

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC.	Employer identification number	35-1142669
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care?	<input checked="" type="checkbox"/>	
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 _____ %		
<b>b</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 checked="" type="checkbox"/>	
<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 _____ %		
<b>c</b> 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.		
<b>4</b> 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"/>	
<b>5a</b> 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>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
<b>c</b> 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"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			1082013.		1082013.	2.04%
<b>b</b> Medicaid (from Worksheet 3, column a)			12204731.	7735135.	4469596.	8.43%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			13286744.	7735135.	5551609.	10.47%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	5	20,821	319,594.	244,964.	74,630.	.14%
<b>f</b> Health professions education (from Worksheet 5)						
<b>g</b> Subsidized health services (from Worksheet 6)	2	7,339	1361493.	682,331.	679,162.	1.28%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)						
<b>j Total.</b> Other Benefits	7	28,160	1681087.	927,295.	753,792.	1.42%
<b>k Total.</b> Add lines 7d and 7j	7	28,160	14967831.	8662430.	6305401.	11.89%





**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: SJRM – PLYMOUTH CAMPUSLine number of hospital facility, or line numbers of hospital  
facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
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? .....	1	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 .....	2	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 .....	3	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>23</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 .....	5	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 .....	6a	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 .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	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 checked="" 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 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>23</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	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? .....	10b	
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)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
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: SJPMC – PLYMOUTH CAMPUS

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b> 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)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b> 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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b> 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 7</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 7</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 7</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)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: SJPMC – PLYMOUTH CAMPUS

	Yes	No
<b>17</b> 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? .....	<b>X</b>	
<b>18</b> 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		
<b>19</b> 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? .....		<b>X</b>
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)		
<b>20</b> 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**

<b>21</b> 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? .....	<b>X</b>	
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)		

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

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

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**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.

SJPMC - PLYMOUTH CAMPUS:

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

PART V, SECTION B LINE 3E:

SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH (SJPMC-PLYMOUTH) 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. ACCESS TO MENTAL HEALTH CARE
2. ACCESS/AFFORDABILITY OF MEDICATION
3. SAFE AND AFFORDABLE HOUSING
4. IMPROVING ACCESS TO WELLNESS RESOURCES (FRESH FOODS, NUTRITION CLASSES, GYMS, ETC.)
5. IMPROVING ACCESS TO HEALTH CARE

SJPMC - PLYMOUTH CAMPUS:

PART V, SECTION B, LINE 5: DURING THE MONTHS OF JULY THROUGH NOVEMBER OF 2023, SURVEYS WERE USED TO GATHER INPUT FROM PEOPLE REPRESENTING THE COMMUNITY SERVED FOR THE RECENT CHNA. SURVEYS WERE DISTRIBUTED IN BOTH ONLINE AND PRINTED FORMATS, IN BOTH IN ENGLISH AND SPANISH, WHICH ENSURED A WIDE DISTRIBUTION OF THE SURVEY. THIS SURVEY WAS DELIVERED VIA INVITATION BASED ON A STRATIFIED RANDOM SAMPLING OF THE COMMUNITY AT LARGE



**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.

USING A THIRD-PARTY DATABASE.

TO ENSURE THE SURVEY SAMPLE REFLECTED A WIDE VARIETY OF SOCIOECONOMIC LEVELS, AGE, AND RACE/ETHNICITY, IT WAS OFFERED TO COMMUNITY GROUPS VIA ORGANIZATIONS SUCH AS THE MARSHALL COUNTY COUNCIL ON AGING (MCCOA), REAL SERVICES, THE CENTER FOR THE HOMELESS, UNITED WAY OF ST. JOSEPH AND MARSHALL COUNTIES, AND AT LOCAL FOOD PANTRIES. THESE GROUPS REPRESENT THE MEDICALLY UNDERSERVED, MINORITIES, LOW-INCOME INDIVIDUALS, ENTREPRENEUR GROUPS, HEALTH CARE WORKERS, ETC. THE SURVEY PARTICIPANTS WERE ASKED A SERIES OF QUESTIONS ABOUT TOPICS CRITICAL TO THE HEALTH OF THE COMMUNITY. A TOTAL OF 2,643 SURVEYS WERE COLLECTED, 347 OF WHICH WERE FROM MARSHALL COUNTY.

THE COMMUNITY HEALTH ADVISORY COMMITTEE MET ON MARCH 15, 2024, TO DISCUSS HOW TO IMPROVE THE TOP FIVE IDENTIFIED NEEDS. MEMBERS OF THE COMMUNITY HEALTH ADVISORY COMMITTEE INCLUDED: YOUNG PROFESSIONALS, HEALTH EDUCATORS, PARKS DEPARTMENT EMPLOYEES, SENIORS, CLINICS, BUSINESS LEADERS, VETERANS, AND LATINO COMMUNITY LEADERS. THE FOCUS GROUPS WERE ASKED TO DISCUSS ISSUES THAT HAD BEEN IDENTIFIED AS IMPORTANT BY SAINT JOSEPH HEALTH SYSTEM.

SAINT JOSEPH HEALTH SYSTEM (SJHS) COMPLETED A COMPREHENSIVE CHNA THAT WAS ADOPTED BY THE BOARD OF DIRECTORS ON JUNE 14, 2024. SJHS PERFORMED THE CHNA IN ADHERENCE WITH FEDERAL REQUIREMENTS FOR NOT-FOR-PROFIT HOSPITALS SET FORTH IN THE AFFORDABLE CARE ACT AND BY THE INTERNAL REVENUE SERVICE. THE ASSESSMENT TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE COMMUNITY, COMMUNITY MEMBERS, AND VARIOUS COMMUNITY ORGANIZATIONS.

**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.

SJPMC - PLYMOUTH CAMPUS:

PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED IN COLLABORATION WITH  
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC.

SJPMC - PLYMOUTH CAMPUS:

PART V, SECTION B, LINE 6B: THE CHNA WAS CONDUCTED WITH THE FOLLOWING  
COLLABORATING ORGANIZATIONS: BOYS AND GIRLS CLUBS OF ST. JOSEPH COUNTY,  
BOYS AND GIRLS CLUBS OF MARSHALL COUNTY, BOWEN CENTER, CENTER FOR THE  
HOMELESS, FOOD BANK OF NORTHERN INDIANA, MISHAWAKA PARKS DEPARTMENT,  
MARSHALL COUNTY BOARD OF HEALTH, MARSHALL COUNTY COUNCIL ON AGING,  
MARSHALL COUNTY ECONOMIC DEVELOPMENT CORPORATION, MARSHALL COUNTY HEALTH  
DEPARTMENT, OAKLAWN PSYCHIATRIC CENTER, PLYMOUTH SCHOOL BOARD, POOR  
HANDMAIDS, PURDUE EXTENSION, ST. JOSEPH COUNTY HEALTH DEPARTMENT, REAL  
SERVICES, UNITED RELIGIOUS COMMUNITY OF ST. JOSEPH COUNTY, UNITY GARDENS,  
UNITED WAY OF MARSHALL COUNTY, UNIVERSITY OF NOTRE DAME, AND YMCA OF  
GREATER MICHIANA.

SJPMC - PLYMOUTH CAMPUS:

PART V, SECTION B, LINE 7D: ALL COMMUNITY HEALTH ADVISORY BOARD MEMBERS  
RECEIVED A PRINTED OR E-MAILED COPY OF THE COMPLETE CHNA.

SJPMC - PLYMOUTH CAMPUS:

**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 11: ON OCTOBER 28, 2024, THE BOARD APPROVED THE  
2025-2027 THREE-YEAR IMPLEMENTATION STRATEGY BASED ON THE JUNE 2024 CHNA.  
THE PLAN WAS DEVELOPED TO ADDRESS TWO OF THE FIVE SIGNIFICANT NEEDS  
IDENTIFIED IN THE CHNA: IMPROVING ACCESS TO WELLNESS RESOURCES AND  
IMPROVING ACCESS TO HEALTH CARE.

ACTIVITIES CONDUCTED TO ADDRESS THESE NEEDS IN FY24 INCLUDED:

TO IMPROVE ACCESS TO HEALTH CARE, SJRMC-PLYMOUTH CONTINUED TO STAFF AREA  
SCHOOLS WITH NURSES AND HEALTH AIDES AT A SUBSIDIZED COST. IN FY24, OUR  
SCHOOL HEALTH SERVICES PROGRAM RESPONDED TO 304,628 VISITS FROM CHILDREN  
AGED PRE-SCHOOL THROUGH COLLEGE LOCATED IN OUR PRIMARY AND SECONDARY  
SERVICE AREAS. ADDITIONALLY, HEALTH SCREENINGS AND SERVICES WERE  
ADMINISTERED IN OUR COMMUNITY VIA OUR MOBILE MEDICAL UNIT, WHICH PROVIDES  
MAMMOGRAPHY ON LOCATION AND SCREENED 402 WOMEN, AND OUR CLINICAL STAFF WHO  
COMPLETED 114 FREE FLU SHOTS AND 22 BLOOD PRESSURE READINGS FOR VULNERABLE  
MEMBERS OF OUR COMMUNITY. SJRMC-PLYMOUTH HAS ACKNOWLEDGED MENTAL HEALTH  
PLAYS A MAJOR ROLE IN PEOPLE'S ABILITY TO MAINTAIN GOOD PHYSICAL HEALTH  
AND VICE VERSA, AND SUPPORTED THIS INTERRELATIONSHIP IN FY24 BY EDUCATING  
21 YOUTH-SERVING STAFF ABOUT THE BENEFITS OF BRAIN BREAKS IN THE CLASSROOM  
FOR POSITIVE YOUTH ENGAGEMENT AND SOCIAL-EMOTIONAL LEARNING. IN FY24,  
SJRMC-PLYMOUTH ASSISTED 500 INDIVIDUALS SEEKING SERVICES AT OUR FACILITIES  
WITH MEDICAID ENROLLMENT, AND ACCESS TO HIGH-QUALITY CARE FOR ALL WAS  
ACHIEVED THROUGH TRINITY HEALTH'S HEALTH COMES FIRST INITIATIVE, WHICH  
ADVOCATED FOR PATIENT EXPERIENCE AND CARE OVER PROFITS WITH PAYOR SYSTEMS  
AT-LARGE.

**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.

TO IMPROVE ACCESS TO WELLNESS RESOURCES (FRESH FOODS, NUTRITION CLASSES, GYMS, ETC.), SJRMC-PLYMOUTH'S DIABETES PREVENTION PROGRAM (DPP) CLASSES CONTINUED FOR COUNTY MEMBERS, VETERANS, VULNERABLE POPULATIONS, AND SAINT JOSEPH HEALTH SYSTEM EMPLOYEES, IN-PERSON AND VIRTUALLY, IN BOTH ENGLISH AND SPANISH. DPP GREW BY FOUR COHORTS DURING FY24. FOOD INSECURITY WAS COMBATED IN OUR COMMUNITIES BY BRINGING FRESH PRODUCE, WHOLE GRAINS, AND REDUCED SODIUM TO OUR SERVICE AREA THROUGH MOBILE FOOD PANTRIES, SERVING OVER 320 INDIVIDUALS FROM 105 HOUSEHOLDS, IN COLLABORATION WITH THE FOOD BANK OF NORTHERN INDIANA. SJRMC-PLYMOUTH OFFERED ATTENDEES SALT-FREE SEASONING TO ENCOURAGE HEALTHY COOKING AND DECREASE SODIUM INTAKE FOR THOSE MOST AT RISK FOR CHRONIC DISEASE PREVALENCE, AND CAN OPENERS TO THOSE WHO DID NOT OWN ONE AT HOME. ADDITIONALLY, BI-LINGUAL QR CODES AND WINDOW CLINGS LINKING THE COMMUNITY TO VARIOUS RESOURCES AND FREE PROGRAMS WERE DISTRIBUTED TO COMMUNITY ORGANIZATIONS AND PARTNERS AS WELL AS AT COMMUNITY EVENTS IN ST. JOSEPH COUNTY. TO FURTHER ADDRESS HEALTH DISPARITIES, THESE RESOURCE MATERIALS WERE DISTRIBUTED WITH PARTICULAR ATTENTION TO AREAS IN THE COUNTY WITH HIGH VISIBILITY FOR VULNERABLE POPULATIONS. IN FY24, 1,606 SEARCHES WERE MADE IN OUR SERVICE AREA; 37% OF SEARCHES WERE FOR HOUSING AND 28% WERE FOR FOOD. IN FY25, SJRMC-SOUTH BEND WILL TAKE A CLOSER LOOK AT THE DYNAMICS THAT EXIST IN THIS SPACE THAT MAY BE CAUSAL IN AFFECTING OVERALL WELL-BEING IN OUR COMMUNITIES.

SJRMC-PLYMOUTH DID NOT DIRECTLY ADDRESS ACCESS TO MENTAL HEALTH CARE BECAUSE SIMILAR CAUSES EXIST BETWEEN THIS NEED AND AND THE IMPROVING ACCESS TO HEALTH CARE NEED (I.E. LACK OF INSURANCE OR INADEQUATE INSURANCE, LOW INCOME, DECREASED RESOURCES AND PROVIDERS, ETC.). THE HOSPITAL DID, HOWEVER, CONTINUE TO SERVE ON THE BOARDS OF LEAD MENTAL

**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.

HEALTH AGENCIES IN OUR SERVICE AREA, COLLABORATE IN HARM REDUCTION AND COMPREHENSIVE INTERVENTION INITIATIVES, AND EXPLORE HOW STRATEGIC FOCUS ON THE NEEDS OF IMPROVED ACCESS TO WELLNESS RESOURCES AND HEALTH CARE CAN CONTRIBUTE TO IMPROVED ACCESS FOR MENTAL HEALTH CARE AS WELL.

SJRM-PLYMOUTH DID NOT DIRECTLY ADDRESS ACCESS/AFFORDABILITY OF MEDICATION DUE TO COMPETING PRIORITIES. THE NEED FOR AFFORDABLE MEDICATION IS ALREADY BEING ADDRESSED AT A LOW-COST HEALTH CLINIC OPERATED BY THE HOSPITAL, SAINT JOSEPH HEALTH CENTER IN MARSHALL COUNTY. THIS CENTER PROVIDES PRIMARY HEALTH CARE SERVICES AND MEDICATION TO INDIVIDUALS WHO ARE UNINSURED OR UNDERINSURED AND WHO FALL BELOW 200% OF THE FEDERALLY DESIGNATED POVERTY LEVEL. THIS HEALTH CENTER ADDRESSES PREVENTION OF DISEASE AND ILLNESS AND FOCUSES ON THE OVERALL HEALTH AND WELL-BEING OF EACH PATIENT. IN ADDITION, THE CLINIC OFFERS SPECIALTY CARE TO OUR PATIENTS, WHICH IS PROVIDED BY VOLUNTEER PHYSICIANS.

SJRM-PLYMOUTH DID NOT SPECIFICALLY ADDRESS SAFE AND AFFORDABLE HOUSING DUE TO VARIOUS POLICY AND SYSTEM FACTORS THAT EXIST. IN FY24, OUR COMMUNITY HEALTH WORKER (CHW) PROGRAM CONTINUED TO WORK COLLABORATIVELY WITH OTHERS IN OUR SERVICE AREA TO ELEVATE THE VOICES OF THE UNHOUSED AND INADEQUATELY HOUSED AND TO REDUCE BARRIERS TO HEALTH AND WELL-BEING FOR ALL. ADDITIONALLY, SJRM-PLYMOUTH CONTINUED TO ADVOCATE FOR TOBACCO-FREE HOUSING VIA THE BREATHE EASY MARSHALL COUNTY ALLIANCE.

SJRM - PLYMOUTH CAMPUS:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS

**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.

ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, 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 DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE 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 ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED PATIENTS.

FORM 990 PART V, SECTION B, LINE 7A - HOSPITAL FACILITY'S WEBSITE URL:  
[WWW.SJMED.COM/CHNA](http://WWW.SJMED.COM/CHNA)

**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.

FORM 990 PART V, SECTION B, LINE 10 - HOSPITAL FACILITY'S WEBSITE URL:

WWW.SJMED.COM/CHNA

FORM 990 PART V, LINE 16A, FINANCIAL ASSISTANCE POLICY WEBSITE:

WWW.SJMED.COM/PATIENTS-VISITORS/BILLING-AND-ASSISTANCE/FINANCIAL-ASSISTA

NCE

FORM 990 PART V, LINE 16B, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.SJMED.COM/PATIENTS-VISITORS/BILLING-AND-ASSISTANCE/FINANCIAL-ASSISTA

NCE

FORM 990 PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.SJMED.COM/PATIENTS-VISITORS/BILLING-AND-ASSISTANCE/FINANCIAL-ASSISTA

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SJPMC - PLYMOUTH - 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.





**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:**

SJRM-CPLYMOUTH PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT  
SUBMITS TO THE STATE OF INDIANA. IN ADDITION, SJRM-CPLYMOUTH 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.

SJRM-CPLYMOUTH ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H  
ON TRINITY HEALTH'S WEBSITE AT  
WWW.TRINITY-HEALTH.ORG/OUR-IMPACT/COMMUNITY-HEALTH-AND-WELL-BEING.

**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, \$3,318,004, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

## PART II, COMMUNITY BUILDING ACTIVITIES:

OVER THE COURSE OF THE PAST YEAR, KEY CONTRIBUTIONS BY SJRMC-PLYMOUTH FOR COMMUNITY BUILDING ACTIVITIES INCLUDED CASH AND IN-KIND CONTRIBUTIONS AND COALITION BUILDING. MANY OF THE COMMUNITY BUILDING PROGRAMS AND ORGANIZATIONS SUPPORTED BY SJRMC-PLYMOUTH AID LOW-INCOME OR VULNERABLE POPULATIONS AND/OR OFFER EDUCATION TO MEMBERS OF THE COMMUNITY WHO HELP THESE POPULATIONS.

COMMUNITY SUPPORT: CASH AND IN-KIND DONATIONS WERE MADE IN SUPPORT OF THE FOLLOWING ORGANIZATIONS: BOYS AND GIRLS CLUB OF MARSHALL COUNTY FOR SUPPORT OF INCREASED ACCESS TO WELLNESS RESOURCES FOR THE CHILDREN OF MARSHALL COUNTY, AND MARSHALL COUNTY COUNCIL ON AGING IN SUPPORT OF THEIR WORK TO ENRICH THE LIVES OF SENIORS IN MARSHALL COUNTY.

**Part VI** Supplemental Information (Continuation)

COALITION BUILDING WAS ACHIEVED THROUGH STAFF HOURS DEVOTED TO SERVICE ON THE FOLLOWING BOARDS: LEADERSHIP MARSHALL COUNTY, WHO CULTIVATES EMERGING AND EXISTING COMMUNITY LEADERS AND BUILDS LEADERSHIP SKILLS IN PARTICIPANTS TO BE A VALUE-ADD TO THEIR ORGANIZATION AND TO THE COUNTY AS A WHOLE; MARSHALL COUNTY'S LIFELONG LEARNING NETWORK, WHO CREATES A LIFELONG CONTINUUM OF ENGAGING EDUCATIONAL EXPERIENCES THAT ARE AFFORDABLE, ACCESSIBLE, AND RELEVANT FOR THOSE WHO LIVE AND WORK IN MARSHALL COUNTY VIA CAREER & TECHNICAL EDUCATION (CTE) PROGRAMS AND WORKFORCE DEVELOPMENT OPPORTUNITIES; ONE MARSHALL COUNTY, WHO FACILITATES A COLLABORATION OF LEADERS FROM ACROSS THE REGION WHO WORK TO COLLECTIVELY BRING IN GRANT DOLLARS FOCUSED ON ECONOMIC DEVELOPMENT, EDUCATION AND WORKFORCE, QUALITY OF PLACE, HOUSING AND INFRASTRUCTURE, AND QUALITY OF LIFE; MARSHALL COUNTY HOPE, A CONSORTIUM FOCUSING ON THE PREVENTION, TREATMENT AND RECOVERY FROM SUBSTANCE USE IN MARSHALL COUNTY, INDIANA; AND MARSHALL COUNTY'S SUICIDE AND OVERDOSE FATALITY REVIEW.

ADDITIONALLY, SJRMC-PLYMOUTH FINANCIALLY SUPPORTED THE ECONOMIC DEVELOPMENT WORK OF MARSHALL COUNTY'S ECONOMIC DEVELOPMENT CORPORATION IN FY24.

## 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 VI** Supplemental Information (Continuation)

## PART III, LINE 3:

SJRMCM-PLYMOUTH 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, SJRMCM-PLYMOUTH IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, SJRMCM-PLYMOUTH IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

## PART III, LINE 4:

SJRMCM-PLYMOUTH 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 14 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.

**Part VI** Supplemental Information (Continuation)

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. ESTIMATED RECEIVABLES FROM THIRD-PARTY PAYERS ALSO INCLUDES AMOUNTS RECEIVABLE UNDER STATE MEDICAID PROVIDER TAX PROGRAMS."

## 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:

THE IRS COMMUNITY BENEFIT OBJECTIVES INCLUDE RELIEVING OR REDUCING THE BURDEN OF GOVERNMENT TO IMPROVE HEALTH. TREATING MEDICARE PATIENTS CREATES SHORTFALLS THAT MUST BE ABSORBED BY HOSPITALS, WHICH PROVIDE CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. THEREFORE, THE HOSPITAL BELIEVES ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT. TRINITY HEALTH AND ITS HOSPITALS REPORT AS COMMUNITY IMPACT THE LOSS ON MEDICARE AND A HOST OF MANY OTHER EXPENSES DESIGNED TO SERVE PEOPLE EXPERIENCING POVERTY IN OUR COMMUNITIES. SEE SCHEDULE H, PART VI, LINE 5 FOR MORE INFORMATION.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON  
MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 26, 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  
AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR,  
CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

## PART VI, LINE 2:

NEEDS ASSESSMENT: SJRMC-PLYMOUTH 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  
PREVENTIVE SERVICES OR ARE UNINSURED.

## PART VI, LINE 3:

**Part VI** Supplemental Information (Continuation)

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SJRMC-PLYMOUTH  
COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT  
OBLIGATIONS. FINANCIAL COUNSELING IS OFFERED TO PATIENTS ABOUT THEIR  
PAYMENT OBLIGATIONS AND HEALTH CARE 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 FOR FINANCIAL SUPPORT PRIOR TO  
OR AT THE TIME OF ADMISSION OR SERVICE.

SJRMCP-PLYMOUTH 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

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

OUR HOSPITAL.

PART VI, LINE 4:

COMMUNITY INFORMATION: SRMC-PLYMOUTH, ALONG WITH SJRMC-SOUTH BEND, SERVES APPROXIMATELY 984,000 PEOPLE IN A DIVERSE NINE-COUNTY HEALTH SYSTEM MARKET AREA IN INDIANA AND MICHIGAN AT TWO HOSPITAL CAMPUSES, ONE IN MISHAWAKA AND ONE IN PLYMOUTH. THE PRIMARY SERVICE AREA INCLUDES ST. JOSEPH AND MARSHALL COUNTIES IN INDIANA. THE SECONDARY AND TERTIARY SERVICE AREA ENCOMPASSES ELKHART, FULTON, LA PORTE, PULASKI, AND STARKE COUNTIES IN INDIANA AS WELL AS BERRIEN AND CASS COUNTIES IN MICHIGAN. THIS AREA HAS A COMBINED POPULATION OF APPROXIMATELY 328,000.

FOR PURPOSES OF THE CHNA, SJHS DEFINED THE COMMUNITY SERVED AS THE PRIMARY SERVICE AREA, ST. JOSEPH AND MARSHALL COUNTIES (WHICH ACCOUNTED FOR 77% OF HOSPITAL ADMISSIONS IN FY23) AND ELKHART COUNTY (WHICH ACCOUNTED FOR 9% OF HOSPITAL ADMISSIONS IN THE HEALTH SYSTEM IN FY23 AND THREE TIMES OR MORE OF ANY OTHER COUNTY IN THE SECONDARY SERVICE AREA).

SJRMCP-PLYMOUTH'S SURVEYED COUNTIES ARE GENERALLY RURAL, EXCEPT FOR LIGHT INDUSTRY CENTERED IN THE TOWNS OF PLYMOUTH AND BREMEN. THE REGION OFFERS DIVERSITY, A STABLE ECONOMY, AND A FAMILY-FRIENDLY ENVIRONMENT, ALL WITHIN PROXIMITY TO CHICAGO. NEARBY CULVER IS THE HOME OF CULVER ACADEMIES, WHICH ATTRACTS STUDENTS TO INDIANA FROM ALL OVER THE WORLD.

THERE ARE ALSO THREE CRITICAL ACCESS HOSPITALS (CAH) IN THIS AREA: COMMUNITY HOSPITAL OF BREMEN, PULASKI MEMORIAL HOSPITAL, AND WOODLAWN HOSPITAL, WHERE PRIMARY CARE PROFESSIONALS WITH PRESCRIPTIVE PRIVILEGES FURNISH OUTPATIENT PRIMARY CARE SERVICES.



**Part VI** Supplemental Information (Continuation)

AS IN MOST RURAL MIDWESTERN COMMUNITIES, THE POPULATION IS ALMOST EXCLUSIVELY (82%) MADE UP OF WHITE NON-HISPANIC INDIVIDUALS OF NORTHERN EUROPEAN DESCENT, ALTHOUGH THERE HAS BEEN AN INCREASE IN THE HISPANIC POPULATION OVER THE PAST TEN YEARS. AN ABOVE-AVERAGE PERCENTAGE OF MARSHALL COUNTY'S POPULATION IDENTIFIES AS HISPANIC (13% VS 9%) AND THERE IS A MUCH SMALLER AFRICAN AMERICAN POPULATION IN COMPARISON TO THE INDIANA AVERAGE (1% VS 10%).

THE TOTAL POPULATION WITHIN THE SAINT JOSEPH HEALTH SYSTEM SERVICE AREA IS EXPECTED TO REMAIN FLAT THROUGH 2028. COMPARED TO THE STATE OF INDIANA, THERE IS A LOWER PROJECTED POPULATION GROWTH, A HIGHER MEDIAN AGE, AND A LOWER PERCENTAGE OF PEOPLE WITH A BACHELOR'S DEGREE OR HIGHER. THE POPULATION AGED SIXTY-FIVE AND OLDER IS EXPECTED TO GROW FROM 19 PERCENT TO 21 PERCENT OVER THE NEXT FIVE YEARS.

APPROXIMATELY 18 PERCENT OF THE POPULATION WITHIN THE SAINT JOSEPH HEALTH SYSTEM SERVICE AREA EARNS AN ANNUAL SALARY OF \$25,000 OR BELOW. HOUSEHOLD INCOME IS STABLE ACROSS THE PRIMARY SERVICE AREA, WITH AREAS OF HIGHEST AFFLUENCE IN THE GRANGER AND GRANGER/CLAY ZIP CODES. THE MEDIAN HOUSEHOLD INCOME IS \$58,599 FOR ST. JOSEPH COUNTY AND \$58,296 FOR MARSHALL COUNTY. THIS IS BELOW THE MEDIAN FOR INDIANA, ILLINOIS, MICHIGAN, AND OHIO, AS WELL AS THE U.S.

IN 2021, ACCORDING TO THE U.S. CENSUS BUREAU'S SMALL AREA INCOME AND POVERTY ESTIMATES (SAIPE), 8.6 PERCENT OF FAMILIES IN THE STATE OF INDIANA LIVED IN POVERTY. THIS IS DOWN FROM 12 PERCENT IN 2018 AND 15 PERCENT IN 2013. SJHS SERVES A LARGE MEDICAID POPULATION ACROSS MANY DELIVERY SITES,

**Part VI** Supplemental Information (Continuation)

MOST OF WHICH ARE IN ST. JOSEPH COUNTY. [U.S. CENSUS BUREAU, SMALL AREA  
INCOME AND POVERTY ESTIMATES (SAIPE) PROGRAM, DECEMBER 2021]

ESTIMATES OF UNINSURED INDIVIDUALS ARE 8.8 PERCENT IN ST. JOSEPH COUNTY  
AND 12.9 PERCENT IN MARSHALL COUNTY, TOTALING AROUND 255,700 INDIVIDUALS  
COMBINED. THIS IS COMPARED TO A RATE OF 8.9 PERCENT FOR THE STATE OF  
INDIANA. THE SYSTEM SERVICE AREA INCLUDES SEVERAL MEDICALLY UNDERSERVED  
AREAS (MUA) AND MEDICALLY UNDERSERVED POPULATIONS (MUP). [U.S. CENSUS  
BUREAU/SMALL AREA HEALTH INSURANCE (SAHIE) PROGRAM/ MARCH 2021]

PART VI, LINE 5:

OTHER INFORMATION: SJRMC-PLYMOUTH EXTENDS MEDICAL STAFF PRIVILEGES TO ALL  
QUALIFIED PHYSICIANS. BY DOING SO, IT CAN ENSURE HIGH QUALITY AND  
ACCESSIBLE CARE IS AVAILABLE IN THE COMMUNITY IN A VARIETY OF PRIMARY AND  
SPECIALTY CARE AREAS. REFERRALS FOR NEEDED SERVICES NOT AVAILABLE IN  
PLYMOUTH ARE EASILY MADE WITH SJRMC-SOUTH BEND IN MISHAWAKA OR OTHER LOCAL  
HOSPITALS.

SJRMC-PLYMOUTH PRIDES ITSELF ON ITS RELATIONSHIP WITH SJRMC-SOUTH BEND, A  
STATE-OF-THE-ART MEDICAL CENTER THAT UTILIZES THE LATEST TECHNOLOGY,  
ELECTRONIC MEDICAL RECORDS, FULLY INTEGRATED MEDICAL TEAMS, AND HIGHLY  
TRAINED STAFF TO PROVIDE CARE THAT IS SECOND TO NONE. INTERACTION OF THE  
MEDICAL STAFFS, ASSOCIATES, AND ANCILLARY SERVICES ALLOWS SJRMC-PLYMOUTH  
TO PROVIDE ITS PATIENTS WITH THE SAME LEVEL OF CARE OFFERED TO THE  
RESIDENTS OF THE CITIES OF SOUTH BEND AND MISHAWAKA.

SJRMC-SOUTH BEND AND SJRMC-PLYMOUTH ARE THE LEAD AGENCIES FOR LOCAL  
TOBACCO CONTROL IN OUR COUNTIES. IN MARSHALL COUNTY, THE BREATHE EASY

**Part VI** Supplemental Information (Continuation)

MARSHALL COUNTY ALLIANCE (BREATHE EASY) IS COMPRISED OF A VARIETY OF PROFESSIONALS AND COMMUNITY MEMBERS AND INCLUDES REPRESENTATION FROM THE AFRICAN AMERICAN, LATINO AND CAUCASIAN COMMUNITIES. IN FY24, BREATHE EASY SUCCESSFULLY GREW THEIR SUPPORTER DATABASE TO INCLUDE 48 PARTNER ORGANIZATIONS. THE ORGANIZATIONS REPRESENTED BY THE CORE MEMBERS ARE THE FOLLOWING: UNITED WAY OF MARSHALL COUNTY, MC HOPE, THE POOR HANDMAIDS OF JESUS CHRIST, PURDUE EXTENSION OFFICE, CHAMBER OF COMMERCE FOR PLYMOUTH, IN., BOWEN CENTER, MARSHALL COUNTY BOYS AND GIRLS CLUB, WORKONE, AND MARSHALL COUNTY COMMUNITY FOUNDATION. THE BREATHE EASY MARSHALL COUNTY ALLIANCE WORKS TO ADDRESS INITIATIVES LIKE SMOKE/VAPE-FREE SCHOOLS AND BUSINESSES, SMOKE-FREE MULTI-UNIT HOUSING, AND INCREASE ACCESS TO FREE TOBACCO CESSATION RESOURCES. DURING FY24, TOBACCO RISK ASSESSMENTS WERE ADMINISTERED ALONG WITH THE QUIT LINE INFORMATION TO INCREASE ACCESS AT MULTIPLE HEALTH AND RESOURCE FAIRS. ADDITIONALLY, SJRMC-PLYMOUTH'S TOBACCO EDUCATION COORDINATOR COLLABORATED WITH THE MARSHALL COUNTY HEALTH DEPARTMENT FOR AN EDUCATIONAL MOCK BEDROOM CARGO TRAILER, "STASH UNCOVERED", WHICH SEEKS TO HELP PARENTS, GUARDIANS, AND OTHER ADULTS TO KNOW WHAT SUBSTANCES INDIANA TEENS ARE USING AND WHERE THEY ARE HIDING THEM IN THEIR BEDROOMS. IN FY24, THE COALITION CONDUCTED OUTREACH TO 6,423 INDIVIDUALS AT LOCAL COMMUNITY EVENTS, PROVIDED TOBACCO/VAPING PREVENTION EDUCATION TO 4,790 YOUTH AND ADULTS AT LOCAL ORGANIZATIONS, AND RECEIVED 31 TOBACCO CESSATION REFERRALS THROUGH SJRMC-PLYMOUTH ELECTRONIC MEDICAL RECORD, EPIC, FOR COURAGE TO QUIT AND THE INDIANA TOBACCO QUITLINE.

SCREENING FOR SOCIAL INFLUENCERS OF HEALTH (SIOH) FOR ALL SJRMC-PLYMOUTH PATIENTS OCCURS ANNUALLY DURING A REGULAR ROUTINE OFFICE VISIT. THE SIOH HAS BEEN EMBEDDED INTO OUR ELECTRONIC HEALTH RECORD, AND IF A PATIENT HAS MYCHART, QUESTIONS ARE PUSHED OUT TO THEM PRIOR TO AN OFFICE VISIT.

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

FINDHELP.ORG IS LINKED WITH OUR ELECTRONIC HEALTH RECORD. IF RESOURCES WERE INDICATED AS BEING NEEDED, THEY WERE MADE AVAILABLE TO THE PATIENT THROUGH THE END OF VISIT SUMMARY PROVIDED. CLINICAL STAFF CAN ALSO REFER PATIENTS TO OUR COMMUNITY HEALTH WORKER (CHW) PROGRAM. SJRMC-PLYMOUTH HAS ESTABLISHED RELATIONSHIPS WITH THE AGENCY ON AGING CENTER AND FOOD BANKS TO HELP ASSIST WITH NEEDS. IN FY24, 68% OF ALL PATIENTS WERE SCREENED FOR SIOH AND 34% PRESENTED WITH AT LEAST ONE NEED.

IN ADDITION TO WORKING WITH PATIENTS OF SJRMC-PLYMOUTH, OUR CHW'S RECEIVE AND RESPOND TO REFERRALS FROM COMMUNITY PARTNERS TO HELP ADDRESS THE SIOH NEEDS FACED IN OUR SERVICE AREA. IN FY24, OUR COMMUNITY HEALTH WORKER PROGRAM HAD 2,062 NEW PATIENTS ENROLLED AND 5,809 ENCOUNTERS CONNECTING PATIENTS TO COMMUNITY RESOURCES SUCH AS FOOD, TRANSPORTATION, HOUSING, AND OTHER HEALTH NEEDS. WITH THE INFLUX OF NEW MIGRANTS AND REFUGEES IN MARSHALL COUNTY, SJRMC-PLYMOUTH ADDED AN ADDITIONAL COMMUNITY HEALTH WORKER TO THE TEAM, THEREBY DOUBLING THE TEAM IN THE COUNTY. OUR CHW'S ALSO IMPLEMENTED A CONGESTIVE HEART FAILURE (CHF) PROGRAM, CREATED BY TRINITY HEALTH, DESIGNED FOR PATIENTS TO BETTER MANAGE THEIR CHF - THE LEADING DRIVER OF PREVENTABLE HOSPITALIZATIONS. PROGRAM GOALS INCLUDE: (1) IMPROVE PATIENTS' CHF SELF-MANAGEMENT BY ADDRESSING SOCIAL AND CULTURAL NEEDS, (2) REDUCE PREVENTABLE HOSPITALIZATIONS AMONG MSSP DUALS, (3) REDUCE OVERALL COST OF CARE FOR MSSP DUALS WITH CHF, AND LASTLY, (4) MEASURE CHW IMPACT ON PATIENT HEALTH OUTCOMES AND COST.

THE COMMUNITY HEALTH AND WELL-BEING TEAM AT SJRMC-PLYMOUTH CONTINUES TO PARTNER WITH COMMUNITY SITES FOR VACCINATIONS. THE NEEDS OF INDIVIDUALS WHO ARE UNINSURED AND UNDERINSURED WERE MET THROUGH OUR VACCINATION EFFORTS WITH LOCAL PARTNERS INCLUDING BREAD OF LIFE FOOD PANTRY. IN FY24,

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

43 INDIVIDUALS RECEIVED FREE FLU SHOTS.

IN FY24, TRINITY HEALTH ASSESSED THE TOTAL IMPACT ITS HOSPITALS HAVE ON COMMUNITY HEALTH. THIS ASSESSMENT INCLUDES TRADITIONAL COMMUNITY BENEFIT AS REPORTED IN PART I, COMMUNITY BUILDING AS REPORTED IN PART II, THE SHORTFALL ON MEDICARE SERVICES AS REPORTED IN PART III, AS WELL AS EXPENSES THAT ARE EXCLUDED FROM THE PART I COMMUNITY BENEFIT CALCULATION BECAUSE THEY ARE OFFSET BY EXTERNAL FUNDING. ALSO INCLUDED ARE ALL COMMUNITY HEALTH WORKERS, INCLUDING THOSE OPERATING IN OUR CLINICALLY INTEGRATED NETWORKS. OUR GOAL IN SHARING THE COMMUNITY IMPACT IS TO DEMONSTRATE HOW OUR CATHOLIC NOT-FOR-PROFIT HEALTH SYSTEM MAKES A DIFFERENCE IN THE COMMUNITIES WE SERVE - FOCUSING ON IMPACTING PEOPLE EXPERIENCING POVERTY - THROUGH FINANCIAL INVESTMENTS.

SAINT JOSEPH HEALTH SYSTEM'S COMMUNITY IMPACT IN FY24 TOTALED \$88.3 MILLION.

PART VI, LINE 6:

SJRM-C-PLYMOUTH IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH & 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 AIM TO 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 WE 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 2024 (FY24), TRINITY HEALTH CONTRIBUTED NEARLY \$1.3 BILLION IN COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE EXPERIENCING POVERTY AND OTHER VULNERABILITIES, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE. TRINITY HEALTH FURTHERED ITS COMMITMENT THROUGH AN ADDITIONAL \$900 MILLION IN PROGRAMS AND INITIATIVES THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.2 BILLION IN FY24.

TRINITY HEALTH'S COMMUNITY INVESTING PROGRAM FINISHED FY24 WITH MORE THAN \$68 MILLION COMMITTED TO BUILDING VITAL COMMUNITY RESOURCES. THESE FUNDS, IN PARTNERSHIP WITH 31 PARTNERS, WERE PAIRED WITH OTHER RESOURCES TO GENERATE MORE THAN \$931.5 MILLION IN INVESTMENTS, WITH APPROXIMATELY 80%

**Part VI** Supplemental Information (Continuation)

(\$749.3 MILLION) OF THESE FUNDS SUPPORTING HIGH PRIORITY ZIP CODES WITHIN TRINITY HEALTH'S SERVICE AREAS (DEFINED AS RACIALLY/ETHNICALLY-DIVERSE COMMUNITIES WITH HIGH LEVELS OF POVERTY). BETWEEN 2018 AND APRIL 2024, THESE INVESTMENTS HAVE BEEN INSTRUMENTAL IN CREATING MUCH-NEEDED COMMUNITY RESOURCES FOR THE PEOPLE THAT WE SERVE, NOTABLY:

- CREATING AT LEAST 1,100 CHILDCARE; 7,000 KINDERGARTEN THROUGH HIGH SCHOOL EDUCATION; AND 1,500 EARLY CHILDHOOD EDUCATION SLOTS.
- DEVELOPING AT LEAST 7.3 MILLION SQUARE FEET OF GENERAL REAL ESTATE.
- PROVIDING 872 STUDENTS NEARLY \$2.5 MILLION IN SCHOLARSHIPS TO PURSUE CAREERS IN THE HEALTH PROFESSIONS.
- SUPPORTING 10,800 FULL- AND PART-TIME POSITIONS INVOLVED IN THE CREATION OF THESE PROJECTS.
- CREATING 12,100 UNITS OF AFFORDABLE HOUSING OVER THE LAST FIVE YEARS (INCLUDING 360 SUPPORTIVE HOUSING BEDS).

ACROSS THE TRINITY HEALTH SYSTEM, OVER 875,000 (ABOUT 80%) OF THE PATIENTS SEEN IN PRIMARY CARE SETTINGS WERE SCREENED FOR SOCIAL NEEDS. ABOUT 28% OF THOSE SCREENED IDENTIFIED AT LEAST ONE SOCIAL NEED. THE TOP THREE NEEDS IDENTIFIED INCLUDED FOOD ACCESS, FINANCIAL INSECURITY AND SOCIAL ISOLATION. TRINITY HEALTH'S ELECTRONIC HEALTH RECORD (EPIC) MADE IT POSSIBLE FOR TRINITY HEALTH TO STANDARDIZE SCREENING FOR SOCIAL NEEDS AND CONNECT PATIENTS TO COMMUNITY RESOURCES THROUGH THE COMMUNITY RESOURCE DIRECTORY (CRD), COMMUNITY HEALTH WORKERS (CHW'S) AND OTHER SOCIAL CARE PROFESSIONALS. THE CRD (FINDHELP) YIELDED OVER 88,600 SEARCHES, WITH NEARLY 7,000 REFERRALS MADE AND NEARLY 400 ORGANIZATIONS ENGAGED THROUGH OUTREACH, TRAININGS, ONE-ON-ONE ENGAGEMENTS, AND COLLABORATIVES.

CHW'S ARE FRONTLINE HEALTH PROFESSIONALS WHO ARE TRUSTED MEMBERS OF AND/OR

**Part VI** Supplemental Information (Continuation)

HAVE A DEEP UNDERSTANDING OF THE COMMUNITY SERVED. BY COMBINING THEIR LIVED EXPERIENCE AND CONNECTIONS TO THE COMMUNITY WITH EFFECTIVE TRAINING, CHW'S PROVIDE PATIENT-CENTERED AND CULTURALLY RESPONSIVE INTERVENTIONS. CHW'S FULFILL MANY SKILLS AND FUNCTIONS INCLUDING OUTREACH, CONDUCTING ASSESSMENTS LIKE A SOCIAL NEEDS SCREENING OR A HEALTH ASSESSMENT, RESOURCE CONNECTION, SYSTEM NAVIGATION, GOAL-SETTING AND PROBLEM-SOLVING THROUGH ONGOING EDUCATION, ADVOCACY, AND SUPPORT. IN PRACTICE, SOME EXAMPLES ARE A CHW HELPING A PATIENT CONNECT WITH THEIR PRIMARY CARE DOCTOR, ASSISTING WITH A MEDICAID INSURANCE APPLICATION OR UNDERSTANDING THEIR BASIC INSURANCE BENEFITS, OR EMPOWERING A PATIENT TO ASK CLARIFYING QUESTIONS ABOUT THEIR MEDICATIONS OR PLAN OF CARE AT THEIR NEXT DOCTOR'S APPOINTMENT. IN FY24, CHW'S SUCCESSFULLY ADDRESSED NEARLY 16,000 SOCIAL NEEDS. ONE SOCIAL NEED (SUCH AS ADDRESSING HOUSING OR FOOD NEEDS) CAN OFTEN TAKE MONTHS, OR EVEN A YEAR TO SUCCESSFULLY CLOSE, WHICH MEANS THE NEED HAS BEEN FULLY MET AND IS NO LONGER IDENTIFIED AS A NEED.

TRINITY HEALTH RECEIVED A NEW CENTER FOR DISEASE CONTROL AND PREVENTION GRANT (5-YEAR, \$12.5 MILLION AWARD) IN JUNE 2024. SINCE ITS LAUNCH, WE HAVE CREATED 21 NEW MULTI-SECTOR PARTNERSHIPS ACROSS 16 STATES TO ACCELERATE HEALTH EQUITY IN DIABETES PREVENTION. THIS PAST FISCAL YEAR, OUR HUB ENROLLED NEARLY 700 PARTICIPANTS INTO THE 12-MONTH, EVIDENCE-BASED LIFESTYLE CHANGE PROGRAM (60% REPRESENTING BLACK, LATINX AND/OR 65+ POPULATIONS), REACHED OUT TO NEARLY 20,350 PATIENTS AT RISK FOR TYPE 2 DIABETES, RECEIVED OVER 1,350 POINT OF CARE REFERRALS FROM PHYSICIANS, AND SCREENED NEARLY 1,500 POTENTIAL PARTICIPANTS FOR HEALTH-RELATED SOCIAL NEEDS - PROVIDING CHW INTERVENTIONS WHEN REQUESTED.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT [WWW.TRINITY-HEALTH.ORG](http://WWW.TRINITY-HEALTH.ORG).



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

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