

**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 NAZARETH HOSPITAL	Employer identification number 23-2794121
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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	X	
b If "Yes," was it a written policy?	X	
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 _____ %	X	
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 _____ %	X	
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
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?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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)			2857113.		2857113.	1.70%
b Medicaid (from Worksheet 3, column a)			49203689.	40817595.	8386094.	4.99%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			52060802.	40817595.	11243207.	6.69%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	4	1,040	276,296.		276,296.	.16%
f Health professions education (from Worksheet 5)	2		210648653.	4285222.	6363431.	3.79%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2		52,073.	50,000.	2,073.	.00%
j Total. Other Benefits	8	1,042	10977022.	4335222.	6641800.	3.95%
k Total. Add lines 7d and 7j	8	1,042	63037824.	45152817.	17885007.	10.64%

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	10,765,677.
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	30,441,960.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	38,141,879.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-7,699,919.
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 NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES, LP	MEDICAL OFFICE BUILDING	75.21%		24.79%

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):

Table with 10 columns: Facility description, 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: NAZARETH HOSPITAL, 2601 HOLME AVENUE, PHILADELPHIA, PA 19152-2007, WWW.TRINITYHEALTHMA.ORG, 400301. Marked with 'X' in Licensed hospital, Gen. medical & surgical, and ER-24 hours 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: NAZARETH HOSPITAL

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 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>21</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 checked="" type="checkbox"/> Other website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
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>21</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: NAZARETH HOSPITAL

		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, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</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, SECTION C</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: NAZARETH HOSPITAL

	Yes	No
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?	X	
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:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party 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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party 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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
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) 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) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

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: NAZARETH HOSPITAL

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a <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		
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		
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		
d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	X
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If "Yes," explain in Section C.		

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.

NAZARETH HOSPITAL:

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

PART V, SECTION B, LINE 3E: NAZARETH HOSPITAL INCLUDED IN THEIR 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 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 & MANAGEMENT
- 4. SUBSTANCE USE & RELATED DISORDERS
- 5. HEALTHCARE & 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

NAZARETH HOSPITAL:

PART V, SECTION B, LINE 5: RECOGNIZING THAT HOSPITALS AND HEALTH SYSTEMS

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.

OFTEN MUTUALLY SERVE THE SAME COMMUNITIES, A GROUP OF LOCAL HOSPITALS AND HEALTH SYSTEMS COLLABORATED ON A SOUTHEASTERN PENNSYLVANIA REGIONAL CHNA (RCHNA), WITH SPECIFIC FOCUS ON BUCKS, CHESTER, DELAWARE, MONTGOMERY, AND PHILADELPHIA COUNTIES. THE HOSPITALS JOINTLY SOLICITED AND CONSIDERED INPUT FROM PERSONS OR ORGANIZATIONS THAT REPRESENT THE BROAD INTERESTS OF THE COMMUNITY THEY SERVE. THIS INPUT WAS SOLICITED FROM LOCAL COMMUNITY REPRESENTATIVES OF THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN THE SERVICE AREA AND FROM PUBLIC HEALTH OFFICIALS, SOCIAL SERVICE PROVIDERS, AND CLINICIANS. DATA WAS COLLECTED BETWEEN SEPTEMBER 2021 TO JANUARY 2022.

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

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.

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.

NAZARETH HOSPITAL:

PART V, SECTION B, LINE 6A: NAZARETH HOSPITAL 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 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,

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.

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, ST. MARY
MEDICAL CENTER AND ST. MARY REHABILITATION HOSPITAL.

NAZARETH HOSPITAL:

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

NAZARETH HOSPITAL:

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

NAZARETH HOSPITAL ADDRESSED THE FOLLOWING UNMET HEALTH NEEDS IN FISCAL
YEAR 2023:

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.

1) MENTAL HEALTH CONDITIONS - IN FISCAL YEAR 2023, SUBSTANCE USE DISORDER DRUG RELAPSE PREVENTION PROGRAM, POSITIVE RECOVERY SOLUTIONS, PARTNERED WITH THE PHILADELPHIA DEPARTMENT OF CORRECTIONS AND ADMINISTERED VIVITROL TO INMATES MONTHLY. NAZARETH HOSPITAL RECEIVED A \$50,000 TRANSFORMING COMMUNITIES INITIATIVE GRANT TO SUPPORT MERAKEY FOR DEVELOPMENT AND IMPLEMENTATION OF EVIDENCE-BASED STRATEGIES THAT ADVANCE HEALTH AND RACIAL EQUITY THROUGH ADDRESSING THE ROOT CAUSE OF BEHAVIORAL HEALTH. TRINITY HEALTH MID-ATLANTIC PARTNERED WITH PHILADELPHIA, BUCKS AND DELAWARE COUNTY HEALTH DEPARTMENTS TO SUPPORT, EDUCATE, AND PROMOTE 988, THE NATIONAL SUICIDE AND CRISIS LIFELINE.

2) FOOD ACCESS - IN FISCAL YEAR 2023, NAZARETH HOSPITAL ADDRESSED SOCIAL INFLUENCERS OF HEALTH INCLUDING ACCESS TO HEALTHY FOOD AND PROVIDED 515 GROCERY GIFT CARDS TO INDIVIDUALS AT OR BELOW 200% OF THE POVERTY LEVEL TO FILL FOOD INSECURITY GAPS. SURPLUS FOOD FROM OUR CAFETERIA PROVIDED 75 MEALS WHICH WERE DISTRIBUTED TO FOOD PARTNERS.

3) ACCESS TO CARE - NAZARETH HOSPITAL PROVIDED PRIMARY AND PREVENTIVE HEALTH CARE SERVICES FOR LOW-INCOME UNINSURED ELIGIBLE ADULTS AND CHILDREN THROUGH SUPPORT AND ENROLLMENT INTO MEDICAID AND FINANCIAL ASSISTANCE PROGRAMS. IN FISCAL YEAR 2023, NAZARETH HOSPITAL ENROLLED 566 ELIGIBLE PATIENTS IN MEDICAID THROUGH A CONTRACT WITH HEALTHCARE RECEIVABLES SPECIALISTS, INC. PATIENTS IN THE TARGET POPULATION WERE PROVIDED WITH ASSISTANCE (AS NEEDED) IN SCHEDULING PRIMARY CARE AND SPECIALTY CARE VISITS, AND A RESOURCE LIST FOR SECURING LOW-COST PRESCRIPTION MEDICATIONS. IN FISCAL YEAR 2023, THE COMMUNITY AID REFURBISHED EQUIPMENT STORE SERVED THE NAZARETH HOSPITAL COMMUNITY. THE LOANER PROGRAM OFFERED

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.

CLEANED, INSPECTED, AND REFURBISHED WHEELCHAIRS, CRUTCHES, WALKERS, SHOWER CHAIRS, COMMODES, AND INCONTINENCE PRODUCTS TO PATIENTS OF NAZARETH HOSPITAL WHO ARE UNABLE TO AFFORD DURABLE MEDICAL EQUIPMENT. IN FISCAL YEAR 2023, NAZARETH HOSPITAL PROVIDED 430 LOW-INCOME PATIENTS WITH TRANSPORTATION TO RECEIVE MEDICALLY NECESSARY CARE.

NAZARETH HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA 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. TRINITY HEALTH OF MID-ATLANTIC COMMUNITY HEALTH AND WELL-BEING CONTINUES TO BE SUPPORTIVE AS NEEDED IN AMBULATORY, CLINICAL AND COMMUNITY SERVICES AVOIDING DUPLICATION OF RESOURCES. NAZARETH HOSPITAL DID NOT DIRECTLY ADDRESS THE FOLLOWING HEALTH NEEDS IN FISCAL YEAR 2023:

- 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

NAZARETH 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.

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.

NAZARETH HOSPITAL PART V, SECTION B, LINE 7A:

WWW.TRINITYHEALTHMA.ORG/COMMUNITY-BENEFIT/CHNA/NAZARETH/

NAZARETH HOSPITAL PART V, SECTION B, LINE 7B:

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.

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

NAZARETH HOSPITAL - PART V, SECTION B, LINE 9:

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

NAZARETH HOSPITAL PART V, SECTION B, LINE 10A:

WWW.TRINITYHEALTHMA.ORG/COMMUNITY-BENEFIT/CHNA/NAZARETH/

NAZARETH HOSPITAL PART V, SECTION B, LINE 16A:

WWW.TRINITYHEALTHMA.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/APPLICATION/

NAZARETH HOSPITAL PART V, SECTION B, LINE 16B:

WWW.TRINITYHEALTHMA.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/APPLICATION/

NAZARETH HOSPITAL PART V, SECTION B, LINE 16C:

WWW.TRINITYHEALTHMA.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE/APPLICATION/

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:

NAZARETH HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF PENNSYLVANIA. IN ADDITION, NAZARETH HOSPITAL REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG. NAZARETH HOSPITAL 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 ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE

Part VI Supplemental Information (Continuation)

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, \$10,765,677, 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:

NAZARETH HOSPITAL 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, NAZARETH HOSPITAL IS

Part VI Supplemental Information (Continuation)

RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, NAZARETH 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:

NAZARETH HOSPITAL IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 13 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED."

Part VI Supplemental Information (Continuation)

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:

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

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

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. THE HOSPITAL HAS IMPLEMENTED BILLING

Part VI Supplemental Information (Continuation)

AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR,
CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

NEEDS ASSESSMENT -

NAZARETH HOSPITAL ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, 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 OVERALL 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 -

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

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR
PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST

Part VI Supplemental Information (Continuation)

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.

NAZARETH HOSPITAL 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, LINE 4:

COMMUNITY INFORMATION -

NAZARETH HOSPITAL IS LOCATED IN BUSTLETON-SOUTH (ZIP CODE 19152). AS DESCRIBED IN THE CURRENT NAZARETH HOSPITAL RCHNA, THE COMMUNITY SERVED, WHICH IS DEFINED NAZARETH HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREAS, IS COMPOSED OF EIGHT ZIP CODES IN NORTHEAST PHILADELPHIA. THE HOSPITAL RACIAL COMPOSITION IS 11% ASIAN, 17.4% BLACK, 16.2% HISPANIC/LATINO, 52.1% WHITE (NON-HISPANIC), AND 3.3% OTHER. 17.5% SPEAK ENGLISH LESS THAN VERY WELL. THE AGE DISTRIBUTION IS 25.1% 0-19 YEARS, 34.9% 20-44 YEARS, 24.6% 45-64 YEARS AND 15.4% 65+. THE GENDER OF THE POPULATION IS 51.7% FEMALE

Part VI Supplemental Information (Continuation)

AND 48.3% MALE. THE MEDIAN HOUSEHOLD INCOME IS \$51,711.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH -

PART OF NAZARETH HOSPITAL'S COMMUNITY BENEFIT PORTFOLIO INCLUDES PROVIDING ACCESS TO PRIMARY CARE PHYSICIANS IN A MEDICALLY UNDERSERVED AREA. IN ADDITION, WE MAINTAIN A 24-HOUR EMERGENCY ROOM, AN OPEN MEDICAL STAFF, AND A BOARD COMPRISED LARGELY OF INDEPENDENT MEMBERS OF THE COMMUNITY. THE ORGANIZATION EXTENDS PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

NAZARETH HOSPITAL CONTINUED IMPLEMENTING A SMOKE FREE CAMPUS THAT INCLUDES ALL BUILDINGS AND WAS EXPANDED TO INCLUDE ALL TOBACCO AND SMOKELESS TOBACCO PRODUCTS INCLUDING E-CIGARETTES, VAPORS, AND CHEWING TOBACCO. IN ADDITION, THE NEW HIRE POLICY ENCOURAGES ALL NEW COLLEAGUES TO TAKE ADVANTAGE OF SMOKING CESSATION CLASSES AND SMOKING CESSATION AIDS.

TRINITY HEALTH OF THE MID-ATLANTIC REGION (TRINITY HEALTH OF THE MID-ATLANTIC) CONTINUED TO PARTICIPATION IN COLLABORATIVE OPPORTUNITIES TO ADVANCE COMMUNITY HEALTH INITIATIVES. FUNDED BY THE HOSPITAL & HEALTH SYSTEM ASSOCIATION OF PENNSYLVANIA AND PARTICIPATING HOSPITALS AND HEALTH SYSTEMS, COLLABORATIVE OPPORTUNITIES TO ADVANCE COMMUNITY HEALTH (COACH) IS AN INITIATIVE THAT BRINGS TOGETHER HOSPITAL/HEALTH SYSTEM, PUBLIC HEALTH, AND COMMUNITY PARTNERS TO ADDRESS COMMUNITY HEALTH NEEDS IN SOUTHEASTERN PENNSYLVANIA. FACILITATED BY HEALTH CARE IMPROVEMENT FOUNDATION SINCE LAUNCHING IN 2015, COACH HAS PROVIDED A STRUCTURE FOR PARTICIPANTS TO EXPLORE COLLABORATIVE IMPLEMENTATION STRATEGIES AS HOSPITALS/HEALTH SYSTEMS RESPOND TO COMMUNITY HEALTH NEEDS ASSESSMENTS

Part VI Supplemental Information (Continuation)

(CHNA) THROUGH IMPLEMENTATION PLANS MANDATED BY THE AFFORDABLE CARE ACT.

TRINITY HEALTH OF THE MID-ATLANTIC, ALONG WITH OTHER LEADING HEALTH SYSTEMS IN THE TRI-STATE REGION, PARTICIPATED IN A NATIONAL EDUCATION CAMPAIGN TO PREVENT GUN VIOLENCE AMONG CHILDREN AND PROMOTE SAFE GUN STORAGE IN THE HOME WITH THE "DOESN'T KILL TO ASK" CAMPAIGN.

TRINITY HEALTH OF THE MID-ATLANTIC, ALONG WITH OTHER LEADING HEALTH SYSTEMS IN THE TRI-STATE REGION, JOINED TOGETHER TO FORM A REGIONAL COALITION TO ELIMINATE RACE-BASED MEDICINE. THE REGIONAL COALITION MEMBERS WILL WORK TOGETHER TO REMOVE RACE "ADJUSTMENTS" FROM 15 COMMONLY USED CLINICAL DECISION SUPPORT TOOLS THAT MAY ADVERSELY IMPACT PATIENTS' OUTCOMES. IN FISCAL YEAR 2023, TRINITY HEALTH OF THE MID-ATLANTIC ALSO COMPLETED THE AMERICAN HOSPITAL ASSOCIATION HEALTH EQUITY ASSESSMENT TO SELF-ASSESS AND LEARN ABOUT ITS CURRENT POSITION IN THE HEALTH EQUITY CONTINUUM.

PART VI, LINE 6:

AFFILIATED HEALTH CARE SYSTEM -

NAZARETH HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH AND WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE - EMPHASIZING THE NECESSITY TO INTEGRATE SOCIAL AND CLINICAL CARE. WE DO THIS BY:

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

Part VI Supplemental Information (Continuation)

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:

- HOUSING: BUILDING AFFORDABLE HOUSING; IMPROVING ACCESS TO SENIOR HOUSING; AND COMBATTING HOMELESSNESS (\$35.5 MILLION)
- EDUCATION: SUPPORTING STUDENTS ENTERING THE HEALTH PROFESSIONS (\$10.1

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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 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.

Part VI Supplemental Information (Continuation)

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:

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