPITAL IS LOCATED IN JACKSON AMADOR CITY (95601) IS A SMALL, RURAL COMMUNITY IN THE CENTRAL PART OF AMADOR COUNTY, 6 5 MILES NORTH OF JACKSON (95642) THIS COMMUNITY IS APPROXIMATELY EIGHT MILES OR 15 MINUTES AWAY FROM SUTTER AMADOR HOSPITAL FIDDLETOWN (95629) AND RIVER PINES (95675) ARE RURAL COMMUNITIES LOCATED IN THE NORTHEASTERN PART OF AMADOR COUNTY SUTTER PLYMOUTH HEALTH CENTER IS APPROXIMATELY EIGHT MILES FROM FIDDLETOWN AND 12 MILES FROM RIVER PINES DRIVE TIME TO SUTTER AMADOR HOSPITAL FROM FIDDLETOWN IS APPROXIMATELY 30 MINUTES IONE (95640) IS LOCATED IN A LARGE ZIP CODE IN WESTERN AMADOR COUNTY THE ZIP CODE INCLUDES THE TOWN OF IONE AND ADJACENT RURAL AREAS THIS COMMUNITY IS APPROXIMATELY 11 MILES OR 20 MINUTES AWAY FROM SUTTER AMADOR HOSPITAL AN IN-DEPTH VIEW OF THE HOSPITAL'S SERVICE AREA IS AVAILABLE IN SUTTER AMADOR HOSPITAL'S CHNA AT HTTP //WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SUTTER DAVIS HOSPITAL THE ASSESSMENT STUDY AREA INCLUDED THE SUTTER DAVIS HOSPITAL SERVICE AREA (HSA) A KEY FOCUS WAS TO SHOW SPECIFIC COMMUNITIES (DEFINED GEOGRAPHICALLY) EXPERIENCING DISPARITIES AS RELATED TO CHRONIC DISEASE AND MENTAL HEALTH TO THIS END, ZIP CODE BOUNDARIES WERE SELECTED AS THE UNIT OF ANALYSIS FOR MOST INDICATORS THIS LEVEL OF ANALYSIS ALLOWED FOR EXAMINATION OF HEALTH OUTCOMES AT THE COMMUNITY LEVEL THAT ARE OFTEN HIDDEN WHEN DATA ARE AGGREGATED AT THE COUNTY LEVEL SOME INDICATORS (DEMOGRAPHIC, BEHAVIORAL AND ENVIRONMENTAL IN NATURE) WERE INCLUDED IN THE ASSESSMENT AT THE CENSUS TRACT LEVEL, CENSUS BLOCK, OR POINT PREVALENCE, WHICH ALLOWED FOR DEEPER COMMUNITY LEVEL EXAMINATION THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY THE HSA WAS DETERMINED BY ANALYZING PATIENT DISCHARGE DATA COLLECTING AND ANALYZING THE ZIP CODES OF PATIENTS DISCHARGED FROM THE HOSPITAL OVER A SIX-MONTH PERIOD ALLOWED THE PRIMARY GEOGRAPHIC AREA SERVED BY THE HOSPITAL TO BE IDENTIFIED THE HSA DETERMINED TO BE THE FOCUS OF THE NEEDS ASSESSMENT IS DEPICTED IN FIGURE 2 IN THE FULL CHNA REPORT TO IDENTIFY VULNERABLE COMMUNITIES, THE FIRST STEP WAS TO EXAMINE SOCIO-DEMOGRAPHICS IN ORDER TO IDENTIFY AREAS OF THE HSA WITH HIGH VULNERABILITY TO CHRONIC DISEASE DISPARITIES AND POOR MENTAL HEALTH OUTCOMES RACE AND ETHNICITY, HOUSEHOLD MAKEUP, INCOME, AND AGE VARIABLES WERE COMBINED INTO A VULNERABILITY INDEX THAT DESCRIBED THE LEVEL OF VULNERABILITY OF EACH CENSUS TRACT THIS INDEX WAS THEN MAPPED FOR THE ENTIRE HSA A TRACT WAS CONSIDERED MORE VULNERABLE, OR MORE LIKELY TO HAVE NEGATIVE OR UNWANTED HEALTH OUTCOMES, IF IT HAD HIGHER 1) PERCENT HISPANIC OR NON-WHITE POPULATION, 2) PERCENT SINGLE PARENT HEADED HOUSEHOLDS, 3) PERCENT POPULATION BELOW 125% OF THE POVERTY LEVEL, 4) PERCENT POPULATION UNDER FIVE YEARS OLD AND 5) PERCENT POPULATION OVER 65 YEARS OF AGE LIVING IN THE CENSUS TRACT THIS INFORMATION WAS USED IN COMBINATION WITH INPUT FROM THE CHNA WORKGROUP TO IDENTIFY PRIORITIZED AREAS FROM WHICH KEY INFORMANTS WOULD BE SOUGHT TO IDENTIFY COMMUNITIES OF CONCERN, INPUT FROM THE CHNA TEAM, PRIMARY DATA FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS, ALONG WITH DETAILED ANALYSIS OF SECONDARY DATA, HEALTH OUTCOME INDICATORS, AND SOCIO-DEMOGRAPHICS WERE EXAMINED ZIP CODES WITH RATES THAT CONSISTENTLY EXCEEDED COUNTY, STATE, OR HEALTHY PEOPLE 2020 BENCHMARKS FOR ED UTILIZATION, HOSPITALIZATION, AND MORTALITY WERE CONSIDERED ZIP CODES WITH RATES THAT FELL IN THE TOP 20% WERE NOTED AND THEN TRIANGULATED WITH PRIMARY AND SOCIO-DEMOGRAPHIC DATA TO IDENTIFY SPECIFIC COMMUNITIES OF CONCERN THE SUTTER DAVIS HSA FOUR COMMUNITIES OF CONCERN ARE HOME TO MORE THAN 108,000 RESIDENTS THE COMMUNITIES OF CONCERN CONSIST OF ZIP CODES THAT INCLUDE THE CITIES OF WEST SACRAMENTO AND WOODLAND AND THEIR OUTLYING AREAS THE FOUR COMMUNITIES OF CONCERN ARE ZIP CODES 95605, 95691, 95695 AND 95776 THESE FOUR ZIP CODES ARE HOME TO OVER 108,000 RESIDENTS DATA INDICATED THAT THESE AREAS OF THE HSA INCLUDED AREAS WITH HIGH RATES OF POVERTY, LOW EDUCATIONAL ATTAINMENT, HIGH UNEMPLOYMENT, HIGH UNINSURED RATES, AND A HIGH NUMBER OF RESIDENTS RENTING THEIR HOMES ALL FOUR ZIP CODES HAD RATES OF AT LEAST 41% OF RESIDENTS REPORTING TO BE EITHER NON-WHITE OR HISPANIC, AND IN THREE OF THE FOUR ZIP CODES AT LEAST 50% OF RESIDENTS WERE NON-WHITE OR HISPANIC THE PERCENT OF RESIDENTS OVER THE AGE OF FIVE WITH LIMITED ENGLISH PROFICIENCY RANGED FROM 7 7% IN ZIP CODE 95691 TO 21 3% IN 95605 TWO OF THE FOUR ZIP CODES HAD A HIGHER PERCENT OF SINGLE FEMALE-HEADED HOUSEHOLDS LIVING IN POVERTY THAN THE NATIONAL AVERAGE OF 31 2% THREE OF THE FOUR COMMUNITIES OF CONCERN HAD A HIGHER PERCENT OF RESIDENTS OVER AGE 65 YEARS LIVING IN POVERTY COMPARED TO THE NATIONAL BENCHMARK OF 9% TWO OF THE ZIP CODES HAD A PERCENT OF FAMILIES WITH CHILDREN LIVING IN POVERTY HIGHER THAN THE NATIONAL BENCHMARK OF 15 1% ALL BUT ONE ZIP CODE HAD A HIGHER PERCENT OF RESIDENTS OVER THE AGE OF 25 WITHOUT A HIGH SCHOOL DIPLOMA COMPARED TO THE NATIONAL AVERAGE, WITH THE HIGHEST BEING 34 4% IN ZIP CODE 95605 ALL FOUR OF THE ZIP CODES HAD A HIGHER PERCENT UNEMPLOYED COMPARED TO THE NATIONAL RATE OF 7 9% ALL BUT ONE OF THE ZIP CODES HAD A HIGHER PERCENT UNINSURED COMPARED TO THE NATIONAL RATE OF 16 3%, WITH 42 8% OF RESIDENTS IN 95605 BEING UNINSURED LOOKING AT THE PERCENTAGE OF RESIDENTS IN A ZIP CODE WHO RENT VERSUS OWN THEIR PLACE OF RESIDENCE PROVIDES A PEEK INTO A COMMUNITY'S HEALTH AND FINANCIAL STABILITY THE PERCENT OF RESIDENTS WHO RENT IN THE FOUR HSA COMMUNITIES OF CONCERN RANGED FROM 30% IN 95776 TO 57% IN 95605 AN IN-DEP</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART VI, LINE 5	<p>SUTTER HEALTH'S MISSION IS TO "ENHANCE THE WELL-BEING OF THE PEOPLE IN THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES " SUTTER HEALTH'S MISSION REACHES BEYOND THE WALLS OF OUR HOSPITALS AND FACILITIES OUR AFFILIATES FURTHER THEIR TAX-EXEMPT PURPOSE BY * BUILDING RELATIONSHIPS OF TRUST BY WORKING COLLABORATIVELY WITH COMMUNITY GROUPS, SCHOOLS AND GOVERNMENT ORGANIZATIONS TO EFFECTIVELY LEVERAGE RESOURCES AND ADDRESS IDENTIFIED COMMUNITY NEEDS, * SUPPORTING NONPROFIT ORGANIZATIONS THAT ARE COMMITTED TO COMMUNITY HEALTH IMPROVEMENT THROUGH FINANCIAL INVESTMENTS, IN-KIND SERVICES AND EMPLOYEE VOLUNTEERISM, AND * PROVIDING GENEROUS CHARITY CARE POLICIES FOR OUR MOST VULNERABLE COMMUNITY MEMBERS THE 2013 - 2015 IMPLEMENTATION STRATEGIES FOR SUTTER HEALTH SACRAMENTO SIERRA REGION HOSPITALS DEFINE A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENTIFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVES A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BELOW SUTTER MEDICAL CENTER SACRAMENTO THE INTERIM CARE PROGRAM (ICP) AND ICP PLUS HELPS SUTTER MEDICAL CENTER, SACRAMENTO FULFILL ITS MISSION TO PROVIDE ACCESS TO CARE FOR VULNERABLE AND TRADITIONALLY UNDERSERVED RESIDENTS A COLLABORATIVE OF THE FOUR HEALTH CARE SYSTEMS, COMMUNITY BASED ORGANIZATIONS AND THE COUNTY GOVERNMENT CAME TOGETHER IN SACRAMENTO TO CREATE A RESPITE CARE SHELTER FOR HOMELESS PATIENTS DISCHARGED FROM HOSPITALS, ESTABLISHING AN 18-BED SHELTER FOR HOMELESS MEN AND WOMEN TO RECUPERATE FROM MEDICAL CONDITIONS STARTED IN 2004, THE INTERIM CARE PROGRAM LINKS PEOPLE IN NEED TO VITAL COMMUNITY SERVICES WHILE GIVING THEM A PLACE TO HEAL THE CLIENTS WHO ARE ENROLLED IN THE ICP ARE HOMELESS ADULT INDIVIDUALS WHO OTHERWISE WOULD BE DISCHARGED TO THE STREET OR CARED FOR IN AN INPATIENT SETTING ONLY THE PROGRAM IS DESIGNED TO OFFER CLIENTS UP TO SIX WEEKS DURING WHICH THEY CAN FOCUS ON RECOVERY AND DEVELOPING A PLAN FOR THEIR HOUSING AND CARE UPON DISCHARGE THIS INNOVATIVE COMMUNITY PARTNERSHIP PROVIDES TEMPORARY RESPITE HOUSING IN SACRAMENTO THAT OFFER HOMELESS MEN AND WOMEN A PLACE TO RECUPERATE FROM THEIR MEDICAL CONDITIONS, LINK THEM TO VITAL COMMUNITY SERVICES, AND PROVIDE THEM A PLACE TO HEAL ICP PLUS IS A PROGRAM DESIGNED FOR HOMELESS PATIENTS DISCHARGING FROM SMCS, AND IS AN ENHANCED VERSION OF THE ICP, WITH PATIENTS NEEDING A GREATER LEVEL OF SUPPORT AND SPECIAL RESOURCES SMCS AND THE OTHER HEALTH SYSTEMS PROVIDE FINANCIAL SUPPORT FOR THIS PROGRAM WELLSPACE HEALTH, SACRAMENTO'S FEDERALLY QUALIFIED HEALTH CENTER, PROVIDES ON-SITE NURSING AND SOCIAL SERVICES TO SUPPORT CLIENTS IN THEIR RECUPERATION AND HELP THEM MOVE OUT OF HOMELESSNESS THE WELLSPACE CASE MANAGER LINKS CLIENTS WITH MENTAL HEALTH SERVICES, SUBSTANCE ABUSE RECOVERY, HOUSING WORKSHOPS AND PROVIDES DISABILITY APPLICATION ASSISTANCE THE SALVATION ARMY PROVIDES 18 BEDS IN A DESIGNATED WING OF THE SHELTER WHERE CLIENTS HAVE THREE MEALS A DAY AND A SAFE, CLEAN PLACE TO RECOVER FROM THEIR HOSPITALIZATIONS SUTTER MEDICAL CENTER, SACRAMENTO IS A FOUNDING PARTNER OF T3, A PROGRAM LAUNCHED IN 2006 THAT PROVIDES SERVICES TO PATIENTS WHO SEEK EMERGENCY DEPARTMENT CARE FOR NEEDS THAT ARE BEST ADDRESSED THROUGH PREVENTIVE MEASURES AND BY PRIMARY CARE PROVIDERS THIS PROGRAM IS A MODEL FOR THE KIND OF CHANGE BEING CALLED FOR IN VARIOUS HEALTH CARE REFORM PLANS A HUGE OBSTACLE FOR HEALTHCARE PROVIDERS, INCLUDING SUTTER MEDICAL CENTER, SACRAMENTO, IS THE INAPPROPRIATE USE OF THE EMERGENCY DEPARTMENT THIS ISSUE IS NOT ONLY PROBLEMATIC FOR THE HEALTHCARE PROVIDER, BUT ALSO FOR THE PATIENTS WHO ARE NOT RECEIVING THE APPROPRIATE CARE IN THE APPROPRIATE PLACE, AT THE APPROPRIATE TIME PROGRAMS LIKE T3 SEEK TO CONNECT PEOPLE WHO FREQUENTLY AND INAPPROPRIATELY USE THE EMERGENCY DEPARTMENT TO THE CORRECT RESOURCES, INCLUDING HOUSING AND MENTAL HEALTH SERVICES, WHICH IS KEY TO THE POPULATION WHO UTILIZES T3 MOVING THESE PATIENTS FROM THE EMERGENCY DEPARTMENT IMPROVES THE PATIENTS' HEALTH BY PROVIDING THEM WITH THE APPROPRIATE CARE IN THE RIGHT SETTING, WHILE REDUCING THE WAIT FOR THOSE SEEKING CARE FOR REAL MEDICAL EMERGENCIES, AND DRAMATICALLY REDUCING COSTS TO OUR HEALTH CARE SYSTEM SMCS PARTNERS WITH AND PROVIDES FUNDING TO WELLSPACE HEALTH, THE SACRAMENTO REGION'S LARGEST FEDERALLY QUALIFIED HEALTH CLINIC, TO OFFER THIS PROGRAM TO SOME OF THE MOST VULNERABLE PATIENTS IN OUR SERVICE AREA ED NAVIGATORS ATTEND TO PATIENTS IN THE EMERGENCY DEPARTMENT (UPON REFERRAL FROM A SMCS EMPLOYEE AND AFTER PATIENT AGREEMENT) TO PROVIDE ASSISTANCE IN IDENTIFYING PRIMARY CARE PROVIDERS AND TO DETERMINE OTHER CLIENT NEEDS SMCS PROVIDES FUNDING TO WELLSPACE TO OFFER THIS IMPORTANT PROGRAM TO THE UNDERSERVED IN OUR COMMUNITY THE ED NAVIGATOR IS AN EMPLOYEE OF WELLSPACE HEALTH AND SERVES AS A VISIBLE ED BASED STAFF MEMBER WHO IS ABLE TO PROVIDE REFERRALS TO TREATMENT FOR THOSE WHO ARE SEEKING CARE IN THE ED FOR NON-URGENT MATTERS THE ED NAVIGATOR WILL CONNECT WITH PATIENTS AND PROVIDE REFERRALS TO PRIMARY CARE APPOINTMENTS, THE T3 PROGRAM FOR PERSONS WHO ARE FREQUENT NON-URGENT USERS, WELLSPACE AND OTHER CLINICS FOR THOSE WHO NEED A MEDICAL HOME AND OTHER IMPORTANT COMMUNITY RESOURCES, SUCH AS INSURANCE AND HOUSING THE ED NAVIGATORS ARE CRITICAL IN DIRECTING THOSE WHO NEED MEDICAL HOMES OR ACCESS TO SERVICES, TO THE RIGHT CARE IN THE RIGHT PLACE AT THE RIGHT TIME THE ED NAVIGATOR PROGRAM IS ANOTHER EXAMPLE OF THE COLLABORATIVE AND INNOVATIVE RELATIONSHIP SHARED BETWEEN SMCS AND WELLSPACE HEALTH HEALTHY ACCESS IS A GRASSROOTS, COMMUNITY ENGAGEMENT EFFORT INTENDED TO INFLUENCE INDIVIDUAL BEHAVIORS TO ENSURE PEOPLE HAVE BETTER ACCESS TO PRIMARY CARE SERVICES WE'VE BEEN ACTIVELY WORKING TO IDENTIFY AND ENGAGE COMMUNITY MEMBERS AND ORGANIZATIONS THAT FIT THE GENERAL PROFILE OF NON-URGENT ED USERS ENGAGEMENT HAS FOCUSED ON TWO GENERAL POPULATIONS MOVING FORWARD THE FAITH AND COMMUNITY BASED ORGANIZATIONS (FCBO'S) SERVING THE INDIVIDUAL PROFILE WE SEEK TO ENGAGE ORGANIZATIONS AGREED TO PARTICIPATE BY PROVIDING ACCESS TO THEIR STAKEHOLDERS AND COLLECTING DATA FROM THEM TO INFORM OUR EDUCATION AND OUTREACH HEALTHY ACCESS, A PROGRAM SUPPORTED BY FUNDING FROM SMCS, HAS CONNECTED WITH VARIOUS FAITH AND COMMUNITY BASED ORGANIZATIONS AND ASSOCIATIONS TO HELP INCREASE AND STRENGTHEN THEIR OUTREACH THE GREATER COMMUNITY AROUND HEALTH CARE RELATED ISSUES THIS LINKAGE ALLOWS US TO UTILIZE OUR COMMUNITY PARTNERS TO ENCOURAGE AND DIRECT THEIR PATIENTS TO APPROPRIATE CLINICS, SUCH AS WELLSPACE AND ELICA HEALTH CENTER, FOR PRIMARY CARE NEEDS, RATHER THAN LOCAL EMERGENCY DEPARTMENTS IN 2013, HEALTHY ACCESS FOCUSED ON SUPPORTING HEALTH MINISTRIES IN LOCAL AFRICAN AMERICAN CHURCHES AT ST JOHN MISSIONARY BAPTIST CHURCH, HEALTHY ACCESS PROVIDED SUPPORT TO THEIR FOOD PANTRY WHERE THEY SERVE ABOUT 200 PEOPLE EACH WEEK INFORMATION WAS ALSO PROVIDED ABOUT HEALTHY EATING, EXERCISE, DIABETIC SCREENINGS AND REFERRALS TO LOCAL HEALTH CLINICS ALSO, NEEDED RESOURCES WERE IDENTIFIED AND SHARED WITH THEIR CLIENTS THE NORTHERN DISTRICT BAPTIST ASSOCIATION DISSEMINATED INFORMATION AMONG THEIR 26 SACRAMENTO COUNTY CONGREGATIONS IN SUPPORT OF HEALTH MINISTRIES OR, WHERE THEY DIDN'T EXIST, THEIR WOMEN'S, YOUNG MEN'S AND YOUTH PROGRAMS THE PRIMARY TARGET AUDIENCE HAS BEEN ADULTS AND SENIORS, PROMOTING HEALTH COVERAGE, ACCESS TO PRIMARY CARE AVAILABLE TO THEM VS EMERGENCY DEPARTMENT VISITS AND HEALTHIER LIFESTYLE ACTIVITIES SUCH AS FOOD CHOICES, EXERCISE AND HEALTH SCREENINGS HEALTHY ACCESS ALSO HELD A LARGE HEALTH FAIR WITH A "BACK TO SCHOOL" THEME, AIMED TO SUPPORT SCHOOL READINESS FOR CHILDREN GRADES K-12 NEARLY 40 DIFFERENT COMMUNITY RESOURCES WERE ON SITE, INCLUDING FREE DENTAL SCREENINGS, COUNSELING, PRIMARY CARE CONNECTIONS, SUICIDE PREVENTION, CALFRESH INFORMATION, A FOOD BANK, JOB DEVELOPMENT, SUPPORT SERVICES AND FUN EVENTS FOR KIDS, LIKE BIKE GIVEAWAYS IN ADDITION TO ADDRESSING THE LACK OF ACCESS TO PRIMARY AND PREVENTATIVE SERVICES, HEALTHY ACCESS ALSO TACKLES ACCESS TO MENTAL HEALTH, ACCESS TO DENTAL AND IMPROVED HEALTH LITERACY</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART VI, LINE 5 (CONTINUED)	<p>IN 1994 A COLLABORATIVE BETWEEN MERCY HEALTHCARE OF SACRAMENTO, SUTTER COMMUNITY HOSPITALS OF SACRAMENTO, UC DAVIS SCHOOL OF MEDICINE, KAISER PERMANENTE MEDICAL GROUP, THE SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE SIERRA SACRAMENTO VALLEY MEDICAL SOCIETY WAS ESTABLISHED TO INCREASE AND ENHANCE PHYSICIAN RESPONSE TO THE MEDICAL NEEDS OF THE TARGETED POPULATION THROUGH VOLUNTEERISM THE COLLABORATORS NAMED THE PROJECT THE SACRAMENTO PHYSICIANS' INITIATIVE TO REACH OUT, INNOVATE AND TEACH (SPIRIT) SPIRIT CURRENTLY PROVIDES DONATED SERVICES TO OVER 1,400 PATIENTS PER YEAR, INCLUDING 60+ FREE OUTPATIENT SURGERIES TO DATE SPIRIT VOLUNTEERS HAVE DONATED \$8.4 MILLION IN CARE TO NEARLY 40,000 PATIENTS SPIRIT, THE ORGANIZATION THAT PROVIDES ALL OF THE CASE MANAGEMENT SERVICES, WORKS CLOSELY WITH SMCS AND THE SUTTER AMBULATORY SURGERY CENTERS TO PROVIDE CHARITY SURGICAL AND SPECIALTY CARE AT SUTTER AFFILIATED AMBULATORY SURGERY CENTERS FOR ELIGIBLE, LOW-INCOME PATIENTS. REFERRALS ARE GENERATED BY A LOCAL FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) AND BY PARTICIPATING SURGEONS. ELIGIBLE PATIENTS HAVE NO INSURANCE, BELOW 250% OF THE FEDERAL POVERTY LEVEL, AND CAN BE TREATED AS A SURGICAL OUTPATIENT. SOME OF THE SURGERIES PROVIDED ARE CATARACT, OTHER OPHTHALMOLOGIC SURGERIES, OB-GYN, ENT, ORTHOPEDICS AND GENERAL SURGERY. THE SERIAL INEBRIATE PROGRAM (SIP) IS A RESULT OF A PARTNERSHIP BETWEEN SUTTER MEDICAL CENTER, SACRAMENTO AND THE DOWNTOWN SACRAMENTO PARTNERSHIP (DSP) NAVIGATORS. USING A MODEL WITH GREAT SUCCESS, THE DSP NAVIGATORS REACH OUT AND BUILD A ONE-ON-ONE RAPPORT WITH HOMELESS ADULTS LIVING ON DOWNTOWN STREETS. THE NAVIGATORS GRADUALLY DEVELOP RELATIONSHIPS AND EVENTUALLY CONNECT INDIVIDUALS WITH LOCAL COMMUNITY SERVICE PROGRAMS. THE NAVIGATORS DON'T MOVE ON AT THAT POINT, THEY CONTINUE WORKING CLOSELY WITH EACH INDIVIDUAL, FACILITATING ACCESS TO CARE AND FINDING WAYS TO IMPROVE THEIR LIVING CONDITIONS. ANOTHER SIP PARTNER IS THE SACRAMENTO DISTRICT ATTORNEY'S OFFICE AND THE DOWNTOWN COMMUNITY PROSECUTOR, WHICH BOTH WORK WITH SIP PATIENTS AND HOMELESS ADULTS WHO HAVE BEEN ARRESTED REPEATEDLY FOR PUBLIC INTOXICATION. THOUGH OTHER CITIES ARE BEGINNING TO OFFER SIMILAR PROGRAMS, THE SACRAMENTO PROGRAMS OFFER A UNIQUE TWIST. THE SIP UNITES DOWNTOWN AND MIDTOWN SACRAMENTO BUSINESSES, NONPROFIT ORGANIZATIONS, GOVERNMENT, ENFORCEMENT AGENCIES AND SUTTER MEDICAL CENTER, SACRAMENTO IN A TRULY COLLABORATIVE EFFORT. FOR MANY YEARS, HOMELESSNESS SEEMED TO BE AN ETERNAL, INCURABLE EPIDEMIC. IN RECENT YEARS, HOWEVER, THE CONNECTION BETWEEN HOMELESS AND HOPELESS HAS BEGUN TO GIVE WAY. THE SHIFT HAS COME ABOUT THROUGH AN INNOVATIVE IDEA THAT IS APPEARING IN A GROWING NUMBER OF CITIES, INCLUDING SACRAMENTO. THE APPROACH OFFERS CHRONICALLY HOMELESS ADULTS AN IMPORTANT INGREDIENT MISSING IN PAST PROGRAMS-THE OPPORTUNITY TO MOVE INTO PERMANENT HOUSING AND MEDICAL HOMES. TO QUALIFY, INDIVIDUALS HAVE BEEN ARRESTED, TAKEN TO DETOX CENTERS OR EMERGENCY DEPARTMENTS MORE THAN 25 TIMES IN A 12-MONTH PERIOD. THE PROGRAM CONSISTS OF A PARTNERSHIP BETWEEN SUTTER MEDICAL CENTER, SACRAMENTO, SACRAMENTO'S NAVIGATOR PROGRAM (SPONSORED BY THE DOWNTOWN PARTNERSHIP, AN ORGANIZATION THAT SUPPORTS THE BUSINESS COMMUNITY), AND SACRAMENTO SELF HELP HOUSING. THE GOAL OF THE SIP IS TO MOVE HOMELESS MEN AND WOMEN OFF THE STREETS, AND CONNECT THEM WITH THE MEDICAL SERVICES AND HOUSING RESOURCES THEY WOULDN'T OTHERWISE HAVE ACCESS TO. THE SIP PROGRAM PROVIDES EARLY INTERVENTION AND A LASTING SOLUTION, BY LINKING THE HOMELESS TO HOUSING, PRIMARY CARE, SUBSTANCE ABUSE RESOURCES AND MENTAL HEALTH SERVICES. INSTEAD OF RELYING ON POLICE OR OTHER NON-PROFIT AGENCIES THAT WORK TO ALLEVIATE HOMELESSNESS AND THE PROBLEMS ASSOCIATED WITH IT, THE SIP IS A PARTNERSHIP THAT HELPS BREAK THE CYCLE AND HELP THESE MEN AND WOMEN MOVE OFF THE STREETS AND ON WITH THEIR LIVES. IN ADDITION TO ADDRESSING THE LACK OF HOUSING/BASIC SHELTER, THE SIP PROVIDES ACCESS TO PRIMARY AND PREVENTATIVE SERVICES, LACK OF ACCESS TO MENTAL HEALTH SERVICES, LACK OF ACCESS TO DENTAL CARE AND LACK OF HEALTH LITERACY BY TEACHING THE SIP CLIENTS HOW TO COOK, ABOUT NUTRITION, GOING TO DOCTORS APPOINTMENTS AND LIVING AN OVERALL HEALTHIER LIFE. SUTTER ROSEVILLE MEDICAL CENTER T3 (TRIAGE, TRANSPORT AND TREATMENT) CONNECTS PATIENTS TO THE SERVICES THEY NEED AT THE EASIEST LEVEL OF CARE AND RIGHT INTENSITY OF SUPPORT. T3 PROVIDES SERVICES TO PATIENTS WHO SEEK EMERGENCY DEPARTMENT CARE FOR NEEDS THAT ARE BEST ADDRESSED THROUGH PREVENTIVE MEASURES AND BY PRIMARY CARE PROVIDERS. THIS PROGRAM IS A MODEL FOR THE KIND OF CHANGE BEING CALLED FOR IN VARIOUS HEALTH CARE REFORM PLANS. A HUGE OBSTACLE FOR HEALTHCARE PROVIDERS, INCLUDING SUTTER ROSEVILLE MEDICAL CENTER, IS THE INAPPROPRIATE USE OF THE EMERGENCY DEPARTMENT. THIS ISSUE IS NOT ONLY PROBLEMATIC FOR THE HEALTHCARE PROVIDER, BUT ALSO FOR THE PATIENTS WHO ARE NOT RECEIVING THE APPROPRIATE CARE IN THE APPROPRIATE PLACE, AT THE APPROPRIATE TIME. PROGRAMS LIKE T3 SEEK TO CONNECT PEOPLE WHO FREQUENTLY AND INAPPROPRIATELY USE THE EMERGENCY DEPARTMENT TO THE CORRECT RESOURCES, INCLUDING HOUSING AND MENTAL HEALTH SERVICES, WHICH IS VITAL TO THE POPULATION WHO UTILIZES T3. MOVING THESE PATIENTS FROM THE EMERGENCY DEPARTMENT IMPROVES THE PATIENTS' HEALTH BY PROVIDING THEM WITH THE APPROPRIATE CARE IN THE RIGHT SETTING, WHILE REDUCING THE WAIT FOR THOSE SEEKING CARE FOR REAL MEDICAL EMERGENCIES, AND DRAMATICALLY REDUCING COSTS TO OUR HEALTH CARE SYSTEM. SRMC PARTNERS WITH AND PROVIDES FUNDING TO WELLSPACE HEALTH, THE GREATER SACRAMENTO REGION'S LARGEST FEDERALLY QUALIFIED HEALTH CLINIC, TO OFFER THIS PROGRAM TO SOME OF THE MOST VULNERABLE PATIENTS IN OUR SERVICE AREA. IN PARTNERSHIP WITH THE GATHERING INN, KAISER PERMANENTE, SUTTER ROSEVILLE MEDICAL CENTER AND SUTTER AUBURN FAITH HOSPITAL PROVIDE THE INTERIM CARE PROGRAM (ICP), A TEMPORARY RESPIRE PROGRAM FOR HOMELESS PATIENTS WHO ARE DISCHARGED FROM ONE OF THE PARTICIPATING HOSPITALS. WHEN A PATIENT IS READY FOR APPROPRIATE DISCHARGE, BUT DOES NOT HAVE A PLACE TO OTHERWISE HEAL, THEY CAN BE REFERRED TO THE INTERIM CARE PROGRAM. UPON DISCHARGE, THE GATHERING INN PROVIDES ON-SITE NURSING AND SOCIAL SERVICES TO SUPPORT CLIENTS IN THEIR RECUPERATION AND HELP THEM MOVE OUT OF HOMELESSNESS. A WELLSPACE CASE MANAGER LINKS CLIENTS WITH SERVICES, LIKE MENTAL HEALTH SERVICES, SUBSTANCE ABUSE RECOVERY, HOUSING WORKSHOPS AND PROVIDES DISABILITY APPLICATION ASSISTANCE. THE GATHERING INN WORKS WITH ADVOCATES FOR MENTALLY ILL (AMI) TO PROVIDE BEDS WHERE CLIENTS HAVE THREE MEALS A DAY AND A SAFE, CLEAN PLACE TO RECOVER FROM THEIR HOSPITALIZATIONS. THE PROGRAM IS DESIGNED TO GIVE PATIENTS WITHOUT HOUSING ALTERNATIVES, A CLEAN AND SAFE PLACE TO HEAL FOR UP TO SIX WEEKS AND COMPREHENSIVE "WRAPAROUND" SERVICES LIKE SUBSTANCE ABUSE TREATMENT, PERMANENT HOUSING AND MEDICAL CARE. ED NAVIGATORS ATTEND TO PATIENTS IN THE EMERGENCY DEPARTMENT (UPON REFERRAL FROM A SRMC EMPLOYEE AND AFTER PATIENT AGREEMENT) TO PROVIDE ASSISTANCE IN IDENTIFYING PRIMARY CARE PROVIDERS AND TO DETERMINE OTHER CLIENT NEEDS. SRMC PROVIDES FUNDING TO WELLSPACE TO OFFER THIS IMPORTANT PROGRAM TO THE UNDERSERVED IN OUR COMMUNITY. THE ED NAVIGATOR IS AN EMPLOYEE OF WELLSPACE HEALTH AND SERVES AS A VISIBLE EDBASED STAFF MEMBER WHO IS ABLE TO PROVIDE REFERRALS TO TREATMENT FOR THOSE WHO ARE SEEKING CARE IN THE ED FOR NON-URGENT MATTERS. THE ED NAVIGATOR WILL CONNECT WITH PATIENTS AND PROVIDE REFERRALS TO PRIMARY CARE APPOINTMENTS, THE T3 PROGRAM FOR PERSONS WHO ARE FREQUENT NON-URGENT USERS, WELLSPACE AND OTHER CLINICS FOR THOSE WHO NEED A MEDICAL HOME AND OTHER IMPORTANT COMMUNITY RESOURCES, SUCH AS INSURANCE AND HOUSING. THE ED NAVIGATORS ARE CRITICAL IN DIRECTING THOSE WHO NEED MEDICAL HOMES OR ACCESS TO SERVICES, TO THE RIGHT CARE IN THE RIGHT PLACE AT THE RIGHT TIME. THE ED NAVIGATOR PROGRAM IS ANOTHER EXAMPLE OF THE COLLABORATIVE AND INNOVATIVE RELATIONSHIP SHARED BETWEEN SRMC AND WELLSPACE HEALTH. HEALTH EXPRESS SEEKS TO PROVIDE TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS FOR PLACER COUNTY'S MOST VULNERABLE POPULATIONS, INCLUDING SENIOR RESIDENTS. ONE OF THE KEY ISSUES OFTEN IDENTIFIED DURING COMMUNITY HEALTH NEEDS ASSESSMENTS ARE GAPS IN BASIC TRANSPORTATION SERVICES FOR SENIORS AND THE UNDERSERVED POPULATION, WHO OFTEN SITE LACK OF TRANSPORTATION AS A KEY BARRIER TO ACCESSING APPROPRIATE PRIMARY CARE AND HEALTH-RELATED APPOINTMENTS. HEALTH EXPRESS SEEKS TO BRIDGE THIS GAP, TO ENSURE THAT THE PLACER COUNTY CITIZENS WHO WOULD OTHERWISE NOT HAVE ACCESS TO TRANSPORTATION ARE PROVIDED THE NECESSARY MEANS TO OBTAIN APPROPRIATE MEDICAL CARE. SRMC PROVIDES FUNDING TO HEALTH EXPRESS AND PARTNERS WITH SENIORS FIRST, PLACER COUNTY TRANSPORTATION PLANNING AGENCY AND KAISER PERMANENTE.</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART VI, LINE 5 (CONTINUED)	<p>THE HEALTH EXPRESS PARTNERSHIP PROVIDES TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS FOR PLACER COUNTY'S UNDERSERVED, VULNERABLE AND ELDERLY POPULATION, WHO ARE UNABLE TO ACCESS NECESSARY MEDICAL CARE, DUE TO TRANSPORTATION CONSTRAINTS THIS PROGRAM IS PUBLICIZED THROUGHOUT PLACER COUNTY TO ENCOURAGE USE IN ORDER TO INCREASE ACCESS TO HEALTH CARE SERVICES FOR PLACER COUNTY SENIORS, DISABLED, AND UNDERSERVED POPULATIONS, THE HEALTH EXPRESS WAS EXPANDED IN 2007 TO INCLUDE A LARGER POPULATION AND PROVIDE LAST RESORT MEDICALLY RELATED TRANSPORTATION SERVICES WITHIN MOST OF PLACER COUNTY SENIOR RECREATION AND RESPITE PROGRAM (R & R) CONNECTS THE SENIOR POPULATION IN PLACER COUNTY, WHO MIGHT OTHERWISE BE ISOLATED, WITH IMPORTANT SOCIAL AND EDUCATIONAL ACTIVITIES THE SENIOR RECREATION AND RESPITE PROGRAM (R & R) IS DESIGNED TO MEET THE NEEDS OF OLDER ADULTS WITH MEMORY OR PHYSICAL IMPAIRMENT THE PROGRAM PROVIDES RECREATIONAL, SOCIAL AND EDUCATIONAL ACTIVITIES FOR THE PARTICIPANTS AND RESPITE FOR CAREGIVERS TO ENJOY SOME FREE TIME TO THEMSELVES THE STAFF IS SUPPORTED BY ITS VALUABLE TEAM OF VOLUNTEERS AND COMPLETED BY PERSONAL CARE AIDES R & R MEETS IN VARIOUS LOCATIONS THROUGHOUT ROSEVILLE, AUBURN AND LINCOLN TO REACH THE MAXIMUM AMOUNT OF SENIORS IN NEED IN 2010, THE R&R PROGRAM EXPANDED AND TRANSPORTATION IS NOW OFFERED THROUGH HEALTH EXPRESS TO ENSURE THOSE WHO BENEFIT THE MOST FROM THE PROGRAM WILL CONTINUE TO ACCESS SUTTER SOLANO MEDICAL CENTER THE TRANSITIONAL CARE PROGRAM (TCP) PROVIDES A PLACE TO DISCHARGE AND CONNECT HOMELESS PATIENTS, WHO ARE TRADITIONALLY UNDERSERVED RESIDENTS, WITH RESOURCES AND SUPPORT SSMC, ALONG WITH OTHER LOCAL HEALTH PROVIDERS, OFFER FUNDING AND SUPPORT TO THE SOLANO COALITION FOR BETTER HEALTH AND THE BENICIA COMMUNITY ACTION COALITION, TO PROVIDE THIS PROGRAM TO SOME OF SOLANO COUNTY'S MOST VULNERABLE RESIDENTS THIS PROGRAM LINKS HOMELESS ADULTS TO VITAL COMMUNITY SERVICES WHILE GIVING THEM A PLACE TO HEAL, AS WELL AS MEDICAL FOLLOW UP AND CASE MANAGEMENT THE CLIENTS WHO ARE ENROLLED IN THE TCP ARE INDIVIDUALS WHO OTHERWISE WOULD BE DISCHARGED TO THE STREET OR CARED FOR IN AN INPATIENT SETTING ONLY IN ADDITION, THE TCP ALLOWS PATIENTS TO FOCUS ON RECOVERY AND DEVELOPING A LONG-TERM PLAN TO GET OFF THE STREETS, ALL WHILE BEING LINKED TO VITAL COMMUNITY AND MEDICAL SERVICES THE TCP HAS PRODUCED IMPRESSIVE CLIENT OUTCOMES BY PROVIDING "WRAPAROUND" SERVICES INCLUDING CONNECTION TO A MEDICAL HOME, ENROLLMENT IN ELIGIBLE PROGRAMS AND SUPPORT SERVICES FOR CLIENTS THE EMERGENCY DEPARTMENT NAVIGATOR PROGRAM SEEKS TO CONNECT WITH PATIENTS WHO ARE INAPPROPRIATELY ACCESSING CARE AT THE SUTTER SOLANO MEDICAL CENTER EMERGENCY DEPARTMENT AND LINKS ALL NON-URGENT USERS OF THE ED TO IMMEDIATE COMMUNITY RESOURCES AND MEDICAL CARE MORE SPECIFICALLY, ED NAVIGATORS REACH OUT TO PATIENTS WHO DO NOT HAVE A PRIMARY CARE PROVIDER AND PROVIDE EXTERNAL MANAGEMENT, CONNECTION TO SERVICES (E G INSURANCE ENROLLMENT, SUBSTANCE ABUSE TREATMENT, ETC) AND FOLLOWUP TO ENSURE A PRIMARY CARE PROVIDER IS BEING UTILIZED ED NAVIGATORS ARE EMPLOYEES OF LA CLINICA, BUT ARE SUPPORTED THROUGH FUNDING FROM SSMC AND RESIDE IN THE SUTTER SOLANO MEDICAL CENTER EMERGENCY DEPARTMENT ADDITIONALLY, WE RECENTLY EXPANDED THIS PROGRAM TO INCLUDE A CERTIFIED APPLICATION ASSISTANT, WHO WORKS ALONGSIDE THE ED NAVIGATOR IN THE EMERGENCY ROOM AND PROVIDES EDUCATION, OUTREACH AND INSURANCE ENROLLMENT SERVICES FOR THE PATIENTS WHO NEED IT INVESTMENT IN FEDERALLY QUALIFIED HEALTH CENTERS (FQHC'S) THROUGHOUT THE SUTTER HEALTH SACRAMENTO SIERRA REGION IS IMPERATIVE TO THE HEALTH AND WELLBEING OF OUR COMMUNITIES AS WE PREPARE FOR AFFORDABLE CARE ACT IMPLEMENTATION IN 2014 AS A RESULT, SSMC HAS PROVIDED STRATEGIC INVESTMENTS IN LA CLINICA, VALLEJO NORTH, TO INCREASE THEIR CAPACITY TO SERVE THE UNDERINSURED LA CLINICA SERVES A KEY PARTNER IN SOLANO COUNTY, AS THEY PROVIDE CARE TO SOME OF THE MOST VULNERABLE POPULATIONS IN OUR REGION BY CONTINUING TO INVEST IN THIS IMPORTANT HEALTH CENTER, WE ARE ENSURING THE UNDERSERVED HAVE ACCESS TO CARE AND A MEDICAL HOME LA CLNICA NORTH VALLEJO IS LOCATED ACROSS THE PARKING LOT FROM SUTTER SOLANO MEDICAL CENTER AND OFFERS PRIMARY MEDICAL CARE, HEALTH EDUCATION, SOCIAL SERVICES AND BEHAVIORAL HEALTH SERVICES TO RESIDENTS OF SOLANO COUNTY AND SURROUNDING AREAS LA CLINICA IS A FULL SERVICE URGENT CARE HEALTH CENTER THAT SERVES DIVERSE PATIENTS FROM THE SUTTER SOLANO EMERGENCY DEPARTMENT AND PROVIDES MEDICAL PROCEDURES BEYOND TRADITIONAL PRIMARY CARE INCLUDING SUTURING, INCISION AND DRAINAGE, CASTING, AND MUCH MORE THEIR GOAL IS TO PROVIDE QUALITY, PATIENT-CENTERED HEALTH INFORMATION, EDUCATION AND CLINICAL CARE TO ALL MEMBERS OF THE COMMUNITY REGARDLESS OF ECONOMIC, INSURANCE, OR CULTURAL BARRIERS LA CLINICA ACCOMPLISHES THIS THROUGH COLLABORATIVE, INNOVATIVE PROGRAMS, SERVICES AND REFERRAL RESOURCES TO MEET THE ECONOMIC NEEDS OF THE ENTIRE COMMUNITY IN ADDITION TO PRIMARY AND MENTAL HEALTH CARE SERVICES, LA CLINICA OFFERS, PHYSICAL EXAMS, IMMUNIZATIONS, PAP SMEARS, NUTRITION AND FITNESS PROMOTION, MANAGEMENT OF CHRONIC ILLNESSES, LABORATORY TESTING, SMOKING CESSATION AND PRESCRIPTIONS AND PHARMACY ASSISTANCE PROGRAM LA CLINICA NORTH VALLEJO ALSO PROVIDES URGENT CARE, FAMILY PLANNING SERVICES (INCLUDING, PREGNANCY TESTING AND REFERRALS, BIRTH CONTROL AND SAFE SEX EDUCATION, DIAGNOSIS AND TREATMENT OF SEXUALLY-TRANSMITTED AND OTHER INFECTIONS AND HIV TESTING) BEHAVIORAL HEALTH CARE SERVICES (INCLUDING GRIEF COUNSELING, CRISIS INTERVENTION, CASE MANAGEMENT LINKAGE & REFERRALS, COUNSELING SUPPORT/EDUCATION GROUPS) AND SPECIALTY CARE SERVICES LA CLINICA DENTAL ALSO OFFERS DENTAL EXAMS FOR CHILDREN, CLEANING AND POLISHING, CROWN AND BRIDGE, FULL AND PARTIAL DENTURES, EMERGENCY TREATMENT (INCLUDING EXTRACTIONS, RESTORATIONS AMALGAM, COMPOSITE) FLUORIDE AND SEALANT TREATMENT AND GENERAL DENTISTRY BY INVESTING IN LA CLINICA AND SUPPORTING THIS TREMENDOUS ORGANIZATION'S GROWTH AND INNOVATIVE EFFORTS, WE ARE ABLE TO ADDRESS MULTIPLE PRIORITY NEEDS IN EFFECTIVE AND IMPACTFUL WAYS IN ADDITION TO ADDRESSING THE LACK OF ACCESS TO PREVENTATIVE SERVICES AND COMMUNITY PROGRAMS, AS WELL AS LIMITED ACCESS TO FOLLOW-UP TREATMENT AND SPECIALTY CARE, SSMCS INVESTMENT IN LA CLINICA ALSO HELPS TACKLE THE COMMUNITY'S NEED FOR ACCESS TO HEALTH EDUCATION, LACK OF PREVENTIVE SERVICES AND COMMUNITY PROGRAMS, AND LIMITED ACCESS TO MEDICATIONS AND PRESCRIPTION DRUGS SUTTER AUBURN FAITH HOSPITAL T3 (TRIAGE, TRANSPORT AND TREATMENT) CONNECTS PATIENTS TO THE SERVICES THEY NEED AT THE EASIEST LEVEL OF CARE AND RIGHT INTENSITY OF SUPPORT T3 PROVIDES SERVICES TO PATIENTS WHO SEEK EMERGENCY DEPARTMENT CARE FOR NEEDS THAT ARE BEST ADDRESSED THROUGH PREVENTIVE MEASURES AND BY PRIMARY CARE PROVIDERS THIS PROGRAM IS A MODEL FOR THE KIND OF CHANGE BEING CALLED FOR IN VARIOUS HEALTH CARE REFORM PLANS A HUGE OBSTACLE FOR HEALTHCARE PROVIDERS, INCLUDING SUTTER AUBURN FAITH HOSPITAL, IS THE INAPPROPRIATE USE OF THE EMERGENCY DEPARTMENT THIS ISSUE IS NOT ONLY PROBLEMATIC FOR THE HEALTHCARE PROVIDER, BUT ALSO FOR THE PATIENTS WHO ARE NOT RECEIVING THE APPROPRIATE CARE IN THE APPROPRIATE PLACE, AT THE APPROPRIATE TIME PROGRAMS LIKE T3 SEEK TO CONNECT PEOPLE WHO FREQUENTLY AND INAPPROPRIATELY USE THE EMERGENCY DEPARTMENT TO THE CORRECT RESOURCES, INCLUDING PRIMARY CARE, INSURANCE, HOUSING AND MENTAL HEALTH SERVICES, WHICH IS VITAL TO THE POPULATION WHO UTILIZES T3</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART VI, LINE 5 (CONTINUED)	<p>MOVING THESE PATIENTS FROM THE EMERGENCY DEPARTMENT IMPROVES THE PATIENTS' HEALTH BY PROVIDING THEM WITH THE APPROPRIATE CARE IN THE RIGHT SETTING, WHILE REDUCING THE WAIT FOR THOSE SEEKING CARE FOR REAL MEDICAL EMERGENCIES, AND DRAMATICALLY REDUCING COSTS TO OUR HEALTH CARE SYSTEM SAFH AND SRMC PARTNERS WITH AND PROVIDES FUNDING TO WELLSPACE HEALTH, THE GREATER SACRAMENTO REGION'S LARGEST FEDERALLY QUALIFIED HEALTH CLINIC, TO OFFER THIS PROGRAM TO SOME OF THE MOST VULNERABLE PATIENTS IN OUR SERVICE AREA IN PARTNERSHIP WITH THE GATHERING INN, KAISER PERMANENTE, SUTTER ROSEVILLE MEDICAL CENTER AND SUTTER AUBURN FAITH HOSPITAL PROVIDE THE INTERIM CARE PROGRAM (ICP), A TEMPORARY RESPITE PROGRAM FOR HOMELESS PATIENTS WHO ARE DISCHARGED FROM ONE OF THE PARTICIPATING HOSPITALS WHEN A PATIENT IS READY FOR APPROPRIATE DISCHARGE, BUT DOES NOT HAVE A PLACE TO OTHERWISE HEAL, THEY CAN BE REFERRED TO THE INTERIM CARE PROGRAM UPON DISCHARGE, THE GATHERING INN PROVIDES ON-SITE NURSING AND SOCIAL SERVICES TO SUPPORT CLIENTS IN THEIR RECUPERATION AND HELP THEM MOVE OUT OF HOMELESSNESS A WELLSPACE CASE MANAGER LINKS CLIENTS WITH SERVICES, LIKE MENTAL HEALTH SERVICES, SUBSTANCE ABUSE RECOVERY, HOUSING WORKSHOPS AND PROVIDES DISABILITY APPLICATION ASSISTANCE THE GATHERING INN WORKS WITH ADVOCATES FOR MENTALLY ILL (AMI) TO PROVIDE BEDS WHERE CLIENTS HAVE THREE MEALS A DAY AND A SAFE, CLEAN PLACE TO RECOVER FROM THEIR HOSPITALIZATIONS THE PROGRAM IS DESIGNED TO GIVE PATIENTS WITHOUT HOUSING ALTERNATIVES, A CLEAN AND SAFE PLACE TO HEAL FOR UP TO SIX WEEKS AND COMPREHENSIVE "WRAPAROUND" SERVICES LIKE SUBSTANCE ABUSE TREATMENT, PERMANENT HOUSING AND MEDICAL CARE ED NAVIGATORS ATTEND TO PATIENTS IN THE EMERGENCY DEPARTMENT (UPON REFERRAL FROM A SUTTER EMPLOYEE AND AFTER PATIENT AGREEMENT) TO PROVIDE ASSISTANCE IN IDENTIFYING PRIMARY CARE PROVIDERS AND TO DETERMINE OTHER CLIENT NEEDS SHSSR AFFILIATES PROVIDE FUNDING TO WELLSPACE TO OFFER THIS IMPORTANT PROGRAM TO THE UNDERSERVED IN OUR COMMUNITY ED NAVIGATOR IS AN EMPLOYEE OF WELLSPACE HEALTH AND SERVES AS A VISIBLE ED BASED STAFF MEMBER WHO IS ABLE TO PROVIDE REFERRALS TO TREATMENT FOR THOSE WHO ARE SEEKING CARE IN THE ED FOR NON-URGENT MATTERS THE ED NAVIGATOR WILL CONNECT WITH PATIENTS AND PROVIDE REFERRALS TO PRIMARY CARE APPOINTMENTS, THE T3 PROGRAM FOR PERSONS WHO ARE FREQUENT NON-URGENT USERS, WELLSPACE AND OTHER CLINICS FOR THOSE WHO NEED A MEDICAL HOME AND OTHER IMPORTANT COMMUNITY RESOURCES, SUCH AS INSURANCE AND HOUSING THE ED NAVIGATORS ARE CRITICAL IN DIRECTING THOSE WHO NEED MEDICAL HOMES OR ACCESS TO SERVICES, TO THE RIGHT CARE IN THE RIGHT PLACE AT THE RIGHT TIME THE ED NAVIGATOR PROGRAM IS ANOTHER EXAMPLE OF THE COLLABORATIVE AND INNOVATIVE RELATIONSHIP SHARED BETWEEN SAFH AND WELLSPACE HEALTH, HOWEVER, IN AUBURN, WE PLAN TO USE CHAPA DE AS THE PRIMARY HEALTH CENTER FOR REFERRALS SENIOR RECREATION AND RESPITE PROGRAM (R & R) CONNECTS THE SENIOR POPULATION IN PLACER COUNTY, WHO MIGHT OTHERWISE BE ISOLATED, WITH IMPORTANT SOCIAL AND EDUCATIONAL ACTIVITIES THE SENIOR RECREATION AND RESPITE PROGRAM (R & R) IS DESIGNED TO MEET THE NEEDS OF OLDER ADULTS WITH MEMORY OR PHYSICAL IMPAIRMENT THE PROGRAM PROVIDES RECREATIONAL, SOCIAL AND EDUCATIONAL ACTIVITIES FOR THE PARTICIPANTS AND RESPITE FOR CAREGIVERS TO ENJOY SOME FREE TIME TO THEMSELVES THE STAFF IS SUPPORTED BY ITS VALUABLE TEAM OF VOLUNTEERS AND COMPLETED BY PERSONAL CARE AIDES R & R MEETS IN VARIOUS LOCATIONS THROUGHOUT ROSEVILLE, AUBURN AND LINCOLN TO REACH THE MAXIMUM AMOUNT OF SENIORS IN NEED IN 2010, THE R&R PROGRAM EXPANDED AND TRANSPORTATION IS NOW OFFERED THROUGH HEALTH EXPRESS TO ENSURE THOSE WHO BENEFIT THE MOST FROM THE PROGRAM WILL CONTINUE TO HAVE ACCESS THE PROMOTORA PROGRAM IS THE RESULT OF A PARTNERSHIP BETWEEN SUTTER AUBURN FAITH HOSPITAL, SUTTER ROSEVILLE MEDICAL CENTER AND THE LATINO LEADERSHIP COUNCIL AS THE BRIDGE BETWEEN THE HOSPITAL AND THE PATIENTS, PROMOTORAS SERVE THE DUAL ROLE OF ADVOCATING FOR THE PATIENT WHILE AT THE SAME TIME ENSURING THAT THE PATIENT FULLY UNDERSTANDS AND COMPLIES WITH THE HEALTH CARE PROVIDER'S RECOMMENDATIONS PROMOTORAS HELP BRIDGE THE CULTURAL AND LINGUISTIC GAP BETWEEN THE HEALTH CARE PROVIDER AND THE PATIENT AS THE BRIDGE, THEY SERVE THE DUAL ROLE OF ADVOCATING FOR THE PATIENT WHILE AT THE SAME TIME ENSURING THAT THE PATIENT FULLY UNDERSTANDS AND COMPLIES WITH THE HEALTH CARE PROVIDER'S RECOMMENDATIONS THEY ASK THE QUESTIONS THAT THE PATIENTS AREN'T AWARE THEY SHOULD BE ASKING OR ARE CULTURALLY DISSUADED FROM ASKING, SINCE IT IS CULTURALLY INAPPROPRIATE TO QUESTION AUTHORITY FIGURES SUCH AS PHYSICIANS OR NURSES PROMOTORAS HELP ENSURE THAT PATIENTS TRULY UNDERSTAND WHAT IS AT STAKE AND WHAT IS BEING ASKED OF THEM, AND CAN PROVIDE FOLLOW UP SERVICES TO HELP ENSURE THAT PATIENTS RECEIVE THE RESOURCES THEY NEED SUTTER NURSES AND OTHER MEDICAL STAFF ARE TRAINED TO PROVIDE SPANISH SPEAKING PATIENTS WITH INFORMATION ON THE PROMOTORA PROGRAM, AS WELL AS PROVIDE REFERRALS FOR PATIENTS WHO MIGHT BENEFIT FROM MAKING A CONNECTION OF THIS NATURE PROMOTORAS ARE EXPERTS IN THE CULTURE, LANGUAGE AND COMMUNITY OF LATINO PATIENTS IN THAT AREA AS WELL AS A CONNECTOR TO COMMUNITY RESOURCES AND PROGRAMS THAT CAN HELP PATIENTS CONTINUE THEIR PATH TO WELLNESS THEY ALSO UNDERSTAND CULTURAL NUANCES, PARTICULARLY AS THEY RELATE TO HEALTH CARE WHEN A PATIENT IS IN NEED OF CARE, IT IS A TIME OF CRISIS FOR THEM AND THOSE CULTURAL NUANCES BECOME VERY IMPORTANT PROMOTORAS ARE QUICKLY BECOMING A MUCH-NEEDED RESOURCE AND PARTNER IN OUR EFFORTS TO PROVIDE THE BEST MEDICAL CARE POSSIBLE TO PATIENTS, AS THEY HELP TO EXTEND A CONTINUUM OF CARE BEYOND THE FOUR WALLS OF THE HOSPITAL HEALTH EXPRESS SEEKS TO PROVIDE TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS FOR PLACER COUNTY'S MOST VULNERABLE POPULATIONS, INCLUDING SENIOR RESIDENTS ONE OF THE KEY ISSUES OFTEN IDENTIFIED DURING COMMUNITY HEALTH NEEDS ASSESSMENTS ARE GAPS IN BASIC TRANSPORTATION SERVICES FOR SENIORS AND THE UNDERSERVED POPULATION, WHO OFTEN CITE LACK OF TRANSPORTATION AS A KEY BARRIER TO ACCESSING APPROPRIATE PRIMARY CARE AND HEALTH-RELATED APPOINTMENTS HEALTH EXPRESS SEEKS TO BRIDGE THIS GAP, TO ENSURE THAT THE PLACER COUNTY CITIZENS WHO WOULD OTHERWISE NOT HAVE ACCESS TO TRANSPORTATION, ARE PROVIDED THE NECESSARY MEANS TO OBTAIN APPROPRIATE MEDICAL CARE SAFH PROVIDES FUNDING TO HEALTH EXPRESS AND PARTNERS WITH SENIORS FIRST, PLACER COUNTY TRANSPORTATION PLANNING AGENCY AND KAISER PERMANENTE THE HEALTH EXPRESS PARTNERSHIP PROVIDES TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS FOR PLACER COUNTY'S UNDERSERVED, VULNERABLE AND ELDERLY POPULATION, WHO ARE UNABLE TO ACCESS NECESSARY MEDICAL CARE, DUE TO TRANSPORTATION CONSTRAINTS THIS PROGRAM IS PUBLICIZED THROUGHOUT PLACER COUNTY TO ENCOURAGE USE IN ORDER TO INCREASE ACCESS TO HEALTH CARE SERVICES FOR PLACER COUNTY SENIORS, DISABLED, AND UNDERSERVED POPULATIONS, THE HEALTH EXPRESS WAS EXPANDED IN 2007 TO INCLUDE A LARGER POPULATION AND PROVIDE LAST RESORT MEDICALLY RELATED TRANSPORTATION SERVICES WITHIN MOST OF PLACER COUNTY SUTTER AMADOR HOSPITAL THROUGHOUT THE MONTH OF OCTOBER, SUTTER DIAGNOSTIC IMAGING CENTERS ACROSS THE SHSSR REGION PROVIDE FREE DIGITAL SCREENING MAMMOGRAMS TO UNINSURED WOMEN IN HONOR OF NATIONAL BREAST CANCER AWARENESS MONTH THE GOAL OF THIS OUTREACH EFFORT WAS TO NOT ONLY PROVIDE FREE SCREENINGS TO UNDERINSURED WOMEN IN OUR COMMUNITIES, BUT IT ALSO SERVES AS AN OPPORTUNITY TO PROVIDE WOMEN WITH INFORMATION ON HEALTH AND INSURANCE RESOURCES FREE MAMMOGRAMS ARE OFFERED IN VARIOUS LOCATIONS, AT VARIOUS TIMES, INCLUDING IN AMADOR COUNTY, TO ENSURE AS MANY WOMEN AS POSSIBLE WERE ABLE TO TAKE ADVANTAGE OF THIS EFFORT IN ADDITION, A PACKET OF FOLLOW UP RESOURCES WAS CREATED IN THE EVENT THAT A PARTICIPANT HAD AN ABNORMAL SCREENING, AS WELL AS INSURANCE ENROLLMENT SERVICES SUTTER DIAGNOSTIC STAFF WAS ALSO GIVEN RESOURCES TO PROVIDE TO WOMEN WHO NEEDED DIAGNOSTIC FOLLOW UP AND/OR TREATMENT THE GOAL IS NOT ONLY TO SCREEN UNINSURED WOMEN, BUT ALSO USE THESE EVENTS AS A CONNECTION POINT FOR THE UNDERSERVED MEMBERS OF OUR COMMUNITY, TO LINK THEM WITH A PRIMARY CARE PROVIDER AND FOLLOW UP RESOURCES IF NEEDED, AS WELL AS INSURANCE ENROLLMENT INFORMATION SAH WILL HAVE TO EXAMINE THE CURRENT MODEL OF THIS PROGRAM IN 2014, AS UNDER THE AFFORDABLE CARE ACT, ALL WOMEN (WITH THE EXCEPTION OF UNDOCUMENTED IMMIGRANTS) WILL HAVE INSURANCE, THEREFORE, WE WILL REASSESS OUR PROCESS MOVING FORWARD, AS THESE EVENTS HAVE TYPICALLY TARGETED THE UNINSURED ONLY SUTTER AMADOR HOSPITAL IS WORKING WITH THE AMADOR-TUOLUMNE COMMUNITY ACTION AGENCY (ATCCA) TO PROVIDE INSURANCE OUTREACH AND EDUCATION TO THE UNDERSERVED POPULATION IN AMADOR COUNTY WITH THE SUPPORT OF SUTTER AMADOR HOSPITAL AND THE HELP OF A SMALL FEDERAL GRANT, THE ATCCA WILL BE DOING MAJOR OUTREACH TO CONNECT WITH THE UNDERSERVED POPULATION IN AMADOR COUNTY TO EDUCATE THEM ABOUT INSURANCE COVERAGE THROUGH COVERED</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART VI, LINE 5 (CONTINUED)	<p>OVER THE LONG-TERM, SAH PLANS TO EXPLORE THE POSSIBILITY OF EXPANDING PARTNERSHIPS WITH RURAL HEALTH CLINICS AND FQHCS WE WOULD LOOK AT CREATIVE WAYS TO STRENGTHEN THE RELATIONSHIP BETWEEN SAH AND FQHC'S LIKE WELLSPACE HEALTH, AS BUILDING BOTH THE CAPACITY AND SUSTAINABILITY OF FQHC'S CONTINUES TO BE OF CRITICAL IMPORTANCE NOT ONLY TO SUTTER, BUT IS VITAL TO THE OVERALL HEALTH AND WELLBEING OF THE COMMUNITY THE 2013 CHNA SHOWS THAT LACK OF ACCESS TO CARE IS ONE OF THE MOST DIRE HEALTH RELATED CHALLENGES FACING OUR REGION IT IS OUR GOAL TO TIGHTEN THE PARTNERSHIP WITH THESE IMPORTANT HEALTH CLINICS, TO PROVIDE A LINKAGE TO PRIMARY AND MENTAL HEALTH SERVICES TO THOSE WHO NEED IT THE MOST IN ADDITION TO ADDRESSING THE LACK OF ACCESS TO PRIMARY AND PREVENTATIVE SERVICES, EXPANDED PARTNERSHIPS WITH RURAL HEALTH CLINICS AND FQHCS WOULD ALSO TACKLE LACK OF ACCESS TO MENTAL HEALTH SERVICES LED BY A NATIONALLY RECOGNIZED DIABETES EDUCATOR AND SPECIALLY TRAINED STAFF OF NUTRITIONISTS, SUTTER AMADOR HOSPITAL'S (SAH) OUTPATIENT DIABETES EDUCATION AND CLINICAL NUTRITION CENTER HELPS PEOPLE WITH DIABETES AND THEIR FAMILIES UNDERSTAND AND MANAGE THIS LIFE-THREATENING DISEASE SERVICES INCLUDE TRAINING IN THE USE OF BLOOD SUGAR TESTING EQUIPMENT, DIET AND EXERCISE, FOOD SHOPPING AND SYMPTOM CONTROL THE PROGRAM ALSO OFFERS SWEET SUCCESS, A PROGRAM WITH SPECIAL EDUCATION AND COUNSELING FOR PREGNANT WOMEN THE OUTPATIENT DIABETES EDUCATION AND CLINICAL NUTRITION CENTER ALSO HOSTS A DIABETES FAIR THAT OFFERS FREE BLOOD-GLUCOSE AND HEMOGLOBIN A1C TESTING FOR MORE THAN 200 PARTICIPANTS EACH YEAR THE FAIR PROVIDES AN OPPORTUNITY FOR LOCAL RESIDENTS TO TALK TO VENDORS ABOUT PERSONAL BLOOD SUGAR TESTING EQUIPMENT, INSULIN PUMPS, DIETARY SUPPLEMENTS AND OTHER PRODUCTS IN ADDITION, THE DIABETIC YOUTH SUMMER CAMP PROGRAM IS FUNDED BY VENDORS OF THE DIABETES FAIR AND GIFTS FROM THE COMMUNITY THIS PROGRAM PAYS FOR YOUNG PEOPLE WITH DIABETES TO ATTEND SUMMER CAMPS DESIGNED FOR THEIR SPECIAL NEEDS AND PROVIDES AN OPPORTUNITY FOR THEM TO MEET OTHERS DEALING WITH THE CHALLENGES OF LIVING WITH DIABETES SUTTER AMADOR HOSPITAL PARTNERED WITH THE AMADOR ORAL HEALTH TASK FORCE TO HELP ADDRESS ONE OF THE PRIORITY AREAS OF FOCUS IN AMADOR PROVIDING UNDERINSURED CHILDREN WITH DENTAL CARE THIS PARTNERSHIP ALLOWED THE ORAL HEALTH TASK FORCE TO OFFER TWICE-YEARLY DENTAL SCREENINGS, DENTAL EDUCATION AND FLUORIDE VARNISH TO UNINSURED/UNDERINSURED CHILDREN IN AMADOR COUNTY LACK OF ADEQUATE DENTAL CARE WAS IDENTIFIED AS A MAJOR NEED IN AMADOR COUNTY, THEREFORE, SUPPORT OF THE AMADOR ORAL HEALTH TASK FORCE AND OTHER DENTAL RELATED EFFORTS, IS VITAL IN THE QUEST TO SPREAD ORAL HEALTH THROUGHOUT THE COMMUNITY IN ADDITION TO PAST EFFORTS THAT ADDRESS THE LACK OF ACCESS TO DENTAL CARE, SAH WILL CONTINUE TO LOOK FOR NEW OPPORTUNITIES TO ENGAGE VARIOUS ORGANIZATIONS THROUGHOUT THE SAH'S HOSPITAL SERVICE AREA TO PROVIDE PREVENTATIVE DENTAL CARE TO THE CHILDREN AND ADULTS IN THE COMMUNITY IN PARTNERSHIP WITH PUBLIC HEALTH AND OTHER COMMUNITY ORGANIZATIONS, SUTTER AMADOR HEALTH PLANS TO TAKE PART IN THE "LET'S GET HEALTHY AMADOR" CAMPAIGN THIS IMPORTANT PUBLIC/PRIVATE PARTNERSHIP WILL ACTIVELY WORK TO ENCOURAGE PEOPLE THROUGHOUT AMADOR COUNTY TO EXERCISE AND STRESS THE IMPORTANCE OF HEALTHY LIVING ADDITIONALLY, WALKING GROUPS AND OTHER GROUP FITNESS ACTIVITIES WILL BE CREATED AND PROMOTED TO THE GREATER AMADOR COMMUNITY AS A PART OF THIS EFFORT IN ADDITION SERVING ON THE "LET'S GET HEALTHY AMADOR" BOARD AND PROVIDING OTHER RESOURCES, SUTTER AMADOR HOSPITAL HAS A BEAUTIFUL WALKING TRAIL ON THE CAMPUS OF THE HOSPITAL, WHICH IS OPEN TO NOT ONLY PATIENTS, BUT THE ENTIRE COMMUNITY BETWEEN THE WALKING TRAIL AND EXPANDED EFFORT TO PROMOTE EXERCISE THROUGH THE HEALTHY LIVING CAMPAIGN, PROVIDING ENCOURAGEMENT AND OPPORTUNITY FOR PHYSICAL ACTIVITY IS GOING TO BE A MAJOR FOCUS IN 2014 SUTTER DAVIS HOSPITAL AS WE PREPARE FOR THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT, WE UNDERSTAND THAT NOTHING IS MORE IMPORTANT THAN EXPANDING ACCESS TO CARE AND BUILDING CAPACITY FOR THE UNDERSERVED CURRENTLY, LIMITED ACCESS TO CARE REMAINS THE TOP PRIORITY IN THE GREATER SACRAMENTO REGION, AND WHILE SUTTER DAVIS HOSPITAL FUNDS AND SUPPORTS MANY INITIATIVES AND ORGANIZATIONS THAT DO AMAZING WORK IN OUR COMMUNITY, THE INVESTMENTS WE PROVIDE TO COMMUNICARE TO EXPAND CAPACITY AND ACCESS TO CARE REMAIN PARAMOUNT SDH HAS BEEN A LONGTIME PARTNER WITH COMMUNICARE AND WILL CONTINUE TO MAKE STRATEGIC INVESTMENTS AND PROVIDE SUPPORT TO THIS CRITICALLY IMPORTANT NETWORK, AS COMMUNICARE MEETS THE NEEDS OF MORE AND MORE PEOPLE THROUGHOUT YOLO COUNTY AND THE SDH HOSPITAL SERVICE AREA (HSA) COMMUNICARE PROVIDES CARE TO SOME OF THE MOST VULNERABLE POPULATIONS IN OUR REGION BY CONTINUING TO MAKE STRATEGIC INVESTMENTS IN THIS IMPORTANT HEALTH CENTER, WE ARE ENSURING THE UNDERSERVED HAVE ACCESS TO CARE AND A MEDICAL HOME THIS FEDERALLY QUALIFIED HEALTH CENTER (FQHC) HAS BEEN PROVIDING HEALTH CARE TO THOSE IN NEED SINCE 1972 COMMUNICARE OFFERS COMPREHENSIVE PRIMARY MEDICAL AND DENTAL SERVICES, SUBSTANCE ABUSE TREATMENT, BEHAVIORAL HEALTH SERVICES, HEALTH EDUCATION AND SUPPORT SERVICES IN YOLO COUNTY AND THE SURROUNDING COMMUNITIES THROUGH FIVE COMMUNITY CLINIC SITES AND OUTREACH PROGRAMS COMMUNICARE PROVIDES MORE THAN 20,000 BEHAVIORAL HEALTH VISITS EACH YEAR THE BEHAVIORAL HEALTH DEPARTMENT IS COMPRISED OF FOUR SERVICE CATEGORIES, ADULT SERVICES, ADOLESCENT SERVICES, FAMILY SERVICES AND INTEGRATED BEHAVIORAL HEALTH SERVICES ADDITIONALLY, COMMUNICARE HEALTH CENTERS ARE DEDICATED TO PROVIDING A PATIENT CENTERED HEALTH HOME FOR ANY INDIVIDUAL WE SERVE REGARDLESS OF THEIR POINT OF ENTRY INTO OUR SYSTEM THE BEHAVIORAL HEALTH TEAM WORKS CLOSELY WITH OUR MEDICAL, DENTAL AND PERINATAL PROVIDERS TO ENSURE THAT WE ARE TREATING THE ENTIRE INDIVIDUAL PHYSICAL EXAMINATIONS ARE PROVIDED TO ALL CLIENTS ENTERING OUR BEHAVIORAL HEALTH PROGRAMS IN ADDITION, MEDICALLY SUPERVISED DETOXIFICATION SERVICES ARE OFFERED FOR OPIATE AND STIMULANT WITHDRAWAL ONE OF THE BEST AND MOST COST-EFFECTIVE WAYS TO PREVENT DISEASE AND PROMOTE HEALTHY COMMUNITIES IS TO TEACH PEOPLE HOW TO TAKE GOOD CARE OF THEMSELVES AND THEIR FAMILIES COMMUNICARE HEALTH CENTERS PROVIDES COMPREHENSIVE HEALTH EDUCATION AND OUTREACH SERVICES THROUGHOUT THE COUNTY COMMUNICARE HEALTH CENTERS REMAINS COMMITTED TO ITS FOUNDING PURPOSE, WHICH IS TO ENSURE THAT HIGH QUALITY HEALTH CARE IS AVAILABLE TO EVERYONE WHO NEEDS IT, AND TO PROVIDE A FULL RANGE OF SERVICES FROM ANNUAL EXAMS TO PEDIATRIC IMMUNIZATIONS TO TREATMENT FOR CHRONIC DISEASES OVER THE YEARS, COMMUNICARE HAS BEEN ABLE TO EXPAND SERVICES TO INCLUDE DENTAL, EYE CARE AND PERINATAL PROGRAMS THAT MEET THE NEEDS OF OUR COMMUNITY BY INVESTING IN COMMUNICARE AND SUPPORTING THIS TREMENDOUS ORGANIZATION'S GROWTH AND INNOVATIVE EFFORTS, WE ARE ABLE TO ADDRESS MULTIPLE PRIORITY NEEDS IN EFFECTIVE AND IMPACTFUL WAYS IN ADDITION TO ADDRESSING THE LACK OF ACCESS TO PRIMARY AND PREVENTATIVE SERVICES, SDH'S PARTNERSHIP WITH COMMUNICARE HELPS EXPAND ACCESS TO AFFORDABLE MEDICAL CARE AND MEDICATIONS FOR ALL, ACCESS TO DENTAL CARE, ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, ACCESS TO SPECIALTY CARE AND EDUCATION ON HEALTH AND CHRONIC DISEASE MANAGEMENT WORKING WITH SUTTER DIAGNOSTIC IMAGING CENTERS THROUGHOUT THE SUTTER HEALTH SACRAMENTO SIERRA REGION, SUTTER DAVIS HOSPITAL OFFERS THE OPPORTUNITY FOR UNINSURED WOMEN TO RECEIVE FREE DIGITAL MAMMOGRAMS IN 2012, AS A RESULT OF ALL OF THE COLLABORATIVE EVENTS THROUGHOUT THE REGION, WE WERE ABLE TO PROVIDE A TOTAL OF 670 FREE AND LOW-COST MAMMOGRAMS AT MANY OF OUR MAMMOGRAPHY EVENTS, WE HAVE WAITING LISTS AND LONG LINES, DEMONSTRATING THAT ACCESS TO PRIMARY AND PREVENTATIVE CARE CONTINUES TO BE A MAJOR ISSUE IN OUR REGION OUR GOAL IS NOT ONLY TO SCREEN UNINSURED WOMEN, BUT WE ALSO USE THESE EVENTS AS A CONNECTION POINT FOR THE UNDERSERVED MEMBERS OF OUR COMMUNITY, TO LINK THEM WITH A PRIMARY CARE PROVIDER, FOLLOW UP RESOURCES IF NEEDED, INSURANCE ENROLLMENT INFORMATION AND OTHER KEY SERVICES NEW IN 2013, WE ARE INTEGRATING OUR ED NAVIGATORS INTO SOME OF THE SCREENING EVENTS, AS A PILOT PROJECT, TO PROVIDE ONSITE PRIMARY CARE REFERRALS AND OTHER COMMUNITY RESOURCES TO THE WOMEN ALSO, WE INTEGRATED INSURANCE ENROLLMENT SPECIALISTS FROM COVERED CALIFORNIA TO PROVIDE INSURANCE EDUCATION, OUTREACH AND ENROLLMENT TO THE WOMEN WHO NEED IT MOST</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEM SUTTER SACRAMENTO SIERRA REGION IS AFFILIATED WITH SUTTER HEALTH, A NOT-FOR-PROFIT NETWORK OF ALMOST 50,000 PHYSICIANS, EMPLOYEES, AND VOLUNTEERS WHO CARE FOR MORE THAN 100 NORTHERN CALIFORNIA TOWNS AND CITIES TOGETHER, WE'RE CREATING A MORE INTEGRATED, SEAMLESS AND AFFORDABLE APPROACH TO CARING FOR PATIENTS IT'S BETTER FOR PATIENTS WE BELIEVE THIS COMMUNITY-OWNED, NOT-FOR-PROFIT APPROACH TO HEALTH CARE BEST SERVES OUR PATIENTS AND OUR COMMUNITIES - FOR MULTIPLE REASONS FIRST OF ALL, IT'S GOOD FOR PATIENTS ACCORDING TO THE JOURNAL OF GENERAL INTERNAL MEDICINE (APRIL 2000), PATIENTS TREATED AT FOR-PROFIT OR GOVERNMENT-OWNED HOSPITALS WERE TWO-TO-FOUR TIMES MORE LIKELY TO SUFFER PREVENTABLE ADVERSE EVENTS THAN PATIENTS TREATED AT NOT-FOR-PROFIT INSTITUTIONS OUR STOCKHOLDERS ARE OUR COMMUNITIES INVESTOR-OWNED, FOR-PROFIT HEALTH SYSTEMS HAVE A FINANCIAL INCENTIVE TO AVOID CARING FOR UNINSURED AND UNDERINSURED PATIENTS THEY ALSO HAVE A FINANCIAL INCENTIVE TO AVOID HARD-TO-SERVE POPULATIONS AND "UNDESIRABLE" GEOGRAPHIC AREAS SUCH AS RURAL AREAS FOR MANY NORTHERN CALIFORNIA'S UNDERSERVED RURAL LOCALES, SUTTER HEALTH IS THE ONLY PROVIDER OF HOSPITAL AND EMERGENCY MEDICAL SERVICES IN THE COMMUNITY PROVIDING CHARITY CARE AND SPECIAL PROGRAMS TO COMMUNITIES OUR COMMUNITIES' SUPPORT HELPS US EXPAND SERVICES, INTRODUCE NEW PROGRAMS AND IMPROVE MEDICAL TECHNOLOGY ACROSS OUR NETWORK, EVERY SUTTER HOSPITAL, PHYSICIAN ORGANIZATION AND CLINIC HAS A SPECIAL STORY TO TELL ABOUT FULFILLING VITAL COMMUNITY NEEDS OUR COMMITMENT TO COMMUNITY BENEFIT MEETING THE HEALTH CARE NEEDS OF OUR COMMUNITIES IS THE CORNERSTONE OF SUTTER HEALTH'S NOT-FOR-PROFIT MISSION THIS INCLUDES DIRECTLY SERVING THOSE WHO CANNOT AFFORD TO PAY FOR HEALTH CARE AND SUPPORTING PROGRAMS AND SERVICES THAT HELP THOSE IN FINANCIAL NEED SUTTER HEALTH NOW PROVIDES AN AVERAGE OF MORE THAN \$3 MILLION IN CHARITY CARE PER WEEK IN 2013, OUR NETWORK OF PHYSICIAN ORGANIZATIONS, HOSPITALS AND OTHER HEALTH CARE PROVIDERS INVESTED \$901 MILLION IN HEALTH CARE PROGRAMS, SERVICES AND BENEFITS FOR THE POOR AND UNDERSERVED THIS INCLUDES * THE COST OF PROVIDING CHARITY CARE, * THE UNPAID COSTS OF PARTICIPATING IN MEDICAL, AND * INVESTMENTS IN MEDICAL RESEARCH, HEALTH EDUCATION AND COMMUNITY-BASED PUBLIC BENEFIT PROGRAMS SUCH AS SCHOOL-BASED CLINICS AND PRENATAL CARE FOR PATIENTS SUTTER HEALTH'S COMMITMENT TO DELIVERING CHARITY CARE TO PATIENTS CONTINUED TO GROW, REACHING ANOTHER ALL-TIME HIGH OF \$166 MILLION IN 2013</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART VI, LINE 7	CALIFORNIA

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)
1 INFUSION THERAPY CENTER 11710 EDUCATION STREET AUBURN,CA 95602	OUTPATIENT SERVICES
2 INFUSIONOSTOMY DEPARTMENT 11710 EDUCATION STREET AUUBURN,CA 95602	OUTPATIENT SERVICES
3 WOUND CAREOSTOMY DEPARTMENT 11710 EDUCATION STREET AUBURN,CA 95602	OUTPATIENT SERVICES
4 CARDIOPULMONARY REHAB SERVICES 11795 EDUCATION STREET 205 AUBURN,CA 95603	OUTPATIENT SERVICES
5 INFUSION SERVICES 2020 SUTTER PLACE DAVIS,CA 95616	OUTPATIENT SERVICES
6 CARDIAC REHABILITATION 2030 SUTTER PLACE DAVIS,CA 95616	OUTPATIENT SERVICES
7 NUCLEAR MEDICINE 100 MISSION BLVD JACKSON,CA 95642	OUTPATIENT SERVICES
8 PEDIATRIC AND CARDIAC CENTER 100 MISSION BLVD JACKSON,CA 95642	OUTPATIENT SERVICES
9 DIABETES EDUCATION CLINIC 200 MISSION BLVD JACKSON,CA 95642	OUTPATIENT SERVICES
10 JACKSON FAMILY PRACTICE 255 NEW YORK RANCH ROAD STE C JACKSON,CA 95642	OUTPATIENT SERVICES
11 SUTTER SLEEP DISORDERS CENTER 1411 SECRET RAVINE PARKWAY STE 150 ROSEVILLE,CA 95661	OUTPATIENT SERVICES
12 OUTPATIENT SURGERY DEPARTMENT FOUR MEDICAL PLAZA ROSEVILLE,CA 95661	OUTPATIENT SERVICES
13 ANTEPARTUM TESTING UNIT ONE MEDICAL PLAZA ROSEVILLE,CA 95661	OUTPATIENT SERVICES
14 WOUND CARE CENTER ONE MEDICAL PLAZA ROSEVILLE,CA 95661	OUTPATIENT SERVICES
15 RADIOLOGY SERVICE THREE MEDICAL PLAZA ROSEVILLE,CA 95661	OUTPATIENT SERVICES
16 CHILDREN'S OUTPATIENT SERVICE CENTER 1625 STOCKTON BLVD SACRAMENTO,CA 95819	OUTPATIENT SERVICES
17 AMBULATORY SURGERY CENTER 2725 CAPITOL AVENUE SACRAMENTO,CA 95816	OUTPATIENT SERVICES
18 INFUSION CENTER 1020 29TH STREET STE 690 SACRAMENTO,CA 95816	OUTPATIENT SERVICES
19 SUTTER OAKS NURSING CENTER-MIDTOWN 2600 L STREET SACRAMENTO,CA 95816	OUTPATIENT SERVICES
20 OUTPATIENT SERVICE CENTER 2800 L STREET SACRAMENTO,CA 95816	OUTPATIENT SERVICES
21 NEURO SCIENCE CLINIC 2801 K STREET SACRAMENTO,CA 95816	OUTPATIENT SERVICES
22 AUDIOLOGY AND ADULT DIABETES CLINICS 5151 F STREET BUILDING E SACRAMENTO,CA 95819	OUTPATIENT SERVICES
23 SUTTER SLEEP DISORDERS CENTER 650 HOWE AVENUE SACRAMENTO,CA 95825	OUTPATIENT SERVICES
24 SUTTER CENTER FOR PSYCHIATRY 855 HOWE AVENUE SACRAMENTO,CA 95826	OUTPATIENT SERVICES
25 SUTTER SOLANO CANCER CENTER 100 HOSPITAL DRIVE VALLEJO,CA 94589	OUTPATIENT SERVICES
26 AMADOR SURGERY CENTER 223 CLINTON RD JACKSON,CA 95642	OUTPATIENT SERVICES
27 ROSEVILLE ENDOSCOPY CENTER 4 MEDICAL PLAZA ROSEVILLE,CA 95661	OUTPATIENT SERVICES

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

2013

Open to Public
Inspection

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

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

48

3

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

5

Part III

Grants and Other Assistance to Individuals in the United States. 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.

Return Reference	Explanation
PART I, LINE 2	GRANTS AND ASSISTANCE REQUESTS ARE REVIEWED BY FACILITY ADMINISTRATIVE MANAGEMENT FOR PROPRIETY ON A CASE BY CASE BASIS. ADDITIONAL REQUESTS ARE CONSIDERED AFTER REVIEW OF PREVIOUS FUNDING LEVELS IN ACCORDANCE WITH THE FACILITIES GRANT AND ASSISTANCE POLICIES. RECORDS ARE MAINTAINED THAT DOCUMENT MANAGEMENT'S REVIEW AND APPROVAL FOR ALL GRANTS, CONTRIBUTIONS AND/OR ASSISTANCE PROVIDED THROUGHOUT THE YEAR.

Additional Data

Software ID:
Software Version:
EIN: 94-1156621
Name: SUTTER HEALTH SACRAMENTO SIERRA REGION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WELLSPACE HEALTH 1820 J ST SACRAMENTO, CA 95814	94-1713704	501(C)(3)	2,369,726				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LOS RIOS COMMUNITY COLLEGE 3835 FREEPORT BLVD SACRAMENTO, CA 95822	94-1576340	501(C)(3)	455,367				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COMMUNICARE HEALTH CENTERS PO BOX 1260 DAVIS, CA 956171260	94-2188574	501(C)(3)	333,421				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LA CLINICA DE LA RAZA 1515 FRUITVALE AVE OAKLAND, CA 94601	94-1744108	501(C)(3)	240,457				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SENIORS FIRST 11566 D AVE AUBURN, CA 95603	68-0430154	501(C)(3)	216,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN HEART ASSOCIATION PO BOX 160126 SACRAMENTO,CA 95816	94-1219116	501(C)(3)	150,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DOWNTOWN SACTO PARTNERSHIP 980 NINTH ST STE 400 SACRAMENTO,CA 95814	68-0270320	501(c)(3)	80,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FIRST RESPONDER SACRAMENTO PO BOX 24 CHICO,CA 95927	68-0414838	501(C)(3)	75,999				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
METROPOLITAN CHAMBER OF SACRAMENTO ONE CAPITOL MALL STE 300 SACRAMENTO, CA 95814	94-0824600	501(C)(6)	62,400				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GIFTS TO SHARE INC 1231 I ST 400 SACRAMENTO,CA 95814	94-2985546	501(C)(3)	54,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SOLANO COALITION FOR BETTER HEALTH 1 HARBOR DR STE 270 SUISUN CITY, CA 94585	94-3189914	501(C)(3)	41,334				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SACRAMENTO DISTRICT DENTAL SOCIETY 915 28TH ST SACRAMENTO, CA 95816	94-1543470	501(C)(3)	40,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ARDEN FAIR ASSOCIATES 1689 ARDEN WY STE 1167 SACRAMENTO,CA 95815	36-3584120	501(C)(3)	31,620				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LATINO LEADERSHIP COUNCIL INC 2945 BELL RD STE 274 AUBURN,CA 95603	27-0970476	501(C)(3)	30,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LIGHTHOUSE COUNSELING & FAMILY RESOURCE CTR 427 A ST STE 400 LINCOLN, CA 95648	35-2252834	501(C)(3)	30,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GATHERING INN PO BOX 297 ROSEVILLE,CA 95678	84-1657746	501(c)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SACRAMENTO AREA EMERGENCY HOUSING CTR 2988 35TH ST SACRAMENTO,CA 95817	94-2172933	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SACRAMENTO SELF HELP HOUSING PO BOX 188445 SACRAMENTO,CA 95818	68-0217383	501(C)(3)	50,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SALVATION ARMY PO BOX 340699 SACRAMENTO,CA 95834	94-1170408	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
STANFORD SETTLEMENT INC 450 WEL CAMINO AVE SACRAMENTO, CA 95833	94-1550842	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WOMENS EMPOWERMENT 1400 NO C ST SACRAMENTO,CA 95814	03-0520643	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN CANCER SOCIETY INC 1301 NORTHCREST DR CRESCENT CITY, CA 95531	13-1788491	501(C)(3)	21,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SACRAMENTO REGION TRANSIT DISTRICT PO BOX 688 SACRAMENTO,CA 95812	94-1338218	501(C)(3)	20,775				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DAVIS FARMERS MARKET ASSOCIATION PO BOX 1813 DAVIS,CA 95617	68-0001588	501(C)(3)	40,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FRANCIS HOUSE OF SACRAMENTO 1422 C ST SACRAMENTO,CA 95814	94-2437147	501(C)(3)	20,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
KIDS FIRST 124 MAIN ST ROSEVILLE,CA 95678	68-0195225	501(C)(3)	20,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ROSEVILLE CHAMBER OF COMMERCE 650 DOUGLAS BLVD ROSEVILLE,CA 95678	94-1079379	501(C)(6)	20,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SACRAMENTO COTTAGE HOUSING INC 1217 DEL PASO BLVD STE F1 SACRAMENTO,CA 95815	68-0322086	501(C)(3)	20,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SIERRA COLLEGE FOUNDATION 5000 ROCKLIN RD ROCKLIN,CA 95677	23-7241877	501(C)(3)	20,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN DIABETES ASSOCIATION PO BOX 930850 ATLANTA,GA 31193	13-1623888	501(C)(3)	15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LEUKEMIA AND LYMPHOMA SOCIETY OF THE SOUTH BAY 675 NO FIRST ST STE 1100 SAN JOSE,CA 95112	13-5644916	501(C)(3)	15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LEED SACRAMENTO DBA CAREER YOUTH CONFERENCE ONE CAPITOL MALL STE 300 SACRAMENTO,CA 95814	68-0287387	501(C)(3)	14,540				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SAINT JOHNS SHELTER FOR WOMEN & CHILDREN 2443 FAIR OAKS BLVD STE 369 SACRAMENTO,CA 95825	68-0132934	501(C)(3)	13,935				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FAIRYTALE TOWN INC 3901 LAND PARK DR SACRAMENTO,CA 95822	94-1669088	501(C)(3)	12,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GENERAL CONFERENCE OF SEVENTH DAY ADVENT 12225 ROCK CREEK RD AUBURN, CA 95603	68-0260677	501(C)(3)	12,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SACRAMENTO ASIANPACIFIC CHAMBER OF COMMERCE 2012 H ST STE 202 SACRAMENTO,CA 95814	68-0306606	501(C)(6)	11,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PROTRANSPORT 1 LLC PO BOX 7260 COTATI, CA 94931	68-0461114	501(C)(3)	10,746				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BOYS AND GIRLS CLUBS OF GREATER SACRAMENTO 5212 LEMON HILL AVE SACRAMENTO, CA 95824	68-0338324	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CCHAT CENTER SACTO 11100 COLOMA RD RANCHO CORDOVA, CA 95670	94-1706320	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
KVIE INC DBA KVIE CHANNEL 6 2030 WEL CAMINO AVE SACRAMENTO,CA 95833	94-1421463	501(c)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MIDTOWN BUSINESS ASSOCIATION 1722 J ST STE 19 SACRAMENTO, CA 95811	68-0413426	501(c)(6)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SOCIETY FOR THE BLIND INC LOW VISION CLINIC 1238 S ST SACRAMENTO, CA 95811	94-1384666	501(C)(3)	10,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
JONQUIL HOLDINGS LLC DBA DAVIS HEALTHCARE CTR 715 POLE LINE RD DAVIS,CA 95616	27-5419895	501(C)(3)	9,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ROSEVILLE JOINT UNION HIGH SCHOOL 1750 CIRBY WY ROSEVILLE,CA 95661	94-6002478	GOVT	8,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SAC ASIAN PACIFIC CHAMBER OF COMMERCE FOUNDATION 2012 H ST STE 202 SACRAMENTO,CA 95814	68-0423644	501(C)(3)	8,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ELK GROVE CHAMBER OF COMMERCE 9401 E STOCKTON BLVD STE 125 ELK GROVE,CA 95624	94-1483392	501(C)(6)	7,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NEHEMIAH COMMUNITY FOUNDATION 640 BERCUT DR STE A SACRAMENTO,CA 95811	68-0449972	501(C)(3)	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SIERRA FOREVER FAMILIES 138 NEW MOHAWK RD STE 200 NEVADA CITY, CA 95959	68-0002878	501(C)(3)	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
YOLO COUNTY OF CHILDREN'S ALLIANCE 600 A ST STE Y DAVIS, CA 95616	68-0526185	501(C)(3)	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
KINETIC CONCEPTS USA INC PO BOX 301557 DALLAS, TX 753031557	74-2152396	501(C)(3)	6,524				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LINCOLN CHAMBER OF COMMERCE 511 FIFTH ST LINCOLN, CA 95648	94-1506195	501(C)(6)	6,100				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MARCH OF DIMES PO BOX 1657 WILKESBARRE, PA 187031657	13-1846366	501(C)(3)	5,950				GENERAL SUPPORT

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" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in 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</div></div>	1bYes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2Yes	
<div><div>3</div><div>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</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4bYes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7Yes	
<div><div>8</div><div>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</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

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.

Return Reference	Explanation
PART I, LINE 1A	TAX INDEMNIFICATION STANDARD POLICY FOR ALL SUTTER HEALTH EMPLOYEES IS THAT NON-CASH GIFTS AND AWARDS ARE GROSSED-UP FOR TAX PURPOSES. THE AMOUNT OF THE GROSS-UP IS ADDED TO THE EMPLOYEE'S WAGES AND TAXED ACCORDINGLY.
PART I, LINE 3	THE CEO OF THE ORGANIZATION IS AN EMPLOYEE OF SUTTER HEALTH, A RELATED TAX-EXEMPT ORGANIZATION. THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ENSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION. SEE SCHEDULE O NARRATIVE PART VI, LINE 15 FOR A FULL DESCRIPTION OF THE COMPENSATION APPROVAL PROCESS COMPLETED BY SUTTER HEALTH.
PART I, LINE 4B	THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE SUTTER HEALTH EXECUTIVES WITH A COMPETITIVE RETIREMENT BENEFIT CONSISTENT WITH SUTTER HEALTH'S OVERALL COMPENSATION PHILOSOPHY FOR ALL EMPLOYEES. CONTRIBUTIONS ARE DESIGNED TAKING INTO CONSIDERATION LOST RETIREMENT BENEFITS THAT WOULD OTHERWISE BE OBTAINED THROUGH THE QUALIFIED PENSION PLAN. SUTTER'S PLANS ARE DESIGNED CONSISTENT WITH COMPETITIVE INDUSTRY PRACTICES. THE RETIREMENT PLAN FOR SUTTER HEALTH EMPLOYEES IS A COMBINATION OF SOCIAL SECURITY, 403B EMPLOYER MATCH CONTRIBUTIONS AND QUALIFIED PLAN BENEFITS. SUTTER HEALTH EXECUTIVES ARE GENERALLY INELIGIBLE FOR EMPLOYER MATCH CONTRIBUTIONS. ADDITIONALLY, QUALIFIED PLAN BENEFITS CAPS HAVE THE EFFECT OF SUBSTANTIALLY REDUCING RETIREMENT BENEFITS THAT ARE OTHERWISE PROVIDED TO ALL EMPLOYEES. THE EFFECT IS THAT EXECUTIVES OFTEN DO NOT RECEIVE THE SAME LEVEL OF RETIREMENT BENEFIT ON AN INCOME REPLACEMENT BASIS AS OTHER EMPLOYEES. TO ENSURE A COMPETITIVE RETIREMENT BENEFIT AND TO ADDRESS THE SHORTFALLS DESCRIBED ABOVE, SUTTER HEALTH MAKES AN ANNUAL CONTRIBUTION TO A NON-QUALIFIED 457(F) PLAN FOR ITS EXECUTIVES. THE FORMULA HAS TWO PARTS: (1) 4% TO 7% OF BASE SALARY (COMMENSURATE WITH MANAGEMENT LEVEL), PLUS (2) A CONTRIBUTION STARTING AT 5% (BASED UPON TENURE) FOR EARNINGS BEYOND THE PENSION PAY CAP. THE LATTER OF WHICH IS DESIGNED TO HELP RESTORE LOST PENSION BENEFITS FORFEITED UNDER THE QUALIFIED PLAN FOR EARNINGS OVER THE PENSION PAY CAP LIMIT. CONTRIBUTIONS ARE ALSO MADE FOR A SMALL GROUP OF SENIOR LEVEL EXECUTIVES WHOSE ESTIMATED RETIREMENT BENEFIT (SOCIAL SECURITY PLUS QUALIFIED PLAN BENEFITS PLUS 457F) FALLS BELOW 50% - 65% OF FINAL 4-YEAR AVERAGE BASE SALARY WHEN RETIRING AT AGE 65. TARGET BENEFIT LEVELS VARY BY YEARS OF SERVICE. UNLIKE SUTTER HEALTH'S QUALIFIED PLAN WHERE EMPLOYEE BENEFITS ARE GUARANTEED (I.E., A DEFINED BENEFIT), SUTTER'S NON-QUALIFIED PLAN BENEFITS ARE NOT GUARANTEED BY SUTTER HEALTH. INVESTMENT RISK IS BORNE BY PARTICIPANTS AND BENEFITS ARE NOT PROTECTED SHOULD SUTTER HEALTH BECOME INSOLVENT.
PART I, LINE 7	SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES. THERE ARE NO SPECIFIC GUIDELINES FOR THE AMOUNT OF THE SPOT AWARD, BUT THE AMOUNT TENDS TO NOT EXCEED 5% OF GROSS PAY. ANNUAL INCENTIVE PLAN (AIP) THE PURPOSE OF THE PLAN IS TO FOCUS EXECUTIVES ON SPECIFIC, SHORTER-TERM GOALS THAT ARE CRITICAL TO THE ACHIEVEMENT OF AFFILIATE, REGION, AND SYSTEM-WIDE OBJECTIVES THAT DRIVE OVERALL ORGANIZATION PERFORMANCE. A PORTION OF THE PLAN AWARD IS DISCRETIONARY IN THAT THE SUPERVISOR MAY ADD +/- 5% TO THE AWARD PROVIDED THE TOTAL AWARD (FORMULA PORTION PLUS DISCRETIONARY) DOES NOT EXCEED THE MAXIMUM ESTABLISHED FOR ANY GIVEN EXECUTIVE. LONG TERM PERFORMANCE PLANS SUTTER HEALTH ALSO EMPLOYS LONG TERM PERFORMANCE PLANS WHICH ARE DESIGNED TO FOCUS ON LONGER TERM STRATEGIC OBJECTIVES OF THE ORGANIZATION. SUTTER'S LONG TERM PERFORMANCE PLAN APPROACH IS A COMBINATION OF BOTH LONGER TERM MEASURES OF ORGANIZATION SUCCESS AND KEY ORGANIZATION STRATEGIES WHICH REQUIRE THE COMBINED EFFORT OF ALL LEADERSHIP TO ACHIEVE SUCCESS. SUTTER USES A COMMON FATE APPROACH IN THAT ALL PLAN PARTICIPANTS ARE MEASURED AGAINST THE SAME, ORGANIZATION-WIDE CRITERIA VS. INDIVIDUAL EFFORTS. THIS FOSTERS A COMMON PURPOSE ACROSS LEADERSHIP AND A SHARED SENSE OF ACCOUNTABILITY FOR THE OVERALL SUCCESS OF SUTTER HEALTH. TO ENSURE THAT EXTRAORDINARY EFFORTS BY INDIVIDUALS CAN BE RECOGNIZED AND THAT ACTIONS OF LEADERSHIP ARE CONSISTENT WITH SUPPORTING SUTTER HEALTH'S OVERALL MISSION, VISION, AND VALUES, SUTTER'S LONG TERM INCENTIVE PLAN APPROACH ALSO INCORPORATES A COMBINATION OF CEO AND SUTTER HEALTH COMPENSATION COMMITTEE DISCRETION. IN SOME CASES, THE SUTTER HEALTH COMPENSATION COMMITTEE HAS DELEGATED AUTHORITY TO THE PRESIDENT & CEO TO MODIFY INDIVIDUAL AWARDS WITHIN LIMITS THAT HAVE BEEN PRE-APPROVED BY THE SUTTER HEALTH COMPENSATION COMMITTEE. THIS INCLUDES BOTH THE REDUCTION AND INCREASE OF AWARD AMOUNTS. SUCH MODIFICATIONS GENERALLY DO NOT EXCEED +/- 20% AND ARE EMPLOYED JUDICIOUSLY. IN ALL CASES, THE COMPENSATION COMMITTEE OF THE BOARD DETERMINES ACHIEVEMENT OF ORGANIZATION GOALS AND MAKES FINAL AWARD DETERMINATION WHICH MAY RESULT IN A REDUCTION OF AWARD IF APPROPRIATE. ALL SENIOR EXECUTIVE AWARDS ARE REVIEWED FOR COMPENSATION REASONABLENESS AND APPROVED PRIOR TO PAYMENT BY THE COMPENSATION COMMITTEE.

Additional Data

Software ID:
Software Version:
EIN: 94-1156621
Name: SUTTER HEALTH SACRAMENTO SIERRA REGION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Pat Brady CEO, Sutter Roseville Med Ctr	(i)	0	0	0	0	0	0	0
	(ii)	486,045	303,879	78,449	123,680	20,518	1,012,571	370,986
James Conforti Regional President, SHSSR	(i)	0	0	0	0	0	0	0
	(ii)	586,008	472,842	64,044	187,180	22,224	1,332,298	470,876
Patrick Fry President & CEO, Sutter Health	(i)	0	0	0	0	0	0	0
	(ii)	1,568,936	1,958,195	462,231	1,986,744	34,082	6,010,188	2,310,942
Terry Glubka CEO, Sutter Solano Medical Ctr	(i)	0	0	0	0	0	0	0
	(ii)	349,097	235,124	41,222	77,183	10,375	713,001	262,016
Mitch Hanna CAO, SAFH	(i)	0	0	0	0	0	0	0
	(ii)	298,558	219,022	38,442	69,579	19,798	645,399	246,117
Cecilia Hernandez Dir Med Affairs, Med Ctr Sac	(i)	0	0	0	0	0	0	0
	(ii)	234,912	139,585	119,881	28,182	10,003	532,563	165,766
Sarah Krevans COO, Sutter Health	(i)	0	0	0	0	0	0	0
	(ii)	909,010	875,587	479,602	348,316	24,557	2,637,072	1,312,940
Daryn Kumar CEO, Memorial Med Ctr	(i)	0	0	0	0	0	0	0
	(ii)	415,427	137,391	30,066	56,094	19,710	658,688	151,251
John Mesic MD CMO, Sac Sierra Region	(i)	0	0	0	0	0	0	0
	(ii)	494,110	214,925	79,670	82,996	10,379	882,080	256,411
Carrie Owen-Plietz CEO, Sutter Med Ctr Sacramento	(i)	0	0	0	0	0	0	0
	(ii)	473,954	257,888	34,481	104,880	20,418	891,621	257,888
Anne Platt CEO, SUTTER AMADOR HOSPITAL	(i)	0	0	0	0	0	0	0
	(ii)	268,159	162,727	38,703	56,586	20,993	547,168	178,985
Thomas Ream II Reg CIO, Sac Sierra Region	(i)	0	0	0	0	0	0	0
	(ii)	228,050	84,965	28,037	45,526	12,278	398,856	96,102
Randall Ross Admin Ancillary Svcs SHSSR	(i)	0	0	0	0	0	0	0
	(ii)	267,716	90,085	40,016	25,867	18,800	442,484	129,170
Jeffrey Sprague CFO, Sac Sierra Region	(i)	0	0	0	0	0	0	0
	(ii)	490,313	178,670	81,291	102,180	21,506	873,960	224,450
Jeffrey Szczesny Reg VP HR, Sac Sierra Region	(i)	0	0	0	0	0	0	0
	(ii)	341,626	143,533	40,158	55,986	18,832	600,135	143,533
Paige Terra Controller, Sac Sierra Region	(i)	0	0	0	0	0	0	0
	(ii)	325,967	131,030	34,740	43,659	18,860	554,256	141,630
Janet Wagner CAO, Sutter Davis Hospital	(i)	0	0	0	0	0	0	0
	(ii)	308,374	199,092	47,868	64,086	15,941	635,361	226,393
Penny Westfall VP & Reg Counsel, SSR	(i)	0	0	0	0	0	0	0
	(ii)	280,365	141,088	23,488	59,062	7,263	511,266	163,188

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CSCDA 2003AB	68-0164610	130911NE6	05-01-2007	101,118,867	CONSTRUCTION & REFUNDING - 1/30/03		X		X		X
B	CSCDA 2004CD	68-0164610	130795TE7	05-06-2008	87,750,717	CONSTRUCTION & REFUNDING - 2/17/04		X		X		X
C	CSCDA 2005A	68-0164610	130911U24	10-19-2005	276,217,522	CONSTRUCTION & REFUNDING - 1995 CO		X		X		X
D	CSCDA 2005BC	68-0164610	130795EG8	05-01-2007	49,994,066	CONSTRUCTION & REFUNDING - 10/19/0		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	15,340,000	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	105,350,172	88,741,371	286,119,410	52,440,606
4	Gross proceeds in reserve funds	8,916,461	8,482,181	20,579,128	3,436,269
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	189,282,478	0
11	Other spent proceeds	96,433,711	80,259,190	76,257,804	49,004,337
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2008		2008	
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X
16	Has the final allocation of proceeds been made?	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 230 %		0 960 %		0 220 %		0 220 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 010 %							
6	Total of lines 4 and 5	0 240 %		0 960 %		0 220 %		0 220 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?	X			X		X	X	
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?								
c	No rebate due?	X				X			
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Global Disclosure	PART I, COLUMN (E) THE ORGANIZATION'S SOLE CORPORATE MEMBER IS A CONDUIT BORROWER OF TAX-EXEMPT BOND ISSUES THAT ALLOCATES PORTIONS OF EACH ISSUE TO CERTAIN SUBSIDIARY ORGANIZATIONS, INCLUDING THE ORGANIZATION THE OUTSTANDING BOND LIABILITY ALLOCATED TO THIS ORGANIZATION IS REPORTED ON FORM 990, PART X, BALANCE SHEET AND PART VI HEREIN WITH THE EXCEPTION OF THIS PORTION OF PART VI, THE SCHEDULE K FOR THIS ORGANIZATION IS REPORTING INFORMATION FOR THE ENTIRE BOND ISSUE PART II, LINE 7 ISSUANCE COSTS WERE FUNDED THROUGH EQUITY CONTRIBUTIONS
Sutter Health Sacramento Sierra Region Specific	PART I, COLUMN (E) (1) THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF \$73,535,053 FROM THE 2003AB ISSUE, \$27,083,893 FROM THE 2004CD ISSUE, \$54,143,730 FROM THE 2005A ISSUE AND \$11,634,720 FROM THE 2005BC ISSUE (2) THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF \$94,562,588 FROM THE 2007A ISSUE, \$155,359,968 FROM THE 2008A BOND ISSUE, \$121,940,351 FROM THE 2008BC ISSUE AND \$271,589,951 FROM THE 2011A ISSUE (3) THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF \$25,715,036 FROM THE 2011C ISSUE, \$60,474,453 FROM THE 2011D ISSUE AND \$79,418,843 FROM THE 2012A ISSUE PART I-1, LINE A, COLUMN (F) THE INITIAL BONDS ISSUED IN 2003 WERE "NEW MONEY" BONDS THAT WERE RETIRED AND REISSUED ON MAY 1, 2007 ACCORDINGLY, WHERE APPROPRIATE, SCHEDULE K REFLECTS THE CURRENT REFUNDING BONDS THAT WERE TREATED AS REISSUED RATHER THAN REFLECTING THE ORIGINAL "NEW MONEY" BONDS PART I-1, LINE B, COLUMN (F) THE INITIAL BONDS ISSUED IN 2004 WERE "NEW MONEY" BONDS THAT WERE RETIRED AND REISSUED ON MAY 6, 2008 ACCORDINGLY, WHERE APPROPRIATE, SCHEDULE K REFLECTS THE CURRENT REFUNDING BONDS THAT WERE TREATED AS REISSUED RATHER THAN REFLECTING THE ORIGINAL "NEW MONEY" BONDS PART I-1, LINE D, COLUMN (F) THE INITIAL BONDS ISSUED IN 2005 REFUNDED 1995 CERTIFICATES AND WERE RETIRED AND REISSUED ON MAY 1, 2007 ACCORDINGLY, WHERE APPROPRIATE, SCHEDULE K REFLECTS THE CURRENT REFUNDING BONDS THAT WERE TREATED AS REISSUED RATHER THAN REFLECTING THE ORIGINAL REFUNDING BONDS PART I-2, LINE B, COLUMN (F) THE REFUNDING OCCURRED VIA THE REPAYMENT OF A DRAW ON A TAXABLE LINE OF CREDIT, DRAWN IN SEVERAL INSTALLMENTS BETWEEN APRIL 7 AND APRIL 11, 2008, USED TO REFUND THE 2007, 2004 AND 2002 ISSUES THE REFUNDED BONDS ISSUED IN 2007 WERE USED TO REFUND BONDS ISSUED IN 1991 AND 1995 THE REFUNDED BONDS ISSUED IN 2004 WERE USED FOR EXPANSION THE REFUNDED BONDS ISSUED IN 2002 WERE USED TO REFUND BONDS ISSUED IN 1922, WHICH WERE USED TO REFUND BONDS ISSUED IN 1985, 1986 AND 1987 PART III-3 THE CHFFA 2011D BONDS ARE "NEW MONEY" BONDS FOR CONSTRUCTION NOT YET COMPLETED PART IV, QUESTION 2C, COLUMN (A) REBATE COMPUTATION WAS CALCULATED BY BLX GROUP ON 10/19/10

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CHFFA 2007A	52-1643828	13033FQ37	05-01-2007	790,998,316	CONSTRUCT & EQUIP FACILITY		X		X		X
B	CHFFA 2008A	52-1643828	13033F2L3	05-14-2008	329,041,638	REFUND - 5/21/02, 2/17/04, 5/01/07		X		X		X
C	CSCDA 2008BC	68-0164610	130795TD9	05-14-2008	291,999,417	CONSTRUCT & EQUIP FACILITY		X		X		X
D	CSCDA 2011A	68-0164610	1307952Q9	02-10-2011	271,589,951	CONSTRUCT & EQUIP FACILITY		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		92,525,000		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	858,547,387		329,041,638		307,344,038		276,088,361	
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	55,398,317		0		31,655,776			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	0		0		0			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	783,091,871		0		262,891,121		242,934,602	
11	Other spent proceeds	20,057,199		329,041,638		12,797,141			
12	Other unspent proceeds	0		0		0		33,153,759	
13	Year of substantial completion	2011							
		Yes	No						
14	Were the bonds issued as part of a current refunding issue?		X	X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 790 %		1 830 %		0 370 %		0 370 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 030 %		0 030 %		0 020 %		0 040 %	
6	Total of lines 4 and 5	0 790 %		1 860 %		0 390 %		0 410 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?	X			X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?								
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X		X				X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
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Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2013

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CSCDA 2011C	68-0164610	1307954U8	12-22-2011	38,777,964	REFUNDING - 1999		X		X		X
B	CHFFA 2011D	52-1643828	13033LVW4	12-22-2011	331,759,643	CONSTRUCTION & REFUNDING - 1998 AN		X		X		X
C	CSCDA 2012A	68-0164610	1307956K8	07-11-2012	132,681,869	REFUNDING - 2002		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	38,777,964		334,386,501		132,681,869			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	38,777,964		65,070,000		0			
7	Issuance costs from proceeds	0		0		0			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	0		0		0			
11	Other spent proceeds	0		124,025,000		132,681,869			
12	Other unspent proceeds	0		145,291,501		0			
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X	X			

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X	X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X	X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X	X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X	X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 540 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	0 540 %				0 540 %			
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?								
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V

Procedures To Undertake Corrective Action

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

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ▶ \$											

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CALIFORNIA EMERGENCY PHYSICIANS	SEE PART V	1,639,767	SEE PART V		No
(2) LIONAKIS INC	SEE PART V	224,913	SEE PART V		No
(3) JENNIFER P NEWELL	SEE PART V	79,448	SEE PART V		No
(4) TEICHERT INC	SEE PART V	817,101	SEE PART V		No
(5) MORAG M THOMSON	SEE PART V	19,816	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	DESCRIPTION OF BUSINESS TRANSACTIONS WITH INTERESTED PERSONS PETER HULL, MD, TRUSTEE OF SUTTER HEALTH SACRAMENTO SIERRA REGION (SHSSR) IS EMPLOYED BY AND RETAINS OWNERSHIP/PROFIT SHARING IN CALIFORNIA EMERGENCY PHYSICIANS (CEP) DURING THE YEAR, CEP PROVIDED SERVICES TO SHSSR VIA AN ARMS LENGTH AGREEMENT PATRICK FRY IS A TRUSTEE OF SHSSR HIS BROTHER IS AN OWNER OF LIONAKIS INC, AN ARCHITECTURAL FIRM DURING THE YEAR, THE FIRM PROVIDED SERVICES TO SHSSR VIA AN ARMS LENGTH AGREEMENT MICHAEL NEWELL IS A TRUSTEE OF SHSSR HIS SPOUSE IS AN RN AT SUTTER DAVIS HOSPITAL WHICH IS PART OF SHSSR PAT PATHIPATI, TRUSTEE OF SHSSR, IS AN OFFICER OF TEICHERT INC HELEN THOMSON IS A TRUSTEE OF SUTTER HEALTH SACRAMENTO REGION (SHSSR) HER SISTER IN LAW WORKS AS A PART TIME RN FOR SUTTER DAVIS HOSPITAL, WHICH IS PART OF SHSSR

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 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

2013

Open to Public
Inspection

Name of the organization SUTTER HEALTH SACRAMENTO SIERRA REGION	Employer identification number 94-1156621
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Return Reference	Explanation
FORM 990, PART I, LINE 1 AND PART III, LINE 1	MISSION - WE ENHANCE THE HEALTH AND WELL-BEING OF PEOPLE IN THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES VISION - SUTTER HEALTH LEADS THE TRANSFORMATION OF HEALTH CARE TO ACHIEVE THE HIGHEST LEVELS OF QUALITY, ACCESS AND AFFORDABILITY VALUES - EXCELLENCE AND QUALITY, CARING AND COMPASSION, HONESTY AND INTEGRITY, TEAMWORK, COMMUNITY AND AFFORDABILITY

Return Reference	Explanation	
FORM 990, PART III, LINE 4A	<p>SUTTER HEALTH SACRAMENTO SIERRA REGION SUTTER HEALTH SACRAMENTO SIERRA REGION SERVES SACRA MENTO, PLACER, YOLO, SOLANO, YUBA, AND SUTTER COUNTIES WITH COMPREHENSIVE HEALTH CARE WE STRIVE TO PROVIDE ACCESS TO PRIMARY CARE PHY SICIANS AND SPECIALTY SERVICES IN EACH OF OUR COMMUNITIES, AND HAVE A NETWORK OF OVER 1,000 PHY SICIANS LOCALLY AND OVER 3,500 THROUGHOUT THE SUTTER HEALTH SYSTEM DURING 2013 THE NUMBER OF PATIENT DAYS WAS 312,936 SUTTER AUBU RN FAITH HOSPITAL SUTTER AUBURN FAITH HOSPITAL IS CURRENTLY LICENSED FOR 72 ACUTE BEDS SU TTER AUBURN FAITH HOSPITAL PROVIDES THE FOLLOWING SERVICES CARDIAC CARE UNIT, CARDIAC CAT HETERIZATION/VASCULAR LAB, CARDIOPULMONARY SERVICES, DIAGNOSTIC IMAGING, EMERGENCY DEPARTM ENT, ENDOSCOPY SERVICES, FULL LABORATORY , HOME HEALTH/HOSPICE, INFUSION CENTER, INTENSIVE CARE UNIT, NUCLEAR MEDICINE, OUTPATIENT/INPATIENT SURGERY , PHYSICAL THERAPY , RADIOLOGY , SE NIOR SERVICES, TELEMETRY AND WOUND CARE SUTTER AUBURN FAITH HOSPITAL SERVES THE COMMUNITY THROUGH A VARIETY OF MEDICAL AND SURGICAL SPECIALTIES, INCLUDING ANESTHESIOLOGY BARIATRIC SERVICES CARDIOLOGY CARDIAC CATH LAB DENTISTRY DERMATOLOGY DIAGNOSTIC IMAGING ENDOSCOPY EMERGENCY MEDICINE GASTROENTEROLOGY INFUSION THERAPY INTERNAL MEDICINE LABORATORY NEPHROLO GY NEUROLOGY NUCLEAR MEDICINE OUTPATIENT SURGERY OCCUPATIONAL MEDICINE ONCOLOGY OPHTHALMOL OGY ORAL SURGERY OTOLARYNGOLOGY PALLIATIVE CARE PATHOLOGY PEDIATRICS PLASTIC SURGERY PODIA TRY PRIMARY CARE/FAMILY PRACTICE RADIATION ONCOLOGY RADIOLOGY RESPIRATORY THERAPY SOCIAL S ERVICES SURGERY TRANSFUSION MEDICINE TELEMETRY UROLOGY WOMEN'S IMAGING CENTER WOUND CARE S UTTER AUBURN FAITH HOSPITAL'S MISSION IS TO SERVE THE HEALTH CARE NEEDS OF AUBURN AND SUR ROUNDING FOOTHILL COMMUNITIES THROUGH PARTNERSHIPS WITH PHY SICIANS, PAYORS, OTHER HEALTH AND HUMAN SERVICES AGENCIES AND WITH OUR EMPLOYEES AND VOLUNTEER LEADERSHIP, SUTTER AUBURN FAITH HOSPITAL SEEKS TO PROVIDE A CONTINUUM OF HEALTH AND WELLNESS SERVICES TO ASSURE A HIGH QUALITY OF LIFE FOR THE PEOPLE LIVING IN OUR SERVICE AREA IN 2013 COMMUNITY BENEFIT P ROGRAMS AS THE ONLY HOSPITAL IN ITS SERVICE AREA, SUTTER AUBURN FAITH HOSPITAL HAS BOTH A SIGNIFICANT RESPONSIBILITY TO AND IMPACT ON, THE SIERRA FOOTHILL COMMUNITIES IN ADDITION TO PROVIDING A BROAD RANGE OF MEDICAL AND PREVENTIVE CARE TO A DIVERSE REGION-RANGING FROM SMALL CITIES TO RUGGED, SPARSELY POPULATED WILDERNESS AREAS-THE HOSPITAL IS THE SECOND LA RGEST EMPLOYER IN THE AUBURN AREA THE HOSPITAL, IN COLLABORATION WITH SUTTER ROSEVILLE ME DICAL CENTER, CREATED A COMMUNITY ADVISORY BOARD AND COMMUNITY PARTNERSHIPS COUNCIL (A SUB -COMMITTEE OF THE ADVISORY GROUP) IN ORDER TO IDENTIFY AND ADDRESS THE NEEDS IN PLACER COU NTY NOTABLE SERVICE ELEMENTS INCLUDE</p> <ul style="list-style-type: none">* SUTTER AUBURN FAITH HOSPITAL IS FOUNDING PARTNER OF THE NOW COLLABORATIVELY OPERATED HEALTH EXPRESS HEALTH EXPRESS EXPANDED IN 2007 TO PRO VIDE LAST RESORT MEDICALLY-RELATED TRANSPORTATION TO ALL UNDERSERVED POPULATIONS IN SOUTH PLACER COUNTY WE PARTNER WITH PLACER COUNTY TRANSPORTATION PLANNING AGENCY (PCTPA), KAISE R AND SENIORS FIRST, PROVIDING 700 RIDES A MONTH* THE INTERIM CARE PROGRAM (ICP) PROVIDE S A TEMPORARY RESPITE PROGRAM FOR HOMELESS PATIENTS WHO ARE DISCHARGED FROM SUTTER AUBURN FAITH HOSPITAL THE PROGRAM IS DESIGNED TO GIVE PATIENTS WITHOUT HOUSING ALTERNATIVES, A C LEAN AND SAFE PLACE TO HEAL FOR UP TO SIX WEEKS AND COMPREHENSIVE "WRAPAROUND" SERVICES LI KE SUBSTANCE ABUSE TREATMENT, PERMANENT HOUSING AND MEDICAL CARE IN 2013* PROMOTORAS THR OUGH A PARTNERSHIP WITH THE LATINO LEADERSHIP COUNCIL, SUTTER ROSEVILLE MEDICAL CENTER OFF ERS PROMOTORAS TO SPANISH SPEAKING PATIENTS WHO NEED TRANSLATION AND OTHER CULTURALLY SENS ITIVE COMMUNITY SERVICES* THE T-3 (TRIAGE, TRANSPORT AND TREATMENT) IS A PIONEERING PROG RAM THAT PROVIDES SERVICES TO PATIENTS WHO SEEK EMERGENCY ROOM CARE FOR NEEDS THAT ARE BES T ADDRESSED THROUGH PREVENTIVE MEASURES THIS PROGRAM COULD BE A MODEL FOR THE KIND OF CHA NGE BEING CALLED FOR IN VARIOUS HEALTH CARE REFORM PLANS THE PROGRAM SEEKS TO PROVIDE THO SE WHO CHRONICALLY USE THE EMERGENCY ROOM FOR NON-EMERGENCY CARE WITH A WAY TO GET THE SER VICES THEY NEED FROM A PRIMARY CARE PROVIDER MOVING THESE PATIENTS FROM THE EMERGENCY ROO M IMPROVES THE PATIENTS' HEALTH BY GETTING THEM THE APPROPRIATE CARE IN THE RIGHT SETTING, REDUCES THE WAIT FOR THOSE SEEKING CARE FOR REAL MEDICAL EMERGENCIES, AND DRAMATICALLY RE DUCES COSTS TO OUR HEALTH CARE SYSTEM* THE FAMILY SUPPORT PROGRAM LINKS PLACER COUNTY RE SIDENTS WITH COMMUNITY SUPPORT GROUPS AND SERVICES SUTTER AUBURN FAITH HOSPITAL AND SUTTE R ROSEVILLE MEDICAL CENTER CONTRACT WITH THE PLACER COUNTY DEPARTMENT OF HEALTH TO PROVIDE A PUBLIC HEALTH NURSE IN THE HOSPITAL TO CONNECT WITH PATIENTS AND PROVIDE EDUCATION AND REFERRALS* THE SENIOR RECREATION AND RESPITE PROGRAM (R & R) IS DESIGNED TO MEET THE NEE DS OF OLDER ADULTS WITH MEMORY OR PHYSICAL IMPAIRMENT THE PROGRAM PROVIDES RECREATIONAL, SOCIAL AND EDUCATIONAL ACTIVITIES FOR THE PARTICIP	

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>ANTS, AND RESPITE FOR CAREGIVERS TO ENJOY SOME FREE TIME TO THEMSELVES THE STAFF IS SUPPOR</p> <p>RTED BY ITS VALUABLE TEAM OF VOLUNTEERS AND COMPLETED BY PERSONAL CARE AIDS R & R MEETS O</p> <p>NCE A WEEK IN AUBURN, AND FOUR DAYS A WEEK IN LINCOLN HEALTH EXPRESS PROVIDES TRANSPORTAT</p> <p>ION FOR PATIENTS WHO NEED TRANSPORT TO AND FROM R & R * THE SENIOR RESOURCE GUIDE IS A BO</p> <p>OKLET, FREE TO THE PUBLIC, WITH INFORMATION ON A MULTITUDE OF SENIOR SERVICES AVAILABLE IN</p> <p>PLACER COUNTY THE GUIDE IS UPDATED AND DISTRIBUTED SEMI-ANNUALLY VIA PHYSICIAN OFFICES, SENIOR</p> <p>APARTMENT COMPLEXES, SENIOR CENTERS, SKILLED NURSING FACILITIES, LIBRARIES, MOBILE HOME</p> <p>COMMUNITIES, SENIOR SERVICE PROVIDERS, HOME HEALTH AND HOSPICE AGENCIES AND MANY OTHE R</p> <p>SERVICE ORGANIZATIONS AND PUBLIC PLACES WE ARE ABLE TO PRODUCE THIS GUIDE IN PARTNERSHIP</p> <p>WITH SENIORS FIRST, THE SUTTER AUBURN FAITH HOSPITAL FOUNDATION, SUTTER ROSEVILLE MEDICA L</p> <p>CENTER AND THE SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION ADDITIONAL COMMUNITY SERVICES *</p> <p>SUTTER AUBURN FAITH HOSPITAL RESPONDS TO MORE THAN 56,000 INPATIENT AND OUTPATIENT VISITS PER</p> <p>YEAR ITS EMERGENCY DEPARTMENT, WHICH IS STAFFED 24 HOURS A DAY AND IS LINKED TO THE TRAUMA</p> <p>CENTER AT SUTTER ROSEVILLE MEDICAL CENTER * SUTTER AUBURN FAITH PROVIDES A FULL RANGE OF</p> <p>HOME HEALTH CARE THROUGH ITS AFFILIATED VISITING NURSE ASSOCIATION (VNA), WHICH CONTINUES TO</p> <p>EXPAND ITS PREVENTIVE HEALTH PROGRAMMING THROUGH SUCH OUTREACH EFFORTS AS FLU AND</p> <p>PNEUMONIA CLINICS FOR SENIORS AND PEOPLE WITH CHRONIC HEALTH PROBLEMS * SUTTER AUBURN FAITH</p> <p>HOSPITAL HAS A 24-HOUR PER DAY OUTPATIENT HOSPICE PROGRAM (MEDICARE CERTIFIED) WHICH USES A</p> <p>TEAM OF MEDICAL PROFESSIONALS AND VOLUNTEERS TO PROVIDE IN-HOME AND CAREGIVER SUPPORT,</p> <p>PAIN MITIGATION, BEREAVEMENT SUPPORT GROUPS (INCLUDING A CHILDREN'S BEREAVEMENT ART</p> <p>PROGRAM) AND CHAPLAINCY ASSISTANCE INSPIRED BY A GROUP OF LOCAL CITIZENS IN 1981, AND ASS</p> <p>ISTED TODAY BY AN ACTIVE COMMUNITY ADVISORY BOARD, HOSPICE SERVICES ARE PROVIDED FREE OF C</p> <p>HARGE REGARDLESS OF INSURANCE COVERAGE OR ABILITY TO PAY * THE SUTTER AUBURN FAITH HOSPIT</p> <p>AL GUILD IS COMPRISED OF 120 VOLUNTEERS WHO PROVIDE HIGHLY SPECIALIZED SKILLS AND EXPERIEN CE-</p> <p>BOTH WITHIN THE HOSPITAL AND VIA OUTREACH EFFORTS TO THE COMMUNITY-WHICH WOULD NOT OTHE</p> <p>RWISE BE AFFORDABLE SUTTER AUBURN FAITH HOSPITAL HAS A STRONG TRADITION OF PROVIDING CHAR</p> <p>ITY AND UNCOMPENSATED CARE TO ITS COMMUNITIES ADDITIONALLY, OVER THE YEARS, THE HOSPITAL HAS</p> <p>INITIATED AND PROVIDED SUPPORT TO A WIDE RANGE OF HEALTH EDUCATION CLASSES, HEALTH MAI</p> <p>NTEENANCE PROGRAMS, SPECIALIZED SUPPORT GROUPS, HEALTH FAIRS, AND COOPERATIVE PROGRAMS FOR</p> <p>VULNERABLE POPULATIONS AND COMMUNITY EFFORTS TO IMPROVE THE OVERALL QUALITY OF LIFE FOR LO</p> <p>CAL RESIDENTS SUTTER AMADOR HOSPITAL SUTTER AMADOR HOSPITAL IS A 52-BED ACUTE CARE HOSPIT</p> <p>AL LOCATED IN JACKSON, CALIFORNIA APPROXIMATELY 55 MILES SOUTHEAST OF SACRAMENTO IN AMADOR</p> <p>COUNTY THE HOSPITAL WAS ESTABLISHED IN THE MID-1800S AND BECAME AFFILIATED WITH SUTTER H</p> <p>EALTH IN 1993 AS ONE OF AMADOR COUNTY'S LARGEST EMPLOYER, SUTTER AMADOR HOSPITAL EMPLOYS</p> <p>OVER 386 INDIVIDUALS THE PATIENTS ARE SERVED BY MORE THAN 125 ACTIVE MEDICAL STAFF PHYSIC IANS</p> <p>AND AN ACTIVE AUXILIARY OF MORE THAN 100 VOLUNTEERS IN ADDITION, SUTTER AMADOR HOSPI TAL IS A</p> <p>UC DAVIS RURAL PRIME SITE FOR MEDICAL STUDENTS AND PARTICIPATES IN THE AMADOR AND CALAVERAS</p> <p>COUNTIES HIGH SCHOOL ROP PROGRAM SUTTER AMADOR HOSPITAL IS ACCREDITED BY THE JOINT</p> <p>COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS IT IS MEDICARE CERTIFIED AND</p> <p>ACCEPTS MOST PRIVATE INSURANCE PLANS AS A NOT-FOR-PROFIT HOSPITAL, SUTTER AMADOR HOS PITAL</p> <p>ALSO DONATES MANY COMMUNITY SERVICES AND HAS A STRONG TRADITION OF PROVIDING CHARITY AND</p> <p>UNCOMPENSATED CARE TO ITS COMMUNITIES ADDITIONALLY, OVER THE YEARS, THE HOSPITAL HAS</p> <p>INITIATED AND PROVIDED SUPPORT TO A WIDE RANGE OF HEALTH EDUCATION CLASSES, HEALTH MAINTE</p> <p>NANCE PROGRAMS, SPECIALIZED SUPPORT GROUPS, HEALTH FAIRS, AND COOPERATIVE PROGRAMS FOR</p> <p>VULNERABLE POPULATIONS AND COMMUNITY EFFORT</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A CONTINUED	<p>SUTTER AMADOR HOSPITAL SUTTER AMADOR HOSPITAL SERVES THE COMMUNITY THROUGH A VARIETY OF CO MPREHENSIVE PROGRAMS AND SERVICES, INCLUDING 24-HOUR EMERGENCY DEPARTMENT WITH FAST TRACK SUTTER MEDICAL FOUNDATION PEDIA TRIC CENTER SUTTER MEDICAL FOUNDATION WOMEN'S SERVICES FAM ILY BIRTH CENTER INPATIENT AND OUTPATIENT SURGICAL AND MEDICAL CARE CRITICAL CARE WITH EIC U CARDIOLOGY CARDIOPULMONARY SERVICES DIAGNOSTIC IMAGING INPATIENT REHABILITATION SERVICES ENDOSCOPY AND INFUSION SUITE GASTROENTEROLOGY SUTTER MEDICAL FOUNDATION LAB PATIENT SERVI CE CENTER NEUROLOGY - A CERTIFIED STROKE CENTER NUCLEAR MEDICINE OPHTHALMOLOGY ORTHOPEDICS INPATIENT AND OUTPATIENT HAND AND SPEECH THERAPY OUTPATIENT DIABETES EDUCATION PROGRAM SU TTER MEDICAL FOUNDATION FAMILY PRACTICE OFFICES LOCATED IN JACKSON, PIONEER, PLYMOUTH SLEE P DISORDERS CENTER SURGERY SUTTER AMADOR HOSPITAL'S MISSION IS TO ENHANCE THE HEALTH AND W ELL-BEING OF THE RESIDENTS IN THE COMMUNITIES WE SERVE BY PROVIDING COORDINATED, EFFECTIVE , AFFORDABLE AND ACCESSIBLE HEALTH AND WELLNESS SERVICES SUTTER AMADOR HOSPITAL CONTINUOU SLY STRIVES TO IDENTIFY THE HEALTH CARE NEEDS OF THESE COMMUNITIES AND RESPOND BY PROVIDIN G HEALTH AND WELLNESS SERVICES CONSISTENT WITH THE STATED VALUES AND VISION OF THE HOSPITA L COMMUNITY BENEFIT SUTTER AMADOR HOSPITAL PARTNERED WITH THE AMADOR COUNTY PUBLIC HEALTH DEPT'S TOBACCO REDUCTION OF AMADOR COUNTY (TRAC) PROGRAM TO PROVIDE FREE SMOKING CESSATIO N CLASSES TO THE PUBLIC ON A QUARTERLY BASIS SUTTER AMADOR PROVIDED THE ADVERTISING, ROOM SPACE, REFRESHMENTS, INCENTIVE AWARDS AND OTHER NEEDS, WHILE TRAC PROVIDED THE CLASS INST RUCTOR THE TOBACCO REDUCTION PROGRAM PROVIDED SMOKING CESSATION COURSES AND RESOURCES TO HELP PEOPLE STOP SMOKING THE GOALS AND OBJECTIVES OF THIS PROGRAM ARE TO SPREAD TOBACCO A WARENESS, PROMOTE HEALTH AND ENCOURAGE AMADOR COUNTY RESIDENTS TO QUIT SMOKING THE STRATE GY IS TO OFFER THIS PROGRAM TO AS MANY PEOPLE AS POSSIBLE, TO SPREAD THE HEALTH BENEFITS O F LIVING A TOBACCO FREE LIFE THE COST OF THIS PROGRAM INCLUDED DONATING CONFERENCE ROOM S PACE, EDUCATOR TIME, REFRESHMENTS AND GIFT CARDS TO PARTICIPANTS WHO COMPLETED THE CLASS OUTCOMES 10 - 15 CLASSES ARE COMPLETED EACH QUARTER SUTTER AMADOR HOSPITAL PARTNERED WIT H THE AMADOR ORAL HEALTH TASK FORCE TO HELP ADDRESS ONE OF THE PRIORITY AREAS OF FOCUS IN AMADOR PROVIDING UNDERINSURED CHILDREN WITH DENTAL CARE THIS PARTNERSHIP ALLOWED THE ORA L HEALTH TASK FORCE TO OFFER TWICE-YEARLY DENTAL SCREENINGS, DENTAL EDUCATION AND FLUORIDE VARNISH TO UNINSURED/UNDERINSURED CHILDREN IN AMADOR COUNTY AS A RESULT OF THIS EFFORT, 260 UNDERINSURED AND UNINSURED KINDERGARTENERS RECEIVED DENTAL SCREENINGS LACK OF ADEQUAT E DENTAL CARE WAS IDENTIFIED AS A MAJOR NEED IN AMADOR COUNTY , THEREFORE, SUPPORT OF THE A MADOR ORAL HEALTH TASK FORCE AND OTHER DENTAL RELATED EFFORTS, IS VITAL IN THE QUEST TO SP READ ORAL HEALTH THROUGHOUT THE COMMUNITY SAH IS WORKING WITH THE AMADOR-TUOLUMNE COMMUNI TY ACTION AGENCY (ATCCA) TO PROVIDE INSURANCE OUTREACH AND EDUCATION TO THE UNDERSERVED PO PULATION IN AMADOR COUNTY WITH THE SUPPORT OF SUTTER AUBURN HOSPITAL AND THE HELP OF A SM ALL FEDERAL GRANT, THE ATCCA WILL BE DOING MAJOR OUTREACH TO CONNECT WITH THE UNDERSERVED POPULATION IN AMADOR COUNTY TO EDUCATE THEM ABOUT INSURANCE COVERAGE THROUGH COVERED CALIF ORNIA SUTTER AMADOR HOSPITAL SUPPORTS AMADOR LIFELINE BY FUNDING IN-HOME COMMUNICATOR EQU IPMENT FOR MEDICAL EMERGENCY RESPONSE FOR 33 YEARS, AMADOR LIFELINE HAS HELPED SENIORS AND OTHERS WITH DISABILITIES, CHRONIC ILLNESSES, IN REHABILITATION OR ON HOSPICE LIVE INDEPE NDENTLY IN THEIR HOMES BY OFFERING MEDICAL EMERGENCY RESPONSE AT THE TOUCH OF A BUTTON TH E NOT-FOR-PROFIT PROGRAM RECENTLY RECEIVES FUNDING FROM SUTTER AMADOR HOSPITAL TO FUND THE UPGRADE OF COMMUNICATOR EQUIPMENT THAT IS USED IN CLIENTS' HOMES THE LIFELINE SY STEM USE S A TWO-WAY VOICE COMMUNICATOR AND WATERPROOF PERSONAL HELP BUTTON THAT CAN BE WORN AS A N ECKLACE OR WRISTBAND IN THE EVENT OF AN EMERGENCY AT HOME, THE WEARER PRESSES THE BUTTON, SENDING A SIGNAL TO THE LIFELINE RESPONSE CENTER DISPATCHER THE DISPATCHER EVALUATES THE URGENCY OF THE SITUATION AND CALLS EITHER A RESPONDER LISTED ON THE INDIVIDUAL'S CARE PLA N OR EMERGENCY MEDICAL PERSONNEL WHEN NEEDED SUTTER AMADOR HOSPITAL'S COMMUNITY PARTNERSH IP AND SUPPORT WILL FUND THE PURCHASE OF FIVE TWO-WAY COMMUNICATOR UNITS, WHICH WILL REPLA CE AGING UNITS THAT CAN NO LONGER BE REPAIRED IN ADDITION, LIFELINE HAS INTRODUCED A NEW WIRELESS SOLUTION CALLED HOMESAFE FOR THOSE WHO DO NOT HAVE A HOME PHONE LINE THE DONATIO N WILL ALSO SUPPORT THE PURCHASE OF ONE HOMESAFE WIRELESS COMMUNICATOR AMADOR LIFELINE SE RVES BETWEEN 235 - 240 CLIENTS A MONTH, MOST OF WHOM ARE SENIORS MANNER SAYS THE MAJORITY OF CALLS TO LIFELINE ARE RELATED TO FALLS IN THE HOME WITHOUT IMMEDIATE HELP AFTER A FAL L, ELDERLY INDIVIDUALS MAY SUFFER PAIN, EMOTIONAL DISTRESS, OR SECONDARY MEDICAL PROBLEMS LIKE DEHYDRATION, PNEUMONIA, RENAL FAILURE AND PRE</p>	

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A CONTINUED	SSURE ULCERS THE PROGRAM IS INVALUABLE IN HELPING COMMUNITY MEMBERS LIVE SAFELY AT HOME AND PREVENTING HOSPITALIZATIONS LIFELINE REGULARLY PARTNERS WITH SUTTER AMADOR HOSPITAL AND OTHER COMMUNITY ORGANIZATIONS TO LET SENIORS KNOW ABOUT THE SERVICE MEDICAL ALERT SCAMS ARE AT AN EPIDEMIC LEVEL NATIONALLY, AND LOCALLY, MANY HAVE ALSO FALLEN PREY TO THESE SCAMS STAFFED BY TWO PROFESSIONALS AND 25 VOLUNTEERS, AMADOR LIFELINE IS THE ONLY LOCAL, NOT -FOR-PROFIT PROGRAM PROVIDING SERVICE EACH DAY TO KEEP THE COMMUNITY'S MOST VULNERABLE RESIDENTS LIVING SAFE AND SECURE IN THEIR OWN HOMES

Return Reference	Explanation	
FORM 990, PART III, LINE 4A CONTINUED	<p>SUTTER DAVIS HOSPITAL SUTTER DAVIS HOSPITAL IS A TWO-STORY 90,000 SQUARE FOOT ACUTE CARE HOSPITAL LICENSED FOR 48 BEDS THAT SERVES THE HEALTH CARE NEEDS OF RESIDENTS LIVING IN DAVIS, DIXON, WOODLAND AND WINTERS THE FACILITY IS LOCATED IN THE WESTERN-MOST SECTION OF THE CITY OF DAVIS AT THE CORNER OF HIGHWAY 113 AND COVELL BOULEVARD AS DAVIS' THIRD LARGEST EMPLOYER, SUTTER DAVIS EMPLOYS APPROXIMATELY 400 INDIVIDUALS WHO PROVIDE ROUND-THE-CLOCK CARE TO THE SICK, THE INJURED AND THOSE RECUPERATING FROM SURGERY PERFORMED IN THE HOSPITAL'S THREE FULLY EQUIPPED OPERATING SUITES THE PATIENTS ARE SERVED BY A MEDICAL STAFF OF MORE THAN 160, AN ACTIVE AUXILIARY OF MORE THAN 150 PEOPLE AND A GROUP OF APPROXIMATELY 60 STUDENTS SERVE THE HOSPITAL AS VOLUNTEERS SUTTER DAVIS IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS IT IS MEDICARE CERTIFIED AND ACCEPTS MOST PRIVATE INSURANCE PLANS AS A NOT-FOR-PROFIT HOSPITAL, SUTTER DAVIS ALSO DONATES MANY COMMUNITY SERVICES SUTTER DAVIS HOSPITAL SEEKS TO PROVIDE A CONTINUUM OF HEALTH AND WELLNESS SERVICES TO ASSURE A HIGH QUALITY OF LIFE FOR THE PEOPLE LIVING IN OUR SERVICE AREA SUTTER DAVIS HOSPITAL SERVES THE COMMUNITY THROUGH A VARIETY OF MEDICAL AND SURGICAL SERVICES, INCLUDING CANCER CARE CARDIAC REHABILITATION DIGITAL MAMMOGRAPHY DIAGNOSTIC IMAGING EMERGENCY SERVICES HEART AND VASCULAR INSTITUTE INFUSION CENTER INTENSIVE CARE NUCLEAR MEDICINE FAMILY BIRTH CENTER COMMUNITY BENEFIT PROGRAMS COMMUNICARE AS WE PREPARE FOR THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT, WE UNDERSTAND THAT NOTHING IS MORE IMPORTANT THAN EXPANDING ACCESS TO CARE AND BUILDING CAPACITY FOR THE UNDERSERVED CURRENTLY, LIMITED ACCESS TO CARE REMAINS THE TOP PRIORITY IN THE GREATER SACRAMENTO REGION, AND WHILE SUTTER DAVIS HOSPITAL FUNDS AND SUPPORTS MANY INITIATIVES AND ORGANIZATIONS THAT DO AMAZING WORK IN OUR COMMUNITY, THE INVESTMENTS WE PROVIDE TO COMMUNICARE TO EXPAND CAPACITY AND ACCESS TO CARE REMAIN PARAMOUNT SUTTER DAVIS HOSPITAL HAS BEEN A LONGTIME PARTNER WITH COMMUNICARE AND WILL CONTINUE TO MAKE STRATEGIC INVESTMENTS AND PROVIDE SUPPORT TO THIS CRITICALLY IMPORTANT NETWORK, AS COMMUNICARE MEETS THE NEEDS OF MORE AND MORE PEOPLE THROUGHOUT YOLO COUNTY AND THE SUTTER DAVIS HOSPITAL HSA COMMUNICARE PROVIDES CARE TO SOME OF THE MOST VULNERABLE POPULATIONS IN OUR REGION BY CONTINUING TO MAKE STRATEGIC INVESTMENTS IN THIS IMPORTANT HEALTH CENTER, WE ARE ENSURING THE UNDERSERVED HAVE ACCESS TO CARE AND A MEDICAL HOME THIS FEDERALLY QUALIFIED HEALTH CENTER (FQHC) HAS BEEN PROVIDING HEALTH CARE TO THOSE INDIVIDUALS IN NEED SINCE 1972 COMMUNICARE OFFERS COMPREHENSIVE PRIMARY MEDICAL AND DENTAL SERVICES, SUBSTANCE ABUSE TREATMENT, BEHAVIORAL HEALTH SERVICES, HEALTH EDUCATION AND SUPPORT SERVICES IN YOLO COUNTY AND THE SURROUNDING COMMUNITIES THROUGH FIVE COMMUNITY CLINIC SITES AND OUTREACH PROGRAMS COMMUNICARE PROVIDES MORE THAN 20,000 BEHAVIORAL HEALTH VISITS EACH YEAR THE BEHAVIORAL HEALTH DEPARTMENT IS COMPRISED OF FOUR SERVICE CATEGORIES, ADULT SERVICES, ADOLESCENT SERVICES, FAMILY SERVICES AND INTEGRATED BEHAVIORAL HEALTH SERVICES ADDITIONALLY, COMMUNICARE HEALTH CENTERS ARE DEDICATED TO PROVIDING A PATIENT CENTERED HEALTH HOME FOR ANY INDIVIDUAL WE SERVE REGARDLESS OF THEIR POINT OF ENTRY INTO OUR SYSTEM THE BEHAVIORAL HEALTH TEAM WORKS CLOSELY WITH OUR MEDICAL, DENTAL AND PERINATAL PROVIDERS TO ENSURE THAT WE ARE TREATING THE ENTIRE INDIVIDUAL PHYSICAL EXAMINATIONS ARE PROVIDED TO ALL CLIENTS ENTERING OUR BEHAVIORAL HEALTH PROGRAMS IN ADDITION, MEDICALLY SUPERVISED DETOXIFICATION SERVICES ARE OFFERED FOR OPIATE AND STIMULANT WITHDRAWAL ONE OF THE BEST AND MOST COST-EFFECTIVE WAYS TO PREVENT DISEASE AND PROMOTE HEALTHY COMMUNITIES IS TO TEACH PEOPLE HOW TO TAKE GOOD CARE OF THEMSELVES AND THEIR FAMILIES COMMUNICARE HEALTH CENTERS PROVIDES COMPREHENSIVE HEALTH EDUCATION AND OUTREACH SERVICES THROUGHOUT THE COUNTY COMMUNICARE HEALTH CENTERS REMAINS COMMITTED TO ITS FOUNDING PURPOSE, WHICH IS TO ENSURE THAT HIGH QUALITY HEALTH CARE IS AVAILABLE TO EVERYONE WHO NEEDS IT, AND TO PROVIDE A FULL RANGE OF SERVICES FROM ANNUAL EXAMS TO PEDIATRIC IMMUNIZATIONS TO TREATMENT FOR CHRONIC DISEASES OVER THE YEARS, COMMUNICARE HAS BEEN ABLE TO EXPAND SERVICES TO INCLUDE DENTAL, EYE CARE AND PERINATAL PROGRAMS THAT MEET THE NEEDS OF OUR COMMUNITY BY INVESTING IN COMMUNICARE AND SUPPORTING THIS TREMENDOUS ORGANIZATION'S GROWTH AND INNOVATIVE EFFORTS, WE ARE ABLE TO ADDRESS MULTIPLE PRIORITY NEEDS IN EFFECTIVE AND IMPACTFUL WAYS DAVIS FARMER'S MARKET SUTTER DAVIS HOSPITAL BECAME THE MAJOR SPONSOR FOR THE DAVIS FARMERS MARKET WITH THE GOAL OF BUILDING PUBLIC AWARENESS ABOUT THE RELATIONSHIP BETWEEN EATING FARM-FRESH, LOCAL FOODS AND GOOD HEALTH IN ADDITION, SUTTER DAVIS HOSPITAL ALSO SUPPORTS THE FARM TO SCHOOL PROGRAM, WHICH BRINGS LOCALLY GROWN FARM-FRESH FOODS INTO THE LOCAL SCHOOLS ADDITIONAL COMMUNITY SERVICES * 24-HOUR EMERGENCY SERVICES - O</p>	

Return Reference	Explanation	
	<p>FORM 990, PART III, LINE 4A CONTINUED</p>	<p>UR EMERGENCY DEPARTMENT IS STAFFED AND EQUIPPED TO CARE FOR MOST EMERGENCY NEEDS AROUND THE CLOCK * BIRTHING CENTER- THE SELF-CONTAINED BIRTHING CENTER HAS SIX LABOR AND DELIVERY ROOMS AND 12 POSTPARTUM ROOMS, AS WELL AS ITS OWN DIAGNOSTIC CAPABILITIES AND OPERATING SUITE. ALTERNATIVE BIRTHING METHODS ARE ALSO AVAILABLE SUCH AS WATER BIRTHS, MIDWIVES AS WELL AS A VOLUNTEER DOULA PROGRAM * INTENSIVE CARE UNIT - AN INTENSIVE CARE UNIT IS STAFFED BY SPECIALLY TRAINED NURSES AND DIRECTED BY A BOARD-CERTIFIED CRITICAL CARE INTERNIST FOR AROUND-THE-CLOCK MONITORING OF THE EXTREMELY ILL * THE HEART AND VASCULAR INSTITUTE AT SUTTER DAVIS HOSPITAL PROVIDES OUR PATIENTS WITH COMPREHENSIVE CARDIAC DIAGNOSTIC, REHABILITATION AND PREVENTION SERVICES. OUR RECENTLY RENOVATED CARDIAC REHABILITATION DEPARTMENT BOOSTS A 12 CHANNEL TELEMETRY SYSTEM AND A GYM WITH CARDIORESPIRATORY EMPHASIS - INCLUDING TREADMILLS, ELLIPTICAL WALKERS, NEUTEPS, BIKES, STRENGTH AND STRETCH TRAINING, AND BALANCE SYSTEM. USING THE LATEST TECHNOLOGY AND RESEARCH AVAILABLE, OUR CARING STAFF PROVIDES PATIENTS WITH AN INDIVIDUALIZED PROGRAM TO ENHANCE THEIR HEALTH AND WELL-BEING THROUGH EXERCISE AND PREVENTION * CANCER CARE - AS A SATELLITE CARE CENTER OF SUTTER CANCER CENTER IN SACRAMENTO, SUTTER DAVIS HOSPITAL GIVES LOCAL PATIENTS THE ABILITY TO RECEIVE QUALITY CARE, CLOSE TO HOME. OUR RECENTLY EXPANDED INFUSION CENTER PROVIDES INFUSION THERAPY, INCLUDING CHEMOTHERAPY, BLOOD TRANSFUSIONS, INTRAVENOUS INFUSIONS, INJECTIONS AND PATIENT EDUCATION. WE COORDINATE SERVICES WITH OUR LOCAL ONCOLOGISTS AND CANCER SURGEONS TO MAKE SURE PATIENTS WITH CANCER DON'T HAVE TO TRAVEL TO RECEIVE GOOD CARE * VAUGHN RESOURCE CENTER/CRONAN MEDICAL LIBRARY - PROVIDER AND COMMUNITY-BASED VIDEOTAPES, BROCHURES AND HANDOUTS ARE AVAILABLE IN THIS INFORMATION CENTER. COMPUTER WORKSTATIONS PROVIDE LOCAL RESOURCES FOR SUPPORT GROUPS AND SERVICES, A DATABASE UPDATED MONTHLY WITH FOUR YEARS OF HARD-TO-FIND MEDICAL INFORMATION FROM PERIODICALS, PAMPHLETS AND REFERENCE BOOKS, AND ACCESS TO PROVIDER AND PATIENT EDUCATION INCLUDING BIBLIOMED REFERENCE LIBRARY, MEDICAL HOUSE CALLS AND CLINICAL REFERENCE SYSTEM - ADULT HEALTH ADVISOR. THE RESOURCE CENTER IS STAFFED WEEKDAYS BY VOLUNTEERS. PHONE AND MAILING SERVICE IS AVAILABLE * SUTTER DAVIS HOSPITAL AUXILIARY - VOLUNTEERS CONTRIBUTE MANY HOURS OF SERVICE TO THE HOSPITAL EACH YEAR THROUGH DIRECT PATIENT CONTACT SERVICES TO THE MORE TRADITIONAL VOLUNTEER ROLES SUCH AS WORKING AT THE INFORMATION DESK AND GIFT SHOP.</p>

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FORM 990, PART III, LINE 4A CONTINUED	<p>SUTTER MEDICAL CENTER OF SACRAMENTO (HOSPITAL ORGANIZATION) GENERAL DESCRIPTION SUTTER MEDICAL CENTER, SACRAMENTO (SMCS) HAS TWO ACUTE CARE HOSPITAL CAMPUSES, SUTTER GENERAL AND SUTTER MEMORIAL, AND HAS PROVIDED HEALTH CARE TO RESIDENTS OF SACRAMENTO SINCE 1923 SUTTER MEDICAL CENTER, SACRAMENTO ALSO INCLUDES SUTTER CENTER FOR PSYCHIATRY , PROVIDING PSYCHIATRIC, MENTAL HEALTH AND CHEMICAL DEPENDENCY SERVICES SINCE 1958 WITH 723 LICENSED BEDS, SMCS IS NOT-FOR-PROFIT AND FULLY ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS PATIENT SERVICES SERVICES AT BOTH SUTTER GENERAL AND SUTTER MEMORIAL CAMPUSES INCLUDE 24-HOUR EMERGENCY SERVICES, SURGERY, RESPIRATORY THERAPY, INTENSIVE CARE, DIAGNOSTIC IMAGING, REHABILITATION, CARDIOPULMONARY, OCCUPATIONAL HEALTH, LABORATORY, PHYSICAL THERAPY, HOME HEALTH AND HOSPICE SERVICES IMPROVING FACILITIES AND ACCESS SUTTER MEDICAL CENTER SACRAMENTO'S MISSION STATEMENT IS TO EXIST TO PROVIDE PRIMARY, TERTIARY AND A CONTINUUM OF SERVICES TO MEET THE HEALTH CARE NEEDS OF PEOPLE LIVING IN THE GREATER SACRAMENTO AREA AND THROUGHOUT NORTHERN CALIFORNIA, AND TO BE THE PROVIDER OF CHOICE TO OUR PATIENTS, PARTNER OF CHOICE TO PHYSICIANS AND PAYORS, AND THE EMPLOYER OF CHOICE TO OUR STAFF THE SUTTER HEALTH NETWORK OF PHYSICIANS AND NOT-FOR-PROFIT HOSPITALS WILL INVEST BILLIONS OF DOLLARS OVER TEN YEARS TO REBUILD, REPLACE AND EXPAND MUCH OF NORTHERN CALIFORNIA'S HEALTH CARE INFRASTRUCTURE LOCALLY, PLANS (OR COMPLETED PROJECTS) INCLUDE *</p> <ul style="list-style-type: none"> CONSTRUCTION OF A 10-STORY WOMEN'S AND CHILDREN'S HOSPITAL CAMPUS AT OUR MIDTOWN CAMPUS OPENING IN 2015, IT WILL FEATURE NEONATAL AND PEDIATRIC INTENSIVE CARE UNITS, THE LATEST LABOR AND DELIVERY SERVICES AND A HELISTOP A THREE-STORY SPANNING STRUCTURE WILL SEAMLESSLY LINK THE NEW WOMEN'S AND CHILDREN'S CENTER TO SUTTER GENERAL HOSPITAL TOTAL REMODELING OF THE SUTTER GENERAL HOSPITAL CAMPUS INCLUDING SPECIALIZED OPERATING ROOMS AND CATH LABS FOR CARDIOVASCULAR AND TRANSPLANT SERVICES EXPANDED EMERGENCY DEPARTMENT WILL HAVE DEDICATED SERVICES FOR PEDIATRIC PATIENTS SUTTER CAPITOL PAVILION, A NEW MEDICAL OFFICE BUILDING FOR SPECIALTY PHYSICIANS AND OUTPATIENT SERVICES CENTER, OPENED IN 2010 THE NEW BUILDING IS CONNECTED TO THE ENTIRE SUTTER MEDICAL CENTER, SACRAMENTO CAMPUS BY A PEDESTRIAN BRIDGE OVER 28TH STREET A MULT-LEVEL PARKING GARAGE, THE SUTTER COMMUNITY GARAGE, OPENED IN 2008 AND PROVIDES 1,100 PARKING SPACES

Return Reference	Explanation	
FORM 990, PART III, LINE 4A CONTINUED	<p>FACILITIES WITHIN SUTTER MEDICAL CENTER, SACRAMENTO SUTTER GENERAL HOSPITAL IS AN ACUTE CARE FACILITY LICENSED AS A COMMUNITY HOSPITAL. A MAJOR TERTIARY REFERRAL CENTER, IT HOUSES 306 BEDS. SUTTER GENERAL HOSPITAL PROVIDES GENERAL ACUTE MEDICAL CARE AND SURGICAL SERVICES, SUBACUTE CARE, AND SPECIALTY SERVICES IN NEUROLOGY, NEUROSURGERY, ORTHOPEDIC, SPINE, DIABETES AND ONCOLOGY CARE. OTHER AREAS OF CARE INCLUDE LAPAROSCOPIC SURGERY, DIAGNOSTIC IMAGING, UROLOGY, TELEMETRY, RESPIRATORY, DIALYSIS AND 24-HOUR EMERGENCY SERVICES. IN ADDITION, SUTTER CANCER CENTER, ADJACENT TO SUTTER GENERAL HOSPITAL, IS ONE OF THE LARGEST AND MOST COMPREHENSIVE CENTERS IN CALIFORNIA. SUTTER GENERAL'S SUBACUTE UNIT PROVIDES SHORT TERM, STEP-DOWN ACUTE CARE WITH PHYSICAL, OCCUPATIONAL, SPEECH AND RESPIRATORY REHABILITATION, IV THERAPY AND WOUND CARE. SUTTER GENERAL HOSPITAL OFFERS SEVERAL EDUCATIONAL AND SUPPORT GROUPS AS PART OF ITS HEALTH CARE SERVICES. HIGHLIGHTS OF NEW PROGRAMS AND SERVICES AT SUTTER GENERAL INCLUDE COMPUTER-ASSISTED TOTAL JOINT REPLACEMENT, DA VINCI ROBOTIC SURGICAL PROCEDURE, EICU, EXPANDED EPILEPSY PROGRAM, GLIASITE, PROCEDURE TO TREAT BRAIN CANCER, TELEMETRY UNIT, NEW LANGUAGE INTERPRETATION AND TRANSLATION SERVICE, BARIATRIC SURGERY, DEEP BRAIN STIMULATION, ENHANCED NUCLEAR MEDICINE CAPABILITIES, EXPANDED EMERGENCY DEPARTMENT, GAMMA KNIFE RADIOSURGERY, AND 3-DIMENSIONAL ANGIOGRAPHY. SUTTER MEMORIAL HOSPITAL IS A 348-BED ACUTE CARE FACILITY LICENSED AS A COMMUNITY HOSPITAL. ANOTHER MAJOR TERTIARY REFERRAL CENTER, IT PROVIDES GENERAL ACUTE MEDICAL CARE AND SURGICAL SERVICES, WITH SPECIALTY SERVICES IN CARDIAC CARE, MATERNITY, NEONATAL PEDIATRICS, AND ORGAN TRANSPLANTATION. HIGHLIGHTS OF NEW PROGRAMS AND SERVICES AT SUTTER MEMORIAL INCLUDE LASER ABLATION SURGERY FOR EPILEPSY AND BRAIN LESIONS, OUTPATIENT CONGESTIVE HEART FAILURE CLINIC, ELECTROPHYSIOLOGY LAB, PEDIATRIC LIFESTYLES PROGRAM, INTERVENTIONAL OBSERVATIONAL UNIT, BRACHYTHERAPY TREATMENT FOR CARDIAC PATIENTS, AND VENTRICULAR ASSIST DEVICE PROGRAM. SUTTER CENTER FOR PSYCHIATRY IS A 69-BED ACUTE BEHAVIORAL MEDICINE SPECIALTY HOSPITAL THAT TREATS ADULTS, ADOLESCENTS AND CHILDREN. IT ALSO OFFERS A CRITICAL INCIDENT DEBRIEFING TEAM TO HELP EMPLOYEES OF BUSINESSES COPE AFTER A TRAUMATIC OR VIOLENT EPISODE. SUTTER HEALTH EAP RESOURCES OFFERS CONFIDENTIAL ASSESSMENT, COUNSELING AND REFERRAL SERVICES TO EMPLOYEES OF LARGE AND SMALL BUSINESSES. SUTTER CENTER FOR PSYCHIATRY OFFERS THE ONLY INPATIENT EATING DISORDER PROGRAM IN NORTHERN CALIFORNIA. THIS NEW PROGRAM IS A SIX-BED SPECIALIZED TREATMENT PROGRAM FOR EATING DISORDER PATIENTS. SUTTER INSTITUTE FOR MEDICAL RESEARCH (SIMR) CLINICAL INVESTIGATION IS AN INCREASINGLY IMPORTANT LINK IN COORDINATING THE LATEST ADVANCES IN SCIENCE AND TECHNOLOGY WITH DIAGNOSIS AND TREATMENT. IN ORDER TO BENEFIT FROM THESE ADVANCES AND REMAIN AT THE FOREFRONT OF INNOVATION AND QUALITY IN HEALTHCARE SERVICES, IT IS ESSENTIAL THAT WE PROVIDE A CLINICAL SETTING FOR OUR PHYSICIANS AND HEALTHCARE PROFESSIONALS WHICH ARE COMPLEMENTED BY A COMPREHENSIVE RESEARCH AND DEVELOPMENT PROGRAM. SUTTER HEALTH SACRAMENTO SIERRA REGION SERVICE AREA IS COMMITTED TO PROVIDING THE BEST POSSIBLE HEALTHCARE TO ITS PATIENTS, AND THE SUTTER INSTITUTE FOR MEDICAL RESEARCH SUPPORTS THIS COMMITMENT BY PROVIDING RESEARCH SUPPORT AND EDUCATION PROGRAMS. SIMR HAS A HISTORY OF OVER FIVE DECADES OF COMMITMENT TO MEDICAL RESEARCH. SIMR HAS GAINED RECOGNITION FOR ITS INVESTIGATIVE STUDIES IN THE AREAS OF HEART, CANCER, ORTHOPEDICS, RESPIRATORY, NEUROLOGY, GI/GU AND MANY OTHER AREAS OF MEDICINE. SIMR'S PRIMARY OBJECTIVE IS TO HELP HEALTH PROFESSIONALS CONDUCT RESEARCH IN A CLINICAL SETTING BY PROVIDING MANAGEMENT AND ADMINISTRATIVE RESOURCES OTHERWISE UNAVAILABLE TO THE PRIVATE PRACTITIONER. AT SIMR, SUTTER INVESTIGATORS RECEIVE SUPPORT IN FIVE AREAS: RESEARCH ADMINISTRATIVE SERVICES. SIMR IS THE REGIONAL OVERSIGHT FOR ALL RESEARCH CONDUCTED IN THE SUTTER HEALTH SACRAMENTO SIERRA REGION. SINCE 1996 SIMR'S OFFICE OF RESEARCH ADMINISTRATION (ORA) HAS BEEN CHARGED WITH ASSISTING, GUIDING AND FACILITATING THIS RESEARCH. THE ORA SERVES AS A CLEARINGHOUSE FOR THE REVIEW, ADMINISTRATION, REPORTING AND MONITORING OF ALL RESEARCH ACTIVITY CONDUCTED AT SUTTER AFFILIATES WITHIN THE REGION WHICH INCLUDE SUTTER MEDICAL CENTER (SUTTER GENERAL AND MEMORIAL HOSPITALS, AND SUTTER CENTER FOR PSYCHIATRY), SUTTER DAVIS HOSPITAL, SUTTER AUBURN FAITH HOSPITAL, SUTTER ROSEVILLE MEDICAL CENTER, SUTTER SOLANO, SUTTER YUBA CITY AND SUTTER MEDICAL FOUNDATION. RESEARCH SUPPORT SERVICES. SIMR PROVIDES A VARIETY OF SUPPORT SERVICES TO SUTTER CLINICAL INVESTIGATORS. THE SUPPORT SERVICES INCLUDE A GRANTS PROGRAM THAT FUNDS MERITORIOUS RESEARCH PROJECTS INITIATED BY THEM. THE FUNDS TO FINANCE THESE GRANTS COME FROM DONATIONS AND OTHER PHILANTHROPIC GIFTS MADE TO SUTTER MEDICAL CENTER FOUNDATION. SINCE 1989, SUTTER MEDICAL CENTER FOUNDATION AND SIMR HAVE FUNDED 40 RESEARCH PROJECTS TOTALING A</p>	

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	<p>FORM 990, PART III, LINE 4A CONTINUED</p>	<p>PPROXIMATELY \$1 MILLION OTHER SERVICES INCLUDE STATISTICAL ANALYSIS AND CONSULTATION FOR CLINICAL RESEARCH PROJECTS, QUALITY INDICATOR STUDIES, CLINICAL EFFECTIVENESS AND CLINICAL OUTCOMES STUDIES CLINICAL TRIALS PROGRAM THE SIMR CLINICAL TRIALS PROGRAM PROVIDES AN ENVIRONMENT FOR BRINGING HEALTH PROFESSIONALS AT SUTTER HEALTH AND CLINICAL TRIAL SPONSORS TOGETHER TO PARTICIPATE IN INNOVATIVE CLINICAL RESEARCH PROGRAMS OUR PROGRAM OFFERS A STRONG INFRASTRUCTURE FOR CLINICAL INVESTIGATORS WHO WISH TO OFFER THEIR PATIENTS THE LATEST INVESTIGATIVE TREATMENT MODALITIES WE OFFER A COMPREHENSIVE MANAGEMENT AND CLINICAL SUPPORT SERVICES FOR THE CONDUCT OF CLINICAL RESEARCH AT SUTTER SITES INCLUDING SERVICES SUCH AS EXPERIENCED CLINICAL RESEARCH COORDINATORS, REGULATORY PREPARATION, CONTRACT PREPARATION, STUDY FINANCIAL MANAGEMENT, BILLING COMPLIANCE OVERSIGHT AND QUALITY ASSURANCE AUDITING THROUGH PARTICIPATION IN CLINICAL TRIALS OF NEW TREATMENT MODALITIES, THE COMMUNITY IS PROVIDED ACCESS TO THE LATEST INNOVATIONS AND DISCOVERIES IN PATIENT CARE AND TREATMENT SINCE ITS INCEPTION IN 1991, THOUSANDS OF SUTTER PATIENTS HAVE HAD ACCESS TO INVESTIGATIONAL TREATMENT MODALITIES OTHERWISE UNAVAILABLE TO THE PUBLIC LABORATORY RESEARCH AND TRAINING THE SIMR RESEARCH AND TRAINING LABORATORY PROVIDE FULLY EQUIPPED AND STAFFED SURGICAL RESEARCH AND TRAINING FACILITIES THE LABORATORY PROGRAM SUPPORTS RESEARCH AND TRAINING IN AREAS THAT INCLUDE CARDIOLOGY, CARDIOVASCULAR SURGERY, GENERAL SURGERY, NEONATOLOGY, PULMONARY MEDICINE, THORACIC SURGERY AND UROLOGY EVERY YEAR, DOZENS OF MEDICAL DEVICE COMPANIES UTILIZE THE LABORATORY TO CONDUCT RESEARCH AND DEVELOPMENT, AND HUNDREDS OF HEALTHCARE PROFESSIONALS PARTICIPATE IN RESEARCH AND TRAINING INVOLVING THE LATEST TECHNOLOGY THE SIMR LABORATORY CONTINUES TO EXPAND ITS AREAS OF SUPPORT AND BROADEN THE SPECTRUM OF SERVICES PROVIDED THE LABORATORY IS HIGHLY ACCREDITED AND HAS A NATIONAL REPUTATION FOR EXCELLENCE SUTTER HEALTH CENTRAL AREA INSTITUTIONAL REVIEW COMMITTEE (IRC) SUTTER HEALTH SACRAMENTO SIERRA REGION (SHSSR) IS COMMITTED TO PROVIDING THE BEST POSSIBLE HEALTHCARE TO ITS PATIENTS THE IRC SUPPORTS THIS COMMITMENT BY PROVIDING RESEARCH REGULATORY COMPLIANCE OVERSIGHT AND EDUCATION PROGRAMS TO SUTTER-ALIGNED RESEARCHERS THROUGHOUT THE REGION THE IRC IS THE ADMINISTRATIVE BODY MANDATED BY FEDERAL LAW TO PROTECT THE RIGHTS AND WELFARE OF HUMAN SUBJECTS PARTICIPATING IN RESEARCH ACTIVITIES CONDUCTED WITHIN INSTITUTIONS AND ORGANIZATIONS AFFILIATED WITH SHSSR THE IRC'S PRIMARY RESPONSIBILITY IS THE PROTECTION OF SUBJECTS FROM UNDUE RISK AND FROM DEPRIVATION OF PERSONAL RIGHTS AND DIGNITY AS SUCH THE IRC CONDUCTS REVIEW FOR RESEARCHERS AND ALL RESEARCH ACTIVITY CONDUCTED AT SUTTER AFFILIATES WITHIN THE SHSSR SERVICE AREA AND EDEN MEDICAL CENTER, A SUTTER AFFILIATE OVER THE YEARS, THE IRC HAS REVIEWED AND APPROVED HUNDREDS OF NEW RESEARCH PROTOCOLS COVERING A WIDE SPECTRUM OF DISEASE AND HEALTHCARE ISSUES CANCER CONTINUES TO BE A MAJOR AREA OF RESEARCH WITH NUMEROUS ADULT STUDIES, MOST FUNDED BY THE NATIONAL CANCER INSTITUTE THROUGH ITS COOPERATIVE PROJECTS RESEARCH PROGRAM</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED	<p>COMMUNITY PARTNERSHIPS IN 2013, SUTTER MEDICAL CENTER, SACRAMENTO(SMCS) PROVIDED \$3 MILLION IN SUPPORT OF CHARITY CARE AND VARIOUS COMMUNITY PROGRAMS. A COMMUNITY BENEFIT COMMITTEE COMPRISED OF LOCAL COMMUNITY LEADERS, HOSPITAL ADMINISTRATORS AND STAFF, AND MEMBERS OF THE SUTTER MEDICAL CENTER FOUNDATION BOARD WORK TO IDENTIFY COMMUNITY NEEDS AND ALLOCATE SMCS COMMUNITY BENEFIT DOLLARS VIA A COMMUNITY GRANTS PROGRAM. BELOW ARE A FEW ORGANIZATIONS THAT SUTTER MEDICAL CENTER, SACRAMENTO HAS PARTNERED WITH OVER THE YEARS. * INTERIM CARE PROGRAM(ICP)+ * T-3 PROGRAM (TRIAGE, TRANSPORT, TREATMENT) * T3+ * ED NAVIGATOR PROGRAM * SERIAL INEBRIATE PROGRAM. ONE EXAMPLE OF A COLLABORATIVE PROGRAM EXPANDING ACCESS TO HEALTH CARE, MENTAL HEALTH, AND OTHER COMMUNITY SERVICES AND PROGRAMS IS THE INTERIM CARE PROGRAM (ICP). THE ICP IS A COLLABORATIVE OF THE HOSPITAL SYSTEMS, COMMUNITY BASED ORGANIZATIONS AND THE COUNTY GOVERNMENT AND IS A RESPITE CARE SHELTER FOR HOMELESS PATIENTS DISCHARGED FROM HOSPITALS. THE FOUR LOCAL HOSPITALS AND THE COUNTY OF SACRAMENTO PROVIDE ON-GOING FUNDING FOR THE PROGRAM. THE SALVATION ARMY PROVIDES 18 BEDS IN A DESIGNATED WING OF THE SHELTER WHERE CLIENTS HAVE THREE MEALS A DAY AND A SAFE, CLEAN PLACE TO RECOVER FROM THEIR HOSPITALIZATIONS. THE WING IS WHEELCHAIR ACCESSIBLE, HAS SIX ROOMS - EACH WITH THREE HOSPITAL BEDS, AND A PLACE FOR RESIDENTS TO STORE THEIR MEDICATIONS AND WOUND CARE SUPPLIES. ANOTHER COMMUNITY-BASED ORGANIZATION, WELLSPACE HEALTH, FORMERLY THE EFFORT, PROVIDES ON-SITE NURSING AND SOCIAL SERVICES TO SUPPORT CLIENTS IN THEIR RECUPERATION AND HELP THEM MOVE OUT OF HOMELESSNESS. THE WELLSPACE CASE MANAGER LINKS CLIENTS WITH MENTAL HEALTH SERVICES, SUBSTANCE ABUSE RECOVERY, HOUSING WORKSHOPS AND PROVIDES DISABILITY APPLICATION ASSISTANCE. PATIENTS ARE REFERRED FROM THE HOSPITALS TO THE INTERIM CARE PROGRAM WHEN THEY ARE WELL ENOUGH TO GO HOME, BUT NEED ON-GOING REST AND FOLLOW-UP TREATMENT. PATIENTS COME FOR VARIOUS REASONS INCLUDING A WOUND THAT NEEDS TO HEAL, RECOVERY AFTER SURGERY, OR INJURY FROM AN ACCIDENT. CLIENTS CAN STAY IN THE PROGRAM UP TO SIX WEEKS, DEPENDING ON THEIR MEDICAL CONDITION. SUTTER MEDICAL CENTER, SACRAMENTO IS ALSO A PROUD, FOUNDING PARTNER OF T3 (TRIAGE, TRANSPORT AND TREATMENT), A PIONEERING PROGRAM THAT PROVIDES SERVICES TO PATIENTS WHO SEEK EMERGENCY ROOM CARE FOR NEEDS THAT ARE BEST ADDRESSED THROUGH PREVENTIVE MEASURES. THIS PROGRAM COULD BE A MODEL FOR THE KIND OF CHANGE BEING CALLED FOR IN VARIOUS HEALTH CARE REFORM PLANS. THE PROGRAM SEEKS TO PROVIDE THOSE WHO CHRONICALLY USE THE EMERGENCY ROOM FOR NON-EMERGENCY CARE WITH A WAY TO GET THE SERVICES THEY NEED FROM A PRIMARY CARE PROVIDER. MOVING THESE PATIENTS FROM THE EMERGENCY ROOM IMPROVES THE PATIENTS' HEALTH BY GETTING THEM THE APPROPRIATE CARE IN THE RIGHT SETTING, REDUCES THE WAIT FOR THOSE SEEKING CARE FOR REAL MEDICAL EMERGENCIES, AND DRAMATICALLY REDUCES COSTS TO OUR HEALTH CARE SYSTEM. IN LATE 2013, SMCS IMPLEMENTED T3+, WHICH IS A PROGRAM THAT PROVIDES INTENSE CASE MANAGEMENT FOR PATIENTS WHO ARE IDENTIFIED FROM AN INPATIENT SETTING. SUTTER MEDICAL CENTER, SACRAMENTO PROVIDES THE SERIAL INEBRIATE PROGRAM. THIS PROGRAM ADDRESSES HEALTH, SAFETY AND HOUSING NEEDS OF CHRONIC HOMELESS ADULTS LIVING ON THE STREETS OF SACRAMENTO. SUTTER MEDICAL CENTER SACRAMENTO'S NAVIGATOR PROGRAM PARTNERED WITH SACRAMENTO SELF HELP HOUSING TO PROVIDE HOUSING AND TREATMENT AND RECOVERY SERVICES TO ENABLE SELF-SUFFICIENCY. MANY GRADUATES HAVE REGAINED HOUSING AND EMPLOYMENT. IN ORDER TO QUALIFY FOR THE SIP PROGRAM, INDIVIDUALS HAVE BEEN ARRESTED, TAKEN TO DETOX CENTERS OR EMERGENCY DEPARTMENTS MORE THAN 25 TIMES IN A 12-MONTH TIME-FRAME.</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A CONTINUED	<p>SUTTER ROSEVILLE MEDICAL CENTER SUTTER ROSEVILLE MEDICAL CENTER (SRMC) WAS ESTABLISHED IN 1952 AND AFFILIATED WITH SUTTER HEALTH IN MAY 1993 IN THE MID-90S, SUTTER HEALTH CONSTRUC TED A 315,000-SQUARE-FOOT, 172-BED FACILITY IN THE NORTHEAST AREA OF ROSEVILLE, APPROXIMAT ELY 20 MILES FROM DOWNTOWN SACRAMENTO THE HOSPITAL, WHICH HAS EXPANDED TO 328 BEDS, PROVI DES RESIDENTS OF SOUTHERN PLACER AND NORTHEASTERN SACRAMENTO COUNTIES WITH COMPREHENSIVE C OMMUNITY HEALTH CARE THE FACILITY HAS AN EXPANDED HELIPAD ONSITE FOR QUICK ACCESS TO THE HOSPITAL'S LEVEL II TRAUMA CENTER OTHER SERVICES AVAILABLE AT SUTTER ROSEVILLE MEDICAL CE NTER INCLUDE INPATIENT AND OUTPATIENT SURGERY OBSTETRICS AND PERINATAL CARE NEO NATAL INT ENSIVE CARE PEDIATRICS ONCOLOGY FAMILY BIRTH CENTER RESPIRATORY THERAPY SUTTER REHABILIT AT ION INSTITUTE LABORATORY CARDIOPULMONARY SERVICES ACUTE REHABILITATION MEDICAL LIBRARY ACC ESS SUTTER CANCER CENTER HOME HEALTH AND HOSPICE CARE CARDIAC CATHETERIZATION LABORATORY N UTRITIONAL SUPPORT SERVICES TELEMETRY PASTORAL CARE LEVEL II TRAUMA CENTER PATIENT AND COM MUNITY EDUCATION CARDIAC REHABILITATION SENIOR SERVICES DIAGNOSTIC IMAGING HOME INFUSION T HERAPY IV THERAPY CRITICAL CARE SUB-ACUTE UNIT SOCIAL SERVICES TRAUMA NEURO INTENSIVE CARE UNIT 24-HOUR EMERGENCY TREATMENT NUCLEAR MEDICINE (NATIONALLY RECOGNIZED) BARIATRIC SERVI CES WOUND CARE CENTER SUTTER ROSEVILLE MEDICAL CENTER'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE LIVING IN THE COMMUNITIES IT SERVES SUTTER ROSEVILLE MEDICAL CENTER STRIVES CONTINUOUSLY TO IDENTIFY THE HEALTH CARE NEEDS OF THESE COMMUNITIES AND RE SPOND BY PROVIDING WELLNESS, PREVENTIVE, CURATIVE AND RESTORATIVE PROGRAMS AND SERVICES CO NSISTENT WITH THE STATED VALUES AND VISION OF THE HOSPITAL COMMUNITY BENEFIT PROGRAMS SUT TER ROSEVILLE MEDICAL CENTER HAS A HISTORY OF SUPPORTING PROGRAMS AND SERVICES ADDRESSING THE NEEDS OF THE RESIDENTS IN SOUTH PLACER COUNTY THE HOSPITAL IN COLLABORATION WITH SUTT ER AUBURN FAITH HOSPITAL, HAS CREATED A COMMUNITY ADVISORY BOARD AND COMMUNITY PARTNERSHIP S COMMITTEE (A SUB- COMMITTEE OF THE ADVISORY GROUP) IN ORDER TO IDENTIFY AND ADDRESS THE NEEDS IN PLACER COUNTY SOME OF THE PROGRAMS SUPPORTED BY SRMC INCLUDE * SUTTER ROSEVILLE MEDICAL CENTER IS PARTNER OF THE NOW COLLABORATIVELY OPERATED HEALTH EXPRESS HEALTH EXPR ESS EXPANDED IN 2007 TO PROVIDE LAST RESORT MEDICALLY-RELATED TRANSPORTATION TO ALL UNDERS ERVED POPULATIONS IN SOUTH PLACER COUNTY * THE INTERIM CARE PROGRAM (ICP) PROVIDES A TEMP ORARY RESPITE PROGRAM FOR HOMELESS PATIENTS WHO ARE DISCHARGED FROM SUTTER AUBURN FAITH HO SPITAL THE PROGRAM IS DESIGNED TO GIVE PATIENTS WITHOUT HOUSING ALTERNATIVES, A CLEAN AND SAFE PLACE TO HEAL FOR UP TO SIX WEEKS AND COMPREHENSIVE "WRAPAROUND" SERVICES LIKE SUBST ANCE ABUSE TREATMENT, PERMANENT HOUSING AND MEDICAL CARE * PROMOTORAS THROUGH A PARTNERS HIP WITH THE LATINO LEADERSHIP COUNCIL, SRMC OFFERS PROMOTORAS TO SPANISH SPEAKING PATIENT S WHO NEED TRANSLATION AND OTHER CULTURALLY SENSITIVE COMMUNITY SERVICES * THE FAMILY SUP PORT PROGRAM LINKS PLACER COUNTY RESIDENTS WITH COMMUNITY SUPPORT GROUPS AND SERVICES SUT TER ROSEVILLE MEDICAL CENTER AND SUTTER AUBURN FAITH HOSPITAL CONTRACT WITH THE PLACER COU NTY DEPARTMENT OF HEALTH TO PROVIDE A PUBLIC HEALTH NURSE IN THE HOSPITAL TO CONNECT WITH PATIENTS AND PROVIDE EDUCATION AND REFERRALS * THE T-3 (TRIAGE, TRANSPORT AND TREATMENT) IS A PIONEERING PROGRAM THAT PROVIDES SERVICES TO PATIENTS WHO SEEK EMERGENCY ROOM CARE FO R NEEDS THAT ARE BEST ADDRESSED THROUGH PREVENTIVE MEASURES THIS PROGRAM COULD BE A MODEL FOR THE KIND OF CHANGE BEING CALLED FOR IN VARIOUS HEALTH CARE REFORM PLANS THE PROGRAM SEEKS TO PROVIDE THOSE WHO CHRONICALLY USE THE EMERGENCY ROOM FOR NON-EMERGENCY CARE WITH A WAY TO GET THE SERVICES THEY NEED FROM A PRIMARY CARE PROVIDER MOVING THESE PATIENTS FR OM THE EMERGENCY ROOM IMPROVES THE PATIENTS' HEALTH BY GETTING THEM THE APPROPRIATE CARE I N THE RIGHT SETTING, REDUCES THE WAIT FOR THOSE SEEKING CARE FOR REAL MEDICAL EMERGENCIES, AND DRAMATICALLY REDUCES COSTS TO OUR HEALTH CARE SYSTEM * WELLSPACE HEALTH, FORMERLY THE EFFORT, IS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) THAT PROVIDES COMPREHENSIVE MEDICA L CARE INCLUDING PREVENTIVE CARE, TREATMENT FOR MINOR ILLNESSES OR INJURIES, AND MANAGEMEN T OF CHRONIC MEDICAL CONDITIONS FOR THOSE WHO ARE PLACER COUNTY MCE MEMBERS, UNINSURED OR MEDI-CAL THE WELLSPACE HEALTH MEDICAL TEAM INCLUDES FAMILY PHY SICIANS, PHY SICIAN ASSISTAN TS AND NURSE PRACTITIONERS THANKS TO INVESTMENTS FROM SRMC, A WELLSPACE HEALTH CLINIC IS NOW LOCATED ON THE CAMPUS OF SRMC AT MOB 5 * THE ED NAVIGATOR PROGRAM AT SUTTER ROSEVILLE MEDICAL CENTER CONNECTS INDIVIDUALS WITH PRIMARY CARE AND OTHER NECESSARY HEALTH AND WELL NESS SERVICES * THE SENIOR RECREATION AND RESPITE PROGRAM (R & R) IS DESIGNED TO MEET THE NEEDS OF OLDER ADULTS WITH MEMORY OR PHY SICAL IMPAIRMENT THE PROGRAM PROVIDES RECREATION AL, SOCIAL AND EDUCATIONAL ACTIVITIES FOR THE PART</p>	

Return Reference	Explanation	
	<p>FORM 990, PART III, LINE 4A CONTINUED</p>	<p>ICIPANTS, AND RESPITE FOR CAREGIVERS TO ENJOY SOME FREE TIME TO THEMSELVES THE STAFF IS S UPPORTED BY ITS VALUABLE TEAM OF VOLUNTEERS AND COMPLETED BY PERSONAL CARE AIDS R & R MEE TS ONCE A WEEK IN AUBURN, AND FOUR DAYS A WEEK IN LINCOLN * THE SENIOR RESOURCE GUIDE IS A BOOKLET, FREE TO THE PUBLIC, WITH INFORMATION ON A MULTITUDE OF SENIOR SERVICES AVAILABL E IN PLACER COUNTY THE GUIDE IS UPDATED AND DISTRIBUTED SEMI-ANNUALLY VIA PHYSICIAN OFFIC ES, SENIOR APARTMENT COMPLEXES, SENIOR CENTERS, SKILLED NURSING FACILITIES, LIBRARIES, MOB ILE HOME COMMUNITIES, SENIOR SERVICE PROVIDERS, HOME HEALTH AND HOSPICE AGENCIES AND MANY OTHER SERVICE ORGANIZATIONS AND PUBLIC PLACES WE ARE ABLE TO PRODUCE THIS GUIDE IN PARTNE RSHIP WITH SENIORS FIRST, SUTTER ROSEVILLE MEDICAL CENTER, THE SUTTER ROSEVILLE MEDICAL CE NTER FOUNDATION, SUTTER AUBURN FAITH HOSPITAL AND THE SUTTER AUBURN FAITH HOSPITAL FOUNDAT ION * SUTTER ROSEVILLE MEDICAL CENTER PARTNERS WITH OAKMONT HIGH SCHOOL ON THE OAKMONT HE ALTH CAREERS ACADEMY, A THREE-YEAR HIGH SCHOOL PROGRAM, FOR STUDENTS INTERESTED IN EXPLORI NG AND PREPARING FOR CAREERS IN HEALTH CARE STUDENTS IN THEIR JUNIOR YEAR EXPERIENCE CARE ER OPTIONS THROUGH JOB-SHADOWING PROFESSIONALS AT SUTTER ROSEVILLE MEDICAL CENTER IN MANY AREAS OF HEALTH CARE, FOLLOWED BY A MONTH OFF A HANDS-ON CLINICAL EXPERIENCE ROTATION STU DENTS IN THEIR SENIOR YEAR PARTICIPATE IN A 100-HOUR INTERNSHIP IN THE HOSPITAL SETTING O THER COMMUNITY SERVICES THE HOSPICE PROGRAM WAS ESTABLISHED IN 1984 TO PROVIDE MEDICAL, SO CIAL, EMOTIONAL AND SPIRITUAL SUPPORT TO TERMINALLY ILL PATIENTS AND THEIR FAMILIES AT NO COST BEYOND WHAT INSURANCE, MEDICARE OR OTHER PROVIDERS PAY THE CHILDREN'S BEREAVEMENT ART GROUP GREW OUT OF HOSPICE IN 1993 TO EXTEND EXISTING BEREAVEMENT SERVICES FOR ADULTS TO MEET THE SPECIAL NEEDS OF CHILDREN IN 1987, THE HOSPITAL OPENED ITS PASTORAL CARE DEPARTM ENT WITH A FULL-TIME CHAPLAIN TO WORK IN COORDINATION WITH THE HOSPITAL'S SOCIAL SERVICE P ROGRAM SUTTER ROSEVILLE MEDICAL CENTER IS AN ACTIVE PARTNER WITH THE SAFE KIDS COALITION OF PLACER COUNTY, WHICH IS COMPRISED OF REPRESENTATIVES FROM LOCAL HEALTH CARE AGENCIES, G OVERNMENT AND PRIVATE AGENCIES IN PLACER COUNTY ITS GOAL IS TO REDUCE THE INCIDENCE OF IN JURY RELATED TO MORBIDITY AND MORTALITY AND ADDRESSES THESE ISSUES THROUGH EDUCATION, TRAI NING, ORGANIZATIONAL POLICY, NETWORKING, LEGISLATIVE ADVOCACY AND EVALUATION</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A CONTINUED	SUTTER SOLANO MEDICAL CENTER SUTTER SOLANO MEDICAL CENTER (SSMC) IS A 102 LICENSED BED ACUTE CARE HOSPITAL IN VALLEJO, CALIFORNIA, BETWEEN SACRAMENTO AND SAN FRANCISCO THE NOT-FOR-PROFIT, COMMUNITY-BASED FACILITY IS FULLY ACCREDITED BY THE JOINT COMMISSION AND PROVIDES A FULL-RANGE OF GENERAL, EMERGENCY AND MEDICAL/SURGICAL SPECIALTIES THE CARE TEAM AT SSMC INCLUDES 290 STAFF MEMBERS, 690 EMPLOYEES AND 100 VOLUNTEERS SSMC AFFILIATED WITH SUTTER HEALTH IN 1984 ENSURING THE ABILITY TO CONTINUE PROVIDING AND IMPROVING HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITY MISSION STATEMENT WE ENHANCE THE HEALTH AND WELL-BEING OF PEOPLE IN THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES HOSPITAL SERVICES SSMC'S EMERGENCY DEPARTMENT IS STAFFED 24-HOURS A DAY, 7 DAYS A WEEK BY BOARD-CERTIFIED EMERGENCY MEDICAL PHYSICIANS AND NURSES WHO SPECIALIZE IN EMERGENCY MEDICINE - ADULT AND PEDIATRIC SSMC IS ONE OF THE ONLY FACILITIES IN THE AREA WITH A HELICOPTER LANDING ZONE FOR ACCESS TO TRANSFER PATIENTS TO A HIGHER LEVEL OF CARE WHEN REQUIRED ON AVERAGE, SSMC DELIVERS NEARLY 700 BABIES EACH YEAR AND SUPPORTS NEW FAMILIES THROUGH ITS FAMILY BIRTHING CENTER, PRIVATE LABOR/DELIVER/RECOVERY (LDR) SUITES AND A VARIETY OF PRENATAL CLASSES IN ADDITION TO THE ACUTE CARE FACILITY, SSMC OPERATES A CANCER CENTER, FULLY ACCREDITED BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS (ACOS) COMPREHENSIVE CANCER SERVICES INCLUDE CHEMOTHERAPY, INFUSION THERAPY, LABORATORY AND PATHOLOGY, GENETIC TESTING, PAIN MANAGEMENT AND RADIATION THERAPY PROGRAM SERVICE ACCOMPLISHMENTS SSMC'S SOCIAL WORK SERVICE AND CARE COORDINATORS PLAY KEY ROLES IN HELPING PATIENTS LOCATE THE NECESSARY SERVICES AND EQUIPMENT FOR CARE AFTER HOSPITALIZATION SSMC'S SURGICAL SERVICES ARE PERFORMED ON BOTH AN INPATIENT AND OUTPATIENT BASIS AND INCLUDE THE LATEST TECHNIQUES IN SUCH AREAS AS CARDIAC, ORTHOPEDIC, GENERAL VASCULAR, ENDOSCOPIC AND OPHTHALMIC SURGERY OTHER HOSPITAL SERVICES INCLUDE INPATIENT REHABILITATION SERVICES, DIAGNOSTIC IMAGING SERVICES, RADIATION ONCOLOGY, LABORATORY, DIETARY AND INFUSION THERAPY CANCER SERVICES AVAILABLE INCLUDE PREVENTION, SCREENING, EDUCATION, LECTURES, THE CANCER RESOURCE LIBRARY, AND TREATMENT INCLUDING PROGRAMS SUCH AS RADIATION THERAPY, INTENSITY MODULATED RADIATION THERAPY, RESPIRATORY GAITING, CHEMOTHERAPY, INFUSION AND THE PATIENT NAVIGATOR PROGRAM WHICH PROVIDES A NURSE NAVIGATOR TO GUIDE CANCER PATIENTS THROUGH THEIR TREATMENT AND HEALING PROCESS COMMUNITY BENEFIT PROGRAMS SSMC PARTNERS WITH LA CLINICA DE LA RAZA'S NORTH VALLEJO CLINIC TO IMPROVE ACCESS TO PRIMARY CARE IN VALLEJO FOR OUR MOST VULNERABLE POPULATION-THE LOW-INCOME, UNDERINSURED AND UNINSURED PRIMARY CARE ACCESS LOWERS THE COST OF HEALTH CARE FOR ALL AS NON-URGENT CONDITIONS CAN NOW BE TREATED EARLY, BEFORE THEY ESCALATE INTO MORE SERIOUS ILLNESSES SSMC IS AN ACTIVE PARTICIPANT AND FOUNDING MEMBER OF THE SOLANO COALITION FOR BETTER HEALTH THE COALITION IS COMPRISED OF MAJOR HEALTH ORGANIZATIONS ALONG WITH REPRESENTATIVES FROM BUSINESS, GOVERNMENT, SERVICE PROVIDERS, ETC FOR THE PURPOSES OF CREATING HEALTHIER COMMUNITIES IN SOLANO COUNTY SSMC SUPPORTS COALITION EFFORTS TO PROVIDE A COMMUNITY HEALTH OUTREACH SYSTEM THIS OUTREACH SYSTEM PROVIDES OUTREACH WORKERS AND PUBLIC HEALTH NURSES WHO HELP THE COMMUNITY ACCESS HEALTH SERVICES AND ASSIST RESIDENTS IN LEADING HEALTHIER LIVES THE TRANSITIONAL CARE PROGRAM (TCP) THE TCP PROVIDES A PLACE TO DISCHARGE AND CONNECT HOMELESS PATIENTS, WHO ARE TRADITIONALLY UNDERSERVED RESIDENTS, WITH RESOURCES AND SUPPORT SSMC, ALONG WITH OTHER LOCAL HEALTH PROVIDERS, OFFER FUNDING AND SUPPORT TO THE SOLANO COALITION FOR BETTER HEALTH AND THE BENICIA COMMUNITY ACTION COALITION, TO PROVIDE THIS PROGRAM TO SOME OF SOLANO COUNTY'S MOST VULNERABLE RESIDENTS THIS PROGRAM LINKS HOMELESS ADULTS TO VITAL COMMUNITY SERVICES WHILE GIVING THEM A PLACE TO HEAL, AS WELL AS MEDICAL FOLLOW UP AND CASE MANAGEMENT THE CLIENTS WHO ARE ENROLLED IN THE TCP ARE INDIVIDUALS WHO OTHERWISE WOULD BE DISCHARGED TO THE STREET OR CARED FOR IN AN INPATIENT SETTING ONLY IN ADDITION, THE TCP ALLOWS PATIENTS TO FOCUS ON RECOVERY AND DEVELOPING A LONG-TERM PLAN TO GET OFF THE STREETS, ALL WHILE BEING LINKED TO VITAL COMMUNITY AND MEDICAL SERVICES THE TCP HAS PRODUCED IMPRESSIVE CLIENT OUTCOMES BY PROVIDING "WRAPAROUND" SERVICES INCLUDING CONNECTION TO A MEDICAL HOME, ENROLLMENT IN ELIGIBLE PROGRAMS AND SUPPORT SERVICES FOR CLIENTS ED NAVIGATOR/CERTIFIED APPLICATION ASSISTANT THE EMERGENCY DEPARTMENT NAVIGATOR PROGRAM SEEKS TO CONNECT WITH PATIENTS WHO ARE INAPPROPRIATELY ACCESSING CARE AT THE SUTTER SOLANO MEDICAL CENTER EMERGENCY DEPARTMENT AND LINKS ALL NON-URGENT USERS OF THE ED TO IMMEDIATE COMMUNITY RESOURCES AND MEDICAL CARE MORE SPECIFICALLY, ED NAVIGATORS REACH OUT TO PATIENTS WHO DO NOT HAVE A PRIMARY CARE PROVIDER AND PROVIDE EXTERNAL MANAGEMENT, C	

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A CONTINUED	ONNECTION TO SERVICES (E.G. INSURANCE ENROLLMENT, SUBSTANCE ABUSE TREATMENT, ETC) AND FOLLOW UP TO ENSURE A PRIMARY CARE PROVIDER IS BEING UTILIZED. ED NAVIGATORS ARE EMPLOYEES OF LA CLINICA, BUT ARE SUPPORTED THROUGH FUNDING FROM SSMC AND RESIDE IN THE SUTTER SOLANO MEDICAL CENTER EMERGENCY DEPARTMENT. ADDITIONALLY, WE RECENTLY EXPANDED THIS PROGRAM TO INCLUDE A CERTIFIED APPLICATION ASSISTANT, WHO WORKS ALONGSIDE THE ED NAVIGATOR IN THE EMERGENCY ROOM AND PROVIDES EDUCATION, OUTREACH AND INSURANCE ENROLLMENT SERVICES FOR THE PATIENTS WHO NEED IT. SUTTER SOLANO'S COMMUNITY BENEFIT GOALS ARE: * COLLABORATING WITH OTHER COMMUNITY PARTNERS IN RESPONDING TO IDENTIFIED NEEDS TO IMPROVE ACCESS TO HEALTH CARE SERVICES, ESPECIALLY FOR VULNERABLE POPULATIONS, INCLUDING THE UNINSURED, UNDERINSURED AND AT-RISK MOTHERS. * CONTINUE TO PROVIDE SERVICES AND WORK COLLABORATIVELY WITH OTHER SOLANO COUNTY AGENCIES TO ADDRESS PREVENTION, DETECTION AND TREATMENT OF CANCER, A MAJOR RECURRING HEALTH ISSUE IDENTIFIED IN THE COMMUNITY. * COLLABORATE WITH OTHER SOLANO COUNTY AGENCIES TO EXPAND SERVICES TO INCLUDE PRIMARY CARE. OTHER COMMUNITY OFFERINGS INCLUDE NUMEROUS INFORMATIONAL LECTURES, SCREENING AND HEALTH EVENTS, SUPPORT GROUPS, WALK-A-THONS AND FOOD AND CLOTHING DRIVES.

Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED	<p>SUTTER HEALTH SACRAMENTO SIERRA REGION FREE MAMMOGRAM SCREENING PROGRAM IS OFFERED AT SUTTER AMADOR HOSPITAL, SUTTER AUBURN FAITH HOSPITAL, SUTTER DAVIS HOSPITAL, SUTTER MEDICAL CENTER SACRAMENTO, SUTTER ROSEVILLE MEDICAL CENTER AND SUTTER SOLANO MEDICAL CENTER. WORKING WITH SUTTER DIAGNOSTIC IMAGING CENTERS THROUGHOUT THE SUTTER HEALTH SACRAMENTO SIERRA REGION, WE OFFER THE OPPORTUNITY FOR UNINSURED WOMEN TO RECEIVE FREE DIGITAL MAMMOGRAMS. IN 2013, AS A RESULT OF ALL OF THE COLLABORATIVE EVENTS THROUGHOUT THE REGION, WE WERE ABLE TO PROVIDE A TOTAL OF 670 FREE AND LOW-COST MAMMOGRAMS. AT MANY OF OUR MAMMOGRAPHY EVENTS, WE HAVE WAITING LISTS AND LONG LINES, DEMONSTRATING THAT ACCESS TO PRIMARY AND PREVENTATIVE CARE CONTINUES TO BE A MAJOR ISSUE IN OUR REGION. OUR GOAL IS NOT ONLY TO SCREEN UNINSURED WOMEN, BUT WE ALSO USE THESE EVENTS AS A CONNECTION POINT FOR THE UNDERSERVED MEMBERS OF OUR COMMUNITY, TO LINK THEM WITH A PRIMARY CARE PROVIDER, FOLLOW UP RESOURCES IF NEEDED, INSURANCE ENROLLMENT INFORMATION AND OTHER KEY SERVICES. WE WILL HAVE TO EXAMINE THE CURRENT MODEL OF THIS PROGRAM IN 2014, AS UNDER THE AFFORDABLE CARE ACT, ALL WOMEN (WITH THE EXCEPTION OF UNDOCUMENTED IMMIGRANTS) WILL HAVE INSURANCE, THEREFORE, WE WILL REASSESS OUR PROCESS MOVING FORWARD, AS THESE EVENTS HAVE TYPICALLY TARGETED THE UNINSURED ONLY. NEW IN 2013, WE ARE INTEGRATING OUR ED NAVIGATORS INTO SOME OF THE SCREENING EVENTS, AS A PILOT PROJECT, TO PROVIDE ONSITE PRIMARY CARE REFERRALS AND OTHER COMMUNITY RESOURCES TO THE WOMEN. ALSO, WE INTEGRATED INSURANCE ENROLLMENT SPECIALISTS FROM COVERED CALIFORNIA TO PROVIDE INSURANCE EDUCATION, OUTREACH AND ENROLLMENT TO THE WOMEN WHO NEED IT MOST.</p>

Return Reference	Explanation
FORM 990, PART VI, LINES 6 & 7A	THIS CORPORATION IS AN AFFILIATE OF SUTTER HEALTH, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION SUTTER HEALTH IS THE SOLE MEMBER WITH THE RIGHT TO ELECT AT LEAST A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	<p>SUTTER HEALTH AS THE SOLE MEMBER OF THE ORGANIZATION IS ENTITLED TO EXERCISE FULLY ALL RIGHTS AND PRIVILEGES OF MEMBERS OF NONPROFIT CORPORATIONS UNDER THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW, AND ALL OTHER APPLICABLE LAWS THE MEMBER HAS THE RIGHTS AND POWERS TO APPOINT (AND REMOVE) MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS, SUBJECT TO THE PROVISIONS OF THE BYLAWS IN ADDITION, THE MEMBER HAS THE RIGHT TO APPROVE THE FOLLOWING ACTIONS OF THE CORPORATION'S BOARD OF DIRECTORS A MERGER, CONSOLIDATION, REORGANIZATION, OR DISSOLUTION OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, B AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR THE BYLAWS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, C ADOPTION OF OPERATING BUDGETS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, INCLUDING CONSOLIDATED OR COMBINED BUDGETS OF THE CORPORATION AND ALL SUBSIDIARY ORGANIZATIONS OF THE CORPORATION, D ADOPTION OF CAPITAL BUDGETS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, E AGGREGATE OPERATING OR CAPITAL EXPENDITURES ON AN ANNUAL BASIS THAT EXCEED APPROVED OPERATING OR CAPITAL BUDGETS BY A SPECIFIED DOLLAR AMOUNT TO BE DETERMINED FROM TIME TO TIME BY THE GENERAL MEMBER, F LONG-TERM OR MATERIAL AGREEMENTS INCLUDING, BUT NOT LIMITED TO, BORROWINGS, EQUITY FINANCINGS, CAPITALIZED LEASES AND INSTALLMENT CONTRACTS, AND PURCHASE, SALE, LEASE, DISPOSITION, HYPOTHECATION, EXCHANGE, GIFT, PLEDGE, OR ENCUMBRANCE OF ANY ASSET, REAL OR PERSONAL, WITH A FAIR MARKET VALUE IN EXCESS OF A DOLLAR AMOUNT TO BE DETERMINED FROM TIME TO TIME BY THE DIRECTORS OF THE GENERAL MEMBER, WHICH SHALL NOT BE LESS THAN 10% OF THE TOTAL ANNUAL CAPITAL BUDGET OF THE CORPORATION, G APPOINTMENT OF AN INDEPENDENT AUDITOR AND HIRING OF INDEPENDENT COUNSEL EXCEPT IN CONFLICT SITUATIONS BETWEEN THE GENERAL MEMBER AND THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, H THE CREATION OR ACQUISITION OF ANY SUBSIDIARY OR AFFILIATE ENTITY, I CONTRACTING WITH AN UNRELATED THIRD PARTY FOR ALL OR SUBSTANTIALLY ALL OF THE MANAGEMENT OF THE ASSETS OR OPERATIONS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, J APPROVAL OF MAJOR NEW PROGRAMS AND CLINICAL SERVICES OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY THE GENERAL MEMBER SHALL FROM TIME TO TIME DEFINE THE TERM "MAJOR" IN THIS CONTEXT, K APPROVAL OF STRATEGIC PLANS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, L ADOPTION OF QUALITY ASSURANCE POLICIES NOT IN CONFORMITY WITH POLICIES ESTABLISHED BY THE GENERAL MEMBER, M ANY TRANSACTION BETWEEN THE CORPORATION, A SUBSIDIARY OR AFFILIATE AND A DIRECTOR OF THE CORPORATION OR AN AFFILIATE OF SUCH DIRECTOR IN ADDITION, THE GENERAL MEMBER SHALL HAVE THE AUTHORITY (BY A VOTE OF NOT LESS THAN TWO-THIRDS (2/3) OF ITS BOARD), TO DECLARE A MAJOR ACTIVITY REQUIRING APPROVAL</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	SUTTER HEALTH, A RELATED TAX-EXEMPT ORGANIZATION, HAS A CENTRALIZED TAX DEPARTMENT RESPONSIBLE FOR THE PREPARATION OF THE FORM 990. ANNUALLY, THE TAX DEPARTMENT PROVIDES TRAINING AND EDUCATION TO AFFILIATE PERSONNEL WHO ASSIST THE TAX DEPARTMENT IN COLLECTING AND REVIEWING DATA TO BE REPORTED ON THE FORM 990. THE PREPARATION MATERIAL IS REVIEWED BY VARIOUS DEPARTMENTS INCLUDING TAX, FINANCE, LEGAL, AND HUMAN RESOURCES. A NATIONAL ACCOUNTING FIRM PREPARES AND/OR REVIEWS THE RETURN. A COMPLETED RETURN IS THEN REVIEWED BY THE TAX DEPARTMENT, THE AFFILIATE, AND THE CFO BEFORE THE RETURN IS FILED. A COPY OF THE FORM 990 HAS BEEN PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY BEFORE FILING THE FORM.

Return Reference	Explanation
FORM 990, PART VI, LINE 12	<p>EMPLOYEES ARE EDUCATED ON THE CONFLICT OF INTEREST POLICY AND THE NEED TO MAKE DISCLOSURE AS PART OF ANNUAL COMPLIANCE EDUCATION. IN ADDITION, ANNUALLY A DISCLOSURE STATEMENT IS COMPLETED BY ALL DIRECTORS AND OFFICERS THAT INCLUDES AN ACKNOWLEDGEMENT THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY. ON THIS STATEMENT THE INDIVIDUAL WILL LIST A WIDE RANGE OF INFORMATION WHICH INCLUDES BUSINESS RELATIONSHIPS, EMPLOYMENT RELATIONSHIPS, PROPERTY INTERESTS, AND THOSE OF RELATED PARTIES. THE CEO AND BOARD CHAIR WILL REVIEW THE STATEMENTS AND MONITOR SITUATIONS THAT MAY POSE A POTENTIAL CONFLICT OF INTEREST. THE CEO AND BOARD CHAIR MAY CONSULT WITH THE OFFICE OF THE GENERAL COUNSEL AS NECESSARY. IF THERE IS A POTENTIAL CONFLICT OF INTEREST RELATED TO A PARTICULAR TRANSACTION, THE INTERESTED INDIVIDUAL MUST DISCLOSE THE EXISTENCE AND NATURE OF THE RELATIONSHIP. THE BOARD CHAIR MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE THE CONFLICT. UNTIL THE POTENTIAL CONFLICT IS RESOLVED, THE BOARD CHAIR MAY REQUEST THE INDIVIDUAL TO NOT PARTICIPATE DURING RELATED PRESENTATIONS AND DISCUSSIONS. IN ALL CIRCUMSTANCES INVOLVING AN ACTUAL CONFLICT, THE INTERESTED INDIVIDUAL SHALL REFRAIN FROM VOTING ON ANY MATTER RELATED TO THE TRANSACTION.</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 15	<p>THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ENSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION. IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL, CALIFORNIA AND LOCAL MARKET AREA COMPENSATION DATA COMPARISONS ARE REVIEWED. COMPETITIVE ANALYSIS INCLUDES (A) BASE SALARY, (B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE) AND (C) TOTAL REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM INCENTIVE). THIS ANALYSIS INCLUDES COMPARABLE ORGANIZATIONS AND GEOGRAPHIC CONSIDERATIONS. FOR THE MOST SENIOR EXECUTIVE POSITIONS, NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH ARE MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT. ON THE OTHER HAND, BECAUSE CALIFORNIA'S UNDERLYING COMPENSATION STRUCTURE IS HIGHER THAN NATIONAL DATA (ESPECIALLY IN THE BAY AREA), REGIONAL PAY COMPARISONS AND ADJUSTMENTS ARE MADE. OFFICERS AND KEY EMPLOYEES OF THIS ORGANIZATION WHO ARE SUTTER HEALTH EMPLOYEES UNDERGO A REVIEW AND COMPENSATION COMMITTEE APPROVAL, AND SUCH APPROVAL IS RECORDED IN THE MINUTES.</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 19	THE SUTTER HEALTH SYSTEM POSTS ITS CURRENT AND PAST AUDITED FINANCIAL STATEMENTS AT SUTTERHEALTH.ORG. OTHER DOCUMENTS ARE ALSO LOCATED AT THIS WEBSITE INCLUDING THE ANNUAL REPORT, MISSION STATEMENT, HISTORY, AND LINKS TO AFFILIATE WEBSITES. THE GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	K-1 ORDINARY INCOME \$ (475,025) PARTNERSHIP LOSS ON BOOKS 494,231 EQUITY TRANSFERS (NET) (145,676,077) SHARED SERVICE ACCOUNT ADJUSTMENT 1,046,358 ----- TOTAL (144,610,513) =====

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HEALTH VENTURES INC 350 HAWTHORNE ST OAKLAND, CA 94609 94-2918780	HEALTH SERVICES	CA	NA	C CORP				Yes	

Part V

Transactions With Related Organizations

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n		No
1o		No
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

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
See Additional Data Table			

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 94-1156621

Name: SUTTER HEALTH SACRAMENTO SIERRA REGION

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
(1) ADOLESCENT TREATMENT CENTERS INC 390 40TH STREET OAKLAND, CA 94609 68-0088443	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	Yes	
(1) ALTA BATES SUMMIT FOUNDATION 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA 94609 51-0160184	FUNDRAISING	CA	501(C)(3)	7	SUTTER EBH	Yes	
(2) CALIFORNIA PACIFIC MEDICAL CTR FOUND 2015 STEINER STREET 2ND FLOOR SAN FRANCISCO, CA 94115 94-2728423	FUNDRAISING	CA	501(C)(3)	7	SUTTER WBH	Yes	
(3) DELTA MEMORIAL HOSPITAL FOUNDATION 3901 LONE TREE WAY ANTIOCH, CA 94509 94-2417022	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER EBH	Yes	
(4) EAST BAY PERINATAL CENTER 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA 94609 51-0172285	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	Yes	
(5) EDEN MEDICAL CENTER 20103 LAKE CHABOT ROAD CASTRO VALLEY, CA 94546 94-2948100	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(6) MEMORIAL HOSPITAL FOUNDATION 1800 COFFEE ROAD SUITE 76 MODESTO, CA 95355 94-2290244	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER CVH	Yes	
(7) MILLS-PENINSULA HEALTH SERVICES 1501 TROUSDALE DRIVE BURLINGAME, CA 94010 94-1156265	HOSPITAL	CA	501(C)(3)	3	PAMF	Yes	
(8) MILLS-PENINSULA HOSPITAL FOUNDATION 1501 TROUSDALE DRIVE BURLINGAME, CA 94010 23-7288765	FUNDRAISING	CA	501(C)(3)	7	MPHS	Yes	
(9) PALO ALTO MEDICAL FOUNDATION 2350 EL CAMINO REAL MOUNTAIN VIEW, CA 94040 94-1156581	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(10) SAMUEL MERRITT UNIVERSITY 450 30TH STREET 2840 OAKLAND, CA 94609 94-2992642	UNIVERSITY	CA	501(C)(3)	2	SUTTER EBH	Yes	
(11) SUTTER AUBURN FAITH HOSPITAL FOUNDATION 11815 EDUCATION ST AUBURN, CA 95602 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(12) SUTTER CENTRAL VALLEY HOSPITALS 1800 COFFEE ROAD SUITE 76 MODESTO, CA 95355 94-1080917	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(13) SUTTER COAST HOSPITAL 800 E WASHINGTON BLVD CRESCENT CITY, CA 95531 94-2988520	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(14) SUTTER DAVIS HOSPITAL FOUNDATION PO BOX 1617 DAVIS, CA 95617 68-0217870	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(15) SUTTER EAST BAY HOSPITALS 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA 94609 94-1196176	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(16) SUTTER EAST BAY MEDICAL FOUNDATION 3687 MT DIABLO BLVD 200 LAFAYETTE, CA 94549 94-2690415	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(17) SUTTER GOULD MEDICAL FOUNDATION 600 COFFEE ROAD MODESTO, CA 95355 94-1682256	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(18) SUTTER HEALTH 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2788907	SUPPORTING OR	CA	501(C)(3)	11c III-FI	NA		No
(19) SUTTER HEALTH PACIFIC 91-2301 FT WEAVER RD EWA BEACH, HI 96706 99-0298651	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
(21) SUTTER HEALTH PLAN 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 46-1183948	HEALTH PLAN	CA	PENDING	PENDING	SUTTER HLTH	Yes	
(1) SUTTER INSURANCE SERVICES CORPORATION 745 FORT STREET SUITE 800 HONOLULU, HI 96813 99-0289310	INSURANCE SER	HI	501(C)(3)	11b - II	SUTTER HLTH	Yes	
(2) SUTTER MEDICAL CENTER FOUNDATION PO BOX 160727 SACRAMENTO, CA 95816 94-2788906	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(3) SUTTER MEDICAL CENTER CASTRO VALLEY 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 77-0146047	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(4) SUTTER MEDICAL FOUNDATION 2800 L STREET 7TH FLOOR SACRAMENTO, CA 95816 68-0273974	HEALTHCARE	CA	501(C)(3)	11b - II	SUTTER HLTH	Yes	
(5) SUTTER ROSEVILLE MEDICAL CTR FOUNDATION ONE MEDICAL PLAZA ROSEVILLE, CA 95661 68-0040113	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(6) SUTTER SOLANO CHARITABLE FOUNDATION 300 HOSPITAL DRIVE VALLEJO, CA 94589 94-2668262	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(7) SUTTER VISITING NURSE ASSOC AND HOSPICE 1900 POWELL ST 300 EMERYVILLE, CA 94608 94-6068843	HEALTHCARE	CA	501(C)(3)	9	SUTTER HLTH	Yes	
(8) SUTTER WEST BAY HOSPITALS 2333 BUCHANAN STREET SAN FRANCISCO, CA 94115 94-0562680	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(9) SUTTER WEST BAY MEDICAL FOUNDATION 2015 STEINER STREET 1ST FLOOR SAN FRANCISCO, CA 94115 94-2948131	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(10) TRACY HOSPITAL FOUNDATION 1420 N TRACY BLVD TRACY, CA 95376 68-0318845	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER CVH	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MAGNETIC IMAGING AF 175 LENNON WLN CK, CA 94598 94-2953833	PATIENT CARE	CA	NA	N/A								
SURG CTR OF ABSMC 3875 TELEGRAPH OAKLAND, CA 94609 47-0946086	OUTPATIENT SURG	CA	NA	N/A								
ALTA CT SERVICES LP 175 LENNON WLN CK, CA 94598 94-3083464	PATIENT CARE	CA	NA	N/A								
CALIFORNIA PACIFIC ADV IMAGING LLC PO BOX 6102 NOVATO, CA 94948 56-2311840	MRI JOINT VENTURE	CA	NA	N/A								
SAN FRANCISCO ENDOSCOPY CENTER LLC 3000 RIVERCHASE BIRMINGHAM, AL 35244 91-2160588	ENDOSCOPY JV	CA	NA	N/A								
PRESIDIO SURGERY CENTER LLC 1635 DIVISADERO SF, CA 94115 32-0144060	AMBULATORY SURG	CA	NA	N/A								
SUTTER FAIRFIELD SURGERY CTR 2700 LOW CT FAIRFIELD, CA 94533 30-0233892	SURGERY	CA	NA	N/A								
TWIN CITIES SURGICAL HOSPITAL LLC 250 S WACKER CHICAGO, IL 60606 35-2182617	SURGERY	CA	NA	N/A								
SUTTER AMADOR SURGERY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 46-1398093	SURGERY	CA	NA	N/A								
ROSEVILLE ENDOSCOPY CENTER LLC 4 MEDICAL PLAZA SUITE 210 ROSEVILLE, CA 95661 87-0710513	ENDOSCOPY JV	CA	NA	N/A								
MEMORIAL MEDICAL OFFICE BUILDING PRTRN I 1800 COFFEE RD SUITE 76 MODESTO, CA 95355 77-0287288	OFFICE BUILDING	CA	NA	N/A								
MEMORIAL MEDICAL OFFICE BUILDING PRTRN 2 1800 COFFEE RD SUITE 76 MODESTO, CA 95355 77-0287288	OFFICE BUILDING	CA	NA	N/A								

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SUTTER CENTRAL VALLEY HOSPITALS	L	2,178,468	FMV
SUTTER MEDICAL FOUNDATION	Q	32,707,151	FMV
SUTTER COAST HOSPITAL	L	364,512	FMV
SUTTER VISITING NURSES ASSOCIATION	M	160,996	FMV
SUTTER VISITING NURSES ASSOCIATION	P	8,482,021	FMV
SUTTER VISITING NURSES ASSOCIATION	Q	8,369,626	FMV
SUTTER INSURANCES SERVICES CORPORATION	P	13,865,388	FMV
SUTTER DAVIS HOSPITAL FOUNDATION	C	113,030	FMV
SUTTER MEDICAL CENTER FOUNDATION	C	3,897,259	FMV
SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION	C	107,382	FMV
SUTTER AUBURN FAITH HOSPITAL FOUNDATION	C	162,002	FMV
SUTTER HEALTH (MOORE GRANT)	C	2,000,000	FMV
SUTTER EAST BAY HOSPITALS	M	455,763	FMV



Imagined by Sutter Health

Sutter Health and Affiliates
Consolidated Financial Statements
and
Supplementary Information
Year ended December 31, 2013 and 2012

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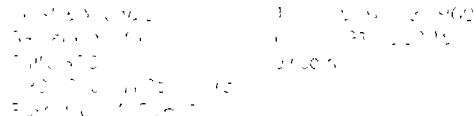
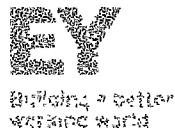
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Consolidated Financial Statements
and
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Report of Independent Auditors

The Board of Directors
Sutter Health and Affiliates

We have audited the accompanying consolidated financial statements of Sutter Health and Affiliates, which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the 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 entity'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 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 financial statements referred to above present fairly, in all material respects, the consolidated financial position of Sutter Health and Affiliates at December 31, 2013 and 2012, and the consolidated results of their operations and changes in net assets, and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst & Young LLP

March 4, 2014

Sutter Health and Affiliates
Consolidated Balance Sheets

(Dollars in millions)

	December 31,	
	2013	2012
Assets		
Current assets:		
Cash and cash equivalents	\$ 344	\$ 438
Short-term investments	3,908	3,033
Patient accounts receivable (net of allowance for doubtful accounts of \$314 in 2013 and \$302 in 2012)	1,196	1,086
Other receivables	218	218
Inventories	91	92
Other	63	70
Total current assets	<u>5,820</u>	<u>4,937</u>
Non-current investments	845	794
Property, plant and equipment, net	6,705	6,275
Other	845	384
	<u>\$ 14,215</u>	<u>\$ 12,390</u>
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 433	\$ 331
Accrued salaries and related benefits	536	504
Other accrued expenses	476	469
Current portion of long-term obligations	16	17
Total current liabilities	<u>1,461</u>	<u>1,321</u>
Non-current liabilities:		
Long-term obligations, less current portion	3,764	2,996
Other	667	711
Net assets:		
Unrestricted controlling	7,846	6,930
Unrestricted noncontrolling	90	71
Temporarily restricted	257	232
Permanently restricted	130	129
	<u>8,323</u>	<u>7,362</u>
	<u>\$ 14,215</u>	<u>\$ 12,390</u>

See accompanying notes

Sutter Health and Affiliates

Consolidated Statements of Operations and Changes in Net Assets

(Dollars in millions)

	Year ended December 31,	
	2013	2012
Unrestricted net assets:		
Operating revenues:		
Patient service revenues	\$ 8,771	\$ 8,612
Provision for bad debts	(410)	(376)
Patient service revenues less provision for bad debts	8,361	8,236
Capitation revenues	939	976
Contributions	8	10
Other	341	338
Total operating revenues	9,649	9,560
Operating expenses:		
Salaries and employee benefits	4,470	4,314
Purchased services	2,354	2,166
Supplies	1,056	1,015
Depreciation and amortization	603	469
Capitated purchased services	250	267
Rentals and leases	140	126
Interest	78	74
Insurance	30	26
Other	690	554
Total operating expenses	9,671	9,011
(Loss) income from operations	(22)	549
Investment income	177	105
Change in net unrealized gains and losses on investments classified as trading	203	137
Income	358	791
Less income attributable to noncontrolling interests	(58)	(56)
Income attributable to Sutter Health	300	735

Sutter Health and Affiliates

Consolidated Statements of Operations and Changes in Net Assets (continued)

(Dollars in millions)

	Year ended December 31,	
	2013	2012
Unrestricted net assets (continued):		
Unrestricted controlling net assets:		
Income attributable to Sutter Health	\$ 300	\$ 735
Change in net unrealized gains and losses on investments classified as other-than-trading	(25)	6
Net assets released from restrictions for equipment acquisition	7	13
Pension-related changes other than net periodic pension cost	634	35
Other	—	13
Increase in unrestricted controlling net assets	916	802
Unrestricted noncontrolling net assets:		
Income attributable to noncontrolling interests	58	56
Distributions	(55)	(49)
Contributed capital	1	6
Other	15	2
Increase in unrestricted noncontrolling net assets	19	15
Temporarily restricted net assets:		
Contributions	39	34
Investment income	6	6
Change in net unrealized gains and losses on investments	11	13
Net assets released from restrictions	(28)	(41)
Other	(3)	1
Increase in temporarily restricted net assets	25	13
Permanently restricted net assets:		
Contributions	1	2
Investment income	1	1
Change in net unrealized gains and losses on investments	2	1
Other	(3)	—
Increase in permanently restricted net assets	1	4
Increase in net assets	961	834
Net assets, beginning of year	7,362	6,528
Net assets, end of year	\$ 8,323	\$ 7,362

See accompanying notes

Sutter Health and Affiliates

Consolidated Statements of Cash Flows

(Dollars in millions)

	Year ended December 31,	
	2013	2012
Operating activities		
Increase in net assets	\$ 961	\$ 834
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	509	464
Amortization of bond issuance (premium) discount, net	(10)	(7)
Change in net unrealized gains and losses on investments	(191)	(157)
Provision for doubtful accounts	410	376
Restricted contributions and investment income	(47)	(43)
Loss on impairment of property, plant and equipment	92	3
Change in net postretirement benefits	(486)	(39)
Net loss on disposal of property, plant and equipment	—	2
Net changes in operating assets and liabilities:		
Patient accounts receivable and other receivables	(520)	(364)
Inventories and other assets	14	9
Accounts payable and accrued expenses	131	84
Other non-current liabilities	(8)	39
Net cash provided by operating activities	<u>855</u>	<u>1,201</u>
Investing activities		
Purchases of property, plant and equipment	(1,023)	(1,054)
Proceeds from disposal of property, plant and equipment	7	—
(Purchases) and sales or maturities of investments, net	(735)	377
Other	(16)	(26)
Net cash used in investing activities	<u>(1,767)</u>	<u>(703)</u>

Sutter Health and Affiliates

Consolidated Statements of Cash Flows (continued)

(Dollars in millions)

	Year ended December 31,	
	2013	2012
Financing activities		
Payments of long-term obligations	\$ (18)	\$ (22)
Payments for bond redemption	—	(502)
Proceeds from issuance of long-term obligations	757	120
Bond issuance costs	(6)	(2)
Bond issuance premium	38	14
Restricted contributions and investment income	47	43
Net cash provided by (used in) financing activities	818	(349)
Net (decrease) increase in cash and cash equivalents	(94)	149
Cash and cash equivalents at beginning of year	438	289
Cash and cash equivalents at end of year	<u>\$ 344</u>	<u>\$ 438</u>
Supplementary disclosures of cash flow information:		
Cash paid during the year for interest (net of capitalized interest costs of \$86 in 2013 and \$87 in 2012)	<u>\$ 69</u>	<u>\$ 76</u>

See accompanying notes

Sutter Health and Affiliates

Notes to Consolidated Financial Statements

December 31, 2013 and 2012

(Dollars in millions)

1. ORGANIZATION

Sutter Health is a California not-for-profit multi-provider integrated health care delivery system headquartered in Sacramento, California, which includes a centralized support group and various health care-related businesses operating primarily in five geographic regions, principally in Northern California. Sutter Health and its affiliates and subsidiaries provide health care, education, research and administration services.

The five geographic regions include acute care, medical foundations, fundraising foundations and a variety of other specialized health care services. These entities are commonly referred to as the affiliates. Most acute care hospitals provide a full range of medical services (e.g., surgical, intensive care, emergency room, and obstetrics). All emergency rooms provide emergency care, regardless of a patient's ability to pay. Sutter Health and its affiliates also serve their communities with programs including health education, health libraries, school-based clinics, home health care, hospice care, adult day care, prenatal clinics, community clinics, immunization services, and training health professionals.

2. ACCOUNTING POLICIES

Basis of Consolidation: The consolidated financial statements include the accounts of Sutter Health and its controlled affiliates and subsidiaries (Sutter). All significant intercompany accounts and transactions have been eliminated in consolidation.

Use of Estimates: The preparation of financial statements in conformity with United States (U.S.) generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes. Actual results could differ from those estimates.

Cash Equivalents: Cash equivalents include all highly liquid investments with original maturities of 90 days or less, including money market accounts with limited market risk, and investment-grade debt instruments, many of which are backed by the U.S. Government or other government agencies. Financial instruments that potentially subject Sutter to concentrations of credit risk include cash equivalents and investments. Sutter places certain of its cash in banks that are federally insured in limited amounts. Cash equivalents are stated at fair market value.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

2. ACCOUNTING POLICIES (continued)

Investments: Investments consist principally of U.S. corporate debt and equity securities, U.S. government and agency securities, and foreign government and corporate debt securities, all of which are designated as either trading or other-than-trading and carried at fair market value. Certain investments are held in trust. These include assets held by trustees in accordance with the indentures relating to long-term obligations. In addition, certain investments are designated by the appropriate Sutter governing boards for future capital improvements.

Patient Accounts Receivable: Sutter's primary concentration of credit risk is patient accounts receivable, which consist of amounts owed by various governmental agencies, insurance companies and private patients. Sutter manages the receivables by regularly reviewing its patient accounts and contracts and by providing appropriate allowances for uncollectible amounts. These allowances are estimated based upon an evaluation of historical payments, negotiated contracts and governmental reimbursements. Sutter's allowance for doubtful accounts for self-pay patients was 90% and 89% of self-pay accounts receivable at December 31, 2013 and 2012, respectively. Adjustments and changes in estimates are recorded in the period in which they are determined. Significant concentrations of gross patient accounts receivable are as follows:

	December 31,	
	2013	2012
Medicare	33%	29%
Medi-Cal	21%	23%

During 2013 and 2012, certain affiliates collected on accounts that were previously deemed uncollectible and reserved. Such recoveries are recognized in the period that cash is received and are not material. Due to the inherent variability in the estimation of future patient receivable collections, there is at least a reasonable possibility that the estimation may change by a material amount in the near term.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

2. ACCOUNTING POLICIES (continued)

Inventories: Inventories, which consist principally of medical and other supplies, are stated on the basis of cost determined by the first-in, first-out method, which is not in excess of market.

Property, Plant and Equipment: Property, plant and equipment are stated on the basis of cost, or in the case of donated items, on the basis of fair market value at the date of donation, less depreciation and any impairment write-downs. Equipment includes medical equipment, furniture and fixtures, software, and internally-developed software. Routine maintenance and repairs are charged to expense as incurred. Expenditures that increase values, change capacities or extend useful lives are capitalized, as is interest on amounts borrowed to finance constructed assets during the construction phase. Sutter accrued obligations for property, plant and equipment of \$96 and \$86 for 2013 and 2012, respectively.

Depreciation is computed by the straight-line method over the estimated useful lives of the assets, which range from 3 to 40 years for buildings and improvements and leasehold improvements and from 3 to 20 years for equipment. Amortization of equipment under capital leases is included in depreciation and amortization expense.

Asset Impairment: Sutter routinely evaluates the carrying value of its long-lived assets for impairment. The evaluations address the estimated recoverability of the assets' carrying value, which is principally determined based on projected net cash flows generated by the underlying tangible assets. When the carrying value of an asset exceeds estimated recoverability, asset impairment is recognized.

Other Assets: Goodwill represents the excess of purchase price over the fair market value of net assets acquired. Goodwill and other intangible assets acquired in business combinations that have indefinite useful lives are subject to impairment tests. Sutter performs impairment tests at the reporting unit level annually or when events occur that require an evaluation to be performed. If the carrying value of goodwill is determined to be impaired, or if the carrying value of a business that is to be sold or otherwise disposed of exceeds its fair value, then the carrying value is reduced, including any allocated goodwill, to fair value. Estimates of fair value are based on appraisals, established market prices for comparative assets or internal estimates of future net cash flows based on projected performance, depending on circumstances. Sutter reported additions to goodwill of \$18 and \$24 for 2013 and 2012, respectively.

Unamortized financing costs associated with the issuance of long-term bonds are amortized ratably over the estimated average period the bonds will be outstanding.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

2. ACCOUNTING POLICIES (continued)

Other Liabilities: Other non-current liabilities consist of (i) insurance liabilities, including estimated liabilities for professional liability and comprehensive general liability losses, and workers' compensation, (ii) the portion of estimated third-party settlements not expected to be settled within a year, (iii) other postretirement benefits liabilities and (iv) certain other liabilities.

Risk Management: Sutter is self-insured for workers' compensation and employee health for most affiliates. Also, affiliates are insured by a wholly owned self-insured captive insurance company for professional liability claims and comprehensive general liability.

The provisions for estimated workers' compensation, employee health, and professional liability and comprehensive general liability claims include estimates of the ultimate costs for both uninsured reported claims and claims incurred-but-not-reported (IBNR), in accordance with actuarial projections or paid claims lag models based on past experience. Workers' compensation liabilities were \$207 and \$218 discounted using a rate of 2.5% and 1.6% as of December 31, 2013 and 2012, respectively. Sutter has other workers' compensation programs administered at certain affiliates that are discounted using rates ranging from 1.3% to 2.5% as of December 31, 2013, and 0.8% to 1.9% as of December 31, 2012, with reserves amounting to \$17 and \$27, respectively. Employee health liabilities were \$41 and \$37 as of December 31, 2013 and 2012, respectively, and were recorded on an undiscounted basis in accrued salaries and employee benefits. Professional liabilities and comprehensive general liabilities were \$105 and \$99 discounted at a rate of 1.3% and 0.8% as of December 31, 2013 and 2012, respectively. Such claim reserves are based on the best data available to Sutter; however, these estimates are subject to a significant degree of inherent variability. There is at least a reasonable possibility that a material change to the estimated reserves will occur in the near term. Such estimates are continually monitored and reviewed, and as reserves are adjusted, the differences are reflected in current operations. Management is of the opinion that the associated liabilities recognized in the accompanying consolidated financial statements are adequate to cover such claims.

Sutter has entered into reinsurance, stop loss, and excess policy agreements with independent insurance companies to limit its losses on workers' compensation, employee health, professional liability, and comprehensive general liability claims.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

2. ACCOUNTING POLICIES (continued)

In lieu of a workers' compensation security deposit requirement, Sutter paid assessment charges to participate in the California Self Insurers' Alternative Security Program, which provided coverage of \$241 and \$121 as of December 31, 2013 and 2012, respectively.

Asset Retirement Obligations: Sutter has recorded an estimated other non-current liability of \$41 and \$45 at December 31, 2013 and 2012, respectively, related to the fair value of costs for asbestos abatement that will result from Sutter's current plans to renovate and/or demolish certain acute care facilities.

Contingencies: Estimated losses from contingencies are recorded when they are probable and reasonably estimable.

Net Assets: Net resources that are not restricted by donors are included in unrestricted net assets. Gifts of long-lived operating assets, such as property, plant or equipment, are reported as unrestricted net assets and excluded from income. Resources restricted by donors for a specified time or purpose are reported as temporarily restricted net assets.

When the specific purposes are met, either through passage of a stipulated time period or when the purpose for restriction is accomplished, they are released to other operating revenues in the consolidated statement of operations and changes in net assets. Resources temporarily restricted by donors for additions to property, plant and equipment are initially reported as temporarily restricted net assets and are transferred to unrestricted net assets when expended. Donor-imposed restrictions, which stipulate that the resources be maintained permanently, are reported as permanently restricted net assets.

Investment income related to temporarily or permanently restricted net assets is classified as either unrestricted, temporarily restricted, or permanently restricted, based on the intent of the donor.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

2. ACCOUNTING POLICIES (continued)

Patient Service Revenues and Patient Service Revenues less Provision for Bad Debts: Patient service revenues are reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement programs with third-party payers. Estimated settlements under third-party reimbursement programs are accrued in the period the related services are rendered and adjusted in future periods, primarily as a result of final cost report settlements with government agencies.

Patient service revenues less provision for bad debts are reported net of the provision for bad debts on the consolidated statement of operations and changes in net assets. Sutter's self-pay write-offs were \$375 and \$370 for 2013 and 2012, respectively.

Patient services revenues, net of contractual allowances and discounts, are as follows:

	Year ended December 31,	
	2013	2012
Government	\$ 3,291	\$ 3,214
Contracted	5,185	5,152
Self-pay and others	295	246
	<u>\$ 8,771</u>	<u>\$ 8,612</u>

Other Revenue: The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medi-Cal and Medicare incentive payment program beginning in 2011 for eligible providers that adopt and demonstrate meaningful use of certified EHR technology.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

2. ACCOUNTING POLICIES (continued)

Sutter accounts for Medi-Cal and Medicare EHR incentive payments as a gain contingency. For the years ended December 31, 2013 and 2012, Medi-Cal incentives of \$8 and \$23, and Medicare incentives of \$15 and \$17, respectively, were recognized in other revenues upon demonstration of compliance with the meaningful use criteria. A portion of the income from incentive payments is subject to retrospective adjustment, as the incentive payments are calculated using Medicare cost report data that is subject to audit. Additionally, Sutter's compliance with meaningful use criteria is subject to audit by the federal government, which could result in changes to amounts previously recorded.

Purchased Services: Purchased services expense is made up of a wide variety of contracted and other purchased services, including medical group compensation, other professional fees, and repairs and maintenance. Medical group compensation is accrued by Sutter according to professional services agreements between affiliated medical foundations and contracted medical groups.

Capitated Purchased Services: Sutter has agreements with various Health Maintenance Organizations (HMOs) to provide medical services to subscribing participants. Under these agreements, Sutter receives monthly capitation payments based on the number of each HMO's participants that are covered by the contract, regardless of services provided by Sutter. Certain of these agreements also contain provisions whereby additional amounts may be due or paid. Sutter accrues costs for out-of-area services for which Sutter is responsible, when services are rendered under these contracts, including estimates of IBNR claims and amounts receivable/payable under risk-sharing arrangements.

Advertising: Sutter expenses advertising costs as incurred. Advertising expense (included in other operating expenses) was \$18 and \$20 in 2013 and 2012, respectively.

Research and Development: Sutter expenses research and development costs as incurred. Research and development expense (included in other operating expenses) was \$41 and \$42 in 2013 and 2012, respectively.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

2. ACCOUNTING POLICIES (continued)

Income Taxes: Sutter Health, the legal entity, and most affiliates have been determined to be exempt organizations by the Internal Revenue Service (pursuant to Internal Revenue Code Section 501(c) (3)) and the California Franchise Tax Board (pursuant to California Revenue and Taxation Code 23701(d)) and, generally, are not subject to taxes on income. Certain activities of Sutter are subject to income taxes; however, such activities are not significant to the consolidated financial statements. With respect to its taxable activities, Sutter records income taxes using the liability method, under which deferred tax assets and liabilities are determined based on the differences between the financial accounting and tax bases of assets and liabilities. Deferred tax assets or liabilities at the end of each period are determined using the currently enacted tax rate expected to apply to taxable income in the periods that the deferred tax asset or liability is expected to be realized or settled.

Sutter recognizes the tax benefit from uncertain tax positions only if it is more likely than not that the tax positions will be sustained on examination by the tax authorities, based on the technical merits of the position. The tax benefit is measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. Sutter recognizes interest and penalties related to income tax matters in operating expenses. At December 31, 2013 and 2012, there were no such uncertain tax positions.

Performance Indicator: “Income” and “Income attributable to Sutter Health” as reflected in the accompanying consolidated statements of operations and changes in net assets are performance indicators. Performance indicators include changes in unrestricted net assets other than net assets released from restrictions for equipment acquisition, changes in net unrealized gains and losses on investments classified as other-than-trading, and pension-related changes other than net periodic pension cost.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

2. ACCOUNTING POLICIES (continued)

Adoption of New Accounting Pronouncements: In February 2013, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2013-04, *Liabilities (Topic 405), Obligations Resulting from Joint and Several Liability Arrangements for Which the Total Amount of the Obligation Is Fixed at the Reporting Date*, which requires an entity to measure obligations resulting from joint and several liability arrangements for which the total amount of the obligation within the scope of the guidance is fixed at the reporting date. The ASU also requires that the nature of the obligation be disclosed. The guidance is effective for fiscal year 2015, and management will consider the impact and adopt in a timely manner.

In October 2012, the FASB issued ASU No. 2012-05, *Statement of Cash Flows, amending Accounting Standards Codification (ASC) 230, Not-for-Profit Entities: Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows*, to clarify the statement of cash flow presentation of cash received from the sale of donated assets and to eliminate the diversity of presentation that currently occurs in practice. This guidance, became effective on June 15, 2013, and did not have a material impact on Sutter's consolidated financial condition, results of operations, or cash flows.

In July 2012, the FASB issued ASU No. 2012-02, *Testing Indefinite-Lived Intangible Assets for Impairment*, which will allow an entity to first assess qualitative factors to determine whether it is necessary to perform a quantitative impairment test. Under these amendments, an entity would not be required to calculate the fair value of an indefinite-lived intangible asset unless the entity determines, based on a qualitative assessment, that it is not more likely than not that the indefinite-lived intangible asset is impaired. Sutter adopted ASU 2012-02 effective January 1, 2012, and the adoption did not have a material impact on Sutter's consolidated financial condition, results of operations, or cash flows.

Reclassifications: Certain amounts in Sutter's 2012 consolidated financial statements have been reclassified to conform with the presentation of its 2013 consolidated financial statements. These reclassifications had no impact on previously reported income or net assets.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

3. INVESTMENTS

Investments are held for the following uses:

	December 31,	
	2013	2012
Assets held in trust:		
Principal, interest and other reserves held in trust		
under bond indentures	\$ 332	\$ 312
Internally designated	320	318
Investments	<u>4,101</u>	<u>3,197</u>
	<u>4,753</u>	<u>3,827</u>
Less short-term investments	<u>(3,908)</u>	<u>(3,033)</u>
Non-current investments	<u>\$ 845</u>	<u>\$ 794</u>

Investment income includes the following:

	Year ended December 31,	
	2013	2012
Interest and dividends	\$ 90	\$ 95
Investment fees	(15)	(12)
Net realized gain on sales of securities, including		
net loss from other-than-temporary impairment	<u>121</u>	<u>47</u>
	<u>196</u>	<u>130</u>
Amounts included in changes in restricted net		
assets	(7)	(7)
Interest earned on unspent bond project funds	<u>(12)</u>	<u>(18)</u>
Investment income	<u>\$ 177</u>	<u>\$ 105</u>

Sutter uses the specific identification method to compute realized gains and losses on all investments, except mutual funds, which are computed using the average cost method.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

4. FAIR VALUE MEASUREMENTS

Sutter accounts for certain assets at fair value. A fair value hierarchy for valuation inputs has been established to prioritize the valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels, which is determined by the lowest level input that is significant to the fair value measurement in its entirety. These levels are:

Level 1: Quoted prices are available in active markets for identical assets or liabilities as of the measurement date.

Level 2: Pricing inputs are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Pricing inputs are generally unobservable for the assets or liabilities and include situations where there is little, if any, market activity for the investment. The inputs into the determination of fair value require management's judgment or estimation of assumptions that market participants would use in pricing the assets or liabilities. The fair values are therefore determined using factors that involve judgment and interpretations, including, but not limited to, private and public comparables, third-party appraisals, discounted cash flow models, fund manager estimates and net asset valuations provided by the underlying private investment companies and/or their administrators.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

4. FAIR VALUE MEASUREMENTS (continued)

The fair value of Sutter's assets measured on a recurring basis consists of the following:

	December 31, 2013			
	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Balance
Liquid investments				
Cash equivalents	\$ 209	\$ –	\$ –	\$ 209
Equity securities				
U S equity	1,534	42	–	1,576
Foreign equity	715	–	–	715
Fixed income securities				
U S government	146	–	–	146
U S government agencies	–	103	–	103
U S state and local government	–	29	–	29
U S federal agency mortgage-backed	–	452	–	452
Foreign government	–	279	–	279
U S corporate	50	636	–	686
Foreign corporate	5	411	–	416
Other investments				
Multi-strategy hedge funds	–	33	67	100
Private equity funds	–	–	16	16
Commodity-linked funds	–	26	–	26
	<u>\$ 2,659</u>	<u>\$ 2,011</u>	<u>\$ 83</u>	<u>\$ 4,753</u>

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

4. FAIR VALUE MEASUREMENTS (continued)

December 31, 2012				
	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2) <i>(Revised)</i>	Significant Unobservable Inputs (Level 3) <i>(Revised)</i>	Total Balance
Liquid investments				
Cash equivalents	\$ 122	\$ —	\$ —	\$ 122
Equity securities				
U S equity	742	85	—	827
Foreign equity	503	17	—	520
Fixed income securities				
U S government	140	—	—	140
U S government agencies	1	119	—	120
U S state and local government	—	58	—	58
U S federal agency mortgage-backed	—	241	—	241
Foreign government	—	407	—	407
U S corporate	83	750	—	833
Foreign corporate	3	453	—	456
Other investments				
Multi-strategy hedge funds	—	29	32	61
Private equity funds	—	—	9	9
Commodity-linked funds	20	13	—	33
	<u>\$ 1,614</u>	<u>\$ 2,172</u>	<u>\$ 41</u>	<u>\$ 3,827</u>

As a result of further analysis of the characteristics of certain financial instruments, \$29 of multi-strategy hedge funds and \$13 of commodity-linked funds that were previously reported as Level 3 at December 31, 2012, have been reclassified as Level 2 investments. These revisions as disclosed in the previous fair value classification table had no effect on the reported fair values of these instruments.

There were no transfers to or from Levels 1, 2, or 3 during the years presented.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

4. FAIR VALUE MEASUREMENTS (continued)

As of December 31, 2013 and 2012, the Level 2 and 3 instruments listed in the fair value hierarchy tables above use the following valuation techniques and inputs:

U.S. and Foreign Equity Securities: The fair value of the U.S. and foreign equity securities classified as Level 2 is primarily determined using the calculated net asset value per share (NAV). These are primarily commingled funds that invest in domestic and foreign equity securities, whose underlying values are based on Level 1 inputs. The fund managers receive prices from nationally recognized pricing services based on observable market transactions.

U.S. Government Agencies Securities: The fair value of investments in U.S. government agencies securities classified as Level 2 is primarily determined using consensus pricing methods of observable market-based data. Significant observable inputs include quotes, spreads, and data points for yield curves.

U.S. State and Local Government Securities: The fair value of U.S. state and local government securities classified as Level 2 is determined using a market approach. The inputs include yield benchmark curves, prepayment speeds, and observable market data such as institutional bids, dealer quotes, and two-sided markets.

U.S. Federal Agency Mortgage-backed Securities: The fair value of U.S. federal agency mortgage-backed securities classified as Level 2 is primarily determined using matrices. These matrices utilize observable market data of bonds with similar features, prepayment speeds, credit ratings, and discounted cash flows. Additionally, observed market movements, tranche cash flows and benchmark yields are incorporated in the pricing models.

Foreign Government and Corporate Securities: The fair value of investments in foreign government and corporate securities classified as Level 2 is primarily determined using consensus pricing methods of observable market-based data. Significant observable inputs include quotes, bid and ask yields, and issue-specific factors.

U.S. Corporate Securities: The fair value of investments in U.S. corporate securities classified as Level 2 is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include reported trades, dealer quotes, security-specific characteristics, and multiple sources of spread data points in developing yield curves.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

4. FAIR VALUE MEASUREMENTS (continued)

Hedge Fund Investments, Private Equity and Commodity-Linked Funds: The fair value of hedge fund investments, private equity and commodity-linked funds classified as Level 2 and Level 3 is determined using the calculated NAV. The values for underlying investments are fair value estimates determined either internally or by an external fund manager based on recent filings, operating results, balance sheet stability, growth, and other business and market sector fundamentals.

The change in the balance of Level 3 financial assets and liabilities measured on a recurring basis consists of the following:

	Multi-Strategy Hedge Funds	Private Equity Funds	Total
	<i>(Revised)</i>		<i>(Revised)</i>
Balance at December 31, 2011	\$ 30	\$ 1	\$ 31
Total net realized and unrealized gains	2	—	2
Purchases	—	8	8
Balance at December 31, 2012	32	9	41
Total net realized and unrealized gains	5	1	6
Purchases	30	18	48
Sales	—	(12)	(12)
Balance at December 31, 2013	<u>\$ 67</u>	<u>\$ 16</u>	<u>\$ 83</u>
Change in unrealized gains on investments held as of December 31, 2012	<u>\$ 2</u>	<u>\$ —</u>	<u>\$ 2</u>
Change in unrealized gains on investments held as of December 31, 2013	<u>\$ 5</u>	<u>\$ 1</u>	<u>\$ 6</u>

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

4. FAIR VALUE MEASUREMENTS (continued)

Certain of the investments report fair value using a calculated NAV or its equivalent. The following table and explanations identify attributes relating to the nature and risk of such investments:

December 31, 2013				
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period (if currently eligible)
Level 2				
Commingled funds – equity securities	\$ 42	\$ –	Quarterly	60 days
Commingled funds – debt securities	55	–	Weekly, Monthly	0–30 days
Multi-strategy hedge funds	33	–	Quarterly	65 days
Commodity-linked funds	26	–	Monthly	5 days
Total Level 2	156	–		
Level 3				
Multi-strategy hedge funds	67	–	Quarterly, Annually	95–100 days
Private equity funds	16	59	None	None
Total Level 3	83	59		
Total Level 2 and Level 3	\$ 239	\$ 59		

December 31, 2012				
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period (if currently eligible)
(Revised)				
Level 2				
Commingled funds – equity securities	\$ 102	\$ –	Daily, Monthly, Quarterly	1–60 days
Commingled funds – debt securities	35	–	Weekly, Monthly	0–30 days
Multi-strategy hedge funds	29	–	Quarterly	65 days
Commodity-linked funds	13	–	Monthly	5 days
Total Level 2	179	–		
Level 3				
Multi-strategy hedge funds	32	–	Annually	95 days
Private equity funds	9	16	None	None
Total Level 3	41	16		
Total Level 2 and Level 3	\$ 220	\$ 16		

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

4. FAIR VALUE MEASUREMENTS (continued)

Commingled Funds – Equity Securities: This class includes investments in commingled funds that invest primarily in domestic or foreign equity securities and attempt to match the returns of specific equity indices. A redemption limitation of 10% quarterly gate withdrawals with 60 days notice has been imposed for all investments of this class.

Commingled Funds – Debt Securities: This class includes investments in commingled funds that invest primarily in foreign and domestic debt and fixed income securities, of which the majority are traded in over-the-counter markets. Approximately 28% of the value of this class is redeemable weekly, with no notice period. The remaining 72% of the value of this class is redeemable monthly, with a notice period of 15 to 30 days.

Multi-Strategy Hedge Funds: This class includes investments in hedge funds that pursue diversification of both domestic and foreign fixed income and equity securities through multiple investment strategies. The primary objective for these funds is to balance returns while limiting volatility by allocating capital to external portfolio managers selected for expertise in one or more investment strategies that may include, but are not limited to, long/short equity, event-driven, relative value, and global asset allocation. A redemption limitation has been imposed for investments representing approximately 31% of the value of this class. These funds have a one-year lock-up and become available by September 30, 2014, with a notice period of 100 days. Approximately 33% of the value of the multi-strategy hedge funds is redeemable quarterly, with a notice period of 65 days, and 36% is redeemable annually, with a notice period of 95 days.

Commodity-Linked Funds: This class includes commodity-linked funds that pursue long-only fully collateralized commodity futures strategies to provide diversification and inflation protection. These funds are redeemable monthly, with five days notice before month end.

Private Equity Funds: This class includes private equity funds that specialize in providing capital to a variety of investment groups, including but not limited to venture capital, leveraged buyout, mezzanine debt, distressed debt, and other strategies, which may include land, water processing, and alternative energy. There is no provision for redemptions during the life of these funds. Distributions from each fund will be received as the underlying investments of the funds are liquidated over the next 2 to 15 years.

The investments included above are not expected to be sold at amounts that are different from NAV.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

5. PROPERTY, PLANT AND EQUIPMENT

Property, plant and equipment consist of the following:

	December 31,	
	2013	2012
Land improvements	\$ 149	\$ 140
Leasehold improvements	275	240
Buildings and improvements	4,994	4,805
Equipment	3,283	2,980
	8,701	8,165
Less amortization and accumulated depreciation	(4,604)	(4,311)
	4,097	3,854
Land	620	622
Construction-in-progress	1,988	1,799
	\$ 6,705	\$ 6,275

6. OTHER ASSETS

Other assets consist of the following:

	December 31,	
	2013	2012
Reinsurance recoveries receivable	\$ 64	\$ 70
Cost report settlements	29	41
Non-current portion of pledges receivable	32	36
Goodwill, net	92	74
Unamortized financing costs	21	19
Prepaid postretirement benefits	481	32
Trust receivable	89	69
Other	37	43
	\$ 845	\$ 384

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

7. LONG-TERM OBLIGATIONS

Long-term obligations consist of the following:

	December 31,	
	2013	2012
Non-taxable hospital revenue bonds and certificates of participation under the Sutter Health Master Indenture of Trust, fixed interest at 3.0% to 6.0%, through 2052 (includes net unamortized premium of \$75 and \$47 at December 31, 2013 and 2012, respectively)	\$ 3,465	\$ 3,001
Taxable hospital revenue bonds and certificates of participation under the Sutter Health Master Indenture of Trust, fixed interest at 1.09% to 2.29%, through 2053	300	—
Various collateralized and unsecured obligations	10	6
Obligations under capital leases	5	6
	3,780	3,013
Less current portion	(16)	(17)
	\$ 3,764	\$ 2,996

The aggregate estimated fair market values of Sutter's revenue bonds and certificates of participation at December 31, 2013 and 2012, of \$3,686 and \$3,247, respectively, were established using discounted cash flow analyses based on (i) the current market yield to maturity for similar types of publicly traded debt issues, and (ii) Sutter's current incremental borrowing rates for all other debt instruments. Based on the inputs and valuation techniques, the fair value of long-term debt is classified as Level 2 within the fair value hierarchy.

The central financing vehicle of credit for Sutter is the Obligated Group. Sutter Health, the legal entity, and certain affiliates are members of the Sutter Health Obligated Group (the "Obligated Group"), with their assets being subject to the indebtedness of the Obligated Group. Although the Obligated Group is not a legal entity, members of the Obligated Group are jointly and severally liable for repayment of the tax-exempt obligations issued through the California Health Facilities Financing Authority (CHFFA),

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

7. LONG-TERM OBLIGATIONS (continued)

California Statewide Communities Development Authority (CSCDA) and taxable obligations issued by Sutter. The related financing documents and various other debt agreements contain certain restrictive covenants requiring compliance by all members, including a pledge of gross revenue.

In April 2013, \$450 of Series A CHFFA tax-exempt revenue bonds were issued on behalf of Sutter. Also, in April 2013, \$100 of Series A, \$100 of Series B and \$100 of Series C Sutter Health taxable revenue bonds were issued by Sutter. The proceeds of the bonds are being used to finance capital expenditures.

In July 2012, \$119 of Series A CSCDA revenue bonds were issued on behalf of Sutter. The proceeds of the bonds, together with a cash contribution from Sutter, were used to redeem \$156 of Series B CSCDA revenue bonds issued in 2002, which did not result in a gain or loss.

In February 2012, a portion of three tax-exempt obligation issues (Series C CHFFA revenue bonds issued in 1997, Series A CHFFA revenue bonds issued in 1999 and CSCDA certificates of participation delivered in 1999) and one tax-exempt obligation issue (Series A CHFFA revenue bonds issued in 1998) totaling \$346 were redeemed or prepaid with cash, which did not result in a gain or loss.

Aggregate principal payments of long-term obligations, excluding capital leases, various collateralized and unsecured obligations, and net unamortized premiums, are as follows as of December 31, 2013:

2014	\$ 15
2015	17
2016	43
2017	45
2018	43
Thereafter	3,527
	<u>\$ 3,690</u>

Sutter has a \$400 revolving line of credit with a syndicate of banks, with \$398 available for borrowing as of December 31, 2013.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

8. LEASES

Sutter leases various buildings, office space and equipment. The leases expire at various times and contain certain contingent rental provisions, guarantees and various renewal options. These leases are classified as either capital leases, which were not material as of December 31, 2013 and 2012, or operating leases, based on the terms of the respective agreements.

Future minimum payments, by year and in the aggregate, under noncancellable operating leases with terms of one year or more at inception consist of the following as of December 31, 2013:

	Lease Payments	Sublease Receipts	Net Lease Payments
2014	\$ 94	\$ 3	\$ 91
2015	86	3	83
2016	78	3	75
2017	67	3	64
2018	50	1	49
Thereafter	203	—	203
	<u>\$ 578</u>	<u>\$ 13</u>	<u>\$ 565</u>

9. NET ASSETS AND CONTRIBUTIONS

Sutter receives donations through its philanthropic affiliates from the generosity of donors supporting certain programs and services. Donations with a restriction included in temporarily and permanently restricted net assets were maintained for the following purposes:

	December 31,	
	2013	2012
Temporarily restricted:		
Capital projects and medical equipment	\$ 55	\$ 59
Time restricted under trust agreements	19	12
Research and education	63	55
Operations	27	16
Operations or capital projects	93	90
	<u>\$ 257</u>	<u>\$ 232</u>
Permanently restricted – endowment	<u>\$ 130</u>	<u>\$ 129</u>

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

9. NET ASSETS AND CONTRIBUTIONS (continued)

Unconditional promises to give cash or other assets are reported at fair market value at the date the promises are received. Conditional promises to give and indications of intentions to give are reported at fair market value when the conditions are met. Therefore, no revenue or receivable is recognized at the time a conditional promise is received. Conditional promises were not material as of December 31, 2013 and 2012.

As of December 31, 2013, pledges receivable (included in other receivables and other assets) consisted of the following unconditional promises to give:

Pledges due in 2014	\$	21
Pledges due 2015–2018		34
Pledges due after 2018		13
Less allowance for uncollectible pledges		(4)
Less discount on pledges receivable		(13)
	\$	<u>51</u>

Endowments: Sutter follows the Uniform Prudent Management of Institutional Funds Act (UPMIFA). UPMIFA eliminates the concept of “historic dollar value” and allows an institution to spend or accumulate as the board determines is prudent for the uses, benefits, purposes, and duration of the endowment fund unless the gift instrument states a particular spending rate or formula. California’s version of UPMIFA also includes a rebuttable provision that spending greater than 7% of the average fair market value (calculated at least quarterly over a minimal period of three years) is presumed to be imprudent.

In accordance with UPMIFA, Sutter considers the following factors when appropriating or accumulating an endowment fund: (i) general economic conditions, (ii) effects of inflation and deflation, (iii) the purposes of the institution and the endowment fund, (iv) expected total return from income and appreciation of investments, (v) Sutter’s other resources, (vi) the duration and preservation of the endowment fund, and (vii) Sutter’s investment policies.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

9. NET ASSETS AND CONTRIBUTIONS (continued)

From time to time, the fair value of assets associated with individual endowment funds may fall below the level that the donor or UPMIFA requires Sutter to retain as a fund of perpetual duration. Deficiencies of this nature that are reported in unrestricted net assets were not material as of December 31, 2013 and 2012. These deficiencies resulted from unfavorable investment market fluctuations.

Sutter has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Under these policies, as approved by the Boards of Trustees of the philanthropic foundations, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results while assuming a moderate level of investment risk.

To satisfy its long-term rate-of-return objectives, Sutter relies on a balanced investment strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). Sutter targets a diversified asset allocation that places a great emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

The endowment net asset composition by type of fund consists of the following:

December 31, 2013				
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ —	\$ 41	\$ 130	\$ 171
Board-designated funds	53	—	—	53
Total funds	<u>\$ 53</u>	<u>\$ 41</u>	<u>\$ 130</u>	<u>\$ 224</u>
December 31, 2012				
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ 7	\$ 28	\$ 129	\$ 164
Board-designated funds	35	—	—	35
Total funds	<u>\$ 42</u>	<u>\$ 28</u>	<u>\$ 129</u>	<u>\$ 199</u>

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

9. NET ASSETS AND CONTRIBUTIONS (continued)

The changes in endowment net assets are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balance at December 31, 2011	\$ 13	\$ 19	\$ 125	\$ 157
Investment return				
Investment income	–	2	1	3
Net gains– realized and unrealized	11	11	1	23
Total investment return	11	13	2	26
Contributions	–	–	2	2
Appropriation of endowment assets for expenditure	(3)	(4)	–	(7)
Other changes				
Other	21	–	–	21
Balance at December 31, 2012	42	28	129	199
Investment return				
Investment income	1	3	1	5
Net gains– realized and unrealized	4	18	2	24
Total investment return	5	21	3	29
Contributions	11	–	1	12
Appropriation of endowment assets for expenditure	(1)	(9)	–	(10)
Other changes				
Other	(4)	1	(3)	(6)
Balance at December 31, 2013	\$ 53	\$ 41	\$ 130	\$ 224

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

10. PATIENT SERVICE AND CAPITATION REVENUES

Sutter has agreements with third-party payers that provide for payments to Sutter at amounts different from its established rates. A summary of the payment arrangements with major third-party payers follows:

- *Medicare* – Inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per diagnosis. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Certain inpatient nonacute services and medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology. Sutter is reimbursed for cost-reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports by Sutter and audits thereof by the Medicare fiscal intermediary. Sutter's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review. Sutter's Medicare cost reports have been audited by the Medicare fiscal intermediary generally through December 31, 2009. The estimated net settlement receivables are \$40 and \$57 at December 31, 2013 and 2012, respectively.
- *Medi-Cal* – Inpatient and outpatient services rendered to Medi-Cal program beneficiaries are reimbursed either under contracted rates or reimbursed for cost-reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports by Sutter and audits thereof by Medi-Cal. Sutter's Medi-Cal cost reports have been audited generally through December 31, 2009. The estimated net settlement payables are \$54 and \$61 at December 31, 2013 and 2012, respectively.

Adjustments from the finalization of prior-year cost reports from both Medicare and Medi-Cal resulted in a decrease to patient service revenues of \$17 and \$9 in 2013 and 2012, respectively.

Gross patient charges, including charges related to capitated patients, from the Medicare and Medi-Cal programs accounted for the following percentages of Sutter's gross patient service revenues:

	Year ended December 31,	
	2013	2012
Medicare	41%	41%
Medi-Cal	16%	17%

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

10. PATIENT SERVICE AND CAPITATION REVENUES (continued)

The health care industry is subject to voluminous and complex laws and regulations of federal, state and local governments. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement laws and regulations, anti-kickback and anti-referral laws and false claims prohibitions, and in the case of tax-exempt hospitals, the requirements of tax-exemption. In recent years, government activity has increased with respect to investigations and allegations concerning possible violations of reimbursement, false claims, anti-kickback and anti-referral statutes and regulations by health care providers. Sutter also operates an Ethics and Compliance Program, which reviews compliance with government health care program requirements and investigates allegations of non-compliance received from internal and external sources. From time to time, findings may result in repayment of monies previously received from government payers and/or disclosure of such overpayments, including, but not limited to, disclosure to Centers for Medicare and Medicaid Services (CMS) and its contracted agents, or the Office of Inspector General, Department of Health and Human Services. As a result, there is at least a reasonable possibility that the recorded estimates may change by a material amount in the near term.

Sutter also has entered into payment agreements with certain commercial insurance carriers, HMOs and preferred provider organizations. The basis for payment to Sutter under these agreements includes capitated arrangements, prospectively determined rates per diagnosis, discounts from established charges, and prospectively determined daily rates.

Sutter, in the ordinary course of business, enters into various incentive-based risk-sharing agreements with managed care payers and other providers. These agreements require retroactive settlement based on data that may not be available or finalized until all claims are processed. Settlement amounts have been estimated for such risk-based incentives based on available information. However, it is reasonably possible that these estimates may change in the near term.

The state of California enacted legislation for a quality assurance fee program for hospitals to obtain federal matching funds for Medi-Cal. The proceeds of the quality assurance fee program and the federal matching funds are to be redistributed to California hospitals that treat Medi-Cal patients to fund certain Medi-Cal coverage expansions.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

10. PATIENT SERVICE AND CAPITATION REVENUES (continued)

In September 2011, a 30-month program was established for the period from July 1, 2011 through December 31, 2013 (the “30-month Program”). In June 2012, legislation was passed to separate the fee-for-service from the managed care payments, and the 30-month Program received final approval for the fee-for-service payments. In May and June 2013, 24 months of the managed care payments were approved. Payments for the 30-month Program of \$416 and \$327 are included in patient service revenues, and fees of \$294 and \$233 are included in other expenses as of December 31, 2013 and 2012, respectively. Since not all payments have been received, \$57 and \$48 was recorded in other receivables and \$32 and \$11 for the provider tax fee and pledges have been included in accounts payable as of December 31, 2013 and 2012, respectively.

In April 2012, an industry-wide settlement agreement was finalized among the Department of Health and Human Services, CMS, and many providers, including several Sutter hospitals (the “Settlement”). The Settlement resulted in revised reimbursement due to a change in how the Medicare’s rural floor budget neutrality adjustment was calculated for federal fiscal years 1998 through 2011. As a result of this Settlement, Sutter recorded additional income of \$42 in 2012.

11. COMMUNITY BENEFIT EXPENSE

Services for the poor and underserved include traditional charity care, which covers health care services provided to persons who meet certain criteria and cannot afford to pay, as well as the unpaid costs of public programs treating Medi-Cal and indigent beneficiaries. Costs are computed based on a relationship of costs to charges. Services for the poor and underserved also include the cost of other services provided to persons who cannot afford health care because of inadequate resources and are uninsured or underinsured, and cash donations on behalf of the poor and needy. Sutter provided charity care services to patients at an estimated cost of \$166 and \$153 for 2013 and 2012, respectively.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

11. COMMUNITY BENEFIT EXPENSE (continued)

Benefits for the broader community include costs of providing the following services: health screenings and other health-related services, training health professionals, educating the community with various seminars and classes, the cost of performing medical research, and the costs associated with providing free clinics and community services. Benefits for the broader community also include contributions Sutter makes to community agencies to fund charitable activities.

The following is a summary of Sutter's estimated costs of providing services to the poor and broader community for the year ended December 31, 2013:

Services for the poor and underserved

Traditional charity care	\$	166
Unpaid costs of public programs:		
Medi-Cal		522
Other public programs		57
Other benefits for the poor and underserved		41
Total services for the poor and underserved		<u>786</u>

Benefits for the broader community

Nonbilled services		18
Education and research		72
Cash and in-kind donations		23
Other community benefits		2
Total benefits for the broader community		<u>115</u>
	\$	<u>901</u>

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS

Sutter sponsors and participates in various employee benefit plans, including a noncontributory defined benefit plan (the "Retirement Plan") and several contributory defined contribution plans. Sutter's total retirement benefit expense was \$251 and \$278 in 2013 and 2012, respectively.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

Sutter's measurement date for plan assets, pension obligations and net periodic pension cost associated with the Retirement Plan is December 31. The changes in benefit obligations and plan assets for the Retirement Plan are as follows:

	Year ended December 31,	
	2013	2012
Projected benefit obligation at beginning of year	\$ 2,617	\$ 2,216
Service cost	198	181
Interest cost	114	117
Actuarial (gain) loss	(250)	182
Benefits paid	(110)	(79)
Projected benefit obligation at measurement date	\$ 2,569	\$ 2,617
Fair value of plan assets at beginning of year	\$ 2,648	\$ 2,214
Actual gain on plan assets	502	333
Employer contributions	—	180
Benefits paid	(110)	(79)
Fair value of plan assets at measurement date	\$ 3,040	\$ 2,648
Net prepaid benefit cost at end of year	\$ 471	\$ 31

The accumulated benefit obligation for the Retirement Plan was \$2,288 and \$2,248 at December 31, 2013 and 2012, respectively.

Included in net assets at December 31, 2013 and 2012, are the following amounts that have not yet been recognized in net periodic benefit cost: unrecognized prior service costs of \$8 and \$14, respectively, and unrecognized actuarial losses of \$53 and \$642, respectively. The amounts included in net assets that are expected to be recognized in net periodic benefit cost during the year ended December 31, 2014, are \$6 for prior service cost and \$0 for actuarial loss.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

The benefits expected to be paid from the Retirement Plan in each of the next five years, and in the aggregate for the next five years are as follows:

2014	\$	94
2015		107
2016		124
2017		140
2018		153
2019–2023		1,000
	\$	<u>1,618</u>

The actuarial assumptions used by the Retirement Plan are as follows:

	December 31,	
	2013	2012
Weighted-average discount rates for calculating pension expense	4.1%	5.0%
Weighted-average discount rates for calculating projected benefit obligation	5.1%	4.1%
Weighted-average rates of compensation increase for calculating pension expense	4.5%	5.3%
Weighted-average rates of compensation increase for calculating projected benefit obligation	4.0%	4.5%
Expected long-term rates of return on plan assets for calculating pension expense	7.9%	8.1%

The components of the Retirement Plan's net periodic benefit cost are as follows:

	Year ended December 31,	
	2013	2012
Service cost	\$ 198	\$ 181
Interest cost	114	117
Expected return on plan assets	(206)	(176)
Amortization of actuarial loss	43	51
Amortization of prior service cost	6	6
	\$ 155	\$ 179

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

In addition to the Retirement Plan, Sutter also has noncontributory postretirement health benefit plans (the “Health Plans”). Sutter’s measurement date for plan assets, retiree medical obligations and net periodic retiree medical cost associated with the Health Plans is December 31. The changes in benefit obligations for the Health Plans are as follows:

	Year ended December 31,	
	2013	2012
Projected benefit obligation at beginning of year	\$ 221	\$ 200
Service cost	11	10
Interest cost	8	10
Actuarial (gain) loss	(16)	9
Other change in benefit obligation	(3)	—
Benefits paid	(8)	(8)
Projected benefit obligation at measurement date	<u>\$ 213</u>	<u>\$ 221</u>
Fair value of plan assets at beginning of year	\$ 110	\$ 84
Actual gain on plan assets	25	14
Employer contributions	22	21
Benefits paid	(8)	(8)
Fair value of plan assets at measurement date	<u>\$ 149</u>	<u>\$ 111</u>
Net accrued benefit cost at end of year	<u>\$ (64)</u>	<u>\$ (110)</u>

Included in net assets at December 31, 2013 and 2012, are the following amounts that have not yet been recognized in net periodic benefit cost: unrecognized prior service costs of \$10 and \$19, respectively, and unrecognized actuarial (gain) loss of \$(12) and \$18, respectively. The amounts included in net assets that are expected to be recognized in net periodic benefit cost during the year ended December 31, 2014, are \$3 for prior service cost and \$(1) for actuarial gain.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

The benefits expected to be paid from the Health Plans in each of the next five years, and in the aggregate for the next five years are as follows:

2014	\$	12
2015		15
2016		17
2017		18
2018		20
2019–2023		105
	\$	<u>187</u>

The actuarial assumptions used by the Health Plans are as follows:

	December 31,	
	2013	2012
Weighted-average discount rates for calculating retiree medical expense	3.7%–4.0%	4.5%–4.8%
Weighted-average discount rates for calculating projected benefit obligation	4.5%–4.9%	3.7%–4.0%
Expected long-term rates of return on plan assets for calculating retiree medical expense	7.9%	8.1%

The components of the Health Plans' net periodic benefit cost are as follows:

	Year ended December 31,	
	2013	2012
Service cost	\$ 11	\$ 10
Interest cost	8	9
Expected return on plan assets	(10)	(8)
Amortization of prior service cost	6	6
	\$ 15	\$ 17

Sutter's projected medical cost trend rate related to the Health Plans for 2014 is 7.0%. The assumed medical cost trend rate is expected to gradually decrease in subsequent years to 4.8% in 2019 and thereafter. A one-percentage-point change in assumed health care cost trend rates would not have a material effect on Sutter's consolidated financial statements.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

The Pension and Investment Committee of the Board of Directors oversees the assets of the Retirement Plan and the Health Plans. Management of the assets is governed by the application of modern portfolio theory, resulting in asset class diversification and mean-variance optimization. Sutter's investment strategy is to balance the liquidity needs of the plans with the long-term return goals necessary to satisfy future obligations.

The target asset allocation seeks to reduce volatility while capturing the equity premium from the capital markets over the long-term and maintaining security of principal to meet near-term expenses and obligations. Periodically an asset allocation study is completed. As a result of the latest study, the weighted-average target asset allocations compared to actual asset allocations at December 31, 2013 and 2012, by major asset category are as follows:

Major Asset Category	Target Allocation 2013	Percentage of Actual Plan Assets at December 31,	
		2013	2012
Cash and cash equivalents	1%	1%	2%
Equity securities	59%	70%	64%
Fixed income securities	18%	17%	21%
Other investments – alternative	12%	8%	9%
Real estate investments	10%	4%	4%
Total	100%	100%	100%

Equity securities are comprised of U.S. and foreign equity securities, common and collective trusts, and commingled funds. The equity securities' target asset allocation of 59% is further comprised of 26% domestic large capitalization, 6% domestic small capitalization and 27% international/global.

The portfolio return assumption of 7.9% for 2013 and 8.1% for 2012 was based on the weighted-average return of comparative market indices for the major asset classes represented in the portfolio, net of administrative expenses.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

A fair value hierarchy has been established, with three levels that prioritize the valuation inputs into each level (see Note 4). The fair value of the Retirement Plan and the Health Plans' assets measured on a recurring basis consists of the following:

	December 31, 2013			
	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Balance
Liquid investments				
Cash equivalents	\$ 31	\$ 67	\$ —	\$ 98
Equity securities				
U S equity	1,164	—	—	1,164
Foreign equity	865	—	—	865
Common collective trusts and commingled funds	—	206	—	206
Fixed income securities				
U S government and agencies	34	25	—	59
U S federal agency mortgage-backed	—	71	—	71
Foreign government	—	119	—	119
U S corporate	—	110	—	110
Foreign corporate	—	135	—	135
Other investments				
Private equity funds	—	—	185	185
Private equity real estate funds	—	—	149	149
Commodity-linked funds	—	22	—	22
Accrued income	6	—	—	6
	<u>\$ 2,100</u>	<u>\$ 755</u>	<u>\$ 334</u>	<u>\$ 3,189</u>

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

December 31, 2012				
	Quoted Prices in Active Markets for Identical Instruments (Level 1) (Revised)	Significant Other Observable Inputs (Level 2) (Revised)	Significant Unobservable Inputs (Level 3) (Revised)	Total Balance
Liquid investments				
Cash equivalents	\$ 51	\$ 107	\$ –	\$ 158
Equity securities				
U S equity	941	–	–	941
Foreign equity	709	–	–	709
Common collective trusts and commingled funds	–	169	–	169
Fixed income securities				
U S government and agencies	58	28	–	86
U S federal agency mortgage-backed	–	59	–	59
Foreign government	–	163	–	163
U S corporate	–	101	–	101
Foreign corporate	–	81	–	81
Other investments				
Private equity funds	–	–	149	149
Private equity real estate funds	–	–	106	106
Commodity-linked funds	7	24	–	31
Accrued income	6	–	–	6
	<u>\$ 1,772</u>	<u>\$ 732</u>	<u>\$ 255</u>	<u>\$ 2,759</u>

As a result of further analysis of the characteristics of certain financial instruments, \$107 of cash equivalents in collective trusts that were previously reported as Level 1 and \$24 of commodity-linked funds that were previously reported as Level 3 at December 31, 2012, have been reclassified as Level 2 investments. These revisions as disclosed in the previous fair value classification table had no effect on the reported fair values of these instruments.

There were no transfers to or from Levels 1, 2, or 3 during the years presented.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

The change in the balance of Level 3 financial assets and liabilities measured on a recurring basis consists of the following:

	Private Equity Funds	Private Equity Real Estate Funds	Total (Revised)
Balance at December 31, 2011	\$ 137	\$ 67	\$ 204
Actual (loss) gain on plan assets	(5)	6	1
Purchases	33	54	87
Sales	(16)	(21)	(37)
Balance at December 31, 2012	149	106	255
Actual gain on plan assets	21	9	30
Purchases	37	68	105
Sales	(22)	(34)	(56)
Balance at December 31, 2013	\$ 185	\$ 149	\$ 334

Certain affiliates participate in multiemployer defined benefit retirement plans as described below:

Plan	Pension Plan Employer Identification Number/Plan Number	Pension Protection Act Zone Status As of January 1		Funding Improvement/ Rehabilitation Plan Status
		2013	2012	
Retirement Plan for Hospital Employees	94-2995676/001	Green	Green	No
I U O E Stationary Engineers Local 39 Pension Plan	94-6118939/001	Green	Green	Yes

Pension Protection Act Zone Status (from worst to best):

Critical Status	Red
Seriously Endangered	Orange
Endangered	Yellow
None of the above	Green

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

Plan	Contributions			Surcharge Imposed (during 2013)	Collective Bargaining Agreement Expiration Date	Your Contributions to Plan Exceeded More than 5% of Total Contributions
	2014 (expected)	2013	2012			
Retirement Plan for Hospital Employees	\$ 13	\$ 21	\$ 17	No	December 15, 2015, or prior	2013 and 2012
I U O E Stationary Engineers Local 39 Pension Plan	Not Available	<u>3</u>	<u>3</u>	No	October 31, 2016, or prior	2012
Total contributions	<u>\$ 24</u>	<u>\$ 20</u>				

Since January 1, 2011, participant benefits were frozen for the non-contractual employees of the two participating affiliates in the Retirement Plan for Hospital Employees. Both affiliates will continue to make periodic contributions as needed for eligible participants.

There are no minimum contributions required for future periods by the collective-bargaining agreements, statutory obligations, or other contractual obligations for both plans.

The risks of participating in multiemployer plans are different from single-employer plans in the following aspects: (i) assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers; (ii) if a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers; and (iii) if the affiliates choose to stop participating in the multiemployer plan, the affiliates may be required to pay the plan an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

Sutter also maintains various defined contribution plans for eligible employees. Sutter's contributions to such plans were \$57 and \$62 in 2013 and 2012, respectively.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

13. FUNCTIONAL CLASSIFICATION OF EXPENSES

The following is a functional classification of Sutter's expenses:

	Year ended December 31,	
	2013	2012
Health services	\$ 8,819	\$ 8,198
General and administrative	852	813
	\$ 9,671	\$ 9,011

14. CONTINGENCIES AND COMMITMENTS

Contingencies: Marin General Hospital (MGH), a former Sutter affiliate, operates an acute care hospital in Marin County pursuant to a lease with the Marin Healthcare District (the "Marin District"). Prior to June 29, 2010, Sutter was the sole corporate member of MGH. In accordance with the Settlement Agreement and Mutual Release and a separate Transfer Agreement (collectively, the "Transfer Agreements"), the Marin District became the sole member of MGH and re-acquired control of MGH on June 29, 2010 (the "Transfer Date"). Subsequently, both Sutter and MGH alleged various breaches of the Transfer Agreements. In arbitration, Sutter and the individual defendants prevailed on the primary claims. Specifically, the arbitrator found that Sutter did not improperly transfer \$120 from MGH pursuant to the equity cash transfer policy, that neither Sutter nor the board members violated any fiduciary duty to MGH, and that no defendant breached the charitable trust laws. However, the arbitrator awarded a total of \$22 to MGH, less \$1 for information technology costs, which Sutter paid in February 2013. Approximately \$12 of the \$22 award resulted from the arbitrator's finding that Sutter should not have funded the MGH pension plan in the same manner that it funds the other affiliates (i.e., to the projected benefit obligation). The remainder of the \$22 award consisted of amounts related to physician recruitment, cost of capital allocation and information technology costs.

In August 2012, the arbitrator determined that both MGH and the former MGH director who had been dismissed prior to the commencement of the hearing were prevailing parties and entitled to seek reasonable attorneys' fees and costs. In addition to the award discussed above, the arbitrator awarded net \$10 for attorney fees and costs that were paid in February 2013.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

14. CONTINGENCIES AND COMMITMENTS (continued)

Sutter and certain affiliates were named in three class action complaints alleging meal and rest period and other wage-hour violations on behalf of certain employees. These class action suits were coordinated in the Alameda County Superior Court. In December 2012, the court denied plaintiffs' motion for class certification in its entirety. Plaintiffs from one of the suits have appealed this decision. Sutter agreed to settle on an individual basis with the plaintiffs from the two other class actions. One settlement is final with the related class action dismissed, and the other settlement is in process. There can be no assurance that the resolution of these matters will not have a material adverse effect on Sutter's consolidated financial position or results of operations.

In January 2007, a class action complaint was filed against Sutter alleging lack of accessibility to Sutter facilities for people with disabilities. In 2008, Sutter entered into a settlement agreement with the plaintiffs. The settlement agreement provides for an implementation period of ten years, ending July 2018. The settlement terms address: (i) correction to certain physical barriers that may limit a disabled person's access to facilities, (ii) modification to or purchase of medical equipment to provide improved accessibility to medical equipment, and (iii) adoption of new policies and procedures to improve access to facilities. Assessment of physical barriers and potential modification is currently in progress and is expected to continue for several years. It is difficult to currently estimate the cost of these proposed modifications. There can be no assurance that the resolution of these matters will not have a material adverse effect on Sutter's consolidated financial position or results of operations.

Like other health care organizations, many Sutter affiliates bill for anesthesia services on a unit-of-time basis. In February 2010, certain Sutter affiliates were served with a Qui Tam action pursuant to the California Insurance Frauds Prevention Act, alleging, among other things, that they fraudulently billed for anesthesia services on a unit-of-time basis. In May 2011, California's Insurance Commissioner intervened in the case alleging violation of California insurance code provisions, which allows, among other things, damages of three times the amount of each claim. In October 2013, Sutter settled this matter for \$46, and the liability is reflected in Sutter's consolidated financial statements.

As a part of its compliance activities, Sutter undertook an internal compliance audit process related to certain physician arrangements of certain affiliates in each of the five regions. Sutter elected to make voluntary self-disclosures to the federal government (in

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

14. CONTINGENCIES AND COMMITMENTS (continued)

accordance with federal self-disclosure guidelines) related to certain physician financial arrangements that may constitute potential violations of federal regulatory standards. These disclosures were made in October and November 2010, November 2011, and January 2014, with additional disclosures being anticipated in 2014. In December 2011, initial discussions commenced and are continuing between Sutter and the federal government regarding the matters detailed within the disclosures. Enforcement remedies that may result from Sutter's voluntary disclosure could include payments to the government and/or the imposition of additional compliance requirements. At this time, management cannot accurately estimate the amounts of any payments or settlements that may result, or whether additional, related matters may arise. There can be no assurance that any resulting payments or settlements will not have a material adverse effect on Sutter's consolidated financial position or results of operations.

Sutter has ongoing procedures related to compensation paid to medical groups under professional services agreements by certain medical foundation affiliates. These procedures revealed a variety of variances related to the calculation of amounts due under certain professional services agreements, which have been, or are in the process of being, resolved. There can be no assurance that any payments or settlements will not have a material adverse effect on Sutter's consolidated financial position or results of operations.

Certain Sutter affiliates have received, and are in the process of responding to, a request to cooperate with the Department of Justice (the "DOJ") in a national investigation to determine whether implantable cardioverter defibrillators provided to certain Medicare beneficiaries were provided in accordance with national coverage criteria. The DOJ's investigation spans a time frame beginning in October 2003 through June 2010. This investigation is in its early stages, and no final conclusions have been reached that the selected claims did not meet Medicare reimbursement criteria. No estimates of liability, if any, have been or can be reached relative to the impact of the investigation. There can be no assurance that the resolution of this investigation will not have a material adverse effect on Sutter's consolidated financial position or results of operations.

Sutter management is aware of two potentially material security incidents within Sutter. The first involves a stolen computer with limited data on approximately 4.25 million patients. Following a detailed internal review, Sutter determined that the stolen computer did not contain patient financial records, social security numbers, patients' health plan identification numbers or medical records. However, the computer contained some personal information, including names, addresses and birthdates. Additionally, for

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

14. CONTINGENCIES AND COMMITMENTS (continued)

approximately 930,000 of the patients, the computer contained some medical diagnoses and procedures used for billing purposes. Sutter received notice that it and certain affiliates are named in multiple state and federal class action lawsuits related to the stolen computer, claiming private class-wide damages for data breaches. These cases have been coordinated and are currently pending in the Sacramento County Superior Court. The cases allege violation of the California Confidentiality of Medical Information Act (the "Act"), Violation of California Civil code, negligence, and invasion of privacy. In January 2013, the trial court proceedings were suspended so the appellate court could consider whether a claim under the Act can continue as Sutter is the victim of theft of a computer and no disclosure of patient medical information has occurred. The second involves the Alameda County Sheriff's Department's notification to Sutter that during an unrelated investigation, authorities recovered information of approximately 4,500 Sutter patients. As of this date, no penalties have been assessed and one class action lawsuit has been filed with respect to this incident. The related affiliates in each of these matters have taken action to notify affected patients, and continue to coordinate with relevant state and federal agencies. Penalties may be assessed by regulatory agencies and additional patients may file private legal causes of action. Courts in California have not previously certified a class in this type of litigation and it is premature to estimate whether any civil liability will result from these or similar lawsuits. There can be no assurance that the security incidents discussed above, taken individually or in the aggregate, will not have a material adverse effect on Sutter's consolidated financial position or results of operations.

In recent years, government activity has increased with respect to investigations and allegations concerning possible violations of reimbursement, false claims, anti-kickback and anti-referral statutes, and regulations by health care providers. Certain Sutter affiliates have recently received, and are in the process of responding to, requests from governmental agencies, including the Federal Trade Commission, the Attorney General, and the Office of Civil Rights.

Sutter is involved in other litigation, as both plaintiff and defendant, and other routine labor matters, class-action complaints, tax examinations, and regulatory investigations and examinations arising in the ordinary course of business. There can be no assurance that the resolution of these matters will not have a material adverse effect on Sutter's consolidated financial position or results of operations.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

14. CONTINGENCIES AND COMMITMENTS (continued)

As of December 31, 2013, Sutter had approximately 48,000 employees, of whom approximately 28,000 are full-time employees. Approximately 24% of these 48,000 employees are employed by 24 Sutter facilities and are represented by collective bargaining units. Of these employees, 8% are represented by collective bargaining agreements that expired between 2012 and 2013 and are in the process of being negotiated, and 23% will expire in 2014. Employee strikes or other adverse labor actions may have a material adverse impact on Sutter's consolidated financial position or results of operations.

Commitments: In 2008, the Eden Township Healthcare District (the "Eden District"), Sutter and Eden Medical Center (EMC) entered into certain agreements (the "2008 Agreements"). The 2008 Agreements addressed certain disputes that had arisen among the parties under related agreements entered into in 2004 (the "2004 Agreements") concerning the Eden District's acquisition of San Leandro Hospital (SLH) and its simultaneous lease to EMC. Pursuant to the 2008 Agreements, Sutter agreed to develop and construct a 130-bed replacement facility in Castro Valley, California (to be owned and operated by Sutter Medical Center, Castro Valley, a Sutter affiliate), on property adjacent to the existing EMC hospital. The 2008 Agreements also included an amended lease for SLH, wherein Sutter and EMC received an option to purchase SLH and certain other properties (the "Option"). Sutter exercised the Option to purchase SLH in July 2009, but the Eden District failed to convey title. In March 2010, Sutter and the Eden District further entered into a stipulated judgment pursuant to which the Eden District agreed to an arbitrator's award that required the Eden District to convey title of SLH to Sutter on or before March 31, 2010. The Eden District failed to convey title pursuant to the arbitrator's award, resulting in a series of additional legal disputes under the 2008 Agreements. In November 2010, the Alameda County Superior Court upheld the validity of the 2008 Agreements. Over the next several years the Eden District filed a series of appeals, and Sutter Health, the legal entity (SH), acquired title of SLH in September 2012.

SH, EMC, Alameda County Medical Center Alameda Health System (AHS) and the County of Alameda entered into a donation and transfer agreement regarding SLH, which closed on October 30, 2013. The general terms of this agreement included: (i) SH's donation of SLH to AHS with the requirement that ownership and operational control must remain with a public entity or public health care authority as defined by statute and (ii) SH's contribution of \$14 to an operating fund. SH has also commenced arbitration with the Eden District wherein SH seeks to recover damages and attorneys' fees related to the matter in the preceding paragraph.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

14. CONTINGENCIES AND COMMITMENTS (continued)

Sutter is required to remediate certain of its health care facilities to comply with earthquake retrofit requirements under a State of California law. Over half of Sutter's facilities are compliant, have received extensions, or extensions are pending making the facilities compliant until 2030 and Sutter is evaluating its facilities and is considering all options. There are three facilities currently in the construction phase with estimated remaining expenditures of capital of \$137 that will bring those facilities into compliance. An additional \$2,022 is expected to be spent on new construction projects or remediation projects to address seismic requirements over the next five years.

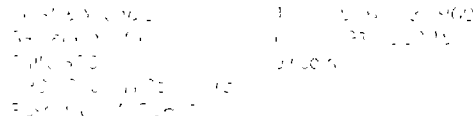
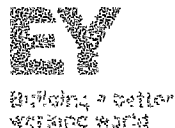
On July 9, 2013, the City and County of San Francisco (CCSF) approved certain projects proposed by Sutter West Bay Hospitals (SWBH), doing business as California Pacific Medical Center (CPMC). Pursuant to these approvals, SWBH plans to build two new hospitals at the Cathedral Hill site and a site adjacent to the St. Luke's hospital in San Francisco. As a condition of obtaining approval of the projects, SWBH entered into a development agreement with CCSF and others that obligated SWBH to pay the aggregate sum of \$84, which is generally payable in installments beginning in 2013 and ending in 2017, with a remaining commitment of \$50 as of December 31, 2013. Since approval of the projects, management has been assessing the design and costs incurred. Based on the assessment, an impairment of \$83 for project resizing of design and pre-construction services for CPMC Cathedral Hill and St. Luke's Hospitals was recorded in September 2013, and is included in depreciation and amortization. The remaining estimated cost of development and construction of these hospitals, plus the planning and entitlements for a new medical office building at Cathedral Hill, is approximately \$2,200 (unaudited).

Sutter's capital allocation plan, which includes amounts for seismic retrofits, replacements, and relocations, is approximately \$4,604 (unaudited) from January 1, 2014 to December 31, 2018. Management and the Board of Directors evaluate Sutter's capital needs on an ongoing basis and are considering options, given the current economic conditions.

15. SUBSEQUENT EVENTS

On January 31, 2014, Sutter Medical Foundation, an affiliate of Sutter, purchased the majority of Radiological Associates of Sacramento Medical Group, Inc.'s (RAS) assets. RAS provides radiation oncology and diagnostic imaging services throughout the greater Sacramento area.

Sutter has evaluated subsequent events and disclosed all material events through March 4, 2014, which is the date these financial statements of Sutter were issued.



Report of Independent Auditors on Supplementary Information

The Board of Directors
Sutter Health and Affiliates

We have audited, in accordance with auditing standards generally accepted in the United States, the consolidated financial statements of Sutter Health and Affiliates for the years ended December 31, 2013 and December 31, 2012, and have issued an unmodified opinion thereon dated March 4, 2014. The consolidating financial statement schedules for Sutter Health and the Sutter Health – Obligated Group consolidated financial statements with consolidating details are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Ernst & Young LLP

March 4, 2014

Sutter Health and Affiliates
Consolidating Balance Sheet - Regions, Other and Sutter Health Support Services
December 31, 2013
(Dollars in millions)

	Sutter Health Central Valley Region	Sutter Health East Bay Region	Sutter Health Peninsula Coastal Region	Sutter Health Sacramento Sierra Region	Sutter Health West Bay Region	Other	Sutter Health Support Services	Adjustments and Eliminations	Consolidated
Assets									
Current assets									
Cash and cash equivalents	\$ 78	\$ 98	\$ 134	\$ 112	\$ 44	\$ 49	\$ 73	\$ (244)	\$ 344
Short-term investments	25	110	37	36	77	14	3,364	245	3,908
Patent accounts receivable, net	122	257	181	336	240	61	16	(17)	1,196
Other receivables	11	60	28	38	53	13	389	(374)	218
Inventories	11	19	9	31	17	2	2	-	91
Other	1	6	8	6	6	1	34	1	63
Total current assets	248	550	397	559	437	140	3,878	(389)	5,820
Non-current investments	34	136	259	73	338	-	5	-	845
Property, plant and equipment, net	435	1,080	1,655	1,456	1,298	32	748	1	6,705
Other	5	43	32	55	64	2	726	(82)	845
	\$ 722	\$ 1,809	\$ 2,343	\$ 2,143	\$ 2,137	\$ 174	\$ 5,357	\$ (470)	\$ 14,215
Liabilities and net assets									
Current liabilities									
Accounts payable	\$ 25	\$ 26	\$ 33	\$ 86	\$ 59	\$ 13	\$ 192	\$ (1)	\$ 433
Accrued salaries and related benefits	51	64	89	90	105	17	119	1	536
Other accrued expenses	84	178	117	191	91	15	211	(411)	476
Current portion of long-term obligations	4	2	-	9	2	-	-	(1)	16
Total current liabilities	164	270	239	376	257	45	522	(412)	1,461
Non-current liabilities									
Long-term obligations, less current portion	328	724	1,159	977	418	13	145	-	3,764
Other	3	26	11	20	14	1	619	(27)	667
Net assets									
Unrestricted controlling	225	672	857	727	1,284	114	4,012	(45)	7,846
Unrestricted noncontrolling	-	7	-	5	7	-	58	13	90
Temporarily restricted	2	57	60	32	104	1	1	-	257
Permanently restricted	-	53	17	6	53	-	-	1	130
	227	789	934	770	1,448	115	4,071	(31)	8,323
	\$ 722	\$ 1,809	\$ 2,343	\$ 2,143	\$ 2,137	\$ 174	\$ 5,357	\$ (470)	\$ 14,215

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Regions, Other and Sutter Health Support Services
Year ended December 31, 2013
(Dollars in millions)

	Sutter Health Central Valley Region	Sutter Health East Bay Region	Sutter Health Peninsula Coastal Region	Sutter Health Sacramento Sierra Region	Sutter Health West Bay Region	Other	Sutter Health Support Services	Adjustments and Eliminations	Consolidated
Unrestricted net assets:									
Operating revenues									
Patient service revenues	\$ 929	\$ 1,658	\$ 1,851	\$ 2,232	\$ 1,749	\$ 298	\$ 114	\$ (60)	\$ 8,771
Provision for bad debts	(100)	(103)	(37)	(71)	(89)	(9)	(1)	-	(410)
Patient service revenues less provision for bad debts	829	1,555	1,814	2,161	1,660	289	113	(60)	8,361
Capitation revenues	148	31	344	386	31	10	-	(11)	939
Contributions	-	1	3	1	2	1	-	-	8
Other	18	112	70	46	84	16	828	(833)	341
Total operating revenues	995	1,699	2,231	2,594	1,777	316	941	(904)	9,649
Operating expenses									
Salaries and employee benefits	355	862	662	1,050	860	211	547	(77)	4,470
Purchased services	254	438	804	629	442	89	359	(661)	2,354
Supplies	112	199	185	315	181	28	37	(1)	1,056
Depreciation and amortization	50	96	125	110	170	7	105	(60)	603
Capitated purchased services	52	13	74	117	10	-	-	(16)	250
Rentals and leases	5	20	26	38	26	7	20	(2)	140
Interest	11	17	36	20	12	1	(19)	-	78
Insurance	6	16	16	23	12	2	5	(50)	30
Other	63	170	64	143	142	15	115	(22)	690
Total operating expenses	908	1,831	1,992	2,445	1,855	360	1,169	(889)	9,671
Income (loss) from operations	87	(132)	239	149	(78)	(44)	(228)	(15)	(22)
Investment income	2	3	6	2	34	1	128	1	177
Change in net unrealized gains and losses on investments classified as trading	-	6	-	-	-	-	197	-	203
Income (loss)	89	(123)	245	151	(44)	(43)	97	(14)	358
Less income attributable to noncontrolling interests	-	(6)	-	(4)	(14)	-	(22)	(12)	(58)
Income (loss) attributable to Sutter Health	89	(129)	245	147	(58)	(43)	75	(26)	300

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Regions, Other and Sutter Health Support Services (continued)
Year ended December 31, 2013
(Dollars in millions)

	Sutter Health Central Valley Region	Sutter Health East Bay Region	Sutter Health Peninsula Coastal Region	Sutter Health Sacramento Sierra Region	Sutter Health West Bay Region	Other	Sutter Health Support Services	Adjustments and Eliminations	Consolidated
\$	89 \$	(129) \$	245 \$	147 \$	(58) \$	(43) \$	75 \$	(26) \$	300
Unrestricted net assets (continued):									
Unrestricted controlling net assets									
Income (loss) attributable to Sutter Health	(1)	4	(9)	(1)	7	1	(26)	-	(25)
Change in net unrealized gains and losses on investments classified as other-than-trading	1	1	1	2	2	-	-	-	7
Net assets released from restriction for equipment acquisition	-	-	-	-	-	-	634	-	634
Pension-related changes other than net periodic pension cost	(65)	135	(404)	(169)	11	87	406	(1)	-
Transfers with related entities, net	1	(2)	-	2	-	-	(29)	28	-
Other	25	9	(167)	(19)	(38)	45	1,060	1	916
Increase (decrease) in unrestricted controlling net assets									
Unrestricted noncontrolling net assets									
Income attributable to noncontrolling interests	-	6	-	4	14	-	22	12	58
Distributions	-	(2)	-	(3)	(13)	-	(37)	-	(55)
Contributed capital	-	-	-	-	-	-	1	-	1
Other	-	(1)	-	-	-	-	28	(12)	15
Increase (decrease) in unrestricted noncontrolling net assets	-	3	-	1	1	-	14	-	19
Temporarily restricted net assets:									
Contributions	1	2	8	7	21	1	(1)	-	39
Investment income	-	4	1	-	1	-	-	-	6
Change in net unrealized gains and losses on investments	-	8	2	-	1	-	-	-	11
Net assets released from restriction	(2)	(3)	(7)	(6)	(10)	(1)	(1)	2	(28)
Other	-	-	-	-	(1)	-	1	(3)	(3)
Increase (decrease) in temporarily restricted net assets	(1)	11	4	1	12	-	(1)	(1)	25
Permanently restricted net assets:									
Contributions	-	-	-	-	-	-	-	1	1
Investment income	-	1	-	-	-	-	-	-	1
Change in net unrealized gains and losses on investments	-	1	-	-	-	-	-	1	2
Other	-	(2)	-	-	-	-	-	(1)	(3)
Increase (decrease) in permanently restricted net assets	-	-	-	-	-	-	-	1	1
Increase (decrease) in net assets	24	23	(163)	(17)	(25)	45	1,073	1	961
Net assets, beginning of year	203	766	1,097	787	1,473	70	2,998	(32)	7,362
Net assets, end of year	\$ 227	\$ 789	\$ 934	\$ 770	\$ 1,448	\$ 115	\$ 4,071	\$ (31)	\$ 8,323

Sutter Health and Affiliates
Consolidating Balance Sheet - Sutter Health Central Valley Region

December 31, 2013

(Dollars in millions)

	Sutter Central Valley Hospitals and Affiliate	Sutter Gould Medical Foundation	Adjustments and Eliminations	Consolidated
Assets				
Current assets				
Cash and cash equivalents	\$ 25	\$ 53	\$ -	\$ 78
Short-term investments	26	-	(1)	25
Patient accounts receivable, net	95	27	-	122
Other receivables	21	3	(13)	11
Inventories	9	2	-	11
Other	1	-	-	1
Total current assets	177	85	(14)	248
Non-current investments	12	21	1	34
Property, plant and equipment, net	307	129	(1)	435
Other	1	4	-	5
	<u>\$ 497</u>	<u>\$ 239</u>	<u>\$ (14)</u>	<u>\$ 722</u>
Liabilities and net assets				
Current liabilities				
Accounts payable	\$ 20	\$ 5	\$ -	\$ 25
Accrued salaries and related benefits	44	7	-	51
Other accrued expenses	54	44	(14)	84
Current portion of long-term obligations	4	-	-	4
Total current liabilities	122	56	(14)	164
Non-current liabilities				
Long-term obligations, less current portion	157	171	-	328
Other	3	-	-	3
Net assets				
Unrestricted controlling	213	12	-	225
Unrestricted noncontrolling	-	-	-	-
Temporarily restricted	2	-	-	2
Permanently restricted	-	-	-	-
	<u>215</u>	<u>12</u>	<u>-</u>	<u>227</u>
	<u>\$ 497</u>	<u>\$ 239</u>	<u>\$ (14)</u>	<u>\$ 722</u>

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Central Valley Region
Year ended December 31, 2013
(Dollars in millions)

	Sutter Central Valley Hospitals and Affiliate	Sutter Gould Medical Foundation	Adjustments and Eliminations	Consolidated
Unrestricted net assets:				
Operating revenues				
Patient service revenues	\$ 708	\$ 241	\$ (20)	\$ 929
Provision for bad debts	(85)	(14)	(1)	(100)
Patient service revenues less provision for bad debts	623	227	(21)	829
Capitation revenues	69	79	-	148
Contributions	-	-	-	-
Other	16	11	(9)	18
Total operating revenues	708	317	(30)	995
Operating expenses				
Salaries and employee benefits	305	71	(21)	355
Purchased services	98	165	(9)	254
Supplies	90	22	-	112
Depreciation and amortization	38	12	-	50
Capitated purchased services	26	27	(1)	52
Rentals and leases	2	3	-	5
Interest	6	4	1	11
Insurance	6	1	(1)	6
Other	56	6	1	63
Total operating expenses	627	311	(30)	908
Income (loss) from operations	81	6	-	87
Investment income	2	-	-	2
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-
Income (loss)	83	6	-	89
Less income attributable to noncontrolling interests	-	-	-	-
Income (loss) attributable to Sutter Health	83	6	-	89

Sutter Health and Affiliates

Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Central Valley Region (continued)

Year ended December 31, 2013

(Dollars in millions)

	Sutter Central Valley Hospitals and Affiliate	Sutter Gould Medical Foundation	Adjustments and Eliminations	Consolidated				
Unrestricted net assets (continued):								
Unrestricted controlling net assets								
Income (loss) attributable to Sutter Health	\$	83	\$	6	\$	-	\$	89
Change in net unrealized gains and losses on investments classified as other-than-trading		1		(2)		-		(1)
Net assets released from restriction for equipment acquisition		1		-		-		1
Pension-related changes other than net periodic pension cost		-		-		-		-
Transfers with related entities, net		(65)		-		-		(65)
Other		-		1		-		1
Increase (decrease) in unrestricted controlling net assets		20		5		-		25
Unrestricted noncontrolling net assets								
Income attributable to noncontrolling interests		-		-		-		-
Distributions		-		-		-		-
Contributed capital		-		-		-		-
Other		-		-		-		-
Increase (decrease) in unrestricted noncontrolling net assets		-		-		-		-
Temporarily restricted net assets:								
Contributions		1		-		-		1
Investment income		-		-		-		-
Change in net unrealized gains and losses on investments		-		-		-		-
Net assets released from restriction		(2)		-		-		(2)
Other		-		-		-		-
Increase (decrease) in temporarily restricted net assets		(1)		-		-		(1)
Permanently restricted net assets:								
Contributions		-		-		-		-
Investment income		-		-		-		-
Change in net unrealized gains and losses on investments		-		-		-		-
Other		-		-		-		-
Increase (decrease) in permanently restricted net assets		-		-		-		-
Increase (decrease) in net assets		19		5		-		24
Net assets, beginning of year		196		7		-		203
Net assets, end of year	\$	215	\$	12	\$	-	\$	227

Sutter Health and Affiliates
Consolidating Balance Sheet - Sutter Health East Bay Region

December 31, 2013

(Dollars in millions)

	Sutter East Bay Hospitals and Affiliates	Sutter East Bay Medical Foundation	Eden Medical Center	Sutter Medical Center Castro Valley	Adjustments and Eliminations	Consolidated
Assets						
Current assets						
Cash and cash equivalents	\$ 87	\$ 2	\$ 2	\$ 8	\$ (1)	\$ 98
Short-term investments	110	-	-	-	-	110
Patient accounts receivable, net	186	7	9	54	1	257
Other receivables	56	3	1	9	(9)	60
Inventories	15	-	-	4	-	19
Other	4	1	-	1	-	6
Total current assets	458	13	12	76	(9)	550
Non-current investments	136	-	-	-	-	136
Property, plant and equipment, net	679	36	-	365	-	1,080
Other	23	3	5	12	-	43
	<u>\$ 1,296</u>	<u>\$ 52</u>	<u>\$ 17</u>	<u>\$ 453</u>	<u>\$ (9)</u>	<u>\$ 1,809</u>
Liabilities and net assets						
Current liabilities						
Accounts payable	\$ 21	-	\$ 2	\$ 2	\$ 1	\$ 26
Accrued salaries and related benefits	52	2	-	10	-	64
Other accrued expenses	139	5	11	32	(9)	178
Current portion of long-term obligations	2	-	-	-	-	2
Total current liabilities	214	7	13	44	(8)	270
Non-current liabilities						
Long-term obligations, less current portion	436	-	-	288	-	724
Other	26	-	-	1	(1)	26
Net assets						
Unrestricted controlling	507	45	4	116	-	672
Unrestricted noncontrolling	7	-	-	-	-	7
Temporarily restricted	53	-	-	4	-	57
Permanently restricted	53	-	-	-	-	53
	<u>620</u>	<u>45</u>	<u>4</u>	<u>120</u>	<u>-</u>	<u>789</u>
	<u>\$ 1,296</u>	<u>\$ 52</u>	<u>\$ 17</u>	<u>\$ 453</u>	<u>\$ (9)</u>	<u>\$ 1,809</u>

Sutter Health and Affiliates

Consolidating Statement of Operations and Changes in Net Assets - Sutter Health East Bay Region

Year ended December 31, 2013

(Dollars in millions)

	Sutter East Bay Hospitals and Affiliates	Sutter East Bay Medical Foundation	Eden Medical Center	Sutter Medical Center Castro Valley	Adjustments and Eliminations	Consolidated
\$	1,252 (67)	\$ (5)	\$ (5)	\$ (36)	\$ (18)	\$ (103)
Operating revenues	1,185	76	51	261	(18)	1,555
Patient service revenues	-	31	-	-	-	31
Provision for bad debts	1	-	-	-	-	1
Patient service revenues less provision for bad debts	93	26	1	8	(16)	112
Capitation revenues						
Contributions						
Other						
Total operating revenues	1,279	133	52	269	(34)	1,699
Operating expenses						
Salaries and employee benefits	675	28	41	138	(20)	862
Purchased services	292	78	24	58	(14)	438
Supplies	160	7	6	25	1	199
Depreciation and amortization	64	6	1	26	(1)	96
Capitated purchased services	-	13	-	-	-	13
Rentals and leases	12	6	-	2	-	20
Interest	5	1	-	10	1	17
Insurance	13	-	1	2	-	16
Other	119	2	30	20	(1)	170
Total operating expenses	1,340	141	103	281	(34)	1,831
Income (loss) from operations	(61)	(8)	(51)	(12)	-	(132)
Investment income	3	-	-	-	-	3
Change in net unrealized gains and losses on investments classified as trading	6	-	-	-	-	6
Income (loss)	(52)	(8)	(51)	(12)	-	(123)
Less income attributable to noncontrolling interests	(6)	-	-	-	-	(6)
Income (loss) attributable to Sutter Health	(58)	(8)	(51)	(12)	-	(129)

Unrestricted net assets:

Operating revenues	
Patient service revenues	
Provision for bad debts	
Patient service revenues less provision for bad debts	
Capitation revenues	
Contributions	
Other	
Total operating revenues	
Operating expenses	
Salaries and employee benefits	
Purchased services	
Supplies	
Depreciation and amortization	
Capitated purchased services	
Rentals and leases	
Interest	
Insurance	
Other	
Total operating expenses	
Income (loss) from operations	
Investment income	
Change in net unrealized gains and losses on investments classified as trading	
Income (loss)	
Less income attributable to noncontrolling interests	
Income (loss) attributable to Sutter Health	

Sutter Health and Affiliates

Consolidating Statement of Operations and Changes in Net Assets - Sutter Health East Bay Region (continued)

Year end December 31, 2013

(Dollars in millions)

	Sutter East Bay Hospitals and Affiliates	Sutter East Bay Medical Foundation	Eden Medical Center	Sutter Medical Center Castro Valley	Adjustments and Eliminations	Consolidated
	\$ (58)	\$ (8)	\$ (51)	\$ (12)	\$ -	\$ (129)
Unrestricted net assets (continued):						
Unrestricted controlling net assets						
Income (loss) attributable to Sutter Health						
Change in net unrealized gains and losses on investments classified as other-than-trading	4	-	-	-	-	4
Net assets released from restriction for equipment acquisition	1	-	-	-	-	1
Pension-related changes other than net periodic pension cost	-	-	-	-	-	-
Transfers with related entities, net	69	1	21	44	-	135
Other	(2)	-	(4)	4	-	(2)
Increase (decrease) in unrestricted controlling net assets	14	(7)	(34)	36	-	9
Unrestricted noncontrolling net assets						
Income attributable to noncontrolling interests	6	-	-	-	-	6
Distributions	(2)	-	-	-	-	(2)
Contributed capital	-	-	-	-	-	-
Other	(1)	-	-	-	-	(1)
Increase (decrease) in unrestricted noncontrolling net assets	3	-	-	-	-	3
Temporarily restricted net assets:						
Contributions	2	-	-	-	-	2
Investment income	4	-	-	-	-	4
Change in net unrealized gains and losses on investments	8	-	-	-	-	8
Net assets released from restriction	(3)	-	-	-	-	(3)
Other	-	-	(4)	4	-	-
Increase (decrease) in temporarily restricted net assets	11	-	(4)	4	-	11
Permanently restricted net assets:						
Contributions	-	-	-	-	-	-
Investment income	1	-	-	-	-	1
Change in net unrealized gains and losses on investments	1	-	-	-	-	1
Other	(2)	-	-	-	-	(2)
Increase (decrease) in permanently restricted net assets	-	-	-	-	-	-
Increase (decrease) in net assets	28	(7)	(38)	40	-	23
Net assets, beginning of year	592	52	42	80	-	766
Net assets, end of year	\$ 620	\$ 45	\$ 4	\$ 120	\$ -	\$ 789

Sutter Health and Affiliates
Consolidating Balance Sheet - Sutter Health Peninsula Coastal Region

December 31, 2013

(Dollars in millions)

	Mills-Peninsula Health Services and Affiliates	Palo Alto Medical Foundation	Palo Alto Medical Foundation Research Institute	Adjustments and Eliminations	Consolidated
Assets					
Current assets					
Cash and cash equivalents	\$ 31	\$ 69	\$ 34	\$ -	\$ 134
Short-term investments	13	-	25	(1)	37
Patient accounts receivable, net	67	113	-	1	181
Other receivables	5	63	8	(48)	28
Inventories	7	2	-	-	9
Other	3	5	-	-	8
Total current assets	126	252	67	(48)	397
Non-current investments	23	210	27	(1)	259
Property, plant and equipment, net	695	948	12	-	1,655
Other	8	18	6	-	32
	<u>\$ 852</u>	<u>\$ 1,428</u>	<u>\$ 112</u>	<u>\$ (49)</u>	<u>\$ 2,343</u>
Liabilities and net assets					
Current liabilities					
Accounts payable	\$ 12	\$ 20	\$ -	\$ 1	\$ 33
Accrued salaries and related benefits	27	62	1	(1)	89
Other accrued expenses	39	82	45	(49)	117
Current portion of long-term obligations	-	-	-	-	-
Total current liabilities	78	164	46	(49)	239
Non-current liabilities					
Long-term obligations, less current portion	512	648	-	(1)	1,159
Other	6	3	1	1	11
Net assets					
Unrestricted controlling	222	613	22	-	857
Unrestricted noncontrolling	-	-	-	-	-
Temporarily restricted	27	-	33	-	60
Permanently restricted	7	-	10	-	17
	<u>256</u>	<u>613</u>	<u>65</u>	<u>-</u>	<u>934</u>
	<u>\$ 852</u>	<u>\$ 1,428</u>	<u>\$ 112</u>	<u>\$ (49)</u>	<u>\$ 2,343</u>

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Peninsula Coastal Region
Year ended December 31, 2013
(Dollars in millions)

	Mills-Peninsula Health Services and Affiliates	Palo Alto Medical Foundation	Palo Alto Medical Foundation Research Institute	Adjustments and Eliminations	Consolidated
Unrestricted net assets:					
Operating revenues					
Patient service revenues	\$ 554	\$ 1,318	\$ -	\$ (21)	\$ 1,851
Provision for bad debts	(15)	(22)	-	-	(37)
Patient service revenues less provision for bad debts	539	1,296	-	(21)	1,814
Capitation revenues	49	295	-	-	344
Contributions	1	-	2	-	3
Other	23	49	7	(9)	70
Total operating revenues	612	1,640	9	(30)	2,231
Operating expenses					
Salaries and employee benefits	265	405	10	(18)	662
Purchased services	101	707	3	(7)	804
Supplies	59	126	-	-	185
Depreciation and amortization	61	63	1	-	125
Capitated purchased services	8	66	-	-	74
Rentals and leases	5	26	-	(5)	26
Interest	19	17	-	-	36
Insurance	4	12	-	-	16
Other	37	25	2	-	64
Total operating expenses	559	1,447	16	(30)	1,992
Income (loss) from operations	53	193	(7)	-	239
Investment income	1	1	4	-	6
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-	-
Income (loss)	54	194	(3)	-	245
Less income attributable to noncontrolling interests	-	-	-	-	-
Income (loss) attributable to Sutter Health	54	194	(3)	-	245

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Peninsula Coastal Region (continued)
Year ended December 31, 2013
(Dollars in millions)

	Mills-Peninsula Health Services and Affiliates	Palo Alto Medical Foundation	Palo Alto Medical Foundation Research Institute	Adjustments and Eliminations	Consolidated
Unrestricted net assets (continued):					
Unrestricted controlling net assets	\$ 54	\$ 194	\$ (3)	\$ -	\$ 245
Income (loss) attributable to Sutter Health					
Change in net unrealized gains and losses on investments classified as other-than-trading	-	(9)	-	-	(9)
Net assets released from restriction for equipment acquisition	1	-	-	-	1
Pension-related changes other than net periodic pension cost	-	-	-	-	-
Transfers with related entities, net	(122)	(268)	(14)	-	(404)
Other	-	-	-	-	-
Increase (decrease) in unrestricted controlling net assets	(67)	(83)	(17)	-	(167)
Unrestricted noncontrolling net assets					
Income attributable to noncontrolling interests	-	-	-	-	-
Distributions	-	-	-	-	-
Contributed capital	-	-	-	-	-
Other	-	-	-	-	-
Increase (decrease) in unrestricted noncontrolling net assets	-	-	-	-	-
Temporarily restricted net assets:					
Contributions	3	-	5	-	8
Investment income	1	-	-	-	1
Change in net unrealized gains and losses on investments	1	-	1	-	2
Net assets released from restriction	(5)	-	(2)	-	(7)
Other	(1)	-	1	-	-
Increase (decrease) in temporarily restricted net assets	(1)	-	5	-	4
Permanently restricted net assets:					
Contributions	-	-	-	-	-
Investment income	-	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-	-
Other	-	-	-	-	-
Increase (decrease) in permanently restricted net assets	-	-	-	-	-
Increase (decrease) in net assets	(68)	(83)	(12)	-	(163)
Net assets, beginning of year	324	696	77	-	1,097
Net assets, end of year	\$ 256	\$ 613	\$ 65	\$ -	\$ 934

Sutter Health and Affiliates
Consolidating Balance Sheet - Sutter Health Sacramento Sierra Region

December 31, 2013

(Dollars in millions)

	Sutter Health Sacramento Sierra Region and Affiliates	Sutter Medical Foundation and Subsidiaries	Roseville Endoscopy Center LLC	Sutter Amador Surgery Center LLC	Adjustments and Eliminations	Consolidated
Assets						
Current assets						
Cash and cash equivalents	\$ 76	\$ 34	\$ 2	\$ -	\$ -	\$ 112
Short-term investments	36	-	-	-	-	36
Patient accounts receivable, net	271	63	1	-	1	336
Other receivables	30	21	-	-	(13)	38
Inventories	25	6	-	-	-	31
Other	5	2	-	-	(1)	6
Total current assets	443	126	3	-	(13)	559
Non-current investments	70	3	-	-	-	73
Property, plant and equipment, net	1,248	208	-	-	-	1,456
Other	38	17	-	2	(2)	55
	<u>\$ 1,799</u>	<u>\$ 354</u>	<u>\$ 3</u>	<u>\$ 2</u>	<u>\$ (15)</u>	<u>\$ 2,143</u>
Liabilities and net assets						
Current liabilities						
Accounts payable	\$ 73	\$ 12	\$ -	\$ -	\$ 1	\$ 86
Accrued salaries and related benefits	75	15	-	-	-	90
Other accrued expenses	150	53	1	-	(13)	191
Current portion of long-term obligations	6	3	-	-	-	9
Total current liabilities	304	83	1	-	(12)	376
Non-current liabilities						
Long-term obligations, less current portion	938	39	-	-	-	977
Other	14	6	-	-	-	20
Net assets						
Unrestricted controlling	506	221	3	2	(5)	727
Unrestricted noncontrolling	-	4	(1)	-	2	5
Temporarily restricted	31	1	-	-	-	32
Permanently restricted	6	-	-	-	-	6
	<u>543</u>	<u>226</u>	<u>2</u>	<u>2</u>	<u>(3)</u>	<u>770</u>
	<u>\$ 1,799</u>	<u>\$ 354</u>	<u>\$ 3</u>	<u>\$ 2</u>	<u>\$ (15)</u>	<u>\$ 2,143</u>

Sutter Health and Affiliates

Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Sacramento Sierra Region

Year ended December 31, 2013

(Dollars in millions)

	Sutter Health Sacramento Sierra Region and Affiliates	Sutter Medical Foundation and Subsidiaries	Roseville Endoscopy Center LLC	Sutter Amador Surgery Center LLC	Adjustments and Eliminations	Consolidated
Unrestricted net assets:						
Operating revenues						
Patient service revenues	\$ 1,693	\$ 579	\$ 8	\$ 2	\$ (50)	\$ 2,232
Provision for bad debts	(45)	(26)	-	-	-	(71)
Patient service revenues less provision for bad debts	1,648	553	8	2	(50)	2,161
Capitation revenues	198	192	-	-	(4)	386
Contributions	1	-	-	-	-	1
Other	37	47	-	-	(38)	46
Total operating revenues	1,884	792	8	2	(92)	2,594
Operating expenses						
Salaries and employee benefits	893	205	-	-	(48)	1,050
Purchased services	267	388	3	1	(30)	629
Supplies	273	40	1	1	-	315
Depreciation and amortization	75	35	-	-	-	110
Capitated purchased services	52	71	-	-	(6)	117
Rentals and leases	20	23	-	-	(5)	38
Interest	13	7	-	-	-	20
Insurance	15	8	-	-	-	23
Other	131	13	-	-	(1)	143
Total operating expenses	1,739	790	4	2	(90)	2,445
Income (loss) from operations	145	2	4	-	(2)	149
Investment income	2	-	-	-	-	2
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-	-	-
Income (loss)	147	2	4	-	(2)	151
Less income attributable to noncontrolling interests	-	(2)	-	-	(2)	(4)
Income (loss) attributable to Sutter Health	147	-	4	-	(4)	147

Sutter Health and Affiliates

Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Sacramento Sierra Region (continued)

Year ended December 31, 2013

(Dollars in millions)

	Sutter Health Sacramento Sierra Region and Affiliates	Sutter Medical Foundation and Subsidiaries	Roseville Endoscopy Center LLC	Sutter Amador Surgery Center LLC	Adjustments and Eliminations	Consolidated
Unrestricted net assets (continued):						
Unrestricted controlling net assets	\$ 147	\$ -	\$ 4	\$ -	\$ (4)	\$ 147
Income (loss) attributable to Sutter Health	-	(1)	-	-	-	(1)
Change in net unrealized gains and losses on investments classified as other-than-trading	2	-	-	-	-	2
Net assets released from restriction for equipment acquisition	-	-	-	-	-	-
Pension-related changes other than net periodic pension cost	(147)	(22)	-	-	-	(169)
Transfers with related entities, net	2	1	(4)	-	3	2
Other	4	(22)	-	-	(1)	(19)
Increase (decrease) in unrestricted controlling net assets						
Unrestricted noncontrolling net assets	-	2	-	-	2	4
Income attributable to noncontrolling interests	-	(1)	(2)	-	-	(3)
Distributions	-	-	-	-	-	-
Contributed capital	-	-	-	-	-	-
Other	-	-	2	-	(2)	-
Increase (decrease) in unrestricted noncontrolling net assets	-	1	-	-	-	1
Temporarily restricted net assets:						
Contributions	6	1	-	-	-	7
Investment income	-	-	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-	-	-
Net assets released from restriction	(5)	(1)	-	-	-	(6)
Other	-	-	-	-	-	-
Increase (decrease) in temporarily restricted net assets	1	-	-	-	-	1
Permanently restricted net assets:						
Contributions	-	-	-	-	-	-
Investment income	-	-	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-	-	-
Other	-	-	-	-	-	-
Increase (decrease) in permanently restricted net assets	-	-	-	-	-	-
Increase (decrease) in net assets	5	(21)	-	-	(1)	(17)
Net assets, beginning of year	538	247	2	2	(2)	787
Net assets, end of year	\$ 543	\$ 226	\$ 2	\$ 2	\$ (3)	\$ 770

Sutter Health and Affiliates
Consolidating Balance Sheet - Sutter Health West Bay Region

December 31, 2013

(Dollars in millions)

	Sutter West Bay Hospitals and Affiliates	Sutter Pacific Medical Foundation	Adjustments and Eliminations	Consolidated
Assets				
Current assets				
Cash and cash equivalents	\$ 45	\$ -	(1) \$	44
Short-term investments	76	-	1	77
Patient accounts receivable, net	224	15	1	240
Other receivables	48	6	(1)	53
Inventories	17	-	-	17
Other	6	1	(1)	6
Total current assets	416	22	(1)	437
Non-current investments	338	-	-	338
Property, plant and equipment, net	1,266	32	-	1,298
Other	50	15	(1)	64
	<u>\$ 2,070</u>	<u>\$ 69</u>	<u>(2) \$</u>	<u>2,137</u>
Liabilities and net assets				
Current liabilities				
Accounts payable	\$ 52	\$ 8	(1) \$	59
Accrued salaries and related benefits	100	5	-	105
Other accrued expenses	89	3	(1)	91
Current portion of long-term obligations	2	-	-	2
Total current liabilities	243	16	(2)	257
Non-current liabilities				
Long-term obligations, less current portion	418	-	-	418
Other	13	1	-	14
Net assets				
Unrestricted controlling	1,232	52	-	1,284
Unrestricted noncontrolling	7	-	-	7
Temporarily restricted	104	-	-	104
Permanently restricted	53	-	-	53
	<u>1,396</u>	<u>52</u>	<u>-</u>	<u>1,448</u>
	<u>\$ 2,070</u>	<u>\$ 69</u>	<u>(2) \$</u>	<u>2,137</u>

Sutter Health and Affiliates

Consolidating Statement of Operations and Changes in Net Assets - Sutter Health West Bay Region

Year ended December 31, 2013

(Dollars in millions)

	Sutter West Bay Hospitals and Affiliates	Sutter Pacific Medical Foundation	Adjustments and Eliminations	Consolidated
Unrestricted net assets:				
Operating revenues				
Patient service revenues	\$ 1,587	\$ 181	\$ (19)	\$ 1,749
Provision for bad debts	(84)	(5)	-	(89)
Patient service revenues less provision for bad debts	1,503	176	(19)	1,660
Capitation revenues	9	22	-	31
Contributions	2	-	-	2
Other	77	36	(29)	84
Total operating revenues	1,591	234	(48)	1,777
Operating expenses				
Salaries and employee benefits	813	66	(19)	860
Purchased services	336	129	(23)	442
Supplies	165	16	-	181
Depreciation and amortization	160	10	-	170
Capitated purchased services	3	7	-	10
Rentals and leases	19	11	(4)	26
Interest	10	1	1	12
Insurance	11	2	(1)	12
Other	138	6	(2)	142
Total operating expenses	1,655	248	(48)	1,855
Income (loss) from operations	(64)	(14)	-	(78)
Investment income	34	-	-	34
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-
Income (loss)	(30)	(14)	-	(44)
Less income attributable to noncontrolling interests	(14)	-	-	(14)
Income (loss) attributable to Sutter Health	(44)	(14)	-	(58)

Sutter Health and Affiliates

Consolidating Statement of Operations and Changes in Net Assets - Sutter Health West Bay Region (continued)

Year ended December 31, 2013

(Dollars in millions)

	Sutter West Bay Hospitals and Affiliates	Sutter Pacific Medical Foundation	Adjustments and Eliminations	Consolidated
Unrestricted net assets (continued):	\$	(44) \$	(14) \$	- \$ (58)
Unrestricted controlling net assets				
Income (loss) attributable to Sutter Health				
Change in net unrealized gains and losses on investments classified as other-than-trading	7	-	-	7
Net assets released from restriction for equipment acquisition	1	1	-	2
Pension-related changes other than net periodic pension cost	-	-	-	-
Transfers with related entities, net	(1)	12	-	11
Other	-	-	-	-
Increase (decrease) in unrestricted controlling net assets	(37)	(1)	-	(38)
Unrestricted noncontrolling net assets				
Income attributable to noncontrolling interests	14	-	-	14
Distributions	(13)	-	-	(13)
Contributed capital	-	-	-	-
Other	-	-	-	-
Increase (decrease) in unrestricted noncontrolling net assets	1	-	-	1
Temporarily restricted net assets:				
Contributions	21	1	(1)	21
Investment income	1	-	-	1
Change in net unrealized gains and losses on investments	1	-	-	1
Net assets released from restriction	(10)	(1)	1	(10)
Other	(1)	-	-	(1)
Increase (decrease) in temporarily restricted net assets	12	-	-	12
Permanently restricted net assets:				
Contributions	-	-	-	-
Investment income	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-
Other	-	-	-	-
Increase (decrease) in permanently restricted net assets	-	-	-	-
Increase (decrease) in net assets	(24)	(1)	-	(25)
Net assets, beginning of year	1,420	53	-	1,473
Net assets, end of year	\$ 1,396	\$ 52	\$ -	\$ 1,448

Sutter Health and Affiliates
Consolidating Balance Sheet - Other
December 31, 2013
(Dollars in millions)

	Sutter Coast Hospital	Sutter Health Pacific	Sutter Health Plan	Sutter Care at Home	Adjustments and Eliminations	Consolidated
Assets						
Current assets						
Cash and cash equivalents	\$ 2	\$ 1	\$ 42	\$ 4	\$ -	\$ 49
Short-term investments	-	-	-	14	-	14
Patient accounts receivable, net	12	6	-	42	1	61
Other receivables	2	-	-	12	(1)	13
Inventories	1	-	-	1	-	2
Other	-	1	-	-	-	1
Total current assets	17	8	42	73	-	140
Non-current investments	-	-	-	-	-	-
Property, plant and equipment, net	16	6	1	9	-	32
Other	1	-	-	1	-	2
	\$ 34	\$ 14	\$ 43	\$ 83	\$ -	\$ 174
Liabilities and net assets						
Current liabilities						
Accounts payable	\$ 1	\$ -	\$ 7	\$ 4	\$ 1	\$ 13
Accrued salaries and related benefits	4	1	-	12	-	17
Other accrued expenses	2	1	7	6	(1)	15
Current portion of long-term obligations	-	-	-	-	-	-
Total current liabilities	7	2	14	22	-	45
Non-current liabilities						
Long-term obligations, less current portion	13	-	-	-	-	13
Other	1	-	-	-	-	1
Net assets						
Unrestricted controlling	13	12	29	60	-	114
Unrestricted noncontrolling	-	-	-	-	-	-
Temporarily restricted	-	-	-	1	-	1
Permanently restricted	-	-	-	-	-	-
	13	12	29	61	-	115
	\$ 34	\$ 14	\$ 43	\$ 83	\$ -	\$ 174

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Other
Year ended December 31, 2013
(Dollars in millions)

	Sutter Coast Hospital	Sutter Health Pacific	Sutter Health Plan	Sutter Care at Home	Adjustments and Eliminations	Consolidated
Unrestricted net assets:						
Operating revenues						
Patient service revenues	\$ 67	\$ 24	\$ -	\$ 207	\$ -	\$ 298
Provision for bad debts	(4)	-	-	(5)	-	(9)
Patient service revenues less provision for bad debts	63	24	-	202	-	289
Capitation revenues	-	-	-	10	-	10
Contributions	-	-	-	1	-	1
Other	1	-	-	14	1	16
Total operating revenues	64	24	-	227	1	316
Operating expenses						
Salaries and employee benefits	36	15	4	156	-	211
Purchased services	16	4	41	28	-	89
Supplies	6	1	-	20	1	28
Depreciation and amortization	4	1	-	3	(1)	7
Capitated purchased services	-	-	-	-	-	-
Rentals and leases	1	-	-	5	1	7
Interest	-	-	-	1	-	1
Insurance	1	-	-	-	1	2
Other	2	1	1	11	-	15
Total operating expenses	66	22	46	224	2	360
Income (loss) from operations	(2)	2	(46)	3	(1)	(44)
Investment income	-	-	-	1	-	1
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-	-	-
Income (loss)	(2)	2	(46)	4	(1)	(43)
Less income attributable to noncontrolling interests	-	-	-	-	-	-
Income (loss) attributable to Sutter Health	(2)	2	(46)	4	(1)	(43)

Sutter Health and Affiliates

Consolidating Statement of Operations and Changes in Net Assets - Other (continued)

Year ended December 31, 2013

(Dollars in millions)

	Sutter Coast Hospital	Sutter Health Pacific	Sutter Health Plan	Sutter Care at Home	Adjustments and Eliminations	Consolidated
Unrestricted net assets (continued):						
Unrestricted controlling net assets						
Income (loss) attributable to Sutter Health	\$	(2)	\$	2	\$	(46)
Change in net unrealized gains and losses on investments classified as other-than-trading	-	-	-	-	1	-
Net assets released from restriction for equipment acquisition	-	-	-	-	-	-
Pension-related changes other than net periodic pension cost	-	-	-	-	-	-
Transfers with related entities, net	3	(1)	76	10	(1)	87
Other	(1)	-	(1)	-	2	-
Increase (decrease) in unrestricted controlling net assets	-	1	29	15	-	45
Unrestricted noncontrolling net assets						
Income attributable to noncontrolling interests	-	-	-	-	-	-
Distributions	-	-	-	-	-	-
Contributed capital	-	-	-	-	-	-
Other	-	-	-	-	-	-
Increase (decrease) in unrestricted noncontrolling net assets	-	-	-	-	-	-
Temporarily restricted net assets:						
Contributions	-	-	-	1	-	1
Investment income	-	-	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-	-	-
Net assets released from restriction	-	-	-	(1)	-	(1)
Other	-	-	-	-	-	-
Increase (decrease) in temporarily restricted net assets	-	-	-	-	-	-
Permanently restricted net assets:						
Contributions	-	-	-	-	-	-
Investment income	-	-	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-	-	-
Other	-	-	-	-	-	-
Increase (decrease) in permanently restricted net assets	-	-	-	-	-	-
Increase (decrease) in net assets	-	1	29	15	-	45
Net assets, beginning of year	13	11	-	46	-	70
Net assets, end of year	\$ 13	\$ 12	\$ 29	\$ 61	\$ -	\$ 115

Sutter Health and Affiliates

Consolidated Balance Sheets - Sutter Health Obligated Group

(Dollars in millions)

	December 31,	
	2013	2012
Assets		
Current assets:		
Cash and cash equivalents	\$ 255	\$ 371
Short-term investments	3,445	2,606
Patient accounts receivable (net of allowance for doubtful accounts of \$310 in 2013 and \$298 in 2012)	1,163	1,052
Other receivables	213	214
Inventories	90	91
Other	60	68
Total current assets	5,226	4,402
Non-current investments	565	546
Property, plant and equipment, net	6,602	6,165
Other	812	334
	<u>\$ 13,205</u>	<u>\$ 11,447</u>
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 413	\$ 319
Accrued salaries and related benefits	524	494
Other accrued expenses	422	409
Current portion of long-term obligations	16	16
Total current liabilities	1,375	1,238
Non-current liabilities:		
Long-term obligations, less current portion	3,762	2,994
Other	555	599
Net assets:		
Unrestricted controlling	7,359	6,485
Unrestricted noncontrolling	73	54
Temporarily restricted	68	64
Permanently restricted	13	13
	<u>7,513</u>	<u>6,616</u>
	<u>\$ 13,205</u>	<u>\$ 11,447</u>

Sutter Health and Affiliates

Consolidated Statements of Operations and Changes in Net Assets - Sutter Health Obligated Group

(Dollars in millions)

	Year ended December 31,	
	2013	2012
Unrestricted net assets:		
Operating revenues:		
Patient service revenues	\$ 8,447	\$ 8,326
Provision for bad debts	(400)	(365)
Patient service revenues less provision for bad debts	8,047	7,961
Capitation revenues	887	925
Contributions	4	5
Other	324	314
Total operating revenues	9,262	9,205
Operating expenses:		
Salaries and employee benefits	4,311	4,171
Purchased services	2,155	1,997
Supplies	1,025	988
Depreciation and amortization	585	454
Capitated purchased services	233	247
Rentals and leases	126	114
Interest	75	72
Insurance	85	55
Other	629	510
Total operating expenses	9,224	8,608
Income from operations	38	597
Investment income	151	96
Change in net unrealized gains and losses on investments classified as trading	196	111
Income	385	804
Less income attributable to noncontrolling interests	(44)	(41)
Income attributable to Sutter Health	341	763

Sutter Health and Affiliates

Consolidated Statements of Operations and Changes in Net Assets - Sutter Health Obligated Group (continued)

(Dollars in millions)

	Year ended December 31,	
	2013	2012
Unrestricted net assets (continued):		
Unrestricted controlling net assets:		
Income attributable to Sutter Health	\$ 341	\$ 763
Change in net unrealized gains and losses on investments classified as other-than-trading	(23)	6
Net assets released from restrictions for equipment acquisition	6	11
Pension-related changes other than net periodic pension cost	634	35
Transfers with related entities, net	(100)	(118)
Other	16	6
Increase in unrestricted controlling net assets	874	703
Unrestricted noncontrolling net assets:		
Income attributable to noncontrolling interests	44	41
Distributions	(42)	(37)
Contributed capital	2	6
Other	15	2
Increase in unrestricted noncontrolling net assets	19	12
Temporarily restricted net assets:		
Contributions	10	15
Investment income	1	1
Change in net unrealized gains and losses on investments	1	4
Net assets released from restrictions	(7)	(15)
Other	(1)	1
Increase in temporarily restricted net assets	4	6
Increase in net assets	897	721
Net assets, beginning of year	6,616	5,895
Net assets, end of year	\$ 7,513	\$ 6,616

Sutter Health and Affiliates

Consolidated Statements of Cash Flows - Sutter Health Obligated Group

(Dollars in millions)

	Year ended December 31,	
	2013	2012
Operating activities		
Increase in net assets	\$ 897	\$ 721
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	492	451
Amortization of bond issuance (premium) discount, net	(10)	(7)
Change in net unrealized gains and losses on investments	(174)	(121)
Provision for doubtful accounts	400	365
Restricted contributions and investment income	(11)	(16)
Loss on impairment of property, plant and equipment	92	1
Change in net postretirement benefits	(486)	(39)
Net (gain) loss on disposal of property, plant and equipment	(1)	2
Net changes in operating assets and liabilities:		
Patient accounts receivable and other receivables	(510)	(370)
Inventories and other assets	(2)	—
Accounts payable and accrued expenses	147	87
Other non-current liabilities	(8)	30
Net cash provided by operating activities	826	1,104
Investing activities		
Purchases of property, plant and equipment	(1,032)	(998)
Proceeds from disposal of property, plant and equipment	7	—
(Purchases) sales or maturities of investments, net	(684)	407
Other	(16)	(15)
Net cash used in investing activities	(1,725)	(606)

Sutter Health and Affiliates

Consolidated Statements of Cash Flows - Sutter Health Obligated Group (continued)

(Dollars in millions)

	Year ended December 31,	
	2013	2012
Financing activities		
Payments of long-term obligations	\$ (17)	\$ (21)
Payments for bond redemption	—	(502)
Proceeds from issuance of long-term obligations	757	120
Bond issuance costs	(6)	(2)
Bond issuance premium	38	14
Restricted contributions and investment income	11	16
Net cash provided by (used in) financing activities	783	(375)
Net (decrease) increase in cash and cash equivalents	(116)	123
Cash and cash equivalents at beginning of year	371	248
Cash and cash equivalents at end of year	\$ 255	\$ 371
Supplementary disclosures of cash flow information:		
Cash paid during the year for interest (net of capitalized interest costs of \$86 in 2013 and \$87 in 2012)	\$ 66	\$ 74

Sutter Health and Affiliates
Consolidating Balance Sheet - Sutter Health Obligated Group
December 31, 2013
(Dollars in millions)

	Sutter Central Valley Hospitals	Sutter Gould Medical Foundation	Sutter East Bay Hospitals and Affiliates	Eden Medical Center	Sutter Medical Center Castro Valley	Mills- Penninsula Health Services	Palo Alto Medical Foundation for Health Care, Research and Education	Sutter Health Sacramento Sierra Region
Assets								
Current assets								
Cash and cash equivalents	\$ 23	\$ 53	\$ 57	\$ 2	\$ 8	\$ 20	\$ 103	\$ 70
Short-term investments	-	-	-	-	-	(1)	24	-
Patient accounts receivable, net	95	27	186	9	54	68	113	271
Other receivables	24	3	32	1	9	4	30	30
Inventories	9	2	14	-	4	7	2	26
Other	-	-	4	-	1	3	6	5
Total current assets	151	85	293	12	76	101	278	402
Non-current investments	12	21	44	-	-	11	236	62
Property, plant and equipment, net	302	129	671	-	365	695	960	1,247
Other	4	4	17	5	12	2	24	27
	\$ 469	\$ 239	\$ 1,025	\$ 17	\$ 453	\$ 809	\$ 1,498	\$ 1,738
Liabilities and net assets								
Current liabilities								
Accounts payable	\$ 19	\$ 5	\$ 19	\$ 2	\$ 2	\$ 12	\$ 20	\$ 73
Accrued salaries and related benefits	44	7	49	-	10	27	62	74
Other accrued expenses	54	44	118	11	32	38	86	150
Current portion of long-term obligations	4	-	2	-	-	-	-	6
Total current liabilities	121	56	188	13	44	77	168	303
Non-current liabilities								
Long-term obligations, less current portion	157	171	436	-	288	512	648	938
Other	3	-	5	-	1	3	4	14
Net assets								
Unrestricted controlling	188	12	386	4	116	216	635	481
Unrestricted noncontrolling	-	-	7	-	-	-	-	-
Temporarily restricted	-	-	-	-	4	1	33	2
Permanently restricted	-	-	3	-	-	-	10	-
	188	12	396	4	120	217	678	483
	\$ 469	\$ 239	\$ 1,025	\$ 17	\$ 453	\$ 809	\$ 1,498	\$ 1,738

Sutter Health and Affiliates
Consolidating Balance Sheet - Sutter Health Obligated Group (continued)
December 31, 2013
(Dollars in millions)

	Sutter Medical Foundation and Subsidiaries	Roseville Endoscopy Center LLC	Sutter Amador Surgery Center LLC	Sutter West Bay Hospitals and Affiliates	Sutter Coast Hospital	Sutter Care at Home	Sutter Health Support Services	Adjustments and Eliminations	Consolidated
Assets									
Current assets									
Cash and cash equivalents	\$ 34	\$ 2	\$ -	\$ 36	\$ 2	\$ 4	\$ 64	\$ (223)	\$ 255
Short-term investments	-	-	-	3	-	14	3,181	224	3,445
Patient accounts receivable, net	63	1	-	224	12	42	11	(13)	1,163
Other receivables	21	-	-	40	2	12	416	(411)	213
Inventories	6	-	-	17	1	1	2	(1)	90
Other	2	-	-	6	-	-	34	(1)	60
Total current assets	126	3	-	326	17	73	3,708	(425)	5,226
Non-current investments	3	-	-	170	-	-	5	1	565
Property, plant and equipment, net	208	-	-	1,259	16	9	741	-	6,602
Other	17	-	2	37	1	1	719	(60)	812
	\$ 354	\$ 3	\$ 2	\$ 1,792	\$ 34	\$ 83	\$ 5,173	\$ (484)	\$ 13,205
Liabilities and net assets									
Current liabilities									
Accounts payable	\$ 12	\$ -	\$ -	\$ 51	\$ 1	\$ 4	\$ 190	\$ 3	\$ 413
Accrued salaries and related benefits	15	-	-	100	4	12	119	1	524
Other accrued expenses	53	1	-	88	2	6	185	(446)	422
Current portion of long-term obligations	3	-	-	2	-	-	-	(1)	16
Total current liabilities	83	1	-	241	7	22	494	(443)	1,375
Non-current liabilities									
Long-term obligations, less current portion	39	-	-	418	13	-	143	(1)	3,762
Other	6	-	-	9	1	-	524	(15)	555
Net assets									
Unrestricted controlling	221	3	2	1,093	13	60	3,964	(35)	7,359
Unrestricted noncontrolling	4	(1)	-	6	-	-	47	10	73
Temporarily restricted	1	-	-	25	-	1	1	-	68
Permanently restricted	-	-	-	-	-	-	-	-	13
	226	2	2	1,124	13	61	4,012	(25)	7,513
	\$ 354	\$ 3	\$ 2	\$ 1,792	\$ 34	\$ 83	\$ 5,173	\$ (484)	\$ 13,205

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Obligated Group
Year ended December 31, 2013
(Dollars in millions)

	Sutter Central Valley Hospitals	Sutter Gould Medical Foundation	Sutter East Bay Hospitals and Affiliates	Eden Medical Center	Sutter Medical Center Castro Valley	Mills- Peninsula Health Services	Health Care, Research and Education	Sutter Health for Sierra Region
\$	708 (85)	241 (14)	\$ 1,246 (67)	\$ 46 5	\$ 297 (36)	\$ 554 (15)	\$ 1,319 (22)	\$ 1,693 (45)
Patient service revenues	623	227	1,179	51	261	539	1,297	1,648
Provision for bad debts	69	79	-	-	-	49	295	199
Patient service revenues less provision for bad debts	-	-	-	-	-	-	2	-
Capitation revenues	15	11	34	1	8	23	55	36
Contributions								
Other								
Total operating revenues	707	317	1,213	52	269	611	1,649	1,883
Operating expenses								
Salaries and employee benefits	304	71	630	41	138	263	415	891
Purchased services	97	165	283	24	58	101	710	265
Supplies	90	22	158	6	25	59	126	274
Depreciation and amortization	38	12	62	1	26	60	64	75
Capitated purchased services	26	27	-	-	-	8	66	52
Rentals and leases	3	3	11	-	2	5	26	20
Interest	7	4	5	-	10	19	17	13
Insurance	6	1	13	1	2	4	12	15
Other	55	6	113	30	20	39	27	133
Total operating expenses	626	311	1,275	103	281	558	1,463	1,738
Income (loss) from operations	81	6	(62)	(51)	(12)	53	186	145
Investment income	1	-	-	-	-	-	5	1
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-	-	-	-	-
Income (loss)	82	6	(62)	(51)	(12)	53	191	146
Less income attributable to noncontrolling interests	-	-	(6)	-	-	-	-	-
Income (loss) attributable to Sutter Health	82	6	(68)	(51)	(12)	53	191	146

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Obligated Group (continued)
Year ended December 31, 2013
(Dollars in millions)

	Sutter Medical Foundation and Subsidiaries	Roseville Endoscopy Center LLC	Sutter Amador Surgery Center LLC	Sutter West Bay Hospitals and Affiliates	Sutter Coast Hospital	Sutter Care at Home	Sutter Health Support Services	Adjustments and Eliminations	Consolidated
Unrestricted net assets:									
Operating revenues									
Patient service revenues	\$ 579	\$ 8	\$ 2	\$ 1,587	\$ 67	\$ 207	\$ 70	\$ (177)	\$ 8,447
Provision for bad debts	(26)	-	-	(84)	(4)	(5)	(1)	(1)	(400)
Patient service revenues less provision for bad debts	553	8	2	1,503	63	202	69	(178)	8,047
Capitation revenues	192	-	-	9	-	10	-	(15)	887
Contributions	-	-	-	-	-	1	-	1	4
Other	47	-	-	79	1	14	783	(783)	324
Total operating revenues	792	8	2	1,591	64	227	852	(975)	9,262
Operating expenses									
Salaries and employee benefits	205	-	-	808	36	156	540	(187)	4,311
Purchased services	388	3	1	334	16	28	354	(672)	2,155
Supplies	40	1	1	165	6	20	33	(1)	1,025
Depreciation and amortization	35	-	-	159	4	3	103	(57)	585
Capitated purchased services	71	-	-	3	-	-	-	(20)	233
Rentals and leases	23	-	-	18	1	5	19	(10)	126
Interest	7	-	-	10	-	1	(19)	1	75
Insurance	8	-	-	11	1	-	12	(1)	85
Other	13	-	-	135	2	11	63	(18)	629
Total operating expenses	790	4	2	1,643	66	224	1,105	(965)	9,224
Income (loss) from operations	2	4	-	(52)	(2)	3	(253)	(10)	38
Investment income	-	-	-	14	-	1	128	1	151
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-	-	-	196	-	196
Income (loss)	2	4	-	(38)	(2)	4	71	(9)	385
Less income attributable to noncontrolling interests	(2)	-	-	(14)	-	-	(14)	(8)	(44)
Income (loss) attributable to Sutter Health	-	4	-	(52)	(2)	4	57	(17)	341

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Obligated Group (continued)
Year ended December 31, 2013
(Dollars in millions)

	Sutter Central Valley Hospitals	Sutter Gould Medical Foundation	Sutter East Bay Hospitals and Affiliates	Eden Medical Center	Sutter Medical Center Castro Valley	Mills- Peninsula Health Services	Palo Alto Medical Foundation for Health Care, Research and Education	Sierra Region
	\$ 82	\$ 6	\$ (68)	\$ (51)	\$ (12)	\$ 53	\$ 191	\$ 146
Unrestricted net assets (continued):								
Unrestricted controlling net assets								
Income (loss) attributable to Sutter Health								
Change in net unrealized gains and losses on investments classified as other-than-trading	-	(2)	-	-	-	(1)	(9)	(2)
Net assets released from restriction for equipment acquisition	1	-	-	-	-	1	-	2
Pension-related changes other than net periodic pension cost	-	-	-	-	-	-	-	-
Transfers with related entities, net	(65)	-	64	21	44	(122)	(282)	(147)
Other	1	1	(3)	(4)	4	1	-	1
Increase (decrease) in unrestricted controlling net assets	19	5	(7)	(34)	36	(68)	(100)	-
Unrestricted noncontrolling net assets								
Income attributable to noncontrolling interests	-	-	6	-	-	-	-	-
Distributions	-	-	(2)	-	-	-	-	-
Contributed capital	-	-	-	-	-	-	-	-
Other	-	-	(1)	-	-	-	-	-
Increase (decrease) in unrestricted noncontrolling net assets	-	-	3	-	-	-	-	-
Temporarily restricted net assets:								
Contributions	-	-	-	-	-	-	5	2
Investment income	-	-	-	-	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-	-	-	1	-
Net assets released from restriction	-	-	-	-	-	-	(2)	(1)
Other	-	-	-	(4)	4	-	1	-
Increase (decrease) in temporarily restricted net assets	-	-	-	(4)	4	-	5	1
Increase (decrease) in net assets	19	5	(4)	(38)	40	(68)	(95)	1
Net assets, beginning of year	169	7	400	42	80	285	773	482
Net assets, end of year	\$ 188	\$ 12	\$ 396	\$ 4	\$ 120	\$ 217	\$ 678	\$ 483

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Obligated Group (continued)
Year ended December 31, 2013
(Dollars in millions)

	Sutter Medical Foundation and Subsidiaries	Roseville Endoscopy Center LLC	Sutter Amador Surgery Center LLC	Sutter West Bay Hospitals and Affiliates	Sutter Coast Hospital	Sutter Care at Home	Sutter Health Support Services	Adjustments and Eliminations	Consolidated							
	\$	-	\$	4	\$	(52)	\$	(2)	\$	4	\$	57	\$	(17)	\$	341
	(1)	-	-	2	-	-	(11)	-	-	1	-	(23)	-	-	-	(23)
	-	-	-	1	-	-	-	-	-	-	-	634	-	1	-	634
	-	-	-	-	-	-	-	-	-	-	-	634	-	-	-	634
	(22)	-	-	(8)	3	10	406	(2)	(2)	10	406	(2)	(2)	(2)	(100)	(100)
	1	(4)	-	-	(1)	-	1	18	-	-	1	18	-	-	-	16
	(22)	-	-	(57)	-	15	1,087	-	-	-	-	-	-	-	-	874
	2	-	-	14	-	-	14	8	-	-	-	8	-	-	-	44
	(1)	(2)	-	(14)	-	-	(23)	-	-	-	-	(23)	-	-	-	(42)
	-	-	-	-	-	-	1	1	-	-	-	1	1	-	-	2
	-	2	-	-	-	-	22	(8)	-	-	-	22	(8)	-	-	15
	1	-	-	-	-	-	14	1	-	-	-	14	1	-	-	19
	1	-	-	3	-	1	-	(2)	-	1	-	-	(2)	-	-	10
	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	1
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	(1)	-	-	(3)	-	(1)	(1)	2	(7)	(1)	(1)	(1)	2	(7)	-	(7)
	-	-	-	-	-	-	-	(2)	(1)	-	-	-	(2)	(1)	-	(1)
	-	-	-	-	-	-	(1)	(1)	-	-	-	(1)	(1)	-	-	4
	(21)	-	-	(57)	-	15	1,100	-	-	15	1,100	-	-	-	-	897
	247	2	2	1,181	13	46	2,912	(25)	-	46	2,912	(25)	-	-	-	6,616
	\$	226	\$	2	\$	2	\$	1,124	\$	13	\$	4,012	\$	(25)	\$	7,513