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

#### 1a. Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- Yes [X]  
- No [ ]

#### 1b. If "Yes," was it a written policy?
- Yes [X]  
- No [ ]

#### 2. If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year:

- [X] Applied uniformly to all hospital facilities  
- [ ] Applied uniformly to most hospital facilities  
- [ ] Generally tailored to individual hospital facilities

#### 3. Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year:

- **a.** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?
  - Yes [X]  
  - No [ ]
  - Indicate which of the following was the FPG family income limit for eligibility for free care:
    - [X] 100%  
    - [ ] 150%  
    - [ ] 200%  
    - [ ] Other [ ] [ ]%

- **b.** Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
  - [X] 200%  
  - [ ] 250%  
  - [ ] 300%  
  - [ ] 350%  
  - [ ] 400%  
  - [ ] Other [ ] [ ]%

- **c.** If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.

#### 4. Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to a patient who was eligible for free or discounted care?
- Yes [X]  
- No [ ]

#### 5a. Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? If "Yes," did the organization make it available to the public?
- Yes [X]  
- No [ ]

#### 5b. Did the organization's financial assistance policy expenses exceed the budgeted amount? (Include all financial assistance budgeted and paid to patients during the tax year.
- Yes [X]  
- No [ ]

#### 6a. Did the organization prepare a community benefit report during the tax year?  
- Yes [X]  
- No [ ]

#### 6b. If "Yes," did the organization make it available to the public?
- Yes [X]  
- No [ ]

### 7. Financial Assistance and Certain Other Community Benefits at Cost

#### Financial Assistance and Certain Other Community Benefits at Cost

<table>
<thead>
<tr>
<th>Description</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 at cost (from Worksheet 1)</td>
<td>458,279</td>
<td>0</td>
<td>458,279</td>
<td>.08%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td>96655766, 74930656, 21725110</td>
<td>3.63%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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>Total, Financial Assistance and Means-Tested Government Programs</td>
<td>97114045, 74930656, 22183389</td>
<td>3.71%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Other Benefits

<table>
<thead>
<tr>
<th>Description</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>Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>7</td>
<td>17,352</td>
<td>1146361</td>
<td>747,553</td>
<td>398,808</td>
<td>.07%</td>
</tr>
<tr>
<td>Health professions education (from Worksheet 5)</td>
<td>2</td>
<td>0</td>
<td>11359120</td>
<td>2749494</td>
<td>8789626</td>
<td>1.47%</td>
</tr>
<tr>
<td>Subsidized health services (from Worksheet 6)</td>
<td>13</td>
<td>137,872,15657050</td>
<td>8407503</td>
<td>7249547</td>
<td>1.21%</td>
<td></td>
</tr>
<tr>
<td>Research (from Worksheet 7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>2</td>
<td>0</td>
<td>100,000</td>
<td>70,000</td>
<td>30,000</td>
<td>.01%</td>
</tr>
<tr>
<td>Total, Other Benefits</td>
<td>24</td>
<td>155,224,28442531, 11974550, 16467981</td>
<td>15657050</td>
<td>100,000</td>
<td>28442531</td>
<td>6.47%</td>
</tr>
</tbody>
</table>

| Insertion of amounts based on Worksheet 9 and add lines 7d and 7 | 24 | 155,224,2555657686905206, 38651370 | 0 | 7249547 | 1.21% |

### Schedule H (Form 990) 2020

- **Name of the organization:** ST. JOSEPH'S HOSPITAL HEALTH CENTER
- **Employer identification number:** 15-0532254

- **Number of persons served (optional):**
  - Total community benefit expense: 0
  - Direct offsetting revenue: 0
  - Net community benefit expense: 0
  - Percent of total expense: 0

- **Amounts for community benefit (from Worksheet 9):**
  - Total community benefit expense: 15657050
  - Direct offsetting revenue: 100,000
  - Net community benefit expense: 28442531
  - Percent of total expense: 6.47%
**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>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Physical improvements and housing</td>
<td>1</td>
<td>0</td>
<td>500,000.</td>
<td>500,000.</td>
<td>0</td>
</tr>
<tr>
<td>2 Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Total</td>
<td>1</td>
<td>500,000.</td>
<td>500,000.</td>
<td>0</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?  

[ ] Yes  [ ] No

2 Enter the amount of the organization’s bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount

| 2 | 5,016,806. |

3 Enter the estimated amount of the organization’s bad debt expense attributable to patients eligible under the organization’s financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit

| 3 | 0. |

4 Provide in Part VI the text of the footnote to the organization’s financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME)

| 5 | 134,688,129. |

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

| 6 | 129,822,088. |

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

| 7 | 4,866,041. |

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.

Check the box that describes the method used:

- [ ] Cost accounting system
- [x] Cost to charge ratio
- [ ] Other

**Section C. Collection Practices**

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

[ ] Yes  [x] No

b If “Yes,” did the organization’s collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI

[ ] No  [x] Yes

**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>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization’s profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees’ profit % or stock ownership %</th>
<th>(e) Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCP PARTNERS, LLC</td>
<td>CANCER CARE</td>
<td>14.29%</td>
<td>.00%</td>
<td>51.48%</td>
</tr>
</tbody>
</table>

---

Schedule H (Form 990) 2020
### Part V Facility Information

**Section A. Hospital Facilities**

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

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

1

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 Reporting Group</th>
<th>Licensed Hospital</th>
<th>Gen. medical &amp; surgical</th>
<th>Children's hospital</th>
<th>Teaching hospital</th>
<th>Critical access</th>
<th>Research facility</th>
<th>ER-24 hours</th>
<th>ER-other</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ST. JOSEPH'S HOSPITAL HEALTH CENTER</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>CERTIFIED HOME</td>
<td>HEALTH AGENCY</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

301 PROSPECT AVE
SYRACUSE, NY 13203
WWW.SJHSYR.ORG
3301003H
### Part V Facility Information (continued)

#### Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group:**  
ST. JOSEPH’S HOSPITAL HEALTH CENTER

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group:** 1

<table>
<thead>
<tr>
<th>Community Health Needs Assessment</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>
</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?</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)?</td>
</tr>
</tbody>
</table>

**If "Yes," indicate what the CHNA report describes (check all that apply):**

- A definition of the community served by the hospital facility
- Demographics of the community
- Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- How data was obtained
- The significant health needs of the community
- Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- The process for identifying and prioritizing community health needs and services to meet the community health needs
- The process for consulting with persons representing the community's interests
- The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- Other (describe in Section C)

**Indicate the tax year the hospital facility last conducted a CHNA:** 2020

**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**

**Was the hospital facility’s CHNA conducted with one or more other hospital facilities?**

**If "Yes," list the other organizations in Section C**

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

**If "Yes," indicate how the CHNA report was made widely available (check all that apply):**

- Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C
- Other website (list url):
- Made a paper copy available for public inspection without charge at the hospital facility
- Other (describe in Section C)

**Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA?**

**If "Yes," indicate what the CHNA report describes (check all that apply):**

**Indicate the tax year the hospital facility last adopted an implementation strategy:** 2020

**Did the hospital facility adopt an implementation strategy to meet the significant community health 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?**

**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)?**

**If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax for all of its hospital facilities?**

---

**ST. JOSEPH’S HOSPITAL HEALTH CENTER** 15-0532254

**Schedule H (Form 990) 2020**

**Schedule H (Form 990) 2020**

**12110511 794151 6154**

**2020.05095 ST. JOSEPH'S HOSPITAL HEA 6154**
**Financial Assistance Policy (FAP)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the hospital facility have in place during the tax year a written financial assistance policy that:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate the eligibility criteria explained in the FAP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>and FPG family income limit for eligibility for discounted care of 200%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Income level other than FPG (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Asset level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Medical indigency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Insurance status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Underinsurance status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Residency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Explained the basis for calculating amounts charged to patients?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Explained the method for applying for financial assistance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; 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):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Described the information the hospital facility may require an individual to provide as part of his or her application</td>
<td>x</td>
<td>13</td>
</tr>
<tr>
<td>b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Was widely publicized within the community served by the hospital facility?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the hospital facility publicized the policy (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The FAP was widely available on a website (list url): SEE PART V, PAGE 8</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>b The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>c A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>f A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>g 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</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>h Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>i 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</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>j Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Billing and Collections

Name of hospital facility or letter of facility reporting group

ST. JOSEPH’S HOSPITAL HEALTH CENTER

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Policy Relating to Emergency Medical Care

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td></td>
<td>X</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: **ST. JOSEPH'S HOSPITAL HEALTH CENTER**

<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>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**a**  The hospital facility used 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

**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.
ST. JOSEPH'S HOSPITAL HEALTH CENTER:

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

PART V, SECTION B, LINE 3E: ST. JOSEPH'S HOSPITAL HEALTH CENTER (ST. JOSEPH'S) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. PREVENTION OF CHRONIC DISEASES
2. PREVENTION OF MENTAL AND SUBSTANCE USE DISORDERS
3. PROMOTION OF A HEALTHY ENVIRONMENT

ST. JOSEPH'S HOSPITAL HEALTH CENTER:


A COMMUNITY ENGAGEMENT SURVEY WAS DEVELOPED BY THE OCHD HEALTH ASSESSMENT.
AND DATA TEAM, WITH INPUT FROM THE STEERING COMMITTEE, TO BETTER UNDERSTAND THE COMMUNITY'S HEALTH ISSUES. IN ADDITION TO DEMOGRAPHIC INFORMATION, THE SURVEY CONSISTED OF FIVE MAIN SECTIONS: HEALTHY COMMUNITY, HEALTH PROBLEMS, HEALTH BEHAVIORS, HEATH SYSTEMS, AND ACCESS TO CARE. THE SURVEY WAS OFFERED FROM APRIL 22, 2019 THROUGH MAY 31, 2019 IN ENGLISH AND SPANISH AND DISTRIBUTED ONLINE, ON PAPER, AND THROUGH A VARIETY OF OUTLETS, INCLUDING AGENCY WEBSITES AND SOCIAL MEDIA PAGES. PAPER COPIES WERE ALSO DISTRIBUTED TO HEALTH DEPARTMENT CLINICS FOR PATIENTS TO COMPLETE AS THEY WAITED FOR APPOINTMENTS. STEERING COMMITTEE MEMBERS, HEALTH EQUITY COALITION PARTNERS, AND OTHER STAKEHOLDERS ASSISTED BY FORWARDING THE SURVEY LINK TO COMMUNITY LISTSERVS, AND PROMOTING IT TO AGENCY STAFF, INCLUDING THE STAFF OF THREE LARGE AREA HOSPITALS. THE SURVEY WAS DISTRIBUTED BROADLY THROUGHOUT THE COMMUNITY INCLUDING TO COUNTY LIBRARY PATRONS, YMCA MEMBERS, VISITORS TO THE CIVIC CENTER, AND PHARMACY CUSTOMERS AT A LARGE LOCAL GROCERY CHAIN. A TOTAL OF 3,025 SURVEY RESPONSES WERE RECEIVED FROM ONONDAGA COUNTY RESIDENTS.

FOCUS GROUPS WERE ALSO CONDUCTED TO IDENTIFY THE HEALTH ISSUES IN POPULATIONS THAT ARE AT HIGHER RISK FOR POOR HEALTH OUTCOMES, AND POTENTIALLY UNDERREPRESENTED IN THE SURVEY RESPONSES. THE OCHD WORKED WITH COMMUNITY AGENCIES TO IDENTIFY APPROPRIATE FOCUS GROUPS. FIVE FOCUS GROUP MEETINGS TOOK PLACE BETWEEN MAY AND OCTOBER OF 2019.

TO SOLICIT ADDITIONAL FEEDBACK ABOUT BARRIERS TO HEALTH THAT ARE IMPOSED BY SOCIAL AND ECONOMIC FACTORS, A SOCIAL DETERMINANTS OF HEALTH (SDOH)
SURVEY WAS DEVELOPED BY THE OCHD HEALTH ASSESSMENT AND DATA TEAM. THE SDOH
SURVEY WAS ADMINISTERED IN PERSON AT THE CENTRO TRANSPORTATION CENTER IN
DOWNTOWN SYRACUSE. THE SURVEY INCLUDED SIX CATEGORIES OF SOCIAL AND
ECONOMIC FACTORS THAT INFLUENCE HEALTH: ADVERSE EARLY LIFE EXPERIENCES,
BUILT ENVIRONMENT AND NEIGHBORHOOD FACTORS, ECONOMIC STABILITY, EDUCATION,
HEALTH AND HEALTH CARE, AND SOCIAL AND COMMUNITY CONTEXT. SURVEY
RESPONDENTS WERE ASKED TO IDENTIFY THREE OF THESE CATEGORIES THAT
REPRESENT THE GREATEST CHALLENGE TO BEING HEALTHY. DEMOGRAPHIC INFORMATION
WAS COLLECTED AND SURVEY RESPONSES REMAINED ANONYMOUS. A TOTAL OF 20
COMPLETED SURVEYS WERE COLLECTED FROM ONONDAGA COUNTY RESIDENTS. THE
SURVEY WAS ADMINISTERED MAY 15 AND 17, 2019.

ST. JOSEPH'S HOSPITAL HEALTH CENTER:

PART V, SECTION B, LINE 6B: THE 2019-2021 ONONDAGA COUNTY COMMUNITY
HEALTH ASSESSMENT AND IMPROVEMENT PLAN, WHICH INFORMED THE FY21 ST. JOSEPH
CHNA, WAS CONDUCTED WITH THE ONONDAGA COUNTY HEALTH DEPARTMENT, CROUSE
HEALTH, UPSTATE UNIVERSITY HOSPITAL, AND HEALTHECOOnnONNS.

ST. JOSEPH'S HOSPITAL HEALTH CENTER:

PART V, SECTION B, LINE 11: THE FOLLOWING INITIATIVES WERE UNDERTAKEN BY
ST. JOSEPH'S IN FY21 TO MEET THE GOAL OF PREVENTING CHRONIC DISEASE:

1. FURTHER DEVELOPED PROCESSES TO CONSISTENTLY SCREEN PATIENTS FOR BMI,
DOCUMENTED A PLAN OF CARE FOR ABNORMAL BMI, AND REFERRED ELIGIBLE ST.
JOSEPH'S PATIENTS TO PROGRAMS TO PROMOTE MAINTENANCE OF HEALTHY WEIGHT

2. CONTINUED THE FAITH COMMUNITY NURSING PROGRAM TO BUILD ADDITIONAL
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.

CAPACITY IN THE COMMUNITY TO SUPPORT HEALTH AND WELLNESS (E.G. DIABETES PREVENTION, CONTROLLED HYPERTENSION, HEALTHY EATING, ETC.)

3. PROVIDED PRIMARY CARE SERVICES FOR ADULTS AND CHILDREN IN UNDERSERVED LOCATIONS WITHIN THE ST. JOSEPH'S SERVICE AREA

4. PARTICIPATED IN THE AMERICAN HEART ASSOCIATION'S "TARGET BP" PROGRAM AS WELL AS THE CHECK IT! CHALLENGE, TO PROMOTE THE REDUCTION OF UNCONTROLLED HYPERTENSION

5. CONTINUED THE IMPLEMENTATION OF A DIABETES PREVENTION PROGRAM IN COLLABORATION WITH FIRST MILE CARE

THE FOLLOWING INITIATIVES WERE UNDERTAKEN IN FY21 TO MEET THE GOAL OF PREVENTING MENTAL AND SUBSTANCE USE DISORDERS:

1. EXPANDED THE ZERO SUICIDE PROGRAM AT ST. JOSEPH'S HOSPITAL TO INCLUDE YOUTH IN ADDITION TO ADULTS, WITH STANDARD WORK OVER THE REPORTABLE YEAR INCLUDING BUT NOT LIMITED TO: STANDARDIZED SUICIDE ASSESSMENTS, STANDARDIZED SAFETY PLANS, STANDARDIZED POSTVENTION ACTIVITIES, AND POST-DISCHARGE FOLLOW-UP CALLS

2. PROVIDED BEHAVIORAL HEALTH SERVICES FOR ADULTS AND CHILDREN WITHIN ST. JOSEPH'S SERVICE AREA, INCLUDING UNDERSERVED POPULATIONS

3. CONTINUED TO OPERATE THE COMMUNITY'S ONLY COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM

THE FOLLOWING INITIATIVES WERE UNDERTAKEN IN FY21 TO MEET THE GOAL OF PROMOTING A HEALTHY AND SAFE ENVIRONMENT:

1. PARTICIPATED IN ADVOCACY EFFORTS TO SUPPORT POLICIES AND PROGRAMS WHICH WILL IMPROVE ACCESS TO HEALTHY FOODS IN ONONDAGA COUNTY (AMERICAN HEART COMMUNITY ACTION COALITION AND THE SYRACUSE-ONONDAGA FOOD SYSTEMS)
ALLIANCE)

2. SUPPORTED COLLABORATIVE WORK TO DEVELOP A WOMEN'S WELLNESS CENTER IN THE CITY OF SYRACUSE'S NORTHSIDE NEIGHBORHOOD

3. MAINTAINED OPERATION OF A FOOD PANTRY TO INCREASE ACCESSIBILITY TO HEALTHY FOOD FOR UNDERSERVED PATIENTS

ST. JOSEPH'S 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 IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. ST. JOSEPH'S HAS NOT INCLUDED IN ITS IMPLEMENTATION PLAN SPECIFIC ACTION ON THE FOLLOWING HEALTH NEEDS:

1. PROMOTE HEALTHY WOMEN, INFANTS, AND CHILDREN - ST. JOSEPH'S DID NOT DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE THERE ARE LIMITED RESOURCES IN THE COMMUNITY. ST. JOSEPH'S DID, HOWEVER, SUPPORT THE HEALTH OF MOMS AND BABIES THROUGH THE PROVISION OF OB/GYN AND PRIMARY CARE SERVICES FOR UNDERSERVED POPULATIONS.

2. PREVENT COMMUNICABLE DISEASES - ST. JOSEPH'S DID NOT DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE OF LIMITED RESOURCES IN THE COMMUNITY. ST. JOSEPH'S DID, HOWEVER, SECURE A GRANT THROUGH ITS PARENT ORGANIZATION, TRINITY HEALTH. THE GRANT PROVIDED "IT STARTS HERE" FUNDING TO A COMMUNITY PARTNER, INTERFAITH WORKS, FOR THE PURPOSE OF EDUCATING HIGH-RISK INDIVIDUALS ON THE BENEFITS OF COVID-19 VACCINATIONS.

ST. JOSEPH'S HOSPITAL HEALTH CENTER:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS...
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.

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.

ST. JOSEPH'S HOSPITAL HEALTH CENTER

PART V, LINE 16A, FAP WEBSITE:

WWW.SJHSYR.ORG/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE
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, 15e, 18e, 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.

PART V, LINE 16B, FAP APPLICATION WEBSITE:
WWW.SJHSYR.ORG/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

ST. JOSEPH'S HOSPITAL HEALTH CENTER

PART V, LINE 16C, FAP Plain Language Summary Website:
WWW.SJHSYR.ORG/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

ST. JOSEPH'S HOSPITAL HEALTH CENTER - PART V, SECTION B, LINE 7A:
WWW.SJHSYR.ORG/ABOUT-US/FOR-OUR-COMMUNITY/HEALTH-NEEDS-ASSESSMENT

ST. JOSEPH'S HOSPITAL HEALTH 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.

ST. JOSEPH'S HOSPITAL HEALTH CENTER - PART V, SECTION B, LINE 10A:
WWW.SJHSYR.ORG/ABOUT-US/FOR-OUR-COMMUNITY/HEALTH-NEEDS-ASSESSMENT
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? 14

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CENTER FOR WOUND CARE &amp; HYPERBARIC 4000 MEDICAL CENTER DR. STE 206 FAYETTEVILLE, NY 13066</td>
<td>WOUND CARE AND HYPERBARIC MEDICINE</td>
</tr>
<tr>
<td>2 PHYSICAL THERAPY NORTHEAST 4401 MEDICAL CENTER DR. FAYETTEVILLE, NY 13066</td>
<td>PHYSICAL THERAPY</td>
</tr>
<tr>
<td>3 DENTAL CLINIC 101 UNION AVE SYRACUSE, NY 13203</td>
<td>DENTAL CLINIC</td>
</tr>
<tr>
<td>4 LABORATORY ALLIANCE OF CENTRAL NY 4870 NOTH JEFFERSON ST. PULASKI, NY 13142</td>
<td>CLINICAL AND ANATOMIC PATHOLOGY TESTING</td>
</tr>
<tr>
<td>5 LABORATORY ALLIANCE OF CENTRAL NY 15 EAST GENESSEE ST. STE 230 BALKWINSVILLE, NY 13027</td>
<td>CLINICAL AND ANATOMIC PATHOLOGY TESTING</td>
</tr>
<tr>
<td>6 LABORATORY ALLIANCE OF CENTRAL NY 6221 ROUTE 31 STE 108B CICERO, NY 13039</td>
<td>CLINICAL AND ANATOMIC PATHOLOGY TESTING</td>
</tr>
<tr>
<td>7 LABORATORY ALLIANCE OF CENTRAL NY 5000 BRITTONFIELD PKWY. STE A108 EAST SYRACUSE, NY 13057</td>
<td>CLINICAL AND ANATOMIC PATHOLOGY TESTING</td>
</tr>
<tr>
<td>8 LABORATORY ALLIANCE OF CENTRAL NY 260 TOWNSHIP BLVD. STE 40 CAMILUS, NY 13031</td>
<td>CLINICAL AND ANATOMIC PATHOLOGY TESTING</td>
</tr>
<tr>
<td>9 LABORATORY ALLIANCE OF CENTRAL NY 5700 WEST GENESSEE ST. STE 209 CAMILUS, NY 13031</td>
<td>CLINICAL AND ANATOMIC PATHOLOGY TESTING</td>
</tr>
<tr>
<td>10 LABORATORY ALLIANCE OF CENTRAL NY 475 IRVING AVE. STE 100 SYRACUSE, NY 13210</td>
<td>CLINICAL AND ANATOMIC PATHOLOGY TESTING</td>
</tr>
</tbody>
</table>
### Part V Facility Information (continued)

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 14

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>11 Laboratory Alliance of Central NY</td>
<td>Clinical and Anatomic Pathology Testing</td>
</tr>
<tr>
<td>104 Union Ave. Ste 802 Syracuse, NY 13203</td>
<td></td>
</tr>
<tr>
<td>12 Laboratory Alliance of Central NY</td>
<td>Clinical and Anatomic Pathology Testing</td>
</tr>
<tr>
<td>4000 Medical Center Dr. Ste 210 Fayetteville, NY 13066</td>
<td></td>
</tr>
<tr>
<td>13 Laboratory Alliance of Central NY</td>
<td>Clinical and Anatomic Pathology Testing</td>
</tr>
<tr>
<td>132 1/2 Albany St. Ste ANXS-1 Cazenovia, NY 13035</td>
<td></td>
</tr>
<tr>
<td>14 Laboratory Alliance of Central NY</td>
<td>Clinical and Anatomic Pathology Testing</td>
</tr>
<tr>
<td>5100 West Taft Rd. Suite 2F Liverpool, NY 13088</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.

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**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.

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**PART I, LINE 6A:**

ST. JOSEPH'S HOSPITAL HEALTH CENTER PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF NEW YORK. IN ADDITION, ST. JOSEPH'S 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.

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

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**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, $5,016,806, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSES 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 I, LINE 5A:
DURING FY21, DUE TO THE COVID-19 PANDEMIC, THE HOSPITAL SUSPENDED ITS TRADITIONAL ANNUAL BUDGET PROCESS AND USED A QUARTERLY PROCESS TO PLAN FOR FREE AND DISCOUNTED CARE UNDER ITS FINANCIAL ASSISTANCE POLICY. THIS CHANGE IN PROCESS DID NOT ALLOW THE HOSPITAL TO BUDGET FOR FINANCIAL ASSISTANCE EXPENSES ON AN ANNUAL BASIS. THE HOSPITAL IMPLEMENTED A NEW ROLLING FORECAST METHOD FOR FINANCIAL PLANNING IN FY22. THE ROLLING FORECAST WILL FACILITATE CONTINUOUS PLANNING, PERFORMANCE ASSESSMENT AND ACCOUNTABILITY.

PART II, COMMUNITY BUILDING ACTIVITIES:
IN FY21, ST. JOSEPH'S ACQUIRED A GRANT TO HELP SUPPORT THE BUILD-OUT OF A WELLNESS CENTER IN THE NORTHSIDE AREA OF THE CITY OF SYRACUSE, A
NEIGHBORHOOD THAT HAS BEEN ECONOMICALLY DISADVANTAGED FOR MANY DECADES AND 
NOW IS THE HOME OF A MYRIAD OF NEW AMERICAN COMMUNITIES. THE FUNDING WAS 
PASSED THROUGH TO THE YMCA, AND THE WELLNESS CENTER WAS CREATED 
SPECIFICALLY TO SERVE AND IMPROVE THE HEALTH OF WOMEN, A HISTORICALLY 
UNDERSERVED POPULATION IN THIS CATCHMENT AREA.

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: 
ST. JOSEPH'S USES A PREDICTIVE MODEL THAT INCORPORATES TWO DISTINCT 
VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR 
FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, AND (2) ESTIMATED FEDERAL 
POVERTY LEVEL (FPL). 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, ST. JOSEPH'S IS RECORDING AMOUNTS AS CHARITY 
CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE 
MODEL. THEREFORE, THE HOSPITAL IS REPORTING ZERO ON LINE 3, SINCE 
THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED 
THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4: 

ST. JOSEPH'S 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 8:

ST. JOSEPH'S 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 COLLECTION 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 COLLECTION 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 CHNA, ST. JOSEPH'S PARTICIPATES IN
THE COMMUNITY SERVICES PLAN (COMMUNITY HEALTH IMPROVEMENT PLAN/CHIP)
PROCESS WITH THE ONONDAGA COUNTY HEALTH DEPARTMENT, CROUSE HOSPITAL, AND
UPSTATE MEDICAL UNIVERSITY HOSPITAL. THIS PROCESS FACILITATES ANOTHER
ASSESSMENT OF OUR COMMUNITY'S HEALTH NEEDS, AND Requires the submission of a single collective and comprehensive report. In response to the needs identified, an action plan is created, and all parties meet quarterly thereafter to discuss progress with respect to priority initiatives.

ST. JOSEPH'S ALSO REVIEWS PATIENT DATA TRENDS TO CONTINUALLY ASSESS THE NEEDS OF PATIENTS, INCLUDING THE MOST VULNERABLE PATIENTS, AND TO IDENTIFY WHERE GAPS IN ACCESS TO CARE MAY EXIST. THIS PROCESS INCLUDES BUT IS NOT LIMITED TO SOCIAL INFLUENCERS OF HEALTH, CHRONIC DISEASE RISKS, AND ACCESS TO CARE.

Lastly, ST. JOSEPH'S CONTINUALLY SEeks to understand the needs of the community through participation in coalitions, including but not limited to the tobacco action coalition of Onondaga, the American Heart Association's community action coalition, and the syracuse-onondaga food systems alliance.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - ST. JOSEPH'S 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.

ST. JOSEPH'S 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 SERVICED BY OUR HOSPITAL.

ST. JOSEPH'S HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. ST. JOSEPH'S 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 - APPROXIMATELY 64% OF ST. JOSEPH'S INPATIENT MARKET SHARE IS ATTRIBUTABLE TO ONONDAGA COUNTY ALONE, AND THE MAJORITY OF CURRENT OUTPATIENT HOSPITAL-BASED SERVICES AND CLINICS ARE LOCATED WITHIN ONONDAGA COUNTY. IN ADDITION, ONONDAGA COUNTY SERVES AS THE "HUB" FOR HEALTH CARE IN THE CENTRAL NEW YORK AREA, AS IT INCLUDES TWO ADDITIONAL HOSPITALS (CROUSE HOSPITAL AND UPSTATE MEDICAL UNIVERSITY HOSPITAL), AS WELL AS A FEDERALLY QUALIFIED HEALTH CENTER (SYRACUSE COMMUNITY HEALTH CENTER). ALL OF ONONDAGA COUNTY'S HOSPITALS, AS WELL AS SYRACUSE COMMUNITY HEALTH CENTER, ARE LOCATED WITHIN THE CITY OF SYRACUSE.

ONONDAGA COUNTY IS HOME TO THE CITY OF SYRACUSE, WHICH IS THE LARGEST CITY IN CENTRAL NEW YORK. IT IS BORDERED BY OSWEGO, MADISON, CORTLAND, AND CAYUGA COUNTIES. MORE THAN 465,000 PEOPLE LIVE IN ONONDAGA COUNTY, ABOUT ONE-THIRD OF WHOM LIVE IN THE CITY OF SYRACUSE. ALTHOUGH ONONDAGA HAS JUST THE ONE CITY OF SYRACUSE, THE COUNTY ALSO HAS 14 VILLAGES, 19 TOWNS, AND PART OF THE ONONDAGA NATION TERRITORY.

THE MAJORITY OF ONONDAGA COUNTY'S POPULATION IS WHITE (80%), ALTHOUGH THERE IS A HIGHER PROPORTION OF RACIAL MINORITIES LIVING IN THE CITY OF SYRACUSE COMPARED TO THE REST OF ONONDAGA COUNTY. FOR INSTANCE, NEARLY ONE-THIRD OF SYRACUSE CITY RESIDENTS ARE BLACK OR AFRICAN AMERICAN (29%), WHICH IS HIGHER THAN ONONDAGA COUNTY AS A WHOLE (11.8% BLACK/AFRICAN AMERICAN), AND NEW YORK STATE (17.7%). ONONDAGA COUNTY'S HIGH SCHOOL EDUCATION RATES, MEDIAN HOUSEHOLD INCOME, UNEMPLOYMENT RATE, AND POVERTY LEVELS ARE ROUGHLY COMPARABLE TO THOSE OF NEW YORK STATE; HOWEVER, SYRACUSE FARES WORSE ON THESE MEASURES COMPARED TO ONONDAGA OVERALL. SYRACUSE'S MEDIAN HOUSEHOLD INCOME IS ABOUT 60% OF ONONDAGA'S ($34,716 VS. $57,271), AND THE PERCENT LIVING IN POVERTY IS MORE THAN DOUBLE THAT OF...
ONONDAGA COUNTY (32.6% VS. 13.7%).

PART VI, LINE 5:
OTHER INFORMATION - IN FY21, ST. JOSEPH'S RECEIVED "IT STARTS HERE" FUNDING FROM ITS PARENT ORGANIZATION, TRINITY HEALTH, AND CONTRIBUTED IT TO INTERFAITH WORKS TO EDUCATE AND ENCOURAGE VULNERABLE AND UNDERSERVED POPULATIONS ON COVID-19 VACCINATIONS.

OVER THE COURSE OF THE REPORTABLE YEAR, THE HOSPITAL ACTIVELY PARTICIPATED WITH THE SYRACUSE-ONONDAGA FOOD SYSTEMS ALLIANCE, A COALITION FOCUSED ON THE DEVELOPMENT OF AN EQUITABLE FOOD SYSTEM IN THE HOSPITAL'S SERVICE AREA. IN ADDITION, THE HOSPITAL PARTNERED WITH A PROGRAM CALLED HEALTH TRAIN TO INCREASE ACCESS TO EMPLOYMENT IN HEALTH CARE FOR UNDEREMPLOYED AND UNEMPLOYED COMMUNITY MEMBERS. HEALTH TRAIN IS A PROGRAM UNDER THE DIVISION OF ECONOMIC INCLUSION OF THE CENTERSTATE CEO FOUNDATION, AND IS ALSO IN PARTNERSHIP WITH SUNY EOC. LASTLY, ST. JOSEPH'S IS A MEMBER OF THE NORTHSIDE STEERING COMMITTEE, A COALITION FOCUSED ON COMMUNITY AND ECONOMIC DEVELOPMENT WITHIN SYRACUSE'S NORTHSIDE NEIGHBORHOOD. AS THE NORTHSIDE NEIGHBORHOOD CAN BE DESCRIBED AS AN ECONOMICALLY DEPRESSED REGION OF THE CITY OF SYRACUSE, THE WORK OF THIS COALITION IS INTENDED TO RESTORE VIBRANCY TO THE NEIGHBORHOOD THROUGH THE CULTIVATION OF OPPORTUNITIES FOR ITS CURRENT RESIDENTS AND STAKEHOLDERS.

IN RESPONSE TO THE COVID-19 PANDEMIC, THE HOSPITAL ENGAGED IN MANY COMMUNITY PLANNING EFFORTS TO COORDINATE ST. JOSEPH'S RESPONSE WITH OTHER STAKEHOLDERS, AND TO SHARE BEST RESPONSE PRACTICES THROUGH EMERGENCY RESPONSE DRILLS AND CONFERENCE CALLS. ST. JOSEPH'S LAUNCHED SEVERAL INTERNAL PLANNING INITIATIVES TO DEVELOP A SYSTEM-WIDE RESPONSE, INCLUDING
BUT NOT LIMITED TO PATIENT AND STAFF COVID-19 TESTING STATIONS AND
PROTOCOLS; ENHANCED PATIENT, VISITOR AND STAFF SCREENING PROTOCOLS; AND
ENHANCED PERSONAL PROTECTIVE EQUIPMENT (PPE) STANDARDS AND PROTOCOLS. AS
PART OF ST. JOSEPH'S COMMUNITY RESPONSE EFFORT, STAFF TIME WAS CONTRIBUTED
FROM ST. JOSEPH'S TO HELP OPERATE A COMMUNITY TESTING SITE OPEN TO THE
PUBLIC.

PART VI, LINE 6:

ST. JOSEPH'S 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 THOSE
WHO ARE POOR AND VULNERABLE 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
3. IMPACTING SOCIAL INFLUENCERS OF HEALTH

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 FISCAL YEAR 2021, TRINITY HEALTH INVESTED $1.2 BILLION IN
COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND
VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING
HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE. IN RESPONSE TO COVID-19, TRINITY HEALTH MEMBER HOSPITALS
REDIRECTED SOME RESOURCES TO ADDRESS THE MOST URGENT SOCIAL AND MEDICAL NEEDS IN OUR COMMUNITIES, INCLUDING FOOD SUPPORT, EDUCATION SUPPORT, AND OUTREACH TO THOSE EXPERIENCING HOMELESSNESS.

ADDITIONALLY, THROUGH TRINITY HEALTH'S COMMUNITY HEALTH INSTITUTE, $1.6 MILLION WAS INVESTED IN THE "IT STARTS HERE" COVID-19 VACCINE CAMPAIGN, COUPLING COMMUNITY ENGAGEMENT STRATEGIES AND SOCIAL MEDIA INFLUENCERS. THIS EFFORT DISTRIBUTED $1.1 MILLION IN CHWB GRANTS TO MEMBER HOSPITALS AND COMMUNITY-BASED ORGANIZATIONS IN SUPPORT OF COMMUNITY ENGAGEMENT STRATEGIES FOCUSED IN COMMUNITIES OF COLOR. OVER 80% OF DOLLARS AWARDED SUPPORTED PRIORITIZED COMMUNITIES, DEFINED AS 40% OF THE COMMUNITY BEING BLACK/LATINX AND/OR NATIVE AMERICAN. IT STARTS HERE LAUNCHED IN FEBRUARY, AND IN JUST UNDER FIVE MONTHS, MEMBER HOSPITALS AND THEIR COMMUNITY PARTNERS REACHED NEARLY 615,000 PEOPLE THROUGH OUTREACH AND EDUCATION, ENGAGED OVER 1,150 COMMUNITY CHAMPIONS, AND HELD OVER 700 VACCINE CLINICS THAT PROVIDED OVER 152,000 VACCINATIONS. IN ADDITION TO COMMUNITY EFFORTS, IT STARTS HERE FUNDED SOCIAL MEDIA CAMPAIGNS TO IMPROVE ACCESS TO COVID-19 VACCINATION INFORMATION BY ENGAGING LOCAL SOCIAL MEDIA INFLUENCERS WHO REPRESENT THE CULTURE AND ETHNICITY OF OUR LOCAL COMMUNITIES.

BEYOND COVID-19 EFFORTS, TRINITY HEALTH COMMITTED MORE THAN $46 MILLION IN LOANS TO 31 NOT-FOR-PROFIT ORGANIZATIONS FOCUSING ON IMPROVING COMMUNITY CONDITIONS AROUND HOUSING, FACILITIES, EDUCATION, AND ECONOMIC DEVELOPMENT THROUGH OUR COMMUNITY INVESTING PROGRAM. THE PROGRAM MAKES LOW-INTEREST RATE LOANS TO SELECT COMMUNITY PARTNERS AND INTERMEDIARIES TO POSITIVELY IMPACT SOCIAL INFLUENCERS THAT DRIVE HEALTHY OUTCOMES FOR FAMILIES AND
RESIDENTS LIVING IN THE COMMUNITIES WE SERVE.

ADVANCING SOCIAL CARE:

TRINITY HEALTH'S SOCIAL CARE PROGRAM WAS DEVELOPED TO PROMOTE HEALTHY
BEHAVIORS WHILE HELPING PATIENTS, COLLEAGUES AND MEMBERS ACCESS ESSENTIAL
NEEDS, SUCH AS TRANSPORTATION, CHILDCARE, OR AFFORDABLE MEDICATIONS.

COMMUNITY HEALTH WORKERS ARE A KEY COMPONENT OF SOCIAL CARE AND SERVE AS
LIAISONS BETWEEN HEALTH AND SOCIAL SERVICES AND THE COMMUNITY TO ADDRESS
PATIENTS' SOCIAL NEEDS AND MITIGATE BARRIERS. TRINITY HEALTH'S COMMUNITY
HEALTH WORKER HUB DRIVES INTEGRATION AND ASSIGNMENT OF COMMUNITY HEALTH
WORKERS THROUGHOUT THE HEALTH SYSTEM. IT INCLUDES A NETWORK OF COMMUNITY
HEALTH WORKERS AND COMMUNITY-BASED ORGANIZATIONS THAT TOGETHER, HELP
SUPPORT INDIVIDUALS AND FAMILIES IN NEED. BECAUSE OF THEIR LIVED
EXPERIENCES, COMMUNITY HEALTH WORKERS ARE TRUSTED MEMBERS OF THE COMMUNITY
AND WORK CLOSELY WITH A PATIENT BY ASSESSING THEIR SOCIAL NEEDS, HOME
ENVIRONMENT AND OTHER SOCIAL RISK FACTORS, AND ULTIMATELY CONNECT THE
INDIVIDUAL TO SERVICES WITHIN THE COMMUNITY. IN FISCAL YEAR 2021, TRINITY
HEALTH GREW ITS NETWORK OF COMMUNITY HEALTH WORKERS BY 15%, OVER 90
COMMUNITY HEALTH WORKERS, SPANNING NEARLY EVERY MEMBER HOSPITAL.

ADDITIONALLY, WE CREATED THE TRINITY HEALTH COMMUNITY RESOURCE DIRECTORY,
WHICH IS AN ONLINE PORTAL CONNECTING THOSE IN NEED TO FREE OR REDUCED-COST
HEALTH AND SOCIAL SERVICE RESOURCES WITHIN THE COMMUNITY AND ACROSS ALL
TRINITY HEALTH LOCATIONS. IN FISCAL YEAR 2021, THE COMMUNITY RESOURCE
DIRECTORY YIELDED NEARLY 50,000 SEARCHES, OVER 1,000 REFERRALS, OVER 70
KEY ORGANIZATIONS CLAIMED THEIR PROGRAMS, AND OVER 900 SOCIAL NEEDS
ASSESSMENTS WERE COMPLETED.
TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION. EPIC, TRINITY HEALTH'S ELECTRONIC HEALTH RECORD, IDENTIFIED THE DIABETES PREVENTION PROGRAM AS A BEST PRACTICE FOR IDENTIFICATION OF AT-RISK PATIENTS, REFERRAL, AND BI-DIRECTIONAL COMMUNICATION.

ADDITIONALLY, THE AMERICAN MEDICAL ASSOCIATION PRESENTED TRINITY HEALTH'S DIABETES PREVENTION PROGRAM APPROACH TO THEIR BOARD OF DIRECTORS AS A BEST PRACTICE FOR A POPULATION HEALTH, DATA-DRIVEN STRATEGY TO PREVENT DIABETES.

IMPACTING SOCIAL INFLUENCERS OF HEALTH:

IN PARTNERSHIP WITH THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY, THE INVESTOR ENVIRONMENTAL HEALTH NETWORK AND INVESTORS FOR OPIOID AND PHARMACEUTICAL ACCOUNTABILITY, TRINITY HEALTH USES ITS OWNERSHIP OF SHARES OF STOCK IN CORPORATIONS TO INFLUENCE CORPORATIONS' POLICIES AND PRACTICES THAT AFFECT SOCIAL INFLUENCERS OF HEALTH, THE LIVING CONDITIONS THAT CAN AFFECT THE HEALTH OF A COMMUNITY, SUCH AS HOUSING, FOOD, EDUCATION, HEALTH CARE, AND ECONOMICS.

TRINITY HEALTH TAKES ACTION BY WRITING LETTERS TO COMPANIES, MEETING WITH CORPORATE MANAGEMENT, AND SUBMITTING AND SUPPORTING SHAREHOLDER RESOLUTIONS AS AGENDA ITEMS FOR COMPANIES' ANNUAL MEETINGS OF SHAREHOLDERS.

FISCAL YEAR 2021 YIELDED MANY POSITIVE OUTCOMES IN ITS 180 COMPANY ENGAGEMENTS, INCLUDING 50 COMPANY DIALOGUES AND 16 FILED RESOLUTIONS LEADING TO CHANGES IN POLICIES AND PRACTICES AT 18 CORPORATIONS.
FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.

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

NY