

**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 SAINT AGNES MEDICAL CENTER	Employer identification number 94-1437713
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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	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the 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:	X	
<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:	X	
<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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial assistance at cost (from Worksheet 1)			5788986.		5788986.	.77%
b Medicaid (from Worksheet 3, column a)			279463612	229970145	49493467.	6.55%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs			285252598	229970145	55282453.	7.32%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	19	30,533	2445010.	753,446.	1691564.	.22%
f Health professions education (from Worksheet 5)	5	5,195	32053138.	13709311.	18343827.	2.43%
g Subsidized health services (from Worksheet 6)	1		7646426.		7646426.	1.01%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	13	17,214	1616868.	340,343.	1276525.	.17%
j Total. Other benefits	38	52,942	43761442.	14803100.	28958342.	3.83%
k Total. Add lines 7d and 7j	38	52,942	329014040	244773245	84240795.	11.15%

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	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	5,344,098.
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	175,954,243.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	169,380,183.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	6,574,060.
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 RENAISSANCE SURGERY CENTER, LLC	AMBULATORY SURGICAL SERVICES	43.70%		12.42%
2 FRESNO SURGERY CENTER, LP	AMBULATORY SURGICAL SERVICES	35.46%		29.22%
3 CENTRAL CALIFORNIA HEALTHCARE HOLDINGS, LLC	HEALTH CARE MANAGEMENT	35.01%		30.13%
4 SIERRA PACIFIC SURGERY CENTER, LLC	AMBULATORY SURGICAL SERVICES	20.89%		30.12%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: SAINT AGNES 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>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 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>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: SAINT AGNES 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 checked="" 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: SAINT AGNES MEDICAL CENTER

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group: SAINT AGNES 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? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: FRESNO SURGICAL HOSPITAL

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

	Yes	No
Community Health Needs Assessment (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>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 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>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: FRESNO SURGICAL HOSPITAL

	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 type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input 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, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: FRESNO SURGICAL HOSPITAL

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

Policy Relating to Emergency Medical Care

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

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: FRESNO SURGICAL HOSPITAL

	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 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 checked="" 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? If "Yes," explain in Section C.	23	X
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

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.

SAINT AGNES MEDICAL CENTER:
PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E: SAINT AGNES MEDICAL CENTER (SAMC) AND FRESNO SURGICAL HOSPITAL (FHS) COLLABORATED ON A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN FISCAL YEAR 2025 (FY25). THE WRITTEN REPORT OUTLINES A PRIORITIZED LIST OF SIGNIFICANT HEALTH NEEDS, ALONG WITH COMMUNITY IMPACT ACTIVITIES CONDUCTED IN FY25 TO ADDRESS EACH HEALTH-RELATED CONCERN. THESE HEALTH NEEDS WERE IDENTIFIED AND PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS THAT UTILIZED A BASIC PRIORITY RATING METHOD. THIS METHOD CONSIDERS FOUR CRITERIA: 1) THE POTENTIAL IMPACT ON THE MOST SIGNIFICANT NUMBER OF PEOPLE, 2) THE SEVERITY AND URGENCY OF THE NEED, 3) THE MAGNITUDE OF THE ISSUE, AND 4) THE EFFECTIVENESS OF POSSIBLE INTERVENTIONS.

SAMC AND FHS PARTNERED WITH THE CENTRAL VALLEY COLLABORATIVE AND THE HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA TO COMMISSION CONDUENT HEALTHY COMMUNITIES INSTITUTE (CHCI) TO COORDINATE THE COLLECTION OF PRIMARY DATA, PERFORM SECONDARY DATA COLLECTION, AND ANALYZE THE DATA. TOGETHER, THESE ORGANIZATIONS FORMED A DATA ADVISORY COMMITTEE FOCUSED ON EQUITY, ENSURING THAT POPULATIONS, COMMUNITIES, AND HIGH-PRIORITY ZIP CODES EXPERIENCING POORER HEALTH OUTCOMES, AND HEALTH CARE DISPARITIES REMAINED CENTRAL TO THE CHNA PROCESS. A HIGH-PRIORITY ZIP CODE IS DEFINED AS AN AREA WHERE AT LEAST 40% OF THE POPULATION IDENTIFIES AS BLACK OR HISPANIC AND WHOSE AVERAGE EARNINGS ARE AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL (\$64,300 FOR A FAMILY OF FOUR, AS OF 2025).

THE TOP HEALTH NEEDS IDENTIFIED FROM THE DATA SOURCES WERE ANALYZED FOR AREAS OF OVERLAP. PRIMARY DATA FROM COMMUNITY SURVEYS, FOCUS GROUPS, KEY INFORMANT INTERVIEWS, AND LISTENING SESSIONS, ALONG WITH SECONDARY DATA FINDINGS, REVEALED THE FOLLOWING TEN AREAS OF NEED, LISTED IN PRIORITY ORDER:

1. ECONOMY
2. MENTAL HEALTH AND MENTAL DISORDERS
3. ACCESS TO AFFORDABLE HEALTH CARE
4. AFFORDABLE HOUSING
5. CHRONIC DISEASES (DIABETES, HEART DISEASE, HYPERTENSION, RESPIRATORY DISEASE)
6. FOOD INSECURITY/LACK OF ACCESS TO HEALTHY FOODS
7. ENVIRONMENTAL HEALTH (AIR AND WATER QUALITY)
8. SUBSTANCE MISUSE AND ALCOHOL USE
9. TRANSPORTATION
10. WEIGHT STATUS

SAINT AGNES MEDICAL CENTER:
PART V, SECTION B, LINE 5: SAINT AGNES MEDICAL CENTER & FRESNO SURGICAL HOSPITAL:

BETWEEN FEBRUARY AND DECEMBER 2024, THE DATA ADVISORY COMMITTEE COLLECTED AND ANALYZED QUALITATIVE AND QUANTITATIVE DATA. WHEREVER POSSIBLE, THIS DATA WAS CROSS-REFERENCED WITH LOCAL, REGIONAL, STATE, AND NATIONAL SOURCES. A COMPREHENSIVE REVIEW OF THE COLLECTED DATA AND KEY INSIGHTS

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.

FROM THE ANALYSIS IDENTIFIED SIGNIFICANT HEALTH NEEDS SPECIFIC TO FRESNO COUNTY.

THE ANALYSIS UTILIZED THREE PRIMARY DATA COLLECTION METHODS: 1) ONLINE SURVEYS, 2) FOCUS GROUPS WITH MARGINALIZED AND UNDERREPRESENTED POPULATIONS, AND 3) KEY INFORMANT INTERVIEWS AND LISTENING SESSIONS WITH REPRESENTATIVES FROM ORGANIZATIONS SERVING HIGH-NEED AREAS WHO HAVE ESTABLISHED TRUSTING RELATIONSHIPS WITHIN THESE COMMUNITIES.

TO ENSURE THAT THE SURVEY SAMPLE REFLECTED A DIVERSE RANGE OF SOCIOECONOMIC LEVELS, AGES, RACES, ETHNICITIES, AND GEOGRAPHIC REGIONS, THE SURVEY WAS WIDELY DISTRIBUTED. COMMUNITY INPUT WAS GATHERED THROUGH AN ONLINE SURVEY AVAILABLE IN ENGLISH, SPANISH, HMONG, AND PUNJABI FROM AUGUST 19 TO OCTOBER 18, 2024. THE SURVEY INCLUDED 71 QUESTIONS REGARDING ESSENTIAL HEALTH ISSUES IN THE COMMUNITY, PERCEPTIONS OF OVERALL HEALTH, ACCESS TO HEALTH CARE SERVICES, AND SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH. ANNOUNCEMENTS PROMOTING THE COMMUNITY SURVEYS INCLUDED PRESS RELEASES, SOCIAL MEDIA POSTS, AND EMAIL BLASTS TO BOTH INTERNAL AND EXTERNAL ORGANIZATIONS. A TOTAL OF 383 RESPONDENTS FROM FRESNO COUNTY PARTICIPATED IN THE SURVEY.

IN FRESNO COUNTY, CHCI FACILITATED FOCUS GROUPS WITH ASSISTANCE FROM COMMUNITY-BASED ORGANIZATIONS (CBOS). A TOTAL OF 23 FOCUS GROUPS WERE PLANNED FOR OCTOBER AND NOVEMBER 2024, INCLUDING 14 ENGLISH-SPEAKING GROUPS, SEVEN SPANISH-SPEAKING GROUPS, ONE PUNJABI GROUP, AND ONE GROUP FROM AFGHANISTAN. ULTIMATELY, 22 FOCUS GROUPS WERE CONDUCTED, BOTH IN-PERSON AND VIRTUALLY, WITH 158 PARTICIPANTS, AND EACH SESSION LASTING SIXTY MINUTES.

FOCUS GROUP POPULATIONS INCLUDED:
ADULTS WITH DISABILITIES/CARETAKERS OF ADULTS WITH DISABILITIES, ASIAN/PACIFIC ISLANDER, BLACK/AFRICAN AMERICAN, FARMWORKERS, FIRST GENERATION RESIDENTS FORMER INCARCERATED (HOPE NOW), FRESNO HOUSING (HISPANIC/SPANISH), HOMELESS/UNHOUSED, LGBTQ+, LOW SOCIOECONOMIC STATUS RESIDENTS, PARENTS OF CHILDREN SPANISH (0-5), PREGNANT/POSTPARTUM MOMS (INCLUDING DOULAS) - BLACK/AFRICAN AMERICAN, PREGNANT/POSTPARTUM MOMS (INCLUDING DOULAS) - ASIAN/PACIFIC ISLANDER, PREGNANT/POSTPARTUM MOMS (INCLUDING DOULAS) - HISPANIC, REFUGEE AND IMMIGRANT COMMUNITIES (AFGHANISTAN WOMEN), RESIDENCE COUNCIL (SPANISH), RURAL FRESNO COUNTY (OLDER POPULATION/SPANISH), SOUTH ASIAN - SIKH AND PUNJABI, URBAN/DOWNTOWN FRESNO, YOUNG ADULTS (18-25), NATIVE AMERICAN/AMERICAN INDIAN POPULATION.

TWO ONLINE LISTENING SESSIONS WERE CONDUCTED ON SEPTEMBER 10, 2024, AND SEPTEMBER 17, 2024, ALONG WITH THREE INTERVIEWS WITH KEY STAKEHOLDERS TO GATHER QUANTITATIVE DATA ON HEALTH INFLUENCES IN FRESNO COUNTY. PARTICIPANTS WERE SELECTED FOR THEIR EXPERTISE IN SPECIFIC COMMUNITY SECTORS, THEIR DEEP UNDERSTANDING OF HEALTH-RELATED NEEDS, AND THEIR REPRESENTATION OF THE DIVERSE INTERESTS, WITH A FOCUS ON THE NEEDS OF MEDICALLY UNDERSERVED OR VULNERABLE POPULATIONS. A TOTAL OF 24 PARTICIPANTS ATTENDED THE LISTENING SESSIONS, AND THREE INDIVIDUALS TOOK PART IN ONE-ON-ONE INTERVIEWS. COMMUNITY LEADERS FROM VARIOUS SECTORS, INCLUDING EDUCATION, NON-PROFITS, LOCAL AND STATE GOVERNMENT, AND HEALTH CARE WERE INVITED TO PARTICIPATE.

Part V Facility Information (continued)

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

KEY INFORMANT AND LISTENING SESSION REPRESENTATIVES INCLUDED: CALVIVA HEALTH, CENTRO LA FAMILIA ADVOCACY CENTER, CRADLE TO CAREER FRESNO COUNTY, CULTIVA LA SALUD, DOWNTOWN FRESNO, EXCEPTIONAL PARENTS UNLIMITED, FIRST FIVE FRESNO, FRESNO C2C, FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH, FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH, FRESNO INTERDENOMINATIONAL REFUGEE MINISTRIES (FIRM), FRESNO METRO MINISTRY, FRESNO STATE UNIVERSITY, KINGS VIEW BEHAVIORAL HEALTH CLINIC, AND UNITED HEALTHCARE CENTER.

SECONDARY DATA FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM A COMMUNITY INDICATOR DATABASE DEVELOPED BY CHCI. THIS DATABASE, MAINTAINED BY CHCI RESEARCHERS AND ANALYSTS, INCLUDES HUNDREDS OF COMMUNITY INDICATORS ACROSS AT LEAST 24 TOPICS RELATED TO HEALTH, ITS DETERMINANTS, AND QUALITY OF LIFE. THE DATA PRIMARILY COMES FROM STATE AND NATIONAL PUBLIC SECONDARY SOURCES. EACH INDICATOR VALUE IS COMPARED WITH THOSE OF OTHER COMMUNITIES, NATIONAL TARGETS, AND PREVIOUS TIME PERIODS. THE SOCINEEDS INDEX WAS UTILIZED TO IDENTIFY ZIP CODES WITH THE GREATEST NEEDS. DATA REGARDING ECONOMIC STATUS, EDUCATION, POVERTY, AND LANGUAGE WERE OBTAINED FROM DATASHARE FRESNO COUNTY. THE SECONDARY DATA ANALYSIS EMPLOYED A SYSTEMATIC METHODOLOGY TO SCORE AND RANK INDICATORS AND TOPIC AREAS, IDENTIFYING THE GREATEST NEEDS, WHILE ALSO EXAMINING THE INDEX OF DISPARITY AND SUBPOPULATION DATA TO HIGHLIGHT DISPARITIES BY RACE/ETHNICITY, GENDER, AND AGE.

UTILIZING A DATA-DRIVEN APPROACH AND ROOT-CAUSE METHODOLOGY, A PRIORITIZATION SESSION WAS ORGANIZED TO REVIEW KEY FINDINGS FROM THE CHNA AND RANK THE MOST PRESSING HEALTH NEEDS WITHIN THE COMMUNITY WITH A PRIMARY GOAL OF RECOMMENDING HOW SPECIFIC ISSUES CAN BE ADDRESSED EFFECTIVELY OVER THE NEXT THREE YEARS. THIS SESSION BROUGHT TOGETHER 14 DIVERSE STAKEHOLDERS, INCLUDING PUBLIC HEALTH AND ECONOMIC DEVELOPMENT PROFESSIONALS, CBO REPRESENTATIVES, AND INDIVIDUALS FROM VARIOUS FOCUS GROUPS, REPRESENTING A WIDE RANGE OF CULTURAL AND SOCIOECONOMIC BACKGROUNDS. THE GROUP COLLABORATIVELY PRIORITIZED THE MOST CRITICAL NEEDS TO GUIDE FUTURE STRATEGIES, ENSURING ALIGNMENT WITH COMMUNITY FEEDBACK AND AVAILABLE COMMUNITY ASSETS. THIS SESSION WAS A VITAL STEP TOWARD ADDRESSING HEALTH DISPARITIES AND FOSTERING COLLABORATION ACROSS SECTORS TO DEVELOP TARGETED, SUSTAINABLE SOLUTIONS TO IMPROVE COMMUNITY HEALTH OUTCOMES.

SAINT AGNES MEDICAL CENTER:

PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED IN COLLABORATION WITH THE FOLLOWING HOSPITALS: FRESNO SURGICAL HOSPITAL, COMMUNITY REGIONAL MEDICAL CENTER (INCLUDING COMMUNITY BEHAVIORAL HEALTH CENTER), KAWEAH HEALTH, AND VALLEY CHILDREN'S HEALTHCARE.

FRESNO SURGICAL HOSPITAL:

PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED IN COLLABORATION WITH THE FOLLOWING HOSPITALS: SAINT AGNES MEDICAL CENTER, COMMUNITY REGIONAL MEDICAL CENTER (INCLUDING COMMUNITY BEHAVIORAL HEALTH CENTER), KAWEAH HEALTH, AND VALLEY CHILDREN'S HEALTHCARE.

SAINT AGNES MEDICAL CENTER:

PART V, SECTION B, LINE 6B: THE CHNA WAS ALSO CONDUCTED IN COLLABORATION

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.

WITH THE HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA AND THE FRESNO AND KINGS COUNTY DEPARTMENTS OF PUBLIC HEALTH.

FRESNO SURGICAL HOSPITAL:

PART V, SECTION B, LINE 6B: THE CHNA WAS ALSO CONDUCTED IN COLLABORATION WITH THE HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA AND THE FRESNO AND KINGS COUNTY DEPARTMENTS OF PUBLIC HEALTH.

SAINT AGNES MEDICAL CENTER:

PART V, SECTION B, LINE 11: SAINT AGNES MEDICAL CENTER: IN FY25, SAMC ADDRESSED THE FOLLOWING SIGNIFICANT NEEDS IDENTIFIED IN THE MOST RECENT CHNA:

ACCESS TO AFFORDABLE HEALTH CARE - SAMC HAS EXPANDED OPPORTUNITIES FOR BOTH LICENSED AND UNLICENSED HEALTHCARE PROVIDERS TO GAIN VALUABLE HANDS-ON EXPERIENCE AND ENHANCE THEIR PROFESSIONAL KNOWLEDGE AND SKILLS. THE ORGANIZATION'S CONTINUING MEDICAL EDUCATION PROGRAM AIMS TO IMPROVE PATIENT CARE IN THE CENTRAL VALLEY, ESPECIALLY IN FRESNO AND MADERA. SAMC PROVIDED OVER 79,000 TRAINING HOURS TO MORE THAN 5,000 NURSES AND OTHER PROFESSIONALS, RESULTING IN AN INVESTMENT OF OVER \$18 MILLION IN COMMUNITY BENEFIT.

SAMC CONTINUED ITS PARTNERSHIP WITH THE FRESNO COUNTY PUBLIC HEALTH DEPARTMENT TO SUPPORT THE RURAL MOBILE HEALTH (RMH) PROGRAM. IN ADDITION TO PROVIDING MEDICAL SERVICES AND SCREENINGS AT NO COST TO CENTRAL VALLEY RESIDENTS, SAMC ADDRESSED SOCIAL FACTORS THAT IMPACT HEALTH BY COLLABORATING WITH THE COMMUNITY HEALTH WORKER (CHW) NETWORK TO OFFER COMPLEMENTARY HEALTH EDUCATION, CONNECTION TO PRIMARY CARE PROVIDERS, AND NAVIGATION TO WRAPAROUND SERVICES. THROUGH RMH, SAMC HOSTED 89 MOBILE CLINICS AND PROVIDED HEALTH SERVICES TO 2,039 INDIVIDUALS IN UNDERSERVED, MARGINALIZED, AND RURAL COMMUNITIES.

IN ADDITION, SAMC ASSISTED 2,620 PATIENTS WITH INSURANCE ENROLLMENT.

ACCESS TO MENTAL HEALTH SERVICES - SAMC HAS MAINTAINED ITS PARTNERSHIP WITH WESTCARE OF CENTRAL CALIFORNIA AT HOLY CROSS, ALLOWING US TO CONTINUE PROVIDING CRUCIAL BEHAVIORAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH SERVICES TO INDIVIDUALS AT RISK OF OR EXPERIENCING HOMELESSNESS.

FURTHERMORE, SAMC CONTINUED ITS MENTAL HEALTH AND GRIEF SUPPORT GROUPS, ENABLING 145 INDIVIDUALS TO NAVIGATE THEIR GRIEF IN A SUPPORTIVE ENVIRONMENT TO MINIMIZE THE CHALLENGES OFTEN EXPERIENCED BY THOSE WITH DEPRESSION AND ANXIETY. OUR OPEN SUPPORT GROUP ALLOWS MEMBERS TO ATTEND AS MANY OR AS FEW SESSIONS AS THEY CHOOSE.

CHRONIC DISEASE (DIABETES, HEART DISEASE, HYPERTENSION, RESPIRATORY DISEASE) - SAMC WAS PROUD TO RELAUNCH THE FREE 8-WEEK HEART & SOUL PROGRAM TO COMMUNITY MEMBERS. THIS PROGRAM ALLOWS WOMEN TO RECEIVE A PERSONALIZED EXERCISE PLAN CREATED BY AN EXERCISE PHYSIOLOGIST, SUPERVISED EXERCISE SESSIONS AT THE CARDIAC REHAB GYM, AND HEALTH INFORMATION PRESENTED THROUGH ENGAGING, INTERACTIVE DEMONSTRATIONS TO SUPPORT IMPROVEMENTS IN THEIR CARDIAC HEALTH, WEIGHT LOSS, LOWER TOTAL CHOLESTEROL, AND A HEALTHIER DIET.

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.

FOOD INSECURITY/LACK OF ACCESS TO HEALTHY FOODS - SAMC HAS MADE SIGNIFICANT STRIDES IN ADDRESSING FOOD INSECURITY THROUGH A HOSPITAL-WIDE FOOD RECOVERY PROGRAM COMBATTING FOOD INSECURITY IN OUR COMMUNITIES AND REDUCING FOOD WASTE WITHIN THE HOSPITAL. THIS EFFORT RESULTED IN THE SUCCESSFUL DONATION OF 13,937 POUNDS OF UNUSED MEALS AND FOOD PRODUCTS TO THE FOOD-TO-SHARE NETWORK, WHICH DISTRIBUTED THE SURPLUS TO FAMILIES AND INDIVIDUALS IN THE CENTRAL VALLEY FACING FINANCIAL HARDSHIP.

THE HOMELESS NUTRITION PROGRAM EXPLICITLY ADDRESSES THE DIETARY NEEDS OF INDIVIDUALS EXPERIENCING HOUSING INSECURITY WHO REQUIRE MEDICAL ASSISTANCE. THIS PROGRAM COMPLIES WITH SB1152 REQUIREMENTS, ENSURING THAT PATIENTS RECEIVE ADEQUATE AND APPROPRIATE MEALS TAILORED TO THEIR HEALTH CONDITIONS AND NUTRITIONAL NEEDS DURING THEIR HOSPITAL STAY, REGARDLESS OF THEIR ABILITY TO PAY.

THROUGH THE COLLECTIVE EFFORTS OF OUR FOOD INITIATIVES AND DEDICATED CHWS, SAMC HAS ASSISTED OVER 22,000 INDIVIDUALS AND THEIR FAMILIES BY CONNECTING THEM TO FOOD RESOURCES AND TAILORED FOOD DELIVERY SERVICES. THIS HAS CONTRIBUTED MORE THAN \$68,000 IN NET COMMUNITY BENEFITS TO SUPPORT FOOD PROGRAMMING THROUGHOUT THE HOSPITAL.

SAMC ACKNOWLEDGES THE VARIOUS HEALTH CONCERNS IDENTIFIED DURING THE CHNA PROCESS AND DECIDED TO FOCUS ON THE MOST URGENT AND OFTEN-OVERLOOKED NEEDS THAT IT CAN EFFECTIVELY MITIGATE. FOR THESE REASONS, SAMC DID NOT DIRECTLY ADDRESS THE FOLLOWING IDENTIFIED NEEDS: ECONOMY, AFFORDABLE HOUSING, ENVIRONMENTAL HEALTH, SUBSTANCE MISUSE/ALCOHOL USE, TRANSPORTATION, AND WEIGHT STATUS. WHILE THESE TOPICS WILL NOT BE EXPLICITLY ADDRESSED, THEY WILL STILL BE INCORPORATED INTO STRATEGIES ALIGNED WITH THE SELECTED HEALTH PRIORITIES.

ADDITIONALLY, SAMC REMAINS COMMITTED TO REDUCING ITS ENVIRONMENTAL IMPACT BY RECYCLING WATER FOR AGRICULTURAL USE, DIVERTING FOOD WASTE, AND CONTINUOUSLY ENHANCING THE EFFICIENCY OF ITS COGENERATION PLANT. MAJOR SYSTEM UPGRADES ARE PLANNED FOR FISCAL YEAR 2026. SAMC UNDERSTANDS THE SIGNIFICANCE OF THESE ISSUES AND WILL CONTINUE TO INTEGRATE NEW AND EXISTING INITIATIVES FROM THE CHNA IMPLEMENTATION STRATEGY TO ADDRESS THESE CONCERNS AS THEY RELATE TO THE IDENTIFIED HEALTH ISSUES MENTIONED ABOVE.

FRESNO SURGICAL HOSPITAL:

PART V, SECTION B, LINE 11: FRESNO SURGICAL HOSPITAL:

IN FY25, FSH ADDRESSED THE FOLLOWING SIGNIFICANT NEEDS IDENTIFIED IN THE MOST RECENT CHNA:

ACCESS TO AFFORDABLE HEALTHCARE - FSH IS COMMITTED TO PROVIDING COMPASSIONATE, HIGH-QUALITY CARE TO OUR COMMUNITIES. FSH OFFERED FINANCIAL ASSISTANCE TO HELP INDIVIDUALS OVERCOME BARRIERS RELATED TO INSURANCE AND ACCESS TO SERVICES. THOSE WITHOUT HEALTH INSURANCE WHO ARE INTERESTED IN OUR SERVICES CAN RECEIVE FINANCIAL COUNSELING TO ASSIST THEM IN FINDING AND ACCESSING GOVERNMENT-SPONSORED HEALTH PROGRAMS, SUCH AS MEDI-CAL/MEDICAID, MEDICARE, AND DISABILITY, AS WELL AS PRIVATE PROGRAMS THAT MAY HELP WITH HEALTHCARE COSTS. IF SOMEONE IS NOT ELIGIBLE FOR A GOVERNMENT PROGRAM, THEY MAY QUALIFY FOR FSH'S NEEDS-BASED FINANCIAL

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.

ASSISTANCE PROGRAM.

FSH ACKNOWLEDGES THE VARIOUS HEALTH ISSUES IDENTIFIED DURING THE CHNA PROCESS. THE HOSPITAL HAS CHOSEN TO FOCUS ON THE MOST PRESSING AND UNDER-ADDRESSED HEALTH NEEDS THAT IT CAN EFFECTIVELY INFLUENCE. FOR THIS REASON, FSH DID NOT DIRECTLY ADDRESS THE FOLLOWING IDENTIFIED NEEDS: AFFORDABLE HOUSING; CHRONIC DISEASE (SUCH AS DIABETES, HEART DISEASE, HYPERTENSION, AND RESPIRATORY DISEASES); ECONOMY; ENVIRONMENTAL HEALTH (INCLUDING AIR AND WATER QUALITY); FOOD INSECURITY AND LACK OF ACCESS TO HEALTHY FOODS; TRANSPORTATION; MENTAL HEALTH AND MENTAL DISORDERS; SUBSTANCE MISUSE AND ALCOHOL USE; AND WEIGHT STATUS.

SAINT AGNES MEDICAL CENTER:

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

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.

FRESNO SURGICAL HOSPITAL

PART V, LINE 16A, FAP WEBSITE:

WWW.FRESNOSURGICALHOSPITAL.COM/FINANCIAL-INFORMATION/

FRESNO SURGICAL HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.FRESNOSURGICALHOSPITAL.COM/FINANCIAL-INFORMATION/

FRESNO SURGICAL HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.FRESNOSURGICALHOSPITAL.COM/FINANCIAL-INFORMATION/

SAINT AGNES MEDICAL CENTER:

PART V, SECTION B, LINE 16J: THE FOLLOWING ORGANIZATIONS RECEIVED THE

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.

PLAIN LANGUAGE SUMMARY OF THE FAP: THE MEXICAN CONSULATE, READING AND BEYOND, THE UNITED WAY, CENTRO LA FAMILIA, FIRST 5 FRESNO COUNTY, FRESNO RESCUE MISSION, FRESNO COMMUNITY FOOD BANK.

SAINT AGNES MEDICAL CENTER:
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.

SAINT AGNES MEDICAL CENTER:
PART V, SECTION B, LINE 7A: .
WWW.SAMC.COM/ABOUT-US/COMMUNITY-BENEFITS/HEALTH-NEEDS-ASSESSMENTS-AND-IMPLEMENTATION

SAINT AGNES MEDICAL CENTER:
PART V, SECTION B, LINE 10A:
WWW.SAMC.COM/ABOUT-US/COMMUNITY-BENEFITS/HEALTH-NEEDS-ASSESSMENTS-AND-IMPLEMENTATION

FRESNO SURGICAL HOSPITAL:
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.

FRESNO SURGICAL HOSPITAL:
PART V, SECTION B, LINE 7A:
WWW.FRESNOSURGICALHOSPITAL.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

FRESNO SURGICAL HOSPITAL:
PART V, SECTION B, LINE 10A:
WWW.FRESNOSURGICALHOSPITAL.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

FRESNO SURGICAL HOSPITAL:
PART V, SECTION B, LINE 7B:
WWW.SAMC.COM/ABOUT-US/COMMUNITY-BENEFITS/HEALTH-NEEDS-ASSESSMENTS-AND-IMPLEMENTATION

SAINT AGNES MEDICAL CENTER:
PART V, SECTION B, LINE 7B:
WWW.FRESNOSURGICALHOSPITAL.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

PART V, LINE 16A:
SAINT AGNES MEDICAL CENTER
WWW.SAMC.COM/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/HELP-PAYING-YOUR-BILL

PART V, LINE 16B:
SAINT AGNES MEDICAL CENTER
WWW.SAMC.COM/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/HELP-PAYING-YOUR-BILL

Part V Facility Information *(continued)*

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

PART V, LINE 16C:

SAINT AGNES MEDICAL CENTER

WWW.SAMC.COM/FOR-PATIENTS/BILLING-AND-FINANCIAL-INFORMATION/
HELP-PAYING-YOUR-BILL

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:

SAINT AGNES MEDICAL CENTER (SAMC) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF CALIFORNIA. IN ADDITION, SAMC 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.

SAMC ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON TRINITY HEALTH'S WEBSITE AT:

WWW.TRINITY-HEALTH.ORG/OUR-IMPACT/COMMUNITY-HEALTH-AND-WELL-BEING.

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND 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, \$ 5,344,098, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART III, LINE 2:

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

Part VI Supplemental Information (Continuation)

TRANSACTIONS.

PART III, LINE 3:

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

PART III, LINE 4:

SAMC 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, LINE 5 FOR MORE INFORMATION.

Part VI Supplemental Information (Continuation)

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 - IN ADDITION TO CONDUCTING THE CHNA, SAMC CONSISTENTLY EVALUATES THE HEALTH STATUS OF THE COMMUNITY IN COLLABORATION WITH LOCAL COALITIONS. AS PART OF REGULAR OPERATIONS AND ONGOING EFFORTS TO ENHANCE PATIENT CARE AND IMPROVE THE COMMUNITY'S OVERALL HEALTH, THE HOSPITAL ANALYZES PATIENT DATA, PUBLIC HEALTH STATISTICS, PUBLISHED COUNTY HEALTH RANKINGS, MARKET STUDIES, AND OTHER RELEVANT REPORTS. THIS ANALYSIS HELPS IDENTIFY TRENDS AND EMERGING HEALTH NEEDS WITHIN THE SERVICE AREA. ADDITIONALLY, ACTIVE PARTICIPATION IN LOCAL STAKEHOLDER MEETINGS, COMMUNITY ROUNDTABLES, AND HEALTH STRATEGY FORUMS ALLOWS ALIGNMENT WITH CBOS AND REGIONAL/NATIONAL HEALTH-RELATED INITIATIVES.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SAMC 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.

SAMC 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 - THIS DESIGNATED SERVICE AREA HAS A SIGNIFICANT NEED FOR HEALTHCARE RESOURCES, WHICH ARE FEWER COMPARED TO THE REST OF THE STATE. IT IS A REGION MARKED BY GREAT DIVERSITY, ENCOMPASSING BOTH URBAN AND RURAL POPULATIONS, INCLUDING MANY IMMIGRANTS. THE DIVERSITY IS ALSO REFLECTED IN THE VARIETY OF LANGUAGES SPOKEN THROUGHOUT THE COUNTIES. NOTABLY, NEARLY 20% OF RESIDENTS AGED FIVE AND OLDER HAVE LIMITED ENGLISH PROFICIENCY, AND 44.3% OF HOUSEHOLDS IN FRESNO COUNTY SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, ACCORDING TO THE U.S. CENSUS BUREAU.

ANOTHER CHALLENGE AFFECTING THE PRIMARY SERVICE AREA IS THE LOW NUMBER OF PRIMARY CARE PHYSICIANS. CONSEQUENTLY, A LARGE PROPORTION OF THE POPULATION LIVES IN ONE OF THE 176 HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS). HPSAS ARE DEFINED AS REGIONS EXPERIENCING SHORTAGES OF PRIMARY MEDICAL CARE, DENTAL, OR MENTAL HEALTH PROVIDERS. THIS FACTOR IS ESSENTIAL BECAUSE A SHORTAGE OF HEALTH PROFESSIONALS CONTRIBUTES TO ACCESS ISSUES AND OVERALL HEALTH OUTCOMES. ACCORDING TO THE HEALTHY FRESNO COUNTY DATA FOR 2021-2024, THE RATE OF PRIMARY CARE PHYSICIANS IN FRESNO COUNTY IS ABOUT 68 PER 100,000 PEOPLE. IN CONTRAST, THE RATE FOR NON-PHYSICIAN PRIMARY CARE PROVIDERS IS HIGHER, AT APPROXIMATELY 106 PER 100,000 AS OF 2024. BOTH RATES ARE BELOW THE STATE AVERAGE OF 146 PER 100,000, DESPITE THERE BEING OVER 10,000 PROVIDER LOCATIONS IN THE REGION, ACCORDING TO THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH. COMPOUNDING THESE ISSUES IS A HIGH RATE OF UNINSURED ADULTS AND CHILDREN. TOGETHER, THESE FACTORS CONTRIBUTE TO ELEVATED RATES OF PREVENTABLE HOSPITALIZATIONS, POTENTIAL YEARS OF LIFE LOST, AND A LACK OF PREVENTATIVE CARE.

THE HEALTH OF A COMMUNITY IS SIGNIFICANTLY INFLUENCED BY ITS PHYSICAL ENVIRONMENT. A SAFE, CLEAN ENVIRONMENT THAT PROVIDES ACCESS TO HEALTHY FOOD AND RECREATIONAL OPPORTUNITIES IS ESSENTIAL FOR MAINTAINING AND IMPROVING COMMUNITY HEALTH. IN THE FRESNO AND MADERA SERVICE AREA, 24% OF THE LOW-INCOME POPULATION HAVE LIMITED ACCESS TO FOOD, ACCORDING TO THE CENTRAL CALIFORNIA FOOD BANK. ADDITIONALLY, A CONSIDERABLE NUMBER OF HOUSEHOLDS IN MADERA (8.3%) AND FRESNO (23.6%) LIVE MORE THAN HALF A MILE FROM A SUPERMARKET AND LACK RELIABLE TRANSPORTATION. FURTHERMORE, 35% OF RESIDENTS AGED 18 AND OLDER IN FRESNO AND MADERA ARE CLASSIFIED AS OBESE, WHICH IS HIGHER THAN THE CALIFORNIA STATE AVERAGE OF 27%.

PART VI, LINE 5:

OTHER INFORMATION - SAFETY/NEIGHBORHOOD CRIME - SAMC AND TRINITY HEALTH, AS PART OF THEIR TRANSFORMING COMMUNITIES INITIATIVE, CONTINUED TO PROVIDE FUNDING TO FRESNO HOUSING. IN FY25, THE PARTNERSHIP ESTABLISHED SOUTHWEST FRESNO POWER (PARTNERSHIP, OPPORTUNITY, WELLNESS, EQUITY, AND RESTORATION), WHICH FOCUSED ON POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE STRATEGIES. THE COLLABORATIVE LAUNCHED ITS FIRST COMMUNITY SURVEY, RECEIVING HUNDREDS OF RESPONSES, AND ORGANIZED DOZENS OF COMMUNITY MEETINGS TO ADVOCATE AGAINST THE NAMING OF CESAR CHAVEZ BOULEVARD IN 93706, THE ELM ST. REZONE, AND FOR CONTINUED IMPLEMENTATION OF THE SOUTHWEST SPECIFIC PLAN. A TOTAL OF \$335,000 WAS PROVIDED TO SUPPORT THIS INITIATIVE.

Part VI Supplemental Information (Continuation)

ADDRESSING SOCIAL INFLUENCERS (DETERMINANTS) OF HEALTH - SAMC STRONGLY BELIEVES THAT EVERY INDIVIDUAL DESERVES A STANDARD OF LIVING THAT PROMOTES HEALTH AND WELL-BEING ACROSS ALL ASPECTS OF LIFE. THIS INCLUDES ACCESS TO FOOD, CLOTHING, STABLE HOUSING, MEDICAL CARE, AND ESSENTIAL SOCIAL SERVICES, WITHOUT BEING HINDERED BY SOCIOECONOMIC FACTORS. SAMC HAS ACTIVELY ENGAGED IN VARIOUS INITIATIVES TO PROMOTE COMMUNITY HEALTH.

INDIVIDUALS WHO ARE MEDICALLY VULNERABLE AND FACE SOCIAL CHALLENGES IN ACCESSING RESOURCES SUCH AS PRIMARY CARE, SPECIALTY CARE, INSURANCE ENROLLMENT, TRANSPORTATION, HOUSING, AND OTHER SOCIAL SERVICES OFTEN STRUGGLE TO MANAGE THEIR HEALTH EFFECTIVELY. TO ADDRESS THESE CHALLENGES, SAMC HEALTH HUB COMMUNITY HEALTH WORKERS HAVE FACILITATED MORE THAN 5,440 CONNECTIONS TO SOCIAL CARE RESOURCES, INCLUDING FOOD, FINANCIAL ASSISTANCE, AND HOUSING SUPPORT, AS WELL AS TRANSPORTATION SERVICES TO 10,104 QUALIFYING PATIENTS TO AND FROM MEDICAL AND SOCIAL SERVICE APPOINTMENTS, WHEN INSURANCE COVERAGE WAS UNAVAILABLE. THE IMPACT OF THE SAMC HEALTH HUB HAS IMPROVED CARE COORDINATION AND HEIGHTENED CLINICIANS' AWARENESS OF THE INFLUENCE OF SOCIAL FACTORS ON PATIENTS' HEALTH.

THE HOLY CROSS HEALTH AND WELLNESS CENTER (HOLY CROSS) MADE A SIGNIFICANT IMPACT, DOCUMENTING 9,000 ENCOUNTERS WHILE PROVIDING ESSENTIAL ITEMS SUCH AS CLOTHING, HYGIENE PRODUCTS, DIAPERS, AND SELF-CARE SERVICES TO LOW-INCOME FAMILIES AND INDIVIDUALS FACING HOUSING INSECURITY.

IN MAY 2025, SAMC PARTNERED WITH POVERELLO HOUSE TO MAXIMIZE THE USE OF HOLY CROSS BY TRANSFORMING A 2,426-SQUARE-FOOT BUILDING INTO A SAFE, TEMPORARY HOUSING FACILITY FOR UNHOUSED WOMEN THAT OFFERS 34 BEDS, A FULL KITCHEN, A DINING AREA, PRIVATE SHOWERS, COMFORTABLE BEDDING, A LAUNDRY ROOM, AND A DEDICATED EDUCATIONAL SPACE TO HELP WOMEN BEGIN REBUILDING THEIR LIVES.

SAMC INVESTED \$892,095 IN NET COMMUNITY BENEFIT TO SUPPORT THESE SERVICES.

OTHER INFORMATION - IN FY25, SAMC CONTINUED TO PROMOTE COMMUNITY HEALTH BY PROVIDING FINANCIAL, IN-KIND SUPPORT OR BOARD MEMBERSHIP TO VARIOUS COMMUNITY-BASED ORGANIZATIONS. THESE ORGANIZATIONS INCLUDED THE AMERICAN HEART ASSOCIATION, AMERICAN HEART ASSOCIATION BOARD OF TRUSTEES, ANGELS OF GRACE, BLACK WELLNESS AND PROSPERITY CENTER, CALIFORNIA HEALTH COLLABORATIVE CALIFORNIA STATE UNIVERSITY-FRESNO, CASA OF FRESNO AND MADERA COUNTIES, CENTRAL SAN JOAQUIN VALLEY NURSING LEADERSHIP COALITION, CLOVIS CHAMBER OF COMMERCE, LEADERSHIP COALITION, CENTRO LA FAMILIA, COMMUNITY LINK, FRESNO CHAMBER OF COMMERCE, FRESNO COUNTY HEALTH IMPROVEMENT PARTNERSHIP (FCHIP), FRESNO RAINBOW PRIDE, EXCEPTIONAL PARENTS UNLIMITED, FRESNO COMPACT FRESNO EOC, LGBTQ+ RESOURCE CENTER FRESNO METROPOLITAN MINISTRY, FRESNO RESCUE MISSION, FRESNO ROTARY CLUB, HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA, HMONG NURSES ASSOCIATION, HOPE NOW, LEUKEMIA AND LYMPHOMA SOCIETY, LEUKEMIA AND LYMPHOMA BOARD OF TRUSTEES, MARJAREE MASON CENTER, PROJECT LINUS, REGENERATE CALIFORNIA INNOVATION, SANT HEALTH FOUNDATION SOUTHWEST FRESNO POWER (PARTNERSHIP FOR OPPORTUNITY, WELLNESS, EQUITY, AND RESTORATION), ADVANCED PEACE, ALLEY IN THE VALLEY, ANOTHER LEVEL TRAINING ACADEMY, COMMUNITY JUSTICE CENTER, EVERY NEIGHBORHOOD PARTNERSHIP, FAITH IN THE VALLEY, BEYOND HOUSING FRESNO FOUNDATION, GENERATION CHANGERS, NEIGHBORHOOD WATCH STOP THE VIOLENCE FRESNO, MEDICAL GROUP ASSOCIATION, MEDICAL HEALTH EMERGENCY PREPAREDNESS ADVISORY COMMITTEE, MENTAL HEALTH COMMITTEE, NURSING EDUCATION BOARD OF TRUSTEES, THE FOUNDATION FCOE, NURSING LEADERSHIP COALITION CENTRAL

Part VI Supplemental Information (Continuation)

VALLEY, ONE FRESNO FOUNDATION, UNITED HEALTH CENTER FOUNDATION, UNITED WAY OF FRESNO AND MADERA COUNTIES, AND WEST CARE OF CENTRAL CALIFORNIA.

IN FY25, TRINITY HEALTH EVALUATED THE OVERALL IMPACT ITS HOSPITALS HAVE ON COMMUNITY HEALTH. THIS EVALUATION INCLUDES TRADITIONAL COMMUNITY BENEFIT REPORTED IN PART I, COMMUNITY BUILDING REPORTED IN PART II, THE SHORTFALL IN MEDICARE SERVICES REPORTED IN PART III, AND EXPENSES EXCLUDED FROM THE PART I COMMUNITY BENEFIT CALCULATION THAT ARE OFFSET BY EXTERNAL FUNDING. IT ALSO COVERS ALL COMMUNITY HEALTH WORKERS WORKING WITHIN OUR CLINICALLY INTEGRATED NETWORKS. OUR GOAL IN SHARING THIS COMMUNITY IMPACT REPORT IS TO DEMONSTRATE HOW OUR CATHOLIC, NOT-FOR-PROFIT HEALTH SYSTEM MAKES A DIFFERENCE IN THE COMMUNITIES WE SERVE, ESPECIALLY FOR THOSE FACING POVERTY, THROUGH FINANCIAL INVESTMENTS.

SAMC'S COMMUNITY IMPACT FOR FISCAL YEAR 2025 TOTALED \$120.8 MILLION.

PART VI, LINE 6:

SAMC 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.

Part VI Supplemental Information (Continuation)

- 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 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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