REPORT

Montana's Hospitals:

Issues and facts related to the charitable purposes of our hospitals and the protection of Montana's consumers

MONTANA OFFICE OF CONSUMER PROTECTION

2nd Annual Report Prepared for Montana Attorney General Mike McGrath

December 2008

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Montana's Hospitals: Issues and Facts Related to the Charitable Purposes of Our Hospitals and the Protection of Montana's Consumers Second Annual Report

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I. Background

Under federal law, Montana's tax exempt hospitals (those organized under section 501(c)(3) of the U.S. tax code) are obligated to provide community benefits in return for their tax exempt status. Under Montana state law, the Attorney General is charged with the responsibility to monitor nonprofit corporations including Montana's nonprofit hospitals. In addition, the Attorney General is responsible for consumer protection of hospital patients. In January 2008, the first report on Montana's Hospitals was produced covering hospital operating results for 2006.

This is the second in a continuing series of annual reports commissioned by the Attorney General to analyze the community benefits provided by selected Montana hospitals. Montana has 65 licensed, acute care hospitals. For this study, the federal, critical access, and for-profit hospitals were excluded, leaving the 11 largest nonprofit hospital corporations and their foundations as our focus.[1, 2]

In February 2008, following the publication of the first report, the Attorney General and the author met with representatives of the hospitals to plan the approach to subsequent studies. In June 2008 the Attorney General issued a letter to each institution in the study requesting 21 items of information about the facility's operations in 2007.

Ia. Tax Exemption and Community Benefit – A Summary of the Law and Recent History

By definition, nonprofit hospital corporations cannot pay out profits (MCA 35-2-1401). The federal tax code provides that nonprofit hospitals that qualify under Internal Revenue Code section 501(c)(3) are exempt from federal income taxes and that donations to these hospitals are tax deductible. Montana state law further provides that property used exclusively for nonprofit health care facilities is exempt from property taxes (MCA 15-6-201) and from income tax (MCA 15-31-102).

In 1956 the Internal Revenue Service requirement for a tax exempt hospital provided that it must provide charity care to the extent of its financial ability.[3] After the enactment of the Medicare and Medicaid programs, in 1969 the IRS revised its guidelines for

determining if a hospital qualified as a charitable organization under section 501(c)(3) by creating a "community benefit" standard. Many factors go into the IRS determination and, over time, the courts have ruled that "…community benefit is a flexible standard based on the totality of the circumstances and that a hospital need not demonstrate every factor to be exempt." [4]

This topic received little federal government attention for 37 years. Then in 2006 the IRS and the U.S. Senate Finance Committee began to question whether nonprofit hospitals were fulfilling their obligations under the community benefit standard. A great deal of the discussion surrounded the definition of community benefit and how it is measured. For much of 2007 this was vigorously debated. On December 20, 2007 the IRS formally promulgated new community benefit reporting requirements for hospitals' fiscal years beginning in 2009. At the same time they defined eight specific community benefits which can count in meeting the hospital's requirements in return for tax exempt status. This report utilizes the new IRS community benefits definitions and measures. The format of the community benefit information submitted to us is that utilized voluntarily by hospitals and developed by the Catholic Health Association of the United States (CHA) and VHA (formerly Voluntary Hospitals of America). For the hospitals' 2009 fiscal years, the reporting will be on the new Schedule H to the IRS form 990. Senator Charles Grassley, Ranking Member of the U.S. Senate Finance Committee, has recently proposed returning to the earlier emphasis on charity care.[5]

State law imposes general public benefit duties on nonprofit hospitals but the specific community benefit standard developed by the IRS can be helpful in measuring certain kinds of public benefits. The first Attorney General report on Montana's Hospitals could only measure two community benefits - charity care and Medicaid costs in excess of reimbursement. As a result of the aforementioned meetings with hospitals in February 2008 and the definitions promulgated by the IRS, this year, we are able to report on all eight elements of community benefit as detailed by the IRS.

II. Executive Summary

This is the second in a series of reports commissioned by the Montana Attorney General to assess the community benefit provided by selected Montana nonprofit hospitals as required by federal and state law. The data and information studied was provided by the hospitals about their 2007 fiscal year.

As measures of a hospital's financial health and capacity to provide community benefit, the average operating and total margins of the study hospitals (Table 1and Appendix 1) slightly exceeded the national average for 2007 even though one facility had an operating loss and one essentially broke even. The hospitals' operating and total margins combined with property tax and tax exempt bonds were used to calculate the value of their respective tax exemptions (Table 2). For the group of 11 hospitals, this tax exemption amounted to almost $60 million.

Since last year, the Internal Revenue Service defined eight specific community benefits which can count in meeting the hospital's requirements in return for tax exempt status. For this report we were able to calculate the cost of all eight community benefits provided by the hospitals (Table 3 and Appendix 2) and then compare this to the value of their tax exemptions (Table 4). In 2007, the cost of community benefits provided by the study hospitals was almost $120 million and exceeded the tax exemption by 200% to 300%.

Charity care is the primary community benefit provided by nonprofit hospitals. Since last year, we found three hospitals changed their charity policies to increase their charity benefit. In addition to charity policies, we analyzed the community poverty and uninsured rates, the number of charity approvals and the cost of charity care. The amount of charity care provided by hospitals in this study increased by more than $8 million from last year and totaled $43.7 million (Table 8).

Medicaid provides medical services to individuals and families whose resources and income are below certain limits. The program reimburses hospitals less than the cost of the care and this difference is recognized by the IRS as a community benefit. Like last year, in this report we measure the amount of Medicaid losses and compare them to 2006 (Table 10).

Community Health Improvement Services moves beyond the institution's four walls to improve the health of the entire population. We report the amounts spent by the hospitals on behalf of the health of their community and we examine the "best practices" found in Montana at Billings Clinic and St. Vincent Healthcare.

Subsidized health services are clinical services provided by the hospital at a loss but meet a recognized community need. Table 11and Appendix 3 provide initial information about subsidized services.

We also reviewed the hospitals' billing and collection practices again this year. The cost of uncompensated care (charity plus bad debts) in 2007 compared to 2006 shows these costs increasing by almost $10 million to 5.2% of operating expenses (Table 12). Nationally, uncompensated care was 5.8% in 2007. Collection and bankruptcy activity is also studied (Table 13).

Finally, this year for the first time we examined certain financial elements of the hospitals' foundations. In Appendix 5 we see that the net assets of the 11 foundations is $113 million and that they supported the hospital and other community needs with donations of approximately $13 million or 11% of assets. In Table 13 the foundations' revenues and costs are reported.

III. The Value of Tax Exemption

Nonprofit hospitals are exempt from income tax (federal and state) and property tax. They can also enjoy lower borrowing costs by issuing tax exempt bonds. The value of a

hospital's tax exemption then is the sum of these four factors. Quite obviously, income is a significant factor in the value of the tax exemption and therefore it is useful to examine this factor in some detail.

Standard accounting procedures call for businesses to report operating income separately from extraordinary or non-operating income. Operating income is that generated from the usual business activity of the entity. In the case of a hospital, this is patient care and any related activity such as cafeteria sales. Extraordinary or non-operating income can come from earnings on investments, the sale of assets, profits from joint ventures and subsidiaries (some or all of which could be for-profit and pay taxes), and charitable gifts from the hospital's foundation or other sources. Non-operating income can vary significantly from year to year due to the value of investments as well as other factors. Table 1 shows the operating and total income as well as operating and total margin (percent profit) for the 11 study hospitals for 2007.

Table 1
Operating and Total Income and Margin Percent – 2007

FACILITY	OPERATING INCOME	OPERATING MARGIN	TOTAL INCOME	TOTAL MARGIN
BENEFIS	$7,653,244	3.38%	$9,874,388	4.36%
BILLINGS CLINIC	$11,208,615	2.89%	$22,739,738	5.86%
BOZEMAN DEACONESS	$11,268,362	8.95%	$15,813,441	12.57%
COMMUNITY MED CTR	$155,467	0.12%	$3,898,483	3.04%
HOLY ROSARY	$2,700,000	7.83%	$3,300,000	9.57%
KALISPELL REGIONAL	$8,894,387	6.67%	$11,341,846	8.51%
NORTHERN MONTANA	-$565,139	-1.12%	$1,359,808	2.68%
ST. JAMES	$4,900,000	7.31%	$5,300,000	7.91%
ST. PATRICK	$7,172,907	3.81%	$9,907,857	5.26%
ST. PETER	$5,210,928	4.89%	$12,542,862	11.76%
ST. VINCENT	$17,300,000	6.06%	$38,600,000	13.52%

The average operating margin for the 11 Montana hospitals was 4.4% and the average total margin was 7.8%. For comparison purposes, the average operating margin for all U.S. hospitals in 2007 was 4.3% and the average total margin was 6.9%.[6] The total income earned by a hospital is used for many important needs in addition to community benefits including buying new equipment, replacing old facilities, providing pay increases to staff as well as for providing community benefits.

The value of the tax exemption derived by the study hospitals is shown in Table 2. The reader can find the detail which comprises these values in Appendix 1. The value of the exemption for both operating and total income is shown due to the variability of non-operating income.

Table 2
Value of Tax Exemption 2007

FACILITY	VALUE OF TAX EXEMPTION, OPERATING INCOME[7]	VALUE OF TAX EXEMPTION, TOTAL INCOME[7]
BENEFIS	$4,882,348	$5,736,488
BILLINGS CLINIC	$6,390,172	$10,824,465
BOZEMAN DEACONESS	$4,649,887	$6,397,697
COMMUNITY MED CTR	$374,020	$1,813,397
HOLY ROSARY	$1,039,032	$1,269,762
KALISPELL REGIONAL	$4,052,068	$4,993,238
NORTHERN MT	-$104,972	$635,267
ST. JAMES	$1,902,674	$2,056,494
ST. PATRICK	$4,186,777	$5,238,502
ST. PETER	$2,706,464	$5,525,960
ST. VINCENT	$7,131,168	$15,322,083

IV. Community Benefits

The ambiguity about what constitutes a community benefit was eliminated in December 2007 when the Internal Revenue Service published revised reporting requirements for non-profit hospitals. In the instructions for the new Schedule H (Form 990), they provide for:

1. **Charity care** at cost – The cost of free or discounted health services provided to individuals unable to pay and who meet the hospital's criteria for charity care. Does not include bad debts.
2. **Medicaid** and other means -tested public programs – The costs of providing care to Medicaid patients in excess of the reimbursements received. Also includes State Children's Health Insurance Program (SCHIP).
3. **Community health improvement services** – The cost of activities carried out to improve the health of the community, such as health education programs, free clinics, self-help groups (ie: weight loss, smoking cessation), and community health needs assessments.
4. **Health professions education** – The unpaid costs of clinical training programs for physicians, nurses and other health professionals.
5. **Subsidized health services** – The unreimbursed costs of clinical services provided as a community benefit to meet identified community needs such as burn units, renal dialysis, addiction treatment and mental health.
6. **Research** – The unreimbursed costs of clinical and community health research.
7. **Cash and in-kind contributions** – The cost of donations to individuals or community groups.
8. **Community benefit operations** – The costs of planning and administering community benefits programs.

For the hospitals' 2007 fiscal year, the cost of community benefits reported is shown in Table 3. The reader will note a good deal of variation in the amounts from hospital to hospital and notwithstanding the size differences. Some of this variation is due to the uniqueness of each community and hospital including their size, the services they offer, whether they employ many or few physicians, and if they have a relatively high or low Medicaid load. The variation is also due to record keeping and reporting differences which still exist. We should expect the reporting variation to diminish with the new IRS Form 990, Schedule H which is required for fiscal year 2009. The full detail of the "All Other" category can be found in Appendix 2.

Table 3
Community Benefits Costs - 2007

FACILITY	CHARITY CARE	MEDICAID COSTS	COMM HEALTH IMPROV. SERV.	SUBSID. HEALTH SERVICES	ALL OTHER	TOTAL
BENEFIS	$4,678,388	$2,119,577	$561,903	$3,005,708	$1,888,147	$12,253,723
BILLINGS CLINIC	$14,106,432	$2,440,607	$2,741,020	$8,544,808	$1,517,634	$29,350,501
BOZEMAN DEACONESS	$2,255,222	$911,335	$531,603	$3,309,445	$688,183	$7,695,788
COMMUNITY MED CTR	$1,479,918	$2,892,810	$346,730	$397,279	$383,181	$5,499,918
HOLY ROSARY	$984,000	$0	$123,230	$3,585	$170,806	$1,281,621
KALISPELL REGIONAL	$1,735,035	$652,436	$238,936	$4,738,267	$21,045	$7,385,719
NORTHERN MT	$493,064	$955,789	$140,916	$2,194,397	$113,845	$3,898,011
ST. JAMES	$2,716,012	$2,243,460	$4,634	$44,004	$0	$5,008,110
ST. PATRICK	$6,366,262	$5,225,984	$760,334	$4,224,827	$367,264	$16,944,671
ST. PETER	$2,454,652	$1,543,441	$318,560	$8,998,146	$182,639	$13,497,438
ST. VINCENT	$5,316,262	$2,728,073	$2,126,761	$4,129,528	$2,694,143	$16,994,767

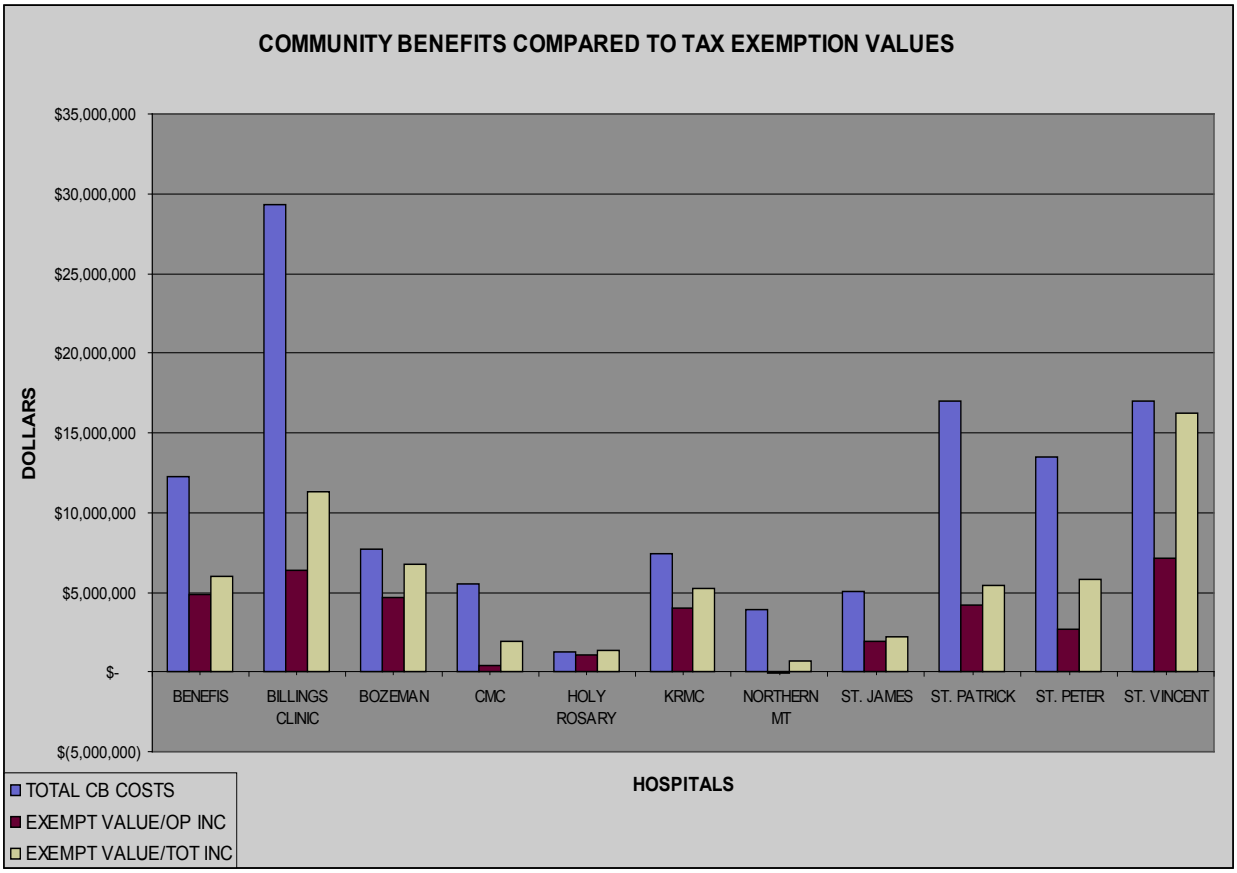
Comparing the value of all community benefits provided by the study hospitals to the value of their respective tax exemptions, provides a "big picture" perspective of the economic exchange society is making by granting tax exempt status to Montana's hospitals. The following table and figure displays the value of the hospitals' tax exemption compared to the cost of community benefits provided:

By showing the community benefit compared to both operating and total income, the reader can see what community benefit performance results from patient care services (operating income) alone. Because total income can vary substantially for the reasons previously described, the community benefit percent of tax exempt value of operating income is the level of performance that can be expected from year to year if operating margins stay about the same. In total, the 11 Montana hospitals provided between two and three times (214% - 322%) the community benefit as they gained in tax exemptions in 2007. Table 4 and Figure 1 provide a view of all community benefits compared with the value of the tax exemption.

Table 4
Value of Tax Exemption – Cost of Community Benefit 2007

FACILITY	TOTAL COMMUNITY BENEFITS COSTS	TAX EXEMPTION OPERATING INCOME	CB % EXEMPTION/ OPERATING INCOME	TAX EXEMPTION TOTAL INCOME	CB % EXEMPTION/ TOTAL INCOME
BENEFIS	$12,253,723	$4,882,348	251%	$5,736,488	214%
BILLINGS CLINIC	$29,350,501	$6,390,172	459%	$10,824,465	267%
BOZEMAN DEACONESS	$7,695,788	$4,649,887	166%	$6,397,697	120%
COMMUNITY MED CTR	$5,499,918	$374,020	1470%	$1,813,397	303%
HOLY ROSARY	$1,281,621	$1,039,032	123%	$1,269,762	101%
KALISPELL REGIONAL	$7,385,719	$4,052,068	182%	$4,993,238	148%
NORTHERN MT	$3,898,011	-$104,972	-3713%	$635,267	614%
ST. JAMES	$5,008,110	$1,902,674	263%	$2,056,494	244%
ST. PATRICK	$16,944,671	$4,186,777	405%	$5,238,502	323%
ST. PETER	$13,497,438	$2,706,464	499%	$5,525,960	244%
ST. VINCENT	$16,994,767	$7,131,168	238%	$15,322,083	111%
TOTAL	$119,810,267	$37,209,637	322%	$59,813,352	214%

Figure 1
Community Benefits – Value of Tax Exemption 2007



V. Charity Care

It can be argued that all community benefits are not created equal. Relying on the original IRS criteria for tax exempt status that a hospital provide charity care "…to the extent of its financial ability" and continuing to the present day deliberations by the U.S. Senate Finance Committee [8], charity care is clearly most important. Our examination of charity care included a review of each hospital's policy on charity care, the number of applications received and approved, and the bad debts expense incurred.

All hospitals have a charity care policy that governs the administration of this benefit and all have a sliding scale based on income level. Inspection of these policies revealed that a full 100% write-off of the hospital bill was provided to individuals and families who had incomes at or below the Federal Poverty Guideline (FPG) [9] lower limit shown in column 1, Table 5 below. For example, a family of four with an income of $41,300 or below (200% FPG) would be eligible for a complete write-off of the bill at Billings Clinic. A family of four with an income of $20,650 (100% FPG) or below would receive a complete write-off at Bozeman Deaconess. Individuals and families with incomes between the lower limit (column 1) and upper limit (column 2) are eligible for charity discounts on a sliding scale. Finally, for a family of four $82,600 (400% FPG) is the upper limit for charity discounts at Holy Rosary but it is $41,300 (200% FPG) at Northern Montana Hospital.

Table 5
Income Level to Qualify for Partial and Full Charity Service

FACILITY	(1) Lower Limit Charity Sliding Scale	(2) Upper Limit Charity Sliding Scale
BENEFIS	150%	210%
BILLINGS CLINIC	200%	300%
BOZEMAN DEACONESS	100%	200%
COMMUNITY MED CTR	200%	300%
HOLY ROSARY	200%	400%
KALISPELL REGIONAL	125%	250%
NORTHERN MT	100%	200%
ST. JAMES	200%	400%
ST. PATRICK	200%	400%
ST. PETER	125%	200%
ST. VINCENT	200%	400%

Compared with last year, three hospitals have made changes to their charity limits. Both Benefis and Kalispell Regional have raised the maximum earnings limits for charity.

Each was at 200% in 2006. Billings Clinic raised the amount eligible for full charity from 110%. Five institutions -Billings Clinic, Community Medical Center, Kalispell Regional, Northern Montana and St. Peter's- have a provision in their policy whereby individuals who incur a catastrophically large hospital bill but have a family income in excess of the amount qualifying for charity may receive charity consideration. Since last year, only St. Patrick Hospital has modified its charity policy to allow for bad debt accounts to be re-categorized as charity when late information is obtained indicating qualification.

Each of the hospitals in the study maintains a website. These sites are meant, in part, to provide the public with access to information about the facilities, the services provided, hospital staff, and the like. Each of the websites for the surveyed hospitals was examined for content related to community benefit practices, charity care policies and procedures, and other information related to patient financial assistance.

Each of the associated websites was documented to either have or not have some version of the facility's charity care/financial assistance policy online. Further, each site that had the policy within was tested for ease of navigation to policy location, measured by the number of mouse clicks required to arrive at the appropriate page. Finally, each policy posted was scrutinized for the "readability" of the text. This was primarily determined by examining each policy to see whether the website version was identical to each facility's internal working policy.

As noted in Table 6 below, only four hospitals of the 11 surveyed did *not* have their charity care/financial assistance policy on their websites. Of the remaining seven that did post their policies, only one had posted a policy with language identical to that found in its internal policy. The other six hospitals posted policies with language edited and simplified for the consumer. The "best practice" hospitals identified in this area were those with policies posted, with edited language content, and with the fewest number of mouse clicks required to access the information. These hospitals are represented in blue, in the table below.

Table 6
Charity Policy Availability

FACILITY	CHARITY POLICY ON WEBSITE	MOUSE CLICKS TO POLICY PAGE	WEB POLICY LANGUAGE ADAPTED TO CONSUMER USE
BENEFIS	YES	3	YES
BILLINGS CLINIC	NO	N/A	N/A
BOZEMAN DEACONESS	NO	N/A	N/A
COMMUNITY MED CTR	YES	3	YES
HOLY ROSARY	YES	4	YES
KALISPELL REGIONAL	NO	N/A	N/A
NORTHERN MT	NO	N/A	N/A
ST. JAMES	YES	3	YES
ST. PATRICK	YES	4	YES
ST. PETER	YES	4	NO
ST. VINCENT	YES	3	YES

To examine charity care in greater depth this year, we looked at a number of factors at the individual hospitals and the communities where they are located. Figure 2 shows the percent of the county uninsured and also the percent below 100% of the Federal Poverty Guidelines (FPG). Table 7 shows the number of applications for charity care, the number approved and the approval rate per 1000 adjusted patient days. We also show the number of charity applications approved in 2006 for comparison. The hospitals in table 7 in gray reported an increase in charity approvals in 2007 over 2006.

Of interest is the fact that there is only a very weak positive correlation between the charity approval rate and the uninsured and poverty rates. In other words, neither the rates of uninsured nor poverty in a county significantly affect the rates at which hospitals provide charity care as measured by adjusted admissions per 1000. The factor that seems to have the strongest effect on the rate of charity approvals is the hospital's upper limit in its charity policy (percent FPG when charity sliding scale begins). This finding may make sense in light of the fact that individuals below the poverty level may be eligible for Medicaid and that a high proportion of the uninsured in Montana are employed and have family incomes above the hospitals' charity policy levels.

Figure 2
County Rates of Uninsured and Poverty – 2005[10, 11]

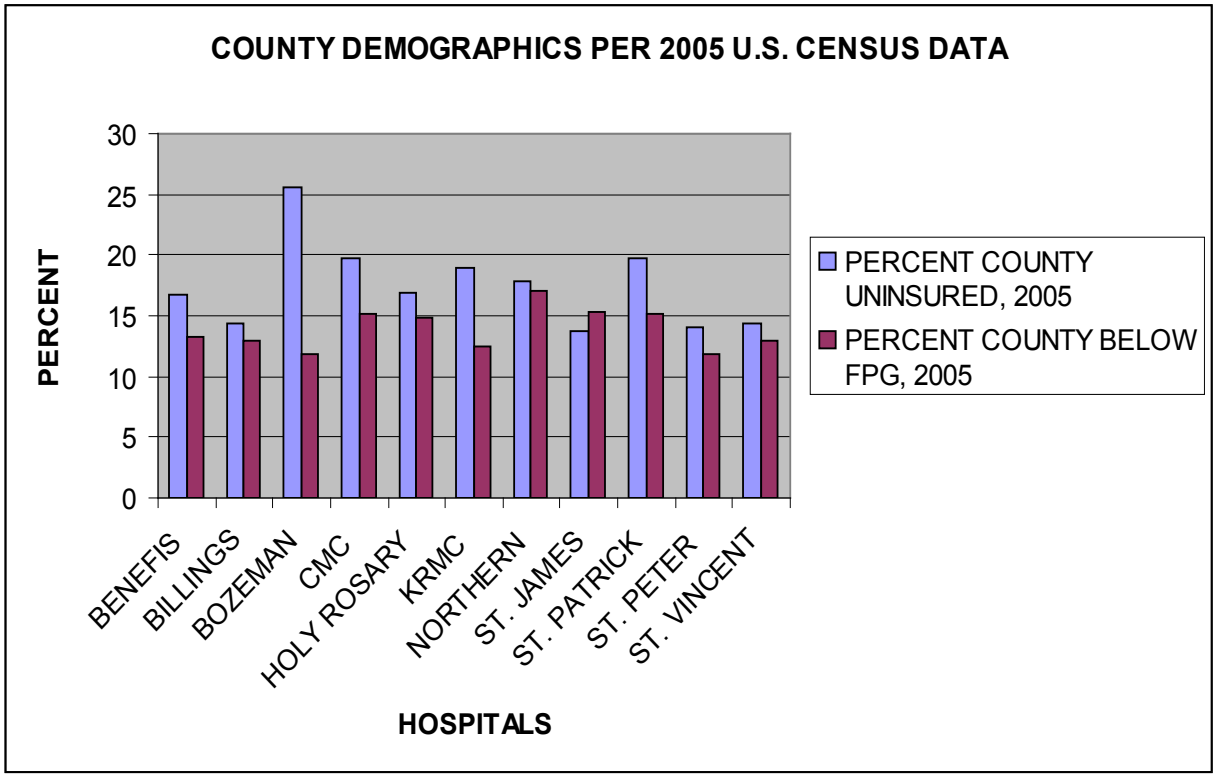


Table 7
Charity Approvals/ Rates 2007 and Approvals 2006

FACILITY	CHARITY APPS 2007	CHARITY APPS APPROVED 2007	APPROVALS PER 1000 ADJ PT DAYS	CHARITY APPS APPROVED 2006
BENEFIS	4353	4082	39.16	3493
BILLINGS CLINIC	5030	4617	26.91	4323
BOZEMAN DEACONESS	509	477	12.45	1209
COMMUNITY MED CTR	2254	2147	45.54	1586
HOLY ROSARY	340	336	19.66	1226
KALISPELL REGIONAL	1902	1749	33.76	1868
NORTHERN MT	193	147	8.14	531
ST. JAMES	5056	5056	179.18	6091
ST. PATRICK	3497	3380	51.10	2778
ST. PETER	494	410	8.63	1212
ST. VINCENT	1654	3424	14.89	3001

Because charity care is such a significant element of a hospital's community benefit, we examined the proportion of charity to total community benefits costs as well as the change from 2006. These results are shown in Table 8. As of now, there is certainly no industry standard or average proportion of charity care to total community benefits. After the data are collected for a number of years, perhaps this relationship will emerge. In the meantime, the data are reported for informational purposes. Of significance is that the cost of charity care in the 11 hospitals increased more than $8 million in just one year but with substantial variation among hospitals, with three having a combined increase of over $5 million and with two actually having a decrease. Finally, Table 9 shows the relationship of charity care to the hospital's total income (surplus).

Table 8
Community Benefits – Charity Costs 2007- 2006

FACILITY	TOTAL COMMUNITY BENEFITS COSTS	CHARITY CARE 2007	CHARITY CARE % TOTAL COMMUNITY BENEFITS	CHARITY CARE COSTS FY 2006	INCREASE IN FY 2007
BENEFIS	$12,253,723	$4,678,388	38.2%	$4,689,491	-$11,103
BILLINGS CLINIC	$29,350,501	$14,106,432	48.1%	$11,919,000	$2,187,432
BOZEMAN DEACONESS	$7,695,788	$2,255,222	29.3%	$1,499,315	$755,907
COMMUNITY MED CTR	$5,499,918	$1,479,918	26.9%	$1,068,774	$411,144
HOLY ROSARY	$1,281,621	$984,000	76.8%	$635,645	$348,355
KALISPELL REGIONAL	$7,385,719	$1,735,035	23.5%	$1,866,068	-$131,033
NORTHERN MT	$3,898,011	$493,064	12.6%	$363,355	$129,709
ST. JAMES	$5,008,110	$2,716,012	54.2%	$1,926,539	$789,473
ST. PATRICK	$16,944,671	$6,366,262	37.6%	$4,888,729	$1,477,533
ST. PETER	$13,497,438	$2,454,652	18.2%	$1,455,258	$999,394
ST. VINCENT	$16,994,767	$5,316,262	31.3%	$3,880,704	$1,435,558

Table 9
Charity Cost Percent of Surplus – 2007

FACILITY	2007 TOTAL INCOME (SURPLUS)	2007 Charity Costs	Charity % of Surplus
ST. PATRICK	$ 9,907,857	$6,366,262	64.25%
BILLINGS CLINIC	$ 22,739,738	$14,106,432	62.03%
ST. JAMES	$ 5,300,000	$2,716,012	51.25%
BENEFIS	$ 9,874,388	$4,678,388	47.38%
COMMUNITY MEDICAL CENTER	$ 3,898,483	$1,479,918	37.96%
NORTHERN MT	$ 1,359,808	$492,724	36.23%
HOLY ROSARY	$ 3,300,000	$984,000	29.82%
ST. PETER	$ 12,542,862	$2,454,652	19.57%
KALISPELL REGIONAL	$ 11,341,846	$1,735,035	15.30%
BOZEMAN	$ 15,813,441	$2,255,222	14.26%
ST. VINCENT	$ 38,600,000	$5,316,262	13.77%
Total	$ 134,678,423	$42,584,907	31.62%

VI. Medicaid

The cost of Medicaid and other public means- tested services such as CHIP that a hospital provides in excess of what is paid is a community benefit. While for- profit hospitals may provide some Medicaid, they usually do what they can to avoid this category of patient. The nonprofit hospital cannot. During fiscal year 2007, the study hospitals provided a total of $21.7 million in Medicaid services at a loss. Table 10 shows the Medicaid losses incurred by the hospitals for fiscal years 2007 and 2006. It is interesting to note that while the total Medicaid loss grew by almost $660,000, five of the 11 hospitals actually reduced their Medicaid losses.

Table 10
Comparison of Medicaid Losses 2007 – 2006

FACILITY	MEDICAID COSTS - 2006	MEDICAID COSTS - 2007	INCREASE IN FY 2007
BENEFIS	$3,222,367	$2,119,577	-$1,102,790
BILLINGS CLINIC	$1,637,665	$2,440,607	$802,942
BOZEMAN DEACONESS	$779,690	$911,335	$131,645
COMMUNITY MED CTR	$2,593,177	$2,892,810	$299,633
HOLY ROSARY	$207,057	$0	-$207,057
KALISPELL REGIONAL	$2,866,174	$2,479,205	-$386,969
NORTHERN MT	$394,860	$955,789	$560,929
ST. JAMES	$1,614,567	$2,243,460	$628,893
ST. PATRICK	$5,078,680	$5,225,984	$147,304
ST. PETER	$1,662,869	$1,543,441	-$119,428
ST. VINCENT	$2,823,200	$2,728,073	-$95,127
TOTAL	$22,880,306	$23,540,281	$659,975

VII. Community Health Improvement Services

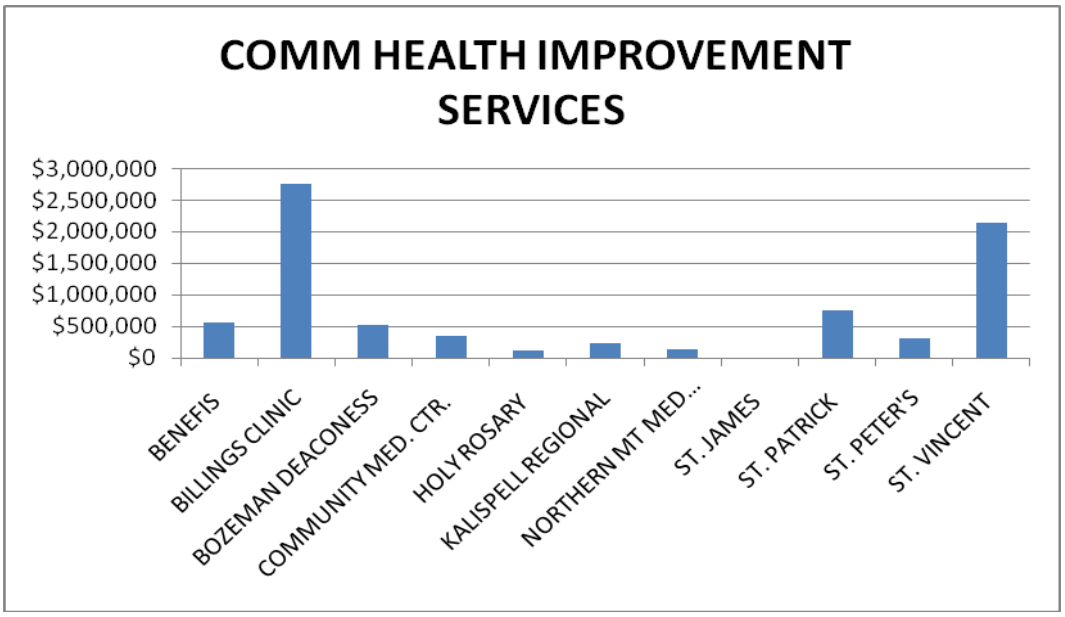
Medicaid services and community health improvement services closely follow charity care in importance to the community. Examples of activities that constitute community health improvement services include health screenings for the public, such as blood pressure and cholesterol screening. Also, wellness and health promotion programs and free clinical services such as for crisis management (away from the emergency room) are community health improvement services.

The significance of community health improvement services will become more apparent should universal health insurance become available and thus reduce or eliminate the need for charity care. The intent of community health improvement services is that the institution move beyond its four walls to improve the health of the entire population. The ideal advocated by the Catholic Health Association, the VHA, and the Association for Community Health Improvement (ACHI) is that hospitals provide *evidence based* community health improvement services. What is intended is that these services are identified based upon a community health needs analysis and that the hospital prioritize the needs in dialogue and collaboration with other community agencies, such as the city/county health department.

In 2009, the IRS will require each hospital to explain how it selected community health improvement programs. Currently this ideal is mostly in the discussion stage although some Montana hospitals are already closely approximating this process. For example, in Billings, St. Vincent Healthcare and the Billings Clinic collaborated with their city/county health department to conduct a community health needs assessment in 2006. From the information and data gained, these hospitals will be able to focus their efforts and resources on identified opportunities for community health improvement.

Figure 3 shows expenditures in 2007 for community health improvement by the respective hospitals. The reader can see there is considerable variation in the amounts spent on this category. The average for all study hospitals was 0.41% of total expenses with two hospitals having twice the average and two having less than half. Also, the investigators noted wide variations in record keeping for community benefit services.

Figure 3
Community Health Improvement Services 2007



VIII. Subsidized Health Services

Subsidized health services are clinical services that are provided despite a financial loss to the organization. Like community health improvement services, this area of reporting will benefit from the standardization that will occur in the hospitals' fiscal year 2009 when the new IRS regulations are in effect. The information provided by the study hospitals for 2007 showed significant variation among the facilities as measured by percent operating expense with Holy Rosary and St. James being very low and St. Peter's being almost four times the average of 2.3%. Table 11 provides these data and the full detail regarding subsidized services is found in Appendix 3.

Table 11
Subsidized Health Services Costs – 2007

FACILITY	SUBSIDIZED HEALTH SERVICES	OPERATING EXPENSES	SUBSID HEALTH SERV % OP EXP
BENEFIS	$3,005,708	$218,806,953	1.37%
BILLINGS CLINIC	$8,544,808	$376,745,856	2.27%
BOZEMAN DEACONESS	$3,309,445	$114,566,380	2.89%
COMMUNITY MED CTR	$397,279	$128,170,316	0.31%
HOLY ROSARY	$3,585	$31,800,000	0.01%
KALISPELL REGIONAL	$4,738,267	$124,361,294	3.81%
NORTHERN MT	$2,194,397	$51,236,675	4.28%
ST. JAMES	$44,004	$62,800,000	0.07%
ST. PATRICK	$4,224,827	$181,247,249	2.33%
ST. PETER	$8,998,146	$101,417,631	8.87%
ST. VINCENT	$4,129,528	$268,100,000	1.54%

IX. Hospital Billing and Collection Practices

Except for elective services, hospitals have the obligation to provide care to anyone presenting for service. For individuals who do not qualify or fail to apply for charity care and who do not pay, the charges for services result in bad debts. The combination of charity care and bad debts comprise the total amount of charges for services that the hospital writes off. This sum is called uncompensated care, and its calculation allows a comparison between hospitals. Nationally, in 2007, uncompensated care averaged 5.8% of hospital operating revenue.[12] Table 12 displays uncompensated care data for the Montana study hospitals. The reader can see that total uncompensated care costs increased almost $10 million in just one year. Compared with the national average, the study hospitals increased to an average of 5.2% but with three of them, Benefis, Billings Clinic, and St. Patrick actually having a decrease from 2006 as a percent of operating revenue.

Table 12
Uncompensated Care (Charity and Bad Debts) – Comparison 2007/2006

FACILITY	2007 UNCOMP CARE COSTS	2007 UNCOMP CARE % OPR. EXPENSES	2006 UNCOMP CARE COSTS	2006 UNCOMP CARE % OPR. EXPENSES
BENEFIS	$9,067,663	4.14%	$8,957,262	4.36%
BILLINGS CLINIC	$21,077,606	5.59%	$20,076,334	5.76%
BOZEMAN DEACONESS	$8,161,005	7.12%	$5,734,097	5.25%
COMMUNITY MED CTR	$4,914,391	3.83%	$3,458,541	2.85%
HOLY ROSARY	$1,862,960	5.86%	$1,522,730	4.96%
KALISPELL REGIONAL	$6,569,946	5.28%	$5,872,255	5.07%
NORTHERN MT	$2,552,274	4.98%	$2,335,895	4.84%
ST. JAMES	$3,921,830	6.24%	$3,773,123	5.68%
ST. PATRICK	$8,430,630	4.65%	$9,719,001	5.68%
ST. PETER	$5,159,066	5.09%	$4,161,394	4.49%
ST. VINCENT	$14,239,464	5.31%	$10,530,124	4.26%
TOTAL	$85,956,836	5.18%	$76,140,756	4.84%

Again this year, we examined the hospitals' collection policies and procedures. Because last year the Attorney General's staff found no significant issues with the way collections are pursued, this year our study was primarily confined to an analysis of the number and amounts turned to collection and involved in bankruptcy. We did inquire as to the use of the so- called "health credit card" as described by *Consumer Reports* in July 2008.[13] In its article "Overdose of Debt", the magazine was critical of medical providers who steered patients to credit cards with very high interest rates so that the provider could be paid. No hospitals in our study utilize this type of bank credit card for patients to satisfy their hospital bills.

The average amount turned for collection in 2007 ($963) as well as the average amount in a bankruptcy proceeding ($1,730) were almost exactly the same as reported in 2006. We find these average sizes to be quite low in comparison to the median of the average inpatient charge by the study hospitals of $18,126.[14] Table 13 is a compilation of the information furnished about collections and bankruptcy. The collection and bankruptcy rates were computed by dividing the number of accounts by the hospitals adjusted patient days. It is curious to note that the hospitals with the highest and lowest collection and bankruptcy rates are both in Missoula.

Table 13
Bad Debts Turned for Collection and Accounts in Bankruptcy – 2007

FACILITY	NUMBER ACCOUNTS TURNED TO COLLECTION	AVERAGE AMOUNT TURNED TO COLLECTION	NO. IN BANK-RUPTCY	AVERAGE AMOUNT IN BANK-RUPTCY	COLLECT RATE	BANK-RUPTCY RATE
BENEFIS	12,242	$806	197	$1,202	11.74%	0.19%
BILLINGS CLINIC	16,592	$1,233	484	$1,319	9.67%	0.28%
BOZEMAN DEACONESS	5,566	$1,297	114	$1,952	14.53%	0.30%
COMMUNITY MED CTR	13,290	$712	823	$762	28.19%	1.75%
HOLY ROSARY	3,408	$642	N/A	N/A	19.94%	N/A
KALISPELL REGIONAL	9,810	$956	600	$241	18.94%	1.16%
NORTHERN MT	2,562	$1,427	28	$4,936	14.19%	0.16%
ST. JAMES	6,568	$866	249	$733	23.28%	0.88%
ST. PATRICK	5,641	$1,250	33	$906	8.53%	0.05%
ST. PETER	10,607	$419	243	$779	22.32%	0.51%
ST. VINCENT	17,017	$988	127	$4,471	16.13%	0.12%
TOTAL/AVERAGE	103,303	$963	2,898	$1,730	14.85%	0.42%

X. Hospital Pricing

In Appendix 4 the reader will find prices (average charges) for five inpatient and five outpatient procedures. The procedures selected are ordinarily elective and therefore in theory, the patient could "shop" for the best price if he/she wished. As last year, there is no statistical variation in what the hospitals are charging. Prudent consumers would also want to know what their insurance company would pay and the amount for which they would be responsible. Finally, they would want information about the quality of care to make a truly informed choice of hospital.

As of this writing, none of the study hospitals provide information on their web site about prices or how to obtain information on prices. On January 1, 2009, the MHA – Association of Montana Health Care Providers will open a web site devoted to consumer health information which will enable the public to compare hospital charges. The website's address is www.MTInformedpatient.org.

XI. Hospital Foundations

Each hospital in the study was asked if it had a foundation and if so, we requested its IRS Form 990 for 2007. From the 990 we extracted a few, select pieces of information for tabulation and reporting. These data are reflected in Appendix 5. Of interest to the Attorney General's office are the amounts received in charitable contributions and the costs incurred in raising money. We show this in table 14. As a caution to the reader, we must point out that the expenses associated with hospital foundation operations are not always recorded on the books of the foundation but sometimes are absorbed in the hospital. Consequently, the total expenses shown in this table may not be completely accurate.

Finally, we looked at the foundation's Form 990 to see if it provided a detailed itemization of the amounts it provided to programs supported. The foundations providing substantial program detail are indicated below with a check mark (√). Those marked with an asterisk essentially provided support only to their parent institution.

Table 14
Hospital Foundation Revenues and Costs - 2007

FACILITY	TOTAL REVENUE	TOTAL (NET) ASSETS	PROGRAM SERVICES EXPENSES	TOTAL EXPENSES	% EXPENSES DEVOTED TO PROGRAMS
BENEFIS	$3,383,061	$11,194,367	$1,573,052	$2,342,212	67.20%
BILLINGS CLINIC	$9,087,476	$29,693,266	$2,201,617	$2,985,364	73.70%
BOZEMAN √	$1,810,689	$13,112,553	$804,025	$1,344,154	59.80%
COMMUNITY MEDICAL CTR.	$1,090,127	$8,065,544	$131,954	$589,942	22.40%
HOLY ROSARY *	$277,127	$954,429	$125,678	$148,242	84.80%
KALISPELL REGIONAL *	$1,087,296	$2,404,548	$915,822	$1,019,230	89.90%
NORTHERN MT *	$411,687	$1,094,047	$22,564	$134,096	16.80%
ST. JAMES	$289,566	$340,044	$85,914	$106,493	80.70%
ST. PATRICK √	$2,449,800	$6,790,627	$1,200,079	$1,761,611	68.10%
ST. PETER	$2,191,337	$10,366,907	$1,263,567	$1,301,273	97.10%
ST. VINCENT √	$8,961,302	$29,223,855	$5,363,849	$6,108,124	87.80%
TOTAL	$31,039,468	$113,240,187	$13,688,121	$17,840,741	76.70%

Endnotes:

1.

Benefis Healthcare System 1101 26th Street South Great Falls, MT 59405 (406)455-5000	**Northern Montana Health Care, Inc.** 30 W 13th Street PO Box 1231 Havre, MT 59501 (800)352-5097
Billings Clinic 2800 10th Avenue North PO Box 37000 Billings, MT 59107-7000 (406)238-2500	**St. James Healthcare** 400 S. Clark Street Butte, MT 59701 (406)723-2500
Hospital Division of **Bozeman Deaconess Health Services** 916 Highland Blvd. Bozeman, MT (406)585-5000	**St. Patrick Hospital and** **Health Sciences Center** 500 W. Broadway Missoula, MT 59802 (406)543-7271
Community Medical Center, Inc. 2827 Fort Missoula Rd. Missoula, MT 59804 (406)728-5600	**St. Peter's Hospital** 2475 Broadway Helena, MT 59601 (406)442-2480
Holy Rosary Healthcare 2600 Wilson Street Miles City, MT 59301 (406)233-2600	**St. Vincent Healthcare** 1233 N 30th Street Billings, MT 59101 (406)657-7000
Kalispell Regional **Medical Center, Inc.** 310 Sunnyview Lane Kalispell, MT. 59901 (406) 752-5111	

2. Nonprofit status is determined by state law. Tax-exempt status is governed by federal law. All tax-exempt organizations are nonprofit, but not all nonprofits are tax-exempt. In Montana, all nonprofit hospitals are also tax exempt. Although the terms "nonprofit" and "tax-exempt" are not synonymous, in this report, we use them interchangeably.

3. "Nonprofit Hospitals…", Government Accountability Office, September 2008.

4. "Hospital Compliance Project Interim Report", Internal Revenue Service, July 2007.

5. "Grassley Targets Nonprofit Hospitals on Charity Care", *The Wall Street Journal*, December 18, 2008.

6. "It's All Downhill From Here", *Modern Healthcare*, November 17, 2008.

7. Calculated by multiplying surplus by 34% for federal income tax, 6.75% for Montana income tax and adding Montana property tax from tax rolls and 2% of the value of tax exempt bonds outstanding. Property tax data was furnished by the Montana Department of Revenue.

8. "Taking the Pulse of Charitable Care and Community Benefits at Nonprofit Hospitals", Senate Finance Committee, September 13, 2006.

9. "2007 Poverty Level Guidelines", United States Department of Health and Human Services, January 2007.

10. United States Census Bureau, Small Area Health Insurance Estimates, 2005.

11. United States Census Bureau, Small Area Income and Poverty Estimates, 2005.

12. American Hospital Association Statistics, 2008.

13. "Overdose of Debt", *Consumer Reports*, July 2008.

14. American Hospital Directory, Inc., Louisville, Ky.

Appendix 1

Value of Tax Exemption 2007- Operating Income

FACILITY	OPERATING INCOME	FEDERAL INCOME TAX	STATE INCOME TAX	PROPERTY TAX	TAX EXEMPT BONDS EXEMPTION	OPERATING INCOME TAX EXEMPTION[7]
BENEFIS	$7,653,244	$2,602,103	$340,952	$249,956	$1,689,337	$4,882,348
BILLINGS CLINIC	$11,208,615	$3,810,929	$499,344	$732,564	$1,347,335	$6,390,172
BOZEMAN DEACONESS	$11,268,362	$3,831,243	$502,006	$19,392	$297,246	$4,649,887
COMMUNITY MED CTR	$155,467	$52,859	$6,926	$89,043	$225,192	$374,020
HOLY ROSARY	$2,700,000	$918,000	$120,285	$747	$0	$1,039,032
KALISPELL REGIONAL	$8,894,387	$3,024,092	$396,245	$283,619	$348,112	$4,052,068
NORTHERN MT	-$565,139	-$192,147	-$25,177	$483	$111,869	-$104,972
ST. JAMES	$4,900,000	$1,666,000	$218,295	$18,379	$0	$1,902,674
ST. PATRICK	$7,172,907	$2,438,788	$319,553	$722,811	$705,624	$4,186,777
ST. PETER	$5,210,928	$1,771,716	$232,147	$20,558	$682,044	$2,706,464
ST. VINCENT	$17,300,000	$5,882,000	$770,715	$478,453	$0	$7,131,168

Value of Tax Exemption 2007 – Total Income

FACILITY	TOTAL INCOME	FEDERAL INCOME TAX	STATE INCOME TAX	PROPERTY TAX	TAX EXEMPT BONDS EXEMPTION	TOTAL INCOME TAX EXEMPTION[7]
BENEFIS	$9,874,388	$3,357,292	$439,904	$249,956	$1,689,337	$5,736,488
BILLINGS CLINIC	$22,739,738	$7,731,511	$1,013,055	$732,564	$1,347,335	$10,824,465
BOZEMAN DEACONESS	$15,813,441	$5,376,570	$704,489	$19,392	$297,246	$6,397,697
COMMUNITY MED CTR	$3,898,483	$1,325,484	$173,677	$89,043	$225,192	$1,813,397
HOLY ROSARY	$3,300,000	$1,122,000	$147,015	$747	$0	$1,269,762
KALISPELL REGIONAL	$11,341,846	$3,856,228	$505,279	$283,619	$348,112	$4,993,238
NORTHERN MT	$1,359,808	$462,335	$60,579	$483	$111,869	$635,267
ST. JAMES	$5,300,000	$1,802,000	$236,115	$18,379	$0	$2,056,494
ST. PATRICK	$9,907,857	$3,368,671	$441,395	$722,811	$705,624	$5,238,502
ST. PETER	$12,542,862	$4,264,573	$558,785	$20,558	$682,044	$5,525,960
ST. VINCENT	$38,600,000	$13,124,000	$1,719,630	$478,453	$0	$15,322,083

Appendix 2
Community Benefit Services – 2007

FACILITY	CHARITY CARE	UNREIMB MEDICAID	COMM HEALTH IMPR SERVICES	SUBSID HEALTH SERVICES	CONTRIB COMM GROUPS	HEALTH PROF EDUC	RESEARCH	COMM BEN OPS	FACILITY TOTAL
BENEFIS	$4,678,388	$2,119,577	$561,903	$3,005,708	$1,302,200	$521,007	$64,787	$153	$12,253,723
BILLINGS CLINIC	$14,106,432	$2,440,607	$2,741,020	$8,544,808	$611,081	$430,577	$459,520	$16,456	$29,350,501
BOZEMAN DEACONESS	$2,255,222	$911,335	$531,603	$3,309,445	$364,037	$281,396	$1,750	$41,000	$7,695,788
COMMUNITY MED CTR	$1,479,918	$2,892,810	$346,730	$397,279	$216,312	$148,338	$0	$18,531	$5,499,918
HOLY ROSARY	$984,000	$0	$123,230	$3,585	$124,343	$42,787	$0	$3,676	$1,281,621
KALISPELL REGIONAL	$1,735,035	$652,436	$238,936	$4,738,267	$18,078	$0	$0	$2,967	$7,385,719
NORTHERN MT	$493,064	$955,789	$140,916	$2,194,397	$57,962	$49,031	$0	$6,852	$3,898,011
ST. JAMES	$2,716,012	$2,243,460	$4,634	$44,004	$0	$0	$0	$0	$5,008,110
ST. PATRICK	$6,366,262	$5,225,984	$760,334	$4,224,827	$56,066	$181,772	$68,561	$60,865	$16,944,671
ST. PETER	$2,454,652	$1,543,441	$318,560	$8,998,146	$79,218	$103,421	$0	$0	$13,497,438
ST. VINCENT	$5,316,262	$2,728,073	$2,126,761	$4,129,528	$1,112,841	$347,352	$161,261	$1,072,689	$16,994,767
TOTAL	$42,585,247	$21,713,512	$7,894,627	$39,589,994	$3,942,138	$2,105,681	$755,879	$1,223,189	$119,810,267

Appendix 3
Subsidized Health Care Services – 2007

FACILITY NAME/CITY	EMERGENCY TRAUMA SERVICES		HOSPITAL OUTPATIENT SERVICES	DIALYSIS	HOSPICE/HOME HEALTH CARE	BEHAVIORAL HEALTH SERVICES	OTHER (PALLIATIVE CARE, ETC.)	TOTAL SUBSIDIZED SERVICES
BENEFIS GREAT FALLS	$908,002		$0	$0	$1,424,366	$9,414	$663,926	$3,005,708
BILLINGS CLINIC	$2,403,310		$2,342,510	$138,791	$1,270,871	$1,593,394	$795,932	$8,544,808
BOZEMAN DEACONESS	$26,400		$2,775,409	$130,745	$174,634	$0	$202,107	$3,309,295
COMMUNITY MED. CTR.	$0		$397,279	$0	$0	$0	$0	$397,279
HOLY ROSARY MILES CITY	$0		$0	$0	$3,585	$0	$0	$3,585
KALISPELL REGIONAL	$965,893		$0	$0	$553,044	$817,561	$496,956	$2,833,454
NORTHERN MT MED CTR.	$545,510		$176,320	$199,601	$759,644	$409,843	$103,479	$2,194,397
ST. JAMES BUTTE	$44,004		$0	$0	$0	$0	$0	$44,004
ST. PATRICK MISSOULA	$1,430,346		$0	$2,462,879	$25,334	$284,003	$329,501	$4,532,063
ST. PETER HELENA	$0		$0	$358,355	$429,067	$0	$8,210,724	$8,998,146
ST. VINCENT BILLINGS	$0		$2,637,742	$0	$0	$376,442	$1,115,344	$4,129,528

Appendix 4

Selected Hospital Prices Inpatient – 2007

FACILITY	C-SECTION-371	NORMAL DELIVERY - 373	NORMAL NEWBORN - 391	HIP/KNEE REPLACMENT - 544	BARIATRIC SURGERY - 951/288
BENEFIS	$7,397.99	$3,431.63	$1,501.18	$27,035.43	$18,807.72
BILLINGS CLINIC	$10,659.00	$5,148.00	$1,445.00	$25,935.00	N/A
BOZEMAN DEACONESS	$7,412.00	$3,767.00	$1,527.00	$28,600.00	N/A
COMMUNITY MED CTR	$9,166.00	$5,083.00	$1,296.00	$28,029.00	N/A
HOLY ROSARY	$8,292.00	$4,393.00	$1,569.00	$34,385.00	N/A
KALISPELL REGIONAL	$9,731.00	$3,809.00	$1,205.00	$22,444.00	N/A
NORTHERN MT	$8,851.00	$5,012.00	$1,953.00	$38,032.00	N/A
ST. JAMES	$8,280.00	$5,700.00	$2,300.00	$23,400.00	N/A
ST. PATRICK	N/A	N/A	N/A	$21,000.00	$18,300.00
ST. PETER	$7,510.00	$3,437.00	$1,208.00	$25,030.00	N/A
ST. VINCENT	$10,175.00	$5,115.00	$1,450.00	$30,938.00	$21,426.00
AVERAGE FOR CODE	$8,747	$4,490	$1,545	$27,713	$19,511

Appendix 4 - Continued
Selected Outpatient Prices – 2007

FACILITY	REPAIR ROTATOR CUFF - 23410	KNEE ARTHROSCOPY - 29881	Tonsils & Adenoids (Child) - 42820	DIAGNOSTIC COLONOSCOPY - 45378	CARPAL TUNNEL SURGERY - 64721
BENEFIS	$6,435.79	$2,949.66	$2,430.88	$802.23	$1,587.98
BILLINGS CLINIC	$8,506.00	$3,342.00	$3,320.00	$1,273.00	$1,849.00
BOZEMAN DEACONESS	$7,558.00	$5,201.00	$2,530.00	$1,323.00	$3,236.00
COMMUNITY MED CTR	N/A	N/A	$5,482.00	$931.00	$3,169.00
HOLY ROSARY	$10,108.00	$5,718.00	$3,836.00	$1,334.00	$2,732.00
KALISPELL REGIONAL	$9,376.00	$9,390.00	$5,309.00	$8,770.00	$3,680.00
NORTHERN MT	$8,612.00	$5,121.00	N/A	$1,567.00	$2,820.00
ST. JAMES	$4,200.00	$13,000.00	$4,300.00	$865.00	$800.00
ST. PATRICK	$8,100.00	$3,800.00	$2,500.00	$920.00	$2,300.00
ST. PETER	$9,442.00	$4,738.00	$3,564.00	$971.00	$3,715.00
ST. VINCENT	$10,130.00	$4,814.00	$3,655.00	$1,107.00	$3,196.00
AVERAGE FOR CODE	$8,247	$5,807	$3,693	$1,806	$2,644

Appendix 5
Hospitals' Foundations – Selected Financial Information – 2007

FACILITY	DIRECT PUBLIC SUPPORT	DIVIDEND AND INTEREST EARNED	TOTAL REVENUE	PROGRAM SERVICES & Hospital Support	ALL OTHER EXPENSES	TOTAL (NET) ASSETS	UNRESTRICTED ASSETS
BENEFIS	$1,857,131	$658,426	$3,383,061	$1,573,052	$769,160	$11,194,367	$4,458,283
BILLINGS CLINIC	$6,092,854	$639,038	$9,087,476	$2,201,617	$783,747	$29,693,266	$7,266,294
BOZEMAN	$1,092,939	$365,961	$1,810,689	$804,025	$540,129	$13,112,553	$8,674,378
COMMUNITY MED.CNTR	$761,225	$238,593	$1,090,127	$131,954	$457,988	$8,065,544	$2,455,460
HOLY ROSARY	$169,320	$49,466	$277,127	$125,678	$22,564	$954,429	$235,612
KALISPELL REGIONAL	$587,607	$0	$1,087,296	$915,822	$103,408	$2,404,548	$1,588,064
NORTHERN MT	$379,784	$24,152	$411,687	$22,564	$111,532	$1,094,047	$492,787
ST. JAMES	$167,007	$0	$289,566	$85,914	$20,579	$340,044	$191,140
ST. PATRICK	$1,160,610	$153,104	$2,449,800	$1,200,079	$561,532	$6,790,627	$2,459,007
ST. PETER	$1,442,294	$708,069	$2,191,337	$1,263,567	$37,706	$10,366,907	$2,208,017
ST. VINCENT	$2,850,077	$804,822	$8,961,302	$5,363,849	$744,275	$29,223,855	$18,659,406
TOTAL	$16,560,848	$3,641,631	$31,039,468	$13,688,121	$4,152,620	$113,240,187	$48,688,448