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

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Did the organization have a financial assistance policy during the tax year? If &quot;No,&quot; skip to question 6a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>If &quot;Yes,&quot; was it a written policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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:</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Did the organization use FPG as a factor in determining eligibility for providing discounted care? If &quot;Yes,&quot; indicate which of the following was the family income limit for eligibility for discounted care:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>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 the &quot;medically indigent&quot;?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>If &quot;Yes,&quot; did the organization’s financial assistance expenses exceed the budgeted amount?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td>If &quot;Yes&quot; to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Did the organization prepare a community benefit report during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>If &quot;Yes,&quot; did the organization make it available to the public?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**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>Financial Assistance at cost (from Worksheet 1)</td>
<td></td>
<td>20,435.</td>
<td>20,435.</td>
<td>.03%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td></td>
<td>8914747.</td>
<td>4317526.</td>
<td>4597221.</td>
<td>7.37%</td>
<td></td>
</tr>
<tr>
<td>Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total, Financial Assistance and Means-Tested Government Programs</td>
<td></td>
<td>8935182.</td>
<td>4317526.</td>
<td>4617656.</td>
<td>7.40%</td>
<td></td>
</tr>
</tbody>
</table>

**Other Benefits**

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>1,374</td>
<td>245,536.</td>
<td>83,958.</td>
<td>161,578.</td>
</tr>
<tr>
<td>Health professions education (from Worksheet 5)</td>
<td>25</td>
<td>7,942.</td>
<td>7,942.</td>
<td>.01%</td>
</tr>
<tr>
<td>Subsidized health services (from Worksheet 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research (from Worksheet 7)</td>
<td>1</td>
<td>648.</td>
<td>648.</td>
<td></td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>1</td>
<td>648.</td>
<td>648.</td>
<td></td>
</tr>
<tr>
<td>Total, Other Benefits</td>
<td>1,399</td>
<td>254,126.</td>
<td>83,958.</td>
<td>170,168.</td>
</tr>
<tr>
<td>Total, Add lines 7d and 7j</td>
<td>1,399</td>
<td>918,930.</td>
<td>440,1484.</td>
<td>478,7824.</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>(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>Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coalition building</td>
<td>1</td>
<td>2,109.</td>
<td>2,109.</td>
<td>.00%</td>
<td></td>
</tr>
<tr>
<td>Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workforce development</td>
<td>1</td>
<td>4</td>
<td>56,120.</td>
<td>56,120.</td>
<td>.09%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>4</td>
<td>58,229.</td>
<td>58,229.</td>
<td>.09%</td>
</tr>
</tbody>
</table>

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

#### Section A. Bad Debt Expense

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

2. Enter the amount of the organization’s bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount  
   - 1,071,049.

3. Enter the estimated amount of the organization’s bad debt expense attributable to patients eligible under the organization’s financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit  
   - 0.

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

#### Section B. Medicare

5. Enter total revenue received from Medicare (including DSH and IME)  
   - 16,170,063.

6. Enter Medicare allowable costs of care relating to payments on line 5  
   - 16,297,538.

7. Subtract line 6 from line 5. This is the surplus (or shortfall)  
   - -127,475.

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.

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

#### Section C. Collection Practices

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

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.

   - [X] Yes

### Part IV Management Companies and Joint Ventures

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

<table>
<thead>
<tr>
<th>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization’s profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees’ profit % or stock ownership %</th>
<th>(e) Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

132092 11-22-21 Schedule H (Form 990) 2021

2 11010525 794151 6042 2021.05080 SUNNYVIEW HOSPITAL AND RE 6042 1
### Section A. Hospital Facilities

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

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

1

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

<table>
<thead>
<tr>
<th>Facility Reporting Group</th>
<th>Licensed Hospital</th>
<th>General Medical &amp; Surgical</th>
<th>Children's Hospital</th>
<th>Teaching Hospital</th>
<th>Critical Access Hospital</th>
<th>Research Facility</th>
<th>ER 24 Hours</th>
<th>ER Other</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SUNNYVIEW HOSPITAL &amp; REHAB CENTER</td>
<td>4601004H</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>REHABILITATION HOSPITAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| | | | | | | | | | | |
**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

SUNNYVIEW HOSPITAL AND REHAB CENTER

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

1

<table>
<thead>
<tr>
<th>Community Health Needs Assessment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?</td>
<td>1</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?</td>
<td>2</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>3</td>
<td>X</td>
</tr>
<tr>
<td>a A definition of the community served by the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Demographics of the community</td>
<td>X</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>X</td>
<td></td>
</tr>
<tr>
<td>d How data was obtained</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e The significant health needs of the community</td>
<td>X</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>X</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>X</td>
<td></td>
</tr>
<tr>
<td>h The process for consulting with persons representing the community’s interests</td>
<td>X</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>X</td>
<td></td>
</tr>
<tr>
<td>j Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Indicate the tax year the hospital facility last conducted a CHNA:

20 21

### 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.

5 | X |

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

6a | X |

### 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.

6b | X |

### 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):

7 | X |

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

20 21

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

10 | X |

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

11 |

### 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)?

12a | X |

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

12b |

### If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?

$
### Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: SUNNYVIEW HOSPITAL AND REHAB CENTER

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the hospital facility have in place during the tax year a written financial assistance policy that:</td>
<td>13</td>
<td>X</td>
</tr>
<tr>
<td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate the eligibility criteria explained in the FAP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 400 %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Income level other than FPG (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Asset level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Medical indigency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Insurance status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Underinsurance status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Residency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Explained the basis for calculating amounts charged to patients?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Explained the method for applying for financial assistance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the hospital facility’s FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Described the information the hospital facility may require an individual to provide as part of his or her application</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Was widely publicized within the community served by the hospital facility?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the hospital facility publicized the policy (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The FAP was widely available on a website (list url): SEE PART V, SECTION C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b The FAP application form was widely available on a website (list url): SEE PART V, SECTION C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients’ attention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Billing and Collections

**Name of hospital facility or letter of facility reporting group**  
SUNNYVIEW HOSPITAL AND REHAB CENTER

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th></th>
<th>None of these actions or other similar actions were permitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>X</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th></th>
<th>None of these efforts were made</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>X</td>
</tr>
</tbody>
</table>

Provide 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)

<table>
<thead>
<tr>
<th></th>
<th>None of these efforts were made</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>X</td>
</tr>
</tbody>
</table>

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

Name of hospital facility or letter of facility reporting group: SUNNYVIEW HOSPITAL AND REHAB CENTER

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

   a ☑ 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.
SUNNYVIEW HOSPITAL AND REHAB CENTER:

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

LINE 3E: SUNNYVIEW REHABILITATION 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
SUNNYVIEW HOSPITAL AND REHAB CENTER:

PART V, SECTION B, LINE 5: THE SUNNYVIEW REHABILITATION HOSPITAL


SUNNYVIEW HOSPITAL AND REHAB CENTER:

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

PART V, SECTION B, LINE 6B: IN THE CHNA PROCESS, SUNNYVIEW REHABILITATION 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 AND MENTAL AND SUBSTANCE USE DISORDERS. A TOTAL OF 52 DIFFERENT ORGANIZATIONS IN OUR CAPITAL REGION PARTICIPATED, SUCH AS: CAPITAL REGION TOBACCO FREE COALITION, HOMETOWN HEALTH, FEDERALLY QUALIFIED HEALTH CENTER (FQHC), CAPITAL DISTRICT PHYSICIANS HEALTH PLAN, FIDELIS CARE HEALTH PLAN, NEW CHOICES RECOVERY CENTER, SCHENECTADY INNER CITY MINISTRY, CAPITAL ROOTS, SENIOR HOUSING ORGANIZATIONS, AND THE SCHENECTADY PUBLIC LIBRARY.

SUNNYVIEW HOSPITAL AND REHAB CENTER:

PART V, SECTION B, LINE 11: SUNNYVIEW REHABILITATION HOSPITAL HAS A SPECIALIZED FOCUS ON REHABILITATION AND HAS LIMITED RESOURCES TO DEVOTE OUTSIDE OF ITS PRIMARY FUNCTION FOR THE CAPITAL REGION. SUNNYVIEW REHABILITATION HOSPITAL CHOSE TO OFFER ITS EXPERTISE TO THE COMMUNITY WITHIN ITS CAPABILITIES. FOR THE CURRENT CHNA, THE STAFF AT SUNNYVIEW REHABILITATION HOSPITAL CONCENTRATED THEIR EFFORTS ON THE FOLLOWING PREVENTION AGENDA PRIORITY AREAS: PREVENT CHRONIC DISEASE, TOBACCO PREVENTION, PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE. DURING FY22, THE FOLLOWING NEEDS FROM THE CHNA WERE ADDRESSED.

MENTAL AND SUBSTANCE USE DISORDERS:
TO ADDRESS MENTAL HEALTH AND SUBSTANCE ABUSE, STAFF MEMBERS OF SUNNYVIEW

REHABILITATION HOSPITAL ATTENDED WORKGROUPS FORMED BY THE SCHENECTADY

COALITION FOR A HEALTHY COMMUNITY IN THE AREA OF MENTAL HEALTH/SUBSTANCE

USE DISORDERS. MEETINGS WERE HELD SIX TIMES PER YEAR. SUNNYVIEW

REHABILITATION HOSPITAL STAFF ALSO PROMOTED MENTAL HEALTH FIRST AID

TRAINING TO COLLEAGUES AND COMMUNITY PARTNERS. SUNNYVIEW REHABILITATION

HOSPITAL CONTINUED TO REFER PATIENTS, AS APPROPRIATE, TO MEDICATION

ASSISTANCE TREATMENT PROGRAMS FOR OPIOID WITHDRAWAL.

COVID-19:

DURING FY22, SPHP, INCLUDING SUNNYVIEW REHABILITATION 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. FURTHERMORE, SPHP, INCLUDING SUNNYVIEW,

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, CHILD CARE, ETC. WERE PROVIDED

REFERRALS TO INTERNAL AND COMMUNITY ASSISTANCE PROGRAMS. IN ADDITION,

SUNNYVIEW REHABILITATION HOSPITAL 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.
SUNNYVIEW HOSPITAL AND REHABILITATION 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 PRIORITY AREAS, SUCH AS OBESITY, DIABETES HEART DISEASE, SOCIAL DETERMINANTS OF HEALTH, 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 SUNNYVIEW REHABILITATION HOSPITAL.

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

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

SUNNYVIEW HOSPITAL AND REHAB CENTER - PART V, SECTION B, LINE 7A:
WWW.SPHP.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-REPORTS

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

SUNNYVIEW HOSPITAL AND REHAB CENTER - PART V, SECTION B, LINE 10A:
WWW.SPHP.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-REPORTS

SUNNYVIEW HOSPITAL AND REHAB CENTER - PART V, SECTION B, LINE 16A:
WWW.SPHP.COM/FOR-PATIENTS/BILLING-INFORMATION/FINANCIAL-ASSISTANCE

SUNNYVIEW HOSPITAL AND REHAB CENTER - PART V, SECTION B, LINE 16B:
WWW.SPHP.COM/FOR-PATIENTS/BILLING-INFORMATION/FINANCIAL-ASSISTANCE

SUNNYVIEW HOSPITAL AND REHAB CENTER - PART V, SECTION B, LINE 16C:
WWW.SPHP.COM/FOR-PATIENTS/BILLING-INFORMATION/FINANCIAL-ASSISTANCE
### Part V  Facility Information (continued)

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

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<th>Name and address</th>
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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:

SUNNYVIEW REHABILITATION HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH IT SUBMITS TO THE STATE OF NEW YORK. IN ADDITION, SUNNYVIEW REHABILITATION 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.

---

SUNNYVIEW REHABILITATION 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, $1,071,049, 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 FY22, SUNNYVIEW REHABILITATION HOSPITAL CONTINUED TO PROVIDE COMMUNITY SUPPORT THROUGH THE TIME STAFF DEDICATED TO LOCAL NONPROFITS AND THE VARIOUS DONATIONS THE HOSPITAL MADE. THE COALITION BUILDING EFFORTS CONTINUED TO SUPPORT SCHENECTADY COUNTY AS OUR STAFF, INCLUDING EXECUTIVE STAFF, WERE ACTIVE ON VARIOUS NONPROFIT BOARDS OF DIRECTORS. IN THE AREA OF WORKFORCE DEVELOPMENT, SUNNYVIEW REHABILITATION 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 4:

SUNNYVIEW REHABILITATION 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:
SUNNYVIEW REHABILITATION 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 - SUNNYVIEW REHABILITATION 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.

SUNNYVIEW REHABILITATION 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.

SUNNYVIEW REHABILITATION HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SUNNYVIEW REHABILITATION 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 - SUNNYVIEW REHABILITATION HOSPITAL IS LOCATED IN
THE CITY OF SCHENECTADY WHICH IS CENTRALLY LOCATED IN SCHENECTADY COUNTY
WITH A POPULATION OF 154,845. SCHENECTADY IS THE SMALLEST COUNTY IN
UPSTATE NEW YORK AND CONSISTS OF FIVE TOWNS, TWO PRIMARILY RURAL AND THREE
PRIMARILY SUBURBAN, SURROUNDING THE CENTRALLY LOCATED CITY OF SCHENECTADY
(POPULATION: 66,135). THE COUNTY IS LOCATED IMMEDIATELY WEST OF THE STATE
CAPITAL OF ALBANY, AND MANY OF ITS RESIDENTS COMMUTE TO JOBS IN ALBANY AND
OTHER COUNTIES THAT TOGETHER MAKE UP NEW YORK'S CAPITAL REGION. RESIDENTS
OF THE CITY OF SCHENECTADY ARE GENERALLY LESS AFFLUENT AND LESS HEALTHY
THAN RESIDENTS OF THE SURROUNDING TOWNS, WHILE RESIDENTS OF THE COUNTY AS
A WHOLE ARE LESS AFFLUENT THAN THE STATE AS A WHOLE, BUT THE COUNTY'S
POVERTY RATE IS BELOW THAT OF THE STATE. THE MEDIAN HOUSEHOLD INCOME FOR
THE CITY IS $61,754. THE POVERTY RATE IN THE CITY OF SCHENECTADY IS 22.6%
AND IS NEARLY DOUBLE THAT OF THE COUNTY AS A WHOLE (12%). OVERALL,
SCHENECTADY COUNTY RESIDENTS ARE MORE LIKELY THAN THE AVERAGE NEW YORK
STATE RESIDENT TO HAVE HEALTH INSURANCE AND A PRIMARY CARE PROVIDER.
ALMOST ALL PRIMARY MEDICAL CARE AND DENTAL CARE FOR LOW-INCOME RESIDENTS
IS PROVIDED BY HOMETOWN HEALTH AND THE COMMUNITY PRACTICES OF THE ELLIS
MEDICAL GROUP. BOTH FACILITIES HAVE ACHIEVED RECOGNITION BY THE NATIONAL
COMMITTEE FOR QUALITY ASSURANCE AS PATIENT-CENTERED MEDICAL HOMES.

PART VI, LINE 5:
OTHER INFORMATION - SUNNYVIEW REHABILITATION HOSPITAL IS A 115-BED
HOSPITAL SPECIALIZING IN PHYSICAL REHABILITATION. EVERY YEAR MORE THAN
15,000 INDIVIDUALS COME TO SUNNYVIEW REHABILITATION HOSPITAL FROM ACROSS
THE CAPITAL REGION OF NEW YORK STATE AND BEYOND. SUNNYVIEW REHABILITATION HOSPITAL CONDUCTS ITS ACTIVITIES AND ITS HEALTH CARE PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, SEXUAL ORIENTATION, DISABILITY, AGE, OR NATIONAL ORIGIN.

AS A NONPROFIT ORGANIZATION THAT IS PART OF ST. PETER’S HEALTH PARTNERS (SPHP), SUNNYVIEW REHABILITATION HOSPITAL IS GUIDED BY A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE MAKEUP OF THE AREA WE SERVE. OUR HOSPITAL OPERATES WITH 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 SUNNYVIEW REHABILITATION 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.

SUNNYVIEW REHABILITATION HOSPITAL HAS A LONG HISTORY OF CONTRIBUTING TO THE HEALTH OF OUR COMMUNITY AND HAS PARTICIPATED IN HEALTH EDUCATION REQUESTS FROM COALITION MEMBER AGENCIES, COMMUNITY OUTREACH EVENTS, AND FREE HEARING SCREENINGS, AMONG OTHER SERVICES, TO PROMOTE HEALTH IN THE COMMUNITY. BEYOND THIS IS OUR TRAINING AND CLINICAL OPPORTUNITIES FOR LOCAL STUDENTS, FROM HIGH SCHOOL TO GRADUATE SCHOOL, IN THE SPECIALTY OF REHABILITATION, INCLUDING ALL ASPECTS OF RESEARCH AND CLINICAL TRIALS OF NEURO-ELECTRONIC DEVELOPMENTS, LIMB FABRICATION AND FITTING, INCLUDING HOSPITAL CARE AND SURGERY.
DURING FY22, SPHP CONTINUED THE WORK OF THE CREATING HEALTHY SCHOOLS AND COMMUNITIES GRANT, WHICH PROVIDES TECHNICAL ASSISTANCE AND FOCUSES ON THE DEVELOPMENT AND IMPLEMENTATION OF SCHOOL WELLNESS POLICIES WITHIN THE SCHENECTADY CITY SCHOOL DISTRICT.

SUNNYVIEW REHABILITATION 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. IN FY22, THE SCHENECTADY COALITION FOR A HEALTHY COMMUNITY MET FOUR TIMES THROUGHOUT THE YEAR TO STRATEGIZE, IMPLEMENT AND REPORT ON ACTIVITY RELATIVE TO THE GOALS SET FORTH IN THE CURRENT CHNA AND THE IMPLEMENTATION STRATEGY.

ADDITIONALLY, PATIENTS BEING DISCHARGED FROM SUNNYVIEW REHABILITATION HOSPITAL WERE SCREENED FOR FOOD INSECURITY, A SOCIAL INFLUENCER OF HEALTH, AT TIME OF DISCHARGE. REFERRALS WERE SENT TO LOCAL FOOD PANTRIES FOR PATIENTS WHO SCREENED POSITIVE FOR FOOD INSECURITY AND WHO REQUESTED ASSISTANCE WITH OBTAINING FOOD.

DURING FY22, SPHP, INCLUDING SUNNYVIEW REHABILITATION 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 SUNNYVIEW, 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 SUNNYVIEW REHABILITATION 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:
SUNNYVIEW REHABILITATION 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, CHILDCARE, OR AFFORDABLE MEDICATIONS BY FACILITATING CONNECTIONS BETWEEN OUR PATIENTS, HEALTH CARE PROVIDERS AND COMMUNITY PARTNERS THAT PROMOTE HEALTHY BEHAVIORS.

HIGHLIGHTS FROM FY22 INCLUDE THE FOLLOWING SUCCESSES:

- LAUNCHED TRINITY HEALTH COMMUNITY HEALTH WORKER (CHW) CERTIFICATION PROGRAM, TRAINING 86 CHWS WITH 40+ HOURS OF TRAINING, AND INCREASED CHW STAFF ACROSS MOST HEALTH MINISTRIES

- LAUNCHED A SYSTEM-WIDE ASSESSMENT OF LANGUAGE ACCESS SERVICES TO RECOMMEND SYSTEM STANDARDS THAT ENSURE CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES FOR ALL OF OUR PATIENTS, THEIR COMPANIONS, AND CAREGIVERS

- ENGAGED OVER 1,100 PARTICIPANTS IN THE NATIONAL DIABETES PREVENTION PROGRAM, EXCEEDING OUR PROGRAM YEAR 5 GOAL

- INCREASED THE NUMBER OF ACTIVE COMMUNITY PARTNER ORGANIZATIONS ON THE COMMUNITY RESOURCE DIRECTORY BY 120% FROM FISCAL YEAR 2021

- ENGAGED 5,300+ PATIENTS WHO ARE DUALLY ENROLLED IN MEDICARE AND MEDICAID IN A SOCIAL CARE OR MEDICAL CARE ACTIVITY, IN SUPPORT OF REDUCING PREVENTABLE HOSPITALIZATIONS (SUCH AS DIABETES AND ASTHMA)

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

ADDITIONALLY, TRINITY HEALTH AND OTHER MEMBERS OF THE INTERFAITH CENTER ON
CORPORATE RESPONSIBILITY GUN SAFETY GROUP SUBMITTED A SHAREHOLDER
RESOLUTION ASKING STURM RUGER, ONE OF THE NATION'S LEADING MANUFACTURERS
OF FIREARMS, TO CONDUCT AND PUBLISH AN INDEPENDENT HUMAN RIGHTS IMPACT
ASSESSMENT OF ITS POLICIES, PRACTICES AND PRODUCTS, AND MAKE
RECOMMENDATIONS FOR IMPROVEMENT. THE RESOLUTION RECEIVED A 68.5% VOTE IN
FAVOR, WELL ABOVE THE THRESHOLD REQUIRED FOR THE RESOLUTION TO BE
RESUBMITTED IN 2023, INDICATING A LARGE MAJORITY OF STURM RUGER INVESTORS
BELIEVE THE COMPANY HAS TO ADDRESS ITS HUMAN RIGHTS IMPACTS. TRINITY
HEALTH AND TRINITY HEALTH OF NEW ENGLAND ARE CITED AS PART OF THE GROUP
WHO MOVED FORWARD THIS RESOLUTION.
PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

NY