Part I
Financial Assistance and Certain Other Community Benefits at Cost

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

1b If "Yes," was it a written policy?
   Yes  X
   No

2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.
   X Applied uniformly to all hospital facilities
   G Generally tailored to individual hospital facilities

3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.
   a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?
      Yes  X
      No
   If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
      100%  150%  X 200%  300%  400%  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:
      100%  150%  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 the "medically indigent"?
   Yes  X
   No

5a Did the organization prepare a community benefit report during the tax year?
   Yes  X
   No

5b If "Yes," did the organization use FPG as a factor in determining eligibility for providing free care?
   Yes
   No

5c If "Yes," was it a written policy?
   Yes  X
   No

5d If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
   Yes  X
   No

5e If "Yes" 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?
   Yes  X
   No

6a Did the organization prepare a community benefit report during the tax year?
   Yes  X
   No

6b If "Yes," did the organization make it available to the public?
   Yes  X
   No

7 Financial Assistance and Certain Other Community Benefits at Cost

   (a) Number of activities or programs (optional)
   (b) Persons served (optional)
   (c) Total community benefit expense
   (d) Direct offsetting revenue
   (e) Net community benefit expense
   (f) Percent of total expense

   Financial Assistance and Means-Tested Government Programs
   a Financial Assistance at cost (from Worksheet 1) 3983084. 3983084. .99%
   b Medicaid (from Worksheet 3, column a) 42882594. 37974390. 4908204. 1.23%
   c Costs of other means-tested government programs (from Worksheet 3, column b) 46865678. 37974390. 8891288. 2.22%
   d Total, Financial Assistance and Means-Tested Government Programs 46865678. 37974390. 8891288. 2.22%

   Other Benefits
   e Community health improvement services and community benefit operations (from Worksheet 4) 19 152,949 2708813. 2708813. .68%
   f Health professions education (from Worksheet 5) 3 2,016 3735935. 1646213. 2089722. .52%
   g Subsidized health services (from Worksheet 6) 4 7,465 40604769. 21820692. 18784077. 4.69%
   h Research (from Worksheet 7) 7 453 688,375. 688,375. .17%
   i Cash and in-kind contributions for community benefit (from Worksheet 8) 33 162,883 47737892. 21820692. 688,375. .60%
   j Total, Other Benefits 33 162,883 4603570. 61441295. 33162275. 8.28%
   k Total, Add lines 7d and 7j 33 162,883 4603570. 61441295. 33162275. 8.28%

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part II  Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

<table>
<thead>
<tr>
<th></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></td>
<td></td>
<td></td>
<td></td>
<td></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></td>
<td></td>
<td></td>
<td></td>
<td></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></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

#### Section A. Bad Debt Expense

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

2. Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount 8,784,665.

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) 100,683,741.

6. Enter Medicare allowable costs of care relating to payments on line 5 119,191,295.

7. Subtract line 6 from line 5. This is the surplus (or shortfall) 18,507,554.

8. Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

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

#### Section C. Collection Practices

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

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, 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’ or stock ownership %</th>
<th>(e) Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ENDOSCOPY CENTER AT ST. MARY’S, LP</td>
<td>MEDICAL SVCS - SURGERY CENTER</td>
<td>19.15%</td>
<td>80.85%</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>LANGHORNE MOB PARTNERS, LP</td>
<td>INVESTMENT AND OPERATIONS</td>
<td>36.39%</td>
<td>56.15%</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>SMMC MOB II, LP</td>
<td>OPERATIONS</td>
<td>65.75%</td>
<td>25.44%</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>THE AMBULATORY SURGERY CENTER AT ST. MARY LLC</td>
<td>ASC SERVICES AND RELATED PROCEDURES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>HEART INSTITUTE OF ST. MARY LLC</td>
<td>CO-MANAGEMENT AGREEMENT</td>
<td>10.00%</td>
<td>90.00%</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>ENDOSCOPY CENTER AT ST. MARY MGMT LLC</td>
<td>MEDICAL SERVICES MGMT.</td>
<td>19.38%</td>
<td>80.62%</td>
<td></td>
</tr>
</tbody>
</table>
### Part V Facility Information

#### Section A. Hospital Facilities
(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

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

<table>
<thead>
<tr>
<th>Facility Reporting Group</th>
<th>Licensed Hospital</th>
<th>Gen. Medical &amp; Surgical</th>
<th>Children's Hospital</th>
<th>Critical Access Hospital</th>
<th>ER - 24 hours</th>
<th>ER - Other</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ST. MARY MEDICAL CENTER</td>
<td>X X X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TRAUMA CENTER, NEONATAL ICU</td>
</tr>
<tr>
<td>1201 LANGHORNE-NEWTON ROAD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LANGHORNE, PA 19047</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://WWW.TRINITYHEALTHMA.ORG">WWW.TRINITYHEALTHMA.ORG</a></td>
<td></td>
<td></td>
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<tr>
<td>710201</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 ST. MARY REHABILITATION HOSPITAL</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>INPATIENT REHABILITATION</td>
</tr>
<tr>
<td>1201 LANGHORNE-NEWTON ROAD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>LANGHORNE, PA 19047</td>
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<tr>
<td><a href="http://WWW.TRINITYHEALTHMA.ORG">WWW.TRINITYHEALTHMA.ORG</a></td>
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<tr>
<td>23760101</td>
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<td></td>
</tr>
</tbody>
</table>
**Community Health Needs Assessment**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If &quot;No,&quot; skip to line 12</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; indicate what the CHNA report describes (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>A definition of the community served by the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Demographics of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>How data was obtained</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>The significant health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>The process for consulting with persons representing the community’s interests</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Indicate the tax year the hospital facility last conducted a CHNA:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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 &quot;Yes,&quot; 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</td>
<td>5</td>
<td>X</td>
</tr>
<tr>
<td>6a</td>
<td>Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If &quot;Yes,&quot; list the other hospital facilities in Section C</td>
<td>6a</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? If &quot;Yes,&quot; list the other organizations in Section C</td>
<td>6b</td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td>Did the hospital facility make its CHNA report widely available to the public?</td>
<td>7</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; indicate how the CHNA report was made widely available (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other website (list url):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Made a paper copy available for public inspection without charge at the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If &quot;No,&quot; skip to line 11</td>
<td>8</td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>Indicate the tax year the hospital facility last adopted an implementation strategy:</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Is the hospital facility’s most recently adopted implementation strategy posted on a website?</td>
<td>10</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; (list url): SEA SCHEDULE H, PART V, SECTION C</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;No,&quot; is the hospital facility’s most recently adopted implementation strategy attached to this return?</td>
<td>10b</td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td>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.</td>
<td>11</td>
<td>X</td>
</tr>
<tr>
<td>12a</td>
<td>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)?</td>
<td>12a</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes&quot; to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?</td>
<td>12b</td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>If &quot;Yes&quot; 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? $</td>
<td>12c</td>
<td>X</td>
</tr>
</tbody>
</table>
Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group  

ST. MARY MEDICAL CENTER

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 200% 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): SEE PART V, SECTION C  
      b  The FAP application form was widely available on a website (list url): SEE PART V, SECTION C  
      c  A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C  
      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

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:

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?

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):

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?
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)
Name of hospital facility or letter of facility reporting group  ST. MARY MEDICAL 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 [X] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
   b     The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
   c     The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
   d     The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ................................................................. 23 [X]
   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? ................................................................. 24 [X]
   If "Yes," explain in Section C.
### Section B. Facility Policies and Practices

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

ST. MARY REHABILITATION HOSPITAL

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

2

---

#### Community Health Needs Assessment

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If &quot;No,&quot; skip to line 12</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

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

4 Indicate the tax year the hospital facility last conducted a CHNA: 2018

5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted

6a Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C

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

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

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

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

8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11

9 Indicate the tax year the hospital facility last adopted an implementation strategy: 2018

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

a If "Yes," (list url): SEE SCHEDULE H, PART V, SECTION C

b If "No," is the hospital facility’s most recently adopted implementation strategy attached to this return?

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

12a Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)?

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

c 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)

#### Part V  Facility Information (continued)

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

<table>
<thead>
<tr>
<th>ST. MARY REHABILITATION HOSPITAL</th>
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Did the hospital facility have in place during the tax year a written financial assistance policy that:

<table>
<thead>
<tr>
<th>13</th>
<th>Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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<tr>
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</table>

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 **200**% 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)

<table>
<thead>
<tr>
<th>14</th>
<th>Explained the basis for calculating amounts charged to patients?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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<td>X</td>
<td></td>
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<thead>
<tr>
<th>15</th>
<th>Explained the method for applying for financial assistance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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<td>X</td>
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</table>

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)

<table>
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<tr>
<th>16</th>
<th>Was widely publicized within the community served by the hospital facility?</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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<tr>
<td>X</td>
<td></td>
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</table>

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): SEE PART V, SECTION C
- **b** The FAP application form was widely available on a website (list url): SEE PART V, SECTION C
- **c** A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C
- **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)
**Part V**

**Facility Information** (continued)

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

<table>
<thead>
<tr>
<th></th>
<th>ST. MARY REHABILITATION HOSPITAL</th>
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### Billing and Collections

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<tr>
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<th>Yes</th>
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<td></td>
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</tbody>
</table>

**Check all of the following actions against an individual that were permitted under the hospital facility’s policies during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP:**

- [ ] Reporting to credit agency(ies)
- [ ] Selling an individual’s debt to another party
- [ ] Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP
- [ ] Actions that require a legal or judicial process
- [X] Other similar actions (describe in Section C)
- [ ] None of these actions or other similar actions were permitted

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<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>19</td>
<td></td>
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</tbody>
</table>

**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)

<table>
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<th>Yes</th>
<th>No</th>
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<td>20</td>
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**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):**

- [X] Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- [X] Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- [X] Processed incomplete and complete FAP applications (if not, describe in Section C)
- [X] 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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>21</td>
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<td>X</td>
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</table>

**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:

- [X] 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)
### Part V Facility Information (continued)

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

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST. MARY REHABILITATION HOSPITAL</td>
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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.

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<table>
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<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>

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.

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### Schedule H (Form 990) 2020
ST. MARY MEDICAL CENTER:

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

PART V, SECTION B, LINE 3E: ST. MARY MEDICAL CENTER & ST. MARY REHABILITATION HOSPITAL:

ST. MARY MEDICAL CENTER (SMMC) AND ST. MARY REHABILITATION HOSPITAL (SMRH) INCLUDED IN THEIR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORTS A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA.

THE FOLLOWING IDENTIFIED UNMET COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. ACCESS TO MENTAL HEALTH CARE
2. ACCESS TO SUBSTANCE ABUSE TREATMENT
3. ACCESS TO CARE FOR THE UNINSURED, ESPECIALLY THOSE LIVING IN POVERTY
4. CORONARY HEART DISEASE
5. EDUCATION AND AWARENESS FOR LUNG CANCER SCREENING
6. ACCESS TO PRENATAL SERVICES
7. EDUCATION AND AWARENESS OF WOMEN'S HEALTH SCREENING (MAMMOGRAM)
8. CONGESTIVE HEART FAILURE
9. NUTRITION EDUCATION FOR ADULTS
10. SMOKING CESSATION EDUCATION FOR EXPECTANT MOTHERS
11. ACCESS TO BLOOD PRESSURE SCREENING
12. CHRONIC LOWER RESPIRATORY DISEASE
13. ACCESS TO DENTAL CARE FOR ADULTS AND CHILDREN
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, 15, 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.

14. EDUCATION AND AWARENESS FOR SIGMOID/COLONSCOPY

15. EDUCATION AND AWARENESS FOR WOMEN'S HEALTH SCREENING (PAP TEST)

ST. MARY REHABILITATION HOSPITAL:

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

ST. MARY MEDICAL CENTER:

PART V, SECTION B, LINE 5: ST. MARY MEDICAL CENTER & ST. MARY REHABILITATION HOSPITAL:

THE HOSPITALS JOINTLY SOLICITED AND CONSIDERED INPUT FROM PERSONS ORGANIZATIONS THAT REPRESENT THE BROAD INTERESTS OF THE COMMUNITY THEY SERVE. THIS INPUT WAS SOLICITED FROM LOCAL COMMUNITY REPRESENTATIVES OF THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN THE SERVICE AREA AND FROM PUBLIC HEALTH OFFICIALS, SOCIAL SERVICE PROVIDERS, AND CLINICIANS.

COMMUNITY ORGANIZATIONS AT THE EXTERNAL STAKEHOLDER MEETING ON SEPTEMBER 17, 2018 INCLUDED MEMBERS FROM LOCAL NONPROFIT HEALTH AND SOCIAL SERVICE AGENCIES, BUCKS COUNTY HEALTH DEPARTMENT, PUBLIC HEALTH EXPERTS, MEDICAL STAFF AND MANY COMMUNITY MEMBERS. STAKEHOLDERS AT THE MEETING WERE MOST OFTEN DIRECTORS, ADMINISTRATORS, AND MANAGERS AT THEIR RESPECTIVE ORGANIZATIONS. MANY OF THE STAKEHOLDERS WORKED IN SOCIAL WORK, SOCIAL SERVICES, AND HELD VARIOUS HEALTH ADMINISTRATION POSITIONS. INDIVIDUALS WORKED IN THEIR RESPECTIVE POSITIONS FOR AN AVERAGE OF SEVEN AND A HALF YEARS, RANGING FROM LESS THAN A YEAR TO 18 YEARS AT THEIR CURRENT POSITION.
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, 13e, 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.

COMMUNITY ORGANIZATIONS AND STAKEHOLDERS REPRESENTING THE BROADER COMMUNITY AND UNDERSERVED INCLUDED:

BUCKS COUNTY HEALTH DEPARTMENT OFFICE OF PERSONAL HEALTH

BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP

BUCKS COUNTY OPPORTUNITY COUNCIL

CATHOLIC HEALTH CARE SERVICES

CATHOLIC SOCIAL SERVICES

COMMUNITY MEMBER AND ST. MARY MISSION BOARD MEMBER

FAMILY SERVICE ASSOCIATION BUCKS COUNTY AND OPIOID BEHAVIORAL HEALTH CENTER OF EXCELLENCE FOR BUCKS COUNTY

PENN COMMUNITY BANK

ST. MARY MEDICAL AND SOCIAL SERVICE PROVIDERS, FOUNDATION AND MISSION LEADERSHIP INCLUDED:

ST. MARY COMMUNITY HEALTH AND WELL-BEING

ST. MARY FOUNDATION

ST. MARY MISSION INTEGRATION

BENSALEM MINISTRIES CLINICS: ST. MARY ADULT HEALTH CENTER, ST. MARY CHILDREN'S HEALTH CENTER AND MOTHER BACHMANN MATERNITY CENTER

STAKEHOLDERS WERE ASKED TO COMPLETE A HEALTH RANKING WRITTEN EXERCISE TO EVALUATE THE PREVIOUSLY IDENTIFIED UNMET HEALTH NEEDS AND TO OBTAIN QUALITATIVE DATA ON CURRENT UNMET HEALTH NEEDS OF THE ST. MARY COMMUNITY.

ST. MARY MEDICAL CENTER:

032098 12-02-20

51

11020511 794151 6318 2020.05094 ST. MARY MEDICAL CENTER 6318__1
PART V, SECTION B, LINE 6A: SMMC PARTNERED WITH SMRH TO CONDUCT A JOINT CHNA.

ST. MARY REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 6A: SMRH PARTNERED WITH SMMC TO CONDUCT A JOINT CHNA.

ST. MARY MEDICAL CENTER:

PART V, SECTION B, LINE 11: SMMC ADDRESSED THE FOLLOWING THREE UNMET HEALTH NEEDS IN FISCAL YEAR 2021:

1) ACCESS TO MENTAL HEALTH CARE:

SMMC PROVIDED ACCESS TO QUALITY MENTAL HEALTH SERVICES FOR LOW-INCOME UNINSURED PERSONS DIAGNOSED WITH A BEHAVIORAL HEALTH DISORDER, IN PARTNERSHIP WITH HEALTH AND SOCIAL SERVICE AGENCIES THROUGH OUR COMMUNITY BENEFIT GRANTS PROGRAM. FAMILY SERVICE ASSOCIATION (FSA) PROVIDED MENTAL HEALTH COUNSELING AND TREATMENT FOR 95 INDIVIDUALS AT THE ST. MARY ADULT HEALTH AND CHILDREN'S HEALTH CENTERS. MENTAL HEALTH SCREENING AND INTERVENTION INCLUDED ASSESSMENT, INDIVIDUAL AND FAMILY THERAPY, MEDICATION MONITORING, DEPRESSION SCREENINGS, AND PSYCHIATRIC REFERRAL AS NEEDED FOR LOW-INCOME UNINSURED PATIENTS AT THE ABOVE REFERENCED HEALTH CENTERS. SMMC ALSO AWARDED GRANT SUPPORT TO FSA FOR SCHOOL-BASED MENTAL HEALTH COUNSELING SERVICES FOR 23 STUDENTS IN CRISIS. PAIRED T-TEST SHOWED SIGNIFICANT IMPROVEMENTS IN PROBLEM SEVERITY AND IN DAY-TO-DAY FUNCTIONING FOLLOWING COUNSELING. THERE WAS A 28% REDUCTION IN SEVERITY OF ISSUES; 7% INCREASE IN FUNCTIONAL SCORE, ABLE TO HANDLE DAILY ISSUES; 27% IMPROVEMENT IN HOPEFULNESS. SMMC IS CONTINUING TO EXPLORE A CO-LOCATION OF MEDICAL
AND BEHAVIORAL HEALTH SERVICES THROUGH EXPANSION OF ST. MARY FAMILY MEDICINE RESIDENTS AT THE FAMILY SERVICE ASSOCIATION BEHAVIORAL HEALTH CLINIC. A NEW PROGRAM DIRECTOR FAMILY MEDICINE RESIDENCY WAS HIRED TO OVERSEE THESE RESIDENTS IN SPRING 2021.

2) ACCESS TO SUBSTANCE ABUSE TREATMENT:

SMMC CONTINUED USING THE MOTORHOME PURCHASED IN FISCAL YEAR 2020 TO ESTABLISH MOBILE DRUG AND ALCOHOL RELAPSE PREVENTION SERVICES IN PARTNERSHIP WITH POSITIVE RECOVERY SOLUTIONS. POSITIVE RECOVERY SOLUTIONS PROVIDED MONTHLY DRUG RELAPSE PREVENTION SERVICES IN THE MOTORHOME FOR 11 PATIENTS. LENAPE CRISIS SERVICES CONTINUES TO PROVIDE CONTRACTED DETOX/RECOVERY STABILIZATION SERVICES FOR PATIENTS PRESENTING WITH SUBSTANCE USE DISORDER IN ST. MARY EMERGENCY DEPARTMENT.

3) ACCESS TO CARE FOR THE UNINSURED, ESPECIALLY THOSE LIVING IN POVERTY:

ASSISTANCE PROGRAM AND THE DISPENSARY OF HOPE FREE MEDICATION PROGRAM, FOR THOSE WHO ARE UNINSURED AND LIVING AT OR BELOW 300% FEDERAL POVERTY LEVEL.


SMMC RECOGNIZES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. IN FISCAL YEAR 2021, SMMC DID NOT TAKE ACTION ON THE FOLLOWING HEALTH NEEDS AS IDENTIFIED IN OUR 2019 CHNA:

- CORONARY HEART DISEASE IS ALREADY BEING ADDRESSED THROUGH ESTABLISHED AND ONGOING HEALTHY LIFESTYLE PROGRAMS.
- EDUCATION AND AWARENESS FOR LUNG CANCER SCREENING WAS NOT RANKED AS HIGHLY AS OTHER NEEDS THAT WERE CHOSEN AND WILL NOT BE ADDRESSED.
- ACCESS TO PRENATAL CARE SERVICES IS ALREADY PROVIDED FOR LOW-INCOME, UNINSURED, AND UNDERINSURED EXPECTANT MOTHERS BY THE MOTHER BACHMANN MATERNITY CENTER OPERATED BY ST. MARY.
- EDUCATION AND AWARENESS FOR WOMEN’S HEALTH SCREENING (MAMMOGRAM AND PAP TESTING) IS ALREADY BEING ADDRESSED THROUGH WOMEN'S HEALTH SCREENINGS PROVIDED AT ST. MARY ADULT HEALTH CENTER FOR LOW-INCOME UNINSURED AND UNDERINSURED WOMEN IN NEED.
- CONGESTIVE HEART FAILURE WAS NOT RANKED AS HIGHLY AS OTHER NEEDS THAT WERE CHOSEN AND WILL NOT BE ADDRESSED.
- SMOKING CESSATION EDUCATION FOR EXPECTANT MOTHERS IS ALREADY BEING...
Addressed through routine prenatal care services at Mother Bachmann Maternity Center for low-income, uninsured expectant mothers who currently smoke.

- Access to blood pressure screening was not ranked as highly as other needs that were chosen and will not be addressed.
- Chronic lower respiratory disease was not ranked as highly as other needs that were chosen and will not be addressed.
- Access to dental care for adults and children is not our area of expertise and will not be addressed.
- Education and awareness for sigmoid/colonoscopy screening was not ranked as highly as other needs that were chosen and will not be addressed.
- Nutrition education for older adults is already addressed through established and ongoing healthy lifestyle programs.

St. Mary Rehabilitation Hospital:

Part V, Section B, Line 11: SMRH addressed the following unmet health need in fiscal year 2021:

1) Access to substance abuse treatment: Positive Recovery Solutions Mobile drug and alcohol relapse prevention services were available on St. Mary campus for residents and patients from St. Mary Medical Center and Rehabilitation Hospital. Patients are transferred to St. Mary Rehabilitation Hospital for intensive rehabilitation for those recovering from stroke, brain injury, neurologic conditions, trauma, spinal cord injury, amputation, and orthopedic surgery. All patients with history of substance use disorder were screened for medication assisted treatment to prevent drug and alcohol relapse.
SMRH recognizes the wide range of priority health issues that emerged from the CHNA process and determined that it could effectively focus on those health needs which it deemed most pressing, under-addressed, and within its ability to influence. In Fiscal Year 2021, SMRH did not take action on the following health needs:

- Mental health for the uninsured and underinsured was not directly addressed because it is being addressed by SMMC and other community partners.

- Access to care was not directly addressed because it is already being addressed by SMMC and other community partners.

- Coronary heart disease was not directly addressed because it is already being addressed through established and ongoing healthy lifestyle programs by SMMC.

- Education and awareness for lung cancer screening was not directly addressed because it is not our area of expertise.

- Access to prenatal care services was not directly addressed because it is not our area of expertise and is being addressed by SMMC.

- Education and awareness women's health screenings (mammogram and Pap testing) was not directly addressed this need because it is not our area of expertise and it is already being addressed through primary care and preventive services for low-income, uninsured, and underinsured at St. Mary Adult Health Center.

- Congestive heart failure was not directly addressed because it is not our area of expertise.

- Smoking cessation education expectant mothers was not directly addressed because it is not our area of expertise and is available through routine.
Prenatal Services at Mother Bachmann Maternity Center.

- Access to blood pressure screening was not directly addressed because it is not our area of expertise.
- Chronic lower respiratory disease was not directly addressed because it is not our area of expertise.
- Access to dental care adults and children was not directly addressed because it is not our area of expertise.
- Education and awareness for sigmoid/colonoscopy screening was not ranked as highly as other needs that were chosen and was not addressed.
- Nutrition education for older adults is already addressed through established and ongoing healthy lifestyle programs.

St. Mary Medical 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.

For the purpose of helping financially needy patients, a third party is utilized to conduct a review of patient information to assess financial need. This review utilizes a health care industry-recognized, predictive...
MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

ST. MARY REHABILITATION HOSPITAL:

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

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.
ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

PART V, SECTION B, LINE 7A
ST. MARY MEDICAL CENTER AND ST. MARY REHABILITATION CENTER:
WWW.TRINITYHEALTHMA.ORG/COMMUNITY-BENEFIT/CHNA/ST-MARY

PART V, SECTION B, LINE 10A
ST. MARY MEDICAL CENTER AND ST. MARY REHABILITATION CENTER:
WWW.TRINITYHEALTHMA.ORG/COMMUNITY-BENEFIT/CHNA/ST-MARY

PART V, SECTION B, LINE 9
ST. MARY MEDICAL CENTER AND ST. MARY REHABILITATION CENTER:
As permitted in the final Section 501(r) regulations, each 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.

PART V, SECTION B, LINE 16A
ST. MARY MEDICAL CENTER AND ST. MARY REHABILITATION CENTER:
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.

PART V, SECTION B, LINE 16B

ST. MARY MEDICAL CENTER AND ST. MARY REHABILITATION CENTER:

WWW.TRINITYHEALTHMA.ORG/PATIENTS-VISITORS/PAY-YOUR-BILL/ST-MARY/

FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 16C

ST. MARY MEDICAL CENTER AND ST. MARY REHABILITATION CENTER:

WWW.TRINITYHEALTHMA.ORG/PATIENTS-VISITORS/PAY-YOUR-BILL/ST-MARY/

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

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

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 THE AMBULATORY SURGERY CTR AT ST. MARY</td>
<td>ASC SERVICES &amp; RELATED PROCEDURES</td>
</tr>
<tr>
<td>1203 LANGHORNE NEWTON ROAD LANGHORNE, PA 19047</td>
<td></td>
</tr>
<tr>
<td>2 ENDOSCOPY CENTER AT ST. MARY LP</td>
<td>MEDICAL SERVICES</td>
</tr>
<tr>
<td>1203 LANGHORNE NEWTON ROAD LANGHORNE, PA 19047</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. Mary Medical Center (SMMC) prepares an annual community benefit report, which it submits to the State of Pennsylvania. In addition, SMMC reports its community benefit information as part of the consolidated community benefit information reported by Trinity Health (EIN 35-1443425) in its audited financial statements, available at www.trinity-health.org. In addition, SMMC 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, $8,784,665, 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 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:
SMMC USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN
COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL
ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL
(FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL
BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL
COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED.
FOR FINANCIAL STATEMENT PURPOSES, SMMC IS RECORDING AMOUNTS AS CHARITY
CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE
MODEL. THEREFORE, SMMC IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY
ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE
PREDICTIVE MODEL.

PART III, LINE 4:
SMMC 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:
SMMC DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON
COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

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

PART VI, LINE 2:

NEEDS ASSESSMENT - SMMC AND ST. MARY REHABILITATION HOSPITAL (SMRH) ASSESS THE HEALTH STATUS OF THEIR COMMUNITIES, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SMMC AND SMRH COMMUNICATE 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.

SMMC AND SMRH OFFER 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.
SMMC AND SMRH HAVE ESTABLISHED A WRITTEN POLICY FOR THE BILLING,
COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SMMC AND
SMRH MAKE EVERY EFFORT TO ADHERE TO THE POLICY AND ARE COMMITTED TO
IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED
MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:
COMMUNITY INFORMATION - POPULATION SIZE AND TRENDS IMPACT THE NUMBER OF
PERSONS USING AND NEEDING SERVICES IN AN AREA AND ARE IMPORTANT TO
CONSIDER IN CHARACTERIZING AND PRIORITIZING HEALTH NEEDS. RELATEDLY,
DEMOGRAPHIC CHARACTERISTICS SUCH AS AGE, GENDER, RACE/ETHNICITY, AND
LANGUAGE CAN AFFECT THE PREVALENCE OF SPECIFIC DISEASES AND CONDITIONS AND
BARRIERS TO CARE RELATED TO EDUCATIONAL ATTAINMENT, ECONOMIC STATUS, RACE,
ETHNICITY, AND LANGUAGE.

SOCIOECONOMIC CHARACTERISTICS SUCH AS EDUCATIONAL ATTAINMENT, EMPLOYMENT,
AND INCOME IMPACT HEALTH STATUS AND ACCESS TO CARE. HIGH LEVELS OF
EDUCATIONAL ATTAINMENT ARE RELATED TO HEALTH LITERACY, HEALTHIER
BEHAVIORS, AND IMPROVED HEALTH STATUS. EMPLOYMENT AND INCOME AFFECT
INSURANCE STATUS AND THE ABILITY TO PAY OUT OF POCKET FOR HEALTH CARE
EXPENSES. KEY DEMOGRAPHIC CHARACTERISTICS OF THE SMMC AND SMRH SERVICE
AREA IS HIGHLIGHTED BELOW.

SMMC AND SMRH ARE LOCATED IN LANGHORNE, IN BUCKS COUNTY, PENNSYLVANIA. THE
SERVICE AREA INCLUDES THE FOLLOWING ZIP CODES IN BUCKS COUNTY,

PENNSYLVANIA: 18940, 18954, 18966, 18974, 18976, 18977, 19007, 19020,
19021, 19030, 19047, 19053, 19054, 19055, 19056, 19057, AND 19067. THE
TOTAL POPULATION OF THIS SERVICE AREA WAS APPROXIMATELY 414,000 RESIDENTS
IN 2018. THE 65+ AGE GROUP IS ESTIMATED TO INCREASE 13% AND THE CHILD POPULATION (AGE 0-17 YEARS) IS PREDICTED TO DECREASE 6% BETWEEN 2018-2023.

IN THE SMMC AND SMRH SERVICE AREA, 20% OF RESIDENTS ARE BETWEEN THE AGES OF 0-17, 19% ARE BETWEEN 18-34, 42% ARE BETWEEN 34-64, AND 19% ARE 65 OR OLDER. APPROXIMATELY 84% OF RESIDENTS IDENTIFY AS WHITE, 6% IDENTIFY AS LATINO, 6% IDENTIFY AS BLACK, 6% IDENTIFY AS ASIAN, AND LESS THAN 5% IDENTIFY AS AN "OTHER" RACE/ETHNICITY. ENGLISH IS THE PREDOMINATELY SPOKEN LANGUAGE, WITH 87% OF RESIDENTS SPEAKING IT AT HOME. OTHER LANGUAGES REPORTED ARE SPANISH (4%) AND AN ASIAN LANGUAGE (2%).

IN THE SMMC AND SMRH SERVICE AREA, 7% OF RESIDENTS HAVE LESS THAN A HIGH SCHOOL DEGREE, 57.2% OF RESIDENTS HAVE A HIGH SCHOOL DIPLOMA, AND 35.8% HAVE A COLLEGE DEGREE OR HIGHER. APPROXIMATELY 6% OF RESIDENTS ARE UNEMPLOYED. WHEN LOOKING AT POVERTY STATUS, 2.6% OF FAMILIES WITHOUT CHILDREN AND 7.1% OF FAMILIES WITH CHILDREN ARE LIVING WITH INCOMES 150% BELOW THE POVERTY LINE. THE 2018 MEDIAN HOUSEHOLD INCOME WAS APPROXIMATELY $87,960 FOR RESIDENTS IN THE SMMC AND SMRH SERVICE AREA.

THE MAJORITY OF ADULTS (92%) IN THE SERVICE AREA HAVE HEALTH INSURANCE COVERAGE. HOWEVER, A SIZABLE PERCENTAGE OF ADULTS DO NOT HAVE ANY PRIVATE OR PUBLIC HEALTH INSURANCE: 8% OF ADULTS AGED 18-64 IN THE SERVICE AREA ARE UNINSURED.

THE SMMC AND SMRH SERVICE AREA, COMPRISED MAINLY OF BUCKS COUNTY COMMUNITIES, APPEARS TO BE WEALTHY WHEN COMPARED TO OTHER PARTS OF SOUTHEASTERN PENNSYLVANIA (SEPA). HOWEVER, THE HIGH MEDIAN INCOME (NEARLY $87,960) AND LOW POVERTY RATES CONTRADICT SOME OF THE ECONOMIC NEED THAT
IS PRESENT IN THIS SERVICE AREA. NEARLY ONE IN 15 (7%) OF HOUSEHOLDS WITH CHILDREN IN THE SERVICE AREA ARE LIVING IN POVERTY, AS ARE 2.6% OF HOUSEHOLDS WITHOUT CHILDREN. THE COMMUNITY MEETING PARTICIPANTS EMPHASIZED THE CHALLENGES THAT LOW-INCOME POPULATIONS IN THIS AREA FACE WHEN ACCESSING HEALTH CARE AND OTHER HEALTH-IMPACTING RESOURCES. IN ADDITION, THEY DISCUSSED SOME OF THE WAYS THAT FAMILIES WITH MODERATE INCOMES ARE STRUGGLING TO PAY THEIR BILLS AND ACCESS HEALTH CARE DUE TO HIGH HOUSING COSTS, MEDICAL BILLS, AND OTHER EXPENSES, WHILE STILL HAVING TOO MUCH INCOME TO QUALIFY FOR AID PROGRAMS. CONSUMERS AND SOCIAL SERVICE PROVIDERS ALIKE REPORT THAT IT IS VERY CHALLENGING TO FIND PRIMARY CARE PROVIDERS WHO ACCEPT MEDICAID.

HAVING A USUAL SOURCE OF HEALTH CARE IS ASSOCIATED WITH BETTER HEALTH OUTCOMES, LOWER COSTS, AND FEWER HEALTH DISPARITIES. THE PERCENTAGE OF ST. MARY SERVICE AREA ADULTS WITHOUT A REGULAR SOURCE OF CARE (16%) WAS COMPARABLE TO THE REMAINDER OF THE SEPA REGION (14%). WHEN INDIVIDUALS DELAY OR PUT OFF OBTAINING HEALTH CARE AND MEDICAL PRESCRIPTIONS DUE TO COST, IT CAN IMPACT BOTH IMMEDIATE AND LONG-TERM HEALTH OUTCOMES. ADULTS IN THE ST. MARY SERVICE AREA WERE SIGNIFICANTLY LESS LIKELY TO NOT SEEK CARE DUE TO COST (8%). SOME INDIVIDUALS END UP USING THE EMERGENCY DEPARTMENT BECAUSE THE PRIMARY CARE PROVIDERS DO NOT HAVE SPACE IN THEIR SCHEDULE FOR URGENT CARE APPOINTMENTS – PARTICULARLY THE FEW THAT TAKE ALL INSURANCE PROVIDERS. THE ST. MARY SERVICE AREA PERFORMED BETTER THAN THE SEPA REGION IN EMERGENCY ROOM UTILIZATION: 24% OF ADULTS IN ST. MARY SERVICE AREA VISITED THE ER IN THE PAST YEAR COMPARED TO 28% OF ADULTS IN THE REMAINDER SEPA REGION.
PROMOTION OF COMMUNITY HEALTH -

ST. MARY MEDICAL CENTER:

THE SMMC BOARD OF DIRECTORS IS A GROUP OF COMMITTED COMMUNITY MEMBERS WHO ARE SELECTED BASED ON THEIR PERSONAL QUALIFICATIONS AND KEY COMPETENCIES AND THEIR COMMITMENT TO ST. MARY MINISTRIES AND VALUES. THE BOARD CONSISTS OF A DIVERSE GROUP OF INDIVIDUALS WHO ARE REPRESENTATIVE OF THE COMMUNITY.

THE MEDICAL STAFF IS OPEN TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

SMMC HAS AN EMERGENCY DEPARTMENT, OPEN 24 HOURS A DAY, WHICH TREATS ALL PERSONS NEEDING CARE, REGARDLESS OF ABILITY TO PAY. THE MEDICAL CENTER'S ANNUAL SURPLUS IS USED TO BRING UP-TO-DATE TECHNOLOGY AND FACILITIES TO THE COMMUNITY, ENABLE OUTREACH AND SERVICES TO THE UNDERSERVED IN OUR COMMUNITY, TO RESPOND TO PUBLIC HEALTH NEEDS THAT IMPROVES OVERALL COMMUNITY HEALTH, AND TO IMPROVE THE QUALITY OF CARE.

SMMC'S TRAUMA DEPARTMENT LEAD CURRENTLY SERVES AS THE BOARD CHAIRMAN ON THE PENNSYLVANIA STATE TRAUMA BOARD OF DIRECTORS AND INFORMS CONTENT ON NATIONAL TRAUMA AND SAFETY PROGRAMS.

SMMC IS ACTIVELY PROMOTING HEALTH AND WELLNESS ON OUR MAIN CAMPUS BY ENFORCING OUR CURRENT NONSMOKING POLICY, WHICH INCLUDES E-CIGARETTES AND OTHER NICOTINE DELIVERY DEVICES. WE CONTINUE TO EMPLOY SECURITY PERSONNEL TO PATROL OUR CAMPUS TO ENFORCE THIS POLICY. SMMC ALSO SUPPORTED THE ADVOCACY EFFORTS AT OUR STATE CAPITAL TO ADVOCATE RAISING THE LEGAL AGE TO PURCHASE TOBACCO PRODUCTS TO 21 YEARS OF AGE, WHICH WAS SIGNED INTO LAW NOV 27, 2019.

IN ADDITION TO DECREASING SMOKING, SMMC WAS ALSO FOCUSED ON PROVIDING
ACCESS TO HEALTHY PREPARED FOODS SERVED IN OUR CAFETERIA. SMMC EARNED GOLD LEVEL CERTIFICATION FROM THE MINDFUL BY SODEXO PROGRAM, WHICH FURTHER ENSURES THE SMMC CAFETERIA MEETS THE STANDARDS DESIGNED TO CREATE A HEALTHY ENVIRONMENT FOR CUSTOMERS.

ACCESS TO FRESH AND AFFORDABLE FOOD OUTSIDE OF SMMC CONTINUED TO BE A FOCUS IN FISCAL YEAR 2021, ESPECIALLY WITH DEMAND INCREASING DUE TO COVID-19. SMMC IS ONE OF THE LEAD MEMBER AGENCIES IN THE HUNGER AND NUTRITION COALITION (HNC). EACH WEEK HNC PARTNER ORGANIZATIONS AND VOLUNTEERS DISTRIBUTED FOOD TO 32,648 RESIDENTS AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL AT FRESH CONNECT OPEN-AIR MARKETS. FARM TO FAMILIES ACCESS TO FRESH PRODUCE CONTINUED AND SERVED 3,172 INDIVIDUALS, INCLUDING MANY FAMILIES RECEIVING FOOD ASSISTANCE BENEFITS AND SUBSIDIES. THE HELP CENTER ASSISTED 100,000 INDIVIDUALS WITH CONNECTION TO FOOD AND EVERYDAY ESSENTIAL ITEMS THAT THEY COULD NOT ACCESS THROUGH ROUTINE CHANNELS DUE TO COVID-19.

OTHER EFFORTS DURING THE PANDEMIC INCLUDED COVID-19 MITIGATION AND EDUCATION IN BUCKS, DELAWARE AND PHILADELPHIA COUNTIES. SMMC ADMINISTERED 34,221 COVID-19 VACCINES FOR COLLEAGUES AND RESIDENTS OF BUCKS COUNTY IN FISCAL YEAR 2021 (DECEMBER 16, 2020 TO JUNE 30, 2021). ST. MARY ALSO PARTNERED WITH MULTIPLE COUNTY HEALTH DEPARTMENTS, EXTERNAL HEALTH CARE INSTITUTIONS AND HEALTH CARE PROFESSIONALS – INCLUDING DEPLOYMENT OF OUR OWN NURSES – TO ASSIST WITH COVID-19 VACCINE ADMINISTRATION TO INCREASE ACCESS TO THE VACCINE IN UNDERSERVED COMMUNITIES. ST. MARY ALSO PARTNERED TO PROVIDE EDUCATION AND RESOURCES TO PREVENT THE SPREAD OF COVID-19 IN THESE SAME COMMUNITIES THROUGH TRINITY HEALTH'S ITS STARTS HERE CAMPAIGN,
WHICH LEVERAGED THE IMPACT OF SOCIAL INFLUENCERS, FAITH LEADERS AND LOCAL COMMUNITY GROUPS WHO COULD ENCOURAGE VACCINE ADMINISTRATION IN PRIORITY POPULATIONS AND REDUCE VACCINE HESITANCY.

ST. MARY REHABILITATION HOSPITAL:
- THE MEDICAL STAFF IS OPEN TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.
- SMRH FOLLOWS THE SMMC FINANCIAL ASSISTANCE POLICY AND ALLOWS FOR TREATMENT OF THOSE WHO ARE UNINSURED AND UNDERINSURED.
- SMRH INCLUDES COMMUNITY MEMBERS IN BOTH INFECTION PREVENTION AND SAFETY COMMITTEE MEETINGS. THESE MEMBERS ARE SELECTED BASED ON THEIR PERSONAL QUALIFICATIONS AND KEY COMPETENCIES AND THEIR COMMITMENT TO ST. MARY MINISTRIES AND VALUES.

PART VI, LINE 6:
SMMC 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:

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