

**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

THE MERCY HOSPITAL, INC.

Employer identification number

04-3398280

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year:		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care?	<input checked="" type="checkbox"/>	
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:		
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			2012454.		2012454.	.63%
b Medicaid (from Worksheet 3, column a)			75933442.	56511291.	19422151.	6.10%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			77945896.	56511291.	21434605.	6.73%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	8	817	1218345.	715,080.	503,265.	.16%
f Health professions education (from Worksheet 5)	1		148,987.		148,987.	.05%
g Subsidized health services (from Worksheet 6)	1		1213763.	1213763.		
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2		18,450.		18,450.	.01%
j Total. Other Benefits	12	817	2599545.	1928843.	670,702.	.22%
k Total. Add lines 7d and 7j	12	817	80545441.	58440134.	22105307.	6.95%

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
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Section A. Bad Debt Expense

Section A. Bad Debt Expense		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	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	8,311,362.
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	68,570,828.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	77,940,645.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-9,369,817.
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		
Section C. Collection Practices			
9a	Did the organization have a written debt collection policy during the tax year?	9a	X
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X

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

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

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

Name of hospital facility or letter of facility reporting group: MERCY HOSPITAL, INC.

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 <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>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 <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>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: MERCY HOSPITAL, INC.

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: MERCY HOSPITAL, INC.

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

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

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Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: MERCY HOSPITAL, INC.**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.

MERCY HOSPITAL, INC.:

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

PART V, SECTION B, LINE 3E: MERCY HOSPITAL INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. SOCIAL AND ECONOMIC FACTORS OR "DETERMINANTS" THAT INFLUENCE HEALTH:

- LACK OF ACCESS AND AFFORDABILITY OF HOUSING, FOOD, AND TRANSPORTATION
- EDUCATIONAL ATTAINMENT
- EMPLOYMENT AND INCOME
- VIOLENCE AND TRAUMA
- ENVIRONMENTAL EXPOSURES AND CLIMATE CRISIS

2. BARRIERS TO HEALTHCARE ACCESS:

- AVAILABILITY OF PROVIDERS AND TELEHEALTH
- OTHER BARRIERS

3. HEALTH BEHAVIORS AND OUTCOMES:

- YOUTH MENTAL HEALTH
- MENTAL HEALTH AND SUBSTANCE USE
- CHRONIC CONDITIONS AND OTHER HEALTH OUTCOMES

ADDITIONAL DESCRIPTIONS FOR EACH OF THE PRIORITIZED NEEDS AND SUB-NEEDS CAN BE FOUND IN THE HOSPITAL'S CHNA, WHICH IS LOCATED ON THE HOSPITAL'S

Part V Facility Information (continued)

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

WEBSITE:

WWW.TRINITYHEALTHOFNE.ORG/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

MERCY HOSPITAL, INC.:

PART V, SECTION B, LINE 5: THE INPUT OF THE COMMUNITY AND OTHER IMPORTANT REGIONAL STAKEHOLDERS WAS PRIORITIZED BY THE COALITION AS AN IMPORTANT PART OF THE CHNA PROCESS. BELOW ARE THE PRIMARY MECHANISMS FOR THE COMMUNITY AND STAKEHOLDER ENGAGEMENT:

THE CHNA REGIONAL ADVISORY COMMITTEE (RAC) INCLUDED REPRESENTATIVES FROM EACH HOSPITAL/INSURER COALITION MEMBER AS WELL AS PUBLIC HEALTH AND COMMUNITY STAKEHOLDERS FROM EACH HOSPITAL SERVICE AREA. STAKEHOLDERS ON THE RAC INCLUDED LOCAL AND REGIONAL PUBLIC HEALTH AND HEALTH DEPARTMENT REPRESENTATIVES; REPRESENTATIVES FROM LOCAL AND REGIONAL ORGANIZATIONS SERVING OR REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME OR POPULATIONS OF COLOR; AND INDIVIDUALS FROM ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY. THE COALITION CONDUCTED A STAKEHOLDER ANALYSIS TO ENSURE GEOGRAPHIC, SECTOR (E.G., SCHOOLS, COMMUNITY SERVICE ORGANIZATIONS, HEALTHCARE PROVIDERS, PUBLIC HEALTH, AND HOUSING), AND RACIAL/ETHNIC DIVERSITY OF THE RAC. THE RAC MET TO GUIDE THE CONSULTANTS IN THE PROCESS OF CONDUCTING THE CHNA, AND TO PRIORITIZE COMMUNITY HEALTH NEEDS, CHNA FINDINGS, AND DISSEMINATION OF INFORMATION. ASSESSMENT METHODS AND FINDINGS WERE MODIFIED BASED ON THE STEERING COMMITTEE FEEDBACK. THE RAC CONSISTED OF COMMUNITY MEMBERS, INCLUDING COALITION MEMBERS AND CONSULTANTS. THE RAC MET MONTHLY FROM 2021 THROUGH MID-2022.

Part V Facility Information (continued)

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

KEY INFORMANT INTERVIEWS, COMMUNITY CHATS AND FOCUS GROUPS WERE CONDUCTED TO BOTH GATHER INFORMATION USED TO IDENTIFY PRIORITY HEALTH NEEDS AND ENGAGE THE COMMUNITY. KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH HEALTH CARE PROVIDERS, HEALTH CARE ADMINISTRATORS, LOCAL AND REGIONAL PUBLIC HEALTH OFFICIALS, AND LOCAL LEADERS THAT REPRESENT THE INTERESTS OF THE COMMUNITY OR THAT SERVE MEDICALLY UNDERSERVED, LOW-INCOME, OR POPULATIONS OF COLOR IN THE SERVICE AREA. INTERVIEWS WITH LOCAL AND REGIONAL PUBLIC HEALTH OFFICIALS WERE USED TO IDENTIFY PRIORITY HEALTH AREAS AND COMMUNITY FACTORS THAT CONTRIBUTE TO HEALTH NEEDS. COMMUNITY CHATS AND FOCUS GROUP PARTICIPANTS INCLUDED COMMUNITY ORGANIZATIONAL REPRESENTATIVES, COMMUNITY MEMBERS (LOW-INCOME, PEOPLE OF COLOR, AND OTHERS), AND OTHER COMMUNITY STAKEHOLDERS. KEY INFORMANT INTERVIEWS, COMMUNITY CHATS AND FOCUS GROUPS WERE CONDUCTED FROM 2021 THROUGH EARLY 2022. FOCUS GROUPS, COMMUNITY CHATS AND KEY INFORMANT INTERVIEWS WERE CONDUCTED, PRIMARILY IN HAMPDEN COUNTY BUT ALSO ACROSS THE REGION. THIS CHNA ALSO USED QUALITATIVE DATA FROM OTHER HOSPITAL SERVICE AREAS AS APPROPRIATE.

BELOW IS A LIST OF PUBLIC HEALTH AND COMMUNITY REPRESENTATIVES, AND OTHER STAKEHOLDERS INVOLVED IN THE PROCESS, WHICH INCLUDED REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS. THESE VULNERABLE POPULATIONS, WHICH INCLUDE CHILDREN, OLDER ADULTS, LATINOS, AFRICAN AMERICANS, AND REFUGEES, WERE REPRESENTED BY:

FRANKLIN REGIONAL COUNCIL OF GOVERNMENTS, THE WOMEN'S FUND OF WESTERN MASSACHUSETTS, COLLABORATIVE FOR EDUCATIONAL SERVICES, ARMBROOK VILLAGE, WAY FINDERS, UNIVERSITY OF MASSACHUSETTS, SAMARITAN INN, SERVICENET,

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.

WESTERN MASSACHUSETTS VETERANS OUTREACH, UNITED CEREBRAL PALSY ASSOCIATION
OF WESTERN MASSACHUSETTS, UNITED WAY OF THE FRANKLIN & HAMPSHIRE REGION,
SPRINGFIELD DEPARTMENT OF HEALTH AND HUMAN SERVICES CITY OF SPRINGFIELD,
DRUG FREE COMMUNITIES, MONTAGUE CATHOLIC SOCIAL MINISTRIES, UNITED WAY OF
PIONEER VALLEY, HILLTOWN COMMUNITY HEALTH CENTER, STAVROS CENTER FOR
INDEPENDENT LIVING, METROCARE OF SPRINGFIELD, CENTER FOR NEW AMERICANS,
WESTERN MASS TRAINING CONSORTIUM, PARENT VILLAGES, MEN OF COLOR HEALTH
AWARENESS, YOUNG WOMEN'S ADVISORY COUNCIL OF WESTERN MASSACHUSETTS,
COMMUNITY ACTION PIONEER VALLEY, COMMUNITY FOUNDATION OF WESTERN
MASSACHUSETTS.

MERCY HOSPITAL, INC.:

PART V, SECTION B, LINE 6A: MERCY HOSPITAL IS A MEMBER OF THE COALITION
OF WESTERN MASSACHUSETTS HOSPITALS, A PARTNERSHIP ORIGINALLY FORMED IN
2012 WHICH NOW INCLUDES THE FOLLOWING NON-PROFIT HOSPITALS AND INSURER IN
THE REGION: BAYSTATE MEDICAL CENTER, BAYSTATE FRANKLIN MEDICAL CENTER,
BAYSTATE NOBLE HOSPITAL, BAYSTATE WING HOSPITAL, COOLEY DICKINSON
HOSPITAL, MERCY MEDICAL CENTER, SHRINERS CHILDREN'S NEW ENGLAND, BERKSHIRE
HEALTH SYSTEMS, AND HEALTH NEW ENGLAND, A LOCAL HEALTH INSURER WHOSE
SERVICE AREAS COVER THE FOUR COUNTIES OF WESTERN MASSACHUSETTS.

MERCY HOSPITAL, INC.:

PART V, SECTION B, LINE 6B: MERCY HOSPITAL COLLABORATED WITH HEALTH NEW
ENGLAND, A HEALTH INSURANCE PROVIDER, IN CONDUCTING THE CHNA.

Part V Facility Information *(continued)*

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

MERCY HOSPITAL, INC.:

PART V, SECTION B, LINE 11: MERCY HOSPITAL SUPPORTED INITIATIVES TO
IMPROVE THE FOLLOWING SIGNIFICANT HEALTH NEEDS:

MENTAL HEALTH - MERCY HOSPITAL, ALONG WITH ITS FELLOW PARTNERS IN THE
COALITION OF WESTERN MASSACHUSETTS HOSPITALS CONTINUED TO CONVENE TO
ADDRESS HEALTH BEHAVIORS AND OUTCOMES IN THE COMMUNITY. THE NEED FOR
BETTER PREVENTIVE CARE FOR YOUTH MENTAL HEALTH WAS DETERMINED TO BE A
SHARED GOAL. THE COALITION CONTINUED TO PROMOTE EXPANDING THE REACH OF THE
LOCAL YOUTH MENTAL HEALTH INITIATIVES INCLUDING THE YOUNG ADULT
EMPOWERMENT COLLABORATIVE OF WESTERN MASSACHUSETTS, THE SPRINGFIELD YOUTH
MENTAL HEALTH COALITION, AND THE HAMPDEN CHIP MENTAL HEALTH AND SUBSTANCE
USE DISORDER COMMUNITY TEAM.

HOUSING AND HOMELESSNESS - HEALTH CARE FOR THE HOMELESS - FOR OVER 30
YEARS THIS ONGOING INITIATIVE IDENTIFIES AND HELPS THOSE WHO ARE HOMELESS
IN WESTERN MASSACHUSETTS. THE PROGRAM ASSESSES CLIENT NEEDS, FINDS
RESOURCES, AND PROVIDES HEALTH AND SOCIAL SERVICES. THE SUPPORT OF PRIMARY
CARE AND BEHAVIORAL HEALTH SERVICES FOR THE HOMELESS POPULATION COVERS
HAMPDEN, HAMPSHIRE, AND FRANKLIN COUNTIES. SERVICES WERE OFFERED ONSITE AT
SHELTERS, SOUP KITCHENS, JOB PLACEMENT SITES, AND TRANSITIONAL PROGRAMS.

THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) WAS LAUNCHED TO ADVANCE
COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING HEALTH AND WELL-BEING IN
COMMUNITIES SERVED BY THE MINISTRIES OF TRINITY HEALTH. THIS INNOVATIVE
FUNDING MODEL AND TECHNICAL ASSISTANCE INITIATIVE SUPPORTS COMMUNITIES

Part V Facility Information (continued)

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

USING POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE STRATEGIES TO ADVANCE

RACIAL EQUITY, ADDRESS SOCIAL NEEDS TO IMPROVE WELL-BEING AND HEALTH

EQUITY, STRENGTHEN COMMUNITY PARTNERSHIPS, AND ACCELERATE COMMUNITY HEALTH

IMPROVEMENT. THE TRINITY HEALTH OF NEW ENGLAND MINISTRY CITY OF

SPRINGFIELD, MASSACHUSETTS IS AMONG THE TEN CITIES IN THE COUNTRY TO

RECEIVE TCI GRANTS FROM TRINITY HEALTH. THE GRANTS ARE BASED ON TWO

CRITERIA: AT LEAST 40% OF THE POPULATION IN THE COMMUNITY IS BLACK OR

HISPANIC, AND THE MEDIAN EARNING FOR THE COMMUNITY IS AT OR BELOW 200% OF

THE FEDERAL POVERTY GUIDELINES.

THE TCI PRIORITY THAT THE COMMUNITY CHOSE TO ADDRESS IS HOUSING AND

HOMELESSNESS WHILE RECOGNIZING THE IMPACT THAT UNSTABLE HOUSING HAS ON THE

MENTAL HEALTH OF RESIDENTS. THE ADVISORY COMMITTEE CONTINUED TO MEET

MONTHLY AND THE DESIGN TEAM LEADING THIS WORK EXPANDED TO INCLUDE

ADDITIONAL COMMUNITY-BASED ORGANIZATIONS WITH EXPERTISE IN COLLABORATIVE

DEVELOPMENT, EVALUATION, HOUSING ADVOCACY, POLICY, AND FUNDING FOR

HOUSING. ADDITIONALLY, THE NUMBER OF RESIDENT ADVISORS WAS EXPANDED TO

INCREASE COMMUNITY VOICE. BESIDES MERCY MEDICAL CENTER, THE PARTNERS

INCLUDED: WAYFINDERS, PUBLIC HEALTH INSTITUTE OF WESTERN MASSACHUSETTS,

NEIGHBOR TO NEIGHBOR, PARTNERSHIP IN PRACTICE, SPRINGFIELD NO ONE LEAVES,

CITY OF SPRINGFIELD HOUSING DEPARTMENT, AND MASS CDC.

MERCY HOSPITAL IS COMMITTED TO ADHERING TO ITS MISSION AND REMAINING GOOD

STEWARDS OF ITS RESOURCES, SO IT CAN CONTINUE TO ENHANCE ITS CLINICAL

ACTIVITIES AND TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. IN ORDER TO

FOCUS OUR EFFORTS ON ADDRESSING MENTAL HEALTH, HOUSING, AND HOMELESSNESS,

THE FOLLOWING AREAS HAVE BEEN IDENTIFIED IN THE CHNA AS NEEDS THAT WILL

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.

NOT BE ADDRESSED: TELEHEALTH ACCESS, EDUCATIONAL ATTAINMENT, FOOD ACCESS, CLIMATE EQUITY AND EMPLOYMENT & INCOME.

MERCY HOSPITAL, INC.:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO 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

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.

PATIENTS.

MERCY HOSPITAL, INC. - 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.

THE MERCY HOSPITAL - PART V, SECTION B, LINE 7A:

WWW.TRINITYHEALTHOFNE.ORG/ABOUT-US/COMMUNITY-BENEFIT/
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

THE MERCY HOSPITAL - PART V, SECTION B, LINE 10A:

WWW.TRINITYHEALTHOFNE.ORG/ABOUT-US/COMMUNITY-BENEFIT/
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

THE MERCY HOSPITAL - PART V, SECTION B, LINE 16A:

WWW.TRINITYHEALTHOFNE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-RESOURCES/

THE MERCY HOSPITAL - PART V, SECTION B, LINE 16B:

WWW.TRINITYHEALTHOFNE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-RESOURCES/

THE MERCY HOSPITAL - PART V, SECTION B, LINE 16C:

WWW.TRINITYHEALTHOFNE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-RESOURCES/

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:

MERCY HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT
SUBMITS TO THE STATE OF MASSACHUSETTS. IN ADDITION, MERCY 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.

MERCY 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, LN 7 COL(F):

THE FOLLOWING NUMBER, \$8,311,362, 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:

MERCY 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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, MERCY HOSPITAL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, MERCY 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:

MERCY 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 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

Part VI Supplemental Information (Continuation)

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

PART III, LINE 5:

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

PART III, LINE 8:

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

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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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 - MERCY HOSPITAL ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MERCY 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

Schedule H (Form 990)

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.

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

PART VI, LINE 4:

COMMUNITY INFORMATION -

MERCY'S SERVICE AREA, WHICH INCLUDES THE 23 COMMUNITIES IN HAMPDEN COUNTY AND GRANBY, A CITY IN HAMPSHIRE COUNTY. HAMPDEN COUNTY IS HOME TO 467,871

Part VI Supplemental Information (Continuation)

RESIDENTS. SPRINGFIELD IS THE LARGEST CITY IN THE SERVICE AREA AND THE THIRD LARGEST IN MASSACHUSETTS. THREE ADJACENT CITIES (HOLYOKE, CHICOPEE, AND WEST SPRINGFIELD) JOIN SPRINGFIELD TO CREATE A DENSELY POPULATED URBAN CORE THAT HOUSES OVER HALF OF THE COUNTY POPULATION. EAST AND WEST OF THIS CENTRAL CORE ARE SMALLER COMMUNITIES, A MAJORITY WITH POPULATIONS UNDER 20,000. THE PIONEER VALLEY TRANSIT AUTHORITY, THE SECOND LARGEST PUBLIC TRANSIT SYSTEM IN THE STATE, SERVES 11 COMMUNITIES IN THE SERVICE AREA, AND CONNECTS SUBURBAN AREAS TO THE CORE CITIES AND SERVICES. SPANNING THE GEOGRAPHICALLY DIVERSE SERVICE AREA, ONE FINDS A WEALTH OF COMMUNITY-BASED ORGANIZATIONS, RESOURCES, AND COLLABORATIONS; A VIBRANT ARTS AND CULTURE SCENE; ANCHOR EDUCATION, HEALTH, AND CORPORATE INSTITUTIONS; A STRONG PHILANTHROPIC NETWORK; AND OTHER ASSETS THAT CONTRIBUTE TO THE REGION'S STATUS AS A DESTINATION TO LIVE, WORK, AND PLAY.

ACCORDING TO CENSUS ESTIMATES, THE SERVICE AREA HAS BECOME SLIGHTLY MORE DIVERSE SINCE THE LAST COMMUNITY HEALTH NEEDS ASSESSMENT. HAMPDEN COUNTY EXPERIENCED SMALL INCREASES IN THE PROPORTION OF ALL RACIAL AND ETHNIC GROUPS EXCEPT WHITE RESIDENTS, ESPECIALLY IN THE LARGER CITIES. THE SERVICE AREA POPULATION IS NOW 60% WHITE, 23% LATINX, 8% BLACK, 5% TWO OR MORE RACES, AND 3% ASIAN. THE PROPORTION OF FOREIGN-BORN RESIDENTS IN THE SERVICE AREA IS CLOSE TO 9%, HALF THE STATEWIDE PROPORTION. IN SPRINGFIELD, ONE IN TEN RESIDENTS IS FOREIGN BORN.

THE MEDIAN AGE OF THE COUNTY IS 39 YEARS AND CONTINUES TO CLOSELY MIRROR THE STATE, WHILE SPRINGFIELD REMAINS A RELATIVELY YOUNGER CITY WITH A MEDIAN AGE OF JUST OVER 33 YEARS. THE COUNTY HAS A HIGHER PROPORTION OF RESIDENTS WITH A DISABILITY (12%) THAN THE STATE OVERALL (8%), AND SPRINGFIELD'S PROPORTION OF RESIDENTS WITH A DISABILITY (16%) IS DOUBLE

Part VI Supplemental Information (Continuation)

THAT OF THE STATE.

HAMPDEN COUNTY CONTAINS SIX ACUTE CARE HOSPITAL FACILITIES. SEVERAL AREAS AND POPULATIONS IN HAMPDEN COUNTY ARE DESIGNATED AS HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA). OVER 54% PERCENT OF HAMPDEN COUNTY RESIDENTS LIVE IN A HPSA. THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION-DESIGNATED MEDICALLY UNDERSERVED AREAS AND POPULATIONS (MUA/MUP) IN HAMPDEN COUNTY ARE PRIMARILY FOUND IN SPRINGFIELD, WEST SPRINGFIELD, WESTFIELD, BLANDFORD, AND CHESTER. MUA AND MUP ARE IDENTIFIED BASED ON AVAILABILITY OF PRIMARY CARE PROVIDERS, INFANT MORTALITY RATE, POVERTY RATE, AND PROPORTION OF OLDER ADULTS.

PART VI, LINE 5:

MERCY HOSPITAL PROMOTED THE HEALTH OF THE COMMUNITY BY OFFERING THE FOLLOWING:

EMERGENCY SERVICES GRANTS - MERCY HOSPITAL SUPPORTED SALARIES FOR A COMMUNITY OUTREACH NURSE, SOCIAL SERVICES COUNSELOR, AND TWO COMMUNITY HEALTH WORKERS. SERVICES OFFERED TO "ROUGH SLEEPERS" IN SPRINGFIELD AND HAMPDEN COUNTY INCLUDED HEALTH EDUCATION AND ASSESSMENTS, SOCIAL CARE SCREENINGS, EMPLOYMENT ASSISTANCE, AND LIFE SKILLS TRAINING. REFERRALS WERE MADE ON BEHALF OF CLIENTS THAT REQUIRE MENTAL HEALTH SERVICES, SUBSTANCE ABUSE TREATMENT SERVICES, AND SHELTER.

MASSUP SPRINGFIELD - MASSUP IS A DIVERSE, PLACE-BASED COALITION THAT ADVOCATES FOR ALL SPRINGFIELD RESIDENTS TO ACCESS AND ENJOY HEALTHY FOOD. COLLABORATION MEMBERS INCLUDED MERCY MEDICAL CENTER, SPRINGFIELD FOOD POLICY COUNCIL, SQUARE ONE, OPEN PANTRY COMMUNITY SERVICES, GARDENING THE

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

COMMUNITY, AND FERTILE GROUND. RACIAL EQUITY AND RESIDENT LEADERSHIP ARE THE FOUNDATION OF THIS COALITION. EFFORTS INCLUDED: REDUCE THE SNAP/HIP GAP, STATE, AND LOCAL ADVOCACY EFFORTS TO INCREASE ACCESS TO HEALTHY AND AFFORDABLE FOODS, ENGAGE AND MOBILIZE NEIGHBORHOOD COUNCILS AND COMMITTEES ADVOCATING FOR HEALTHY FOOD CHOICES, INCREASE SUPPLY OF FRESH FOOD IN CURRENT RETAIL STORES, AND INCREASE COMMUNITY GARDENS. THE COMMUNITIES OF FOCUS WERE SPRINGFIELD'S NORTH END, SOUTH END, MASON SQUARE, DOWNTOWN AND METRO CENTRAL NEIGHBORHOODS.

IN FISCAL YEAR 2024, 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 NEW ENGLAND, WHICH INCLUDES MERCY MEDICAL CENTER, HAD A TOTAL COMMUNITY IMPACT IN FISCAL YEAR 2024 OF \$277.3 MILLION.

PART VI, LINE 6:

MERCY 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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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
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

Part VI Supplemental Information (Continuation)

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 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

Part VI Supplemental Information (Continuation)

CONNECT PATIENTS TO COMMUNITY RESOURCES THROUGH THE COMMUNITY RESOURCE DIRECTORY (CRD), COMMUNITY HEALTH WORKERS (CHW'S) AND OTHER SOCIAL CARE PROFESSIONALS. THE CRD (FINDHELP) YIELDED OVER 88,600 SEARCHES, WITH NEARLY 7,000 REFERRALS MADE AND NEARLY 400 ORGANIZATIONS ENGAGED THROUGH OUTREACH, TRAININGS, ONE-ON-ONE ENGAGEMENTS, AND COLLABORATIVES.

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

TRINITY HEALTH RECEIVED A NEW CENTER FOR DISEASE CONTROL AND PREVENTION GRANT (5-YEAR, \$12.5 MILLION AWARD) IN JUNE 2024. SINCE ITS LAUNCH, WE HAVE CREATED 21 NEW MULTI-SECTOR PARTNERSHIPS ACROSS 16 STATES TO ACCELERATE HEALTH EQUITY IN DIABETES PREVENTION. THIS PAST FISCAL YEAR, OUR HUB ENROLLED NEARLY 700 PARTICIPANTS INTO THE 12-MONTH, EVIDENCE-BASED

Part VI Supplemental Information (Continuation)

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:

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