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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3f</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

#### Financial Assistance and Means-Tested Government Programs

<table>
<thead>
<tr>
<th>Items</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>a</td>
<td>Financial Assistance at cost (from Worksheet 1)</td>
<td>1472051.559,363.912,688.13%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Medicaid (from Worksheet 3, column a)</td>
<td>97439029.6671369730725332.435%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td>98911080.6727306031638020.448%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Total, Financial Assistance and Means-Tested Government Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Other Benefits

<table>
<thead>
<tr>
<th>Items</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>e</td>
<td>Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>21 51,486 1970990 73,682 1897308.27%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Health professions education (from Worksheet 5)</td>
<td>3 53 2917645.1662442.1255203.18%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Subsidized health services (from Worksheet 6)</td>
<td>10 82,268 83297874167717.4162070.59%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Research (from Worksheet 7)</td>
<td>1 51,125 51,125 .01%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>4 133,118 133,118 .02%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Total, Other Benefits</td>
<td>39 133,807134026655903841.7498824.1.07%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k</td>
<td>Total, Add lines 7d and 7j</td>
<td>39 133,8071231374573176901.39136844.5.55%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part II  Community Building Activities
Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

<table>
<thead>
<tr>
<th></th>
<th>(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</td>
<td>Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td>1</td>
<td>1,059</td>
<td></td>
<td>1,059</td>
<td>.00%</td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td>1</td>
<td>38,674</td>
<td></td>
<td>38,674</td>
<td>.01%</td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total</td>
<td>2</td>
<td>39,733</td>
<td></td>
<td>39,733</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  
   - 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.
   - 9,163,871

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.
   - 1,648,830

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).
   - 122,981,083

6. Enter Medicare allowable costs of care relating to payments on line 5.
   - 137,373,830

7. Subtract line 6 from line 5. This is the surplus (or shortfall).
   - -14,392,747

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
- Cost to charge ratio (X)
- Other

#### Section C. Collection Practices

9a. Did the organization have a written debt collection policy during the tax year?
   - Yes (X)

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)

### Part IV  Management Companies and Joint Ventures

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

<table>
<thead>
<tr>
<th></th>
<th>(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>1</td>
<td>ST. PETER’S AMBULATORY SURGERY CENTER, LLC</td>
<td>SURGERY CENTER</td>
<td>23.36%</td>
<td>76.64%</td>
<td>80.00%</td>
</tr>
<tr>
<td>2</td>
<td>EVERETT ROAD ASC, LLC</td>
<td>SURGERY CENTER</td>
<td>20.00%</td>
<td></td>
<td></td>
</tr>
</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>Web Address</th>
<th>License Number</th>
<th>Reporting Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ST. PETER'S HOSPITAL</td>
<td>315 SOUTH MANNING BLVD ALBANY, NY 12208</td>
<td>SPHP.COM/LOCATION/ST-PETER-S-HOSPITAL</td>
<td>0101004H</td>
<td>X X X X</td>
</tr>
</tbody>
</table>

**Schedule H (Form 990) 2021**

**Part V Facility Information**

**Licensed hospital**
**Gen. medical & surgical**
**Children's hospital**
**Teaching hospital**
**Critical access hospital**
**Research facility**
**ER-24 hours**
**ER-other**

**Other (describe)**

<table>
<thead>
<tr>
<th>Facility reporting group</th>
</tr>
</thead>
</table>
## Schedule H (Form 990) 2021

**ST. PETER'S HOSPITAL** 14-1348692 Page 4

### 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. PETER'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

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

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

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

b 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

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

9 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)?

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

c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720?

---

Schedule H (Form 990) 2021

132094 11-22-21

10470525 794151 6012 2021.05080 ST. PETER'S HOSPITAL 6012_1
Did the hospital facility have in place during the tax year a written financial assistance policy that:

13  Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?  
   If "Yes," indicate the eligibility criteria explained in the FAP:  
   a [X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250%  
   and FPG family income limit for eligibility for discounted care of 400%  
   b [ ] Income level other than FPG (describe in Section C)  
   c [ ] Asset level  
   d [X] Medical indigency  
   e [X] Insurance status  
   f [X] Underinsurance status  
   g [X] Residency  
   h [X] Other (describe in Section C)  

14  Explained the basis for calculating amounts charged to patients?  

15  Explained the method for applying for financial assistance?  

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

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

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

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

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

### 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:

- [ ] Reporting to credit agency(ies)
- [ ] Selling an individual’s debt to another party
- [ ] 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
- [ ] Actions that require a legal or judicial process
- [ ] Other similar actions (describe in Section C)
- [ ] None of these actions or other similar actions were permitted

### 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?

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

- [ ] Reporting to credit agency(ies)
- [ ] Selling an individual’s debt to another party
- [ ] 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
- [ ] Actions that require a legal or judicial process
- [ ] Other similar actions (describe in Section C)

### 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):

- [ ] 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)
- [ ] Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- [ ] Processed incomplete and complete FAP applications (if not, describe in Section C)
- [ ] Made presumptive eligibility determinations (if not, describe in Section C)
- [ ] Other (describe in Section C)
- [ ] None of these efforts were made

**Policy Relating to Emergency Medical Care**

### 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?

If "No," indicate why:

- [ ] The hospital facility did not provide care for any emergency medical conditions
- [ ] The hospital facility’s policy was not in writing
- [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- [ ] Other (describe in Section C)
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
   a X 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. PETER'S HOSPITAL:

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

LINE 3E: ST. PETER'S HOSPITAL INCLUDED IN ITS CHNA WRITTEN REPORT A

PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. COVID-19
2. OBESITY
3. DIABETES
4. DRUG MISUSE
5. MENTAL ILLNESS, INCLUDING SUICIDE
6. HEART DISEASE
7. SOCIAL DETERMINANTS OF HEALTH
8. TOBACCO USE
9. STROKE
10. ASTHMA
11. ALCOHOL MISUSE
12. SEXUALLY TRANSMITTED INFECTIONS
13. VIOLENCE
14. CHILDHOOD LEAD EXPOSURE
15. TICK-BORNE DISEASE
16. INJURIES AND FALLS
ST. PETER'S HOSPITAL:

PART V, SECTION B, LINE 5: ST. PETER'S HOSPITAL COLLABORATED WITH OTHER LOCAL HEALTH SYSTEMS, COUNTY HEALTH DEPARTMENTS AND COMMUNITY-BASED AGENCIES TO COMPLETE A SIX COUNTY (ALBANY, RENSSELAER, SCHENECTADY, SARATOGA, COLUMBIA, AND GREENE) COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), LED BY THE HEALTHY CAPITAL DISTRICT (HCD). HCD IS AN INCORPORATED NOT-FOR-PROFIT WHICH WORKS WITH OTHERS IN THE COMMUNITY TO DETERMINE WAYS IN WHICH THE CAPITAL REGION COULD BE MORE EFFECTIVE IN IDENTIFYING AND ADDRESSING PUBLIC HEALTH PROBLEMS. FOR THE PURPOSES OF ITS CHNA, ST. PETER'S HOSPITAL USED DATA AND INFORMATION FROM THIS ASSESSMENT RELATING TO ALBANY AND RENSSELAER COUNTIES WHICH REPRESENT THE HOME ZIP CODES OF 69% OF ITS PATIENTS. THE HEALTH INDICATORS SELECTED FOR THIS REPORT WERE BASED ON A REVIEW OF AVAILABLE PUBLIC HEALTH DATA AND NEW YORK STATE PRIORITIES PROMULGATED THROUGH THE PREVENTION AGENDA FOR A HEALTHIER NEW YORK. THESE DATA SOURCES WERE SUPPLEMENTED BY A CAPITAL REGION COMMUNITY HEALTH SURVEY. THE 2021 COMMUNITY HEALTH SURVEY WAS CONDUCTED BETWEEN SEPTEMBER AND OCTOBER 2021 BY HCD WITH THE ASSISTANCE OF THE ALBANY, COLUMBIA, GREENE, RENSSELAER AND SCHENECTADY HEALTH DEPARTMENTS, AND ALBANY MEDICAL CENTER, COLUMBIA MEMORIAL, ELLIS, AND ST. PETER'S HEALTH PARTNERS HOSPITALS. THE SURVEY WAS A CONVENIENCE SAMPLE OF ADULT (18+ YEARS) RESIDENTS OF THE CAPITAL REGION AND HAD 2,104 TOTAL RESPONSES. THIS CONSUMER SURVEY WAS CONDUCTED TO LEARN ABOUT THE HEALTH NEEDS, BARRIERS, AND CONCERNS OF RESIDENTS IN THE CAPITAL REGION.

A PRIORITIZATION WORKGROUP WAS FORMED, INCLUDING LOCAL HOSPITALS, HEALTH
DEPARTMENTS, COMMUNITY MEMBERS AND ORGANIZATIONS REPRESENTING AND SERVING LOW-INCOME RESIDENTS, PEOPLE EXPERIENCING HOMELESSNESS, AND OTHER VULNERABLE POPULATIONS; FEDERALLY QUALIFIED HEALTH CENTERS; ADVOCACY GROUPS; ACADEMIC INSTITUTIONS; PUBLIC HEALTH DEPARTMENTS; PROVIDERS; AND HEALTH INSURERS. PARTICIPANTS WERE ENCOURAGED TO SHARE DATA AND OBSERVATIONS OF THEIR OWN, AND TO ADVOCATE FOR THE NEEDS OF THEIR CONSTITUENTS. ST. PETER'S HOSPITAL AND ITS STAKEHOLDERS STRATEGICALLY INVITED PARTNERS WITH ACCESS TO MEDICALLY UNDERSERVED POPULATIONS. THE FIRST MEETING WAS HELD ON NOVEMBER 9, 2021, AT WHICH HCD PRESENTED DATA ON THE HEALTH ISSUES AND FACILITATED DISCUSSIONS. THE WORKGROUP THEN SELECTED THE TOP HEALTH ISSUES, BASED ON DATA- AND SURVEY-BASED SCORING, AND PROVIDED ORGANIZATIONAL SCORING ALONG WITH CONTRIBUTING FACTORS. IN THE SECOND MEETING, HELD ON NOVEMBER 23, 2021, WORKGROUP MEMBERS WERE BRIEFED ON THE RESULTS OF THEIR ORGANIZATIONAL SCORING. THE THIRD WORKGROUP MEETING, HELD ON DECEMBER 7, 2021, WAS OPEN TO THE PUBLIC AND HOSTED COMMUNITY PARTNERS TO ORIENT THEM TO THE PRIORITIZATION PROCESS, UPDATE THEM ON THE PROGRESS OF THE WORKGROUP, AND COLLECT THEIR INPUT AND SCORES FOR EACH OF THE HEALTH ISSUES. COMMUNITY PARTICIPANTS IN THE THIRD MEETING REPRESENTED THE FOLLOWING ORGANIZATIONS: ALBANY COUNTY DEPARTMENT OF HEALTH, ALBANY MEDICAL CENTER, ADDICTIONS CARE CENTER OF ALBANY, ALLIANCE FOR BETTER HEALTH, ALZHEIMER'S ASSOC. OF NORTHEASTERN NY, AMERICAN HEART ASSOCIATION, ARBOR HILL DEVELOPMENT CORP, BOYS AND GIRLS CLUB OF THE CAPITAL AREA, CAPITAL DISTRICT LATINOS, CAPITAL DISTRICT YMCA, CORNELL COOPERATIVE EXTENSION, MVP HEALTH CARE, RENSSELAER COUNTY DEPARTMENT OF HEALTH, ST. PETER'S HEALTH PARTNERS (INCLUDING ST. PETER'S HOSPITAL), CAPITAL DISTRICT TOBACCO-FREE COMMUNITIES AND UPPER HUDSON PLANNED PARENTHOOD. PARTICIPANTS WERE ENGAGED IN THE DATA PRESENTATIONS, RAISED...
MANY QUESTIONS, AND OFFERED THEIR PERSPECTIVES. COMMENTS WERE ADDRESSED AND CHANGES WERE INCORPORATED INTO THE FINAL DOCUMENT. THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED AND APPROVED IN MAY 2022.

ST. PETER'S HOSPITAL:

PART V, SECTION B, LINE 6A: ST. PETER'S HOSPITAL CONDUCTED ITS CHNA IN COLLABORATION WITH THE FOLLOWING HOSPITAL FACILITIES: ALBANY MEDICAL CENTER, ELLIS HOSPITAL, SAMARITAN HOSPITAL, AND SUNNYVIEW HOSPITAL AND REHABILITATION CENTER.

ST. PETER'S HOSPITAL:

PART V, SECTION B, LINE 6B: IN THE CHNA PROCESS, ST. PETER'S HOSPITAL WAS JOINED BY REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS, BUSINESSES, CONSUMERS, SCHOOLS, ACADEMICS, AND THOSE WHO HAVE CONTACT WITH AND CARE FOR PEOPLE WITH CERTAIN CHRONIC DISEASES, SUCH AS DIABETES, ASTHMA AND BEHAVIORAL HEALTH ISSUES INCLUDING MENTAL HEALTH AND SUBSTANCE USE DISORDERS. A TOTAL OF 52 DIFFERENT ORGANIZATIONS IN OUR CAPITAL REGION PARTICIPATED, SUCH AS CATHOLIC CHARITIES, WHITNEY M. YOUNG, JR. FQHC, CENTRO CIVICO, CAPITAL DISTRICT PHYSICIANS HEALTH PLAN, FIDELIS CARE HEALTH PLAN, HUDSON VALLEY COMMUNITY COLLEGE, PROMESA/CAMINO NUEVA, THE FOOD PANTRIES FOR THE CAPITAL DISTRICT, CAPITAL ROOTS, AND SEVERAL SENIOR HOUSING ORGANIZATIONS.

ST. PETER'S HOSPITAL:
PART V, SECTION B, LINE 11: DURING FY22, NEEDS FROM THE CURRENT CHNA WERE ADDRESSED. ST. PETER'S HOSPITAL TOOK THE LEAD ON SEVERAL OF THE HEALTH PRIORITIES FROM THE CHNA.

REDUCE OBESITY & PREVENT DIABETES, INCLUDING FOOD INSECURITY, SOCIAL DETERMINANT OF HEALTH:

ON AN OUTPATIENT BASIS, DIABETES EDUCATORS FROM ST. PETER'S HEALTH PARTNERS (SPHP) DIABETES AND ENDOCRINE CARE PROVIDED DIABETES PREVENTION PROGRAMS (DPP) AND OTHER APPROPRIATE DIABETES EDUCATION AS NEEDED. IN FY22, 2,500 PATIENTS RECEIVED OUTPATIENT DIABETES EDUCATION. DURING FY22, SPHP FACILITATED TEN DPP SESSIONS, WITH A TOTAL OF 230 PARTICIPANTS ENROLLED, WHICH WERE HELD IN ALBANY AND RENSSELAER COUNTIES. THIS PROGRAM IS GRANT FUNDED AND WAS PROVIDED AT NO CHARGE TO PARTICIPANTS.

TO ADDRESS CHILDHOOD OBESITY IN FY22, ST. PETER'S HOSPITAL PARTNERED WITH OTHER HOSPITALS WITHIN SPHP, THE U.S. SOCCER FOUNDATION, AND THE TROY BOYS AND GIRLS CLUB, TO SUPPORT THE SOCCER FOR SUCCESS PROGRAM FOR CHILDREN WITHIN THE CITIES OF TROY, ALBANY, AND SCHENECTADY. SOCCER FOR SUCCESS IS AN AFTERSCHOOL PROGRAM THAT IS PROVEN TO HELP CHILDREN ESTABLISH HEALTHY HABITS AND DEVELOP CRITICAL LIFE SKILLS THROUGH CARING COACH/MENTORS AND FAMILY ENGAGEMENT. THE PROGRAM IS OFFERED FREE OF CHARGE TO CHILDREN. PARTICIPANTS LEARN SOCCER SKILLS AND ABOUT EATING RIGHT AND OTHER WAYS TO STAY HEALTHY, WHILE GAINING IMPORTANT DECISION MAKING AND RELATIONSHIP SKILLS FROM THEIR INTERACTIONS WITH COACH/MENTORS AND PEERS. DURING FY22, 1,500 CHILDREN PARTICIPATED IN SOCCER FOR SUCCESS AT NINE BOYS AND GIRLS CLUB SITES THROUGHOUT ALBANY AND RENSSELAER COUNTIES. OUT OF THESE PARTICIPANTS, 72% MAINTAINED OR DECREASED THEIR BMI AND 83% IMPROVED AT
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, 18a, 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.

LEAST TWO LEVELS ON THEIR AEROBIC CAPACITY TEST (PHYSICAL ACTIVITY).

SPHP AND ST. PETER'S HOSPITAL (FUNDED BY A GRANT THROUGH THE MOTHER CABRINI FOUNDATION) PARTNERED WITH THE REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK AND SPHP DIABETES AND ENDOCRINE CARE TO PROVIDE A ST. PETER'S HEALTHY OPTIONS PROGRAM (SHOP) TO DIABETIC PATIENTS WHO IDENTIFY AS FOOD INSECURE. THE FREE PROGRAM PROVIDES FOOD-INSECURE PATIENTS, WHO ALSO HAVE A CHRONIC DISEASE, WITH SUPPLIES OF HEALTHY FOOD. THE GOAL IS TO TEACH THESE PATIENTS TO MAKE HEALTHY CHOICES, EDUCATE THEM ON THE BENEFITS OF EATING NUTRITIOUS FOOD AND PROVIDE THEM WITH THE TOOLS TO HELP MANAGE THEIR CHRONIC CONDITIONS THROUGH HEALTHY EATING. DURING FY22, FIVE COHORTS WERE OFFERED SERVING 100 INDIVIDUALS. AVERAGE A1C LEVELS DROPPED BY 2.1% PER PARTICIPANT.

PREVENT MENTAL HEALTH AND SUBSTANCE USE DISORDERS:

IN THE AREA OF MENTAL HEALTH, SPHP AND ST. PETER'S HOSPITAL FOCUSED ON THE PROMOTION OF WELL-BEING WITH OUR HEALTHY FAMILIES PROGRAM, WHICH IS A COMBINATION OF HOME-BASED AND VIRTUAL (DUE TO THE PANDEMIC) VISITATION PROGRAM THAT PROVIDES INFORMATION, EDUCATION, AND SUPPORT TO EXPECTING AND NEW PARENTS OF RENSSELAER COUNTY. A TOTAL OF 210 FAMILIES RECEIVED SERVICES FROM THE HEALTHY FAMILIES PROGRAM IN FY22. FUNDING IS PROVIDED BY THE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES. DURING FY22, LEADERSHIP STAFF FROM ST. PETER'S HOSPITAL WERE MEMBERS OF A WORKGROUP TO DEVELOP GOALS, OBJECTIVES AND INTERVENTIONS AROUND THE PREVENTION AGENDA FOCUS AREA OF PROMOTION OF WELL-BEING CONCEPT, SPECIFICALLY WITH LOCAL HEALTH DEPARTMENTS AND HOSPITALS. STAFF AT SPHP, INCLUDING ST. PETER'S HOSPITAL, WERE OFFERED TRAINING IN MENTAL HEALTH
FIRST AID AND CRISIS DE-ESCALATION.

DURING FY22, SUBSTANCE ABUSE NEEDS WERE ADDRESSED. ACTION PLANS WERE DEVELOPED TO INCREASE EDUCATION AND PRACTICE STRATEGIES TO REDUCE OPIOID OVERDOSE AND NON-MEDICAL USE OF OPIATES. HOSPITAL STAFF PROMOTED SAFE STORAGE AND PROPER DISPOSAL OF UNUSED PRESCRIPTION MEDICATIONS AND NARCAN (OPIOID OVERDOSE REVERSAL TREATMENT) TRAININGS IN THE COMMUNITY.

ST. PETER’S HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. THUS, SECONDARY PRIORITIES SUCH AS COVID-19, HEART DISEASE, TOBACCO USE, STROKE, ASTHMA, ALCOHOL MISUSE, SEXUALLY TRANSMITTED INFECTIONS, VIOLENCE, CHILDHOOD LEAD EXPOSURE, TICK-BORNE DISEASE AND INJURIES AND FALLS WERE NOT DIRECTLY ADDRESSED BY THE ST. PETER’S HOSPITAL CHNA IMPLEMENTATION STRATEGIES.

ST. PETER’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.

ST. PETER'S HOSPITAL:

PART V, SECTION B, LINE 15E: ALTHOUGH NOT IN THE POLICY, OUR PROCESS DOES PROVIDE THE CONTACT INFORMATION OF NONPROFIT ORGANIZATIONS OR GOVERNMENT AGENCIES THAT MAY BE SOURCES OF ASSISTANCE WITH FAP APPLICATIONS.

ST. PETER'S HOSPITAL - PART V, SECTION B, LINE 7A:
WWW.SPHP.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-REPORTS

ST. PETER'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.

ST. PETER'S HOSPITAL - PART V, SECTION B, LINE 10A:
WWW.SPHP.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-REPORTS

ST. PETER'S HOSPITAL - PART V, SECTION B, LINE 16A:
WWW.SPHP.COM/FOR-PATIENTS/BILLING-INFORMATION/FINANCIAL-ASSISTANCE

ST. PETER'S HOSPITAL - PART V, SECTION B, LINE 16B:
WWW.SPHP.COM/FOR-PATIENTS/BILLING-INFORMATION/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. PETER'S HOSPITAL - PART V, SECTION B, LINE 16C:

WWW.SPHP.COM/FOR-PATIENTS/BILLING-INFORMATION/FINANCIAL-ASSISTANCE
### Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year?  **11**

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 CARCER CARE - RADIATION ONCOLOGY</td>
<td>CANCER TREATMENT AND ONCOLOGY</td>
</tr>
<tr>
<td>317 SOUTH MANNING BLVD.</td>
<td></td>
</tr>
<tr>
<td>ALBANY, NY 12208</td>
<td></td>
</tr>
<tr>
<td>2 ST. PETER'S SURGERY AND ENDOSONOPY CTR</td>
<td>AMBULATORY SURGERY CENTER</td>
</tr>
<tr>
<td>1375 WASHINGTON AVE. SUITE 201</td>
<td></td>
</tr>
<tr>
<td>ALBANY, NY 12206</td>
<td></td>
</tr>
<tr>
<td>3 OP MEDICAL IMAGING</td>
<td>MEDICAL IMAGING, BREAST</td>
</tr>
<tr>
<td>319 SOUTH MANNING BLVD.</td>
<td>CENTER, LABS, ADVANCED HEART</td>
</tr>
<tr>
<td>ALBANY, NY 12208</td>
<td>AND CONG. HEART FAILURE</td>
</tr>
<tr>
<td>4 FAMILY HEALTH CENTER</td>
<td>ADULT MEDICINE, PEDIATRICS, OB/GYN SERVICES</td>
</tr>
<tr>
<td>126 SOUTH PEARL ST.</td>
<td></td>
</tr>
<tr>
<td>ALBANY, NY 12208</td>
<td></td>
</tr>
<tr>
<td>5 SIENA STUDENT CENTER</td>
<td>COLLEGE STUDENT HEALTH SERVICES</td>
</tr>
<tr>
<td>515 LOUDON ROAD</td>
<td></td>
</tr>
<tr>
<td>LOUDONVILLE, NY 12211</td>
<td></td>
</tr>
<tr>
<td>6 PATIENT SERVICE CENTER</td>
<td>LABS</td>
</tr>
<tr>
<td>1365 WASHINGTON AVE</td>
<td></td>
</tr>
<tr>
<td>ALBANY, NY 12205</td>
<td></td>
</tr>
<tr>
<td>7 PATIENT SERVICE CENTER</td>
<td>LABS</td>
</tr>
<tr>
<td>62 HACKETT BLVD</td>
<td></td>
</tr>
<tr>
<td>ALBANY, NY 12208</td>
<td></td>
</tr>
<tr>
<td>8 ST. PETER'S SERVICE CENTER</td>
<td>LABS</td>
</tr>
<tr>
<td>6 EXECUTIVE PARK DRIVE</td>
<td></td>
</tr>
<tr>
<td>ALBANY, NY 12203</td>
<td></td>
</tr>
<tr>
<td>9 ST. PETER'S SERVICE CENTER</td>
<td>LABS</td>
</tr>
<tr>
<td>1814 CENTRAL AVENUE</td>
<td></td>
</tr>
<tr>
<td>ALBANY, NY 12205</td>
<td></td>
</tr>
<tr>
<td>10 NUCLEAR MEDICINE</td>
<td>NUCLEAR MEDICINE AND ECHOCARDIOGRAMS</td>
</tr>
<tr>
<td>7 PALISADES DRIVE</td>
<td></td>
</tr>
<tr>
<td>ALBANY, NY 12205</td>
<td></td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2021
**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>
</table>
| **11 EVERETT ROAD SURGERY CENTER**  
  123 EVERETT ROAD  
  ALBANY, NY 12205 | AMBULATORY SURGERY CENTER |
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.

**PART I, LINE 6A:**

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

ST. PETER'S HOSPITAL ALSO 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, $9,163,871, 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:

IN AN EFFORT TO FOSTER COMMUNITY SUPPORT, THE LEADERSHIP TEAM AT ST. PETER'S HOSPITAL PARTICIPATED IN A NUMBER OF ADVISORY BOARD MEETINGS CONCERNING VARIOUS HEALTH ISSUES, SUCH AS CANCER AND LIFE AND LAW TASKFORCE.

ALSO, DURING FY22, IN THE AREA OF WORKFORCE DEVELOPMENT, ST. PETER'S HOSPITAL STAFF PROVIDED MENTORSHIP AND JOB SHADOWING FOR STUDENTS INTERESTED IN PURSUING EDUCATION AND CAREERS IN HEALTH SCIENCES, PARTICULARLY NURSING, PHYSICAL THERAPY AND OCCUPATIONAL THERAPY.

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:
A PERCENTAGE OF THE HOSPITAL'S BAD DEBT EXPENSE IS REPORTED ON LINE 3. THIS PERCENTAGE IS BASED ON THE SELF-PAY ACCOUNTS WITH NO PAYMENTS THAT WERE TRANSFERRED TO BAD DEBT AS COMPARED TO ALL OTHER PAYORS. THE RATIONALE IS THAT THESE SELF-PAY PATIENTS WOULD HAVE QUALIFIED FOR FINANCIAL ASSISTANCE HAD THEY APPLIED.

PART III, LINE 4:
ST. PETER'S HOSPITAL 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. PETER'S HOSPITAL 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:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - ST. PETER'S HOSPITAL 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. PETER'S HOSPITAL 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. PETER'S HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING,
COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. ST. PETER'S HOSPITAL 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 - ST. PETER'S HOSPITAL IS LOCATED IN ALBANY, NY, WHICH IS IN ALBANY COUNTY AND IS ALSO THE CAPITAL OF NEW YORK STATE. FOR PURPOSES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, ST. PETER'S HOSPITAL DEFINES ITS PRIMARY SERVICE AREA AS ALBANY AND RENSSELAER COUNTIES, WHICH REPRESENT THE HOME ZIP CODE OF 69% OF ITS PATIENTS. THE COMMUNITY SERVED BY ST. PETER'S HOSPITAL INCLUDES THE COUNTIES OF ALBANY, RENSSELAER, AND SCHENECTADY, FORMING A REGION POPULARLY CALLED THE CAPITAL DISTRICT. THE THREE COUNTIES PROVIDE A RANGE OF GEOGRAPHY THAT INCLUDES URBAN, SUBURBAN, AND RURAL SETTINGS. THE COMBINED POPULATION IN ALBANY, RENSSELAER, AND SCHENECTADY COUNTIES WAS 80.7% NON-HISPANIC WHITE, 9.5% BLACK OR AFRICAN AMERICAN, 5.5% HISPANIC AND 4.3% OTHER RACES/ETHNICITIES IN 2020.

IN GENERAL, PERSONS IN THE COMMUNITY SERVED BY ST. PETER'S HOSPITAL TEND TO BE BETTER EDUCATED AND HAVE A HIGHER INCOME THAN THOSE IN THE U.S. AS A WHOLE AND THE STATE OF NEW YORK. THERE IS A LOWER RATE OF UNEMPLOYMENT AND FEWER PERSONS WITHOUT HEALTH INSURANCE THAN THE STATE OR NATIONAL COMPARISONS. THE POPULATION FOR THE THREE-COUNTY SERVICE AREA IS 643,312. THERE ARE 276,563 HOUSING UNITS IN THE SERVICE AREA WITH AN AVERAGE OF 64% OWNER OCCUPIED. ON AVERAGE, 24% OF PERSONS LIVE AT OR BELOW THE 200% FEDERAL POVERTY LEVEL. THE MEDIAN HOUSEHOLD INCOME IS $67,621.

HEALTH CARE ACCESS INDICATORS SHOW THE CAPITAL DISTRICT HAVING FEWER
BARRIERS TO CARE THAN THE REST OF THE STATE. CAPITAL DISTRICT RESIDENTS, BOTH CHILDREN AND ADULTS, HAD HIGHER HEALTH INSURANCE COVERAGE RATES COMPARED TO THE REST OF THE STATE. WHILE THE CAPITAL DISTRICT HAD GOOD HEALTH INSURANCE COVERAGE, 3.25% OF RESIDENTS WERE NOT COVERED BY ANY FORM OF HEALTH INSURANCE.

PART VI, LINE 5:
OTHER INFORMATION - ST. PETER'S HOSPITAL PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE IN THE COMMUNITY IT SERVES, INCLUDING A 24- Hour Emergency Room That Is Open To Serve All In Need, Regardless Of Ability To Pay, A Cancer Center, Cardiac Care That Is Recognized For Excellence By Health And Heart Care Organizations, Complete Obstetrical And Newborn Services, Dental And Health Centers For Uninsured And Underinsured Members Of Our Community, And An Array Of Specialty Services And Orthopedic Services. ST. PETER'S CONDUCTS ITS ACTIVITIES AND ITS HEALTH CARE PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, SEXUAL ORIENTATION, DISABILITY, AGE, OR NATIONAL ORIGIN.

ONE OF THE TOP HEALTH CARE ORGANIZATIONS IN UPSTATE NEW YORK, ST. PETER'S HOSPITAL IS COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITY, NOT ONLY AS A CARING COMMUNITY MEMBER, BUT ALSO AS A CATALYST FOR CHANGE. AS SUCH, WE PARTICIPATE IN MANY COMMUNITY PARTNERSHIPS AIMED AT ASSESSING THE CURRENT HEALTH STATUS OF OUR COMMUNITY AND IDENTIFYING OPPORTUNITIES TO MAKE A DIFFERENCE IN THE HEALTH OF OUR CITIZENS, WITH PARTICULAR ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE. AS WE HAVE DONE FOR MANY YEARS, WE CONTINUE TO PLAY A MAJOR ROLE IN THE HEALTHY CAPITAL DISTRICT INITIATIVE, AN ORGANIZATION DEDICATED TO IMPROVING THE HEALTH OF THE RESIDENTS OF ALBANY, RENSSELAER, AND SCHENECTADY COUNTIES.
OUR PARTNERS IN THIS ENDEAVOR ARE THE LOCAL COUNTY HEALTH DEPARTMENTS,
OTHER HEALTH CARE PROVIDERS, INSURERS, AND COMMUNITY MEMBERS. ST. PETER'S
SUPPORTS MANY LOCAL COMMUNITY HEALTH SERVICES, CHURCHES, AND OTHER HEALTH
CARE ORGANIZATIONS TO PROVIDE COMPREHENSIVE AND ACCESSIBLE HEALTH CARE
SERVICES AND PROACTIVE HEALTH CARE PROGRAMS; THIS INCLUDES SITTING ON
COMMUNITY BOARDS, COMMITTEES, AND ADVISORY GROUPS. ST. PETER'S ALSO
PROVIDES SERVICES FOR THE BROADER COMMUNITY AS A PART OF ITS OVERALL
COMMUNITY BENEFIT. ONE CATEGORY OF THESE EXPENSES IS FOR EDUCATING HEALTH
CARE PROFESSIONALS. HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS
IS A DISTINGUISHING CHARACTERISTIC OF NONPROFIT HEALTH CARE. THIS
EDUCATION INCLUDES STUDENT INTERNSHIPS, CLINIC EXPERIENCE AND OTHER
EDUCATION FOR PHYSICIANS, NURSES, PHYSICAL THERAPISTS, AND OTHER HEALTH
CARE STUDENTS.

AS A NONPROFIT ORGANIZATION THAT IS PART OF ST. PETER'S HEALTH PARTNERS
(SPHP), ST. PETER'S HOSPITAL IS GUIDED BY A REGIONAL GOVERNING BOARD
COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE MAKEUP
OF THE AREA WE SERVE. ST. PETER'S HOSPITAL HAS AN OPEN MEDICAL STAFF
COMPRISED OF QUALIFIED PHYSICIANS WHO WORK TO PROVIDE CARE TO OUR
COMMUNITIES. ALL MEDICAL STAFF MUST UNDERGO A THOROUGH AND COMPREHENSIVE
CREDENTIALING AND ORIENTATION PROCESS. NO PART OF THE INCOME OF ST.
PETER'S HOSPITAL BENEFITS ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE
INTEREST BEING SERVED. ALL SURPLUS FUNDS ARE REINVESTED INTO THE
FACILITY, EQUIPMENT, OR PROGRAMS OF THE HOSPITAL TO IMPROVE THE QUALITY OF
PATIENT CARE, EXPAND OUR FACILITIES AND ADVANCE OUR MEDICAL TRAINING,
EDUCATION, AND RESEARCH PROGRAMS.

IN FY22, ST. PETER'S HOSPITAL REMAINED A "TOBACCO FREE" FACILITY, BANNING
USE OF TRADITIONAL TOBACCO PRODUCTS, AS WELL AS ELECTRONIC VAPING DEVICES ON OUR PROPERTY. SIGNAGE IS VISIBLE ON THE GROUNDS OF SPHP FACILITIES, INCLUDING ST. PETER'S HOSPITAL, TO REFLECT CHANGES MADE IN FY16 TO THE SPHP SMOKE FREE ENVIRONMENT POLICY. IN ADDITION, OUR CENTER FOR HEALTH PROGRAMS AND THE CAPITAL DISTRICT TOBACCO FREE COMMUNITIES WORKED TO ADVOCATE FOR COUNTY LEVEL AND STATEWIDE LEGISLATION THAT WOULD END THE SALE OF FLAVORED TOBACCO PRODUCTS, INCLUDING MENTHOL AND VAPE PRODUCTS.

THE ST. PETER'S HOSPITAL CHILDBIRTH CENTER CONTINUED TO HAVE BABY-FRIENDLY DESIGNATION. BABY-FRIENDLY HOSPITALS ARE HOSPITALS THAT ARE RECOGNIZED FOR ENCOURAGING BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS.

ST. PETER'S HOSPITAL COLLABORATED WITH OTHER LOCAL HEALTH SYSTEMS, COUNTY HEALTH DEPARTMENTS AND COMMUNITY-BASED AGENCIES TO FORM WORKGROUPS TO FOCUS ON THE PRIORITIES OF THE CURRENT CHNA. DURING FY22, HOSPITAL STAFF WERE MEMBERS OF THE FOLLOWING WORKGROUPS RELATING TO THE COMMUNITY HEALTH IMPLEMENTATION STRATEGY: OBESITY/DIABETES TASKFORCE AND BEHAVIORAL HEALTH/SUBSTANCE ABUSE TASKFORCE. EACH GROUP MET ON A REGULAR BASIS THROUGHOUT FY22 TO STRATEGIZE, IMPLEMENT AND REPORT ON ACTIVITY RELATIVE TO THE GOALS SET FORTH IN THE CURRENT IMPLEMENTATION STRATEGY. THESE GROUPS WERE LED BY HEALTHY CAPITAL DISTRICT (HCD). HCD IS AN INCORPORATED NOT-FOR-PROFIT WHICH WORKS WITH OTHERS IN THE COMMUNITY TO DETERMINE WAYS IN WHICH THE CAPITAL REGION COULD BE MORE EFFECTIVE IN IDENTIFYING AND ADDRESSING PUBLIC HEALTH ISSUES.

DURING FY22, SPHP, INCLUDING ST. PETER'S HOSPITAL, SCREENED PATIENTS FOR SOCIAL INFLUENCERS (DETERMINANTS) OF HEALTH IN OUR EMERGENCY DEPARTMENTS.
And ambulatory sites. The questions addressed a variety of issues such as housing, transportation, food insecurity, health literacy and access to care. Patients in need of assistance with these issues were given referrals to appropriate resources/services.

During FY22, SPHP, including St. Peter's Hospital, participated in COVID-19 emergency preparedness efforts in a variety of aspects. Our senior leadership team served in command centers and task forces to manage this health crisis, partnering with external hospital systems, local and state departments of health, in order to provide a coordinated effort to address the needs of our community with respect to this pandemic. Staff were also re-deployed to centralized community drive-up testing sites to administer COVID-19 testing and assist with patient registration.

Furthermore, SPHP, including St. Peter's Hospital, conducted wellness and social needs assessments for COVID-19 presumptive or positive patients who were under self-quarantine orders. Our social care hub continued to screen and address the social needs of our patients during this difficult time. Patients needing assistance with food, transportation, housing, access to care, childcare, etc. were provided referrals to internal and community assistance programs.

During FY22, SPHP, including St. Peter's Hospital, worked on COVID-19 vaccination outreach and education. SPHP Community Health & Well-Being (CHWB), in conjunction with corporate communications, and Trinity Health launched a campaign, titled "IT STARTS HERE". It focused on populations that have been disproportionately affected by COVID-19 infections and death, mainly communities of color, and people who are poor and underserved. "IT STARTS HERE" supported local communities in accelerating...
EFFORTS BY RAISING AWARENESS, EDUCATING THE PUBLIC AND OFFERING THE VACCINE IN COMMUNITY ACCESSIBLE LOCATIONS, PARTICULARLY FOR COMMUNITIES OF COLOR AND THOSE WHO ARE VULNERABLE. CHWB COLLABORATED WITH AND SUPPORTED LOCAL COMMUNITY-BASED ORGANIZATIONS THROUGH GRANT FUNDS AWARDED BY TRINITY HEALTH; THESE FUNDS ASSISTED IN BUILDING COMMUNITY CAPACITY TO VACCINATE, PROMOTE AWARENESS OF AND AVAILABILITY TO RECEIVE THE COVID-19 VACCINE.

PART VI, LINE 6:

ST. PETER'S HOSPITAL 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, CHILD CARE, 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.

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

NY