

**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

2023

Open to Public
Inspection

Name of the organization	SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND CAMPUS, INC.	Employer identification number	35-0868157
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year:		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?		
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<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 _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			5470510.		5470510.	1.42%
b Medicaid (from Worksheet 3, column a)			86809701.	69281733.	17527968.	4.55%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			92280211.	69281733.	22998478.	5.97%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	12	109,476	2137427.	813,954.	1323473.	.34%
f Health professions education (from Worksheet 5)	5	5	10987644.	3488862.	7498782.	1.95%
g Subsidized health services (from Worksheet 6)	6	21,867	4899131.	1938320.	2960811.	.77%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	306,428	2012233.	1975166.	37,067.	.01%
j Total. Other Benefits	25	437,776	20036435.	8216302.	11820133.	3.07%
k Total. Add lines 7d and 7j	25	437,776	112316646	77498035.	34818611.	9.04%

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	1	2,114	654.		654.	.00%
2 Economic development	1		1,500.		1,500.	.00%
3 Community support	1	150	467.		467.	.00%
4 Environmental improvements						
5 Leadership development and training for community members	1	2,800	3,184.		3,184.	.00%
6 Coalition building	1		9,358.		9,358.	.00%
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	5	5,064	15,163.		15,163.	.00%

Part III	Bad Debt, Medicare, & Collection Practices
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Section A. Bad Debt Expense

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?		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	10,877,753.
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	60,096,682.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	64,688,228.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-4,591,546.
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)
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[illegible]

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: SJRMCM-SOUTH BEND CAMPUSLine 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?	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: SJRMCSOUTH BEND CAMPUS

	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?	13 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?	14 X	
15 Explained the method for applying for financial assistance?	15 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)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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

	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?	17	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?	19		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?	21	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)			

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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-SOUTH BEND 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
23		X
24		X

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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-SOUTH BEND CAMPUS:

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

PART V, SECTION B, LINE 3E:

SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND (SJPMC-SOUTH BEND)

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-SOUTH BEND CAMPUS:

PART V, SECTION B, LINE 5: DURING THE MONTHS OF JULY THROUGH NOVEMBER OF

2023, SURVEYS WERE USED TO GATHER INPUT FOR THE CHNA FROM PEOPLE

REPRESENTING THE COMMUNITY SERVED BY THE HOSPITAL. SURVEYS WERE

DISTRIBUTED IN BOTH ONLINE AND PRINTED FORMATS, IN BOTH 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

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.

COMMUNITY-AT-LARGE 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, 1,544 OF WHICH WERE FOR ST. JOSEPH 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 COMPLIANCE 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-SOUTH BEND CAMPUS:

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

SJPMC-SOUTH BEND 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-SOUTH BEND 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-SOUTH BEND 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-SOUTH BEND 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-SOUTH BEND HAS ACKNOWLEDGED MENTAL HEALTH
PLAYS A MAJOR ROLE IN PEOPLE'S ABILITY TO MAINTAIN GOOD PHYSICAL HEALTH
AND VICE VERSA AND ENGAGED IN TWO OPPORTUNITIES TO SUPPORT THIS
INTERRELATIONSHIP. IN FY24, A PORTION OF SJRMC-SOUTH BEND'S HEALTH AND
WELLNESS EDUCATORS TIME CONTINUED TO ADDRESS MULTIPLE CONCERNS FOR OUR
LATINO COMMUNITY, INCLUDING THE PROVISION OF QUARTERLY MENTAL HEALTH
WORKSHOPS TO 199 COMMUNITY MEMBERS THROUGH THE LA SALUD EN ACCION PROGRAM.
FURTHERMORE, 13 SCHOOL HEALTH STAFF COMPLETED A BRAIN BREAK WORKSHOP
FOCUSED ON GIVING EDUCATORS AND SUPPORT STAFF TOOLS FOR POSITIVE YOUTH
ENGAGEMENT AND SOCIAL-EMOTIONAL LEARNING. IN FY24, SJRMC-SOUTH BEND
ASSISTED OVER 2,600 INDIVIDUALS SEEKING SERVICES AT OUR FACILITIES WITH

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.

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.

TO IMPROVE ACCESS TO WELLNESS RESOURCES (FRESH FOODS, NUTRITION CLASSES, GYMS, ETC.), SJRMC-SOUTH BEND'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 400 INDIVIDUALS FROM 250 HOUSEHOLDS, IN COLLABORATION WITH THE FOOD BANK OF NORTHERN INDIANA. SJRMC-SOUTH BEND 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. SJRMC-SOUTH BEND CONTINUED TO REDUCE FOOD INSECURITY AMONG THE HOMELESS COMMUNITY BY MAKING AN IN-KIND DONATION OF FOOD TO THOSE SEEKING MEALS AT HOPE MINISTRIES. IN FY24, 1,800 MEALS WERE GIVEN TO THOSE IN NEED AS A RESULT OF THIS PARTNERSHIP. SENIOR FIT, A CARDIO AND BALANCE EXERCISE CLASS, WAS HELD TWICE PER WEEK IN ST. JOSEPH COUNTY, CREATING OVER 850 OPPORTUNITIES FOR SENIORS TO BE ACTIVE. SJRMC-SOUTH BEND ALSO HOSTED A YOUTH ENRICHMENT DAY FOR 40 AT-RISK YOUTH, WHO LEARNED ABOUT THE DANGERS OF TOBACCO, THE BENEFITS OF EATING WELL, THE IMPORTANCE OF POSITIVITY, AND HOW TO HAVE FUN WHILE MOVING THEIR BODY.

ADDITIONALLY, BI-LINGUAL QR CODES AND WINDOW CLINGS LINKING THE COMMUNITY TO VARIOUS RESOURCES AND FREE PROGRAMS WERE DISTRIBUTED TO COMMUNITY

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.

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-SOUTH BEND DID NOT DIRECTLY ADDRESS ACCESS TO MENTAL HEALTH CARE BECAUSE SIMILAR CAUSES EXIST BETWEEN THIS NEED 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 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.

SJRMC-SOUTH BEND DID NOT DIRECTLY ADDRESS ACCESS/AFFORDABILITY OF MEDICATION DUE TO COMPETING PRIORITIES. THE NEED FOR AFFORDABLE MEDICATION IS BEING ADDRESSED AT SISTER MAURA BRANNICK HEALTH CENTER, A LOW-COST HEALTH CLINIC IN ST. JOSEPH COUNTY OPERATED BY THE HOSPITAL. THIS CENTER PROVIDES PRIMARY HEALTH CARE SERVICES AND MEDICATIONS 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

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.

EACH PATIENT. IN ADDITION, THE CLINIC OFFERS SPECIALTY CARE TO OUR PATIENTS, PROVIDED BY VOLUNTEER PHYSICIANS.

SJRMCSOUTH BEND DID NOT SPECIFICALLY ADDRESS SAFE AND AFFORDABLE HOUSING DUE TO VARIOUS POLICY AND SYSTEMS FACTORS THAT EXIST. IN FY24, SJRMCSOUTH BEND DID SERVE ON TWO COALITIONS SURROUNDING HOUSING, THE SOUTH BEND AND MISHAWAKA HOUSING COALITIONS, WORKING 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, SJRMCSOUTH BEND CONTINUED TO ADVOCATE FOR TOBACCO-FREE HOUSING AND ENGAGE IN WORK SURROUNDING LEAD PREVENTION, TESTING, AND REMEDIATION.

SJRMCSOUTH BEND CAMPUS:

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

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.

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.

SJPMC-SOUTH BEND CAMPUS

PART V, LINE 16A, FAP WEBSITE:

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

SJPMC-SOUTH BEND CAMPUS

PART V, LINE 16B, FAP APPLICATION WEBSITE:

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

SJPMC-SOUTH BEND CAMPUS

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

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

SJPMC - SOUTH BEND - PART V, SECTION B, LINE 9:

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S

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.

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.

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

FORM 990 PART V, SECTION B, LINE 10 - HOSPITAL FACILITY'S WEBSITE URL:
WWW.SJMED.COM/CHNA

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:

SJRMCSOUTH BEND PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT
SUBMITS TO THE STATE OF INDIANA. IN ADDITION, SJRMCSOUTH BEND REPORTS ITS
COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY
BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS
AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

IN ADDITION, SJRMCSOUTH BEND 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, \$10,877,753, 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-SOUTH BEND FOR COMMUNITY BUILDING ACTIVITIES INCLUDED CASH AND IN-KIND CONTRIBUTIONS AND COALITION BUILDING. MANY OF THE COMMUNITY BUILDING PROGRAMS AND ORGANIZATIONS SUPPORTED BY SJRMC-SOUTH BEND AID LOW-INCOME OR VULNERABLE POPULATIONS AND/OR OFFER EDUCATION TO MEMBERS OF THE COMMUNITY WHO HELP THOSE POPULATIONS.

COMMUNITY SUPPORT: AN IN-KIND DONATION WAS MADE IN SUPPORT OF THE BIG BROTHERS BIG SISTERS OF ST. JOSEPH COUNTY, WHO STRENGTHEN THE RESILIENCE OF YOUTH IMPACTED BY ADVERSE CHILDHOOD EXPERIENCES IN OUR COMMUNITIES.

COALITION BUILDING WAS ACHIEVED THROUGH STAFF HOURS DEVOTED TO SERVICE ON THE FOLLOWING BOARDS: HONORING CHOICES, A NOT FOR PROFIT WHO AIDS THE

Part VI Supplemental Information (Continuation)

COMMUNITY IN ADVANCE CARE PLANNING AND PROVIDES FREE RESOURCES AND GUIDANCE TO INDIVIDUALS AND FAMILIES; OAKLAWN PSYCHIATRIC CENTER, THE LEADING PROVIDER OF MENTAL HEALTH AND ADDICTION SERVICES IN ELKHART AND ST. JOSEPH COUNTIES; CASIE CENTER (CHILD ABUSE SERVICES, INVESTIGATION AND EDUCATION), A CHILD ADVOCACY CENTER SERVING THE NEEDS OF CHILDREN AND FAMILIES IN ST. JOSEPH COUNTY; ST. JOSEPH COUNTY CHAMBER OF COMMERCE, WHO OFFERS INFLUENCE, LEADERSHIP, ADVOCACY, PROGRAMS, RESOURCES AND EVENTS, ALL AIMED AT CREATING A PRO-BUSINESS CLIMATE; INDIANA HOSPITAL ASSOCIATION, WHO SEEKS TO PROVIDE INDIANA HOSPITALS WITH LEADERSHIP, REPRESENTATION, AND SUPPORT TO IMPROVE THE HEALTH OF INDIANA CITIZENS BY REPRESENTING THE COLLECTIVE INTERESTS OF OUR MEMBERS BEFORE POLICYMAKERS, LEGISLATORS, AND REGULATORS; CONNECTING HOSPITALS WITH THE BUSINESS COMMUNITY AND HEALTH CARE ORGANIZATIONS; COLLECTING, ANALYZING, AND DISTRIBUTING DATA TO HELP OUR MEMBERS AND POLICYMAKERS UNDERSTAND WHAT NEEDS TO BE DONE TO IMPROVE THE HEALTH OF THE COMMUNITIES THEY SERVE; AND PROVIDING OPPORTUNITIES FOR HOSPITALS TO SHARE IDEAS AND INFORMATION ON THE CHALLENGES EVERY HOSPITAL FACES, FROM PATIENT SAFETY TO REIMBURSEMENT.

ADDITIONAL SUPPORT WAS PROVIDED TO COMMUNITY PARTNERS WHO FOCUS THEIR WORK IN THE FOLLOWING AREAS: ECONOMIC DEVELOPMENT SUPPORT FOR THE SOUTH BEND CHAMBER OF COMMERCE, WHICH PROMOTES BUSINESS GROWTH THROUGH RELATIONSHIPS, ADVOCACY AND ACCESS TO RESOURCES; LEADERSHIP DEVELOPMENT SUPPORT FOR THE SOUTH BEND HERITAGE FOUNDATION, WHICH IS COMMITTED TO THE STABILIZATION AND ENHANCEMENT OF NEIGHBORHOODS IN OUR UNDERSERVED POPULATIONS AND RAISING MINORITY VOICE THROUGH OUTREACH AND AWARENESS ACTIVITIES; AND PHYSICAL IMPROVEMENT SUPPORT FOR THE UNDERSERVED TO REBUILDING TOGETHER, WHICH HELPS PEOPLE WHO CANNOT OTHERWISE AFFORD TO REPAIR AND MODIFY THEIR HOMES TO MAKE THEM SAFER AND HEALTHIER.

Part VI Supplemental Information (Continuation)

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:

SJRMCM-SOUTH BEND 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-SOUTH BEND IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, SJRMCM-SOUTH BEND 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-SOUTH BEND 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.

Part VI Supplemental Information (Continuation)

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. 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

Part VI Supplemental Information (Continuation)

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 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-SOUTH BEND ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL

Part VI Supplemental Information (Continuation)

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 - SJRMC-SOUTH BEND 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.

SJRMC-SOUTH BEND 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

Part VI Supplemental Information (Continuation)

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 - 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). SURVEYED COUNTIES ARE SUBURBAN OR RURAL IN NATURE, EXCEPT FOR LIGHT INDUSTRY CENTERED IN THE TOWNS OF PLYMOUTH AND BREMEN, AND AN URBAN CITY-CENTER IN SOUTH BEND, THE

FOURTH LARGEST CITY IN INDIANA. THE REGION OFFERS DIVERSITY, A STABLE ECONOMY, AND A FAMILY-FRIENDLY ENVIRONMENT, ALL WITHIN PROXIMITY OF CHICAGO.

THE PRIMARY SERVICE AREA HOUSES MISHAWAKA MEDICAL CENTER IN ST. JOSEPH COUNTY AND PLYMOUTH MEDICAL CENTER IN MARSHALL COUNTY AS WELL AS MEMORIAL HOSPITAL OF SOUTH BEND (BEACON). HOSPITALS LOCATED IN THE SECONDARY AND TERTIARY SERVICE AREAS INCLUDE ELKHART GENERAL HOSPITAL (BEACON) AND GOSHEN HOSPITAL TO THE EAST IN ELKHART COUNTY, WOODLAWN HOSPITAL IN ROCHESTER, STARKE MEMORIAL IN STARKE COUNTY AND PULASKI MEMORIAL IN WINAMAC. THERE ARE THREE CRITICAL ACCESS HOSPITALS (CAH) IN THIS AREA (COMMUNITY HOSPITAL OF BREMEN (BEACON), PULASKI MEMORIAL HOSPITAL AND WOODLAWN HOSPITAL). AT WHICH PRIMARY CARE PROFESSIONALS WITH PRESCRIPTIVE PRIVILEGES FURNISH OUTPATIENT PRIMARY CARE SERVICES.

AS IN MOST MIDWESTERN COMMUNITIES, THE SERVICE AREA POPULATION IS LARGELY MADE UP OF WHITE NON-HISPANIC INDIVIDUALS OF NORTHERN EUROPEAN DESCENT. MANY OF ST. JOSEPH COUNTY'S POPULATION DEMOGRAPHICS MIRROR THE DEMOGRAPHICS OF INDIANA. OVERALL, ST. JOSEPH COUNTY IS SLIGHTLY YOUNGER FROM THE PERSPECTIVE OF MEDIAN AGE AND OVERALL POPULATION. ST. JOSEPH COUNTY IS ALSO HOME TO A SLIGHTLY MORE DIVERSE POPULATION THAN THE STATE AS A WHOLE, AS IT HAS HIGHER PERCENTAGES OF AFRICAN AMERICAN RESIDENTS, 12% VERSUS 10% STATE-WIDE, AND HISPANIC RESIDENTS, 10% VERSUS 9% STATE-WIDE.

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

Part VI Supplemental Information (Continuation)

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.

OUR REGION INCLUDES A VARIETY OF QUALITY EDUCATION OPPORTUNITIES,
INCLUDING BOTH PUBLIC AND PRIVATE SCHOOLS FROM PRESCHOOL THROUGH HIGH
SCHOOL. THOSE PURSUING A HIGHER LEVEL OF EDUCATION HAVE SEVERAL OPTIONS,
INCLUDING THE UNIVERSITY OF NOTRE DAME, INDIANA UNIVERSITY SOUTH BEND,
SAINT MARY'S COLLEGE, HOLY CROSS COLLEGE, ANCILLA COLLEGE, BETHEL COLLEGE,
INDIANA TECH, AND IVY TECH STATE COLLEGE.

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, 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

Part VI Supplemental Information (Continuation)

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]

IN ST. JOSEPH COUNTY, AS OF SEPTEMBER 2023, THE CURRENT UNEMPLOYMENT RATE OF 3.9 PERCENT IS SLIGHTLY HIGHER THAN THE INDIANA RATE OF 3.3 PERCENT AND THE NATIONAL AVERAGE OF 3.6 PERCENT. EDUCATION, HEALTH CARE, AND GOVERNMENT ARE THE MAJOR EMPLOYERS IN THE LOCAL ECONOMY. IN MARSHALL COUNTY, THE CURRENT UNEMPLOYMENT RATE OF 3.2 PERCENT IS LOWER THAN THE INDIANA RATE AND LOWER THAN THE NATIONAL AVERAGE. HEALTH CARE, MANUFACTURING, SERVICE, AND FARMING ARE THE MAJOR EMPLOYERS IN THE LOCAL ECONOMY.

PART VI, LINE 5:

OTHER INFORMATION - SJRMC-SOUTH BEND EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS, ENSURING THAT HIGH QUALITY AND EASILY ACCESSIBLE CARE IS AVAILABLE IN A VARIETY OF PRIMARY AND SPECIALTY CARE AREAS.

SJRMCSOUTH BEND HAS 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. RESIDENCY PROGRAMS IN FAMILY PRACTICE, PODIATRY, AND PHARMACY, AS WELL AS CLINICAL EDUCATION FOR NURSES AND ANCILLARY STAFF, PROVIDE ONGOING EDUCATION AND A "LABORATORY FOR LEARNING." SEVERAL NURSING SCHOOLS UTILIZE SJRMC-SOUTH BEND FOR THE CLINICAL COMPONENT OF THEIR NURSING EDUCATION. PARTICIPATING IN BOTH AN INTERNAL AND EXTERNAL "INTERNAL REVIEW BOARD", SJRMC-SOUTH BEND IS A

Part VI Supplemental Information (Continuation)

CERTIFIED "BABY-FRIENDLY" HOSPITAL. BABY-FRIENDLY HOSPITALS ARE RECOGNIZED FOR ENCOURAGING AND SUPPORTING BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS AND MOTHERS.

SJRMCSOUTH BEND PARTICIPATES IN MEDICARE, MEDICAID, TRICARE AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS. FINANCIAL ASSISTANCE IS PROVIDED TO ALL WHO MEET THE ELIGIBILITY REQUIREMENTS OF THE POLICY.

SJRMCSOUTH BEND SPONSORS MULTIPLE SAFETY NET CLINICS THAT PROVIDE CARE FOR INDIVIDUALS WHO ARE UNINSURED AND UNDERINSURED. STAFFED PRIMARILY BY A MID-LEVEL PRACTITIONER IN A COLLABORATIVE AGREEMENT WITH LOCAL DOCTORS, THESE CLINICS SEE A HIGHLY DIVERSE POPULATION AND OFFER SPECIALIZED CARE FOR CHRONIC DISEASE MANAGEMENT, COUMADIN MANAGEMENT, SMOKING CESSATION, HIV/AIDS, AND SUBSTANCE ABUSE.

SJRMCSOUTH BEND ADVOCATES FOR VARIOUS HEALTH-RELATED ISSUES INCLUDING EFFORTS RELATED TO OBTAINING HEALTH CARE FOR ALL, ELIMINATING HEALTH CARE DISPARITIES AMONG DIVERSE POPULATIONS, AND OBTAINING AFFORDABLE PHARMACEUTICALS. SJRMCSOUTH BEND CONTINUES TO BE A LEADER IN FOUNDING AND FUNDING PROGRAMS THAT IMPACT THE HEALTH OF ITS COMMUNITIES, SUCH AS PROVIDING LOCAL SCHOOLS WITH ATHLETIC TRAINERS.

AS A FAITH-BASED HEALTH INSTITUTION, SJRMCSOUTH BEND OFFERS PATIENTS, THEIR FAMILIES, AND THE BROADER COMMUNITY THE OPPORTUNITY TO ADDRESS THE SPIRITUAL NEEDS THAT ARISE AS ONE EXPERIENCES ILLNESS, CHRONIC HEALTH CONDITIONS, OR THE DYING PROCESS. THIS EXPERIENCE OF FAITH, THE PRESENCE OF A REFLECTION/PRAYER ROOM, AND ACCESS TO CHAPLAIN SERVICES AFFORD EVERYONE THE CERTITUDE THAT THE WHOLE PERSON AND HIS/HER CARE ARE ADDRESSED.

Part VI Supplemental Information (Continuation)

SJRMCM-SOUTH BEND AND SJRMCM-PLYMOUTH ARE THE LEAD AGENCIES FOR LOCAL TOBACCO CONTROL IN OUR COUNTIES. IN ST. JOSEPH COUNTY, THE SMOKE FREE ST. JOE COALITION IS COMPRISED OF A VARIETY OF PROFESSIONALS AND COMMUNITY MEMBERS. WE HAVE REPRESENTATION FROM THE AFRICAN AMERICAN, LATINO AND CAUCASIAN COMMUNITIES. FORMAL COALITION POSITIONS ARE HELD BY MEMBERS OF THE FOLLOWING AGENCIES: HEALTHLINC, ANTHEM, AND THE UNIVERSITY OF NOTRE DAME. WE CURRENTLY HAVE 175 COALITION PARTNERS AND 2,000+ COMMUNITY SUPPORTERS. SMOKE FREE ST. JOE COALITION MEETINGS ARE HELD EVERY MONTH AND INCLUDE AN EDUCATIONAL COMPONENT PERTAINING TO COALITION NEEDS AND INPUT FROM COALITION PARTNERS. ADVOCACY EFFORTS FOR FY24 CONTINUED TO INCLUDE SMOKE-FREE WORKPLACES, TOBACCO-FREE SCHOOLS, AND TOBACCO/VAPING EDUCATION AND CESSATION, ESPECIALLY AMONG THE YOUTH POPULATION. IN FY24, THE COALITION CONDUCTED OUTREACH TO 9,274 INDIVIDUALS AT LOCAL COMMUNITY EVENTS, PROVIDED TOBACCO/VAPING PREVENTION EDUCATION TO 4,339 YOUTH AND ADULTS AT LOCAL ORGANIZATIONS, AND RECEIVED 40 TOBACCO CESSATION REFERRALS THROUGH SJRMCM-SOUTH BEND'S ELECTRONIC MEDICAL RECORD, EPIC, FOR COURAGE TO QUIT AND THE INDIANA TOBACCO QUITLINE. OVER 100 PARTICIPANTS ATTENDED COURAGE TO QUIT TOBACCO CESSATION PROGRAM SESSIONS. THIS PROGRAM WAS OFFERED FREE VIA IN-PERSON AND VIRTUAL SESSIONS.

SCREENING FOR SOCIAL INFLUENCERS OF HEALTH (SIOH) FOR ALL SJRMCM-SOUTH BEND PATIENTS OCCURS ANNUALLY DURING A REGULAR ROUTINE OFFICE VISIT. THE SIOH SCREENING IS EMBEDDED INTO OUR ELECTRONIC HEALTH RECORD, AS WELL AS FINDHELP.ORG, A SOCIAL NEED RESOURCE DIRECTORY. IF RESOURCES ARE NEEDED, THEY WERE MADE AVAILABLE TO THE PATIENT THROUGH THE END OF VISIT SUMMARY. CLINICAL STAFF CAN ALSO REFER PATIENTS TO OUR COMMUNITY HEALTH WORKER (CHW) PROGRAM. SJRMCM-SOUTH BEND HAS ESTABLISHED RELATIONSHIPS WITH THE

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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-SOUTH BEND, 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 CHW PROGRAM HAD 2,062 NEW PATIENTS AND COMPLETED 5,809 ENCOUNTERS CONNECTING PATIENTS TO COMMUNITY RESOURCES SUCH AS FOOD, TRANSPORTATION, HOUSING, AND OTHER HEALTH NEEDS. 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-SOUTH BEND CONTINUES TO PARTNER WITH THE COMMUNITY, INCLUDING CENTER FOR THE HOMELESS, ST. MARGARET'S HOUSE, AND ST. VINCENT DE PAUL SOCIETY. IN FY24, WE COMPLETED 10 CLINICS AND OUTREACH PROGRAMS AND ADMINISTERED 275 VACCINATIONS. IN FY24, 50 INDIVIDUALS RECEIVED FREE FLU SHOTS AND, THROUGH OUR CORPORATE PARTNERSHIPS, 63 INDIVIDUALS RECEIVED COVID-19 VACCINATIONS.

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

Part VI Supplemental Information (Continuation)

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:

SJPMC-SOUTH BEND 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.

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

Part VI Supplemental Information (Continuation)

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% (\$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

Part VI Supplemental Information (Continuation)

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 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.

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