Name of the organization: ST. MARY'S HEALTH CARE SYSTEM, INC.

Employer identification number: 58-0566223

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 Did the organization have a financial assistance policy during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1b If &quot;Yes,&quot; was it a written policy?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Question</th>
<th>100%</th>
<th>150%</th>
<th>200%</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Did the organization use FPG as a factor in determining eligibility for providing discounted care?</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
- [ ] No

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

- [ ] Yes
- [ ] No

5b If "Yes," indicates which of the following was the FPG family income limit for eligibility for free care:

<table>
<thead>
<tr>
<th>FPG Family Income Limit for Eligibility for Free Care</th>
<th>100%</th>
<th>150%</th>
<th>200%</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] X 200%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5c If "Yes," did the organization make it available to the public?

- [ ] Yes
- [ ] No

6a Did the organization prepare a community benefit report during the tax year?

- [ ] Yes
- [ ] No

6b If "Yes," did the organization make it available to the public?

- [ ] Yes
- [ ] No

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</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>14</td>
<td>1,752</td>
<td>415,082</td>
<td>70.415,012</td>
<td>.16%</td>
<td></td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td>25870328</td>
<td>22560178</td>
<td>3310150</td>
<td>1.29%</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>37319490</td>
<td>22560178</td>
<td>14759312</td>
<td>5.74%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Benefits

<table>
<thead>
<tr>
<th>Other Benefits</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>14</td>
<td>1,752</td>
<td>415,082</td>
<td>70.415,012</td>
<td>.16%</td>
<td></td>
</tr>
<tr>
<td>Health professions education (from Worksheet 5)</td>
<td>11</td>
<td>671</td>
<td>1189689</td>
<td></td>
<td>.46%</td>
<td></td>
</tr>
<tr>
<td>Subsidized health services (from Worksheet 6)</td>
<td>2</td>
<td>254,768</td>
<td>254,768</td>
<td></td>
<td>.10%</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>4</td>
<td>1,547</td>
<td>88,369</td>
<td>88,369</td>
<td>.03%</td>
<td></td>
</tr>
<tr>
<td>Total, Other Benefits</td>
<td>31</td>
<td>3,970</td>
<td>1947908</td>
<td>70.1947838</td>
<td>.75%</td>
<td></td>
</tr>
<tr>
<td>Total, Add lines 7d and 7f</td>
<td>31</td>
<td>3,970</td>
<td>3267398</td>
<td>22560248</td>
<td>16707150</td>
<td>6.49%</td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
## 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>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  Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  Economic development</td>
<td>1</td>
<td>50</td>
<td>790.</td>
<td></td>
<td>.00%</td>
</tr>
<tr>
<td>3  Community support</td>
<td>2</td>
<td>41</td>
<td>9,775.</td>
<td></td>
<td>.00%</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>1</td>
<td>5,500.</td>
<td>5,500.</td>
<td>.00%</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>1</td>
<td>369</td>
<td>30,179.</td>
<td></td>
<td>.01%</td>
</tr>
<tr>
<td>9  Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5</td>
<td>460</td>
<td>46,244.</td>
<td></td>
<td>.01%</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 [X]  
   - 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.  
   - 13,404,262. 

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.  
   - 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).  
   - 68,263,269. 

6. Enter Medicare allowable costs of care relating to payments on line 5.  
   - 65,535,914. 

7. Subtract line 6 from line 5. This is the surplus (or shortfall).  
   - 2,727,355. 

### Section C. Collection Practices

9a. Did the organization have a written debt collection policy during the tax year?  
   - Yes [X]  
   - No 

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.  
   - Yes [X]  
   - No 

## 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>Name of entity</th>
<th>Description of primary activity of entity</th>
<th>Organization’s profit % or stock ownership %</th>
<th>Officers, directors, trustees, or key employees’ profit % or stock ownership %</th>
<th>Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
### Section A. Hospital Facilities

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 Name</th>
<th>Address</th>
<th>Website Address</th>
<th>License #</th>
<th>Outpatient Centers</th>
<th>Home Health</th>
<th>Hospice, and Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST. MARY'S HOSPITAL</td>
<td>1230 BAXTER ST</td>
<td><a href="http://WWW.STMARYSHEALTHCARESYSTEM.ORG">WWW.STMARYSHEALTHCARESYSTEM.ORG</a></td>
<td>029-160</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Section B. Facility Policies and Practices

(continued)

Name of hospital facility or letter of facility reporting group

ST. MARY'S HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

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?  
   Yes  No

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 "Yes," provide details of the acquisition in Section C
   Yes  No

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 "No," skip to line 12
   If "Yes," indicate what the CHNA report describes (check all that apply):
   a. A definition of the community served by the hospital facility
   b. Demographics of the community
   c. Existing health care facilities and resources within the community that are available to respond to the health needs of the community
   d. How data was obtained
   e. The significant health needs of the community
   f. Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
   g. The process for identifying and prioritizing community health needs and services to meet the community health needs
   h. The process for consulting with persons representing the community’s interests
   i. The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)
   j. Other (describe in Section C)

4. Indicate the tax year the hospital facility last conducted a CHNA: 20  21

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
   Yes  No

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
   Yes  No

6b. Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C
   Yes  No

7. 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):
   a. Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C
   b. Other website (list url): __________________________
   c. Made a paper copy available for public inspection without charge at the hospital facility
   d. Other (describe in Section C)

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
   Indicate the tax year the hospital facility last adopted an implementation strategy: 20  21

10. Is the hospital facility’s most recently adopted implementation strategy posted on a website?
   a. If "Yes," (list url): SEE SCHEDULE H, PART V, SECTION C
   b. If "No," is the hospital facility’s most recently adopted implementation strategy attached to this return?

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)?
   Yes  No

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? $
<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>ST. MARY'S HOSPITAL</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>
</tr>
<tr>
<td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
<td>Yes [X] No [ ]</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate the eligibility criteria explained in the FAP:</td>
<td></td>
</tr>
<tr>
<td>a 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%</td>
<td></td>
</tr>
<tr>
<td>b Income level other than FPG (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td>c Asset level</td>
<td></td>
</tr>
<tr>
<td>d Medical indigency</td>
<td></td>
</tr>
<tr>
<td>e Insurance status</td>
<td></td>
</tr>
<tr>
<td>f Underinsurance status</td>
<td></td>
</tr>
<tr>
<td>g Residency</td>
<td></td>
</tr>
<tr>
<td>h Other (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td>14 Explained the basis for calculating amounts charged to patients?</td>
<td>Yes [X] No [ ]</td>
</tr>
<tr>
<td>15 Explained the method for applying for financial assistance?</td>
<td>Yes [X] No [ ]</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>
</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></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></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></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>
</tr>
<tr>
<td>e Other (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td>16 Was widely publicized within the community served by the hospital facility?</td>
<td>Yes [X] No [ ]</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the hospital facility publicized the policy (check all that apply):</td>
<td></td>
</tr>
<tr>
<td>a The FAP was widely available on a website (list url):</td>
<td>SEE PART V, SECTION C</td>
</tr>
<tr>
<td>b The FAP application form was widely available on a website (list url):</td>
<td>SEE PART V, SECTION C</td>
</tr>
<tr>
<td>c A plain language summary of the FAP was widely available on a website (list url):</td>
<td>SEE PART V, SECTION C</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></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></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></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></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></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></td>
</tr>
<tr>
<td>j Other (describe in Section C)</td>
<td></td>
</tr>
</tbody>
</table>
### Billing and Collections

**Name of hospital facility or letter of facility reporting group**: ST. MARY'S HOSPITAL

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>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></td>
<td></td>
<td>17</td>
</tr>
</tbody>
</table>
| 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 |   |   |   |   |   |

**Part V**  
**Facility Information**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>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></td>
<td></td>
<td>19</td>
</tr>
</tbody>
</table>
|   | 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) |   |   |   |   |   |

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 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) |   |   |   |   | X |
| b | Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) |   |   |   |   | X |
| c | Processed incomplete and complete FAP applications (if not, describe in Section C) |   |   |   |   | X |
| d | Made presumptive eligibility determinations (if not, describe in Section C) |   |   |   |   | X |
| 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?  

<p>| | | | | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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</tr>
</tbody>
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*If "No," indicate why:*  
<p>| | | | | | |</p>
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<thead>
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</thead>
<tbody>
<tr>
<td>a</td>
<td>The hospital facility did not provide care for any emergency medical conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>The hospital facility’s policy was not in writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c</td>
<td>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</td>
<td></td>
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<tr>
<td>d</td>
<td>Other (describe in Section C)</td>
<td></td>
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</tbody>
</table>
### Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group: **ST. MARY'S HOSPITAL**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>22</td>
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<tr>
<td>a</td>
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</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

**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?**

|   | 23 | X |

If "Yes," explain in Section C.

**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?**

|   | 24 | X |

If "Yes," explain in Section C.
ST. MARY’S HOSPITAL:

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

PART V, SECTION B, LINE 3E:

ST. MARY’S HOSPITAL INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY’S SIGNIFICANT HEALTH NEEDS. THROUGH FURTHER PRIORITIZATION AND IDENTIFICATION OF EXISTING COMMUNITY RESOURCES AND ASSETS, THE FOLLOWING FOUR COMMUNITY HEALTH NEEDS WERE DEEMED MOST SIGNIFICANT:

1. ACCESS TO HEALTH CARE
2. ADDRESSING SOCIAL NEEDS
3. BEHAVIORAL AND MENTAL HEALTH
4. CHRONIC DISEASE PREVENTION AND MANAGEMENT

ST. MARY’S HOSPITAL:

PART V, SECTION B, LINE 5: COMMUNITY INPUT FOR THE ST. MARY’S HOSPITAL CHNA WAS OBTAINED THROUGH FOCUS GROUPS AND STAKEHOLDER DISCUSSIONS HELD BETWEEN DECEMBER 2021 AND FEBRUARY 2022. THE HOSPITAL ENGAGED STATE, LOCAL, AND REGIONAL HEALTH DEPARTMENTS; REPRESENTATIVES OF THOSE WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME, OR MEMBERS OF MINORITY POPULATIONS; AND INTERNAL STAKEHOLDERS TO PROVIDE FEEDBACK ON IDENTIFYING AND PRIORITIZING SIGNIFICANT NEEDS.

THE CHNA USED A COMPREHENSIVE MIXED-METHODS APPROACH, WHICH INCLUDED A COMBINATION OF QUALITATIVE AND QUANTITATIVE DATA AND ANALYSES, TO IDENTIFY
AND PRIORITIZE COMMUNITY HEALTH NEEDS. THIS APPROACH ALLOWS FOR MORE
CONFIDENCE IN THE FINDINGS OF THE CHNA AND ENSURES ROBUSTNESS IN
IDENTIFICATION OF HEALTH NEEDS. THE QUALITATIVE METHODS USED TO SOLICIT
INPUT FROM PRIMARY SOURCES INCLUDED FOCUS GROUPS AND STAKEHOLDER
DISCUSSIONS; THE QUANTITATIVE METHODS UTILIZED SECONDARY DATA SOURCES SUCH
AS THE TRINITY HEALTH DATA HUB FOR SERVICE AREA DATA AND THE EMERGENCY
DEPARTMENT FOR HOSPITAL-SPECIFIC DATA.

THE PRIMARY DATA COLLECTED INCLUDED INPUT FROM PERSONS WHO REPRESENTED THE
BROAD INTERESTS OF THE COMMUNITY AND THOSE WITH SPECIAL KNOWLEDGE OF OR
EXPERTISE IN PUBLIC HEALTH; FEDERAL, REGIONAL, STATE, AND LOCAL HEALTH OR
OTHER DEPARTMENTS OR AGENCIES WITH CURRENT DATA OR OTHER INFORMATION
RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED; LEADERS,
REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND
MINORITY POPULATIONS WITH CHRONIC DISEASE NEEDS IN THE COMMUNITY; AND
INPUT FROM OTHER PERSONS LOCATED IN AND/OR SERVING THE COMMUNITY.
INFORMATION WAS GATHERED BY CONDUCTING FOCUS GROUPS AND STAKEHOLDER
INTERVIEWS WITH INDIVIDUALS REPRESENTING COMMUNITY HEALTH AND PUBLIC
SERVICE ORGANIZATIONS, MEDICAL PROFESSIONALS, HOSPITAL ADMINISTRATION, AND
OTHER HOSPITAL STAFF MEMBERS.

THE SECONDARY DATA SOURCES WERE USED TO GATHER DEMOGRAPHIC AND HEALTH
INDICATOR DATA. THE DATA ANALYSIS GENERATED BY THE TRINITY HEALTH DATA HUB
IS BASED ON EACH HOSPITAL'S SERVICE AREA AND PROVIDED COMPREHENSIVE
REPORTS ON THE FOLLOWING INDICATORS: HEALTH CARE ACCESS, ECONOMIC
STABILITY, EDUCATION, SOCIAL SUPPORT AND COMMUNITY CONTEXT, NEIGHBORHOOD
AND PHYSICAL ENVIRONMENT, AND HEALTH OUTCOMES AND BEHAVIORS. SEVERAL
ST. MARY'S HOSPITAL:

PART V, SECTION B, LINE 11: THE FOLLOWING COMMUNITY HEALTH NEEDS WERE RECOGNIZED AS THE MOST SIGNIFICANT ISSUES THAT MUST BE ADDRESSED TO IMPROVE THE HEALTH AND QUALITY OF LIFE IN OUR COMMUNITY. THESE NEEDS, IN ADDITION TO THE EMERGENT AND ONGOING PUBLIC HEALTH NEED OF COVID-19, WERE ADDRESSED IN FISCAL YEAR 2022:

ACCESS TO HEALTH CARE - ST. MARY'S HOSPITAL IMPROVED ACCESS TO PRIMARY CARE VISITS AND SAME-DAY APPOINTMENTS FOR UNINSURED AND UNDERINSURED COMMUNITY MEMBERS. COMMUNITY INTERNAL MEDICINE OF ATHENS, AN AFFILIATE OF THE HOSPITAL, EXPANDED OPERATIONS AND RESIDENT PHYSICIANS TO PROVIDE FULL INTERNAL MEDICINE CARE FOR ADULTS, INCLUDING ROUTINE WELLNESS VISITS, TREATMENT OF MINOR ACUTE ILLNESSES AND INJURIES, AND MANAGEMENT OF CERTAIN CHRONIC CONDITIONS SUCH AS HIGH BLOOD PRESSURE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND DIABETES. THE HOSPITAL PARTNERED WITH NATIONAL EMERGENCY MEDICAL SERVICE TO OFFER A COMMUNITY PARAMEDICINE PROGRAM TO PROVIDE PREVENTATIVE CARE TO UNDERSERVED COMMUNITY MEMBERS. THE ST. MARY'S
BREAST HEALTH CENTER WAS LAUNCHED, OFFERING PREVENTION, HIGH-RISK COUNSELING, MEDICAL, RADIOGRAPHIC AND SURGICAL TREATMENT ALL IN ONE CENTER.

ADDRESSING SOCIAL NEEDS – ST. MARY'S HOSPITAL IMPLEMENTED A COMMUNITY HEALTH WORKER PROGRAM TO IDENTIFY AND ADDRESS THE SOCIAL NEEDS OF OUR PATIENTS AND COMMUNITY MEMBERS. THE COMMUNITY HEALTH WORKER AND DATA GATHERED FROM COMMUNITY STAKEHOLDERS REPORTED THAT TRANSPORTATION, FOOD INSECURITY, AND HOUSING INSECURITY ARE SOCIAL NEEDS AND BARRIERS TO HEALTH CARE ACCESS AND HEALTHIER COMMUNITIES.

BEHAVIORAL AND MENTAL HEALTH – THIS IS A NEW COMMUNITY HEALTH NEED IDENTIFIED IN THE RECENT CHNA. ALL COMMUNITY FOCUS GROUPS AND STAKEHOLDER CONVERSATIONS HIGHLIGHTED BEHAVIORAL AND MENTAL HEALTH AS PRIMARY COMMUNITY HEALTH NEEDS. ST. MARY'S HOSPITAL IS COLLABORATING WITH PARTNERS, INCLUDING ADVANTAGE BEHAVIORAL HEALTH, TO DEVELOP A PLAN OF ACTION TO ADDRESS THIS NEED.

CHRONIC DISEASE PREVENTION AND MANAGEMENT – ST. MARY'S HOSPITAL OFFERS AN INTRODUCTION TO THE IMPORTANCE OF BREASTFEEDING AND INFANT NUTRITION, AND BREASTFEEDING BASICS SUCH AS HOW TO GET STARTED AND HOW TO PREVENT PROBLEMS. ST. MARY'S WELLNESS CENTER IS THE REGION'S ONLY MEDICAL FITNESS CENTER. THE FACILITY IS A LARGE, FULLY EQUIPPED GYM WITH A WIDE RANGE OF GROUP FITNESS CLASSES, PERSONAL TRAINING, MASSAGE THERAPY, AND A MEDICAL WELLNESS PROGRAM. FREE MEMBERSHIPS ARE PROVIDED TO LOW-INCOME PATIENTS OF COMMUNITY HEALTH CLINICS. ST. MARY'S COMMUNITY HEALTH AND WELL-BEING DEPARTMENT AND THE NUTRITION DEPARTMENT LAUNCHED EDUCATIONAL BLOGS AND
HEALTHY RECIPES POSTED ON THE EXTERNAL WEBSITE FOR PATIENTS, COMMUNITY MEMBERS, AND COLLEAGUES. EDUCATION ON HEALTHY EATING AND PHYSICAL ACTIVITY ARE ALSO POSTED ON THE ST. MARY'S WELLNESS CENTER SOCIAL MEDIA PAGES. ST. MARY'S HOSPITAL TRAINED FACILITATORS FOR THE LAUNCH OF THE CENTER OF DISEASE CONTROL – DIABETES PREVENTION PROGRAM. THIS RESEARCH-BASED PROGRAM WILL FOCUS ON HEALTHY EATING AND PHYSICAL ACTIVITY IN A STRUCTURED LIFESTYLE CHANGE PROGRAM AIMED AT REDUCING THE RISK OF DEVELOPING TYPE 2 DIABETES.

ST. MARY'S HOSPITAL:

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.

ST. MARY'S HEALTH CARE SYSTEM, INC. 58-0566223 Page 8
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 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.

**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.**

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**ST. MARY'S HOSPITAL:**

**PART V, SECTION B, LINE 7A:**

WWW.STMARYSHEALTHCARESYSTEM.ORG/ABOUT-US/COMMUNITY-BENEFIT

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**ST. MARY'S HOSPITAL:**

**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.

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**ST. MARY'S HOSPITAL:**

**PART V, SECTION B, LINE 10A:**

WWW.STMARYSHEALTHCARESYSTEM.ORG/ABOUT-US/COMMUNITY-BENEFIT

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**ST. MARY'S HOSPITAL:**

**PART V, LINE 16A, FAP WEBSITE:**

WWW.STMARYSHEALTHCARESYSTEM.ORG/FOR-PATIENTS/BILLING-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, 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.

ST. MARY'S HOSPITAL:

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.STMARYSHEALTHCARESYSTEM.ORG/FOR-PATIENTS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE

ST. MARY'S HOSPITAL:

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.STMARYSHEALTHCARESYSTEM.ORG/FOR-PATIENTS/BILLING-INSURANCE/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)

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ST. MARY'S DIAG/REHAB/WELLNESS CTR</td>
<td>RADIOLOGY, REHAB, LAB, SLEEP</td>
</tr>
<tr>
<td>2470 DANIELLS BRIDGE ROAD, BLDG 300</td>
<td>LAB AND WELLNESS CENTER</td>
</tr>
<tr>
<td>ATHENS, GA 30606</td>
<td></td>
</tr>
<tr>
<td>2 ST. MARY'S WOUND HEALING/INFUSION CTR</td>
<td>WOUND TREATMENT &amp; INFUSION</td>
</tr>
<tr>
<td>4017 ATLANTA HIGHWAY, SUITE A</td>
<td>THERAPY</td>
</tr>
<tr>
<td>ATHENS, GA 30606</td>
<td></td>
</tr>
<tr>
<td>3 ST. MARY'S CARDIAC IMAGING</td>
<td>CARDIAC IMAGING</td>
</tr>
<tr>
<td>2470 DANIELLS BRIDGE RD, BLDG 200 #261</td>
<td></td>
</tr>
<tr>
<td>ATHENS, GA 30606</td>
<td></td>
</tr>
<tr>
<td>4 ST. MARY'S CARDIAC IMAGING</td>
<td>CARDIAC IMAGING</td>
</tr>
<tr>
<td>700 SUNSET DR, BLDG 300, STE 302</td>
<td></td>
</tr>
<tr>
<td>ATHENS, GA 30606</td>
<td></td>
</tr>
<tr>
<td>5 ST. MARY'S HOSPICE HOUSE</td>
<td>INPATIENT HOSPICE CARE</td>
</tr>
<tr>
<td>1660 JENNINGS MILL ROAD</td>
<td></td>
</tr>
<tr>
<td>WATKINSVILLE, GA 30677</td>
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</table>

Schedule H (Form 990) 2021
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:

**ST. MARY'S HOSPITAL 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, ST. MARY'S HOSPITAL 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, $13,404,262, 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 II, COMMUNITY BUILDING ACTIVITIES:

ST. MARY'S HOSPITAL PARTICIPATES IN SEVERAL COMMUNITY BUILDING ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY IMPROVING ACCESS TO HEALTH SERVICES, ENHANCING PUBLIC HEALTH, AND ADVANCING KNOWLEDGE. ST. MARY'S HOSPITAL PARTICIPATED IN THE FOLLOWING ACTIVITIES IN FISCAL YEAR 2022:

LEADERSHIP DEVELOPMENT - ST. MARY'S HOSPITAL IS AN ANCHOR INSTITUTION THAT COLLABORATES WITH COMMUNITIES, CHURCHES, BUSINESSES, AND OTHER HEALTH CARE ORGANIZATIONS TO LEVERAGE THEIR ECONOMIC POWER ALONGSIDE THEIR HUMAN AND INTELLECTUAL RESOURCES TO IMPROVE THE LONG-TERM HEALTH AND SOCIAL WELFARE OF THEIR COMMUNITIES. OUR HOSPITAL LEADERS AND COLLEAGUES OFFER THEIR EXPERTISE TO A VARIETY OF ORGANIZATIONS AND BOARDS THAT STRIVE TO IMPROVE OUR COMMUNITY.

COMMUNITY SUPPORT - ST. MARY'S HOSPITAL IS A LEAD FACILITATOR IN LOCAL AND
REGIONAL PREPAREDNESS ACTIVITIES, ENSURING THAT ATHENS-CLARKE COUNTY IS
PREPARED FOR EVENTS, INCLUDING THE COVID-19 PANDEMIC. THE DIRECTOR OF
SECURITY ATTENDS AND PARTICIPATES IN DISASTER MANAGEMENT AND EMERGENCY
PREPAREDNESS MEETINGS THROUGHOUT THE YEAR. THIS PLANNING ALLOWS
COLLABORATION BETWEEN STATE AND LOCAL AGENCIES AND ORGANIZATIONS TO
PREPARE FOR A LOCAL OR STATEWIDE EMERGENCY. PLANNING IS A VITAL STEP IN
DISASTER MANAGEMENT AND SAFEGUARDS COMMUNITY HEALTH IN THE CASE OF AN
EMERGENCY.

ECONOMIC DEVELOPMENT - ST. MARY'S HOSPITAL INVESTS IN INITIATIVES THAT
SUPPORT ECONOMIC DEVELOPMENT IN OUR COMMUNITY. MEMBERS OF SENIOR
LEADERSHIP SERVE ON LOCAL CHAMBER OF COMMERCE BOARDS IN OUR SERVICE AREA
AND PARTICIPATE IN THE ANNUAL LEAD ATHENS LEADERSHIP PROGRAM DESIGNED TO
DEVELOP EFFECTIVE LEADERS COMMITTED TO BUILDING A VIBRANT COMMUNITY.

WORKFORCE DEVELOPMENT - ST. MARY'S HOSPITAL COLLABORATED WITH GOODWILL OF
NORTH GEORGIA CAREER CENTER AND BREAD FOR LIFE TO SUPPORT WORKFORCE
DEVELOPMENT. ST. MARY'S HOSPITAL ALSO PARTNERED WITH THE CLARKE COUNTY
SCHOOL DISTRICT, ATHENS AREA CAREER ACADEMY TO PROVIDE EXPERTISE FOR
HEALTH CARE PATHWAYS FOR HIGH SCHOOL STUDENTS.

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. MARY'S HEALTH CARE SYSTEM 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, ST. MARY'S HEALTH CARE SYSTEM IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, ST. MARY'S HEALTH CARE SYSTEM 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. MARY'S HEALTH CARE SYSTEM 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:
ST. MARY'S HEALTH CARE SYSTEM 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:


PART VI, LINE 3:

54 08260503 794151 6712                  2021.05080 ST. MARY'S HEALTH CARE SY 6712___1
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - ST. MARY'S HEALTH CARE SYSTEM 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. MARY'S HEALTH CARE SYSTEM 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. MARY'S HEALTH CARE SYSTEM HAS ESTABLISHED A WRITTEN POLICY FOR THE
BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS.
ST. MARY'S HEALTH CARE SYSTEM 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 - THE GEOGRAPHIC SERVICE AREA WAS DEFINED AT THE
COUNTY-LEVEL FOR THE PURPOSES OF THE 2022 CHNA. THE SERVICE AREA WAS
DETERMINED BY COUNTING THE NUMBER OF PATIENT VISITS BY COUNTY OF
RESIDENCE. SEVEN COUNTIES WERE DEFINED AS THE SERVICE AREA FOR ST. MARY'S
HOSPITAL: ATHENS-CLARKE, BARROW, JACKSON, MADISON, OCONEE, OGLETHORPE, AND
WALTON. THE TOTAL POPULATION IN THE SERVICE AREA IS 532,526. IN
ATHENS-CLARKE COUNTY, THERE IS ONE OTHER HOSPITAL, PIEDMONT ATHENS
REGIONAL HOSPITAL, AND ONE FEDERALLY QUALIFIED HEALTH CENTER, ATHENS
NEIGHBORHOOD HEALTH CENTER.

PART VI, LINE 5:
PROMOTION OF COMMUNITY HEALTH - ST. MARY'S HOSPITAL OVERALL RESPONSIVENESS
TO THE NEEDS OF THE COMMUNITY IS EVIDENCED BY OUR WILLINGNESS TO
PARTicipate in a range of committees, coalitions, panels, advisory groups,
COMMISSIONS, AND BOARDS. FOR EXAMPLE, IN FISCAL YEAR 2022, MANY OF THE
HOSPITAL'S SENIOR LEADERSHIP DONATED THEIR TIME AND EXPERTISE TO
ORGANIZATIONS THAT STRIVE TO IMPROVE COMMUNITY HEALTH. THESE
ORGANIZATIONS INCLUDE THE MERCY HEALTH CENTER, UNITED WAY OF NORTHEAST
ST. MARY'S HOSPITAL IS ADVANCING HEALTH CARE BY IMPROVING ACCESS TO EDUCATION AND TRAINING. EACH YEAR, THE HOSPITAL WELCOMES HUNDREDS OF STUDENTS FROM LOCAL COLLEGES AND UNIVERSITIES WHO ARE STUDYING TO BECOME THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS. IN FISCAL YEAR 2022, THE AUGUSTA UNIVERSITY/UNIVERSITY OF GEORGIA MEDICAL PARTNERSHIP (INTERNAL MEDICINE RESIDENCY PROGRAM) AT ST. MARY'S HOSPITAL GRADUATED ITS FIFTH CLASS OF RESIDENTS. CREATING A QUALITY RESIDENCY PROGRAM AT ST. MARY'S HOSPITAL IS VITAL TO THE FUTURE OF HEALTH CARE IN NORTHEAST GEORGIA.

ST. MARY'S HOSPITAL IS ACTIVELY INVOLVED IN COMMUNITY EVENTS THAT BENEFIT EVERYONE FROM NEWBORNS TO PEOPLE WITH LIFE-LIMITING ILLNESSES. THE COMMUNITY EVENTS INCLUDED THE NATIONAL DAY OF PRAYER BREAKFAST AND THE BOY SCOUTS AMERICAN VALUES DINNER.

ST. MARY'S HOSPITAL IS GOVERNED BY A BOARD OF DIRECTORS COMMITTED TO THE VALUES OF THE HOSPITAL AND TO ENSURING THAT ST. MARY'S HOSPITAL CONTINUES ITS MISSION OF BEING A COMPASSIONATE, HEALING PRESENCE IN OUR COMMUNITY. ST. MARY'S HOSPITAL HAS A 12-MEMBER BOARD COMPRISED OF A MAJORITY OF COMMUNITY MEMBERS.

IN ADDITION, ST. MARY'S HOSPITAL OPERATES A 24-HOUR EMERGENCY DEPARTMENT THAT IS ACCESSIBLE TO ANYONE NEEDING CARE, REGARDLESS OF ABILITY TO PAY, AND MAINTAINS AN OPEN MEDICAL STAFF.

ST. MARY'S HOSPITAL FINANCIALLY SUPPORTS AND PARTICIPATES ACTIVELY IN ENVISION ATHENS, A COMPREHENSIVE 20-YEAR EFFORT TO IMPROVE THE QUALITY OF
LIFE FOR ALL ATHENIANS ACROSS 14 BROAD DIMENSIONS. THE LOCAL CONTINUUM OF CARE FOR HOMELESS SERVICES ALSO SERVES AS A COLLABORATIVE BODY MADE UP OF MANY ORGANIZATIONS AND AGENCIES THAT SERVE THOSE EXPERIENCING HOMELESSNESS AND HOUSING INSECURITY IN OUR COMMUNITY.

ST. MARY'S HOSPITAL TOOK SEVERAL STEPS IN FISCAL YEAR 2022 TO ADDRESS THE COVID-19 PANDEMIC, INCLUDING:

- COORDINATED ACTIVITIES AND PROGRAMS WITH PUBLIC HEALTH AGENCIES, OTHER HOSPITALS, AND OTHER ORGANIZATIONS IN RESPONSE TO THE PANDEMIC
- PROVIDED COMMUNITY HEALTH EDUCATION TO INFORM THE COMMUNITY ABOUT THE COVID-19 PANDEMIC
- SUPPORTED DISCHARGED PATIENTS AND COVID-19 IMPACTED PATIENTS IN ACCESSING COMMUNITY RESOURCES FOR SOCIAL NEEDS
- PARTICIPATED IN DISASTER RESPONSE EXERCISES AND SURGE CAPACITY PLANNING
- COORDINATED THE WORK OF THOSE WHO ARE RESPONDING TO HOSPITAL STAFFING NEEDS
- CONDUCTED IN-SERVICE TRAINING (FOR NEW, REASSIGNED, AND OTHER STAFF) EXPRESSLY IN RESPONSE TO THE PANDEMIC

USING "IT STARTS HERE" FUNDS, AWARDED BY TRINITY HEALTH, ST. MARY'S COLLABORATED WITH THREE COMMUNITY CLINICS TO PROVIDE ACCESS TO INFORMATION AND VACCINATIONS FOR COVID-19, PARTICULARLY IN COMMUNITIES OF COLOR, TO INDIVIDUALS IN JAIL, AND TEENS.

ST. MARY'S HOSPITAL ALSO CONTINUES THE COMMUNITY HEALTH WORKER PROGRAM. THE COMMUNITY HEALTH WORKER (CHW) IS A FRONTLINE PUBLIC HEALTH WORKER WHO IS A TRUSTED MEMBER OF THE COMMUNITY AND FACILITATES ACCESS TO SERVICES IN A CULTURAL COMPETENCE MANNER. THE CHW ALSO BUILDS INDIVIDUAL AND COMMUNITY
CAPACITY BY INCREASING HEALTH KNOWLEDGE AND SELF-SUFFICIENCY THROUGH A
RANGE OF ACTIVITIES SUCH AS OUTREACH, COMMUNITY EDUCATION, INFORMAL
COUNSELING, SOCIAL SUPPORT AND ADVOCACY.

PART VI, LINE 6:
ST. MARY'S HEALTH CARE SYSTEMS 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

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.