

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

Open to Public  
Inspection

<b>Name of the organization</b> MOUNT CARMEL HEALTH SYSTEM	<b>Employer identification number</b> 31-1439334
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> 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 type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</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 type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> 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.		
<b>4</b> 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"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
<b>c</b> 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?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial assistance at cost (from Worksheet 1)			27741889.		27741889.	1.98%
<b>b</b> Medicaid (from Worksheet 3, column a)			225843541	160237277	65606264.	4.68%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial assistance and means-tested government programs			253585430	160237277	93348153.	6.66%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	22	155,426	7788512.	2799289.	4989223.	.36%
<b>f</b> Health professions education (from Worksheet 5)	3	4,182	25507859.	9515999.	15991860.	1.14%
<b>g</b> Subsidized health services (from Worksheet 6)	1	13,445	50935319.	45546382.	5388937.	.38%
<b>h</b> Research (from Worksheet 7)	1	5,127	643,372.		643,372.	.05%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	7	120	873,970.		873,970.	.06%
<b>j Total.</b> Other benefits	34	178,300	85749032.	57861670.	27887362.	1.99%
<b>k Total.</b> Add lines 7d and 7j	34	178,300	339334462	218098947	121235515	8.65%

**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	1		22,310.		22,310.	.00%
3 Community support	1	139	38,170.		38,170.	.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
<b>10 Total</b>	<b>2</b>	<b>139</b>	<b>60,480.</b>		<b>60,480.</b>	<b>.00%</b>

**Part III Bad Debt, Medicare, & Collection Practices**

**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 44,939,700.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. 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) .....	5 161,498,642.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6 192,506,741.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7 -31,008,099.
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)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ST ANN'S MEDICAL OFFICE BUILDING II LIMITED PARTNERSHIP	MEDICAL OFFICE BLDG.	48.95%		51.05%
2 MCE MOB IV LIMITED PARTNERSHIP	MEDICAL OFFICE BLDG.	51.30%		48.70%
3 TAYLOR STATION SURGICAL CENTER	AMBULATORY SURGERY CENTER	40.00%		60.00%
4 COLUMBUS CYBERKNIFE	ROBOTIC CANCER TREATMENT	35.00%		15.00%
5 NEW ALBANY SURGERY CENTER	AMBULATORY SURGERY CENTER	23.74%		76.26%
6 BIG RUN MOB LIMITED PARTNERSHIP	MEDICAL OFFICE BLDG.	76.92%		23.08%





**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: FACILITY REPORTING GROUP - A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2, 3, 4

	Yes	No
<b>Community Health Needs Assessment (CHNA)</b>		
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>24</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 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 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>24</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: FACILITY REPORTING GROUP - A

	Yes	No
Did the hospital facility have in place during the tax year a written FAP that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b>	<b>X</b>
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <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>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b>	<b>X</b>
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b>	<b>X</b>
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):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b>	<b>X</b>
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>b</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>		
<b>c</b> <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>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <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)		
<b>f</b> <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)		
<b>g</b> <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		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <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		
<b>j</b> <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: FACILITY REPORTING GROUP - A

	Yes	No
<p><b>17</b> 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>	<b>X</b>	
<p><b>18</b> 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><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <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><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><b>19</b> 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><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <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><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p>		<b>X</b>
<p><b>20</b> 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><b>a</b> <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>b</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><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

<p><b>21</b> 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><b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Section C)</p>	<b>X</b>	
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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: FACILITY REPORTING GROUP - A

	Yes	No
<b>22</b> 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:		
<b>a</b> <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>b</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		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> 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.	<b>23</b>	<b>X</b>
<b>24</b> 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.	<b>24</b>	<b>X</b>

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.

**SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A FACILITY REPORTING GROUP A CONSISTS OF:**

- FACILITY 1: MOUNT CARMEL EAST
- FACILITY 2: MOUNT CARMEL ST. ANN'S
- FACILITY 3: MOUNT CARMEL NEW ALBANY SURGICAL HOSP.
- FACILITY 4: MOUNT CARMEL DUBLIN

GROUP A-FACILITY 1 -- MOUNT CARMEL EAST  
PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E: MOUNT CARMEL HEALTH SYSTEM (MOUNT CARMEL) INCLUDED IN ITS FISCAL YEAR 2025 (FY25) 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. SOCIAL DRIVERS OF HEALTH (WITH A FOCUS ON HOUSING)
2. MENTAL HEALTH
3. ADVERSE CHILDHOOD EXPERIENCES
4. MATERNAL AND INFANT HEALTH
5. VIOLENCE AND INJURY-RELATED DEATHS

GROUP A-FACILITY 1 -- MOUNT CARMEL EAST

PART V, SECTION B, LINE 5: THE CHNA STEERING COMMITTEE FIRST MET ON JANUARY 17, 2024, VIA ZOOM TO LEARN ABOUT THE PROCESS AND HOW THEIR EXPERIENCE AND INVOLVEMENT ARE NEEDED FOR A SUCCESSFUL REPORT. THE STEERING COMMITTEE GATHERED IN PERSON ON JANUARY 31, 2024, TO DISCUSS EMERGING HEALTH ISSUES AND WHAT A HEALTHY FRANKLIN COUNTY LOOKS LIKE TO THEM. THE EXECUTIVE COMMITTEE IDENTIFIED INDICATORS WERE AVAILABLE VIA PRIMARY AND SECONDARY SOURCES. QUALITATIVE PRIMARY DATA WAS OBTAINED IN ELEVEN 90-MINUTES FOCUS GROUPS HELD MAY 13 THROUGH JULY 26, 2024. THE STEERING COMMITTEE MEMBERS RECEIVED A DRAFT OF THE DOCUMENT ON OCTOBER 22 AND MET ON OCTOBER 31 TO IDENTIFY POTENTIAL PRIORITY HEALTH NEEDS. ON DECEMBER 19, THE STEERING COMMITTEE RECEIVED AN ONLINE SURVEY THAT WOULD THEN IDENTIFY THE FINAL PRIORITY HEALTH NEEDS FROM THE CHNA. IN DECEMBER, COMMUNITY ASSETS AND RESOURCES WERE IDENTIFIED, PLUS A COMPLIANCE REVIEW WAS CONDUCTED. THE CHNA WAS PUBLICLY RELEASED BY MOUNT CARMEL ON JUNE 16, 2025.

THE FRANKLIN COUNTY CHNA WAS A COLLABORATIVE PROJECT, LED BY CENTRAL OHIO HOSPITAL COUNCIL (HOSPITAL/MEDICAL EXPERTISE), 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 DUBLIN (MC DUBLIN), 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 MEDICAL CENTER; COLUMBUS PUBLIC HEALTH AND FRANKLIN COUNTY PUBLIC HEALTH (WITH SPECIAL KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH); CITY OF COLUMBUS (LOCAL GOVERNMENT); ADAMH BOARD (EXPERTISE IN MENTAL HEALTH); B.R.E.A.D. ORGANIZATION (REPRESENTING FAITH COMMUNITIES); COLUMBUS CITY SCHOOLS (EXPERTISE IN CHILDREN'S EDUCATION AND DEVELOPMENT); COMMUNITY SHELTER BOARD (REPRESENTING HOUSING INSECURE COMMUNITY); DIRECTIONS FOR

**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.

YOUTH AND FAMILIES (EXPERTISE IN MENTAL HEALTH); EDUCATIONAL SERVICE CENTER (EXPERTISE IN EDUCATION); EQUITAS HEALTH (REPRESENTING LGBTQ+ COMMUNITY); ETHIOPIAN TEWAHEDO SOCIAL SERVICES (SOCIAL SERVICES EXPERTISE AND REPRESENTING NEW AMERICAN COMMUNITIES); FRANKLIN COUNTY CORONER (HOSPITAL/MEDICAL EXPERTISE); FRANKLIN COUNTY OFFICE ON AGING (REPRESENTING SENIOR COMMUNITY); FUTURE READY FIVE (EXPERTISE IN EDUCATION); HEALTH IMPACT OHIO (EXPERTISE IN PUBLIC HEALTH); HUMAN SERVICES CHAMBER (EXPERTISE IN SOCIAL SERVICES); MID-OHIO FOOD COLLECTIVE (REPRESENTING FOOD-INSECURE COMMUNITY); MID-OHIO REGIONAL PLANNING COMMISSION (EXPERTISE IN TRANSPORTATION AND DATA); OHIO ASSOCIATION OF COMMUNITY HEALTH CENTERS (MEDICAL EXPERTISE); OHIO DEPARTMENT OF HEALTH DISABILITY AND HEALTH PROGRAM (REPRESENTING THE DISABLED COMMUNITY); OSU EXTENSION - THE OHIO STATE UNIVERSITY (EXPERTISE ON EDUCATION AND RURAL COMMUNITIES); UNITED WAY OF CENTRAL OHIO (REPRESENTING LOW-INCOME AND MEDICALLY UNDERSERVED COMMUNITIES); WORKFORCE DEVELOPMENT BOARD (EXPERTISE IN WORKFORCE DEVELOPMENT); THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH CENTER FOR PUBLIC HEALTH PRACTICE (EXPERTISE IN PUBLIC HEALTH PRACTICES); ILLUMINOLOGY, AND INCOMPLIANCE, AN AFFILIATE LAW FIRM OF BRICKER GRAYDON LLP.

GROUP A-FACILITY 1 -- MOUNT CARMEL EAST

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITIES INVOLVED IN CONDUCTING THE FRANKLIN COUNTY CHNA INCLUDED MOUNT CARMEL HEALTH SYSTEM (MC DUBLIN, MC EAST (INCLUDING MC GROVE CITY, WHICH IS UNDER THE MC EAST HOSPITAL LICENSE), MC ST. ANN'S, MC NEW ALBANY, AND DILEY RIDGE MEDICAL CENTER), NATIONWIDE CHILDREN'S HOSPITAL, OHIOHEALTH (OH DOCTORS HOSPITAL, OH DUBLIN METHODIST HOSPITAL, OH GRANT MEDICAL CENTER, OH GROVE CITY METHODIST HOSPITAL, AND OH RIVERSIDE METHODIST HOSPITAL), OSU WEXNER MEDICAL CENTER (UNIVERSITY HOSPITAL MAIN CAMPUS, UNIVERSITY HOSPITAL EAST, AND THE JAMES CANCER HOSPITAL AND SOLOVE RESEARCH INSTITUTE).

GROUP A-FACILITY 1 -- MOUNT CARMEL EAST

PART V, SECTION B, LINE 6B: THE COLLABORATIVE ORGANIZATIONS INVOLVED IN THE FRANKLIN COUNTY CHNA INCLUDED: ADAMH BOARD, B.R.E.A.D. ORGANIZATION, CENTRAL OHIO HOSPITAL COUNCIL, CENTER FOR PUBLIC HEALTH PRACTICE AT THE OHIO STATE UNIVERSITY, CITY OF COLUMBUS, COLUMBUS CITY SCHOOLS, COLUMBUS PUBLIC HEALTH, COMMUNITY SHELTER BOARD, DIRECTIONS FOR YOUTH AND FAMILIES, EDUCATIONAL SERVICE CENTER, EQUITAS HEALTH, ETHIOPIAN TEWAHEDO SOCIAL SERVICES, FRANKLIN COUNTY CORONER, FRANKLIN COUNTY OFFICE ON AGING, FRANKLIN COUNTY PUBLIC HEALTH, FUTURE READY FIVE, HEALTH IMPACT OHIO, HUMAN SERVICES CHAMBER, MID-OHIO FOOD COLLECTIVE, MID-OHIO REGIONAL PLANNING COMMISSION, OHIO ASSOCIATION OF COMMUNITY HEALTH CENTERS, OHIO DEPARTMENT OF HEALTH DISABILITY AND HEALTH PROGRAM, OSU EXTENSION - THE OHIO STATE UNIVERSITY, UNITED WAY OF CENTRAL OHIO, AND WORKFORCE DEVELOPMENT BOARD.

GROUP A-FACILITY 1 -- MOUNT CARMEL EAST

PART V, SECTION B, LINE 11: SOCIAL DRIVERS OF HEALTH (WITH A FOCUS ON HOUSING) - MOUNT CARMEL HEALTH SYSTEM (MCHS), COMPRISED OF MC DUBLIN, MC EAST, MC GROVE CITY, MC ST. ANN'S, AND MC NEW ALBANY, ADDRESSED THE SOCIAL DRIVERS OF HEALTH, INCLUDING HOUSING, IN FY25. PATIENTS WERE SCREENED FOR SOCIAL CARE NEEDS, AND FOR COMMUNITY MEMBERS HAVING COMPLEX SOCIAL CARE NEEDS, A COMMUNITY HEALTH WORKER (CHW) SERVED AS A LIAISON BETWEEN HEALTH AND SOCIAL SERVICES AND THE COMMUNITY, FACILITATING AN INTEGRATED CARE

**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.

**APPROACH TO IMPROVE ACCESS, QUALITY, AND EFFICIENCY OF HEALTH CARE SERVICES.**

**QUALIFYING INDIVIDUALS EXPERIENCING STREET HOMELESSNESS WERE IDENTIFIED AND REFERRED TO A HOUSING ADVOCATE WHO HELPED THEM GAIN STABLE HOUSING THROUGH COMMUNITY PARTNERSHIPS.**

**COMMUNITY MEMBERS WERE ASSISTED WITH COOKING BUDGET-FRIENDLY, HEALTHY MEALS AT THE HEALTHY LIVING CENTER. VIRTUAL COOKING CLASSES WERE AVAILABLE TO THOSE WITH BARRIERS TO ACCESSING IN-PERSON CLASSES.**

**MATERNAL-INFANT HEALTH - MOUNT CARMEL'S BIRTHING HOSPITALS (MC EAST, MC GROVE CITY, AND MC ST. ANN'S) CONTINUED THEIR PARTICIPATION IN A COUNTYWIDE INITIATIVE TO ADDRESS MATERNAL AND INFANT HEALTH AND LOWER INFANT MORTALITY RATES. PRIOR TO DISCHARGE, WOMEN AND FAMILIES ARE SHOWN A VIDEO HIGHLIGHTING THE IMPORTANCE OF INFANT SAFE-SLEEP PRACTICES, BREASTFEEDING, AND STRATEGIES TO STAY CALM WHEN BABIES CRY TO REDUCE SHAKEN BABY SYNDROME. MOUNT CARMEL'S WELCOME HOME PROGRAM PROVIDES HOME VISITS TO MOM AND BABY AT LEAST 30 DAYS POST-DISCHARGE TO ASSESS THEIR HEALTH, WITH ADDITIONAL VISITS BEING OFFERED IF NEEDED. EXPECTANT AND PARENTING MOTHERS WHO ARE HIGH-RISK OR AFRICAN AMERICAN AND RESIDING IN A SPECIFIC COLUMBUS ZIP CODE HAVE THE OPTION TO ENROLL IN THE HEALTHY FAMILIES AMERICA HELP ME GROW PROGRAM (HELP ME GROW). HELP ME GROW PROVIDES MULTIPLE HOME VISITS EACH MONTH, DURING AND AFTER PREGNANCY, TO INCREASE POSITIVE HEALTH OUTCOMES FOR MOM AND BABY. REMOVING BARRIERS FOR LOW-INCOME MOTHERS TO RECEIVE OBSTETRICAL CARE, AND PROMOTING HEALTHY PREGNANCY BY PROVIDING GLUCOMETERS, TEST STRIPS, PACK 'N PLAYS, AND CAR SEATS FOR QUALIFYING LOW-INCOME FAMILIES, WERE OTHER SERVICES MOUNT CARMEL BIRTHING HOSPITALS PROVIDED TO THE COMMUNITY IN FY25. IMPROVING MATERNAL HEALTH BY ADDRESSING SOCIAL CONDITIONS, SUCH AS HOUSING, BENEFITS, AND JOB-RELATED ISSUES, ALL OF WHICH COULD RESULT IN A NEGATIVE PREGNANCY OUTCOME, WERE OTHER COUNTYWIDE INITIATIVES OFFERED BY MOUNT CARMEL.**

**MOUNT CARMEL 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. MCHS DID NOT DIRECTLY ADDRESS THE FOLLOWING HEALTH NEEDS IN FY25:**

**MENTAL HEALTH - MOUNT CARMEL HOSPITALS DID NOT ADDRESS MENTAL HEALTH BUT DID COLLABORATE WITH OTHER HOSPITAL SYSTEMS FOR THE RAPID RESPONSE EMERGENCY ADDICTION AND CRISIS TEAM (RREACT) TO TREAT AND REFER PATIENTS PRESENTING IN THE EMERGENCY DEPARTMENT FOR OPIATE OVERDOSES. IN COLLABORATION WITH CENTRAL OHIO HOSPITAL COUNCIL, MOUNT CARMEL WORKED WITH OTHER LOCAL ADULT HEALTH SYSTEMS ON A QUALITY IMPROVEMENT INITIATIVE THAT DECREASED THE NUMBER OF OPIATE PRESCRIPTIONS WRITTEN FOR OUTPATIENT DIGESTIVE SURGERIES. CHW'S, PEER SUPPORTERS, COMMUNITY PARTNERS, AND MCHS HELPED INDIVIDUALS RECEIVE ASSISTANCE IN OBTAINING TREATMENT FOR SUBSTANCE MISUSE, DETOXIFICATION, AND HOUSING. MOUNT CARMEL EMERGENCY DEPARTMENTS DISTRIBUTED OVER 187 NALOXONE KITS CONTAINING MEDICATION TO REVERSE OPIOID OVERDOSES. ALL MOUNT CARMEL HOSPITALS HAVE AN EMERGENCY DEPARTMENT EXCEPT MC NEW ALBANY, WHICH DOES NOT PROVIDE CARE FOR EMERGENCY MEDICAL CONDITIONS. COMMUNITY PARTNERS ADDRESSING THIS PRIORITY HEALTH NEED ARE LISTED ON PAGE 185 OF MOUNT CARMEL'S 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.

ADVERSE CHILDHOOD EXPERIENCES - MOUNT CARMEL HOSPITALS DID NOT ADDRESS ADVERSE CHILDHOOD EXPERIENCES DUE TO RESOURCE LIMITATIONS. COMMUNITY PARTNERS ADDRESSING THIS PRIORITY HEALTH NEED ARE LISTED ON PAGE 185 OF MOUNT CARMEL'S CHNA.

VIOLENCE AND INJURY-RELATED DEATHS - MOUNT CARMEL HOSPITALS DID NOT ADDRESS VIOLENCE AND INJURY-RELATED DEATHS DUE TO RESOURCE LIMITATIONS. COMMUNITY PARTNERS ADDRESSING THIS PRIORITY HEALTH NEED ARE LISTED ON PAGE 185 OF MOUNT CARMEL'S CHNA.

MATERNAL-INFANT HEALTH - MC NEW ALBANY AND MC DUBLIN DID NOT ADDRESS MATERNAL AND INFANT HEALTH BECAUSE THIS SERVICE LINE IS NOT OFFERED AT THESE FACILITIES; OTHER MOUNT CARMEL HOSPITALS AND COMMUNITY PARTNERS (LISTED ON PAGE 185 OF MOUNT CARMEL'S CHNA) ARE ADDRESSING THIS PRIORITY HEALTH NEED.

GROUP A-FACILITY 1 -- MOUNT CARMEL EAST  
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 PATIENTS.

GROUP A-FACILITY 2 -- MOUNT CARMEL ST. ANN'S  
PART V, SECTION B, LINE 3J: LINE 3E: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- MOUNT CARMEL ST. ANN'S  
PART V, SECTION B, LINE 5: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- MOUNT CARMEL ST. ANN'S  
PART V, SECTION B, LINE 6A: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- MOUNT CARMEL ST. ANN'S  
PART V, SECTION B, LINE 6B: SEE FACILITY 1 EXPLANATION.

**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.

GROUP A-FACILITY 2 -- MOUNT CARMEL ST. ANN'S  
PART V, SECTION B, LINE 11: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- MOUNT CARMEL ST. ANN'S  
PART V, SECTION B, LINE 13H: LINE 3E: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 3 -- MOUNT CARMEL NEW ALBANY SURGICAL HOSP.  
PART V, SECTION B, LINE 3J: LINE 3E: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 3 -- MOUNT CARMEL NEW ALBANY SURGICAL HOSP.  
PART V, SECTION B, LINE 5: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 3 -- MOUNT CARMEL NEW ALBANY SURGICAL HOSP.  
PART V, SECTION B, LINE 6A: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 3 -- MOUNT CARMEL NEW ALBANY SURGICAL HOSP.  
PART V, SECTION B, LINE 6B: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 3 -- MOUNT CARMEL NEW ALBANY SURGICAL HOSP.  
PART V, SECTION B, LINE 11: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 3 -- MOUNT CARMEL NEW ALBANY SURGICAL HOSP.  
PART V, SECTION B, LINE 13H: LINE 3E: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 4 -- MOUNT CARMEL DUBLIN  
PART V, SECTION B, LINE 3J: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 4 -- MOUNT CARMEL DUBLIN  
PART V, SECTION B, LINE 5: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 4 -- MOUNT CARMEL DUBLIN  
PART V, SECTION B, LINE 6A: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 4 -- MOUNT CARMEL DUBLIN  
PART V, SECTION B, LINE 6B: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 4 -- MOUNT CARMEL DUBLIN  
PART V, SECTION B, LINE 11: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 4 -- MOUNT CARMEL DUBLIN  
PART V, SECTION B, LINE 13H: LINE 3E: SEE FACILITY 1 EXPLANATION.

PART V, SECTION B, LINE 9:  
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

PART V, SECTION B, LINE 7A:  
CHNA URL: [WWW.MOUNTCARMELHEALTH.COM/ABOUT-US/COMMUNITY-IMPACT](http://WWW.MOUNTCARMELHEALTH.COM/ABOUT-US/COMMUNITY-IMPACT)

PART V, SECTION B, LINE 10A:  
IMPLEMENTATION STRATEGY URL:

**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.

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

PART V, SECTION B, LINE 16A - C:

FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY:

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

**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 42

Name and address	Type of facility (describe)
1 MOUNT CARMEL CARDIAC REHABILITATION A 444 N. CLEVELAND AVE, SUITE 310 COLUMBUS, OH 43082	CARDIAC REHABILITATION AND PHYSICAL THERAPY
2 MOUNT CARMEL CARDIAC & PULMONARY REHA 150 TAYLOR STATION ROAD, SUITE 350 COLUMBUS, OH 43213	CARDIAC AND PULMONARY REHABILITATION
3 MOUNT CARMEL LAB 150 TAYLOR STATION ROAD, SUITE 130 COLUMBUS, OH 43213	OUTPATIENT LAB DRAWS
4 MOUNT CARMEL ST. ANN'S CANCER CENTER 495-II COOPER ROAD, SUITE 120 COLUMBUS, OH 43081	CANCER CENTER
5 MOUNT CARMEL PHARMACY OUTPATIENT CARE 495-II COOPER ROAD, SUITE 330 WESTERVILLE, OH 43081	ANTI-COAGULATION
6 MOUNT CARMEL REYNOLDSBURG EMERGENCY D 2300 OH-256, SUITES 100 AND 200 REYNOLDSBURG, OH 43068	EMERGENCY ROOM, IMAGING CENTER
7 MOUNT CARMEL GRADUATE MEDICAL EDUCATI 5969 E. BROAD STREET, SUITE 306 COLUMBUS, OH 43213	SURGERY CLINIC
8 MOUNT CARMEL GROVE CITY CARDIO-VASCUL 5350 NORTH MEADOWS DRIVE GROVE CITY, OH 43123	IMAGING
9 MOUNT CARMEL GROVE CITY MOB-I - ANTI 5350 NORTH MEADOWS DRIVE GROVE CITY, OH 43123	ANTI-COAGULATION
10 MOUNT CARMEL GROVE CITY MOB-I - CARDI 5350 NORTH MEADOWS DRIVE GROVE CITY, OH 43123	CARDIAC REHABILITATION

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**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 42

Name and address	Type of facility (describe)
11 MOUNT CARMEL GROVE CITY MOB-I - NEURO 5350 NORTH MEADOWS DRIVE GROVE CITY, OH 43123	NEUROLOGY
12 MOUNT CARMEL LAB DRAW STATION 6024 HOOVER RD GROVE CITY, OH 43021	OUTPATIENT LAB DRAWS
13 MOUNT CARMEL LAB 4310 CLIME ROAD COLUMBUS, OH 43228	OUTPATIENT LAB DRAWS
14 MOUNT CARMEL WOMEN'S HEALTH 4674 BRITTON PARKWAY, SUITE 1000 HILLIARD, OH 43026	WOMEN'S HEALTH
15 MOUNT CARMEL LAB SERVICES 4674 BRITTON PARKWAY, SUITE 2350 HILLIARD, OH 43026	OUTPATIENT LAB DRAWS
16 MOUNT CARMEL CARDIO-VASCULAR IMAGING 4674 BRITTON PARKWAY, SUITE 2100 HILLIARD, OH 43026	IMAGING
17 MOUNT CARMEL IMAGING 4674 BRITTON PARKWAY, SUITE 1100 HILLIARD, OH 43026	IMAGING
18 MOUNT CARMEL REHABILITATION SERVICES 4674 BRITTON PARKWAY, SUITE 1700 HILLIARD, OH 43026	REHABILITATION
19 MOUNT CARMEL OUTPATIENT LAB 4674 BRITTON PARKWAY, SUITE 1200 HILLIARD, OH 43026	OUTPATIENT LAB DRAWS
20 MOUNT CARMEL ST. ANN'S GI CENTER 495-I COOPER ROAD, SUITE 411 COLUMBUS, OH 43081	GASTROINTESTINAL CARE

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**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 42

Name and address	Type of facility (describe)
21 MOUNT CARMEL ST. ANN'S PAT 495-I COOPER ROAD, SUITE 308 COLUMBUS, OH 43081	ANTIC-COAGULATION, HEART FAILURE CENTER, UROGYNECOLOGY
22 MOUNT CARMEL IMAGING CENTER 495-I COOPER ROAD, SUITE 100 COLUMBUS, OH 43081	IMAGING
23 MOUNT CARMEL LABORATORY 495-I COOPER ROAD, SUITES 314-315 COLUMBUS, OH 43081	OUTPATIENT LAB DRAWS
24 MOUNT CARMEL INFUSION THERAPY 495-I COOPER ROAD, SUITE 115 COLUMBUS, OH 43081	INFUSION
25 MOUNT CARMEL ENDOSCOPY DIABETES PULMO 495-I COOPER ROAD, SUITE 106 COLUMBUS, OH 43081	ENDOSCOPY AND DIABETES MANAGEMENT
26 MOUNT CARMEL LAB DRAW STATION 5910 CLEVELAND AVE COLUMBUS, OH 43231	OUTPATIENT LAB DRAWS
27 MOMS 2 BE 777 W. STATE STREET, SUITE 100 COLUMBUS, OH 43222	PREGNANCY CARE
28 MOUNT CARMEL PAIN MGMT & WOUND CARE 5500 N. MEADOWS DRIVE, SUITES 120-130 GROVE CITY, OH 43123	PAIN AND WOUND MANAGEMENT
29 MOUNT CARMEL MEDICAL LAB 477 COOPER ROAD, SUITES 100 200 300 COLUMBUS, OH 43081	OUTPATIENT LAB DRAWS
30 MOUNT CARMEL CANCER SERVICES 495-II COOPER ROAD, SUITE 130 COLUMBUS, OH 43081	CANCER CENTER

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**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 42

Name and address	Type of facility (describe)
31 MOUNT CARMEL IMAGING/CANCER SERVICES/ 5969 E. BROAD STREET, SUITE 100 COLUMBUS, OH 43213	IMAGING AND CANCER SERVICES
32 MOUNT CARMEL RADIATION ONCOLOGY 5969 E. BROAD STREET, SUITE 102 COLUMBUS, OH 43213	ONCOLOGY
33 MOUNT CARMEL OUTPATIENT LAB 775 W. BROAD STREET, SUITE 280 COLUMBUS, OH 43222	OUTPATIENT LAB DRAWS
34 MOUNT CARMEL INTEGR MED FIT & EMERGEN 7100 GRAPHICS WAY LEWIS CENTER, OH 43035	EMERGENCY DEPARTMENT
35 MOUNT CARMEL CORE LAB 6525 DOUBLETREE AVE COLUMBUS, OH 43229	OUTPATIENT LAB DRAWS
36 COLUMBUS CYBERKNIFE 495 COOPER RD., STE 125 WESTERVILLE, OH 43081	CANCER TREATMENT
37 MOUNT CARMEL BEHAVIORAL HEALTH 4646 HILTON CORPORATE DRIVE COLUMBUS, OH 43232	BEHAVIORAL HEALTH
38 NEW ALBANY SURGERY CENTER 5040 FOREST DR, STE 100 NEW ALBANY, OH 43222	AMBULATORY SURGERY CENTER
39 TAYLOR STATION SURGICAL CENTER 275 TAYLOR STATION RD. COLUMBUS, OH 43213	AMBULATORY SURGERY CENTER
40 MOUNT CARMEL REHABILITATION HOSPITAL 597 EXECUTIVE CAMPUS DR WESTERVILLE, OH 43082	INPATIENT REHABILITATION HOSPITAL

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**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:**

MOUNT CARMEL 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.

MOUNT CARMEL 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. MOUNT CARMEL 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, \$44,939,700, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

**PART II, COMMUNITY BUILDING ACTIVITIES:**

ECONOMIC DEVELOPMENT: MOUNT CARMEL SUPPORTED MANY AREA CHAMBERS OF COMMERCE IN FY25 BY HOLDING MEMBERSHIPS ON CHAMBERS OF COMMERCE OF CITIES CLOSE TO OUR HOSPITAL AND PHYSICIAN OFFICE LOCATIONS. THROUGH LOCAL RELATIONSHIPS, MOUNT CARMEL HELD A SEAT ON THE BOARDS OF WESTERVILLE AND

**Part VI** Supplemental Information (Continuation)

CANAL WINCHESTER CHAMBERS OF COMMERCE, AND PARTICIPATED ON COUNCILS AND STEERING COMMITTEES FOR DELAWARE COUNTY, DUBLIN, AND WESTERVILLE.

COMMUNITY SUPPORT: MOUNT CARMEL EMERGENCY DEPARTMENT EMPLOYEES HELPED FRANKLINTON FARMS PREPARE FOR THE UPCOMING PLANTING SEASON BY ASSISTING WITH GARDEN CLEAN UP, SORTING AND PACKAGING FOOD AT MID-OHIO FOOD MARKET, AND SERVING BREAKFAST TO THOSE EXPERIENCING HOMELESSNESS AT THE COLUMBUS DREAM CENTER, WHERE UNHOUSED COMMUNITY MEMBERS LEARNED ABOUT TAKING THEIR NEXT STEP TOWARD HOUSING, EMPLOYMENT, ETC.

MOUNT CARMEL ALSO SUPPORTED THE PARTICIPATION OF A PHARMACIST AND PHYSICAL THERAPIST WHO PARTNERED WITH HOPE IN MOTION. THESE TWO EMPLOYEES SPENT A WEEK IN ANTIGUA, GUATEMALA AT OBRAS SOCIALES DEL SANTO HERMANO PEDRO (A HOSPITAL) SETTING UP A PHARMACY AND WALKING AIDS FOR 92 VULNERABLE PATIENTS IN NEED OF JOINT REPLACEMENT.

## 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:

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

## PART III, LINE 4:

MOUNT CARMEL 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

**Part VI** Supplemental Information (Continuation)

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, 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 - MOUNT CARMEL ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORT TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, MOUNT CARMEL HOSPITALS MAY USE PATIENT DATA, PUBLIC HEALTH DATA, 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 - MOUNT CARMEL 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

**Part VI** Supplemental Information (Continuation)

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.

MOUNT CARMEL 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 - MOUNT CARMEL PREDOMINATELY SERVES CENTRAL OHIO, WHICH INCLUDES FRANKLIN AND SIX CONTIGUOUS COUNTIES (DELAWARE, FAIRFIELD, LICKING, MADISON, PICKAWAY, AND UNION), AND IS HOME TO OVER 2.1 MILLION RESIDENTS. ACCORDING TO THE MOST RECENT CHNA, FRANKLIN COUNTY HEALTHMAP 2025, 18% OF FRANKLIN COUNTY HOUSEHOLDS HAVE AN INCOME OF LESS THAN \$29,999 AND 15.5% HAVE A HOUSEHOLD INCOME OF BETWEEN \$30,000 AND \$49,999.

ACCORDING TO OHIO COUNTY PROFILES 2025 EDITION, APPROXIMATELY 42% OF THE FRANKLIN COUNTY POPULATION OVER AGE 25 HOLD A BACHELOR'S OR HIGHER DEGREE. OF THE FRANKLIN COUNTY RESIDENTS, 30.7% LIVE BELOW 200% OF THE FEDERAL POVERTY LEVEL, AND 6.7% LIVE BELOW 50% OF THE FEDERAL POVERTY LEVEL. ACCORDING TO THE OHIO COUNTY PROFILES FOR FRANKLIN COUNTY, 9.8% OF ADULTS IN FRANKLIN COUNTY BETWEEN THE AGES OF 18-64 DO NOT HAVE HEALTH INSURANCE.

CENTRAL OHIO FEATURES A DIVERSE EMPLOYER BASE, INCLUDING GOVERNMENT, MANUFACTURING, TRADE, EDUCATION, LEISURE AND HOSPITALITY, FINANCE, AND AGRICULTURE. ACCORDING TO OHIO COUNTY PROFILES, THERE ARE 15 REGISTERED HOSPITALS LOCATED WITHIN FRANKLIN COUNTY, OFFERING THE COMMUNITY 6,119 BEDS.

## PART VI, LINE 5:

OTHER INFORMATION - A 14-MEMBER BOARD OF DIRECTORS GOVERNS MOUNT CARMEL, WITH A MAJORITY ALLOCATED TO COMMUNITY REPRESENTATIVES AND LEADERS. OUR GOVERNANCE STRUCTURE ENSURES THAT THE COMMUNITY AND ITS INTERESTS ARE STRONGLY REPRESENTED IN IMPORTANT DECISION-MAKING. IN ADDITION, TWO SEATS ON MOUNT CARMEL'S BOARD ARE ALLOCATED TO MEMBERS/ASSOCIATES OF A ROMAN CATHOLIC RELIGIOUS CONGREGATION, WHO HELP ENSURE THAT THE ORGANIZATION REMAINS TRUE TO ITS CHARITABLE MISSION.

**Part VI** Supplemental Information (Continuation)

IN FY25, MOUNT CARMEL ADVOCATED FOR COMMUNITY HEALTH IMPROVEMENTS AND SAFETY THROUGH EMPLOYEE REPRESENTATION ON BOARDS WHICH ADVOCATE FOR CHANGE AND IMPROVING THE HEALTH, NUTRITION, AND SOCIAL ISSUES OF COMMUNITY MEMBERS.

MOUNT CARMEL HOSPITALS MAINTAIN AN OPEN MEDICAL STAFF, MEANING MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS. MOUNT CARMEL ACTIVELY RECRUITS AND EMPLOYS DOCTORS TO SERVE IN UNDERSERVED AREAS OF THE COMMUNITY. MOUNT CARMEL OPERATES A COLLEGE OF NURSING AND A GRADUATE MEDICAL EDUCATION PROGRAM. THE MOUNT CARMEL HEALTH SYSTEM FOUNDATION AND THE MOUNT CARMEL COLLEGE OF NURSING PROVIDED 689 NURSING STUDENTS WITH ACADEMIC SCHOLARSHIPS TOTALING OVER \$769,000. THE GRADUATE MEDICAL EDUCATION PROGRAM OPERATES HEALTH CLINICS FOR EDUCATIONAL PURPOSES AND TO IMPROVE ACCESS AND CARE CONTINUITY FOR UNDERINSURED AND UNINSURED PATIENTS.

MOUNT CARMEL PROVIDED MANY LEARNING OPPORTUNITIES TO THE COMMUNITY IN FY25. THE HEALTH SYSTEM HELPED PROFESSIONALS CONTINUE THEIR EDUCATION AND STRIVED TO INSPIRE FUTURE HEALTH CARE PROVIDERS. MOUNT CARMEL EDUCATED EMERGENCY MEDICAL SERVICE PROFESSIONALS AND FIRE FIGHTERS IN VARIOUS TOWNSHIPS AND COUNTIES TO STAY CURRENT ON THE MOST MODERN AND APPROPRIATE EMERGENCY TREATMENT OPTIONS.

MOUNT CARMEL BIRTHING HOSPITALS - MC EAST, MC GROVE CITY, AND MC ST. ANN'S - HAVE WORKED TO SUPPORT MATERNAL AND INFANT HEALTH BY ACHIEVING BABY-FRIENDLY DESIGNATION FROM BABY-FRIENDLY USA OR CONTINUING ITS BABY-FRIENDLY DESIGNATION JOURNEY. OHIO FIRST STEPS HAS RECOGNIZED MC EAST, MC GROVE CITY, AND MC ST. ANN'S AS FIVE-STAR HOSPITALS FOR HEALTHY BABIES, WHICH ENCOURAGES HOSPITALS TO PROMOTE, PROTECT, AND SUPPORT BREASTFEEDING. THE DOULA PROGRAM OFFERED AT MC EAST, MC GROVE CITY, AND MC ST. ANN'S IS OHIO'S FIRST HOSPITAL-BASED DOULA PROGRAM. THE AFFORDABILITY TO HAVE A BIRTH DOULA PRESENT HAS BEEN MADE POSSIBLE BY GENEROUS FUNDING PROVIDED FROM THE MOUNT CARMEL FOUNDATION. HAVING A BIRTH DOULA PRESENT HAS PROVEN TO RESULT IN BETTER HEALTH OUTCOMES FOR MOM AND BABY.

MOUNT CARMEL HAS CONTINUED WORKING WITH COMMUNITY PARTNERS TO POSITIVELY IMPACT PATIENT HOUSING STABILITY BY IDENTIFYING THOSE WHO ARE MARGINALLY HOUSED, AT RISK OF HOMELESSNESS, OR ARE HOMELESS, AND CONNECTING THEM WITH AFFORDABLE AND QUALITY HOUSING, OR HELPING PREVENT EVICTION THROUGH COLLABORATION WITH COMMUNITY PARTNERS.

MOUNT CARMEL HAS CONTINUED THE CRIME AND TRAUMA ASSISTANCE PROGRAM (CTAP), WHICH FACILITATES THE HEALING AND RECOVERY PROCESS FOR CHILD AND ADULT VICTIMS, SURVIVORS, AND CO-SURVIVORS THROUGH EDUCATION, EMPOWERMENT, AND THERAPEUTIC INTERVENTION. CTAP ALSO OFFERS COMPREHENSIVE TRAINING AND CONSULTATION TO COMMUNITY ORGANIZATIONS AND PROVIDERS ABOUT TRAUMA-INFORMED CARE AND BEST PRACTICES. OUR TEAM ALSO ATTENDED COMMUNITY OUTREACH EVENTS TO CONNECT COMMUNITY MEMBERS AND PROVIDERS TO OUR 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 THE PART I COMMUNITY BENEFIT CALCULATION BECAUSE THEY ARE OFFSET BY EXTERNAL FUNDING. ALSO INCLUDED ARE ALL

**Part VI** Supplemental Information (Continuation)

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 TOTALED \$282.5 MILLION.

## PART VI, LINE 6:

MOUNT CARMEL HEALTH SYSTEM 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.

**Part VI** Supplemental Information (Continuation)

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 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:  
OH