Complete if the organization answered "Yes" on Form 990, Part IV, question 20. Go to www.irs.gov/Form990 for instructions and the latest information.

**Part I: Financial Assistance and Certain Other Community Benefits at Cost**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>1b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5b</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

<table>
<thead>
<tr>
<th>Financial Assistance and Certain Other Community Benefits at Cost</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance and Means-Tested Government Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Financial Assistance at cost (from Worksheet 1)</td>
<td></td>
<td>3071437.</td>
<td>3071437.</td>
<td></td>
<td>.50%</td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td></td>
<td>19962758316622645133401132.</td>
<td>5.39%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total: Financial Assistance and Means-Tested Government Programs</td>
<td></td>
<td>20269902016622645136472569.</td>
<td>5.89%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>17</td>
<td>15,591</td>
<td>1148585.</td>
<td>106,597.</td>
<td>1041988.</td>
<td>.17%</td>
</tr>
<tr>
<td>f Health professions education (from Worksheet 5)</td>
<td>4</td>
<td>39432367999.</td>
<td>10891139.</td>
<td>21476860.</td>
<td>3.47%</td>
<td></td>
</tr>
<tr>
<td>g Subsidized health services (from Worksheet 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Research (from Worksheet 7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>5</td>
<td>4,232</td>
<td>2020868.</td>
<td>1915714.</td>
<td>105,154.</td>
<td>.02%</td>
</tr>
<tr>
<td>j Total, Other Benefits</td>
<td>26</td>
<td>20,21735537452.</td>
<td>12913450.</td>
<td>22624002.</td>
<td>3.66%</td>
<td></td>
</tr>
<tr>
<td>k Total, Add lines 7d and 7h</td>
<td>26</td>
<td>20,21723823647217913990159096571.</td>
<td>9.55%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of the organization:** SAINT AGNES MEDICAL CENTER

**Employer identification number:** 94-1437713
### 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.

<table>
<thead>
<tr>
<th></th>
<th>Number of activities or programs (optional)</th>
<th>Persons served (optional)</th>
<th>Total community building expense</th>
<th>Direct offsetting revenue</th>
<th>Net community building expense</th>
<th>Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part III  Bad Debt, Medicare, & Collection Practices

#### Section A. Bad Debt Expense

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

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.

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.

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).

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

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

8. Describe in Part VI the extent to which any shortfall reported on 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.

#### Section C. Collection Practices

9a. Did the organization have a written debt collection policy during the tax year?  

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.

### Part IV  Management Companies and Joint Ventures

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

<table>
<thead>
<tr>
<th></th>
<th>Name of entity</th>
<th>Description of primary activity of entity</th>
<th>Organization’s profit % or stock ownership %</th>
<th>Officers, directors, trustees, key employees’ profit % or stock ownership %</th>
<th>Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>RENAISSANCE SURGERY CENTER, LLC</td>
<td>AMBULATORY SURGICAL SERVICES</td>
<td>25.55%</td>
<td>49.00%</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>SIERRA PACIFIC SURGERY CENTER, LLC</td>
<td>AMBULATORY SURGICAL SERVICES</td>
<td>35.75%</td>
<td>28.65%</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>FRESNO SURGERY CENTER, LP</td>
<td>GENERAL ACUTE CARE HOSPITAL</td>
<td>35.75%</td>
<td>28.65%</td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Hospital Facilities

(list in order of size, from largest to smallest)

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

Name, address, primary website address, and state license number
(and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
<th>License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SAINT AGNES MEDICAL CENTER</td>
<td>1303 E. HERNDON AVE.</td>
<td>040000173</td>
</tr>
<tr>
<td></td>
<td>FRESNO, CA 93720</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="http://WWW.SAMC.COM">WWW.SAMC.COM</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HOSPITAL LICENSE # 040000173</td>
<td>X</td>
</tr>
<tr>
<td>2 FRESNO SURGICAL HOSPITAL</td>
<td>6125 N. FRESNO STREET</td>
<td>040000332</td>
</tr>
<tr>
<td></td>
<td>FRESNO, CA 93710</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="http://WWW.FRESNOSURGICALHOSPITAL.COM">WWW.FRESNOSURGICALHOSPITAL.COM</a></td>
<td>X</td>
</tr>
</tbody>
</table>

Facility reporting group: 132093 11-22-21
### Section B. Facility Policies and Practices

**Name of hospital facility or letter of facility reporting group**

SAINT AGNES MEDICAL CENTER

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):**

1

<table>
<thead>
<tr>
<th>Community Health Needs Assessment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If &quot;No,&quot; skip to line 12</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate what the CHNA report describes (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a ☒ A definition of the community served by the hospital facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b ☒ Demographics of the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d ☒ How data was obtained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e ☒ The significant health needs of the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h ☒ The process for consulting with persons representing the community’s interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j ☐ Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Indicate the tax year the hospital facility last conducted a CHNA:</td>
<td>2021</td>
<td></td>
</tr>
<tr>
<td>5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If &quot;Yes,&quot; describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>6a Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If &quot;Yes,&quot; list the other hospital facilities in Section C</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>b Was the hospital facility’s CHNA conducted with one or more other organizations other than hospital facilities? If &quot;Yes,&quot; list the other organizations in Section C</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>7 Did the hospital facility make its CHNA report widely available to the public?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the CHNA report was made widely available (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a ☒ Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b ☐ Other website (list url):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c ☒ Made a paper copy available for public inspection without charge at the hospital facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d ☐ Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If &quot;No,&quot; skip to line 11</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>9 Indicate the tax year the hospital facility last adopted an implementation strategy:</td>
<td>2021</td>
<td></td>
</tr>
<tr>
<td>10 Is the hospital facility’s most recently adopted implementation strategy posted on a website?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>a If &quot;Yes,&quot; (list url): SEE SCHEDULE H, PART V, SECTION C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If &quot;No,&quot; is the hospital facility’s most recently adopted implementation strategy attached to this return?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>b If &quot;Yes&quot; to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>c If &quot;Yes&quot; to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group  
SAINT AGNES MEDICAL CENTER

Did the hospital facility have in place during the tax year a written financial assistance policy that:

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?  
Yes  No  

If "Yes," indicate the eligibility criteria explained in the FAP:

a  X  Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of  200  %
and FPG family income limit for eligibility for discounted care of  400  %

b  Income level other than FPG (describe in Section C)

c  Asset level

d  X  Medical indigency

e  X  Insurance status

f  X  Underinsurance status

g  X  Residency

h  X  Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?  
15 Explained the method for applying for financial assistance?  

If "Yes," indicate how the hospital facility’s FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):

a  X  Described the information the hospital facility may require an individual to provide as part of his or her application

b  X  Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

c  X  Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process

d  Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications

e  Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility?  

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

a  X  The FAP was widely available on a website (list url):  SEE PART V, SECTION C

b  X  The FAP application form was widely available on a website (list url):  SEE PART V, SECTION C

c  X  A plain language summary of the FAP was widely available on a website (list url):  SEE PART V, SECTION C

d  X  The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

e  X  The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)

f  X  A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

g  X  Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients’ attention

h  X  Notified members of the community who are most likely to require financial assistance about availability of the FAP

i  X  The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations

j  X  Other (describe in Section C)
Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: SAINT AGNES MEDICAL CENTER

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? Yes No 17

18 Check all of the following actions against an individual that were permitted under the hospital facility’s policies during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP:

a ☐ Reporting to credit agency(ies)
b ☐ Selling an individual’s debt to another party
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP
d ☐ Actions that require a legal or judicial process
e ☐ Other similar actions (describe in Section C)
f ☒ None of these actions or other similar actions were permitted

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP? Yes No

If "Yes," check all actions in which the hospital facility or a third party engaged:

a ☐ Reporting to credit agency(ies)
b ☐ Selling an individual’s debt to another party
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP
d ☐ Actions that require a legal or judicial process
e ☐ Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
d ☒ Made presumptive eligibility determinations (if not, describe in Section C)
e ☐ Other (describe in Section C)
f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy? Yes No 21

If "No," indicate why:

a ☐ The hospital facility did not provide care for any emergency medical conditions
b ☐ The hospital facility’s policy was not in writing
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
d ☐ Other (describe in Section C)
Part V  Facility Information  (continued)

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

Name of hospital facility or letter of facility reporting group  SAINT AGNES MEDICAL CENTER

22  Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
   a  Yes  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
   b  No  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
   c  No  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
   d  No  The hospital facility used a prospective Medicare or Medicaid method

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

24  During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?  
   If "Yes," explain in Section C.
Name of hospital facility or letter of facility reporting group: **FRESNO SURGICAL HOSPITAL**

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): **2**

### Community Health Needs Assessment

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?</td>
<td></td>
<td></td>
<td><strong>1</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>2</td>
<td>Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td></td>
<td></td>
<td><strong>2</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td>3</td>
<td>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 &quot;No,&quot; skip to line 12</td>
<td></td>
<td></td>
<td><strong>3</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; indicate what the CHNA report describes (check all that apply):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>A definition of the community served by the hospital facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Demographics of the community</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>How data was obtained</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>The significant health needs of the community</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>The process for consulting with persons representing the community’s interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4** Indicate the tax year the hospital facility last conducted a CHNA: **20**

**5** In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted.

**6a** Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C.

**6b** Was the hospital facility’s CHNA conducted with one or more other organizations other than hospital facilities? If "Yes," list the other organizations in Section C.

**7** Did the hospital facility make its CHNA report widely available to the public?

**8** Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.

**9** Indicate the tax year the hospital facility last adopted an implementation strategy: **20**

**10** Is the hospital facility’s most recently adopted implementation strategy posted on a website?

**11** Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

**12a** Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)?

**12b** If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

**12c** If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**
Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: FRESNO SURGICAL HOSPITAL

Did the hospital facility have in place during the tax year a written financial assistance policy that:

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?  
   If "Yes," indicate the eligibility criteria explained in the FAP:
   a [X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200% and FPG family income limit for eligibility for discounted care of 400%  
   b [ ] Income level other than FPG (describe in Section C)
   c [ ] Asset level
   d [ ] Medical indigency
   e [ ] Insurance status
   f [ ] Underinsurance status
   g [ ] Residency
   h [ ] Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?
   If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):
   a [X] Described the information the hospital facility may require an individual to provide as part of his or her application
   b [X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
   c [ ] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
   d [ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
   e [ ] Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility?
   If "Yes," indicate how the hospital facility publicized the policy (check all that apply):
   a [X] The FAP was widely available on a website (list url): SEE PART V, PAGE 8
   b [X] The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8
   c [X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8
   d [X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
   e [X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
   f [X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
   g [X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention
   h [X] Notified members of the community who are most likely to require financial assistance about availability of the FAP
   i [X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations
   j [ ] Other (describe in Section C)
### Billing and Collections

#### Name of hospital facility or letter of facility reporting group

**FRESNO SURGICAL HOSPITAL**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>18 Check all of the following actions against an individual that were permitted under the hospital facility’s policies during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Reporting to credit agency(ies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Selling an individual’s debt to another party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Actions that require a legal or judicial process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other similar actions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f None of these actions or other similar actions were permitted</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>a Reporting to credit agency(ies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Selling an individual’s debt to another party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Actions that require a legal or judicial process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other similar actions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c Processed incomplete and complete FAP applications (if not, describe in Section C)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d Made presumptive eligibility determinations (if not, describe in Section C)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f None of these efforts were made</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Policy Relating to Emergency Medical Care

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;No,&quot; indicate why:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The hospital facility did not provide care for any emergency medical conditions</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b The hospital facility’s policy was not in writing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part V  Facility Information (continued)

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

**Name of hospital facility or letter of facility reporting group**: FRESNO SURGICAL HOSPITAL

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
| b |    |    |
| The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
| c |    |    |
| The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
| d | ☒  |    |
| The hospital facility used a prospective Medicare or Medicaid method

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>☒</td>
<td></td>
</tr>
</tbody>
</table>
| 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 Section C.
| 24 | ☒  |    |
| During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?  
If "Yes," explain in Section C.
SAINT AGNES MEDICAL CENTER:

PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E: SAINT AGNES MEDICAL CENTER (SAMC) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS. THE FOLLOWING HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY INVOLVED SELECTION PROCESS USING A BASIC PRIORITY RATING METHOD. THIS METHOD CONSIDERS FOUR CRITERIA, INCLUDING POTENTIAL IMPACT ON THE GREATEST NUMBER OF PEOPLE, SEVERITY, MAGNITUDE AND URGENCY OF THE NEED, THE EFFECTIVENESS OF POSSIBLE INTERVENTIONS AND PROPRIETY. THE SCORES FOR EACH HEALTH NEED WERE AVERAGED AND RANKED BY SIGNIFICANCE AS FOLLOWS:

1. POVERTY
2. POOR AIR QUALITY/POLLUTION
3. HOMELESSNESS
4. FOOD INSECURITY
5. SAFETY/NEIGHBORHOOD CRIME
6. LACK OF AFFORDABLE/ACCEPTABLE HOUSING
7. INSURANCE BARRIER/ACCESS TO MEDICAL CARE
8. NOT ENOUGH PROVIDERS/TREATMENT LOCATIONS/LONG WAIT TIMES
9. EXPENSIVE MEDICAL CARE
10. LACK OF PROVER COMPASSION/DISCRIMINATION
11. LACK OF TRANSPORTATION
TO CONDUCT THE 2022 CHNA, SAMC PARTNERED WITH OTHER CENTRAL VALLEY HOSPITALS, DEPARTMENTS OF PUBLIC HEALTH FOR FRESNO AND MADERA COUNTIES AND THE HOSPITAL COUNCIL OF NORTHERN CALIFORNIA. THESE ENTITIES FORMED A DATA ADVISORY COMMITTEE WHICH APPROACHED THE CHNA PROCESS WITH AN EQUITY LENS, ENSURING THAT POPULATIONS, COMMUNITIES AND HIGH PRIORITY ZIP CODES CHALLENGED WITH HEALTH AND HEALTHCARE DISPARITIES REMAINED A FOCAL POINT.

SAINT AGNES MEDICAL CENTER:

PART V, SECTION B, LINE 5: THREE METHODS OF PRIMARY DATA COLLECTION TOOK PLACE BETWEEN OCTOBER 25 AND DECEMBER 10, 2021. THE METHODS INCLUDED ONLINE AND IN-PERSON SURVEYS, FOCUS GROUPS, AND KEY INFORMANT INTERVIEWS.

TO ENSURE MAXIMUM INPUT WAS PROVIDED FOR THE CHNA, THE COMMITTEE DIRECTED THE HOSPITAL COUNCIL TO CONTRACT WITH LOCAL COMMUNITY-BASED ORGANIZATIONS (CBO) SERVING AREAS OF HIGH NEED AND WHOM ALREADY HAD A TRUSTING RELATIONSHIP AND STRONG COMMUNITY ENGAGEMENT IN THE IDENTIFIED COMMUNITIES.

IN FRESNO, THE CBOS INCLUDED:

- CULTIVA LA SALUD, A NON-PROFIT CBO DEDICATED TO CREATING HEALTH EQUITY IN THE SAN JOAQUIN VALLEY BY FOSTERING CHANGES IN COMMUNITIES THAT SUPPORT HEALTHY EATING AND ACTIVE LIVING. SERVICES PROVIDED BY CULTIVA INCLUDE LEADERSHIP DEVELOPMENT TRAINING, HEALTH AND WELLNESS PROGRAMS, AND COVID-19 EDUCATION AND AWARENESS. THE AGENCY SERVES FARMWORKERS AND LOW-INCOME RESIDENTS IN EIGHT COUNTIES OF THE CENTRAL VALLEY, INCLUDING FRESNO AND MADERA.

- EVERY NEIGHBORHOOD PARTNERSHIP (ENP), A NON-PROFIT CBO WHOSE WORK
FOCUSES ON NEIGHBORHOOD DEVELOPMENT, HEALTH AND WELLNESS PROGRAMS, LITERACY PROGRAMS, SATURDAY SPORTS AND CHURCH EQUIPPING. POPULATIONS SERVED BY ENP INCLUDE YOUTH, ADULT RESIDENTS, CHURCH LEADERS WITHIN THE FRESNO CITY LIMITS.

- THE FRESNO CENTER, A NON-PROFIT CBO THAT SERVES SOUTHEAST ASIAN HMONG, CAMBODIAN, LAO, THAI, PUNJABI, INDIGENOUS MEXICAN AND VIETNAMESE RESIDENTS IN FRESNO COUNTY. SERVICES INCLUDE EXPERT TRANSLATION AND CROSS-CULTURAL PROGRAMS, MED-CAL HEALTH ENROLLMENT, TOBACCO CESSATION, IMMIGRATION SERVICES, COVID-19 RELIEF, ONE-STOP CENTER FOR MENTAL HEALTH, COMMUNITY RESOURCE CONNECTIONS AND CRISIS SERVICES.

- FRESNO INTERDENOMINATIONAL REFUGEE MINISTRIES (FIRM), A FAITH-BASED COMMUNITY ORGANIZATION WHOSE MISSION IS TO PROVIDE WRAP-AROUND SERVICES FOR REFUGEES OF SOUTHEAST ASIAN, SLAVIC AND AFRICAN ORIGIN. SERVICES INCLUDE AFTER-SCHOOL PROGRAMS, REFUGEE ADVOCACY, MENTAL HEALTH PROGRAMS, AND COMMUNITY GARDENS.

IN MADERA, THE PARTNERS INCLUDED:

- UNITED WAY OF FRESNO AND MADERA COUNTIES (UNITED WAY), AN AGENCY THAT ENGAGES IN 1,800 COMMUNITIES ACROSS MORE THAN 40 COUNTRIES AND TERRITORIES WORLDWIDE. THEIR MISSION IS TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES TO ADVANCE THE COMMON GOOD. SERVICES IN THE AREA INCLUDE 2-1-1, 24/7 HOTLINE, FREE TAX PREPARATION, OUTREACH PROGRAM, BASIC NEEDS CONNECTIONS, AND COVID-19 EDUCATION AND AWARENESS. UNITED WAY'S CHNA ROLE INCLUDED WORKING WITH GRASS-ROOTS AGENCIES, AND RESIDENTS TO BUILD COMMUNITY CAPACITY FOR CONDUCTING ASSESSMENTS. UNITED WAY COLLABORATED WITH MEMBERS OF LIVE WELL MADERA.

- LIVE WELL MADERA, A COLLABORATIVE COMPOSED OF COUNTYWIDE GOVERNMENT POWER OF COMMUNITIES TO ADVANCE THE COMMON GOOD. SERVICES IN THE AREA INCLUDE 2-1-1, 24/7 HOTLINE, FREE TAX PREPARATION, OUTREACH PROGRAM, BASIC NEEDS CONNECTIONS, AND COVID-19 EDUCATION AND AWARENESS. UNITED WAY'S CHNA ROLE INCLUDED WORKING WITH GRASS-ROOTS AGENCIES, AND RESIDENTS TO BUILD COMMUNITY CAPACITY FOR CONDUCTING ASSESSMENTS. UNITED WAY COLLABORATED WITH MEMBERS OF LIVE WELL MADERA.
Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AGENCY REPRESENTATIVES, HEALTHCARE PROVIDERS, HEALTH PLANS, BUSINESS, EDUCATION, LAW ENFORCEMENT, COMMUNITY-BASED AGENCIES, FAITH-BASED STAKEHOLDERS AND RESIDENTS; ALL COMMITTED TO IMPROVING COMMUNITY WELLNESS THROUGH FOCUSES ALIGNED ACTION. THE COLLABORATIVE PLAYS A CRUCIAL ROLE IN EXPANDING ACCESS, ADDRESSING HEALTH EQUITY, AND MAKING HEALTHY BEHAVIORS AND ENVIRONMENTS THE SOCIAL NORM FOR THE COUNTY'S MORE THAN 150,000 RESIDENTS.

ONLINE SURVEYS WERE SOLICITED BY INVITATION ONLY, BASED ON A CONVENIENCE SAMPLING. TO ENSURE THE SURVEY SAMPLE REFLECTED A WIDE VARIETY OF SOCIOECONOMIC LEVELS, AGE AND RACE/ETHNICITY, AND RURAL GEOGRAPHIC REGIONS, THE SURVEY WAS OFFERED TO COMMUNITY GROUPS BY CONTRACTED CBOS.

HARD COPY SURVEYS WERE SHARED WITH COMMUNITY GROUPS TO FACILITATE BROAD-BASED REPRESENTATION OF SENIORS 65+ AND UNDERSERVED POPULATIONS IN HIGH PRIORITY ZIP CODES. HIGH PRIORITY ZIP CODES ARE AREAS WHERE AT LEAST 40% OF THE POPULATION IS BLACK OR HISPANIC AND THE AVERAGE EARNINGS FOR THE COMMUNITY IS AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL GUIDELINE ($52,400 FOR A FAMILY OF FOUR). A TOTAL OF 2,876 SURVEYS WERE COLLECTED FOR FRESNO AND MADERA COUNTIES.

IN FRESNO COUNTY, FOCUS GROUPS WERE FACILITATED BY CONTRACTED CBOS. IN MADERA COUNTY, THE WORK WAS COORDINATED BY UNITED WAY OF FRESNO AND MADERA COUNTIES WHO PARTNERED WITH LIVE WELL MADERA. COMMUNITY MEMBERS ATTENDED IN PERSON AND ON ZOOM, WITH MORE THAN 50% OF THE SESSIONS BEING CONDUCTED IN PERSON. A TOTAL OF 36 FOCUS GROUPS WERE COMPLETED.

THIRTY-ONE INDIVIDUALS CONSIDERED TO BE KEY STAKEHOLDERS IN THE COMMUNITY
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WERE IDENTIFIED DURING THE CHNA PLANNING PROCESS. THEY WERE ABLE TO PROVIDE A UNIQUE PERSPECTIVE ON THE HEALTH OF THE COMMUNITY, HEALTH CARE DELIVERY SYSTEM IN PLACE AND OVERALL CONDITIONS THAT INFLUENCE HEALTH BEHAVIORS. THEIR ORGANIZATIONS REPRESENTED CONSTITUENTS INCLUDING MEMBERS OF MEDICALLY UNDERSERVED POPULATIONS EXPERIENCING HEALTH DISPARITIES, OR POPULATIONS AT RISK OF NOT RECEIVING ADEQUATE MEDICAL CARE AS A RESULT OF BEING UNINSURED OR UNDERINSURED, OR DUE TO GEOGRAPHIC, LANGUAGE, FINANCIAL OR OTHER BARRIERS. KEY STAKEHOLDERS REPRESENTED:

- BLACK WELLNESS & PROSPERITY CENTER
- CENTRO BINACIONAL PARA EL DESARROLLO INDIGENA
- CITY OF MADERA
- COMMUNITY ACTION PARTNERSHIP AGENCY OF MADERA COUNTY
- FIRST 5 MADERA
- FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
- FRESNO COUNTY SUPERINTENDENT OF SCHOOLS
- FRESNO UNIFIED SCHOOL DISTRICT
- LEADERSHIP COUNCIL FOR JUSTICE ACCOUNTABILITY
- MADERA COUNTY DEPARTMENT OF SOCIAL SERVICES
- MADERA COUNTY SUPERINTENDENT OF SCHOOLS
- MADERA COMMUNITY COLLEGE
- PARENT INSTITUTE FOR QUALITY EDUCATION

QUALITATIVE AND QUANTITATIVE DATA WAS ANALYZED BY CALIFORNIA STATE UNIVERSITY FRESNO'S CENTRAL VALLEY HEALTH POLICY INSTITUTE (CVHPI). CVHPI FACILITATES REGIONAL RESEARCH, LEADERSHIP TRAINING AND GRADUATE EDUCATION PROGRAMS TO ADDRESS EMERGING HEALTHY POLICY ISSUES THAT INFLUENCE THE
CVHPI used a grounded theory approach to identify common topics of focus group discussions and themes. All themes were grouped into broader, more inclusive social determinant of health domains, including economic stability, education access, social and health and health behavior, healthcare access and quality, neighborhood and environment, social and community context, and a specific domain on COVID-19 related issues. Focus group and key informant data were analyzed independently of each other. However, the same method was used to analyze both data sets.

Themes gathered from focus group discussions were compared to a list of themes gathered from key informant interviews plus a composite score using quantitative data was used to create a high priority list.

As part of the CHNA, 48 advisors were convened to prioritize the identified health needs. The advisors included residents, promotores, community health leaders, law enforcement, school health, county agency personnel, housing agency representatives, youth, community-based organization leaders, who were selected based on their knowledge and involvement in the Fresno and Madera communities.

Secondary data from the Trinity Health Community Health Needs Assessment data report (TRINITYHEALTHDATAHUB.ORG), and the Fresno Madera counties' point-in-time homeless count was used during the prioritization process.
SAINT AGNES MEDICAL CENTER:

PART V, SECTION B, LINE 6A: THE CHNA WAS CONducted IN COLLABORATION WITH

THE FOLLOWING HOSPITALS: CLOVIS COMMUNITY MEDICAL CENTER, COMMUNITY
REGIONAL MEDICAL CENTER (INCLUDES COMMUNITY BEHAVIORAL HEALTH CENTER),
MADERA COMMUNITY HOSPITAL, AND VALLEY CHILDREN'S HEALTHCARE.

FRESNO SURGICAL HOSPITAL:

PART V, SECTION B, LINE 2: SAMC ACQUIRED A PARTNERSHIP INTEREST IN

FRESNO SURGERY CENTER EFFECTIVE JULY 1, 2020, THE FIRST DAY OF THE TAX
YEAR ENDING JUNE 30, 2021 (FISCAL YEAR 2021). THIS IS THE EFFECTIVE DATE
THAT SAMC BEGAN OPERATING THE FRESNO SURGERY CENTER FACILITY.

IN ACCORDANCE WITH REG. 1.501(R)-3(D)(1), FRESNO SURGERY CENTER WAS NOT
REQUIRED TO MEET THE CHNA REQUIREMENTS IN FISCAL YEAR 2022 BECAUSE SAMC
ACQUIRED ITS INTEREST IN THE FACILITY IN FISCAL 2021. FRESNO SURGERY
CENTER WILL NOT BE REQUIRED TO MEET THE REQUIREMENTS OF IRC SECTION
501(R)(3) UNTIL THE TAX YEAR ENDING JUNE 30, 2023, WHICH WILL BE THE
SECOND TAX YEAR BEGINNING ON OR AFTER THE DATE THE FACILITY WAS ACQUIRED.
PART V, SECTION B, LINE 11: IN FISCAL YEAR 2022, SAMC ADDRESSED THE
FOLLOWING SIGNIFICANT NEEDS IDENTIFIED IN THE MOST RECENT CHNA:

- NOT ENOUGH PROVIDERS/TREATMENT LOCATIONS/LONG WAIT TIMES - SAMC CONTINUED TO PROVIDE OPPORTUNITIES FOR LICENSED AND UNLICENSED HEALTH CARE PROVIDERS TO ENHANCE THEIR PROFESSIONAL KNOWLEDGE AND SKILLS. SAMC’S CONTINUING MEDICAL EDUCATION PROGRAM STRIVES TO IMPROVE AND INCREASE PATIENT CARE IN THE CENTRAL VALLEY, SPECIFICALLY IN FRESNO AND MADERA. SAMC PROVIDED MORE THAN 9,873 TRAINING HOURS TO 394 NURSING AND OTHER PROFESSIONS AND INVESTED ALMOST $21.5 MILLION IN NET COMMUNITY BENEFIT IN THE FOLLOWING MANNER:

- SAMC PARTNERED WITH LOCAL COLLEGES, UNIVERSITIES, AND SPECIALTY SCHOOLS TO PROVIDE A CLINICAL SETTING FOR UNDERGRADUATE AND VOCATIONAL TRAINING TO NURSES AND NURSING STUDENTS WORKING TO OBTAIN CERTIFICATES AND/OR LICENSURE TO ADVANCE THEIR CAREERS IN THE HEALTH CARE INDUSTRY. SAMC ALSO OFFERED A CLINICAL SETTING FOR THE FOLLOWING PROFESSIONS SEEKING TO OBTAIN RELATED CERTIFICATES AND LICENSES: PARAMEDICS, RESPIRATORY THERAPY, PHARMACY TECHNICIANS, IMAGING, PHYSICAL THERAPY, HEALTH INFORMATION MANAGEMENT, DIETETICS, SOCIAL WORK, PHLEBOTOMIST TECHNICIANS, AND CARDIAC SONOGRAPHY TECHNICIANS.

FRESNO COUNTY HAS ONE OF THE LOWEST DOCTOR-TO-PATIENT POPULATION RATIOS IN THE STATE AND SAMC IS COMMITTED TO EDUCATING THE NEXT GENERATION OF PHYSICIANS THROUGH ITS GRADUATE MEDICAL EDUCATION PROGRAM. THE RESIDENCY PROGRAM BENEFITED THE LOCAL COMMUNITY BY RECRUITING RESIDENTS FROM OUR PROGRAM'S GRADUATES TO STAY AND PRACTICE MEDICINE IN THE CENTRAL VALLEY.
SAMC WELCOMED NEW COHORTS OF PHYSICIAN RESIDENTS INCLUDING FAMILY MEDICINE RESIDENTS, INTERNAL MEDICINE RESIDENTS, AND EMERGENCY MEDICINE RESIDENTS PLUS TRANSITIONAL YEAR RESIDENTS.

AS COVID-19 CONTINUED TO SURGE IN THE SERVICE AREA, SAMC CONVENED PARTNERS LIKE THE CALIFORNIA STATE UNIVERSITY FRESNO MOBILE HEALTH UNIT, WHICH PROVIDES A LEARNING ENVIRONMENT FOR STUDENTS AND HEALTH ACCESS TO SERVE COMMUNITIES WITH LITTLE OR NO COMMUNITY CLINIC ACCESS. SAMC ALSO PROVIDED FINANCIAL SUPPORT TO TZU CHI MEDICAL FOUNDATION, WHICH RECRUITED PHYSICIAN VOLUNTEERS AND PROVIDED AN ADDITIONAL LEARNING ENVIRONMENT FOR NURSING STUDENTS FROM OTHER LOCAL COLLEGES TO SERVE RURAL AREAS WITH MEDICAL SERVICES. IN FISCAL YEAR 2022, 82 COVID-19 VACCINE CLINIC SITES FUNDED BY SAMC SERVED 3,298 INDIVIDUALS.

FOOD INSECURITY - IN FISCAL YEAR 2022, SAMC AND TRINITY HEALTH ADDRESSED FOOD INSECURITY BY PROVIDING FRESNO HOUSING $50,000 TO THE CALIFORNIA AVENUE NEIGHBORHOOD INITIATIVE - A CHOICE NEIGHBORHOOD PLANNING INITIATIVE, TO TRANSFORM THE NEIGHBORHOOD CENTERED AROUND THE HISTORIC EDISON HIGH SCHOOL IN SOUTHWEST FRESNO. HAVING ACCESS TO HEALTHY AND FRESH FOODS HAS BEEN A PRIORITY FOR RESIDENTS. FUNDING FROM SAMC AND TRINITY HEALTH CONTRIBUTED TO THE MARKET START-UP COSTS, EQUIPMENT PURCHASES, RESIDENT LEADER STIPENDS, MARKETING MATERIALS, FARMER OUTREACH, SITE IMPROVEMENTS AND PREPARATION, AND MARKET LOGISTICS. FUNDING WAS ALSO USED TO PROVIDE 30 SMALL FOOD RELATED BUSINESSES WITH FINANCIAL SUPPORT FOR ENTITY FORMATION, BUSINESS LICENSING, TECHNICAL ASSISTANCE AND TRAINING, AND BRANDING. MORE THAN 40 RESIDENTS WERE GIVEN STIPENDS FOR THEIR WORK IN PREPARATION FOR AND DURING THE MARKET. MORE THAN 200 INDIVIDUALS
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 21c, 21d, 22, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARTICIPATED AND ATTENDED THE MARKET EVENTS.

LACK OF TRANSPORTATION - SAMC PROVIDED 2,240 QUALIFYING PATIENTS TRANSPORTATION UPON DISCHARGE, PATIENTS AND HEALTH HUB CLIENTS WERE ALSO PROVIDED TRANSPORTATION TO AND FROM MEDICAL, AND SOCIAL SERVICE APPOINTMENTS FOR A TOTAL OF $64,850.

SAMC ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. FOR THIS REASON, SAMC DID NOT ACT ON THE FOLLOWING ISSUES:

POVERTY - WHILE THIS PRIORITY WAS NOT SPECIFICALLY ADDRESSED, ECONOMIC STABILITY MAY BE ADDRESSED AS PART OF OTHER PRIORITIES SELECTED FOR INTERVENTION IN FUTURE STRATEGIES.

POOR AIR QUALITY/POLLUTION - SAMC IS AN ENVIRONMENTALLY CONSCIOUS FACILITY AND ADDRESSES THIS ISSUE AT THE FACILITY LEVEL.

HOMELESSNESS - WHILE HOMELESSNESS ITSELF WAS NOT DIRECTLY ADDRESSED IN FISCAL YEAR 2022, MORE THAN 1,800 HOMELESS PATIENTS WERE PROVIDED RESOURCES TO NUTRITIOUS FOOD UPON DISCHARGE, AND PATIENTS WHO AGREED TO RECEIVE ASSISTANCE WERE PROVIDED WITH ROOM AND BOARD. ADDITIONALLY, THROUGH SERVICES AT THE HOLY CROSS CENTER FOR HEALTH AND WELLNESS, SAMC PROVIDED MORE THAN 2,500 LOW-INCOME AND UNSHELTERED WOMEN WITH BASIC NEEDS, SUCH AS SHOWERS, CLOTHING, HYGIENE KITS, BABY FORMULA, DIAPERS AND
Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A (“A, 1,” “A, 4,” “B, 2,” “B, 3,” etc.) and name of hospital facility.

LAUNDRY SERVICES. IN FISCAL YEAR 2022, SAMC INVESTED $290,000 TO SUPPORT THESE SERVICES.

SAFETY/NEIGHBORHOOD CRIME - WHILE THIS PRIORITY WAS NOT SPECIFICALLY ADDRESSED, SAMC IS CONDUCTING A ROOT CAUSE ANALYSIS TO DEVELOP FUTURE STRATEGIC INTERVENTIONS WITH MAXIMUM IMPACT.

LACK OF AFFORDABLE/ACCEPTABLE HOUSING - RELATIVE LACK OF EXPERTISE OR COMPETENCY TO EFFECTIVELY ADDRESS THE NEED EXCLUDED IT FROM STRATEGIC INTERVENTIONS.

INSURANCE BARRIER/ACCESS TO MEDICAL CARE - WHILE THIS PRIORITY WAS NOT SPECIFICALLY ADDRESSED DUE TO COMPETING PRIORITIES, SAMC PROVIDED IN FISCAL YEAR 2022 SERVICES THROUGH THE HEALTH HUB, OFFERED FINANCIAL ASSISTANCE FOR QUALIFYING PATIENTS AND COMMUNITY MEMBERS, AND PROVIDED 1,190 PATIENTS WITH INSURANCE ENROLLMENT ASSISTANCE.

EXPENSIVE MEDICAL CARE - WHILE THIS PRIORITY WAS NOT SPECIFICALLY ADDRESSED, SAMC HEALTH HUB AND FINANCIAL ASSISTANCE DOES PROVIDE SERVICES THAT ADDRESS INSURANCE AND MEDICAL CARE FOR PATIENTS AND COMMUNITY MEMBERS.

LACK OF PROVIDER COMPASSION/DISCRIMINATION - WHILE THIS PRIORITY WAS NOT SPECIFICALLY ADDRESSED, SAMC AND TRINITY HEALTH ARE FOCUSED ON ADVANCING DIVERSITY, EQUITY AND INCLUSION IN BOTH THE CLINICAL AND COMMUNITY SETTINGS.
SAINT AGNES MEDICAL CENTER:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

FRESNO SURGICAL HOSPITAL

PART V, LINE 16A, FAP WEBSITE:
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 19e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WWW.FRESNOSURGICALHOSPITAL.COM/PATIENTS-VISITORS/

FRESNO SURGICAL HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:
WWW.FRESNOSURGICALHOSPITAL.COM/PATIENTS-VISITORS/

FRESNO SURGICAL HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:
WWW.FRESNOSURGICALHOSPITAL.COM/PATIENTS-VISITORS/

SAINT AGNES MEDICAL CENTER:


SAINT AGNES MEDICAL CENTER:

PART V, SECTION B, LINE 9: AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

SAINT AGNES MEDICAL CENTER:

PART V, SECTION B, LINE 7A:
WWW.SAMC.COM/ABOUT-US/COMMUNITY-BENEFITS/HEALTH-NEEDS-ASSESSMENTS-AND-
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IMPLEMENTATION

SAINT AGNES MEDICAL CENTER:

PART V, SECTION B, LINE 10A:
WWW.SAMC.COM/ABOUT-US/COMMUNITY-BENEFITS/HEALTH-NEEDS-ASSESSMENTS-AND-

IMPLEMENTATION

PART V, LINE 16A:
SAINT AGNES MEDICAL CENTER
WWW.SAMC.COM/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-
ASSISTANCE/

PART V, LINE 16B:
SAINT AGNES MEDICAL CENTER
WWW.SAMC.COM/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-
ASSISTANCE/

PART V, LINE 16C:
SAINT AGNES MEDICAL CENTER
WWW.SAMC.COM/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/FINANCIAL-
ASSISTANCE/
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? 3

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SUMMIT SURGICAL</td>
<td>OUTPATIENT SURGERY CENTER</td>
</tr>
<tr>
<td>1630 E. HERNDON AVE, SUITE 100</td>
<td></td>
</tr>
<tr>
<td>FRESNO, CA 93720</td>
<td></td>
</tr>
<tr>
<td>2 RENAISSANCE SURGERY CENTER</td>
<td>OUTPATIENT SURGERY CENTER</td>
</tr>
<tr>
<td>2365 E. FIR AVENUE</td>
<td></td>
</tr>
<tr>
<td>FRESNO, CA 93720</td>
<td></td>
</tr>
<tr>
<td>3 SAINT AGNES NORTHWEST LABORATORY</td>
<td>LABORATORY</td>
</tr>
<tr>
<td>4770 W. HERNDON AVENUE</td>
<td></td>
</tr>
<tr>
<td>FRESNO, CA 93722</td>
<td></td>
</tr>
</tbody>
</table>
Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

---

**PART I, LINE 3C:**

IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

**PART I, LINE 6A:**

SAINT AGNES MEDICAL CENTER (SAMC) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF CALIFORNIA. IN ADDITION, SAMC REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

IN ADDITION, SAMC INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

**PART I, LINE 7:**

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND
MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, $26,958,885, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:

SAMC USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED.
FOR FINANCIAL STATEMENT PURPOSES, SAINT AGNES MEDICAL CENTER IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, SAINT AGNES MEDICAL CENTER IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:
SAMC IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 13 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION’S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND
ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED."

PART III, LINE 5:
TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE ONE PERCENT SEQUESTRATION REDUCTION FOR THE PERIOD APRIL 1, 2022 THROUGH JUNE 30, 2022.

PART III, LINE 8:
SAMC DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:
THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY
FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS
THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE
REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S FINANCIAL
ASSISTANCE POLICY. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION
PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND
COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:
NEEDS ASSESSMENT - IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT
(CHNA), SAMC CONTINUALLY ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN
PARTNERSHIP WITH COMMUNITY COALITIONS. AS PART OF THE NORMAL COURSE OF
OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE
HEALTH OF THE OVERALL COMMUNITY, PATIENT DATA, PUBLIC HEALTH DATA,
PUBLISHED COUNTY HEALTH RANKINGS, MARKET STUDIES, AND OTHER REPORTS ARE
ANALYZED ON A REGULAR BASIS TO HELP DETERMINE TRENDS AND EMERGING HEALTH
NEEDS FOR THE SERVICE AREA. ONGOING PARTICIPATION IN LOCAL AREA
STAKEHOLDER MEETINGS, COMMUNITY ROUNDTABLES AND HEALTH STRATEGY FORUMS
ALLOW FOR ALIGNMENT WITH LOCAL COMMUNITY-BASED ORGANIZATIONS AND
STRATEGIES.

PART VI, LINE 3:
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SAMC COMMUNICATES
EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL
COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND
HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES,
FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED
CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE
TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR
THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

SAMC OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVED BY OUR HOSPITAL.

SAMC HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SAMC MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.
PART VI, LINE 4:
COMMUNITY INFORMATION – FOR THE PURPOSES OF THIS CHNA, SAMC USED THE
GEOGRAPHIC AREA FROM WHICH MOST PATIENTS COME FOR CARE AS THE COMMUNITY
SERVED. THIS AREA INCLUDES FRESNO AND MADERA COUNTIES, WHICH ACCORDING TO
THE U.S. CENSUS BUREAU, TOGETHER COVER 8,164 SQUARE MILES AND MORE THAN
1.5 MILLION ACRES. ADDITIONALLY, THE REPORT AREA HAS A TOTAL POPULATION OF
1,139,954 WITH 12.8% OF THE PERSONS LIVING WITHIN THE REPORT AREA
IDENTIFYING AS NON-CITIZENS AND OVER 50% IDENTIFYING AS HISPANIC OR
LATINO.

THE DESIGNATED SERVICE AREA IS AN AREA OF IMMENSE NEED, WITH FEWER HEALTH
RESOURCES THAN THE REST OF THE STATE. IT IS A REGION OF GREAT DIVERSITY,
WITH BOTH URBAN AND RURAL POPULATIONS, AND MANY IMMIGRANTS. THE DIVERSITY
OF THE REGION IS REFLECTED IN THE WIDE RANGE OF LANGUAGES SPOKEN IN EACH
COUNTY. WITHIN THE SERVICE AREA, 18.4 PERCENT OF RESIDENTS AGES 5 AND
OLDER HAVE LIMITED ENGLISH PROFICIENCY.

ANOTHER FACTOR IMPACTING SAMC’S PRIMARY SERVICE AREA IS THE LOW RATE OF
PRIMARY CARE PHYSICIANS IN THE REGION, AND CONSEQUENTLY, A LARGE
PROPORTION OF THE POPULATION LIVES WITHIN ONE OF THE 176 HEALTH
PROFESSIONAL SHORTAGE AREAS (HPSA). HPSAS ARE DEFINED AS HAVING SHORTAGES
OF PRIMARY MEDICAL CARE, DENTAL OR MENTAL HEALTH PROVIDERS. THIS INDICATOR
IS RELEVANT BECAUSE A SHORTAGE OF HEALTH PROFESSIONALS CONTRIBUTES TO
ACCESS AND HEALTH STATUS ISSUES. PROVIDER RATE PER 100,000 POPULATION IS
79.61 WITH 87 LOCATIONS IN FRESNO COUNTY AND IS 75.2 WITH 19 LOCATIONS IN
MADERA COUNTY COMPARED TO A PROVIDER RATE OF 101.38 PER 100,000 WITH 1280
LOCATIONS IN CALIFORNIA. FURTHER COMPOUNDING THE ISSUE IS THE HIGH RATE OF
ADULTS AND CHILDREN THAT LACK INSURANCE. THESE FACTORS IMPACT RATES OF PREVENTABLE HOSPITALIZATIONS, POTENTIAL YEARS OF LIFE LOST, AND THE NUMBER OF PEOPLE WHO DO NOT RECEIVE PREVENTATIVE CARE.

A COMMUNITY'S HEALTH IS ALSO AFFECTED BY THE PHYSICAL ENVIRONMENT. A SAFE, CLEAN ENVIRONMENT THAT PROVIDES ACCESS TO HEALTHY FOOD AND RECREATIONAL OPPORTUNITIES IS IMPORTANT TO MAINTAINING AND IMPROVING COMMUNITY HEALTH.

WITHIN THE FRESNO AND MADERA SERVICE AREA, 24% OF LOW-INCOME POPULATION IN FRESNO AND MADERA HAVE LOW FOOD ACCESS. A RELATIVELY HIGH NUMBER OF HOUSEHOLDS IN MADERA (8.3%) AND FRESNO (23.6%) LIVE MORE THAN ONE-HALF MILE FROM A SUPERMARKET AND HAVE NO RELIABLE TRANSPORTATION. THE PERCENTAGE OF FRESNO AND MADERA RESIDENTS, AGE 18 AND OLDER WHO ARE OBESE IS HIGHER THAN THE CALIFORNIA STATE AVERAGE (24%).

PART VI, LINE 5:

OTHER INFORMATION – IN FISCAL YEAR 2022, SAMC CONTINUED TO PROMOTE HEALTH IN THE COMMUNITY BY SUPPORTING COMMUNITY-BASED ORGANIZATIONS FINANCIALLY OR WITH BOARD MEMBERSHIP. THEY INCLUDED THE FOLLOWING: AMERICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION, CATHOLIC CHARITIES, CSUF, HMONG NURSES ASSOCIATION, FRESNO AREA HISPANIC FOUNDATION, FOUNDATION FOR CLOVIS SCHOOLS, CLINICAL PASTORAL EDUCATION OF CENTRAL CALIFORNIA, VALLEY CAREGIVER RESOURCES, MARJAREE MASON CENTER, AMERICAN CANCER SOCIETY, COURT APPOINTED SPECIAL ADVOCATES OF FRESNO AND MADERA COUNTIES, FRESNO POLICE & NEIGHBORHOOD WATCH ASSOCIATION, MADE FOR THEM, RIGHT TO LIFE, SIERRA CLUB OF FRESNO, UNITED WAY OF FRESNO AND MADERA COUNTIES, AND HOSPITAL COUNCIL OF CENTRAL AND NORTHERN CALIFORNIA. IN ADDITION, SAMC CONTINUED TO PROMOTE HEALTH IN THE COMMUNITY THROUGH A VARIETY OF ACTIVITIES AND INVOLVEMENT, INCLUDING THE FOLLOWING:
IN FISCAL YEAR 2022, SAMC RECEIVED $120,000 FROM TRINITY HEALTH TO PARTICIPATE IN THE "IT STARTS HERE" CAMPAIGN WITH A GOAL OF PROMOTING AWARENESS OF THE COVID-19 VACCINE. THE CAMPAIGN INCLUDED BILLBOARD AND RADIO ADS THAT INFORMED THE COMMUNITY ON THE SAFETY AND NEED FOR VACCINATIONS.

PART OF THE WORK ALSO INCLUDED COORDINATION OF COMMUNITY VACCINE CLINICS TO SERVE VULNERABLE POPULATIONS. SAMC, IN PARTNERSHIP WITH THE FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH, COORDINATED 82 CLINICS AND PROVIDED 3,298 PEOPLE WITH FIRST, SECOND AND BOOSTER VACCINATIONS. THE PRIMARY POPULATION SERVED INCLUDED MIGRANT FARMWORKERS IN RURAL AREAS AND THEIR FAMILIES, AND SPECIAL NEEDS ADULTS AND YOUTH. CLINIC PARTNER ORGANIZATIONS FOR THESE CLINICS INCLUDED FRESNO STATE MOBILE HEALTH AND NURSING PROGRAM, TZU CHI MOBILE HEALTH, CULTIVA LA SALUD, EVERY NEIGHBORHOOD PARTNERSHIP, EXCEPTIONAL PARENTS UNLIMITED, BLACK WELLNESS & PROSPERITY CENTER.

ADDRESSING SOCIAL INFLUENCERS (DETERMINANTS) OF HEALTH — SAMC BELIEVES THAT EVERYONE HAS THE RIGHT TO A STANDARD OF LIVING THAT PROMOTES HEALTH AND WELL-BEING IN ALL AREAS OF LIFE, INCLUDING ACCESS TO FOOD, CLOTHING, STABLE HOUSING, MEDICAL CARE AND CRITICAL SOCIAL SERVICES, REGARDLESS OF SOCIOECONOMIC FACTORS.

PEOPLE WHO ARE MEDICALLY VULNERABLE AND WHO FACE SOCIAL CHALLENGES WITH RESOURCES SUCH AS PRIMARY CARE, SPECIALTY CARE, INSURANCE ENROLLMENT, TRANSPORTATION, HOUSING, AND OTHER SOCIAL RESOURCES HAVE A MUCH MORE DIFFICULT TIME MANAGING THEIR HEALTH. IN ADDITION TO PROVIDING CLINICAL
CONNECTIONS, THE SAMC HEALTH HUB COMMUNITY HEALTH WORKERS PROVIDED MORE THAN 3,017 CONNECTIONS TO SOCIAL CARE RESOURCES INCLUDING: 26% TO HEALTH CARE ACCESS, 21% TO HOUSING ASSISTANCE, 15% TO FOOD RESOURCES, AND 48% TO OTHER SERVICES SUCH AS DOCUMENTATION ASSISTANCE (DEPARTMENT OF MOTOR VEHICLES, LEGAL, ETC.), HEALTH INSURANCE ENROLLMENT, IN-HOME SUPPORTIVE SERVICES, GENERAL RELIEF AND PAYEE ESTABLISHMENT, AND EMPLOYMENT RESOURCES. THE IMPACT THAT THE SAMC HEALTH HUB HAS HAD ON PATIENTS AND THEIR FAMILIES HAS RESULTED IN BETTER COORDINATION OF CARE AND INCREASED AWARENESS BY CLINICIANS OF THE EFFECTS THAT SOCIAL INFLUENCERS HAVE ON PEOPLE.

IN PARTNERSHIP WITH THE OFFICE OF THE CALIFORNIA SURGEON GENERAL AND THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES, SAMC WAS 1 OF 2 HEALTH CARE SYSTEMS IN THE CENTRAL VALLEY TO RECEIVE FUNDS TO CREATE AWARENESS OF ADVERSE CHILDHOOD EXPERIENCES (ACES). SAMC CONTINUED TO BUILD ON ITS WORK RELATED TO ACES BY PARTNERING WITH MORE THAN 20 COMMUNITY-BASED AGENCIES, AND MEDICAL PROVIDERS TO CREATE A NETWORK OF CARE TO SERVE CLIENTS AND THEIR FAMILIES TO ADDRESS TOXIC STRESS CREATED BY ACES. COMMUNITY HEALTH WORKERS AND PHYSICIANS RECEIVED TRAINING AND ATTESTED ON THE CORE TRAINING FOR ACE SCREENING. A TOTAL OF 148 ADULTS AND 85 CHILDREN WERE SCREENED AND LINKED TO RESOURCES DURING THE INITIAL PILOT PHASE OF THE NETWORK OF CARE. COLLECTIVELY, MORE THAN 3,100 PEOPLE WERE PROVIDED SERVICES.

THE TRINITY HEALTH JUST IN TIME GRANTS SUPPORTED COVID-19 OUTREACH AND HEALTH LITERACY WORK CONDUCTED BY THE BLACK WELLNESS & PROSPERITY CENTER (BWPC). BWPC CREATE A READY FOR BABY CAMPAIGN THAT FOCUSED ON INCREASING ACCESS TO CULTURALLY AFFIRMING INFORMATION ON COVID-19 SAFETY MEASURES AND HEALTH MESSAGING AMONG PREGNANT PERSONS IN FRESNO.
EMERGENCY PREPAREDNESS EFFORTS TOWARD ADDRESSING THE COVID-19 EPIDEMIC -

IN FISCAL YEAR 2022, SAMC CONTINUED TO SUSTAIN A SAFE ENVIRONMENT FOR HEALTH CARE WORKERS, PATIENTS, AND FAMILIES AFFECTED BY THE DISEASE. SAMC LEADERSHIP CONTINUED TO PARTICIPATE ON ADVISORY CALLS WITH THE STATE AND LOCAL HEALTH DEPARTMENTS TO DEVELOP AND SUPPORT STRATEGIES FOR ADDRESSING THE DISEASE AND SOCIAL NEEDS EXPERIENCED BY FAMILIES.

PART VI, LINE 6:

SAMC IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH AND WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE BY CONNECTING SOCIAL AND CLINICAL CARE, ADDRESSING SOCIAL NEEDS, DISMANTLING SYSTEMIC RACISM, AND REDUCING HEALTH INEQUITIES. WE DO THIS BY:

1. INVESTING IN OUR COMMUNITIES,
2. ADVANCING SOCIAL CARE, AND
3. IMPACTING SOCIAL INFLUENCERS OF HEALTH.

TO FURTHER OUR STRATEGY IN FISCAL YEAR 2022 (FY22), CHWB LAUNCHED TWO TRAINING SERIES TO ADVANCE HEALTH AND RACIAL EQUITY IN OUR COMMUNITIES.

1. CHWB LEADER SERIES TO ADVANCE HEALTH AND RACIAL EQUITY: A YEAR-LONG PEER LEARNING SERIES TO BUILD THE CAPACITY OF OUR CHWB LEADERS TO DELIVER ON OUR CHWB STRATEGY WITH A FOCUS ON COMMUNITY LEADERSHIP AND ENGAGEMENT, AND THE USE OF A RACIAL EQUITY LENS IN ALL OF OUR DECISION MAKING.
2. COMMUNITY ENGAGEMENT TO ADVANCE RACIAL JUSTICE - PREPARING FOR IMPLEMENTATION STRATEGY: A FOUR-PART SERIES ON ENGAGING OUR COMMUNITIES IN
MEANINGFUL WAYS USING A HEALTH EQUITY AND RACIAL EQUITY LENS TO BUILD LASTING PARTNERSHIPS AND IMPACTFUL IMPLEMENTATION STRATEGIES.

INVESTING IN OUR COMMUNITIES -

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FY22, TRINITY HEALTH CONTRIBUTED $1.37 BILLION IN COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE VULNERABLE AND LIVING IN POVERTY, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE.

SOME EXAMPLES OF THESE INVESTMENTS INCLUDE:

TRINITY HEALTH AWARDED OVER $1.6 MILLION IN COMMUNITY GRANTS THAT DIRECTLY ALIGN WITH INTERVENTIONS AND LOCAL PARTNERSHIPS IDENTIFIED IN ITS MEMBER HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IMPLEMENTATION STRATEGIES, INCLUDING ACCESS TO HEALTH CARE, MENTAL HEALTH, TRANSPORTATION, COMMUNITY ENGAGEMENT, FOOD ACCESS, AND HOUSING SUPPORTS.

WITH A $1.2 MILLION INITIAL INVESTMENT, TRINITY HEALTH LAUNCHED ROUND 2 OF THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), A FIVE-YEAR, INNOVATIVE FUNDING AND TECHNICAL ASSISTANCE INITIATIVE, PARTNERING WITH COMMUNITY-BASED ORGANIZATIONS AND RESIDENTS TO ADVANCE HEALTH AND RACIAL EQUITY IN NINE OF OUR COMMUNITIES EXPERIENCING HIGH POVERTY AND OTHER VULNERABILITIES. HEALTH MINISTRIES RECEIVING TCI FUNDING ARE COLLABORATING WITH A LOCAL MULTI-SECTOR COLLABORATIVE TO DEVELOP AND IMPLEMENT EVIDENCE-BASED STRATEGIES THAT ADVANCE HEALTH AND RACIAL EQUITY THROUGH ADDRESSING AT LEAST ONE ROOT CAUSE OF POOR HEALTH IDENTIFIED IN THE...
DEVELOPMENT OF THEIR MOST RECENT CHNA IMPLEMENTATION STRATEGY.

TRINITY HEALTH AWARDED OVER $1 MILLION IN COVID-19 FUNDING TO SUPPORT NEW AND ONGOING COMMUNITY ENGAGEMENT AND MOBILIZATION EFFORTS AROUND MAKING THE COVID-19 VACCINATION ACCESSIBLE TO ALL ELIGIBLE POPULATIONS. THIS FUNDING WAS DESIGNED TO SUPPORT ALL COMMUNITIES TO ENSURE EASY AND EQUITABLE ACCESS TO THE VACCINE BY REMOVING BARRIERS FOR ALL PEOPLE TO RECEIVE THE VACCINE, ESPECIALLY COMMUNITIES THAT HAVE LESS THAN A 75% VACCINATION RATE. WITH THIS FUNDING, HEALTH MINISTRIES FACILITATED 3,200 COVID-19 VACCINE EVENTS, ADMINISTERED 80,000 COVID-19 VACCINE DOSES, AND REACHED 874,000 PEOPLE WITH EDUCATIONAL MATERIALS ON COVID-19 AND THE BENEFITS OF VACCINATION.

IN ADDITION TO THE $1.37 BILLION IN COMMUNITY BENEFIT SPENDING, OUR COMMUNITY INVESTING PROGRAM HAD THE MOST ROBUST YEAR OF LENDING SINCE THE PROGRAM'S INCEPTION OVER 20 YEARS AGO: $17.8 MILLION IN NEW LOANS AND $8.3 MILLION IN LOAN RENEWALS WERE APPROVED, FOCUSING ON BUILDING AFFORDABLE HOUSING AND INCREASING ACCESS TO EDUCATION IN PARTNERSHIP WITH OUR HEALTH MINISTRIES.

ADVANCING SOCIAL CARE -

TRINITY HEALTH'S SOCIAL CARE PROGRAM WAS DEVELOPED TO ADDRESS SOCIAL NEEDS, SUCH AS ACCESS TO TRANSPORTATION, CHILDCARE, OR AFFORDABLE MEDICATIONS BY FACILITATING CONNECTIONS BETWEEN OUR PATIENTS, HEALTH CARE PROVIDERS AND COMMUNITY PARTNERS THAT PROMOTE HEALTHY BEHAVIORS. HIGHLIGHTS FROM FY22 INCLUDE THE FOLLOWING SUCCESSES:

- LAUNCHED TRINITY HEALTH COMMUNITY HEALTH WORKER (CHW) CERTIFICATION PROGRAM, TRAINING 86 CHWS WITH 40+ HOURS OF TRAINING, AND INCREASED CHW
STAFF ACROSS MOST HEALTH MINISTRIES
- LAUNCHED A SYSTEM-WIDE ASSESSMENT OF LANGUAGE ACCESS SERVICES TO RECOMMEND SYSTEM STANDARDS THAT ENSURE CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES FOR ALL OF OUR PATIENTS, THEIR COMPANIONS, AND CAREGIVERS
- ENGAGED OVER 1,100 PARTICIPANTS IN THE NATIONAL DIABETES PREVENTION PROGRAM, EXCEEDING OUR PROGRAM YEAR 5 GOAL
- INCREASED THE NUMBER OF ACTIVE COMMUNITY PARTNER ORGANIZATIONS ON THE COMMUNITY RESOURCE DIRECTORY BY 120% FROM FISCAL YEAR 2021
- ENGAGED 5,300+ PATIENTS WHO ARE DUALLY ENROLLED IN MEDICARE AND MEDICAID IN A SOCIAL CARE OR MEDICAL CARE ACTIVITY, IN SUPPORT OF REDUCING PREVENTABLE HOSPITALIZATIONS (SUCH AS DIABETES AND ASTHMA)

IMPACTING SOCIAL INFLUENCERS OF HEALTH -
LEVERAGING INVESTOR POWER TO CATALYZE CORPORATE SOCIAL RESPONSIBILITY, TRINITY HEALTH'S SHAREHOLDER ADVOCACY WORK FOCUSES ON DISMANTLING RACISM ACROSS FIVE STRATEGIC FOCUS AREAS BY HOLDING CORPORATIONS ACCOUNTABLE FOR THE HUMAN RIGHTS VIOLATIONS THOSE COMPANIES PERPETUATE IN THE U.S. AND BEYOND. IN FY22, TRINITY HEALTH FACILITATED OVER 135 SHAREHOLDER ADVOCACY ENGAGEMENTS, WITH GREAT SUCCESS:
- FIVE BELOW COMMITTED TO ASSESS AND MANAGE THE RISKS/HAZARDS ASSOCIATED WITH CHEMICALS OF HIGH CONCERN CONTAINED IN THEIR PRIVATE LABEL PRODUCTS
- UNILEVER AGREED TO STOP FOOD AND BEVERAGE MARKETING TO CHILDREN UNDER AGE 16, AND WILL ADOPT NEW TARGETS TO REDUCE SALT, ADDED SUGARS AND CALORIES, AND INCREASE SALES OF THEIR HEALTHIER PRODUCTS
- PEPSICO SET GOALS TO INCREASE POSITIVE NUTRIENTS IN THEIR PRODUCTS
- PDC ENERGY ACCELERATED ITS GOAL TO END ROUTINE FLARING OF METHANE, FROM 2030 TO 2025, THUS REDUCING ENVIRONMENTAL HEALTH RISKS AND GREENHOUSE GAS EMISSIONS.
EMISSIONS

ADDITIONALLY, TRINITY HEALTH AND OTHER MEMBERS OF THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY GUN SAFETY GROUP SUBMITTED A SHAREHOLDER RESOLUTION ASKING STURM RUGER, ONE OF THE NATION'S LEADING MANUFACTURERS OF FIREARMS, TO CONDUCT AND PUBLISH AN INDEPENDENT HUMAN RIGHTS IMPACT ASSESSMENT OF ITS POLICIES, PRACTICES AND PRODUCTS, AND MAKE RECOMMENDATIONS FOR IMPROVEMENT. THE RESOLUTION RECEIVED A 68.5% VOTE IN FAVOR, WELL ABOVE THE THRESHOLD REQUIRED FOR THE RESOLUTION TO BE RESUBMITTED IN 2023, INDICATING A LARGE MAJORITY OF STURM RUGER INVESTORS BELIEVE THE COMPANY HAS TO ADDRESS ITS HUMAN RIGHTS IMPACTS. TRINITY HEALTH AND TRINITY HEALTH OF NEW ENGLAND ARE CITED AS PART OF THE GROUP WHO MOVED FORWARD THIS RESOLUTION.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CA