

**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

ST. FRANCIS HOSPITAL, INC.

Employer identification number

51-0064326

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	☒	
b If "Yes," was it a written policy?	☒	
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: ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	☒	
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: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ 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"?	☒	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	☒	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	☒	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		☒
6a Did the organization prepare a community benefit report during the tax year?	☒	
b If "Yes," did the organization make it available to the public?	☒	

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)			3251438.		3251438.	2.20%
b Medicaid (from Worksheet 3, column a)			38852948.	54576892.	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			42104386.	54576892.	3251438.	2.20%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	11	3,409	1928065.	1189178.	738,887.	.50%
f Health professions education (from Worksheet 5)	1		4104183.	1285219.	2818964.	1.90%
g Subsidized health services (from Worksheet 6)	2		2613254.	775,998.	1837256.	1.24%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3		167,864.	137,364.	30,500.	.02%
j Total. Other Benefits	17	3,409	8813366.	3387759.	5425607.	3.66%
k Total. Add lines 7d and 7j	17	3,409	50917752.	57964651.	8677045.	5.86%

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: SAINT FRANCIS HOSPITAL

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	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 ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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 ☒ Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b ☐ Other website (list url):		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ 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>22</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 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: SAINT FRANCIS HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b ☐ Income level other than FPG (describe in Section C)		
c ☐ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance status		
g ☒ Residency		
h ☒ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	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 ☒ Described the information the hospital facility may require an individual to provide as part of their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a ☒ The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j ☐ Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: SAINT FRANCIS HOSPITAL

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☒ 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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ 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 ☒ 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 ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☒ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ 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 ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ 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: SAINT FRANCIS HOSPITAL**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.

SAINT FRANCIS HOSPITAL:

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

PART V, SECTION B, LINE 3E:

SAINT FRANCIS HOSPITAL, 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 COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. BEHAVIORAL HEALTH (SUBSTANCE USE AND MENTAL HEALTH DISORDERS)
2. HOUSING
3. FOOD ACCESS
4. ACCESS TO CARE
5. SENIOR ISOLATION
6. CHRONIC CONDITIONS
7. LINGUISTICALLY & CULTURALLY APPROPRIATE SERVICES
8. EDUCATION
9. HEALTH & HEALTH RESOURCE NAVIGATION
10. RACISM & DISCRIMINATION IN HEALTH CARE SETTINGS
11. SOCIOECONOMIC DISADVANTAGE
12. COMMUNITY VIOLENCE

SAINT FRANCIS HOSPITAL:

PART V, SECTION B, LINE 5: FOR THE CHNA, SAINT FRANCIS HOSPITAL

Part V Facility Information (continued)

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

COLLECTED DATA FROM MULTIPLE SOURCES, INCLUDING SECONDARY DATA PUBLISHED BY OTHERS AND PRIMARY DATA OBTAINED THROUGH COMMUNITY INPUT. INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AND COMMUNITY SURVEY RESPONSES REPRESENTING THE BROAD INTEREST OF THE COMMUNITY AND INCLUDED INDIVIDUALS WHO SERVE CHILDREN, HOMELESS POPULATIONS, LGBTQ+, SPANISH SPEAKING POPULATIONS, PUBLIC HEALTH ORGANIZATIONS, SCHOOL DISTRICTS AND HEALTH CARE ORGANIZATIONS. STATISTICS FOR NUMEROUS COMMUNITY HEALTH STATUS, HEALTH CARE ACCESS, AND RELATED INDICATORS WERE ANALYZED, INCLUDING DATA FROM LOCAL, STATE, AND FEDERAL GOVERNMENT AGENCIES, AND LOCAL COMMUNITY SERVICE ORGANIZATIONS.

ADDITIONALLY, SAINT FRANCIS HOSPITAL CONDUCTED 67 COMPREHENSIVE INTERNAL AND EXTERNAL INTERVIEWS TO LEARN ABOUT COMMUNITY HEALTH NEEDS IN NEW CASTLE COUNTY THROUGH STAKEHOLDER INTERVIEWS, COMMUNITY SURVEYS, AND COMMUNITY MEETINGS BETWEEN JULY 2019 AND FEBRUARY 2023. INTERVIEWS FOCUSED ON WAYS TO IMPROVE THE HEALTH AND WELL-BEING OF PEOPLE AND COMMUNITIES, AND ADDRESS NEEDS, WHICH THE PANDEMIC HAS AMPLIFIED.

AN ON-LINE COMMUNITY SURVEY CONDUCTED THROUGH SURVEY MONKEY WAS MADE AVAILABLE TO COMMUNITY RESIDENTS AND SAINT FRANCIS HOSPITAL EMPLOYEES BETWEEN DECEMBER 2022 AND FEBRUARY 2023. THE SURVEY CONSISTED OF QUESTIONS RELATING TO DEMOGRAPHIC, RACIAL AND SOCIAL EQUITY, SOCIAL DETERMINANTS OF HEALTH, HEALTHCARE ACCESS, AND LIFESTYLE. THE SURVEY WAS FIELDDED TO THE COMMUNITY AND TO STAKEHOLDERS, RESPECTIVELY VIA PAPER COPY, WEBSITE LINK, AND/OR QR CODE IN BOTH ENGLISH AND SPANISH. THE SURVEY LINK WAS PROMOTED THROUGH VARIOUS DISTRIBUTIONS CHANNELS. THE TOTAL NUMBER OF SURVEY RESPONDENTS WAS 46.

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.

SAINT FRANCIS HOSPITAL:

PART V, SECTION B, LINE 11: SAINT FRANCIS HOSPITAL IDENTIFIED AND PRIORITIZED THEIR SIGNIFICANT HEALTH NEEDS IN THE MOST RECENT CHNA. THE TRINITY HEALTH OF THE MID-ATLANTIC REGION (TRINITY HEALTH MID-ATLANTIC) PRIORITIZATION WORK GROUP THEN RANKED THE NEEDS BY PREVALENCE, SEVERITY, AVAILABLE DATA, MAGNITUDE OF PERSONS AFFECTED, AND THE ABILITY OF THE HOSPITAL TO IMPACT THE NEED. THE NEEDS WERE CATEGORIZED AND RANKED UNDER THE THREE CATEGORIES: (1) HOUSING; (2) FOOD ACCESS; (3) ACCESS TO CARE. BELOW ARE PROGRAM EXAMPLES OF HOW SAINT FRANCIS HOSPITAL ADDRESSED EACH NEED WITHIN FISCAL YEAR 2024.

HOUSING - SAINT FRANCIS HOSPITAL RECEIVED A \$137,364 TRANSFORMING COMMUNITIES INITIATIVE GRANT FROM TRINITY HEALTH TO SUPPORT CORNERSTONE WEST CDC FOR DEVELOPMENT AND IMPLEMENTATION OF EVIDENCE-BASED STRATEGIES THAT ADVANCE HEALTH AND RACIAL EQUITY THROUGH ADDRESSING THE ROOT CAUSE OF HOUSING. SAINT FRANCIS HOSPITAL ALSO PARTNERED WITH CORNERSTONE WEST CDC TO AID LOW INCOME AND ELDERLY HOMEOWNERS WITH HOUSEHOLD REPAIRS AND FACADE IMPROVEMENTS TO RESIDENTS ON THE WESTSIDE OF WILMINGTON TO HELP THE INDIVIDUAL STAY IN THEIR HOME AND PROMOTE NEIGHBORHOOD STABILITY.

FOOD ACCESS - IN FISCAL YEAR 2024, SAINT FRANCIS HOSPITAL PARTNERED WITH LANCASTER FARM FRESH AND CATHOLIC CHARITIES TO PROVIDE MARYDALE RETIREMENT VILLAGE, AN AFFORDABLE SENIOR APARTMENT COMMUNITY, WITH 2,595 FREE FARM BOXES TO INDIVIDUALS OR FAMILIES WHO WERE IDENTIFIED AS FOOD INSECURE. THROUGHOUT THE YEAR, 233 GROCERY STORE GIFT CARDS WERE PROVIDED 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.

FAMILIES WHO WERE FOOD INSECURE AND NEEDED EXTRA ASSISTANCE PURCHASING

GROCERIES. SAINT FRANCIS HOSPITAL PARTNERED WITH LAS AMERICAS ASPIRA FOR

THE BACKPACK MEAL PROGRAM AND PROVIDED 3,332 ADDITIONAL SNACKS/MEALS FOR

THOSE WHO WERE LOW INCOME. SAINT FRANCIS HOSPITAL ALSO PROVIDED 276

BACKPACK MEALS AND 248 ADULT MEALS TO OTHERS IN THE COMMUNITY WHO DID NOT

HAVE ACCESS TO FOOD. IN THE EMERGENCY ROOM, SAINT FRANCIS HOSPITAL

PROVIDED 58 MEAL KITS TO THOSE EXPERIENCING HOMELESSNESS WHO WERE FOOD

INSECURE AND BEING DISCHARGED FROM THE EMERGENCY ROOM.

ACCESS TO CARE - SAINT FRANCIS HOSPITAL PROVIDED PRIMARY AND PREVENTIVE

HEALTH CARE SERVICES FOR THOSE WHO WERE LOW-INCOME UNINSURED ELIGIBLE

THROUGH SUPPORT AND ENROLLMENT INTO MEDICAID AND FINANCIAL ASSISTANCE

PROGRAMS. IN FISCAL YEAR 2024, SAINT FRANCIS HOSPITAL ENROLLED 371

ELIGIBLE PATIENTS IN MEDICAID THROUGH A CONTRACT WITH HEALTHCARE

RECEIVABLES SPECIALISTS, INC. IN FISCAL YEAR 2024, SAINT FRANCIS HOSPITAL

PROVIDED 55 LOW-INCOME PATIENTS WITH TRANSPORTATION TO RECEIVE MEDICALLY

NECESSARY CARE. IN FISCAL YEAR 2024, THE COMMUNITY AID REFURBISHED

EQUIPMENT STORE SERVED THE SAINT FRANCIS HOSPITAL COMMUNITY. THE LOANER

PROGRAM OFFERED CLEANED, INSPECTED, AND REFURBISHED WHEELCHAIRS, CRUTCHES,

WALKERS, SHOWER CHAIRS, COMMODES, AND INCONTINENCE PRODUCTS TO PATIENTS

WHO ARE UNABLE TO AFFORD DURABLE MEDICAL EQUIPMENT. SAINT FRANCIS HOSPITAL

PROVIDED THE NATIONAL DIABETES PREVENTION PROGRAM, A 12-MONTH EVIDENCE

BASED, LIFESTYLE CHANGE INTERVENTION DESIGNED TO HELP PARTICIPANTS PREVENT

OR DELAY THE ONSET OF TYPE 2 DIABETES WITH A COHORT OF 143 PATIENTS.

BEHAVIORAL HEALTH - IN FISCAL YEAR 2024, SAINT FRANCIS HOSPITAL PARTNERED

WITH MERAKEY TO PROVIDE A WELLNESS RECOVERY TEAM, AN INTEGRATED HEALTH

Part V Facility Information (continued)

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

CARE SERVICE TO IMPROVE THE PHYSICAL AND BEHAVIORAL HEALTH OF INDIVIDUALS WITH SERIOUS MENTAL ILLNESS, SUBSTANCE USE DISORDERS AND PHYSICAL HEALTH CONDITIONS. THIS SERVICE WAS PROVIDED FOR FREE TO PATIENTS OF SAINT FRANCIS HOSPITAL AND THE SURROUNDING COMMUNITY.

SAINT FRANCIS HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF PRIORITY ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. TO AVOID DUPLICATION OF EFFORTS, COMPETING PRIORITIES, AND THE FACT THAT THE NEEDS WEREN'T RANKED AS HIGHLY AS OTHER NEEDS CHOSEN, SAINT FRANCIS HOSPITAL DID NOT ADDRESS IN FISCAL YEAR 2024 THE FOLLOWING NEEDS:

SENIOR CARE/ISOLATION, CHRONIC CONDITIONS, LINGUISTICALLY AND CULTURALLY APPROPRIATE SERVICES, HEALTH & HEALTH RESOURCE NAVIGATION, RACISM AND DISCRIMINATION IN HEALTH CARE SETTINGS, SOCIOECONOMIC DISADVANTAGE, COMMUNITY VIOLENCE, AND EDUCATION.

SAINT FRANCIS HOSPITAL:

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

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.

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.

PART V, SECTION B, LINE 7A:

WWW.TRINITYHEALTHMA.ORG/COMMUNITY-BENEFIT/CHNA/SAINT-FRANCIS

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 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 10A:

WWW.TRINITYHEALTHMA.ORG/COMMUNITY-BENEFIT/CHNA/SAINT-FRANCIS

PART V, SECTION B, LINE 16A:

WWW.TRINITYHEALTHMA.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/

FINANCIAL-ASSISTANCE/SAINT-FRANCIS-HOSPITAL

PART V, SECTION B, LINE 16B:

WWW.TRINITYHEALTHMA.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/

FINANCIAL-ASSISTANCE/SAINT-FRANCIS-HOSPITAL

PART V, SECTION B, LINE 16C:

WWW.TRINITYHEALTHMA.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/

FINANCIAL-ASSISTANCE/SAINT-FRANCIS-HOSPITAL

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:

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

SAINT FRANCIS HOSPITAL 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, LINE 7G:

INCLUDED IN SUBSIDIZED HEALTH SERVICES IS THE NET COMMUNITY BENEFIT COST ATTRIBUTED TO PHYSICIAN CLINICS OF \$1,837,256.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$6,357,800, 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:

ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS: SAINT FRANCIS HOSPITAL LEADERS PARTICIPATED IN ADVOCACY EFFORTS FOR IMPROVE BEHAVIORAL HEALTH ACCESS, AFFORDABLE HOUSING FOR SENIORS, AS WELL AS ADVOCATING TO IMPROVE SERVICES ADDRESSING THE SOCIAL DETERMINATES OF HEALTH THAT CAN INADVERTENTLY AFFECT THE QUALITY OF HEALTH IN THE WILMINGTON COMMUNITY.

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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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:

SAINT FRANCIS HOSPITAL USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, SAINT FRANCIS HOSPITAL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, SAINT FRANCIS HOSPITAL IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

SAINT FRANCIS HOSPITAL IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 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

Part VI Supplemental Information (Continuation)

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 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

Part VI Supplemental Information (Continuation)

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 - SAINT FRANCIS HOSPITAL ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN 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

Part VI Supplemental Information (Continuation)

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 WHO ARE UNINSURED.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SAINT FRANCIS HOSPITAL
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.

SAINT FRANCIS HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED
MEANS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS,
INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES,
MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS
INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND
OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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 - SAINT FRANCIS HOSPITAL SERVES THE CITY OF WILMINGTON, WHICH HAS SOME OF THE HIGHEST SOCIO-ECONOMIC NEEDS ZIP CODES IN THE STATE OF DELAWARE: 19801, 19802 AND 19805. SAINT FRANCIS HOSPITAL IS IN 19805, JUST BLOCKS FROM CENSUS TRACT 22, WHICH IS WESTSIDE WILMINGTON'S HIGHEST POVERTY AREA. ZIP CODES CONSIDERED HIGH NEED GENERALLY HAVE POORER HEALTH OUTCOMES THAN ZIP CODES IN MORE AFFLUENT NEIGHBORHOODS. OF THOSE WHO LIVE IN CENSUS TRACT 22, 33% LIVE BELOW POVERTY RATE.

MORE THAN HALF OF THE WILMINGTON'S POPULATION IS BLACK; ANOTHER 34% IS NON-HISPANIC WHITE AND 11% IS HISPANIC.

PROFOUND ECONOMIC DIFFERENCES EMERGE IN THE DEMOGRAPHICS WHEN COMPARING WILMINGTON TO NEW CASTLE COUNTY AND COMPARING CENSUS TRACT 22 TO BOTH THE COUNTY AND THE CITY. THE AVERAGE MEDIAN HOUSEHOLD INCOME IN CENSUS TRACT 22 IS \$40,391. OVER 30 PERCENT OF WILMINGTON RESIDENTS SPEND 30%+ OF THEIR INCOME ON RENT. THE CITY'S HOME OWNERSHIP RATE STANDS AT 56 PERCENT FOR WHITE RESIDENTS, NEARLY TWENTY POINTS HIGHER THAN THAT FOR BLACK AND HISPANIC/LATINX RESIDENTS, AND ROUGHLY DOUBLE THAT FOR LATINO RESIDENTS.

Part VI Supplemental Information (Continuation)

THE AREA DEPRIVATION INDEX WHICH IS RELATED TO FOUR PRIMARY DOMAINS (EDUCATION; INCOME & EMPLOYMENT; HOUSING; AND HOUSEHOLD CHARACTERISTICS) FOR WILMINGTON IS AN 8 OUT OF 10, WITH 10 BEING MOST DISADVANTAGED. IN THE AREA SERVED BY SAINT FRANCIS, 27.3% OF THE POPULATION HAS INCOME BELOW 200% FEDERAL POVERTY LEVELS.

WITH RESPECT TO EDUCATION, ALMOST 91% OF WHITE RESIDENTS HOLD A HIGH SCHOOL DEGREE OR HIGHER, COMPARED TO JUST OVER 89% OF BLACK RESIDENTS. MORE THAN 34% OF LATINOS IN WILMINGTON LACK A HIGH SCHOOL DEGREE.

OF THE POPULATION OF WILMINGTON, 11.7% EXPERIENCE FOOD INSECURITY AT SOME POINT DURING THE YEAR.

IN ADDITION TO SAINT FRANCIS HOSPITAL, THE FOLLOWING HEALTH CENTERS ALSO SERVE THE CITY OF WILMINGTON: CHRISTIANA CARE HEALTH SYSTEM, WESTSIDE FAMILY HEALTHCARE, HENRIETTA JOHNSON MEDICAL CENTER, AND NEMOURS/A.I. DUPONT HOSPITAL FOR CHILDREN.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH -

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

SAINT FRANCIS HOSPITAL CONTINUED IMPLEMENTING A SMOKE FREE CAMPUS THAT

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

INCLUDES ALL BUILDINGS AND WAS EXPANDED TO INCLUDE ALL TOBACCO AND SMOKELESS TOBACCO PRODUCTS INCLUDING E-CIGARETTES, VAPORS, AND CHEWING TOBACCO. IN ADDITION, THE NEW HIRE POLICY ENCOURAGES ALL NEW COLLEAGUES TO TAKE ADVANTAGE OF SMOKING CESSATION CLASSES AND SMOKING CESSATION AIDS.

SAINT FRANCIS HOSPITAL PROVIDES A TINY STEPS PROGRAM TO PROVIDE ACCESS TO SERVICES BOTH BEFORE THE BABY IS BORN AND THROUGHOUT THE FIRST YEAR OF LIFE. THIS PROGRAM PROVIDES PRENATAL AND MATERNITY CARE, BILINGUAL HEALTH CLASSES, PATIENT/PARENT EDUCATION, BABY CARE ITEMS, AND COUNSELING TO ALL EXPECTANT MOTHERS, REGARDLESS OF FINANCIAL CIRCUMSTANCES.

TRINITY HEALTH OF THE MID-ATLANTIC REGION (TRINITY HEALTH MID-ATLANTIC), ALONG WITH OTHER HOSPITALS WITHIN TRINITY HEALTH, PARTICIPATED IN A NATIONAL EDUCATION CAMPAIGN TO ENSURE THAT EVERYONE HAS ACCESS TO HIGH-QUALITY HEALTH CARE WITH THE "HEALTH COMES FIRST" CAMPAIGN.

TRINITY HEALTH MID-ATLANTIC CONTINUES TO PARTNER WITH OTHER LEADING HEALTH SYSTEMS IN THE TRI-STATE REGION, AS A MEMBER OF THE REGIONAL COALITION TO ELIMINATE RACE-BASED MEDICINE AND ACCELERATE HEALTH EQUITY. THESE ORGANIZATIONS COLLABORATE ACROSS THE PHILADELPHIA REGION TO COMBAT SYSTEMIC RACISM AND BARRIERS IN HEALTH CARE.

WITH A COMMITMENT TO THE COMMUNITY, RECOGNIZING THE IMPORTANT IMPACT OF SOCIAL INFLUENCERS ON THE INDIVIDUAL, THE TRINITY HEALTH MID-ATLANTIC BOARD EMPOWERED LEADERSHIP TO ENGAGE THE HEALTHY VILLAGE MODEL TO AUGMENT THE DELIVERY OF SAINT FRANCIS HOSPITAL HEALTH CARE SERVICES. WE ARE EMBARKING ON A REVITALIZATION PROJECT THAT WILL ENHANCE CURRENT CLINICAL OFFERINGS AND BRING NEEDED SOCIAL SERVICES INTO THE COMMUNITY. THE HEALTHY

Part VI Supplemental Information (Continuation)

VILLAGE MODEL WILL AUGMENT THE DELIVERY OF SAINT FRANCIS HOSPITAL HEALTH CARE SERVICES AND INVEST IN PARTNERS WHO OFFER UNIQUE SERVICES TO ADDRESS HEALTH DISPARITIES WHICH WILL REDUCE LENGTH OF STAY, UNNECESSARY COSTS, WHILE IMPROVING SOCIAL INFLUENCERS OF HEALTH FOR ITS MEMBERS BY DEFINED NEEDS AND SOLUTIONS TO HEALTH EQUITY.

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.

TRINITY HEALTH MID-ATLANTIC'S COMMUNITY IMPACT IN FISCAL YEAR 2024 TOTALED \$81.2 MILLION.

PART VI, LINE 6:

SAINT FRANCIS HOSPITAL 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:

Part VI Supplemental Information (Continuation)

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

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

Part VI Supplemental Information (Continuation)

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 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

Part VI Supplemental Information (Continuation)

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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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:

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