

**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

2024

Open to Public
Inspection

Name of the organization DILEY RIDGE MEDICAL CENTER	Employer identification number 34-2032340
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy (FAP) 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 FAP 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? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <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 FAP 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 FAP 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)			536,349.		536,349.	3.27%
b Medicaid (from Worksheet 3, column a)			3893431.	3239867.	653,564.	3.98%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs			4429780.	3239867.	1189913.	7.25%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	3	10,387	699,639.	613,321.	86,318.	.53%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1		2,088.		2,088.	.01%
j Total. Other benefits	4	10,387	701,727.	613,321.	88,406.	.54%
k Total. Add lines 7d and 7j	4	10,387	5131507.	3853188.	1278319.	7.79%

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: DILEY RIDGE 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 (CHNA)		
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?		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		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	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		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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	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	X	
7 Did the hospital facility make its CHNA report widely available to the public?	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 checked="" type="checkbox"/> Other website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	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?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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: DILEY RIDGE MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>200</u> % 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?	X	
15 Explained the method for applying for financial assistance?	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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE 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, SECTION C</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)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: DILEY RIDGE MEDICAL CENTER

	Yes	No
<p>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p>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)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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 FAP?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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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: DILEY RIDGE MEDICAL CENTER

	Yes	No
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 <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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?	23	X
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?	24	X
If "Yes," explain in Section C.		

Schedule H (Form 990) 2024

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.

DILEY RIDGE MEDICAL CENTER:
PART V, SECTION B, LINE 3J: N/A

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

1. BEHAVIORAL HEALTH
2. SUBSTANCE USE TREATMENT
3. BASIC NEEDS, INCLUDING TRANSPORTATION ACCESS
4. COMMUNITY OUTREACH
5. RACIAL EQUITY
6. MATERNAL-INFANT HEALTH

DILEY RIDGE MEDICAL CENTER:
 PART V, SECTION B, LINE 5: THE FRANKLIN COUNTY CHNA WAS A COLLABORATIVE PROJECT, LED BY CENTRAL OHIO HOSPITAL COUNCIL, AND CONDUCTED BY A STEERING COMMITTEE COMPRISED OF THE FOLLOWING ORGANIZATIONS: NATIONWIDE CHILDREN'S HOSPITAL, OHIOHEALTH, THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER, MOUNT CARMEL EAST (MC EAST), MOUNT CARMEL GROVE CITY (MC GROVE CITY), MOUNT CARMEL ST ANN'S (MC ST. ANN'S), MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL (MC NEW ALBANY) AND DILEY RIDGE; COLUMBUS PUBLIC HEALTH AND FRANKLIN COUNTY PUBLIC HEALTH (WITH SPECIAL KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH); UNITED WAY OF CENTRAL OHIO (REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED, AND HOMELESS POPULATIONS); PRIMARYONE HEALTH (REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED, AND HOMELESS POPULATIONS); CENTRAL OHIO AREA AGENCY ON AGING (REPRESENTING THE SENIOR POPULATION); LIFE EXPECTANCY TASKFORCE (REPRESENTING THE SENIOR COMMUNITY); EQUITAS HEALTH (REPRESENTING LGBTQ+ POPULATIONS); VETERAN'S SERVICE COMMISSION (REPRESENTING VETERANS); OHIO DEPARTMENT OF HEALTH DISABILITY AND HEALTH PROGRAM (REPRESENTING THOSE WHO ARE DISABLED); FRANKLIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES (EXPERTISE IN FINANCIAL AND SOCIAL SERVICES); HUMAN SERVICES CHAMBER (EXPERTISE IN SOCIAL SERVICES); ETHIOPIAN TEWAHEDO SOCIAL SERVICES (REPRESENTING SOCIAL SERVICES AND NEW AMERICAN POPULATIONS); OHIO ASIAN AMERICAN HEALTH COALITION AND OHIO HISPANIC COALITION (REPRESENTING MINORITY POPULATIONS); MID-OHIO FOOD COLLECTIVE (REPRESENTING UNDERNOURISHED AND MALNOURISHED POPULATIONS); WORKFORCE DEVELOPMENT BOARD (EXPERTISE IN WORKFORCE DEVELOPMENT); EDUCATIONAL SERVICE CENTER (EXPERTISE IN EDUCATION); CENTRAL OHIO TRAUMA SYSTEM, THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH CENTER FOR PUBLIC HEALTH PRACTICE (EXPERTISE IN PUBLIC HEALTH PRACTICES); ILLUMINOLOGY, AND BRICKER AND ECKLER. THE CHNA STEERING COMMITTEE BEGAN PROVIDING INPUT IN OCTOBER 2020 AND MET PERIODICALLY TO DISCUSS DATA SETS TO INCLUDE OR OMIT, DEPENDING ON ITS NEGATIVE IMPACT TO THE HEALTH OF THE COMMUNITY. DRAFT COPIES OF THE CHNA WERE RELEASED, ALONG WITH REQUESTS FOR COMMENTS AND EDITS. PRIORITY HEALTH NEEDS WERE IDENTIFIED IN OCTOBER 2021, AND THE CHNA WAS REVIEWED FOR COMPLIANCE IN DECEMBER 2021. THE FRANKLIN COUNTY CHNA WAS PUBLICLY RELEASED ON JUNE 15, 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.

THE FAIRFIELD COUNTY CHNA WAS A COLLABORATIVE PROJECT LED BY THE FAIRFIELD COUNTY HEALTH DEPARTMENT AND FAIRFIELD MEDICAL CENTER, AND CONDUCTED BY A STEERING COMMITTEE COMPRISED OF THE FOLLOWING ORGANIZATIONS: MOUNT CARMEL HEALTH SYSTEM, ALZHEIMER'S ASSOCIATION CENTRAL OHIO CHAPTER (REPRESENTING FAMILIES AND CAREGIVERS); BALTIMORE VILLAGE (REPRESENTING SOCIAL SERVICES); BLOOM-CARROLL LOCAL SCHOOL DISTRICT (REPRESENTING YOUTH AND EDUCATION); FAIRFIELD COMMUNITY HEALTH CENTER (REPRESENTING LOW-INCOME AND MEDICALLY UNDERSERVED POPULATIONS); FAIRFIELD COUNTY 211 (REPRESENTING SOCIAL SERVICES); FAIRFIELD COUNTY ADAMH BOARD (EXPERTISE IN MENTAL HEALTH); FAIRFIELD COUNTY BOARD OF COMMISSIONERS (REPRESENTING COMMUNITY); FAIRFIELD COUNTY EMERGENCY MANAGEMENT (EXPERTISE IN EMERGENCY SERVICES); FAIRFIELD COUNTY FAMILY, ADULT AND CHILDREN FIRST COUNCIL (REPRESENTING SOCIAL SERVICES); FAIRFIELD COUNTY FOUNDATION (REPRESENTING ARTS, CHILDREN'S PROGRAMS, HEALTH AND WELLNESS, COMMUNITY DEVELOPMENT, AND ACADEMIA); FAIRFIELD COUNTY JOB AND FAMILY SERVICES (EXPERTISE IN FINANCIAL AND SOCIAL SERVICES); FAIRFIELD COUNTY HEALTH DEPARTMENT (EXPERTISE IN GOVERNMENT AND PUBLIC HEALTH); FAIRFIELD COUNTY LIBRARY (REPRESENTING EDUCATION AND COMMUNITY ENRICHMENT); FAIRFIELD COUNTY PROTECTIVE SERVICES (REPRESENTING YOUTH); FAIRFIELD MEDICAL CENTER (EXPERTISE IN CLINICAL SERVICES); JUVENILE COURT (EXPERTISE IN ASSISTING FAMILIES AND YOUTH IN CRISIS); LANCASTER CITY SCHOOLS (REPRESENTING SCHOOL-AGED POPULATION); LANCASTER-FAIRFIELD COMMUNITY ACTION AGENCY (EXPERTISE IN FINANCIAL AND SOCIAL SERVICES); MAJOR CRIMES UNIT (EXPERTISE IN PUBLIC SAFETY); MEALS ON WHEELS (REPRESENTING THE SENIOR SERVICES); NEW HORIZONS (REPRESENTING SENIORS); OHIOGUIDESTONE (EXPERTISE IN BEHAVIORAL HEALTH SERVICES); OSU EXTENSION OFFICE (EXPERTISE ON URBAN AND RURAL SOCIAL AND ECONOMIC ISSUES); PICKERINGTON LOCAL SCHOOL DISTRICT (REPRESENTING SCHOOL-AGED POPULATION); ROBERT K. FOX FAMILY YMCA (EXPERTISE IN HEALTH AND WELLNESS); SOUTHEASTERN OHIO CENTER FOR INDEPENDENT LIVING (REPRESENTING THOSE WHO ARE DISABLED); UNITED WAY (REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED, AND HOMELESS POPULATIONS); VIOLET TOWNSHIP FIRE DEPARTMENT (EXPERTISE IN SAFETY AND COMMUNITY EDUCATION); AND ILLUMINOLOGY. THE CHNA STEERING COMMITTEE BEGAN PROVIDING INPUT FEBRUARY 2022 AND MET PERIODICALLY TO DISCUSS WHICH DATA SETS TO INCLUDE OR OMIT, DEPENDING ON ITS NEGATIVE IMPACT TO THE HEALTH OF THE COMMUNITY. PRIORITY HEALTH NEEDS AND COMMUNITY ASSETS AND RESOURCES WERE IDENTIFIED IN SEPTEMBER 2022. THE FAIRFIELD COUNTY CHNA WAS PUBLICLY RELEASED IN OCTOBER 2022.

THE CHNA FOR DILEY RIDGE MEDICAL CENTER IS REFLECTIVE OF THE CHNAS FROM BOTH FRANKLIN AND FAIRFIELD COUNTIES. THE APPROVED AND ADOPTED CHNA FOR DILEY RIDGE MEDICAL CENTER WAS PUBLICLY RELEASED ON JUNE 15, 2023.

DILEY RIDGE MEDICAL CENTER:

PART V, SECTION B, LINE 6A: IN ADDITION TO DILEY RIDGE, THE OTHER HOSPITAL FACILITIES THAT PARTICIPATED IN THE FRANKLIN COUNTY CHNA WERE NATIONWIDE CHILDREN'S HOSPITAL, OHIOHEALTH, THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER, MC EAST, MC GROVE CITY, MC ST. ANN'S, AND MC NEW ALBANY.

IN ADDITION TO DILEY RIDGE, FAIRFIELD MEDICAL CENTER PARTICIPATED IN THE FAIRFIELD COUNTY 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.

DILEY RIDGE MEDICAL CENTER:

PART V, SECTION B, LINE 6B: THE COLLABORATIVE ORGANIZATIONS INVOLVED IN THE FRANKLIN COUNTY CHNA INCLUDED: ADAMH BOARD, CENTRAL OHIO AREA AGENCY ON AGING, CENTRAL OHIO HOSPITAL COUNCIL, CENTRAL OHIO TRAUMA SYSTEM, CENTER FOR PUBLIC HEALTH PRACTICE AT THE OHIO STATE UNIVERSITY, COLUMBUS PUBLIC HEALTH, EDUCATIONAL SERVICE CENTER, EQUITAS HEALTH, ETHIOPIAN TEWAHEDO SOCIAL SERVICES, FRANKLIN COUNTY DEPARTMENT OF JOBS AND FAMILY SERVICES, FRANKLIN COUNTY PUBLIC HEALTH, HUMAN SERVICES CHAMBER, LIFE EXPECTANCY TASKFORCE, MID-OHIO FOOD COLLECTIVE, MID-OHIO REGIONAL PLANNING COMMISSION, OHIO ASIAN AMERICAN HEALTH COALITION, OHIO DEPARTMENT OF HEALTH DISABILITY AND HEALTH PROGRAM, OHIO HISPANIC COALITION, PRIMARYONE HEALTH, UNITED WAY OF CENTRAL OHIO, VETERAN'S SERVICE COMMISSION, WORKFORCE DEVELOPMENT BOARD, ILLUMINOLOGY, AND BRICKER & ECKLER.

THE COLLABORATIVE ORGANIZATIONS INVOLVED IN THE FAIRFIELD COUNTY CHNA INCLUDED: FAIRFIELD DEPARTMENT OF HEALTH, ALZHEIMER'S ASSOCIATION CENTRAL OHIO CHAPTER, BALTIMORE VILLAGE, BLOOM-CARROLL LOCAL SCHOOL DISTRICT, FAIRFIELD COMMUNITY HEALTH CENTER, FAIRFIELD COUNTY 211, FAIRFIELD COUNTY ADAMH BOARD, FAIRFIELD COUNTY BOARD OF COMMISSIONERS, FAIRFIELD COUNTY BOARD OF HEALTH, FAIRFIELD COUNTY EMERGENCY MANAGEMENT, FAIRFIELD COUNTY FAMILY ADULT AND CHILDREN FIRST COUNCIL, FAIRFIELD COUNTY FOUNDATION, FAIRFIELD COUNTY JOB AND FAMILY SERVICES, FAIRFIELD COUNTY PROTECTIVE SERVICES, JUVENILE COURT, LANCASTER CITY SCHOOLS, LANCASTER-FAIRFIELD COMMUNITY ACTION AGENCY, MAJOR CRIMES UNIT, MEALS ON WHEELS, NEW HORIZONS, OHIOGUIDESTONE, OSU EXTENSION OFFICE, PICKERINGTON LOCAL SCHOOL DISTRICT, ROBERT K. FOX FAMILY YMCA, SOUTHEASTERN OHIO CENTER FOR INDEPENDENT LIVING, UNITED WAY, VIOLET TOWNSHIP FIRE DEPARTMENT, AND ILLUMINOLOGY.

DILEY RIDGE MEDICAL CENTER:

PART V, SECTION B, LINE 7D: N/A

LINE 7A - DILEY RIDGE CHNA URL:

WWW.DILEYRIDGEMEDICALCENTER.COM/COMMUNITY-HEALTH-ASSESSMENTS

LINE 7B - DILEY RIDGE CHNA URL:

WWW.MOUNTCARMELHEALTH.COM/ABOUT-US/COMMUNITY-IMPACT

LINE 10A - DILEY RIDGE IMPLEMENTATION STRATEGY URL:

WWW.DILEYRIDGEMEDICALCENTER.COM/COMMUNITY-HEALTH-ASSESSMENTS

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.

DILEY RIDGE MEDICAL CENTER:

PART V, SECTION B, LINE 11: DILEY RIDGE MEDICAL CENTER ADDRESSED THE FOLLOWING NEEDS IN FISCAL YEAR 2025 (FY25):

BASIC NEEDS WITH FOCUS ON TRANSPORTATION - IN FY25, PATIENTS WERE SCREENED FOR SOCIAL CARE NEEDS, INCLUDING TRANSPORTATION ACCESS. FOR COMMUNITY MEMBERS WITH COMPLEX SOCIAL CARE NEEDS, A COMMUNITY HEALTH WORKER (CHW)

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.

SERVED AS A LIAISON BETWEEN HEALTH AND SOCIAL SERVICES AND THE COMMUNITY, FACILITATING AND IMPLEMENTING AN INTEGRATED CARE APPROACH TO IMPROVE ACCESS, QUALITY, AND EFFICIENCY OF HEALTH CARE SERVICES. DILEY RIDGE COLLABORATED WITH FAIRFIELD COUNTY TRANSIT (THE LINK) TO HAVE A TRANSIT ROUTE TO DILEY RIDGE'S CAMPUS FOUR TIMES A DAY.

BEHAVIORAL HEALTH - DURING FY25, ALL PATIENTS SEEN AT DILEY RIDGE WERE SCREENED FOR BEHAVIORAL HEALTH NEEDS UPON TRIAGE USING THE COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS). PATIENTS WITH MODERATE OR HIGH SCORES ON THE C-SSRS SCREENING WERE REFERRED TO INTERVENTION PROGRAMS TO RECEIVE A HIGHER LEVEL OF CARE, SUCH AS THE CRIME AND TRAUMA ASSISTANCE PROGRAM (CTAP). IN FY25, CTAP IMPACTED 9,058 OHIOANS THROUGH THERAPEUTIC INTERVENTION FOR CHILD AND ADULT VICTIMS, SURVIVORS, AND CO-SURVIVORS; COMPREHENSIVE TRAINING AND CONSULTATION PROVIDED TO COMMUNITY ORGANIZATIONS AND PROVIDERS ABOUT TRAUMA-INFORMED CARE AND BEST PRACTICES; AND ATTENDANCE AT COMMUNITY OUTREACH EVENTS TO CONNECT COMMUNITY MEMBERS AND PROVIDERS TO OUR SERVICES.

DILEY RIDGE ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. FOR THAT REASON, DILEY RIDGE DID NOT ADDRESS THE FOLLOWING HEALTH NEEDS: COMMUNITY OUTREACH, SUBSTANCE USE TREATMENT, RACIAL EQUITY, AND MATERNAL-INFANT HEALTH.

COMMUNITY OUTREACH - DILEY RIDGE DID NOT ADDRESS COMMUNITY OUTREACH IN THE RECENT IMPLEMENTATION STRATEGY DUE TO LIMITED RESOURCES. HOWEVER, EMPLOYEES WERE ABLE TO PARTICIPATE IN COMMUNITY OUTREACH BY PROVIDING SUBSTANCE MISUSE AND HEALTH EDUCATION AT COMMUNITY EVENTS.

SUBSTANCE USE TREATMENT - ALTHOUGH NOT ADDRESSED IN THE RECENT IMPLEMENTATION STRATEGY, DILEY RIDGE OFFERS A VOLUNTARY INPATIENT PROGRAM FOR ADULTS SEEKING TREATMENT FOR SUBSTANCE USE DISORDERS. IN AN EFFORT TO DECREASE OPIATE DEATH RATES IN CENTRAL OHIO, THE EMERGENCY DEPARTMENT DISTRIBUTES NALOXONE KITS CONTAINING MEDICATION TO REVERSE OPIOID OVERDOSES.

RACIAL EQUITY - WHILE NOT ADDRESSED IN THE IMPLEMENTATION STRATEGY, DILEY RIDGE IS PART OF A HEALTH CARE SYSTEM WORKING WITH COMMUNITY ORGANIZATIONS TO ACHIEVE THE COMMON GOOD AND IMPROVE HEALTH BY PROVIDING EQUITABLE ACCESS TO HEALTH AND SOCIAL CARE.

MATERNAL-INFANT HEALTH - DILEY RIDGE DID NOT ADDRESS MATERNAL AND INFANT HEALTH BECAUSE THIS SERVICE LINE IS NOT OFFERED AT THIS FACILITY BUT IS OFFERED AT MOUNT CARMEL HEALTH SYSTEM BIRTHING HOSPITALS. COMMUNITY ASSETS LISTED ON PAGE 130 OF DILEY RIDGE'S CHNA ADDRESSES THIS PRIORITY HEALTH NEED.

DILEY RIDGE 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

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.

INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY DISADVANTAGED PATIENTS, A THIRD-PARTY MAY BE UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED PATIENTS.

PART V, SECTION B, LINE 16A

FAP WEBSITE:

**WWW.MOUNTCARMELHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/
FINANCIAL-ASSISTANCE/FINANCIAL-ASSISTANCE-POLICY**

PART V, SECTION B, LINE 16B

FAP APPLICATION WEBSITE:

**WWW.MOUNTCARMELHEALTH.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/
FINANCIAL-ASSISTANCE/FINANCIAL-ASSISTANCE-POLICY**

PART V, SECTION B, LINE 16C

FAP PLAIN LANGUAGE SUMMARY WEBSITE:

**WWW.MOUNTCARMELHEALTH.COM/FOR-PATIENTS/
BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE/FINANCIAL-ASSISTANCE-POLICY**

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 FAP.
- 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:

DILEY RIDGE 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.

DILEY RIDGE 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. DILEY RIDGE ALSO SUBMITS THE COMMUNITY HEALTH NEEDS ASSESSMENT AND PLAN WITH THE OHIO DEPARTMENT OF HEALTH EVERY THIRD YEAR IN ACCORDANCE WITH STATE OF OHIO REQUIREMENTS.

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 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, \$4,506,566, 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

Part VI Supplemental Information (Continuation)

ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:

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

PART III, LINE 4:

DILEY RIDGE 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 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 Supplemental Information (Continuation)

PART VI, LINE 5 FOR MORE INFORMATION.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 26, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

NEEDS ASSESSMENT - DILEY RIDGE 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 - DILEY RIDGE COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS OFFERED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HEALTH CARE BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY FOR FINANCIAL SUPPORT PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

DILEY RIDGE 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

Part VI Supplemental Information (Continuation)

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 - DILEY RIDGE IS IN A RAPIDLY GROWING SECTION OF NORTHERN FAIRFIELD COUNTY. FAIRFIELD COUNTY HAD A POPULATION OF 158,921 IN 2021, COMPRISED OF 86.0% WHITE, 9.2% AFRICAN AMERICAN, 2.3% TWO OR MORE RACES, 2.1% ASIAN, AND 0.4% OTHER. THE MEDIAN HOUSEHOLD INCOME WAS \$74,987. A HIGH PERCENTAGE OF THE ADULTS ARE HIGH SCHOOL GRADUATES (93.7%) AND 29.4% HAVE A BACHELOR'S DEGREE OR HIGHER. IN FAIRFIELD COUNTY, 7.5% OF FAMILIES LIVE BELOW THE FEDERAL POVERTY LEVEL AND 9.5% OF HOUSEHOLDS ARE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) HOUSEHOLDS.

DILEY RIDGE SERVES PATIENTS FROM ADJACENT FRANKLIN COUNTY, WHERE OHIO'S LARGEST CITY, COLUMBUS, IS LOCATED. FRANKLIN COUNTY HAS 1.3 MILLION PEOPLE, COMPRISED OF 65.2% WHITE, 23.1% AFRICAN AMERICAN, 5.4% ASIAN, 3.7% TWO OR MORE RACES, AND 2.5% OTHER. IN FRANKLIN COUNTY, 53.2% OF FAMILIES WITH AT LEAST ONE CHILD UNDER THE AGE OF 18 ARE SNAP HOUSEHOLDS AND 54.5% OF HOUSEHOLDS LIVE BELOW 100% OF THE FEDERAL POVERTY LEVEL.

CENTRAL OHIO FEATURES A DIVERSE EMPLOYER BASE, INCLUDING MANUFACTURING, TRADE, EDUCATION, SERVICE, FINANCE, AND AGRICULTURE. THE LEADING INDUSTRIES IN FAIRFIELD COUNTY ARE EDUCATION AND HEALTH SERVICES, MANUFACTURING, PROFESSIONAL AND BUSINESS SERVICES, AND CONSTRUCTION. THERE IS ONE OTHER REGISTERED HOSPITAL IN THE AREA AND ONE INCOME-BASED CLINIC.

PART VI, LINE 5:

OTHER INFORMATION - DILEY RIDGE'S LEADERSHIP SERVE ON BOARDS FOR COMMUNITY AGENCIES AND SERVICE ORGANIZATIONS. DILEY RIDGE MAINTAINS AN OPEN MEDICAL STAFF, MEANING MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS. ALL SURPLUS REVENUES ARE REINVESTED INTO SUPPORTING THE HOSPITAL'S HEALTH CARE MINISTRY.

THE NEARLY 50,000-SQUARE-FOOT MEDICAL OFFICE BUILDING IS HOME TO BOTH PRIMARY CARE AND SPECIALTY PHYSICIANS AND IS SEAMLESSLY INTEGRATED AND CONNECTED TO THE EMERGENCY CENTER BY AN ENCLOSED WALKWAY. THE BUILDING ALSO INCLUDES A NATIONWIDE CHILDREN'S HOSPITAL CLOSE TO HOME CENTER, PROVIDING PEDIATRIC URGENT CARE, LABORATORY, AND RADIOLOGY SERVICES.

IN FY25, 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 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.

IN FY25, THE COMMUNITY IMPACT FOR MOUNT CARMEL HEALTH SYSTEM, INCLUDING DILEY RIDGE, TOTALED \$282.5 MILLION.

Part VI Supplemental Information (Continuation)

PART VI, LINE 6:

DILEY RIDGE MEDICAL CENTER 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 CLINICAL AND SOCIAL CARE.

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) AND IMPLEMENTATION STRATEGIES WITH INTENTIONAL FOCUS ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. TO FURTHER OUR COMMITMENT TO ACHIEVING HEALTH EQUITY AND THE COMMON GOOD, THE CHNA AND IMPLEMENTATION STRATEGIES FOSTER COLLECTIVE ACTION TO EQUITABLY ALLOCATE RESOURCES FROM THE HOSPITAL AND OTHER SOURCES TO ADDRESS THESE NEEDS IN COMMUNITIES MOST IMPACTED.

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 2025 (FY25), TRINITY HEALTH CONTRIBUTED NEARLY \$1.4 BILLION IN IRS-DEFINED 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 \$1.5 BILLION IN PROGRAMS AND INITIATIVES THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.9 BILLION IN FY25.

TRINITY HEALTH'S COMMUNITY INVESTING PROGRAM FINISHED FY25 WITH MORE THAN \$68 MILLION COMMITTED TO BUILDING VITAL COMMUNITY RESOURCES. THESE FUNDS, IN COLLABORATION WITH 30 PARTNERS, WERE PAIRED WITH OTHER RESOURCES TO GENERATE MORE THAN \$1.1 BILLION IN INVESTMENTS THAT SERVED COMMUNITIES WITHIN TRINITY HEALTH'S SERVICE AREAS. BETWEEN 2018 AND APRIL 2025, THESE INVESTMENTS HAVE BEEN INSTRUMENTAL IN CREATING MUCH-NEEDED COMMUNITY RESOURCES FOR THE PEOPLE THAT WE SERVE, NOTABLY:

- SUPPORTED THE CREATION OF 15,700 UNITS OF AFFORDABLE HOUSING OVER THE LAST EIGHT YEARS (INCLUDING APPROXIMATELY 380 SUPPORTIVE HOUSING BEDS).
- CREATED OR RETAINED AT LEAST 1,300 CHILDCARE SLOTS; 7,600 K-HIGH SCHOOL EDUCATION SLOTS; AND 2,400 EARLY CHILDHOOD EDUCATION SLOTS.
- DEVELOPED AT LEAST 9.3 MILLION SQUARE FEET OF GENERAL REAL ESTATE OVER THE LAST EIGHT YEARS.
- SINCE 2014, 920 STUDENTS HAVE RECEIVED \$2.65 MILLION IN SCHOLARSHIPS THROUGH THE FRESNO STATE AND BOISE STATE SCHOLARSHIPS FUNDS.
- APPROXIMATELY 12,900 FULL- AND PART-TIME POSITIONS HAVE BEEN EITHER CREATED OR MAINTAINED THROUGH PARTNER LENDING.

IN FY25, OVER ONE MILLION PATIENTS SYSTEM-WIDE WERE SCREENED FOR HEALTH-RELATED SOCIAL NEEDS AT THEIR DOCTOR'S OFFICE. OF THOSE SCREENED, 27.4% IDENTIFIED AT LEAST ONE NEED AND MOST OFTEN IDENTIFIED FOOD ACCESS, FINANCIAL INSECURITY AND SOCIAL ISOLATION. AN ADDITIONAL 137,000 PATIENTS WERE SCREENED FOR SOCIAL NEEDS DURING AN IN-PATIENT HOSPITAL STAY WHERE TOP NEEDS INCLUDED FOOD ACCESS, TRANSPORTATION AND HOUSING.

TRINITY HEALTH'S ELECTRONIC HEALTH RECORD (EPIC) INCLUDES A STANDARD

Part VI Supplemental Information (Continuation)

SCREENING TOOL FOR PATIENT SOCIAL NEEDS, AND AN INTEGRATED COMMUNITY RESOURCE DIRECTORY THROUGH FINDHELP TO CONNECT PATIENTS TO FREE AND REDUCED COST SUPPORT PROGRAMS. THE COMMUNITY RESOURCE DIRECTORY YIELDED OVER 118,000 SEARCHES, AN INCREASE OF 34% OVER THE PRIOR YEAR. TOP SEARCHES INCLUDED HOUSING, FOOD ACCESS AND HEALTH CARE.

BY COMBINING THEIR LIVED EXPERIENCE AND CONNECTIONS TO THE COMMUNITY WITH EFFECTIVE TRAINING AND INCLUSION IN THE CARE TEAM, COMMUNITY HEALTH WORKERS (CHW) PROVIDE PATIENT-CENTERED AND CULTURALLY RESPONSIVE INTERVENTIONS. CHW'S HAVE MANY COMPETENCIES, INCLUDING PATIENT OUTREACH AND ENGAGEMENT, CONDUCTING ASSESSMENTS, RESOURCE CONNECTION, HEALTH AND SOCIAL SERVICES SYSTEM NAVIGATION, GOAL-SETTING AND PROBLEM-SOLVING THROUGH ONGOING EDUCATION, ADVOCACY AND SUPPORT. IN FY25, TRINITY HEALTH'S 162 CHW'S SUCCESSFULLY ADDRESSED OVER 16,300 SOCIAL NEEDS. ONE SOCIAL NEED (SUCH AS ADDRESSING HOUSING OR FOOD NEEDS) CAN OFTEN TAKE MONTHS, OR EVEN A YEAR TO RESOLVE.

WITH FUNDING THROUGH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, TRINITY HEALTH WORKED WITH 23 PARTNERS AND 47 CERTIFIED LIFESTYLE COACHES NATIONWIDE TO DELIVER THE NATIONAL DIABETES PREVENTION PROGRAM, AN EVIDENCE-BASED, 12-MONTH LIFESTYLE CHANGE PROGRAM. THE GOAL OF THE PROGRAM IS TO LOSE A PERCENTAGE OF BASELINE WEIGHT, ATTEND SESSIONS REGULARLY, AND ENGAGE IN 150 MINUTES OF PHYSICAL ACTIVITY A WEEK. GROUP SESSIONS ARE FACILITATED BY A CDC CERTIFIED LIFESTYLE COACH AND OFFERED IN-PERSON, REMOTELY, OR VIRTUALLY AT A SELF-PACED RATE. ALL PARTICIPANTS ARE REGULARLY SCREENED FOR HEALTH-RELATED SOCIAL NEEDS AND ARE REFERRED TO A CHW TO ADDRESS IDENTIFIED NEEDS. IN FY25, TRINITY HEALTH CONDUCTED FOCUSED OUTREACH WITH NEARLY 165,000 ELIGIBLE PARTICIPANTS AND ENROLLED 1,074 PARTICIPANTS INTO THE LIFESTYLE CHANGE PROGRAM.

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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