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

1a. **Did the organization have a financial assistance policy during the tax year?** If "No," skip to question 6a.

1b. **If "Yes," was it a written policy?**

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

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

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

   a. **Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?** If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:

      - [ ] 100%
      - [ ] 150%
      - [ ] 200%
      - [X] 250%
      - [ ] Other

   b. **Did the organization use FPG as a factor in determining eligibility for providing discounted care?** If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:

      - [ ] 200%
      - [ ] 250%
      - [ ] 300%
      - [ ] 350%
      - [X] 400%
      - [ ] Other

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

4. **Did the organization’s financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to a patient who was eligible for free or discounted care?**

   - [ ] If "Yes," did the organization’s financial assistance expenses exceed the budgeted amount?

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

   - [X] If "Yes," did the organization’s financial assistance expenses exceed the budgeted amount?

   - [ ] If "Yes," did the organization make it available to the public?

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

   - [X] If "Yes," did the organization make it available to the public?

### Part VII  
**Financial Assistance and Certain Other Community Benefits at Cost**

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

<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>a. Financial Assistance at cost (from Worksheet 1)</td>
<td>18</td>
<td>22,533</td>
<td>1513979.1</td>
<td>39,710</td>
<td>1474269.1</td>
<td>.24%</td>
</tr>
<tr>
<td>b. Medicaid (from Worksheet 3, column a)</td>
<td>86539464.6</td>
<td>62463506.2</td>
<td>24075958.1</td>
<td></td>
<td></td>
<td>.388%</td>
</tr>
<tr>
<td>c. Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Total, Financial Assistance and Means-Tested Government Programs</td>
<td>88413825.6</td>
<td>62607738.2</td>
<td>25806087.1</td>
<td></td>
<td></td>
<td>.416%</td>
</tr>
</tbody>
</table>

#### Other Benefits

<table>
<thead>
<tr>
<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. Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>18</td>
<td>22,533</td>
<td>1513979.1</td>
<td>39,710</td>
<td>1474269.1</td>
</tr>
<tr>
<td>f. Health professions education (from Worksheet 5)</td>
<td>4</td>
<td>49</td>
<td>142,871.4</td>
<td>0.142,871.4</td>
<td>.02%</td>
</tr>
<tr>
<td>g. Subsidized health services (from Worksheet 6)</td>
<td>6</td>
<td>39,845</td>
<td>6327276.3</td>
<td>1776030.1</td>
<td>4551246.1</td>
</tr>
<tr>
<td>h. Research (from Worksheet 7)</td>
<td>1</td>
<td>57,522</td>
<td>57,522.0</td>
<td>0.57,522.0</td>
<td>.01%</td>
</tr>
<tr>
<td>i. Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>2</td>
<td>57,740</td>
<td>57,740.0</td>
<td>0.57,740.0</td>
<td>.01%</td>
</tr>
<tr>
<td>j. Total, Other Benefits</td>
<td>31</td>
<td>62,427</td>
<td>8099388.8</td>
<td>1815740.0</td>
<td>6283648.8</td>
</tr>
<tr>
<td>k. Total, Add lines 7d and 7j</td>
<td>31</td>
<td>62,427</td>
<td>8099388.8</td>
<td>1815740.0</td>
<td>6283648.8</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>5</td>
<td>486.</td>
<td>486.</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>66</td>
<td>4,181.</td>
<td>4,181.</td>
<td>.00%</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>71</td>
<td>4,667.</td>
<td>4,667.</td>
<td>.00%</td>
</tr>
</tbody>
</table>

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

#### Section A. Bad Debt Expense

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

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

2. 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.

<table>
<thead>
<tr>
<th></th>
<th>amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>16,604,718.</td>
</tr>
<tr>
<td>3</td>
<td>4,008,208.</td>
</tr>
</tbody>
</table>

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) **X**

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

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

<table>
<thead>
<tr>
<th></th>
<th>amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>123,839,302.</td>
</tr>
<tr>
<td>6</td>
<td>132,302,996.</td>
</tr>
<tr>
<td>7</td>
<td>-8,463,694.</td>
</tr>
</tbody>
</table>

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
- Other

#### Section C. Collection Practices

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

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

#### 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>25.48%</td>
<td>74.52%</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>EVERETT ROAD ASC, LLC</td>
<td>SURGERY CENTER</td>
<td>20.00%</td>
<td>80.00%</td>
<td></td>
</tr>
</tbody>
</table>
## Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 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</th>
<th>License Number</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST. PETER'S HOSPITAL</td>
<td>315 SOUTH MANNING BLVD, ALBANY, NY 12208</td>
<td>SPHP.COM/LOCATION/ST-PETERS-HOSPITAL</td>
<td>0101004H</td>
<td>1</td>
</tr>
</tbody>
</table>
### Section B. Facility Policies and Practices

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

| 4. Indicate the tax year the hospital facility last conducted a CHNA: | 20  | 18 |
| 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 |     | X  |
| 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 |     | X  |
| 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 |     | X  |
| 7. Did the hospital facility make its CHNA report widely available to the public? |     | X  |
| a. Hospital facility’s website (list url): SEE SCHEDULE H, PART V, 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 |     | X  |
| 9. Indicate the tax year the hospital facility last adopted an implementation strategy: | 20  | 18 |
| 10. Is the hospital facility’s most recently adopted implementation strategy posted on a website? |     | X  |
| 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)? |     | X  |
| 12b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? |     |    |

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Schedule H (Form 990) 2020

ST. PETER'S HOSPITAL

14-1348692

Page 4

Part V Facility Information (continued)

### Part V: Facility Information

**ST. PETER'S HOSPITAL**

**14-1348692**

**X**

**X**

**X**

**X**

**18**

**X**

**X**

**X**

**18**

**X**

**X**

**SEE SCHEDULE H, PART V, SECTION C**

**ST. PETER'S HOSPITAL**

**10120513 794151 6012**

**2020.05095**

**ST. PETER'S HOSPITAL**

**6012_1**

**032094  12-02-20**

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Schedule H (Form 990) 2020

10120513 794151 6012

2020.05095 ST. PETER'S HOSPITAL

6012_1
Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group  ST. PETER'S HOSPITAL

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

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?  
   If "Yes," indicate the eligibility criteria explained in the FAP:
   a ☒ 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 ☒ Medical indigency  
   e ☒ Insurance status  
   f ☒ Underinsurance status  
   g ☒ Residency  
   h ☒ Other (describe in Section C)  
14 Explained the basis for calculating amounts charged to patients?  
15 Explained the method for applying for financial assistance?  
   If "Yes," indicate how the hospital facility’s FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):
   a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application  
   b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  
   c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  
   d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications  
   e ☒ Other (describe in Section C)  
16 Was widely publicized within the community served by the hospital facility?  
   If "Yes," indicate how the hospital facility publicized the policy (check all that apply):
   a ☒ The FAP was widely available on a website (list url):  
   b ☒ The FAP application form was widely available on a website (list url):  
   c ☒ A plain language summary of the FAP was widely available on a website (list url):  
   d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  
   e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)  
   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)  
   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  
   h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP  
   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  
   j ☐ Other (describe in Section C)
Billing and Collections

Name of hospital facility or letter of facility reporting group  ST. PETER'S HOSPITAL

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?  

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:

- 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

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP?

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)

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):

- 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

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?  

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

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

<table>
<thead>
<tr>
<th>22</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
</tr>
<tr>
<td>b</td>
<td>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</td>
</tr>
<tr>
<td>c</td>
<td>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</td>
</tr>
<tr>
<td>d</td>
<td>The hospital facility used a prospective Medicare or Medicaid method</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>23</th>
<th>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?</th>
</tr>
</thead>
</table>

If "Yes," explain in Section C.

<table>
<thead>
<tr>
<th>24</th>
<th>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?</th>
</tr>
</thead>
</table>

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:

I. PREVENT CHRONIC DISEASE
   A. REDUCE OBESITY AND PREVENT DIABETES
   B. PREVENT/CONTROL ASTHMA AND PREVENT TOBACCO USE

II. PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS
   A. PREVENT MENTAL DISORDERS

ST. PETER'S HOSPITAL:

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.

2019, THESE INDIVIDUALS ARE SUBJECT MATTER EXPERTS FROM THE COUNTY PUBLIC HEALTH DEPARTMENTS OF ALBANY, RENSSELAER, AND SCHENECTADY; AND OF EACH OF THE CAPITAL REGION HOSPITALS: ST. PETER'S HOSPITAL, ALBANY MEDICAL CENTER, SUNNYVIEW HOSPITAL AND REHABILITATION CENTER, SAMARITAN HOSPITAL, AND ELLIS HOSPITAL. DURING FEBRUARY AND MARCH, THIS GROUP 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, COPD, AND CANCER. A TOTAL OF 28 DIFFERENT ORGANIZATIONS IN OUR CAPITAL REGION PARTICIPATED, SUCH AS CATHOLIC CHARITIES, WHITNEY M. YOUNG, JR. FEDERALLY QUALIFIED HEALTH CENTER (FQHC), CAPITAL DISTRICT PHYSICIANS HEALTH PLAN, FIDELIS CARE HEALTH PLAN, UPPER HUDSON PLANNED PARENTHOOD, HUDSON VALLEY COMMUNITY COLLEGE, CAPITAL ROOTS, FOOD PANTRIES FOR THE CAPITAL DISTRICT, PROMESA/CAMINO NUEVO AND SENIOR HOUSING ORGANIZATIONS. ALMOST ALL OF THESE ORGANIZATIONS SERVE MEDICALLY UNDERSERVED, LOW-INCOME OR MINORITY POPULATIONS, AND MANY OFFER SPECIFIC PROGRAMS TARGETED TOWARDS THESE GROUPS.

REPRESENTATIVES OF THE HCDI DETERMINED THE PROCESS FOR COMPLETING THE NEEDS ASSESSMENT AND REVIEWED THE COLLECTED DATA. THE CHNA IS THE RESULT OF OVER A YEAR OF MEETINGS WITH MEMBER ORGANIZATIONS AND COMMUNITY INPUT. IN ADDITION TO THE HEALTH DATA, THE 2018 COMMUNITY HEALTH SURVEY WAS CONDUCTED IN DECEMBER 2018 BY THE SIENA RESEARCH INSTITUTE. THE SURVEY WAS A REPRESENTATIVE SAMPLE OF ADULT (18+ YEARS) RESIDENTS OF THE CAPITAL REGION. THE SURVEY INCLUDED 1,204 (MOE +/- 3.4%) TOTAL INTERVIEWS WHICH WERE MADE UP OF A PHONE SAMPLE, OVERSAMPLE OF LOW-INCOME RESIDENTS AND A SMALL ONLINE SAMPLE. THIS CONSUMER SURVEY WAS CONDUCTED TO LEARN ABOUT...

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, SUNNYVIEW HOSPITAL AND REHABILITATION CENTER, AND BURDETT BIRTH 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 28 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 FY21, NEEDS FROM THE CURRENT CHNA WERE
ADRESSED. ST. PETER'S HOSPITAL TOOK THE LEAD ON SEVERAL OF THE HEALTH
PRIORITIES FROM THE CHNA.

REDUCE OBESITY & PREVENT DIABETES

ON AN OUTPATIENT BASIS, DIABETES EDUCATORS FROM ST. PETER'S HEALTH
PARTNERS (SPHP) DIABETES AND ENDOCRINE CARE PROVIDE DIABETES PREVENTION
PROGRAMS (DPP) AND OTHER APPROPRIATE DIABETES EDUCATION AS NEEDED. IN
FY21, 2,432 PATIENTS RECEIVED OUTPATIENT DIABETES EDUCATION. DURING FY21,
SPHP ALSO FACILITATED EIGHT DPP SESSIONS, WITH A TOTAL OF 227 PARTICIPANTS
ENROLLED, WHICH WERE HELD IN ALBANY AND RENSSELAER COUNTIES. THIS PROGRAM
IS GRANT FUNDED AND WAS PROVIDED AT NO CHARGE TO PARTICIPANTS. ALSO, IN
FY21, MONTHLY SUPPORT GROUPS WERE OFFERED, FREE OF CHARGE, FOCUSING ON A
VARIETY OF TOPICS RELATED TO DIABETES.

IN ORDER TO ADDRESS CHILDHOOD OBESITY IN FY21, 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 AFTEERSCHOOL 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, 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 FY21, 730 CHILDREN PARTICIPATED IN SOCCER FOR SUCCESS AT NINE BOYS AND GIRLS CLUB SITES THROUGHOUT ALBANY AND RENSSELAER COUNTIES. OUT OF THESE PARTICIPANTS, 74% MAINTAINED OR DECREASED THEIR BMI.

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. AT THE COMPLETION OF THE FIRST COHORT, THE PARTICIPANTS' A1CS DROPPED AN AVERAGE OF 2.1% PER PARTICIPANT.

PREVENT/CONTROL ASTHMA AND PREVENT TOBACCO USE IN FY21, ST. PETER'S HEALTH PARTNERS (SPHP), THROUGH ST. PETER'S HOSPITAL, CONTINUED TO SUPPORT THE SPHP HOME-BASED ASTHMA PROGRAM, WHICH ARRANGED FOR PATIENTS TO HAVE VISITS IN THEIR HOMES BY A RESPIRATORY THERAPIST AND REGISTERED NURSE. THIS PROGRAM FOCUSED ON CHILDREN REFERRED FROM OUR CLINICS AND EMERGENCY DEPARTMENTS WITHIN THE ACUITY AREAS WITH HIGH
INCIDENTS OF UNCONTROLLED ASTHMA. THROUGHOUT FY21, PROGRAM STAFF
CONDUCTED HOME VISITS, FAMILIARIZED FAMILIES WITH ASTHMA TERMINOLOGY, AND
OFFERED TRAINING FOR MANAGEMENT OF THE DISEASE. ST. PETER'S ALSO PROVIDED
ASTHMA ACTION PLANS TO DISTRIBUTE TO PATIENTS' HOMES AND COMMUNITY PARTNERS.

FURTHERMORE, IN FY21, 930 SPHP PATIENTS, IDENTIFYING AS TOBACCO USERS,
WERE REFERRED TO THE NYS SMOKERS QUIT LINE, "OPT TO QUIT" PROGRAM. THIS
PROGRAM IS A SYSTEM-WIDE SOLUTION FOR ENSURING THAT CESSATION SUPPORT IS
OFFERED AND ACCESSIBLE TO ALL INPATIENTS SO THAT ONCE THEY LEAVE THE
HEALTH CARE SETTING, THEY WILL HAVE A NICOTINE REPLACEMENT THERAPY AT HOME
TO UTILIZE IF THEY OPT TO QUIT. IN ADDITION, ST. PETER'S HOSPITAL HAS A
LONG TRADITION OF PROVIDING MEETING SPACE FOR THE BUTT STOPS HERE, A
SEVEN-WEEK SMOKING CESSATION PROGRAM THAT IS TAUGHT ON SITE WHENEVER THERE
ARE INTERESTED COMMUNITY MEMBERS AND/OR STAFF. DURING FY21, 215 PEOPLE
ATTENDED THE BUTT STOPS HERE TOBACCO CESSATION PROGRAMS OFFERED VIRTUALLY.

PROMOTE WELL-BEING & PREVENT MENTAL 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. FUNDING IS PROVIDED BY THE NEW YORK
STATE OFFICE OF CHILDREN AND FAMILY SERVICES. DURING FY21, 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

10120513 794151 6012                  2020.05095 ST. PETER'S HOSPITAL      6012___1
DEPARTMENTS AND HOSPITALS. STAFF AT SPHP, INCLUDING ST. PETER'S HOSPITAL, WERE OFFERED TRAINING IN MENTAL HEALTH FIRST AID AND CRISIS DE-ESCALATION.

PREVENT SUBSTANCE ABUSE (FOCUS ON OPIOID ABUSE)

DURING FY21, 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. PROVIDER EDUCATION WAS OFFERED TO ALL PRESCRIBERS OF ST. PETER'S HOSPITAL, AS WELL AS SPHP, REGARDING ADDICTION AND PAIN MANAGEMENT (INCLUDING GUIDELINES, COMMUNITY RESOURCES AND INFORMATION TO PROVIDE TO PATIENTS REGARDING RISK AND HARM/MISUSE) USING THE FEDERAL GUIDELINES. HOSPITAL STAFF PROMOTED SAFE STORAGE AND PROPER DISPOSAL OF UNUSED PRESCRIPTION MEDICATIONS. FURTHERMORE, SPHP COLLABORATED WITH LOCAL HEALTH DEPARTMENTS TO PROMOTE THE AVAILABILITY OF NARCAN (NALOXONE) TRAINING. ATTENDEES ARE TRAINED ON THE PROPER ADMINISTRATION OF THE INTRA-NASAL NARCAN OVERDOSE REVERSAL DRUG.

IN ADDITION, AN OUTPATIENT DETOXIFICATION PROGRAM WAS OFFERED AT ST. PETER'S HOSPITAL AND TWO OUTPATIENT SITES, ST. PETER'S ADDICTION RECOVERY CENTER (SPARC) IN ALBANY AND COHOES WHICH ARE OWNED AND OPERATED BY ST. PETER'S, DURING FY21. THE OUTPATIENT DETOXIFICATION PROGRAM IS AN EVIDENCE-BASED, MEDICALLY SUPERVISED OUTPATIENT PROGRAM FOR ADULTS AND FAMILIES IMPACTED BY OPIOID addiction. THIS SPECIALIZED PROGRAM IS LICENSED BY THE NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES (OASAS) AND IS STAFFED BY A MULTIDISCIPLINARY TEAM COMPRISED OF ADDICTION COUNSELORS, BOARD CERTIFIED ADDICTION PHYSICIANS AND NURSES.

ST. PETER'S HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF HEALTH ISSUES THAT...
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.

EMERGED FROM THE CHNA PROCESS AND DETERMINED IT COULD EFFECTIVELY FOCUS ON
ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESS AND WITHIN ITS ABILITY TO INFLUENCE.  THUS, SECONDARY PRIORITIES SUCH AS MATERNAL AND INFANT HEALTH, SEXUALLY TRANSMITTED INFECTIONS AND LYME DISEASE WERE NOT DIRECTLY ADDRESSED BY ST. PETER'S HOSPITAL IN FY21.

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

ST. PETER'S HOSPITAL - PART V, SECTION B, LINE 16C:

WWW.SPHP.COM/FOR-PATIENTS/BILLING-INFORMATION/FINANCIAL-ASSISTANCE
### Schedule H (Form 990) 2020

**ST. PETER'S HOSPITAL**

**14-1348692**

**Page 9**

**Part V Facility Information (continued)**

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

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

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

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Cancers 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><strong>2</strong> St. Peter's Surgery and Endoscopy 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><strong>3</strong> Op Medical Imaging</td>
<td>Medical Imaging, Breast Center, Labs, Advanced Heart and Cong. Heart Failure</td>
</tr>
<tr>
<td>319 South Manning Blvd.</td>
<td></td>
</tr>
<tr>
<td>Albany, NY 12208</td>
<td></td>
</tr>
<tr>
<td><strong>4</strong> 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><strong>5</strong> 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><strong>6</strong> 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><strong>7</strong> 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><strong>8</strong> 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><strong>9</strong> 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><strong>10</strong> 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) 2020
Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(Preceded by a column for each facility: Name and address, Type of Facility (describe))

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 EVERETT ROAD SURGERY CENTER</td>
<td>AMBULATORY SURGERY CENTER</td>
</tr>
<tr>
<td>123 EVERETT ROAD</td>
<td></td>
</tr>
<tr>
<td>ALBANY, NY 12205</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Provide the following information.

1  **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
2  **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
3  **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy.
4  **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
5  **Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
6  **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
7  **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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**PART I, LINE 3C:**

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

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**PART I, LINE 6A:**

ST. 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.

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**PART I, LINE 7:**

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

PART I, LN 7 COL(F):
THE FOLLOWING NUMBER, $16,604,718, 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 I, LINE 5A:
DURING FY21, DUE TO THE COVID-19 PANDEMIC, THE HOSPITAL SUSPENDED ITS
TRADITIONAL ANNUAL BUDGET PROCESS AND USED A QUARTERLY PROCESS TO PLAN
FOR FREE AND DISCOUNTED CARE UNDER ITS FINANCIAL ASSISTANCE POLICY.
THIS CHANGE IN PROCESS DID NOT ALLOW THE HOSPITAL TO BUDGET FOR
FINANCIAL ASSISTANCE EXPENSES ON AN ANNUAL BASIS. THE HOSPITAL
IMPLEMENTED A NEW ROLLING FORECAST METHOD FOR FINANCIAL PLANNING IN
FY22. THE ROLLING FORECAST WILL FACILITATE CONTINUOUS PLANNING,
PERFORMANCE ASSESSMENT AND ACCOUNTABILITY.

PART II, COMMUNITY BUILDING ACTIVITIES:
IN 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
PART VI
Supplemental Information (Continuation)

TASKFORCE. STAFF ALSO SERVED ON THE CAPITAL REGION ASTHMA COALITION.

ALSO, DURING FY21, 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 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 COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:
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. THE MEDIAN HOUSEHOLD INCOME IS $90,031. 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 71% 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 79.9% NON-HISPANIC WHITE, 10.3% BLACK OR AFRICAN AMERICAN, 5.66% HISPANIC AND 4.14% OTHER RACES/ETHNICITIES IN 2017. OVER TIME, THE CAPITAL DISTRICT POPULATION HAS GROWN MORE ETHNICALLY DIVERSE, WITH FEWER INDIVIDUALS IDENTIFIED AS WHITE NON-HISPANIC.

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 623,619. THERE ARE 276,563 HOUSING UNITS IN THE SERVICE AREA WITH AN AVERAGE OF 64% OWNER OCCUPIED. ON AVERAGE, 12.4% OF PERSONS LIVE BELOW THE POVERTY LEVEL. THE MEDIAN HOUSEHOLD INCOME IS $83,990.

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, 4.95% OF RESIDENTS WERE NOT COVERED BY ANY FORM OF HEALTH INSURANCE.

PART VI, LINE 5:
OTHER INFORMATION - ST. PETER'S 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 FY21, 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. IN ORDER TO MAINTAIN BABY-FRIENDLY STATUS, ST. PETER'S CHILDBIRTH CENTER, IN FY21, HAS BEEN WORKING TOWARDS THEIR RE-DESIGNATION. THEY HAVE COMPLETED PART 1 OF THE VIRTUAL ASSESSMENT AND WILL COMPLETE PART 2 IN NOVEMBER/DECEMBER 2021.

ST. PETER'S HOSPITAL, ALONG WITH ITS SPHP SISTER HOSPITALS, 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 FY21, HOSPITAL STAFF WERE MEMBERS OF THE FOLLOWING WORKGROUPS RELATING TO THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP): OBESITY/DIABETES TASKFORCE AND BEHAVIORAL HEALTH/SUBSTANCE ABUSE TASKFORCE AND THE ASTHMA/TOBACCO COALITION. EACH GROUP MET ON A REGULAR BASIS THROUGHOUT FY21 TO STRATEGIZE, IMPLEMENT AND REPORT ON ACTIVITY RELATIVE TO THE GOALS SET FORTH IN THE CURRENT CHNA/CHIP. THESE GROUPS WERE LED BY HCDI. HCDI 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 FY21, 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.

ALSO, DURING FY21, SPHP, INCLUDING ST. PETER'S HOSPITAL, ADDRESSED THE ISSUE OF HOUSING BY COLLABORATING WITH THE INTERFAITH PARTNERSHIP FOR THE HOMELESS TO PROVIDE GOODS AND MONETARY DONATIONS TO THE SR. MAVIS JEWELL MEDICAL RESPITE PROGRAM FOR THE HOMELESS, JOSEPH'S HOUSE, HATAS AND EQUINOX. FOR EXAMPLE, SPHP PROVIDED PORTABLE HANDWASHING STATIONS AND COVID-19 CARE KITS (BAGS CONTAINING ITEMS TO HELP KEEP VULNERABLE POPULATIONS SAFE AND PROVIDE VACCINE INFORMATION) TO SOME OF THESE ORGANIZATIONS.

DURING FY21, 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 (DAILY) 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 FY21, 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". ITFocused 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 THOSE WHO ARE POOR AND VULNERABLE IN THE COMMUNITIES WE SERVE BY CONNECTING SOCIAL AND CLINICAL CARE, ADDRESSING SOCIAL NEEDS, DISMANTLING SYSTEMIC RACISM, AND REDUCING HEALTH INEQUITIES. WE DO THIS BY:

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

INVESTING IN OUR COMMUNITIES:

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2021, TRINITY HEALTH INVESTED $1.2 BILLION IN COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE. IN RESPONSE TO COVID-19, TRINITY HEALTH MEMBER HOSPITALS REDIRECTED SOME RESOURCES TO ADDRESS THE MOST URGENT SOCIAL AND MEDICAL NEEDS IN OUR COMMUNITIES, INCLUDING FOOD SUPPORT, EDUCATION SUPPORT, AND OUTREACH TO THOSE EXPERIENCING HOMELESSNESS.
ADDITIONALLY, THROUGH TRINITY HEALTH'S COMMUNITY HEALTH INSTITUTE, $1.6 MILLION WAS INVESTED IN THE "IT STARTS HERE" COVID-19 VACCINE CAMPAIGN, COUPLING COMMUNITY ENGAGEMENT STRATEGIES AND SOCIAL MEDIA INFLUENCERS. THIS EFFORT DISTRIBUTED $1.1 MILLION IN CHWB GRANTS TO MEMBER HOSPITALS AND COMMUNITY-BASED ORGANIZATIONS IN SUPPORT OF COMMUNITY ENGAGEMENT STRATEGIES FOCUSED IN COMMUNITIES OF COLOR. OVER 80% OF DOLLARS AWARDED SUPPORTED PRIORITIZED COMMUNITIES, DEFINED AS 40% OF THE COMMUNITY BEING BLACK/LATINX AND/OR NATIVE AMERICAN. IT STARTS HERE LAUNCHED IN FEBRUARY, AND IN JUST UNDER FIVE MONTHS, MEMBER HOSPITALS AND THEIR COMMUNITY PARTNERS REACHED NEARLY 615,000 PEOPLE THROUGH OUTREACH AND EDUCATION, ENGAGED OVER 1,150 COMMUNITY CHAMPIONS, AND HELD OVER 700 VACCINE CLINICS THAT PROVIDED OVER 152,000 VACCINATIONS. IN ADDITION TO COMMUNITY EFFORTS, IT STARTS HERE FUNDED SOCIAL MEDIA CAMPAIGNS TO IMPROVE ACCESS TO COVID-19 VACCINATION INFORMATION BY ENGAGING LOCAL SOCIAL MEDIA INFLUENCERS WHO REPRESENT THE CULTURE AND ETHNICITY OF OUR LOCAL COMMUNITIES.

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

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

ADDITIONALLY, WE CREATED THE TRINITY HEALTH COMMUNITY RESOURCE DIRECTORY, WHICH IS AN ONLINE PORTAL CONNECTING THOSE IN NEED TO FREE OR REDUCED-COST HEALTH AND SOCIAL SERVICE RESOURCES WITHIN THE COMMUNITY AND ACROSS ALL TRINITY HEALTH LOCATIONS. IN FISCAL YEAR 2021, THE COMMUNITY RESOURCE DIRECTORY YIELDED NEARLY 50,000 SEARCHES, OVER 1,000 REFERRALS, OVER 70 KEY ORGANIZATIONS CLAIMED THEIR PROGRAMS, AND OVER 900 SOCIAL NEEDS ASSESSMENTS WERE COMPLETED.

TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION. EPIC, TRINITY HEALTH'S ELECTRONIC HEALTH RECORD, IDENTIFIED THE DIABETES PREVENTION PROGRAM AS A BEST PRACTICE FOR IDENTIFICATION OF AT-RISK PATIENTS, REFERRAL, AND BI-DIRECTIONAL COMMUNICATION.
ADDITIONALLY, THE AMERICAN MEDICAL ASSOCIATION PRESENTED TRINITY HEALTH’S DIABETES PREVENTION PROGRAM APPROACH TO THEIR BOARD OF DIRECTORS AS A BEST PRACTICE FOR A POPULATION HEALTH, DATA-DRIVEN STRATEGY TO PREVENT DIABETES.

IMPACTING SOCIAL INFLUENCERS OF HEALTH:

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

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

FISCAL YEAR 2021 YIELDED MANY POSITIVE OUTCOMES IN ITS 180 COMPANY ENGAGEMENTS, INCLUDING 50 COMPANY DIALOGUES AND 16 FILED RESOLUTIONS LEADING TO CHANGES IN POLICIES AND PRACTICES AT 18 CORPORATIONS.

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

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

NY