

**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. MARY MEDICAL CENTER

Employer identification number

23-1913910

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: ☒ 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 _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			4842397.		4842397.	1.21%
b Medicaid (from Worksheet 3, column a)			43944331.	41798555.	2145776.	.53%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			48786728.	41798555.	6988173.	1.74%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	12	1,986	3180340.	39,982.	3140358.	.78%
f Health professions education (from Worksheet 5)	3	16	8509554.	3507406.	5002148.	1.25%
g Subsidized health services (from Worksheet 6)	1		12308851.		12308851.	3.07%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	7		138,417.		138,417.	.03%
j Total. Other Benefits	23	2,002	24137162.	3547388.	20589774.	5.13%
k Total. Add lines 7d and 7j	23	2,002	72923890.	45345943.	27577947.	6.87%

Part II Community Building Activities. Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

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

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1 X

2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount 2 9,978,526.

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) 5 104,130,887.

6 Enter Medicare allowable costs of care relating to payments on line 5 6 116,104,073.

7 Subtract line 6 from line 5. This is the surplus (or shortfall) 7 -11,973,186.

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:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year? 9a X

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ENDOSCOPY CENTER AT ST. MARY'S, LP	MEDICAL SVCS - SURGERY CENTER	19.15%		80.85%
2 LANGHORNE MOB PARTNERS, LP	INVESTMENT AND OPERATIONS	61.69%		30.84%
3 SMMC MOB II, LP	INVESTMENT AND OPERATIONS	65.75%		25.44%
4 THE AMBULATORY SURGERY CENTER AT ST. MARY LLC	ASC SERVICES AND RELATED PROCEDURES	51.00%		49.00%
5 ENDOSCOPY CENTER AT ST MARY'S MANAGEMENT, LLC	MEDICAL SERVICES MGMT.	19.38%		80.62%

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: ST. MARY MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	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>21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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 SCHEDULE H, PART V, SECTION C</u>		
b ☒ Other website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
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>21</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: ST. MARY MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	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: ST. MARY MEDICAL CENTER

	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: ST. MARY MEDICAL CENTER**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 B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: ST. MARY REHABILITATION HOSPITALLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	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>21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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 SCHEDULE H, PART V, SECTION C</u>		
b ☒ Other website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
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>21</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: ST. MARY REHABILITATION 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: ST. MARY REHABILITATION 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: ST. MARY REHABILITATION 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

Schedule H (Form 990) 2023

Part V Facility Information (continued)

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

ST. MARY MEDICAL CENTER:

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

PART V, SECTION B, LINE 3E: ST. MARY MEDICAL CENTER & ST. MARY

REHABILITATION HOSPITAL:

ST. MARY MEDICAL CENTER (SMMC) AND ST. MARY REHABILITATION HOSPITAL (SMRH)

INCLUDED IN THEIR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORTS

A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH

NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED REGIONAL

CHNA. THE FOLLOWING IDENTIFIED UNMET COMMUNITY HEALTH NEEDS WERE DEEMED

SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION

PROCESS:

1. MENTAL HEALTH CONDITIONS

2. ACCESS TO CARE (PRIMARY AND SPECIALTY)

3. CHRONIC DISEASE PREVENTION AND MANAGEMENT

4. SUBSTANCE USE AND RELATED DISORDERS

5. HEALTHCARE AND HEALTH RESOURCES NAVIGATION

6. RACISM AND DISCRIMINATION IN HEALTH CARE

7. FOOD ACCESS

8. CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES

9. COMMUNITY VIOLENCE

10. HOUSING

11. SOCIOECONOMIC DISADVANTAGE

12. NEIGHBORHOOD CONDITIONS

Part V Facility Information (continued)

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

ST. MARY REHABILITATION HOSPITAL:

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

ST. MARY MEDICAL CENTER:

PART V, SECTION B, LINE 5: ST. MARY MEDICAL CENTER & ST. MARY

REHABILITATION HOSPITAL:

RECOGNIZING THAT HOSPITALS AND HEALTH SYSTEMS OFTEN MUTUALLY SERVE THE

SAME COMMUNITIES, A GROUP OF LOCAL HOSPITALS AND HEALTH SYSTEMS

COLLABORATED ON A SOUTHEASTERN PENNSYLVANIA REGIONAL CHNA (RCHNA), WITH

SPECIFIC FOCUS ON BUCKS, CHESTER, DELAWARE, MONTGOMERY, AND PHILADELPHIA

COUNTIES. THE HOSPITALS JOINTLY SOLICITED AND CONSIDERED INPUT FROM

PERSONS OR ORGANIZATIONS THAT REPRESENT THE BROAD INTERESTS OF THE

COMMUNITY THEY SERVE. THIS INPUT WAS SOLICITED FROM LOCAL COMMUNITY

REPRESENTATIVES OF THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY

POPULATIONS IN THE SERVICE AREA AND FROM PUBLIC HEALTH OFFICIALS, SOCIAL

SERVICE PROVIDERS, AND CLINICIANS. DATA WAS COLLECTED BETWEEN SEPTEMBER

2021 TO JANUARY 2022.

QUANTITATIVE DATA WERE ACQUIRED FROM LOCAL, STATE, AND FEDERAL SOURCES AND

FOCUSED ON INDICATORS THAT WERE UNIFORMLY AVAILABLE AT THE ZIP CODE LEVEL

ACROSS THE REGION. THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH TEAM,

WHICH INCLUDED EXPERTS IN EPIDEMIOLOGICAL AND GEOSPATIAL ANALYSES,

COMPILED, ANALYZED, AND AGGREGATED OVER 60 HEALTH INDICATORS ENCOMPASSING

DATA ON COMMUNITY DEMOGRAPHIC CHARACTERISTICS, COVID-19, CHRONIC DISEASE

AND HEALTH BEHAVIORS, INFANT AND CHILD HEALTH, BEHAVIORAL HEALTH,

INJURIES, ACCESS TO CARE, AND SOCIAL AND ECONOMIC CONDITIONS.

Part V Facility Information (continued)

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

THE QUALITATIVE COMPONENTS OF THE ASSESSMENT INCLUDED: 26 VIRTUAL FOCUS GROUP-STYLE "COMMUNITY CONVERSATIONS" HELD TO GATHER INPUT FROM RESIDENTS OF GEOGRAPHIC COMMUNITIES ACROSS ALL FIVE COUNTIES. 21 VIRTUAL FOCUS GROUP DISCUSSIONS CENTERED ON "SPOTLIGHT" TOPICS WERE CONDUCTED WITH COMMUNITY ORGANIZATION AND LOCAL GOVERNMENT AGENCY REPRESENTATIVES. TOPICS COVERED INCLUDED BEHAVIORAL HEALTH, CHRONIC DISEASE, FOOD INSECURITY, HOUSING AND HOMELESSNESS, OLDER ADULTS AND CARE, RACISM AND DISCRIMINATION IN HEALTH CARE, SUBSTANCE USE, AND VIOLENCE.

USING A MODIFIED HANLON RANKING METHOD, EACH PARTICIPATING HOSPITAL AND HEALTH SYSTEM RATED THE NEEDS. AN AVERAGE RATING WAS CALCULATED, AND THE COMMUNITY HEALTH NEEDS WERE ORGANIZED IN PRIORITY ORDER BASED ON: SIZE OF HEALTH PROBLEM, IMPORTANCE TO COMMUNITY, CAPACITY OF HOSPITALS/HEALTH SYSTEMS TO ADDRESS, ALIGNMENT WITH MISSION AND STRATEGIC DIRECTION, AVAILABILITY OF EXISTING COLLABORATIVE EFFORTS.

ST. MARY MEDICAL CENTER:

PART V, SECTION B, LINE 6A: SMMC PARTNERED WITH THE FOLLOWING HEALTH SYSTEMS AND HOSPITALS TO CONDUCT A JOINT REGIONAL CHNA: CHILDREN'S HOSPITAL OF PHILADELPHIA, MIDDLEMAN FAMILY PAVILION AT CHOP, KING OF PRUSSIA DOYLESTOWN HEALTH, DOYLESTOWN HOSPITAL GRAND VIEW HEALTH: GRAND VIEW HOSPITAL JEFFERSON HEALTH, EINSTEIN MEDICAL CENTER ELKINS PARK, EINSTEIN MEDICAL CENTER MONTGOMERY, EINSTEIN MEDICAL CENTER PHILADELPHIA, JEFFERSON ABINGTON HOSPITAL, JEFFERSON BUCKS HOSPITAL, JEFFERSON FRANKFORD HOSPITAL, JEFFERSON HOSPITAL FOR NEUROSCIENCE, JEFFERSON LANSDALE

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.

HOSPITAL, JEFFERSON METHODIST HOSPITAL, JEFFERSON TORRESDALE HOSPITAL,
MAGEE REHABILITATION HOSPITAL, MOSSREHAB, ROTHMAN ORTHOPEDIC SPECIALTY
HOSPITAL, THOMAS JEFFERSON UNIVERSITY HOSPITAL MAIN LINE HEALTH, BRYN MAWR
HOSPITAL, BRYN MAWR REHABILITATION HOSPITAL, LANKENAU MEDICAL CENTER,
PAOLI HOSPITAL, RIDDLE HOSPITAL PENN MEDICINE, CHESTER COUNTY HOSPITAL,
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, HOSPITAL OF THE UNIVERSITY OF
PENNSYLVANIA - CEDAR AVENUE, PENN PRESBYTERIAN MEDICAL CENTER,
PENNSYLVANIA HOSPITAL REDEEMER HEALTH: HOLY REDEEMER HOSPITAL TEMPLE
UNIVERSITY HEALTH SYSTEM, FOX CHASE CANCER CENTER, TEMPLE UNIVERSITY
HOSPITAL, TEMPLE UNIVERSITY HOSPITAL - EPISCOPAL CAMPUS, TEMPLE UNIVERSITY
HOSPITAL - JEANES CAMPUS, TEMPLE UNIVERSITY HOSPITAL - NORTHEASTERN
CAMPUS, MERCY CATHOLIC MEDICAL CENTER, MERCY FITZGERALD HOSPITAL, AND
NAZARETH HOSPITAL.

ST. MARY REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 6A: SMRH PARTNERED WITH THE FOLLOWING HEALTH
SYSTEMS AND HOSPITALS TO CONDUCT A JOINT REGIONAL CHNA: CHILDREN'S
HOSPITAL OF PHILADELPHIA, MIDDLEMAN FAMILY PAVILION AT CHOP, KING OF
PRUSSIA DOYLESTOWN HEALTH, DOYLESTOWN HOSPITAL GRAND VIEW HEALTH: GRAND
VIEW HOSPITAL JEFFERSON HEALTH, EINSTEIN MEDICAL CENTER ELKINS PARK,
EINSTEIN MEDICAL CENTER MONTGOMERY, EINSTEIN MEDICAL CENTER PHILADELPHIA,
JEFFERSON ABINGTON HOSPITAL, JEFFERSON BUCKS HOSPITAL, JEFFERSON FRANKFORD
HOSPITAL, JEFFERSON HOSPITAL FOR NEUROSCIENCE, JEFFERSON LANSDALE
HOSPITAL, JEFFERSON METHODIST HOSPITAL, JEFFERSON TORRESDALE HOSPITAL,
MAGEE REHABILITATION HOSPITAL, MOSSREHAB, ROTHMAN ORTHOPEDIC SPECIALTY
HOSPITAL, THOMAS JEFFERSON UNIVERSITY HOSPITAL MAIN LINE HEALTH, BRYN MAWR
HOSPITAL, BRYN MAWR REHABILITATION HOSPITAL, LANKENAU MEDICAL CENTER,

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.

PAOLI HOSPITAL, RIDDLE HOSPITAL PENN MEDICINE, CHESTER COUNTY HOSPITAL,
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, HOSPITAL OF THE UNIVERSITY OF
PENNSYLVANIA - CEDAR AVENUE, PENN PRESBYTERIAN MEDICAL CENTER,
PENNSYLVANIA HOSPITAL REDEEMER HEALTH: HOLY REDEEMER HOSPITAL TEMPLE
UNIVERSITY HEALTH SYSTEM, FOX CHASE CANCER CENTER, TEMPLE UNIVERSITY
HOSPITAL, TEMPLE UNIVERSITY HOSPITAL - EPISCOPAL CAMPUS, TEMPLE UNIVERSITY
HOSPITAL - JEANES CAMPUS, TEMPLE UNIVERSITY HOSPITAL - NORTHEASTERN
CAMPUS, MERCY CATHOLIC MEDICAL CENTER, MERCY FITZGERALD HOSPITAL, AND
NAZARETH HOSPITAL.

ST. MARY MEDICAL CENTER:

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

ST. MARY REHABILITATION HOSPITAL:

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

ST. MARY MEDICAL CENTER:

PART V, SECTION B, LINE 11: SMMC IDENTIFIED AND PRIORITIZED THEIR
SIGNIFICANT HEALTH NEEDS IN THE MOST RECENT CHNA. THE TRINITY HEALTH 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.

THE MID-ATLANTIC REGION (TRINITY HEALTH OF THE 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) MENTAL HEALTH CONDITIONS; (2) FOOD ACCESS; (3) ACCESS TO CARE.

SMMC ADDRESSED THE FOLLOWING THREE UNMET HEALTH NEEDS IN FISCAL YEAR 2024:

1) MENTAL HEALTH CONDITIONS - SMMC PROVIDED ACCESS TO QUALITY MENTAL HEALTH SERVICES FOR THOSE WHO ARE LOW-INCOME UNINSURED AND DIAGNOSED WITH A BEHAVIORAL HEALTH DISORDER, IN PARTNERSHIP WITH HEALTH AND SOCIAL SERVICE AGENCIES THROUGH OUR COMMUNITY BENEFIT GRANTS PROGRAM. FAMILY SERVICE ASSOCIATION (FSA) PROVIDED AS A PARTNER MENTAL HEALTH COUNSELING AND TREATMENT FOR INDIVIDUALS AT THE ST. MARY FAMILY MEDICINE BENSALEM. MENTAL HEALTH SCREENING AND INTERVENTION INCLUDED ASSESSMENT, INDIVIDUAL AND FAMILY THERAPY, MEDICATION MONITORING, DEPRESSION SCREENINGS, AND PSYCHIATRIC REFERRAL AS NEEDED FOR LOW-INCOME UNINSURED PATIENTS AT THE ABOVE REFERENCED HEALTH CENTER. MERAKEY ALSO PARTNERED WITH ST. MARY FAMILY MEDICINE BENSALEM TO PROVIDE BEHAVIORAL HEALTH SERVICES AND CONNECT PATIENTS WITH COMMUNITY RESOURCES. SMMC ALSO AWARDED GRANT SUPPORT TO FSA FOR SCHOOL-BASED MENTAL HEALTH, INCLUDING 95 SESSIONS OF COUNSELING SERVICES FOR 9 STUDENTS IN CRISIS. IN PARTNERSHIP WITH POSITIVE RECOVERY SOLUTIONS, MOBILE DRUG AND ALCOHOL RELAPSE PREVENTION SERVICES WERE AVAILABLE FOR RESIDENTS AND PATIENTS. TRINITY HEALTH OF THE MID-ATLANTIC AND THE LINCOLN CENTER FOR FAMILY AND YOUTH PARTNERED TO IMPLEMENT THE VIOLENCE INTERVENTION AND PREVENTION PROGRAM (VIPP). THE VIPP PROGRAM

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.

FOCUSES ON THE CRITICAL ISSUES OF GUN AND GROUP VIOLENCE PLAGUING OUR REGION BY PROVIDING MUCH-NEEDED RESOURCES TO THOSE AFFECTED BY VIOLENCE, REDUCING TRAUMATIC STRESS AND FUTURE VIOLENCE INVOLVEMENT, AND CREATING SAFER COMMUNITIES BY BREAKING THE CYCLE OF VIOLENCE. TRINITY HEALTH OF THE MID-ATLANTIC PARTNERED WITH PHILADELPHIA, BUCKS AND DELAWARE COUNTY HEALTH DEPARTMENTS TO SUPPORT, EDUCATE, AND PROMOTE 988, THE NATIONAL SUICIDE AND CRISIS LIFELINE.

2) FOOD ACCESS - SMMC IS ONE OF THE LEAD MEMBER AGENCIES IN THE HUNGER AND NUTRITION COALITION (HNC) OF BUCKS COUNTY. EACH WEEK HNC PARTNER ORGANIZATIONS AND VOLUNTEERS DISTRIBUTED FOOD TO RESIDENTS AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL AT FRESH CONNECT OPEN-AIR MARKETS. IN FISCAL YEAR 2024, FRESH CONNECT PROVIDED 664,426 POUNDS OF FOOD TO OVER 3,435 UNIQUE HOUSEHOLDS. SMMC TRINITY FARM BOX PROVIDED ACCESS TO FRESH PRODUCE AND SERVED 4,936 INDIVIDUALS, INCLUDING MANY FAMILIES RECEIVING FOOD ASSISTANCE BENEFITS AND SUBSIDIES. THE HELP CENTER PANTRY DISTRIBUTED 52,921 POUNDS OF FOOD AND ASSISTED 6,444 INDIVIDUALS. THE WEEKEND MEAL PROGRAM PROVIDED KID FRIENDLY MEAL PACKS FOR SCHOOL-AGED YOUTH. THE PACKS WERE DELIVERED TO PARTICIPATING SCHOOLS AND DISTRIBUTED WEEKLY TO CHILDREN WHO MEET ELIGIBILITY REQUIREMENTS. THE WEEKEND MEAL PROGRAM PROVIDED 2,166 MEALS FOR STUDENTS IN FISCAL YEAR 2024. SMMC PROVIDED 205 GROCERY GIFT CARDS TO INDIVIDUALS AT OR BELOW 200% OF THE POVERTY LEVEL TO FILL FOOD INSECURITY GAPS.

3) ACCESS TO CARE - SMMC PROVIDED PRIMARY AND PREVENTIVE HEALTH CARE SERVICES FOR THOSE WHO ARE LOW-INCOME UNINSURED ELIGIBLE THROUGH SUPPORT AND ENROLLMENT INTO MEDICAID AND ST. MARY FINANCIAL ASSISTANCE PROGRAMS.

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.

IN FISCAL YEAR 2024, SMMC ENROLLED 1,447 ELIGIBLE PATIENTS IN MEDICAID THROUGH A CONTRACT WITH HEALTHCARE RECEIVABLES SPECIALISTS, INC. THE ST. CLARE PHARMACY PROVIDED FREE OR REDUCED COST PRESCRIPTION MEDICATIONS THROUGH BOTH THE ST. MARY FINANCIAL ASSISTANCE PROGRAM AND THE DISPENSARY OF HOPE FREE MEDICATION PROGRAM, FOR THOSE WHO ARE UNINSURED AND LIVING AT OR BELOW 300% FEDERAL POVERTY LEVEL. SMMC PARTNERED WITH FAMILY SERVICE ASSOCIATION TO PROVIDE STREET MEDICINE FOR UNSHELTERED HOMELESS IN BUCKS COUNTY. IN FISCAL YEAR 2024, THE COMMUNITY AID REFURBISHED EQUIPMENT STORE, WHICH IS A LOANER PROGRAM OFFERED, CLEANED, INSPECTED, AND REFURBISHED WHEELCHAIRS, CRUTCHES, WALKERS, SHOWER CHAIRS, COMMODES, AND INCONTINENCE PRODUCTS TO 750 PATIENTS OF SMMC WHO ARE UNABLE TO AFFORD DURABLE MEDICAL EQUIPMENT. IN FISCAL YEAR 2024, SMMC PROVIDED 269 LOW-INCOME PATIENTS WITH TRANSPORTATION TO RECEIVE MEDICALLY NECESSARY CARE. SMMC 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 15 PATIENTS.

SMMC ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES EMERGED FROM THE CHNA PROCESS AND DETERMINED IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. FOR THE PURPOSES OF THIS CHNA IMPLEMENTATION STRATEGY, SMMC DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS IN FISCAL YEAR 2024:

- CHRONIC DISEASE PREVENTION AND MANAGEMENT
- SUBSTANCE USE AND RELATED DISORDERS

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.

- HEALTHCARE AND HEALTH RESOURCES NAVIGATION

- RACISM AND DISCRIMINATION IN HEALTH CARE

- CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES

- COMMUNITY VIOLENCE

- HOUSING

- SOCIOECONOMIC DISADVANTAGE

- NEIGHBORHOOD CONDITIONS

TRINITY HEALTH OF THE MID-ATLANTIC COMMUNITY HEALTH AND WELL-BEING

CONTINUES TO BE SUPPORTIVE AS NEEDED IN AMBULATORY, CLINICAL AND COMMUNITY SERVICES AVOIDING DUPLICATION OF RESOURCES.

ST. MARY REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 11: SMRH ADDRESSED THE FOLLOWING UNMET HEALTH NEED IN FISCAL YEAR 2024:

1) MENTAL HEALTH CONDITIONS - POSITIVE RECOVERY SOLUTIONS MOBILE DRUG AND ALCOHOL RELAPSE PREVENTION SERVICES WERE AVAILABLE ON FOR RESIDENTS AND PATIENTS FROM SMMC AND SMRH. PATIENTS ARE TRANSFERRED TO SMRH FOR INTENSIVE REHABILITATION FOR THOSE RECOVERING FROM STROKE, BRAIN INJURY, NEUROLOGIC CONDITIONS, TRAUMA, SPINAL CORD INJURY, AMPUTATION, AND ORTHOPEDIC SURGERY.

SMRH ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES EMERGED FROM THE CHNA PROCESS AND DETERMINED IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. FOR THE PURPOSES OF THIS CHNA IMPLEMENTATION

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.

STRATEGY, SMRH DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS IN FISCAL YEAR

2024:

- ACCESS TO CARE (PRIMARY AND SPECIALTY)
- CHRONIC DISEASE PREVENTION AND MANAGEMENT
- SUBSTANCE USE AND RELATED DISORDERS
- HEALTHCARE AND HEALTH RESOURCES NAVIGATION
- RACISM AND DISCRIMINATION IN HEALTH CARE
- FOOD ACCESS
- CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES
- COMMUNITY VIOLENCE
- HOUSING
- SOCIOECONOMIC DISADVANTAGE
- NEIGHBORHOOD CONDITIONS

ST. MARY MEDICAL CENTER:

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.

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 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.

ST. MARY REHABILITATION 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
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

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.

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

ST. MARY MEDICAL CENTER AND

ST. MARY REHABILITATION CENTER:

WWW.TRINITYHEALTHMA.ORG/COMMUNITY-BENEFIT/CHNA/ST-MARY

PART V, SECTION B, LINE 10A

ST. MARY MEDICAL CENTER AND

ST. MARY REHABILITATION CENTER:

WWW.TRINITYHEALTHMA.ORG/COMMUNITY-BENEFIT/CHNA/ST-MARY

PART V, SECTION B, LINE 9

ST. MARY MEDICAL CENTER AND

ST. MARY REHABILITATION CENTER:

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, EACH 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.

PART V, SECTION B, LINE 7B

ST. MARY MEDICAL CENTER AND

ST. MARY REHABILITATION CENTER:

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

PART V, SECTION B, LINE 16A

ST. MARY MEDICAL CENTER AND ST. MARY REHABILITATION CENTER:

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

FINANCIAL-ASSISTANCE/ST-MARY-MEDICAL-CENTER

PART V, SECTION B, LINE 16B

ST. MARY MEDICAL CENTER AND ST. MARY REHABILITATION CENTER:

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

FINANCIAL-ASSISTANCE/ST-MARY-MEDICAL-CENTER

PART V, SECTION B, LINE 16C

ST. MARY MEDICAL CENTER AND ST. MARY REHABILITATION CENTER:

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

FINANCIAL-ASSISTANCE/ST-MARY-MEDICAL-CENTER

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

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

PART I, LINE 6A:

ST. MARY MEDICAL CENTER (SMMC) PREPARES AN ANNUAL COMMUNITY BENEFIT
REPORT, WHICH IT SUBMITS TO THE STATE OF PENNSYLVANIA. IN ADDITION, SMMC
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.
SMMC 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
ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND

Part VI Supplemental Information (Continuation)

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, \$9,978,526, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:

SMMC 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.

Part VI Supplemental Information (Continuation)

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

PART III, LINE 4:

SMMC IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.

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

Part VI Supplemental Information (Continuation)

ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED. ESTIMATED RECEIVABLES FROM THIRD-PARTY PAYERS ALSO INCLUDES AMOUNTS RECEIVABLE UNDER STATE MEDICAID PROVIDER TAX PROGRAMS."

PART III, LINE 5:

TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:

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

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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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 - SMMC AND ST. MARY REHABILITATION HOSPITAL (SMRH) ASSESS THE HEALTH STATUS OF THEIR COMMUNITIES, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE 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 - SMMC AND SMRH COMMUNICATE 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

Part VI Supplemental Information (Continuation)

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.

SMMC AND SMRH OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITALS.

PART VI, LINE 4:

COMMUNITY INFORMATION - SMMC AND SMRH ARE BOTH LOCATED IN LANGHORNE, IN BUCKS COUNTY, PENNSYLVANIA. THE SERVICE AREA INCLUDES THE FOLLOWING ZIP CODES IN BUCKS COUNTY, PENNSYLVANIA: 18940, 18954, 18966, 18974, 18976,

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

18977, 19007, 19020, 19021, 19030, 19047, 19053, 19054, 19055, 19056, 19057, AND 19067. THE HOSPITALS' RACIAL COMPOSITION IS 5.5% ASIAN, 5.2% BLACK, 6.4% HISPANIC/LATINO, 80.9% WHITE (NON-HISPANIC), AND 2.0% OTHER. 5.3% SPEAK ENGLISH LESS THAN VERY WELL. THE AGE DISTRIBUTION IS 22.3% 0-19 YEARS, 30.0% 20-44 YEARS, 29.5% 45-64 YEARS AND 18.1% 65+. THE GENDER OF THE POPULATION IS 51.1% FEMALE AND 48.9% MALE. THE MEDIAN HOUSEHOLD INCOME IS \$82,087.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH -

ST. MARY MEDICAL CENTER (SMMC):

THE MEDICAL STAFF IS OPEN TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY. SMMC HAS AN EMERGENCY DEPARTMENT, OPEN 24 HOURS A DAY, WHICH TREATS ALL PERSONS NEEDING CARE, REGARDLESS OF ABILITY TO PAY.

SMMC IS ACTIVELY PROMOTING HEALTH AND WELLNESS ON OUR MAIN CAMPUS BY ENFORCING OUR CURRENT NONSMOKING POLICY, WHICH INCLUDES E-CIGARETTES AND OTHER NICOTINE DELIVERY DEVICES.

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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

PARTICIPANTS TO EXPLORE COLLABORATIVE IMPLEMENTATION STRATEGIES AS HOSPITALS/HEALTH SYSTEMS RESPOND TO COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) THROUGH IMPLEMENTATION PLANS MANDATED BY THE AFFORDABLE CARE ACT.

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

TRINITY HEALTH OF THE 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.

ST. MARY'S WAS GRANTED THE PRESERVING OUR LEGACY GRANT FROM TRINITY HEALTH TO PROVIDE ACCESS TO COMPREHENSIVE HEALTH CARE THROUGH THIS VISION, HEARING, AND LEAD SCREENINGS. THE ST. MARY BENSLEM FAMILY PRACTICE OFFERS A CONTINUUM OF CARE FROM MATERNAL, INFANT, CHILD THROUGH TO ADULT SERVICES. VISION, HEARING, AND LEAD SCREENINGS WITHIN THE PRACTICE SETTING IMPROVES THE EQUITY & OUTCOMES OF HEALTH. THE AVAILABILITY OF THE SCREENINGS DURING WELL VISITS IMPROVES ACCESS, REFERRALS IF NEEDED AND DIAGNOSIS.

NET EXPENSES RELATED TO SUBSIDIZED HEALTH SERVICES CAN BE FOUND IN THREE CATEGORIES OF COMMUNITY BENEFIT: THE UNPAID COSTS OF MEDICAID, FINANCIAL ASSISTANCE AT COST, AND SUBSIDIZED HEALTH SERVICES. SMMC MAINTAINS THESE SERVICES, DESPITE OPERATING AT A LOSS, BECAUSE THEY ADDRESS A NEED IN THE

Part VI Supplemental Information (Continuation)

COMMUNITY AND IF CLOSED, WOULD CREATE BARRIERS TO CARE FOR COMMUNITY MEMBERS.

ST. MARY REHABILITATION HOSPITAL (SMRH):

SMRH FOLLOWS THE SMMC FINANCIAL ASSISTANCE POLICY AND ALLOWS FOR TREATMENT OF THOSE WHO ARE UNINSURED AND UNDERINSURED.

SMRH INCLUDES COMMUNITY MEMBERS IN BOTH INFECTION PREVENTION AND SAFETY COMMITTEE MEETINGS. THESE MEMBERS ARE SELECTED BASED ON THEIR PERSONAL QUALIFICATIONS AND KEY COMPETENCIES AND THEIR COMMITMENT TO ST. MARY MINISTRIES AND VALUES.

THE MEDICAL STAFF IS OPEN TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

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

Part VI Supplemental Information (Continuation)

PART VI, LINE 6:

SMMC 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 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

Part VI Supplemental Information (Continuation)

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 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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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.

Part VI Supplemental Information (Continuation)

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:

PA