

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization ST. JOSEPH'S HOSPITAL HEALTH CENTER	Employer identification number 15-0532254
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c 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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

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)			3368943.		3368943.	.54%
b Medicaid (from Worksheet 3, column a)			107373139	80332969.	27040170.	4.36%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			110742082	80332969.	30409113.	4.90%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	5	1,323	197,749.	1,000.	196,749.	.03%
f Health professions education (from Worksheet 5)	4	18	10613187.	3232231.	7380956.	1.19%
g Subsidized health services (from Worksheet 6)	8		14480339.	6713329.	7767010.	1.25%
h Research (from Worksheet 7)	1		5,001.		5,001.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1		35,000.		35,000.	.01%
j Total. Other Benefits	19	1,341	25331276.	9946560.	15384716.	2.48%
k Total. Add lines 7d and 7j	19	1,341	136073358	90279529.	45793829.	7.38%

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.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 X	
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	2	3,521,553.
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	3	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)	5	110,622,468.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	115,830,578.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-5,208,110.
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 BCP PARTNERS, LLC	WOMEN'S HEALTH AND CANCER CARE	14.29%	.00%	51.48%
2 SPECIALISTS' ONE-DAY SURGERY, LLC	AMBULATORY SURGERY CENTER	25.00%	.00%	75.00%

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

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

1 ST. JOSEPH'S HOSPITAL HEALTH CENTER
301 PROSPECT AVE
SYRACUSE, NY 13203
WWW.SJHSYR.ORG
3301003H

Table with columns: Licensed hospital, gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first four columns.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: ST. JOSEPH'S HOSPITAL HEALTH CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
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?		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		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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
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)?		X
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? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: ST. JOSEPH'S HOSPITAL HEALTH CENTER

	Yes	No
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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: ST. JOSEPH'S HOSPITAL HEALTH CENTER

	Yes	No
<p>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?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> 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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> 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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>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):</p> <p>a <input checked="" type="checkbox"/> 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)</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: ST. JOSEPH'S HOSPITAL HEALTH CENTER

	Yes	No
<p>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:</p> <p>a <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>b <input type="checkbox"/> 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</p> <p>c <input type="checkbox"/> 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</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p>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?</p> <p>If "Yes," explain in Section C.</p>	23	X
<p>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?</p> <p>If "Yes," explain in Section C.</p>	24	X

Schedule H (Form 990) 2022

Part V Facility Information (continued)

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. JOSEPH'S HOSPITAL HEALTH CENTER:

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

ST. JOSEPH'S HOSPITAL HEALTH CENTER (ST. JOSEPH'S) INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- 1. SUBSTANCE USE DISORDERS
- 2. MENTAL HEALTH CONDITIONS
- 3. TRAUMA AND VIOLENCE
- 4. ACCESS TO HEALTH CARE
- 5. THE HEALTH OF WOMEN, INFANTS, AND CHILDREN

ST. JOSEPH'S HOSPITAL HEALTH CENTER:

PART V, SECTION B, LINE 5: ONONDAGA COUNTY'S 2022-2024 COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT PLAN (CHA/CHIP) WAS UNDERTAKEN AS A COMPREHENSIVE PUBLIC HEALTH PLANNING EFFORT BY THE ONONDAGA COUNTY HEALTH DEPARTMENT (OCHD) IN COLLABORATION WITH THE CHA/CHIP STEERING COMMITTEE. THE STEERING COMMITTEE WAS MADE UP OF REPRESENTATION FROM OCHD, CROUSE HEALTH, ST. JOSEPH'S HEALTH, AND STATE UNIVERSITY OF NEW YORK UPSTATE UNIVERSITY HOSPITAL. ADDITIONAL SUPPORT WAS ALSO PROVIDED BY THE CENTRAL NEW YORK HEALTHCARE EQUITY TASK FORCE TO ENSURE THAT EQUITY WAS AT THE FOREFRONT OF PLANNING EFFORTS. THE CHA/CHIP PLANNING PROCESS WAS IN

Part V Facility Information (continued)

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.

ALIGNMENT WITH THE 2019-2024 NEW YORK STATE PREVENTION AGENDA, WHICH IDENTIFIES FIVE PRIORITIES FOR HEALTH IMPROVEMENT: PREVENT CHRONIC DISEASES; PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS; PROMOTE A HEALTHY AND SAFE ENVIRONMENT; PROMOTE HEALTHY WOMEN, INFANTS, AND CHILDREN; AND PREVENT COMMUNICABLE DISEASES.

THE CHNA STEERING COMMITTEE CONDUCTED AN EXTENSIVE COMMUNITY ENGAGEMENT PROCESS IN 2022 TO GATHER FEEDBACK DIRECTLY FROM COUNTY RESIDENTS. ENGAGEMENT STRATEGIES INCLUDED A COUNTY-WIDE SURVEY AND KEY-INFORMANT INTERVIEWS WITH PARTNERS REPRESENTING POPULATIONS AT RISK FOR POOR HEALTH OUTCOMES. THIS PROCESS ENGAGED MORE THAN 3,600 COUNTY RESIDENTS.

THE CHA/CHIP SERVES AS GUIDANCE FOR LOCAL PUBLIC HEALTH INITIATIVES AND PROVIDES A FRAMEWORK FOR UNDERSTANDING THE HEALTH NEEDS IN OUR COMMUNITY. INCLUDED IN THE CHA IS A COMPREHENSIVE OVERVIEW OF THE CURRENT HEALTH STATUS OF RESIDENTS OF ONONDAGA COUNTY. WHENEVER POSSIBLE, THE CHA TAKES INTO ACCOUNT THE IMPACT OF THE COVID-19 PANDEMIC ON RESIDENT'S HEALTH AND WELL-BEING, HOWEVER THE FULL IMPACT OF THE COVID-19 PANDEMIC MAY NOT BE FULLY UNDERSTOOD FOR SEVERAL YEARS. USING THE COMPREHENSIVE CHA PLANNING PROCESS AS A FRAMEWORK, THE STEERING COMMITTEE THOUGHTFULLY DEVELOPED THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) TO ADDRESS LOCAL PUBLIC HEALTH CHALLENGES WITHIN TWO IDENTIFIED PRIORITY AREAS.

ST. JOSEPH'S HOSPITAL HEALTH CENTER:
PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED WITH CROUSE HEALTH AND UPSTATE UNIVERSITY HOSPITAL.

Part V Facility Information (continued)

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. JOSEPH'S HOSPITAL HEALTH CENTER:

PART V, SECTION B, LINE 6B: THE CHNA WAS CONDUCTED WITH THE ONODAGA COUNTY HEALTH DEPARTMENT AND HEALTH CONNECTIONS.

ST. JOSEPH'S HOSPITAL HEALTH CENTER:

PART V, SECTION B, LINE 11: THE FOLLOWING INITIATIVES WERE UNDERTAKEN BY ST. JOSEPH'S IN FY23 TO MEET THE GOAL TO IMPROVE THE HEALTH OF WOMEN, INFANTS AND CHILDREN:

1. IMPLEMENT HEALTHYSTEPS PROGRAM AT ST. JOSEPH'S SAFETY NET HEALTH CENTERS. UTILIZING THE EIGHT CORE COMPONENTS AND 3-TIER MODEL OF THE RISK-STRATIFIED, POPULATION HEALTH PROGRAM, AS WELL AS INTEGRATING THE ESSENTIAL ELEMENTS OF A TRAUMA-INFORMED INTEGRATED HEALTHCARE SYSTEM, BETTER SUPPORTS CHILDREN AND THEIR FAMILIES AS THEY GROW, HELPING THEM TO SUCCESSFULLY ACHIEVE SIGNIFICANT DEVELOPMENTAL MILESTONES AND FOSTER A HEALTHY LIVING ENVIRONMENT.

2. OPERATE AND EXPAND ON ST. JOSEPH'S FOOD FARMACY PROGRAM - CURRENTLY FOOD FARMACY 2.0 - TO ADDRESS FOOD INSECURITY, CHRONIC HEALTH CONDITIONS AND TO ADDRESS SOCIAL INFLUENCES OF HEALTH OF FAMILIES WITHIN OUR COMMUNITY.

3. ACTIVELY ENGAGE WITH THE CENTRAL NEW YORK HEALTHCARE EQUITY TASK FORCE TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH THAT IMPACT MATERNAL AND CHILD HEALTH OUTCOMES. THE TASK FORCE HAS OVER 150 MEMBERS REPRESENTING HEALTH CARE, LOCAL GOVERNMENT, HOUSING, TRANSPORTATION, COMMUNITY-BASED ORGANIZATIONS, CHURCHES, AND COMMUNITY DEVELOPMENT SECTORS, AMONG OTHERS.

Part V Facility Information (continued)

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.

THE FOLLOWING INITIATIVES WERE UNDERTAKEN IN FY23 TO MEET THE GOAL OF PREVENTING MENTAL AND SUBSTANCE USE DISORDERS:

1. CONTINUED THE ZERO SUICIDE PROGRAM AT ST. JOSEPH'S HOSPITAL TO INCLUDE YOUTH IN ADDITION TO ADULTS, WITH STANDARD WORK OVER THE REPORTABLE YEAR INCLUDING BUT NOT LIMITED TO: STANDARDIZED SUICIDE ASSESSMENTS, STANDARDIZED SAFETY PLANS, STANDARDIZED POSTVENTION ACTIVITIES, AND POST-DISCHARGE FOLLOW-UP CALLS.

2. PROVIDED BEHAVIORAL HEALTH SERVICES FOR ADULTS AND CHILDREN WITHIN ST. JOSEPH'S SERVICE AREA, INCLUDING UNDERSERVED POPULATIONS.

3. CONTINUED TO OPERATE THE COMMUNITY'S ONLY COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAM.

4. OBTAINED FUNDING TO SUPPORT A SECOND MOBILE CRISIS OUTREACH TEAM.

5. SUPPORTED TRAININGS FOR PROVIDERS TO ENSURE EDUCATION, EXPERIENCE, AND ABILITY TO PRESCRIBE BUPRENORPHINE.

6. IMPROVED COLLABORATION AND COORDINATION BETWEEN PRIMARY CARE AND BEHAVIORAL HEALTH AND ACCESS TO BEHAVIORAL HEALTH BY EMBEDDING BEHAVIORAL HEALTH PRIMARY CARE LOCATION SITES.

7. PROVIDED TRAUMA-INFORMED TRAINING TO STAFF IN OUTPATIENT BEHAVIORAL HEALTH SERVICES.

8. PROMOTED USE OF DRUG TAKE-BACK STATION LOCATED IN ST. JOSEPH'S MAIN LOBBY AND INTEGRATE A DRUG TAKE-BACK PROGRAM WITHIN THE HOSPITAL.

9. IMPLEMENTED STANDARD PROTOCOLS TO CARE FOR PATIENTS EXPERIENCING OPIATE WITHDRAWAL, INCLUDING ADMINISTRATION OF THE CLINICAL OPIATE WITHDRAWAL SCALE (COWS) TOOL TO MONITOR AND RESPOND TO SYMPTOMS.

ST. JOSEPH'S HEALTH ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH AND

Part V Facility Information (continued)

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.

SOCIAL ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. ST. JOSEPH'S HEALTH DID NOT ADDRESS THE FOLLOWING NEEDS:

1. TRAUMA AND VIOLENCE - ST. JOSEPH'S DID NOT DIRECTLY ADDRESS THIS PARTICULAR NEED AS IT WAS NOT PRIORITIZED AS HIGHLY AS THE BROADER ISSUES OF SUBSTANCE ABUSE AND MENTAL HEALTH DISORDERS, AND IT WILL BE ADDRESSED WITHIN THE CONTEXT OF THE HEALTH OF WOMEN, INFANTS AND CHILDREN AS WELL AS WITHIN THE CONTEXT OF MENTAL HEALTH AND SUBSTANCE USE DISORDER.

2. ACCESS TO CARE - ST. JOSEPH'S DID NOT DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE IT WAS NOT PRIORITIZED AS HIGHLY AS THE BROADER ISSUE OF SUBSTANCE ABUSE, MENTAL HEALTH DISORDERS AND TRAUMA IN THE COMMUNITY, WHICH WILL BE ADDRESSED IN THE IMPLEMENTATION STRATEGY. ADDITIONALLY, ACCESS TO CARE WILL BE ADDRESSED WITHIN THE CONTEXT OF OUR TWO PRIORITY FOCUS AREAS, THE HEALTH OF WOMEN, INFANTS AND CHILDREN AND MENTAL AND SUBSTANCE USE DISORDERS.

ST. JOSEPH'S HOSPITAL HEALTH 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

Part V Facility Information (continued)

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.

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. JOSEPH'S HOSPITAL HEALTH CENTER

PART V, LINE 16A, FAP WEBSITE:

WWW.SJHSYR.ORG/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

ST. JOSEPH'S HOSPITAL HEALTH CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.SJHSYR.ORG/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

ST. JOSEPH'S HOSPITAL HEALTH CENTER

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.SJHSYR.ORG/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

Part V Facility Information (continued)

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. JOSEPH'S HOSPITAL HEALTH CENTER - PART V, SECTION B, LINE 7A:

WWW.SJHSYR.ORG/ABOUT-US/FOR-OUR-COMMUNITY/HEALTH-NEEDS-ASSESSMENT

ST. JOSEPH'S HOSPITAL HEALTH CENTER - PART V, SECTION B, LINE 9:

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

ST. JOSEPH'S HOSPITAL HEALTH CENTER - PART V, SECTION B, LINE 10A:

WWW.SJHSYR.ORG/ABOUT-US/FOR-OUR-COMMUNITY/HEALTH-NEEDS-ASSESSMENT

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 15

Name and address	Type of facility (describe)
1 CENTER FOR WOUND CARE & HYPERBARIC 4000 MEDICAL CENTER DR. STE 206 FAYETTEVILLE, NY 13066	WOUND CARE AND HYPERBARIC MEDICINE
2 PHYSICAL THERAPY NORTHEAST 4401 MEDICAL CENTER DR. FAYETTEVILLE, NY 13066	PHYSICAL THERAPY
3 DENTAL CLINIC 101 UNION AVE SYRACUSE, NY 13203	DENTAL CLINIC
4 LABORATORY ALLIANCE OF CENTRAL NY 4870 NOTH JEFFERSON ST. PULASKI, NY 13142	CLINICAL AND ANATOMIC PATHOLOGY TESTING
5 LABORATORY ALLIANCE OF CENTRAL NY 15 EAST GENESEE ST. STE 230 BALDWINVILLE, NY 13027	CLINICAL AND ANATOMIC PATHOLOGY TESTING
6 LABORATORY ALLIANCE OF CENTRAL NY 6221 ROUTE 31 STE 108B CICERO, NY 13039	CLINICAL AND ANATOMIC PATHOLOGY TESTING
7 LABORATORY ALLIANCE OF CENTRAL NY 5000 BRITTONFIELD PKWY. STE A108 EAST SYRACUSE, NY 13057	CLINICAL AND ANATOMIC PATHOLOGY TESTING
8 LABORATORY ALLIANCE OF CENTRAL NY 260 TOWNSHIP BLVD. STE 40 CAMILUS, NY 13031	CLINICAL AND ANATOMIC PATHOLOGY TESTING
9 LABORATORY ALLIANCE OF CENTRAL NY 5700 WEST GENESEE ST. STE 209 CAMILUS, NY 13031	CLINICAL AND ANATOMIC PATHOLOGY TESTING
10 LABORATORY ALLIANCE OF CENTRAL NY 475 IRVING AVE. STE 100 SYRACUSE, NY 13210	CLINICAL AND ANATOMIC PATHOLOGY TESTING

Schedule H (Form 990) 2022

Part V Facility Information (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 15

Name and address	Type of facility (describe)
11 LABORATORY ALLIANCE OF CENTRAL NY 104 UNION AVE. STE 802 SYRACUSE, NY 13203	CLINICAL AND ANATOMIC PATHOLOGY TESTING
12 LABORATORY ALLIANCE OF CENTRAL NY 4000 MEDICAL CENTER DR. STE 210 FAYETTEVILLE, NY 13066	CLINICAL AND ANATOMIC PATHOLOGY TESTING
13 LABORATORY ALLIANCE OF CENTRAL NY 132 1/2 ALBANY ST. STE ANXS-1 CAZENOVIA, NY 13035	CLINICAL AND ANATOMIC PATHOLOGY TESTING
14 LABORATORY ALLIANCE OF CENTRAL NY 5100 WEST TAFT RD. SUITE 2F LIVERPOOL, NY 13088	CLINICAL AND ANATOMIC PATHOLOGY TESTING
15 SPECIALISTS' ONE-DAY SURGERY CENTER 5801 EAST TAFT ROAD NORTH SYRACUSE, NY 13212	AMBULATORY SURGERY CENTER

Part VI Supplemental Information

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 (for example, 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.

PART I, LINE 3C:

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

PART I, LINE 6A:

ST. JOSEPH'S HOSPITAL HEALTH CENTER (ST. JOSEPH'S) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF NEW YORK. IN ADDITION, ST. JOSEPH'S REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

ST. JOSEPH'S ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN

Part VI Supplemental Information (Continuation)

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, \$3,521,553, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSE 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:

ST. JOSEPH'S USES A PREDICTIVE MODEL THAT INCORPORATES TWO DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, AND (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL). BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL

Part VI Supplemental Information (Continuation)

COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, ST. JOSEPH'S IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, THE HOSPITAL IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

ST. JOSEPH'S 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

Part VI Supplemental Information (Continuation)

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 TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:

ST. JOSEPH'S 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

Part VI Supplemental Information (Continuation)

QUALIFY FOR FINANCIAL ASSISTANCE. 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 - IN ADDITION TO THE CHNA, ST. JOSEPH'S PARTICIPATES IN THE COMMUNITY SERVICES PLAN (COMMUNITY HEALTH IMPROVEMENT PLAN/CHIP) PROCESS WITH THE ONONDAGA COUNTY HEALTH DEPARTMENT, CROUSE HOSPITAL, AND UPSTATE MEDICAL UNIVERSITY HOSPITAL. THIS PROCESS FACILITATES ANOTHER ASSESSMENT OF OUR COMMUNITY'S HEALTH NEEDS AND REQUIRES THE SUBMISSION OF A SINGLE COLLECTIVE AND COMPREHENSIVE REPORT. IN RESPONSE TO THE NEEDS IDENTIFIED, AN ACTION PLAN IS CREATED, AND ALL PARTIES MEET QUARTERLY THEREAFTER TO DISCUSS PROGRESS WITH RESPECT TO PRIORITY INITIATIVES.

ST. JOSEPH'S ALSO REVIEWS PATIENT DATA TRENDS TO CONTINUALLY ASSESS THE NEEDS OF PATIENTS, INCLUDING THE MOST VULNERABLE PATIENTS, AND TO IDENTIFY WHERE GAPS IN ACCESS TO CARE MAY EXIST. THIS PROCESS INCLUDES BUT IS NOT LIMITED TO SOCIAL INFLUENCERS OF HEALTH, CHRONIC DISEASE RISKS, AND ACCESS TO CARE.

LASTLY, ST. JOSEPH'S CONTINUALLY SEEKS TO UNDERSTAND THE NEEDS OF THE COMMUNITY THROUGH PARTICIPATION IN COALITIONS, INCLUDING, BUT NOT LIMITED, TO THE TOBACCO ACTION COALITION OF ONONDAGA, THE AMERICAN HEART ASSOCIATION'S COMMUNITY ACTION COALITION, AND THE SYRACUSE-ONONDAGA FOOD SYSTEMS ALLIANCE.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - ST. JOSEPH'S

Part VI Supplemental Information (Continuation)

COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

ST. JOSEPH'S OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS, 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 AND GOVERNMENT 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.

Part VI Supplemental Information (Continuation)

PART VI, LINE 4:

COMMUNITY INFORMATION - APPROXIMATELY 64% OF ST. JOSEPH'S INPATIENT MARKET SHARE IS ATTRIBUTABLE TO ONONDAGA COUNTY ALONE, AND THE MAJORITY OF CURRENT OUTPATIENT HOSPITAL-BASED SERVICES AND CLINICS ARE LOCATED WITHIN ONONDAGA COUNTY. IN ADDITION, ONONDAGA COUNTY SERVES AS THE "HUB" FOR HEALTH CARE IN THE CENTRAL NEW YORK AREA, AS IT INCLUDES TWO ADDITIONAL HOSPITALS (CROUSE HOSPITAL AND UPSTATE MEDICAL UNIVERSITY HOSPITAL), AS WELL AS A FEDERALLY QUALIFIED HEALTH CENTER (SYRACUSE COMMUNITY HEALTH CENTER). ALL OF ONONDAGA COUNTY'S HOSPITALS, AS WELL AS SYRACUSE COMMUNITY HEALTH CENTER, ARE LOCATED WITHIN THE CITY OF SYRACUSE.

ONONDAGA COUNTY IS HOME TO THE CITY OF SYRACUSE, WHICH IS THE LARGEST CITY IN CENTRAL NEW YORK. IT IS BORDERED BY OSWEGO, MADISON, CORTLAND, AND CAYUGA COUNTIES. MORE THAN 465,000 PEOPLE LIVE IN ONONDAGA COUNTY, ABOUT ONE-THIRD OF WHOM LIVE IN THE CITY OF SYRACUSE. ALTHOUGH ONONDAGA HAS JUST THE ONE CITY OF SYRACUSE, THE COUNTY ALSO HAS 14 VILLAGES, 19 TOWNS, AND PART OF THE ONONDAGA NATION TERRITORY.

THE MAJORITY OF ONONDAGA COUNTY'S POPULATION IS WHITE (80%), ALTHOUGH THERE IS A HIGHER PROPORTION OF RACIAL MINORITIES LIVING IN THE CITY OF SYRACUSE COMPARED TO THE REST OF ONONDAGA COUNTY. FOR INSTANCE, NEARLY ONE-THIRD OF SYRACUSE CITY RESIDENTS ARE BLACK OR AFRICAN AMERICAN (29%), WHICH IS HIGHER THAN ONONDAGA COUNTY AS A WHOLE (11.8% BLACK/AFRICAN AMERICAN), AND NEW YORK STATE (17.7%). ONONDAGA COUNTY'S HIGH SCHOOL EDUCATION RATES, MEDIAN HOUSEHOLD INCOME, UNEMPLOYMENT RATE, AND POVERTY LEVELS ARE ROUGHLY COMPARABLE TO THOSE OF NEW YORK STATE; HOWEVER, SYRACUSE FARES WORSE ON THESE MEASURES COMPARED TO ONONDAGA OVERALL.

Part VI Supplemental Information (Continuation)

SYRACUSE'S MEDIAN HOUSEHOLD INCOME IS ABOUT 60% OF ONONDAGA'S (\$34,716 VS. \$57,271), AND THE PERCENT LIVING IN POVERTY IS MORE THAN DOUBLE THAT OF ONONDAGA COUNTY (32.6% VS. 13.7%).

PART VI, LINE 5:

OTHER INFORMATION - OVER THE COURSE OF THE REPORTABLE YEAR, THE HOSPITAL ACTIVELY PARTICIPATED WITH THE SYRACUSE-ONONDAGA FOOD SYSTEMS ALLIANCE, A COALITION FOCUSED ON THE DEVELOPMENT OF AN EQUITABLE FOOD SYSTEM IN THE HOSPITAL'S SERVICE AREA. ALSO, ST. JOSEPH'S IS A MEMBER OF THE NORTHSIDE UP STEERING COMMITTEE, A COALITION FOCUSED ON COMMUNITY AND ECONOMIC DEVELOPMENT WITHIN SYRACUSE'S NORTHSIDE NEIGHBORHOOD. AS THE NORTHSIDE NEIGHBORHOOD CAN BE DESCRIBED AS AN ECONOMICALLY DEPRESSED REGION OF THE CITY OF SYRACUSE, THE WORK OF THIS COALITION IS INTENDED TO RESTORE VIBRANCY TO THE NEIGHBORHOOD THROUGH THE CULTIVATION OF OPPORTUNITIES FOR ITS CURRENT RESIDENTS AND STAKEHOLDERS.

ST. JOSEPH'S HAS IMPLEMENTED A SOCIAL INFLUENCERS OF HEALTH SCREENING TOOL, USED PRIMARILY BY OUTPATIENT CARE MANAGERS, NURSE COACHES, AND SOCIAL WORKERS, WHICH IDENTIFIES SOCIAL NEEDS IN ORDER TO ENHANCE RELATIONSHIPS AND REFERRALS WITH APPROPRIATE COMMUNITY RESOURCES. HOME HEALTH CARE MANAGEMENT FOR THE MEDICAID POPULATION CONTINUES TO BE A MEANS FOR SUPPORTING PATIENTS ON AN OUTPATIENT BASIS TO ENHANCE CONNECTIVITY TO RESOURCES. IN ADDITION, ST. JOSEPH'S EMPLOYED TWO COMMUNITY HEALTH WORKERS WITHIN SEPARATE PROGRAMS TO DIRECTLY ADDRESS SOCIAL DETERMINANTS OF HEALTH.

ST. JOSEPH'S FOOD FARMACY PROGRAM HAS EXTENDED BEYOND THE HOSPITAL SYSTEM AND HAS COLLABORATED WITH FOUR COMMUNITY PARTNERS: SYRACUSE NORTHEAST

Part VI Supplemental Information (Continuation)

COMMUNITY CENTER, WESTCOTT COMMUNITY CENTER, BRADY MARKET, AND DUNBAR CENTER. EACH PARTNERING AGENCY CONDUCTS A SOCIAL DETERMINANTS OF HEALTH SCREENING ON EACH PROGRAM PARTICIPANT TO IMPROVE FOOD ACCESS, AS WELL AS ANY OTHER IDENTIFIED SOCIAL CARE NEED.

ST. JOSEPH'S RECEIVED FUNDING FOR THE BEST FOOT FORWARD INITIATIVE, WHICH SUPPORTS CHILDREN AND NEW MOTHERS WITH DEVELOPMENTAL NEEDS AND IMPROVES COMPLIANCE WITH MILESTONE APPOINTMENTS. ST. JOSEPH'S ALSO CONTINUES TO BE A DESIGNATED "BABY FRIENDLY" HOSPITAL. ST. JOSEPH'S FULLY IMPLEMENTED STOCKING ALL SNACK MACHINES AND NEARLY ALL BEVERAGE MACHINES TO MEET TRINITY HEALTH'S TARGET OF 50% HEALTHY OFFERINGS. IN 2021, OUR NEWEST EDITION, FRESH EXPRESS, WAS ADDED TO OUR LOBBY AREA, MEETING 100% TARGET NUTRITIONAL STANDARDS. ST. JOSEPH'S HEALTH WORKED EFFECTIVELY WITH ITS CURRENT VENDING PROVIDER TO IMPLEMENT A CUSTOM SYSTEM FOR NUTRITIONAL STANDARDS; THIS WILLINGNESS TO COLLABORATE MADE THE TRANSITION POSSIBLE. EACH YEAR, REPRESENTATIVES FROM OUR HEALTH SYSTEM MEET WITH OUR LOCAL/STATE LEGISLATORS TO DISCUSS OUR PROGRAMS, INCLUDING THE SUCCESS OF OUR EFFORTS AT HELPING LOWER STATEWIDE SMOKING RATES AND STRESS THE UNMET NEEDS IN TOBACCO CONTROL EFFORTS AMONG VULNERABLE COMMUNITIES AND POPULATIONS.

PART VI, LINE 6:

ST. JOSEPH'S 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 - EMPHASIZING THE NECESSITY TO INTEGRATE SOCIAL AND CLINICAL CARE. WE DO THIS BY:

Part VI Supplemental Information (Continuation)

- 1. ADDRESSING PATIENT SOCIAL NEEDS,
- 2. INVESTING IN OUR COMMUNITIES, AND
- 3. STRENGTHENING THE IMPACT OF OUR COMMUNITY BENEFIT.

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGIES AND FOCUS INTENTIONALLY ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. WE BELIEVE THAT COMMUNITY MEMBERS AND COMMUNITIES THAT ARE THE MOST IMPACTED BY RACISM AND OTHER FORMS OF DISCRIMINATION EXPERIENCE THE GREATEST DISPARITIES AND INEQUITIES IN HEALTH OUTCOMES AND SHOULD BE INCLUSIVELY ENGAGED IN ALL COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT EFFORTS. THROUGHOUT OUR WORK, WE DISMANTLE OPPRESSIVE SYSTEMS, AND BUILD COMMUNITY CAPACITY AND PARTNERSHIPS.

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 2023 (FY23), TRINITY HEALTH CONTRIBUTED \$1.47 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.

IN ADDITION TO ANNUAL COMMUNITY BENEFIT SPENDING, TRINITY HEALTH IMPLEMENTS A SOCIALLY RESPONSIBLE INVESTING PROGRAM. AS OF THE END OF FY23, \$62.7 MILLION (INCLUDING \$7.0 MILLION IN NEW LENDING) WAS ALLOCATED IN THE FOLLOWING AREAS:

Part VI Supplemental Information (Continuation)

- HOUSING: BUILDING AFFORDABLE HOUSING; IMPROVING ACCESS TO SENIOR HOUSING; AND COMBATTING HOMELESSNESS (\$35.5 MILLION)
- EDUCATION: SUPPORTING STUDENTS ENTERING THE HEALTH PROFESSIONS (\$10.1 MILLION)
- FACILITIES: BUILDING COMMUNITY FACILITIES FOR NONPROFITS, SOCIAL SERVICE PROVIDERS, AND OTHER COMMUNITY-BASED ORGANIZATIONS (\$9.7 MILLION)
- ECONOMIC DEVELOPMENT: ENCOURAGING SMALL BUSINESS DEVELOPMENT, CREATING LOCAL JOBS AND SUPPORTING ACCESS TO HEALTHY FOODS; QUALITY CHILDCARE; AND OTHER COMMUNITY SERVICES (\$7.4 MILLION)

ACROSS THE SYSTEM, NEARLY 700,000 OF PATIENTS SEEN IN PRIMARY CARE SETTINGS WERE SCREENED FOR SOCIAL NEEDS. FOR ABOUT 30% OF THOSE PATIENTS, AT LEAST ONE SOCIAL NEED WAS IDENTIFIED. TOGETHERCARE - TRINITY HEALTH'S ELECTRONIC HEALTH RECORD, POWERED BY EPIC - HAS MADE IT POSSIBLE FOR TRINITY HEALTH TO STANDARDIZE SCREENING FOR SOCIAL NEEDS AND CONNECT PATIENTS TO COMMUNITY RESOURCES THROUGH THE COMMUNITY RESOURCE DIRECTORY (COMMUNITYRESOURCES.TRINITY-HEALTH.ORG).

COMMUNITY HEALTH WORKERS (CHW'S) SERVE AS LIAISONS BETWEEN HEALTH AND SOCIAL SERVICES. TRINITY HEALTH CHW'S PARTNERED WITH POPULATION HEALTH NURSES AND SOCIAL WORK CARE MANAGERS TO SERVE MEDICARE PATIENTS AT RISK FOR PREVENTABLE HOSPITALIZATIONS, RESULTING IN A DECREASE IN PREVENTABLE HOSPITALIZATIONS FOR THE MEDICARE POPULATION OVERALL, AND ALSO FOR LOW-INCOME PATIENTS DUALY ENROLLED IN MEDICARE AND MEDICAID.

CHW'S ADVANCE SOCIAL AND CLINICAL CARE INTEGRATION BY ASSESSING AND ADDRESSING A PATIENT'S SOCIAL NEEDS, HOME ENVIRONMENT AND OTHER SOCIAL RISK FACTORS, AND ULTIMATELY CONNECTING THE PATIENT (AND THEIR FAMILY) TO

Part VI Supplemental Information (Continuation)

SERVICES WITHIN THE COMMUNITY. TRINITY HEALTH PROVIDES A 40+ HOUR FOUNDATIONAL CHW AND CHRONIC DISEASE-SPECIFIC TRAINING TO TRINITY HEALTH-EMPLOYED CHW'S AND ALSO TO COMMUNITY PARTNERS THAT EMPLOY CHW'S.

IN 2017, TRINITY HEALTH RECEIVED A SIX-YEAR, \$8.5 MILLION GRANT FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO INCREASE THE NUMBER OF NATIONAL DIABETES PREVENTION PROGRAM (DPP) DELIVERY SITES, INCREASE PROGRAM ENROLLMENT, MAINTAIN PARTICIPATION RATES, AND INCREASE BENEFIT COVERAGE. IN ADDITION, THE GRANT WAS USED TO STANDARDIZE CLINICAL SCREENING AND DETECTION OF DIABETES. DURING THE GRANT PERIOD, TRINITY HEALTH BUILT THE NATIONAL DPP INTO ITS ELECTRONIC HEALTH RECORD SYSTEM TO MAKE IDENTIFYING PATIENTS AND ENROLLING THEM IN THE PROGRAM EASIER. SINCE SEPTEMBER 2017, OVER 6,000 PARTICIPANTS HAVE ENROLLED IN A TRINITY HEALTH NATIONAL DPP AND HAVE COLLECTIVELY LOST A TOTAL OF OVER 51,000 POUNDS.

LASTLY, TRINITY HEALTH'S FY23 SHAREHOLDER ADVOCACY PRIORITIES FOCUSED ON IMPROVING CORPORATE POLICIES AND PRACTICES THAT IMPACT COMMUNITIES, WITH THE AIM OF REDUCING STRUCTURAL RACISM AND HEALTH INEQUITIES. TRINITY HEALTH, IN COLLABORATION WITH ITS PARTNERS THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY AND THE INVESTOR ENVIRONMENTAL HEALTH NETWORK, FILED SHAREHOLDER PROPOSALS AT 20 COMPANIES.

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

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