

**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 ST. MARY'S HOSPITAL, INC.	Employer identification number 58-0566223
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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)			11008200.	100,000.	10908200.	4.03%
b Medicaid (from Worksheet 3, column a)			25909160.	29516637.	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs			36917360.	29616637.	10908200.	4.03%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	8	2,900	970,143.		970,143.	.36%
f Health professions education (from Worksheet 5)	3	620	3331936.		3331936.	1.23%
g Subsidized health services (from Worksheet 6)	3	3,734	1664614.		1664614.	.61%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	918	15,874.		15,874.	.01%
j Total. Other benefits	16	8,172	5982567.		5982567.	2.21%
k Total. Add lines 7d and 7j	16	8,172	42899927.	29616637.	16890767.	6.24%

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):

Table with columns: Licensed hospital, gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: ST. MARY'S HOSPITAL, 1230 BAXTER STREET, ATHENS, GA 30606, WWW.STMARYSHEALTHCARESISTEM.ORG, LICENSE #029-160, X, X, X, X, OTHER OUTPATIENT CENTERS.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: ST. MARY'S HOSPITAL

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 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: ST. MARY'S 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 checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: ST. MARY'S 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 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: ST. MARY'S HOSPITAL

	Yes	No
<p>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:</p> <p>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</p> <p>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</p> <p>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</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p>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?</p> <p>If "Yes," explain in Section C.</p>	23	X
<p>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?</p> <p>If "Yes," explain in Section C.</p>	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.

ST. MARY'S HOSPITAL:
PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E:
ST. MARY'S HOSPITAL INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS. THROUGH FURTHER PRIORITIZATION AND IDENTIFICATION OF EXISTING COMMUNITY RESOURCES AND ASSETS, THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED MOST SIGNIFICANT:

1. ACCESS TO HEALTH CARE
2. BEHAVIORAL HEALTH
3. CARDIOVASCULAR DISEASE
4. MATERNAL HEALTH
5. DIABETES
6. ALZHEIMER'S DISEASE & RELATED DEMENTIA
7. FOOD INSECURITY

ST. MARY'S HOSPITAL:
PART V, SECTION B, LINE 5: IN CONDUCTING THE 2024 CHNA, ST. MARY'S HEALTHCARE SYSTEM (INCLUDING ST. MARY'S HOSPITAL, GOOD SAMARITAN HOSPITAL, AND ST. MARY'S SACRED HEART HOSPITAL) CONTRACTED WITH THE ATHENS WELLBEING PROJECT (AWP).

THE AWP IS AN INITIATIVE CHAMPIONED BY THE ATHENS AREA COMMUNITY FOUNDATION, WITH RESEARCH LED BY DR. GRACE BAGWELL ADAMS OF THE UNIVERSITY OF GEORGIA'S COLLEGE OF PUBLIC HEALTH. THE PROJECT REPRESENTS A COLLABORATION OF COMMUNITY INSTITUTIONS AND STAKEHOLDERS COMMITTED TO COLLECTING AND UTILIZING REPRESENTATIVE HOUSEHOLD-LEVEL DATA TO UNDERSTAND LIFE IN THE COUNTY ACROSS A VARIETY OF DOMAINS, INCLUDING HEALTH, HOUSING, EDUCATION, COMMUNITY SAFETY, AND CIVIC VITALITY.

THE CHNA USED A COMPREHENSIVE MIXED-METHODS APPROACH, WHICH INCLUDED A COMBINATION OF QUALITATIVE AND QUANTITATIVE DATA AND ANALYSES, TO IDENTIFY AND PRIORITIZE COMMUNITY HEALTH NEEDS. THE QUALITATIVE METHODS USED TO SOLICIT INPUT FROM PRIMARY SOURCES INCLUDED FOCUS GROUPS AND STAKEHOLDER DISCUSSIONS. THE QUANTITATIVE METHODS UTILIZED A VARIETY OF PUBLICLY AVAILABLE SECONDARY SOURCES AND DATA COLLECTED THROUGH THE AWP SURVEY.

PRIMARY DATA COLLECTION CONSISTED OF FOCUS GROUPS AND STAKEHOLDER DISCUSSIONS CONDUCTED BETWEEN JULY AND AUGUST 2025. INPUT WAS OBTAINED FROM INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH SPECIALIZED KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH; REPRESENTATIVES OF FEDERAL, REGIONAL, STATE, AND LOCAL HEALTH DEPARTMENTS OR OTHER AGENCIES WITH CURRENT DATA OR INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED; AND LEADERS, REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN THE COMMUNITY EXPERIENCING OR AT RISK OF CHRONIC DISEASE. ADDITIONAL INPUT WAS RECEIVED FROM OTHER INDIVIDUALS AND ORGANIZATIONS LOCATED IN AND/OR SERVING THE COMMUNITY.

ORGANIZATIONS THAT PROVIDED INPUT FOR PRIMARY DATA INCLUDE ADVANTAGE BEHAVIORAL HEALTH SYSTEMS, GEORGIA FAMILY CONNECTION, OCONEE VALLEY

Part V Facility Information (continued)

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

HEALTHCARE, AND UNITED WAY OF NORTHEAST GEORGIA.

ADDITIONALLY, A REPRESENTATIVE FROM THE GEORGIA DEPARTMENT OF PUBLIC HEALTH, NORTHEAST HEALTH DISTRICT, PROVIDED WRITTEN INPUT IDENTIFYING THE MOST PRESSING REGIONAL HEALTH NEEDS FROM THEIR PERSPECTIVE, INCLUDING HEALTH CARE ACCESS, MATERNAL HEALTH, AND BEHAVIORAL HEALTH.

SECONDARY DATA SOURCES WERE USED TO GATHER DEMOGRAPHIC AND HEALTH INDICATOR DATA FOR THE ASSESSMENT. QUANTITATIVE ANALYSES WERE PERFORMED USING REPORTS GENERATED BY THE TRINITY HEALTH DATA HUB, WHICH ARE BASED ON EACH HOSPITAL'S DEFINED SERVICE AREA. THESE REPORTS PROVIDED COMPREHENSIVE INFORMATION ACROSS THE FOLLOWING INDICATORS: HEALTH CARE ACCESS, ECONOMIC STABILITY, EDUCATION, SOCIAL SUPPORT AND COMMUNITY CONTEXT, NEIGHBORHOOD AND PHYSICAL ENVIRONMENT, AND HEALTH OUTCOMES AND BEHAVIORS.

SEVERAL INDICATORS WERE CALCULATED USING AREAL-WEIGHTED INTERPOLATION TO ESTIMATE THE VALUES FOR EACH CENSUS TRACT OVERLAPPING A HOSPITAL'S SERVICE AREAS. TRACT-LEVEL ESTIMATES WERE THEN AGGREGATED TO THE HOSPITAL REGION LEVEL. A RULE WAS APPLIED TO ENSURE THAT THE COMBINED PERCENTAGE OF ALL SELECTED HOSPITAL SERVICE AREAS DID NOT EXCEED 100 PERCENT FOR ANY CENSUS TRACT. EACH HOSPITAL REPORT INCLUDES THE MOST CURRENT DATA AVAILABLE FROM NATIONALLY RECOGNIZED SOURCES, SUCH AS THE U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY, AND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM.

THE AWP SURVEY WAS DEVELOPED THROUGH AN ITERATIVE AND COLLABORATIVE PROCESS BETWEEN THE RESEARCH TEAM AND AWP INSTITUTIONAL PARTNERS. THE APPROACH FOCUSED ON CREATING A QUANTITATIVE SURVEY INSTRUMENT THAT ADDRESSED THE NEEDS OF COMMUNITY STAKEHOLDERS OPERATING ACROSS SURVEY DOMAINS, SUPPORTING STRONGER CROSS-SECTOR ALIGNMENT. THE DATA COLLECTION GARNERED 3,996 UNIQUE HOUSEHOLD RESPONSES.

ST. MARY'S HOSPITAL:

PART V, SECTION B, LINE 6A: THE 2024 CHNA WAS CONDUCTED BY ST. MARY'S HEALTH CARE SYSTEM (INCLUDING ST. MARY'S HOSPITAL, GOOD SAMARITAN HOSPITAL, AND ST. MARY'S SACRED HEART HOSPITAL).

ST. MARY'S HOSPITAL:

PART V, SECTION B, LINE 6B: THE 2024 CHNA WAS CONDUCTED IN COLLABORATION WITH THE AWP AND ITS PARTNERS, INCLUDING ATHENS AREA COMMUNITY FOUNDATION, FAMILY CONNECTION-COMMUNITIES IN SCHOOLS OF ATHENS, ADVANTAGE BEHAVIORAL HEALTH, ATHENS HOUSING AUTHORITY, PIEDMONT ATHENS REGIONAL MEDICAL CENTER, FOOD BANK OF NORTHEAST GEORGIA, ATHENS-CLARKE UNIFIED GOVERNMENT, ATHENS-CLARK COUNTY POLICE DEPARTMENT, CLARKE COUNTY SCHOOL DISTRICT, UNITED WAY OF NORTHEAST GEORGIA, JACKSON ELECTRIC MEMBERSHIP CORPORATION (EMC) FOUNDATION, ENVISION ATHENS, UNIVERSITY OF GEORGIA, ATHENS HOMELESS COALITION.

ST. MARY'S HOSPITAL:

PART V, SECTION B, LINE 11: ST. MARY'S HOSPITAL ACKNOWLEDGES THE BROAD RANGE OF PRIORITY HEALTH AND SOCIAL NEEDS IDENTIFIED THROUGH THE CHNA PROCESS. AFTER CAREFUL REVIEW, THE HOSPITAL DETERMINED IT COULD MOST

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.

EFFECTIVELY FOCUS ITS RESOURCES ON THOSE NEEDS THAT ARE THE MOST PRESSING, INSUFFICIENTLY ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. HEALTH CARE ACCESS EMERGED AS THE PRIMARY CONCERN OF THE FOCUS GROUP MEMBERS AND THE ADVISORY COUNCIL, AND WAS A COMMON THEME REFLECTED IN THE QUANTITATIVE DATA. BY PRIORITIZING HEALTH CARE ACCESS, ST. MARY'S HOSPITAL COULD CREATE A MORE INCLUSIVE AND COMPREHENSIVE HEALTH CARE ENVIRONMENT ACROSS ITS SERVICE AREA. AS A RESULT OF THIS FOCUSED APPROACH, ST. MARY'S HOSPITAL DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS IDENTIFIED THROUGH THE CHNA PROCESS: BEHAVIORAL HEALTH, CARDIOVASCULAR DISEASE, MATERNAL HEALTH, DIABETES, ALZHEIMER'S DISEASE & RELATED DEMENTIA, AND FOOD INSECURITY.

ST. MARY'S HOSPITAL ADDRESSED HEALTH CARE ACCESS IN FISCAL YEAR 2025 THROUGH THE FOLLOWING INITIATIVES:

ST. MARY'S HOSPITAL IMPROVED ACCESS TO PRIMARY CARE VISITS AND SAME-DAY APPOINTMENTS FOR UNINSURED AND UNDERINSURED COMMUNITY MEMBERS. COMMUNITY INTERNAL MEDICINE OF ATHENS, AN AFFILIATE OF THE HOSPITAL, EXPANDED OPERATIONS AND RESIDENT PHYSICIANS TO PROVIDE FULL INTERNAL MEDICINE CARE FOR ADULTS, INCLUDING ROUTINE WELLNESS VISITS, TREATMENT OF MINOR ACUTE ILLNESSES AND INJURIES, AND MANAGEMENT OF CERTAIN CHRONIC CONDITIONS SUCH AS HIGH BLOOD PRESSURE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND DIABETES. THE HOSPITAL PARTNERED WITH NATIONAL EMERGENCY MEDICAL SERVICE TO OFFER A COMMUNITY PARAMEDICINE PROGRAM TO PROVIDE PREVENTATIVE CARE TO UNDERSERVED COMMUNITY MEMBERS. THE ST. MARY'S BREAST HEALTH CENTER CONTINUED OFFERING SERVICES IN PREVENTATIVE CARE, HIGH-RISK COUNSELING, MEDICAL, RADIOGRAPHIC, AND SURGICAL TREATMENT. THE ST. MARY'S BREAST HEALTH CENTER ALSO ADDRESSED FINANCIAL BARRIERS TO ACCESS TO HEALTH CARE BY PROVIDING NO-COST MAMMOGRAMS TO PATIENTS IN NEED.

THROUGH THE HOSPITAL'S COMMUNITY HEALTH WORKER (CHW) PROGRAM, THE CHW'S WORKED CLOSELY WITH CLINICAL STAFF TO ASSIST UNDERSERVED PATIENTS OBTAIN ACCESS TO ADDITIONAL CARE WHEN NECESSARY, INCLUDING FOLLOW-UP APPOINTMENTS, PRESCRIPTION MEDICATIONS, DURABLE MEDICAL EQUIPMENT, AND TRANSPORTATION TO FOLLOW-UP CARE. THE CHW'S ALSO WORKED WITH CASE MANAGEMENT TO ENSURE UNDERINSURED PATIENTS RECEIVED ACCESS TO DIALYSIS TREATMENT, WHICH WAS PAID FOR BY ST. MARY'S HOSPITAL.

THROUGH ST. MARY'S HOSPITAL FINANCIAL ASSISTANCE PROGRAM, LOW-INCOME PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE FOR MEDICAL CARE, MINIMIZING THE BARRIER TO HEALTH CARE ACCESS EXPERIENCED BY UNINSURED AND UNDERINSURED PATIENTS. TO FURTHER ENHANCE ACCESS, ST. MARY'S HOSPITAL PARTNERED WITH MERCY HEALTH CENTER TO ALLOW THEIR STAFF TO ASSIST PATIENTS WITH COMPLETING TRINITY HEALTH'S FINANCIAL ASSISTANCE APPLICATION. THIS COLLABORATION INCREASED ACCESS TO CARE FOR PATIENTS WHO MAY HAVE OTHERWISE FACED CHALLENGES COMPLETING APPLICATIONS INDEPENDENTLY OR PROVIDING REQUIRED INFORMATION.

ST. MARY'S HOSPITAL PARTNERED WITH FIRSTSOURCE, A PATIENT FINANCIAL SERVICES PROVIDER, TO ASSIST UNSERVED AND UNDERSERVED PATIENTS IN NAVIGATING MEDICAID ENROLLMENT AND FINANCIAL ASSISTANCE PROGRAMS. THIS PARTNERSHIP HELPED REDUCE FINANCIAL BARRIERS TO NECESSARY HEALTH CARE SERVICES BY ENSURING ELIGIBLE PATIENTS RECEIVED GUIDANCE AND SUPPORT THROUGH THE APPLICATION AND ELIGIBILITY DETERMINATION PROCESS.

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.

THROUGH A PARTNERSHIP WITH WHOLESOME WAVE, ST. MARY'S HOSPITAL PROVIDED POP-UP CLINICS AT THE ATHENS FARMERS MARKET FOR FARMRX PARTICIPANTS. THE CLINICS PROVIDED FREE A1C TESTING, BLOOD PRESSURE READINGS, AND UP TO 30 MINUTES OF FREE NUTRITION COUNSELING. THIS INITIATIVE SUPPORTED PREVENTATIVE CARE EFFORTS AND INCREASED ACCESS TO HEALTH CARE FOR COMMUNITY MEMBERS WHO MAY OTHERWISE FACE BARRIERS TO CARE.

IN ADDITION, ST. MARY'S HOSPITAL HIRED A LIFESTYLE COACH AND RE-STARTED THE DIABETES PREVENTION PROGRAM IN JUNE. AS PART OF THIS EFFORT, WHOLESOME WAVE PROVIDED PROGRAM PARTICIPANTS WITH FRESH PRODUCE SOURCED DIRECTLY FROM LOCAL FARMERS. THIS PARTNERSHIP WAS FORMED TO INCREASE PROGRAM EFFICACY BY INCREASING ACCESS TO FREE, NUTRITIOUS FOODS, WHICH PLAY A DIRECT ROLE IN DIABETES PREVENTION AND OVERALL HEALTH OUTCOMES.

ST. MARY'S HOSPITAL:

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

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

ST. MARY'S HOSPITAL:

PART V, SECTION B, LINE 7A:
WWW.STMARYSHEALTHCARESYSTEM.ORG/ABOUT-US/COMMUNITY-BENEFIT

ST. MARY'S 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.

ST. MARY'S HOSPITAL:

PART V, SECTION B, LINE 10A:
WWW.STMARYSHEALTHCARESYSTEM.ORG/ABOUT-US/COMMUNITY-BENEFIT

Part V Facility Information *(continued)*

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

ST. MARY'S HOSPITAL:

PART V, LINE 16A, FAP WEBSITE:

WWW.STMARYSHEALTHCARESISTEM.ORG/FOR-PATIENTS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE

ST. MARY'S HOSPITAL:

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.STMARYSHEALTHCARESISTEM.ORG/FOR-PATIENTS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE

ST. MARY'S HOSPITAL:

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

WWW.STMARYSHEALTHCARESISTEM.ORG/FOR-PATIENTS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE

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:

ST. MARY'S HOSPITAL REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

ST. MARY'S HOSPITAL ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON TRINITY HEALTH'S WEBSITE AT WWW.TRINITY-HEALTH.ORG/OUR-IMPACT/COMMUNITY-HEALTH-AND-WELL-BEING.

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN 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, \$11,995,687, 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:

ST. MARY'S HOSPITAL PARTICIPATED IN SEVERAL COMMUNITY BUILDING ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY IMPROVING ACCESS TO HEALTH SERVICES, ENHANCING PUBLIC HEALTH, AND ADVANCING KNOWLEDGE. ST. MARY'S HOSPITAL PARTICIPATED IN THE FOLLOWING ACTIVITIES IN FISCAL YEAR 2025:

Part VI Supplemental Information (Continuation)

COMMUNITY SUPPORT - ST. MARY'S HOSPITAL PROVIDED A \$10,000 GRANT TO THE ARK, A LOCAL ORGANIZATION THAT PROVIDES EMERGENCY FINANCIAL ASSISTANCE, FINANCIAL EDUCATION, AND ASSET-BUILDING PROGRAMS TO LOW-INCOME WORKING FAMILIES. THE ARK UTILIZED THIS FUNDING TO PROVIDE FINANCIAL ASSISTANCE TO PATIENTS WHO WORKED WITH OUR CHW'S WHO WERE EXPERIENCING IDENTIFIED SOCIAL NEEDS.

IN ADDITION, ST. MARY'S HOSPITAL HIGHLIGHTED ITS PARTNERSHIP WITH WHOLESOME WAVE'S FARMRX PROGRAM AT THE 2025 CLEANMED NATIONAL CONFERENCE. A DIETICIAN FROM ST. MARY'S HOSPITAL PRESENTED ON THE FARMRX INITIATIVE, SHARING INFORMATION WITH OTHER HEALTH CARE SYSTEMS INTERESTED IN IMPLEMENTING SIMILAR PROGRAMS TO IMPROVE ACCESS TO HEALTH CARE AND NUTRITIOUS FOOD.

IN MAY, MEMBERS OF THE ST. MARY'S HOSPITAL SENIOR LEADERSHIP PARTICIPATED IN A PANEL DISCUSSION AT THE 5TH ANNUAL TRI-CHAMBER LEGISLATIVE BRIEFING. ADDITIONALLY, HOSPITAL LEADERS AND COLLEAGUES SERVED ON A VARIETY OF COMMUNITY BOARDS AND COALITIONS, INCLUDING THE ATHENS HOMELESS COALITION, HEALTHY ATHENS, THE DOMESTIC VIOLENCE TASK FORCE OF ATHENS, THE ATHENS CHAMBER OF COMMERCE, ATHENS COMMUNITY CAREER ACADEMY, SEXUAL ASSAULT NURSE EXAMINER (SANE), UNITED WAY OF NORTHEAST GEORGIA, MERCY HEALTH CENTER, THE EMS COUNCIL, AND OTHER LOCAL ORGANIZATIONS.

WORKFORCE DEVELOPMENT - ST. MARY'S HOSPITAL CONTINUED TO SUPPORT WORKFORCE DEVELOPMENT IN ITS COMMUNITY BY COLLABORATING WITH LOCAL COLLEGES TO ADVANCE PROFESSIONAL HEALTH EDUCATION. THROUGH THESE PARTNERSHIPS, THE HOSPITAL PROVIDED HANDS-ON INSTRUCTION THROUGH CLINICAL HOURS AS PART OF THEIR CURRICULUM, HELPING TO PREPARE THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS. ST. MARY'S HOSPITAL ALSO SUPPORTED WORKFORCE DEVELOPMENT EFFORTS BY PARTICIPATING IN THE JEFFERSON MIDDLE SCHOOL CARRER FAIR. HOSPITAL COLLEAGUES PROVIDED STUDENTS WITH INFORMATION, EDUCATION, AND RESOURCES RELATED TO CAREERS IN HEALTH CARE, PROMOTING AWARENESS OF WORKFORCE OPPORTUNITIES AND ENCOURAGING FUTURE INTEREST IN THE HEALTH CARE PROFESSIONS.

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:

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

Part VI Supplemental Information (Continuation)

PART III, LINE 4:

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

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN 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

Part VI Supplemental Information (Continuation)

COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

NEEDS ASSESSMENT - ST. MARY'S HOSPITAL ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY STAKEHOLDERS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, MARKET STUDIES, GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, SOLICIT INPUT FROM FOCUS GROUPS AND STAKEHOLDER DISCUSSIONS, AND UTILIZE SECONDARY DATA SOURCES SUCH AS THE TRINITY HEALTH DATA HUB FOR SERVICE AREA DATA AND THE EMERGENCY DEPARTMENT FOR HOSPITAL-SPECIFIC DATA, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR WHO ARE UNINSURED.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - ST. MARY'S HOSPITAL COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS OFFERED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HEALTH CARE BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR 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.

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

PART VI, LINE 4:

THE GEOGRAPHIC SERVICE AREA WAS DEFINED AT THE COUNTY-LEVEL FOR THE PURPOSES OF THE 2024 CHNA. THE ST. MARY'S HEALTH CARE SYSTEM SERVICE AREA INCLUDES THE FOLLOWING COUNTIES: ATHENS-CLARKE, BARROW, JACKSON, MADISON, OCONEE, OGLETHORPE, AND WALTON. IN ATHENS-CLARKE COUNTY, THERE IS ONE OTHER HOSPITAL, PIEDMONT ATHENS REGIONAL HOSPITAL, AND ONE FEDERALLY QUALIFIED HEALTH CENTER, ATHENS NEIGHBORHOOD HEALTH CENTER.

Part VI Supplemental Information (Continuation)

IN 2023, APPROXIMATELY 23% OF THE SERVICE AREA POPULATION WAS UNDER THE AGE OF 18, WHILE 16% WERE AGE 65 AND OLDER. ON AVERAGE, 88% OF THE SERVICE AREA POPULATION HAD A HIGH SCHOOL DIPLOMA, AND 31% HAD A BACHELOR'S DEGREE IN 2023. THE TOTAL POPULATION WITHIN THE SERVICE AREA AND AGGREGATED ACROSS ALL SEVEN COUNTIES IS 466,705.

THE MAJORITY OF HOUSEHOLDS IN THE SERVICE AREA IDENTIFY AS NON-HISPANIC WHITE (82%), FOLLOWED BY AFRICAN AMERICAN (15%), HISPANIC (9%), ASIAN (3%), AND OTHER (2%). THE MEDIAN HOUSEHOLD INCOME FOR THE RESIDENTS WITHIN THE ST. MARY'S HOSPITAL CAMPUS RANGED FROM \$49,832 TO \$114,758. INCOME DATA REVEALED DISPARITIES BETWEEN RACIAL GROUPS, WITH WHITE HOUSEHOLDS REPORTING MEDIAN INCOME RANGING FROM \$54,101 TO \$117,077, COMPARED TO BLACK HOUSEHOLDS, WHOSE MEDIAN INCOME RANGED FROM \$38,587 TO \$66,861. THESE DISPARITIES HIGHLIGHT THE LACK OF FINANCIAL MOBILITY THAT DISPROPORTIONATELY AFFECT COMMUNITIES OF COLOR.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - ST. MARY'S HOSPITAL IS GUIDED BY THE ST. MARY'S HEALTH CARE SYSTEM MISSION OF IMPROVING THE HEALTH OF THE PEOPLE IN OUR COMMUNITIES. ST. MARY'S HOSPITAL IS A 196-BED FULL-SERVICE HOSPITAL ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS. THE HOSPITAL PROVIDES A WIDE RANGE OF SERVICES, INCLUDING GENERAL SURGERY AND A 24-HOUR EMERGENCY DEPARTMENT THAT SERVES ALL INDIVIDUALS, REGARDLESS OF THEIR ABILITY TO PAY. AS PART OF THE ST. MARY'S HEALTH CARE SYSTEM, ST. MARY'S HOSPITAL ENSURES COMMUNITY MEMBERS HAVE CONVENIENT ACCESS TO SPECIALTY CARE CLOSE TO HOME THROUGH AN INTEGRATED NETWORK OF PHYSICIANS.

ST. MARY'S HOSPITAL IS GOVERNED BY A BOARD OF DIRECTORS COMMITTED TO UPHOLDING THE HOSPITAL'S CORE VALUES AND ENSURING THAT THE HOSPITAL CONTINUES ITS MISSION OF SERVING AS A COMPASSIONATE, HEALING PRESENCE WITHIN THE COMMUNITY. THE 11-MEMBER BOARD IS PRIMARILY COMPRISED OF COMMUNITY MEMBERS.

ST. MARY'S HOSPITAL'S OVERALL RESPONSIVENESS TO THE NEEDS OF THE COMMUNITY IS EVIDENCED BY ITS PARTICIPATION IN LOCAL COMMITTEES, COALITIONS, PANELS, ADVISORY GROUPS, COMMISSIONS, AND BOARDS. IN FISCAL YEAR 2025, MANY HOSPITAL SENIOR LEADERS DONATED THEIR TIME AND EXPERTISE TO ORGANIZATIONS THAT STRIVE TO IMPROVE COMMUNITY HEALTH, INCLUDING THE MERCY HEALTH CENTER, UNITED WAY OF NORTHEAST GEORGIA, ENVISION ATHENS, AND SANDY CREEK NATURE TRAIL. COMMUNITY HEALTH AND WELL-BEING STAFF PARTICIPATED IN SEVERAL COMMUNITY BUILDING COMMITTEES, INCLUDING THE HOMELESSNESS STRATEGIC PLAN ADVISORY COMMITTEE, AGE-FRIENDLY COMMUNITY ACTION COMMITTEE, AND HEALTHY ATHENS.

IN FISCAL YEAR 2025, ST. MARY'S HOSPITAL CREATED THE EXTERNAL COMMUNITY RESOURCE COMMITTEE, COMPOSED OF REPRESENTATIVES FROM LOCAL COMMUNITY ORGANIZATIONS THAT PROVIDE SERVICES TO UNDERPRIVILEGED MEMBERS IN OUR COMMUNITY. PARTICIPATING ORGANIZATIONS INCLUDE ADVANTAGE BEHAVIORAL HEALTH SERVICES, FAMILY CONNECTION NEIGHBORHOOD LEADERS, THE ARK, UGA EXTENSION FOR DIABETES, MERCY HEALTH CENTER, FOOD BANK OF NORTHEAST GEORGIA, ATHENS NEIGHBORHOOD HEALTH CENTER, AND THE INTERFAITH CLERGY PARTNERSHIP OF GREATER ATHENS.

THIS COMMITTEE GATHERED ON A QUARTERLY BASIS AND WAS DESIGNED TO BRING TOGETHER KEY COMMUNITY ORGANIZATIONS TO FOSTER TRANSPARENCY, IMPROVE

Part VI Supplemental Information (Continuation)

SERVICES, AND DISCUSS GAPS IN HEALTH CARE. THROUGH THESE COLLABORATIVE EFFORTS, THE COMMITTEE SUPPORTS INITIATIVES AIMED AT IMPROVING THE OVERALL HEALTH AND WELL-BEING OF THE COMMUNITY'S MOST VULNERABLE POPULATIONS.

ST. MARY'S HOSPITAL ADVANCED HEALTH CARE BY IMPROVING ACCESS TO EDUCATION AND TRAINING. EACH YEAR, THE HOSPITAL WELCOMES HUNDREDS OF STUDENTS FROM LOCAL COLLEGES AND UNIVERSITIES WHO ARE STUDYING TO BECOME THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS. IN FISCAL YEAR 2025, THE AUGUSTA UNIVERSITY/UNIVERSITY OF GEORGIA MEDICAL PARTNERSHIP (INTERNAL MEDICINE RESIDENCY PROGRAM) AT ST. MARY'S HOSPITAL GRADUATED ITS EIGHTH CLASS OF RESIDENTS. CREATING A QUALITY RESIDENCY PROGRAM AT ST. MARY'S HOSPITAL IS VITAL TO THE FUTURE OF HEALTH CARE IN NORTHEAST GEORGIA.

ST. MARY'S HOSPITAL IS ACTIVELY INVOLVED IN COMMUNITY EVENTS THAT BENEFIT EVERYONE FROM NEWBORNS TO PEOPLE WITH LIFE-LIMITING ILLNESSES. THE COMMUNITY EVENTS INCLUDED THE NATIONAL DAY OF PRAYER BREAKFAST AND SUBSTANCE USE DISORDER SUMMIT.

ST. MARY'S HOSPITAL FINANCIALLY SUPPORTED AND PARTICIPATED IN ENVISION ATHENS, A 20-YEAR EFFORT TO IMPROVE THE QUALITY OF LIFE FOR ALL ATHENIANS ACROSS FOURTEEN BROAD DIMENSIONS. IN ADDITION, THE LOCAL CONTINUUM OF CARE FOR HOMELESS SERVICES SERVED AS A COLLABORATIVE BODY COMPRISING MULTIPLE ORGANIZATIONS AND AGENCIES THAT SERVE THOSE EXPERIENCING HOMELESSNESS AND HOUSING INSECURITY IN OUR COMMUNITY.

ST. MARY'S HEALTH CARE SYSTEM CONTINUED TO ADVOCATE FOR AND ADVANCE THE ROLE OF COMMUNITY HEALTH WORKERS (CHW'S) ACROSS GEORGIA, IN A COMMITMENT TO ADDRESS HEALTH DISPARITIES AND IMPROVE ACCESS TO CARE FOR THOSE WHO ARE UNDERSERVED. GEORGIA WATCH, A CONSUMER ADVOCACY ORGANIZATION, AND HOSPITAL REPRESENTATIVES WORKED WITH STATE LEGISLATORS TO SUPPORT LEGISLATION TO ESTABLISH A FORMAL LICENSURE PROCESS FOR CHW'S. THIS LEGISLATION AIMED TO ENSURE STANDARDIZED TRAINING, CERTIFICATION, AND PROFESSIONAL RECOGNITION OF CHW'S THROUGHOUT THE STATE, WHILE ALSO ENABLING REIMBURSEMENT THROUGH MEDICAID AND OTHER PAYERS. THROUGH PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS, THE HOSPITAL EDUCATED THE PUBLIC AND POLICYMAKERS ON THE IMPORTANCE OF EXPANDING THE CHW WORKFORCE TO ADDRESS HEALTH INEQUITIES, PARTICULARLY IN RURAL AND UNDERSERVED AREAS.

DURING FISCAL YEAR 2025, ST. MARY'S HOSPITAL MADE THE FOLLOWING EFFORTS TO CONTINUE ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH WITHIN THE COMMUNITY AS PART OF THE HOSPITAL'S BROADER COMMITMENT TO IMPROVING HEALTH OUTCOMES:

ANCHOR INSTITUTION - ST. MARY'S HOSPITAL IS AN ANCHOR INSTITUTION THAT COLLABORATES WITH COMMUNITIES, CHURCHES, BUSINESSES, AND OTHER HEALTH CARE ORGANIZATIONS TO LEVERAGE THEIR ECONOMIC POWER ALONGSIDE THEIR HUMAN AND INTELLECTUAL RESOURCES TO IMPROVE THE LONG-TERM HEALTH AND SOCIAL WELFARE OF THEIR COMMUNITIES. OUR HOSPITAL LEADERS AND STAFF OFFER THEIR EXPERTISE TO A VARIETY OF ORGANIZATIONS AND BOARDS THAT STRIVE TO IMPROVE OUR COMMUNITY.

FOOD SECURITY - UNDERSTANDING THE CRITICAL LINK BETWEEN NUTRITION AND HEALTH, ST. MARY'S HOSPITAL PARTNERED WITH LOCAL ORGANIZATIONS LIKE WHOLESOME WAVE GEORGIA TO EXPAND ACCESS TO NUTRITIOUS FOOD FOR UNDERSERVED POPULATIONS.

CHW-LED SOCIAL CARE NAVIGATION - ST. MARY'S HEALTH CARE SYSTEM CONTINUED

Part VI Supplemental Information (Continuation)

THE CHW PROGRAM TO ASSESS PATIENT'S SOCIAL NEEDS SUCH AS EMPLOYMENT, HOUSING, FOOD ACCESS, AND TRANSPORTATION. THE CHW PROGRAM CONNECTS PATIENTS TO COMMUNITY RESOURCES AND SERVICES, WHILE ALSO ASSISTING THEM IN NAVIGATING SOCIAL SYSTEMS THAT COULD IMPROVE THEIR ECONOMIC AND SOCIAL CONDITIONS. THIS HOLISTIC APPROACH HELPS ADDRESS UNDERLYING SOCIAL INFLUENCERS THAT OFTEN GO UNRECOGNIZED DURING STANDARD HEALTH CARE INTERACTIONS.

IN FISCAL YEAR 2025, ST. MARY'S HEALTH CARE SYSTEM CEO, STONISH PIERCE, JOINED TRINITY HEALTH LEADERS AND THE GEORGIA HOSPITAL ASSOCIATION ON CAPITOL HILL TO RAISE AWARENESS AMONG LOCAL ELECTED OFFICIALS ON THE IMPACTS OF PROPOSED CUTS TO MEDICAID AND OTHER HEALTH CARE PROGRAMS AND FUNDING SOURCES.

IN FISCAL YEAR 2025, TRINITY HEALTH ASSESSED THE TOTAL IMPACT ITS HOSPITALS HAVE ON COMMUNITY HEALTH. THIS ASSESSMENT INCLUDES TRADITIONAL COMMUNITY BENEFIT AS REPORTED IN PART I, COMMUNITY BUILDING AS REPORTED IN PART II, THE SHORTFALL ON MEDICARE SERVICES AS REPORTED IN PART III, AS WELL AS EXPENSES THAT ARE EXCLUDED FROM THE PART I COMMUNITY BENEFIT CALCULATION BECAUSE THEY ARE OFFSET BY EXTERNAL FUNDING. ALSO INCLUDED ARE ALL COMMUNITY HEALTH WORKERS, INCLUDING THOSE OPERATING IN OUR CLINICALLY INTEGRATED NETWORKS. OUR GOAL IN SHARING THE COMMUNITY IMPACT IS TO DEMONSTRATE HOW OUR CATHOLIC NOT-FOR-PROFIT HEALTH SYSTEM MAKES A DIFFERENCE IN THE COMMUNITIES WE SERVE - FOCUSING ON IMPACTING PEOPLE EXPERIENCING POVERTY - THROUGH FINANCIAL INVESTMENTS.

ST. MARY'S HEALTH CARE SYSTEM'S COMMUNITY IMPACT IN FISCAL YEAR 2025 TOTALED \$54.2 MILLION.

PART VI, LINE 6:

ST. MARY'S HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH & WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE 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

Part VI Supplemental Information (Continuation)

AND INITIATIVES THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.9 BILLION IN FY25.

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

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

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

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

Part VI Supplemental Information (Continuation)

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.

Lined area for supplemental information.