Hospitals

If the organization had multiple hospital facilities, indicate ... on Form 990, Part IV, question 20.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: ST. MARY MEDICAL CENTER

Employer identification number: 23-1913910

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

<table>
<thead>
<tr>
<th>1a</th>
<th>Did the organization have a financial assistance policy during the tax year? If &quot;No,&quot; skip to question 6a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If &quot;Yes,&quot; was it a written policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></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></td>
<td>Generally tailored to individual hospital facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Applied uniformly to all hospital facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Applied uniformly to most hospital facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</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></td>
<td>a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If &quot;Yes,&quot; indicate which of the following was the FPG family income limit for eligibility for free care:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>150%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X 200%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other ______%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b 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></td>
<td>200%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>250%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>300%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>350%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X 400%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other ______%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</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 a patient who was eligible for free or discounted care? If &quot;Yes,&quot; indicate which of the following was the FPG family income limit for eligibility for free care:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>200%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>250%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>300%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>350%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X 400%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other ______%</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></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></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b If &quot;Yes,&quot; did the organization’s financial assistance expenses exceed the budgeted amount?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c 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></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b If &quot;Yes,&quot; did the organization make it available to the public?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

<table>
<thead>
<tr>
<th>Financial Assistance and Certain Other Community Benefits at Cost</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 and Means-Tested Government Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Financial Assistance at cost (from Worksheet 1)</td>
<td></td>
<td></td>
<td>3525450.</td>
<td>3525450.</td>
<td>.87%</td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td></td>
<td></td>
<td>45613063. 35470984. 10142079.</td>
<td>2.50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total, Financial Assistance and Means-Tested Government Programs</td>
<td></td>
<td></td>
<td>49138513. 35470984. 13667529.</td>
<td>3.37%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>11</td>
<td>1,971</td>
<td>2073621.</td>
<td>151,510.</td>
<td>1922111.</td>
<td>.47%</td>
</tr>
<tr>
<td>f Health professions education (from Worksheet 5)</td>
<td>3</td>
<td></td>
<td>5496693.</td>
<td>2494508.</td>
<td>3002185.</td>
<td>.74%</td>
</tr>
<tr>
<td>g Subsidized health services (from Worksheet 6)</td>
<td>3</td>
<td>6,24911579947.</td>
<td></td>
<td>11579947.</td>
<td>2.85%</td>
<td></td>
</tr>
<tr>
<td>h Research (from Worksheet 7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>3</td>
<td></td>
<td>114,000.</td>
<td>60,000.</td>
<td>54,000.</td>
<td>.01%</td>
</tr>
<tr>
<td>j Total, Other Benefits</td>
<td>20</td>
<td>8,22019264261.</td>
<td>2706018.</td>
<td>16558243.</td>
<td>4.07%</td>
<td></td>
</tr>
<tr>
<td>k Total, Add lines 7d and 7j</td>
<td>20</td>
<td>8,22068402774. 38177002. 30225772.</td>
<td></td>
<td>7.44%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part II: Community Building Activities

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

<table>
<thead>
<tr>
<th>(a)</th>
<th>Number of activities or programs (optional)</th>
<th>(b)</th>
<th>Persons served (optional)</th>
<th>(c)</th>
<th>Total community building expense</th>
<th>(d)</th>
<th>Direct offsetting revenue</th>
<th>(e)</th>
<th>Net community building expense</th>
<th>(f)</th>
<th>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>
<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>
<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>
<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>
<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>
<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>
<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>
<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>
<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>
<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>
<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? [ ] 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 $5,845,049.

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) $102,818,728.

6. Enter Medicare allowable costs of care relating to payments on line 5 $124,981,181.

7. Subtract line 6 from line 5. This is the surplus (or shortfall) $-22,162,453.

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? [ ] Yes, [ ] No

9b. If "Yes," did the organization’s collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

[ ] Yes, [ ] No

### Part IV: Management Companies and Joint Ventures

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

<table>
<thead>
<tr>
<th>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization’s profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees’ profit % or stock ownership %</th>
<th>(e) Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 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 LANGHORNE MOB PARTNERS, LP</td>
<td>INVESTMENT AND OPERATIONS</td>
<td>39.44%</td>
<td>53.09%</td>
<td></td>
</tr>
<tr>
<td>3 SMMC MOB II, LP</td>
<td>OPERATIONS</td>
<td>65.75%</td>
<td>25.44%</td>
<td></td>
</tr>
<tr>
<td>4 THE AMBULATORY SURGERY CENTER AT ST. MARY LLC</td>
<td>ASC SERVICES AND RELATED PROCEDURES</td>
<td>51.00%</td>
<td>49.00%</td>
<td></td>
</tr>
<tr>
<td>5 ENDOSCOPY CENTER AT ST. MARY'S, LP</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>Name</th>
<th>Address</th>
<th>Website</th>
<th>EIN</th>
<th>License Number</th>
<th>Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ST. MARY MEDICAL CENTER</td>
<td>1201 LANGHORNE-NEWTON ROAD, LANGHORNE, PA 19047</td>
<td><a href="http://WWW.TRINITYHEALTHMA.ORG">WWW.TRINITYHEALTHMA.ORG</a></td>
<td>23-1913910</td>
<td>710201</td>
<td>Licensed hospital, Gen. medical &amp; surgical, Critical access hospital, ER-24 hours, NEONATAL ICU, TRAUMA CENTER, NEONATAL ICU, INPATIENT, REHABILITATION</td>
</tr>
<tr>
<td>2</td>
<td>ST. MARY REHABILITATION HOSPITAL</td>
<td>1201 LANGHORNE-NEWTON ROAD, LANGHORNE, PA 19047</td>
<td><a href="http://WWW.TRINITYHEALTHMA.ORG">WWW.TRINITYHEALTHMA.ORG</a></td>
<td>23-1913910</td>
<td>23760101</td>
<td>Licensed hospital, Gen. medical &amp; surgical, Critical access hospital, ER-24 hours, INPATIENT, REHABILITATION</td>
</tr>
</tbody>
</table>
### Community Health Needs Assessment

1. Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? 
   - Yes: 1 
   - No: X

2. Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.
   - Yes: 2 
   - No: X

3. During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.
   - Yes: 3 
   - No: X

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

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

5. In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted.
   - Yes: 5 
   - No: X

6a. Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C.
   - Yes: 6a 
   - No: X

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

7. Did the hospital facility make its CHNA report widely available to the public?
   - Yes: 7 
   - No: X

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

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.
   - Yes: 8 
   - No: X

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

10. Is the hospital facility’s most recently adopted implementation strategy posted on a website?
    - Yes: 10 
    - No: X

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

11. Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA (which may include actions taken in previous years) and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

12a. Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)?
   - Yes: 12a 
   - No: X

   If "Yes," indicate what the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities is: $
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**: ST. MARY MEDICAL CENTER

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

**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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>X</td>
<td></td>
</tr>
</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?**

- [ ] 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>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>20</td>
<td></td>
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</tbody>
</table>

**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

**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?**

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

**If "No," indicate why:**

- [ ] The hospital facility did not provide care for any emergency medical conditions
- [ ] The hospital facility’s policy was not in writing
- [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- [ ] Other (describe in Section C)
### Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

**Name of hospital facility or letter of facility reporting group:** ST. MARY MEDICAL CENTER

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<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>
<td>☑️</td>
<td></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>
<td></td>
<td></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>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>The hospital facility used a prospective Medicare or Medicaid method</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number</th>
<th>During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td></td>
<td>☑️</td>
<td></td>
</tr>
</tbody>
</table>

**If "Yes," explain in Section C.**

<table>
<thead>
<tr>
<th>Number</th>
<th>During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td></td>
<td>☑️</td>
<td></td>
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</tbody>
</table>

**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

1. Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?  
Yes  X  No

2. Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year?  
Yes  X  No

3. During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)?  
Yes  X  No

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

5. In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health?  
Yes  X  No

6a. Was the hospital facility’s CHNA conducted with one or more other hospital facilities?  
Yes  X  No

6b. With what other hospital facilities?  
See Schedule H, Part V, Section C

7. Did the hospital facility make its CHNA report widely available to the public?  
Yes  X  No

8. If “Yes,” describe 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

Other (describe in Section C):  
Made a paper copy available for public inspection without charge at the hospital facility

9. Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA?  
Yes  X  No

10. Is the hospital facility’s most recently adopted implementation strategy posted on a website?  
Yes  X  No

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

12a. Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)?  
Yes  X  No

12b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?  
Yes  X  No

12c. If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?  $
Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group  ST. MARY REHABILITATION HOSPITAL

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

13  Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?  ..........  

   If "Yes," indicate the eligibility criteria explained in the FAP:

   a  Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of   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)

Schedule H (Form 990) 2021
### Billing and Collections

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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<tbody>
<tr>
<td>17</td>
<td>X</td>
<td></td>
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#### 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:

<p>| | | |</p>
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<td>e</td>
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<tr>
<td>f</td>
<td>None of these actions or other similar actions were permitted</td>
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#### 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?

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### Policy Relating to Emergency Medical Care

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

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<td>If &quot;Yes,&quot; explain in Section C.</td>
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<th>During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</th>
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<td></td>
<td>If &quot;Yes,&quot; explain in Section C.</td>
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</table>
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 REGIONAL CHNA. THE FOLLOWING IDENTIFIED UNMET COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. MENTAL HEALTH CONDITIONS
2. ACCESS TO CARE (PRIMARY AND SPECIALTY)
3. CHRONIC DISEASE PREVENTION AND MANAGEMENT
4. SUBSTANCE USE AND RELATED DISORDERS
5. HEALTHCARE AND HEALTH RESOURCES NAVIGATION
6. RACISM AND DISCRIMINATION IN HEALTH CARE
7. FOOD ACCESS
8. CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES
9. COMMUNITY VIOLENCE
10. HOUSING
11. SOCIOECONOMIC DISADVANTAGE
12. NEIGHBORHOOD CONDITIONS
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:


QUANTITATIVE DATA WERE ACQUIRED FROM LOCAL, STATE, AND FEDERAL SOURCES AND FOCUSED ON INDICATORS THAT WERE UNIFORMLY AVAILABLE AT THE ZIP CODE LEVEL ACROSS THE REGION. THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH TEAM, WHICH INCLUDED EXPERTS IN EPIDEMIOLOGICAL AND GEOSPATIAL ANALYSES, COMPILED, ANALYZED, AND AGGREGATED OVER 60 HEALTH INDICATORS ENCOMPASSING DATA ON COMMUNITY DEMOGRAPHIC CHARACTERISTICS, COVID-19, CHRONIC DISEASE AND HEALTH BEHAVIORS, INFANT AND CHILD HEALTH, BEHAVIORAL HEALTH, INJURIES, ACCESS TO CARE, AND SOCIAL AND ECONOMIC CONDITIONS.
THE QUALITATIVE COMPONENTS OF THE ASSESSMENT INCLUDED: 26 VIRTUAL FOCUS
GROUP-STYLE "COMMUNITY CONVERSATIONS" HELD TO GATHER INPUT FROM RESIDENTS
OF GEOGRAPHIC COMMUNITIES ACROSS ALL FIVE COUNTIES. 21 VIRTUAL FOCUS GROUP
DISCUSSIONS CENTERED ON "SPOTLIGHT" TOPICS WERE CONDUCTED WITH COMMUNITY
ORGANIZATION AND LOCAL GOVERNMENT AGENCY REPRESENTATIVES. TOPICS COVERED
INCLUDED BEHAVIORAL HEALTH, CHRONIC DISEASE, FOOD INSECURITY, HOUSING AND
HOMELESSNESS, OLDER ADULTS AND CARE, RACISM AND DISCRIMINATION IN HEALTH
CARE, SUBSTANCE USE, AND VIOLENCE.

USING A MODIFIED HANLON RANKING METHOD, EACH PARTICIPATING HOSPITAL AND
HEALTH SYSTEM RATED THE NEEDS. AN AVERAGE RATING WAS CALCULATED, AND THE
COMMUNITY HEALTH NEEDS WERE ORGANIZED IN PRIORITY ORDER BASED ON: SIZE OF
HEALTH PROBLEM, IMPORTANCE TO COMMUNITY, CAPACITY OF HOSPITALS/HEALTH
SYSTEMS TO ADDRESS, ALIGNMENT WITH MISSION AND STRATEGIC DIRECTION,
AVAILABILITY OF EXISTING COLLABORATIVE EFFORTS.

ST. MARY MEDICAL CENTER:

PART V, SECTION B, LINE 6A: SMMC PARTNERED WITH THE FOLLOWING HEALTH
SYSTEMS AND HOSPITALS TO CONDUCT A JOINT REGIONAL CHNA: CHILDREN'S
HOSPITAL OF PHILADELPHIA, CHILDREN'S HOSPITAL OF PHILADELPHIA, MIDDLEMAN
FAMILY PAVILION AT CHOP, KING OF PRUSSIA DOYLESTOWN HEALTH, DOYLESTOWN
HOSPITAL GRAND VIEW HEALTH: GRAND VIEW HOSPITAL JEFFERSON HEALTH, EINSTEIN
MEDICAL CENTER ELKINS PARK, EINSTEIN MEDICAL CENTER MONTGOMERY, EINSTEIN
MEDICAL CENTER PHILADELPHIA, JEFFERSON ABINGTON HOSPITAL, JEFFERSON BUCKS
HOSPITAL, JEFFERSON FRANKFORD HOSPITAL, JEFFERSON HOSPITAL FOR
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 5, 6a, 6b, 7d, 11, 13b, 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.

NEUROSCIENCE, JEFFERSON LANSDALE HOSPITAL, JEFFERSON METHODIST HOSPITAL,
JEFFERSON TORRESDALE HOSPITAL, MAGEE REHABILITATION HOSPITAL, MOSSREHAB,
ROTHMAN ORTHOPEDIC SPECIALTY HOSPITAL, THOMAS JEFFERSON UNIVERSITY
HOSPITAL MAIN LINE HEALTH, BRYN MAWR HOSPITAL, BRYN MAWR REHABILITATION
HOSPITAL, LANKENAU MEDICAL CENTER, PAOLI HOSPITAL, RIDDLE HOSPITAL PENN
MEDICINE, CHESTER COUNTY HOSPITAL, HOSPITAL OF THE UNIVERSITY OF
PENNSYLVANIA, HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - CEDAR AVENUE,
PENN PRESBYTERIAN MEDICAL CENTER, PENNSYLVANIA HOSPITAL REDEEMER HEALTH:
HOLY REDEEMER HOSPITAL TEMPLE UNIVERSITY HEALTH SYSTEM, FOX CHASE CANCER
CENTER, TEMPLE UNIVERSITY HOSPITAL, TEMPLE UNIVERSITY HOSPITAL -EPISCOPAL
CAMPUS, TEMPLE UNIVERSITY HOSPITAL - JEANES CAMPUS, TEMPLE UNIVERSITY
HOSPITAL - NORTHEASTERN CAMPUS, MERCY CATHOLIC MEDICAL CENTER, MERCY
FITZGERALD HOSPITAL, AND NAZARETH HOSPITAL.

ST. MARY REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 6A: SMRH PARTNERED WITH THE FOLLOWING HEALTH
SYSTEMS AND HOSPITALS TO CONDUCT A JOINT REGIONAL CHNA: CHILDREN'S
HOSPITAL OF PHILADELPHIA, CHILDREN'S HOSPITAL OF PHILADELPHIA, MIDDLEMAN
FAMILY PAVILION AT CHOP, KING OF PRUSSIA DOYLESTOWN HEALTH, DOYLESTOWN
HOSPITAL GRAND VIEW HEALTH: GRAND VIEW HOSPITAL JEFFERSON HEALTH, EINSTEIN
MEDICAL CENTER ELKINS PARK, EINSTEIN MEDICAL CENTER MONTGOMERY, EINSTEIN
MEDICAL CENTER PHILADELPHIA, JEFFERSON ABINGTON HOSPITAL, JEFFERSON BUCKS
HOSPITAL, JEFFERSON FRANKFORD HOSPITAL, JEFFERSON HOSPITAL FOR
NEUROSCIENCE, JEFFERSON LANSDALE HOSPITAL, JEFFERSON METHODIST HOSPITAL,
JEFFERSON TORRESDALE HOSPITAL, MAGEE REHABILITATION HOSPITAL, MOSSREHAB,
ROTHMAN ORTHOPEDIC SPECIALTY HOSPITAL, THOMAS JEFFERSON UNIVERSITY
HOSPITAL MAIN LINE HEALTH, BRYN MAWR HOSPITAL, BRYN MAWR REHABILITATION
Part V | Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1, 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 15e, 16j, 18e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 22, 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.

HOSPITAL, LANKENAU MEDICAL CENTER, PAOLI HOSPITAL, RIDDLE HOSPITAL PENN MEDICINE, CHESTER COUNTY HOSPITAL, HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - CEDAR AVENUE, PENN PRESBYTERIAN MEDICAL CENTER, PENNSYLVANIA HOSPITAL REDEEMER HEALTH: HOLY REDEEMER HOSPITAL TEMPLE UNIVERSITY HEALTH SYSTEM, FOX CHASE CANCER CENTER, TEMPLE UNIVERSITY HOSPITAL, TEMPLE UNIVERSITY HOSPITAL - EPISCOPAL CAMPUS, TEMPLE UNIVERSITY HOSPITAL - JEANES CAMPUS, TEMPLE UNIVERSITY HOSPITAL - NORTHEASTERN CAMPUS, MERCY CATHOLIC MEDICAL CENTER, MERCY FITZGERALD HOSPITAL, AND NAZARETH HOSPITAL.

ST. MARY MEDICAL CENTER:

PART V, SECTION B, LINE 6B: SMMC PARTNERED WITH THE FOLLOWING ORGANIZATIONS: HEALTH CARE IMPROVEMENT FOUNDATION, PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH, AND PHILADELPHIA ASSOCIATION OF COMMUNITY DEVELOPMENT CORPORATIONS.

ST. MARY REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 6B: SMRH PARTNERED WITH THE FOLLOWING ORGANIZATIONS: HEALTH CARE IMPROVEMENT FOUNDATION, PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH, AND PHILADELPHIA ASSOCIATION OF COMMUNITY DEVELOPMENT CORPORATIONS.

ST. MARY MEDICAL CENTER:

PART V, SECTION B, LINE 11: SMMC IDENTIFIED AND PRIORITIZED THEIR SIGNIFICANT HEALTH NEEDS IN THE 2022 CHNA. THE TRINITY HEALTH OF THE
MID-ATLANTIC REGION (TRINITY HEALTH OF THE MID-ATLANTIC) PRIORITIZATION

WORK GROUP THEN RANKED THE NEEDS BY PREVALENCE, SEVERITY, AVAILABLE DATA, MAGNITUDE OF PERSONS AFFECTED, AND THE ABILITY OF THE HOSPITAL TO IMPACT THE NEED. THE NEEDS WERE CATEGORIZED AND RANKED UNDER THE THREE CATEGORIES: (1) MENTAL HEALTH CONDITIONS; (2) FOOD ACCESS; (3) ACCESS TO CARE.

SMMC ADDRESSED THE FOLLOWING THREE UNMET HEALTH NEEDS IN FISCAL YEAR 2022:

1) MENTAL HEALTH CONDITIONS - 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 INDIVIDUALS AT THE ST. MARY FAMILY MEDICINE CLINIC. 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 CENTER. SMMC ALSO AWARDED GRANT SUPPORT TO FSA FOR SCHOOL-BASED MENTAL HEALTH INCLUDING, 113 SESSIONS OF COUNSELING SERVICES FOR STUDENTS IN CRISIS. POSITIVE RECOVERY SOLUTIONS MOBILE DRUG AND ALCOHOL RELAPSE PREVENTION SERVICES WERE AVAILABLE ON ST. MARY CAMPUS FOR RESIDENTS AND PATIENTS.

2) FOOD ACCESS - 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 RESIDENTS AT OR BELOW 200% OF THE FEDERAL...
POVERTY LEVEL AT FRESH CONNECT OPEN-AIR MARKETS. IN FISCAL YEAR 2022 FRESH CONNECT PROVIDE FOOD TO 26,930 FAMILIES. SMMC TRINITY FARM BOX PROVIDED ACCESS TO FRESH PRODUCE AND SERVED 4,084 INDIVIDUALS, INCLUDING MANY FAMILIES RECEIVING FOOD ASSISTANCE BENEFITS AND SUBSIDIES. THE HELP CENTER ASSISTED 49,745 INDIVIDUALS WITH CONNECTION TO FOOD AND EVERYDAY ESSENTIAL ITEMS. WEEKEND MEAL PROGRAM PROVIDED KID FRIENDLY MEAL PACKS FOR SCHOOL-AGED YOUTH. THE PACKS WERE DELIVERED TO PARTICIPATING SCHOOLS AND DISTRIBUTED WEEKLY TO CHILDREN WHO MEET ELIGIBILITY REQUIREMENTS. WEEKEND MEAL PROGRAM PROVIDED 26,000 MEALS FOR STUDENTS IN FISCAL YEAR 2022.

3) ACCESS TO CARE – SMMC PROVIDED PRIMARY AND PREVENTIVE HEALTH CARE SERVICES FOR LOW-INCOME UNINSURED ELIGIBLE ADULTS AND CHILDREN THROUGH SUPPORT AND ENROLLMENT INTO MEDICAID AND ST. MARY FINANCIAL ASSISTANCE PROGRAMS. IN FISCAL YEAR 2022, SMMC ENROLLED 571 ELIGIBLE PATIENTS IN MEDICAID THROUGH A CONTRACT WITH HEALTHCARE RECEIVABLES SPECIALISTS, INC. ST. CLARE PHARMACY PROVIDED FREE OR REDUCED COST PRESCRIPTION MEDICATIONS THROUGH BOTH THE ST. MARY FINANCIAL ASSISTANCE PROGRAM AND THE DISPENSARY OF HOPE FREE MEDICATION PROGRAM, FOR THOSE WHO ARE UNINSURED AND LIVING AT OR BELOW 300% FEDERAL POVERTY LEVEL. A MONTHLY SOCIAL MEDIA CAMPAIGN WAS LAUNCHED TO FURTHER PROMOTE THE DISPENSARY OF HOPE PROGRAM TO HELP REACH ELIGIBLE PATIENTS AND COMMUNITY MEMBERS DURING THE COVID-19 PANDEMIC. IN FISCAL YEAR 2022, THE COMMUNITY AID REFURBISHED EQUIPMENT STORE WHICH IS A LOANER PROGRAM OFFERED CLEANED, INSPECTED, AND REFURBISHED WHEELCHAIRS, CRUTCHES, WALKERS, SHOWER CHAIRS, COMMODES, AND INCONTINENCE PRODUCTS TO 1,021 PATIENTS OF SMMC WHO ARE UNABLE TO AFFORD DURABLE MEDICAL EQUIPMENT.

SMMC ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES EMERGED FROM 57
THE RCHNA PROCESS AND DETERMINED IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. FOR THE PURPOSES OF THIS RCHNA IMPLEMENTATION STRATEGY, TRINITY HEALTH OF THE MID-ATLANTIC DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS IN FISCAL YEAR 2022:

- CHRONIC DISEASE PREVENTION AND MANAGEMENT
- SUBSTANCE USE AND RELATED DISORDERS
- HEALTHCARE AND HEALTH RESOURCES NAVIGATION
- RACISM AND DISCRIMINATION IN HEALTH CARE
- CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES
- COMMUNITY VIOLENCE
- HOUSING
- SOCIOECONOMIC DISADVANTAGE
- NEIGHBORHOOD CONDITIONS

TRINITY HEALTH OF THE MID-ATLANTIC COMMUNITY HEALTH AND WELL-BEING CONTINUES TO BE SUPPORTIVE AS NEEDED IN AMBULATORY, CLINICAL AND COMMUNITY SERVICES AVOIDING DUPLICATION OF RESOURCES.

ST. MARY REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 11: SMRH ADDRESSED THE FOLLOWING UNMET HEALTH NEED IN FISCAL YEAR 2022:

1) MENTAL HEALTH CONDITIONS - 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 ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES EMERGED FROM THE RCHNA PROCESS AND DETERMINED IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. FOR THE PURPOSES OF THIS RCHNA IMPLEMENTATION STRATEGY, TRINITY HEALTH OF THE MID- ATLANTIC DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS IN FISCAL YEAR 2022:

- ACCESS TO CARE (PRIMARY AND SPECIALTY)
- CHRONIC DISEASE PREVENTION AND MANAGEMENT
- SUBSTANCE USE AND RELATED DISORDERS
- HEALTHCARE AND HEALTH RESOURCES NAVIGATION
- RACISM AND DISCRIMINATION IN HEALTH CARE
- FOOD ACCESS
- CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES
- COMMUNITY VIOLENCE
- HOUSING
- SOCIOECONOMIC DISADVANTAGE
- NEIGHBORHOOD CONDITIONS
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ('A, 1,' 'A, 4,' 'B, 2,' 'B, 3,' etc.) and name of hospital facility.

ST. MARY 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.

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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
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ST. MARY 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 7B

ST. MARY MEDICAL CENTER AND

ST. MARY REHABILITATION CENTER:

WWW.PHLA.GOV/DOCUMENTS/REGIONAL-COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

PART V, SECTION B, LINE 16A

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 16B

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

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

FINANCIAL-ASSISTANCE
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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
## Part V Facility Information (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 2

<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 1203 LANGHORNE NEWTON ROAD LANGHORNE, PA 19047</td>
<td>ASC SERVICES &amp; RELATED PROCEDURES</td>
</tr>
<tr>
<td>2 ENDOSCOPY CENTER AT ST. MARY LP 1203 LANGHORNE NEWTON ROAD LANGHORNE, PA 19047</td>
<td>MEDICAL SERVICES</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, $5,845,049, 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 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 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:
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 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:
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 - SMMC AND SMRH ARE BOTH 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 HOSPITALS RACIAL COMPOSITION IS 5.5% ASIAN, 5.2% BLACK, 6.4% HISPANIC/LATINO, 80.9% WHITE (NON-HISPANIC), AND 2.0% OTHER. 5.3% SPEAK ENGLISH LESS THAN VERY WELL. THE AGE DISTRIBUTION IS 22.3% 0-19 YEARS, 30.0% 20-44 YEARS, 29.5% 45-64 YEARS AND 18.1% 65+. THE GENDER OF THE POPULATION IS 51.1% FEMALE AND 48.9% MALE. THE MEDIAN HOUSEHOLD INCOME IS $82,087.

PART VI, LINE 5:
PROMOTION OF COMMUNITY HEALTH -

ST. MARY MEDICAL CENTER:

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.

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 PARTNERED WITH EXTERNAL HEALTH CARE INSTITUTIONS AND HEALTH CARE PROFESSIONALS TO PROVIDE 21 EDUCATION EVENTS, 171 VACCINES AND EDUCATIONAL RESOURCES TO PREVENT THE SPREAD OF COVID-19 IN PRIORITY POPULATIONS TO REDUCE VACCINE HESITANCY.

SMMC AND THE UNITED WAY OF BUCKS COUNTY PARTNERED WITH COMCAST TO PROVIDE 437 BUCKS COUNTY RESIDENTS IN-NEED ACCESS TO INTERNET ESSENTIALS FOR REMOTE LEARNING, WORK, TELEMEDICINE AND MORE AT NO COST.

ST. MARY REHABILITATION HOSPITAL:
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.

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

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 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

Schedule H (Form 990)
FAVOR, WELL ABOVE THE THRESHOLD REQUIRED FOR THE RESOLUTION TO BE RESUBMITTED IN 2023, INDICATING A LARGE MAJORITY OF STURM RUGER INVESTORS BELIEVE THE COMPANY HAS TO ADDRESS ITS HUMAN RIGHTS IMPACTS. TRINITY HEALTH AND TRINITY HEALTH OF NEW ENGLAND ARE CITED AS PART OF THE GROUP WHO MOVED FORWARD THIS RESOLUTION.

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

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

PA