

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.  
Attach to Form 990.

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

OMB No. 1545-0047

**2024**

Open to Public  
Inspection

<b>Name of the organization</b> <b>SAMARITAN HOSPITAL</b>	<b>Employer identification number</b> <b>14-1338544</b>
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial assistance at cost (from Worksheet 1) .....			5698266.	1158512.	4539754.	1.05%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			83422571.	57211238.	26211333.	6.07%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial assistance and means-tested government programs .....			89120837.	58369750.	30751087.	7.12%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	22	58,939	6160404.	3785472.	2374932.	.55%
<b>f</b> Health professions education (from Worksheet 5) .....	3	72	2761347.	564,964.	2196383.	.51%
<b>g</b> Subsidized health services (from Worksheet 6) .....	6	96,242	59842045.	52828794.	7013251.	1.62%
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....	2		91,806.		91,806.	.02%
<b>j Total.</b> Other benefits .....	33	155,253	68855602.	57179230.	11676372.	2.70%
<b>k Total.</b> Add lines 7d and 7j .....	33	155,253	157976439	115548980	42427459.	9.82%



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):

1 SAMARITAN HOSPITAL
2215 BURDETT AVENUE
TROY, NY 12180
SPHP.COM/LOCATION/SAMARITAN-HOSPITAL
4102002H

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: X, X, , , , , X, , Other (describe), .

**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: SAMARITAN 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
<b>Community Health Needs Assessment (CHNA)</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>24</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>24</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," list url: <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group: SAMARITAN HOSPITAL

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

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: SAMARITAN HOSPITAL

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

**Policy Relating to Emergency Medical Care**

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

	Yes	No
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
<b>a</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	<b>23</b>	<b>X</b>
If "Yes," explain in Section C.		
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	<b>24</b>	<b>X</b>
If "Yes," explain in Section C.		

Schedule H (Form 990) 2024

**Part V Facility Information** (continued)

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

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

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

1. OBESITY
2. DIABETES
3. SOCIAL DETERMINANTS OF HEALTH
4. MENTAL ILLNESS INCLUDING SUICIDE
5. CARDIAC CONDITIONS INCLUDING STROKE, HEART DISEASE AND HYPERTENSION
6. POOR BIRTH OUTCOMES
7. ALCOHOL AND DRUG USE
8. CHILDHOOD LEAD EXPOSURE
9. CANCER
10. TOBACCO USE
11. IMMUNIZATION AND RELATED DISEASE INCLUDING COVID-19
12. ASTHMA
13. SEXUALLY TRANSMITTED INFECTIONS
14. INJURIES AND FALLS
15. TICK-BORNE ILLNESS

SAMARITAN HOSPITAL:  
PART V, SECTION B, LINE 5: SAMARITAN HOSPITAL CONDUCTED AN UPDATE TO THE 2022 CHNA IN FY25 (JULY 1, 2024-JUNE 30, 2025) IN THE FALL OF 2024. FOR THE PURPOSES OF ITS CHNA, SAMARITAN HOSPITAL USED DATA AND INFORMATION RELATING TO ALBANY AND RENSSELAER COUNTIES WHICH REPRESENT THE HOME ZIP CODES OF 79% OF ITS PATIENTS.

DATA SOURCES AND METHODOLOGY:  
THE FY25 CHNA UPDATE WAS CONDUCTED BY ST. PETER'S HEALTH PARTNERS COLLEAGUES FROM THE COMMUNITY HEALTH & WELL-BEING DEPARTMENT AND INCLUDES INFORMATION COLLECTED FROM QUALITATIVE AND QUANTITATIVE DATA SOURCES. WHEREVER POSSIBLE, COMMUNITY HEALTH INDICATOR DATA WAS COLLECTED TO ALLOW COMPARISONS BETWEEN ALBANY AND RENSSELAER COUNTIES, THE STATE OF NEW YORK, AND NATIONAL RATES. THE HEALTH INDICATORS SELECTED FOR THIS REPORT WERE BASED ON A REVIEW OF AVAILABLE PUBLIC HEALTH DATA AND NEW YORK STATE PRIORITIES PROMULGATED THROUGH THE PREVENTION AGENDA FOR A HEALTHIER NEW YORK. THE COLLECTION AND MANAGEMENT OF THIS DATA HAVE BEEN SUPPORTED BY THE STATE FOR AN EXTENDED PERIOD AND IS VERY LIKELY TO CONTINUE TO BE SUPPORTED. THIS PROVIDES RELIABLE AND COMPARABLE DATA OVER TIME AND ACROSS THE STATE. THESE MEASURES, WHEN COMPLEMENTED BY THE EXPANDED BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM AND PREVENTION QUALITY INDICATORS, AND TRINITY HEALTH DATA HUB, PROVIDE HEALTH INDICATORS THAT CAN POTENTIALLY IMPACT IN THE SHORT-TERM.

QUANTITATIVE DATA:  
QUANTITATIVE, OR SECONDARY, DATA SOURCES INCLUDED PUBLISHED DATA ON

**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.

DEMOGRAPHICS, KEY HEALTH INDICATORS, AND SOCIAL INFLUENCERS OF HEALTH COLLECTED FROM A VARIETY OF RESOURCES. THE PRIMARY SOURCE OF QUANTITATIVE DATA WAS THE TRINITY HEALTH DATA HUB ACCESSED THROUGHOUT THE CHNA DEVELOPMENT PERIOD FROM MAY TO OCTOBER 2024 AT WWW.TRINITYHEALTHDATAHUB.ORG.

ADDITIONAL COMMUNITY INPUT WAS GAINED THROUGH SURVEYS WITH AN ALBANY-RENSSELAER COUNTY EXTERNAL WORKGROUP THROUGHOUT THE MONTHS OF SEPTEMBER AND OCTOBER 2024. THIS WORKGROUP WAS COMPRISED OF COMMUNITY EXPERTS AND COMMUNITY SERVICE AGENCIES INCLUDING RENSSELAER COUNTY HEALTH DEPARTMENT, ALBANY COUNTY HEALTH DEPARTMENT, ALBANY MEDICAL CENTER, ST. PETER'S HEALTH PARTNERS, HEALTHY CAPITAL DISTRICT, INTERFAITH PARTNERSHIP FOR THE HOMELESS, CATHOLIC CHARITIES, AND BOYS AND GIRLS CLUB OF THE CAPITAL AREA.

VIRTUALLY ALL THESE ORGANIZATIONS SERVE LOW-INCOME RESIDENTS, THE HOMELESS AND OTHER VULNERABLE POPULATIONS AND WERE ENCOURAGED TO SHARE DATA AND OBSERVATIONS OF THEIR OWN AND TO ADVOCATE FOR THE NEEDS OF THEIR CONSTITUENTS. ST. PETER'S HEALTH PARTNERS AND ITS STAKEHOLDERS STRATEGICALLY INVITED PARTNERS WITH ACCESS TO MEDICALLY UNDERSERVED POPULATIONS TO COMPLETE THE SURVEYS. APPROXIMATELY TWENTY-FIVE SURVEYS WERE COMPLETED BY THE WORKGROUP AND COMMUNITY PARTNERS. WORK GROUP MEMBERS IDENTIFIED DIABETES, OBESITY, AND SOCIAL DETERMINANTS OF HEALTH AS THE TOP HEALTH CONCERNS.

IN ADDITION, THE ST. PETER'S HEALTH PARTNERS COMMUNITY HEALTH SURVEY COLLECTED TWENTY-FIVE RESPONSES FROM CAPITAL REGION ADULTS FROM SEPTEMBER TO OCTOBER 2024. THE SURVEY AIMED TO IDENTIFY THE MAJOR NEEDS AND PRIORITIES FACING CAPITAL REGION RESIDENTS. SURVEY RESPONDENTS DESCRIBED THE COMMUNITY AS DIVERSE, WITH A MIX OF RURAL, SUBURBAN, AND URBAN NEIGHBORHOODS. OBESITY, DIABETES, SOCIAL DETERMINANTS OF HEALTH, MENTAL HEALTH AND SUBSTANCE USE WERE IDENTIFIED AS THE TOP "VERY SERIOUS" PUBLIC HEALTH ISSUES. MENTAL HEALTH SERVICES WERE THE MOST DESIRED BY RESPONDENTS, FOLLOWED BY DRUG AND ALCOHOL SERVICES AND DENTAL CARE. ACCESS TO HEALTHY FOODS, AND SAFE AFFORDABLE HOUSING WERE THE MOST DIFFICULT TO ACCESS IN ONE'S COMMUNITY, ACCORDING TO RESPONDENTS, FOLLOWED BY ACCESS TO PUBLIC TRANSPORTATION FOR NEEDED SERVICES.

**SAMARITAN HOSPITAL:**

PART V, SECTION B, LINE 6A: SAMARITAN HOSPITAL CONDUCTED ITS CHNA IN COLLABORATION WITH THE FOLLOWING HOSPITAL FACILITIES: ALBANY MEDICAL CENTER, ELLIS HOSPITAL, SUNNYVIEW HOSPITAL AND REHABILITATION CENTER AND ST. PETER'S HOSPITAL.

**SAMARITAN HOSPITAL:**

PART V, SECTION B, LINE 6B: IN THE CHNA PROCESS, SAMARITAN HOSPITAL WAS JOINED BY REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS, BUSINESSES, CONSUMERS, SCHOOLS, ACADEMICS, AND THOSE WHO HAVE CONTACT WITH AND CARE FOR PEOPLE WITH CERTAIN CHRONIC DISEASES, SUCH AS DIABETES, ASTHMA AND BEHAVIORAL HEALTH ISSUES INCLUDING MENTAL HEALTH AND SUBSTANCE USE DISORDERS, INCLUDING: ALBANY COUNTY HEALTH DEPARTMENT, RENSSELAER COUNTY HEALTH DEPARTMENT, HEALTHY CAPITAL DISTRICT, INTERFAITH PARTNERSHIP FOR

**Part V Facility Information** (continued)

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

**THE HOMELESS, CATHOLIC CHARITIES AND THE BOYS AND GIRLS CLUB OF THE CAPITAL AREA.**

**SAMARITAN HOSPITAL:**

**PART V, SECTION B, LINE 11: SAMARITAN HOSPITAL, THROUGH ST. PETER'S HEALTH PARTNERS (SPHP), TOOK THE LEAD ON SEVERAL OF THE HEALTH PRIORITIES FROM THE CHNA AND DURING FY25, THE FOLLOWING NEEDS FROM THE CURRENT CHNA WERE ADDRESSED:**

**REDUCE OBESITY AND PREVENT DIABETES:**

**ON AN OUTPATIENT BASIS, DIABETES EDUCATORS FROM SPHP DIABETES AND ENDOCRINE CARE PROVIDED EDUCATION AND MAINTAINED A ROBUST DIABETES PREVENTION PROGRAM (DPP). IN FY25, 3,016 PATIENTS RECEIVED OUTPATIENT DIABETES EDUCATION. DURING FY25, SPHP FACILITATED 18 DPP COHORTS, WITH A TOTAL OF 240 PARTICIPANTS ENROLLED, WHICH WERE HELD IN ALBANY AND RENSSELAER COUNTIES. THIS PROGRAM IS FUNDED THROUGH GRANTS AND MEDICARE.**

**TO ADDRESS CHILDHOOD OBESITY IN FY25, SAMARITAN HOSPITAL PARTNERED WITH OTHER HOSPITALS WITHIN SPHP, THE U.S. SOCCER FOUNDATION, AND THE TROY BOYS AND GIRLS CLUB, TO SUPPORT THE SOCCER FOR SUCCESS PROGRAM FOR CHILDREN WITHIN THE CITIES OF TROY, ALBANY, AND SCHENECTADY. SOCCER FOR SUCCESS IS AN AFTERSCHOOL PROGRAM THAT IS PROVEN TO HELP CHILDREN ESTABLISH HEALTHY HABITS AND DEVELOP CRITICAL LIFE SKILLS THROUGH CARING COACH/MENTORS AND FAMILY ENGAGEMENT. THE PROGRAM IS OFFERED FREE OF CHARGE TO CHILDREN. PARTICIPANTS LEARN SOCCER SKILLS AND ABOUT EATING RIGHT AND OTHER WAYS TO STAY HEALTHY, WHILE GAINING IMPORTANT DECISION MAKING AND RELATIONSHIP SKILLS FROM THEIR INTERACTIONS WITH COACH/MENTORS AND PEERS. DURING FY25, 1,080 CHILDREN PARTICIPATED IN SOCCER FOR SUCCESS AT NINE BOYS AND GIRLS CLUB SITES THROUGHOUT ALBANY AND RENSSELAER COUNTIES. OUT OF THESE PARTICIPANTS, 76% MAINTAINED OR DECREASED THEIR BMI AND 80% IMPROVED AT LEAST TWO LEVELS ON THEIR AEROBIC CAPACITY TEST (PHYSICAL ACTIVITY).**

**SOCIAL DETERMINANTS OF HEALTH, SPECIFICALLY FOOD SECURITY:**

**SPHP AND SAMARITAN HOSPITAL (FUNDED BY A GRANT THROUGH THE MOTHER CABRINI FOUNDATION) PARTNERED WITH THE REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK, ST. PETER'S HEALTH PARTNERS COMMUNITY HEALTH AND WELL-BEING DEPARTMENTS AND ST. PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES TO PROVIDE A FOOD AS MEDICINE PROGRAM TO PATIENTS WHO HAVE A DIAGNOSIS OF TYPE 2 DIABETES, GESTATIONAL DIABETES, OR PEDIATRIC OBESITY OR FAILURE TO THRIVE AND HAVE A FOOD INSECURITY. THE FREE PROGRAM PROVIDED PARTICIPANTS WITH NUTRITION EDUCATION, HEALTHY FRESH AND FROZEN FOODS, COOKING SUPPLIES AND RECIPES FOR 12 WEEKS. GOALS WERE TEACHING PARTICIPANTS TO MAKE HEALTHY CHOICES, EDUCATING THEM ON THE BENEFITS OF EATING NUTRITIOUS FOOD AND PROVIDING THEM WITH THE TOOLS TO HELP MANAGE THEIR CHRONIC CONDITIONS THROUGH HEALTHY EATING. DURING FY25, 311 PATIENTS AND 758 FAMILY MEMBERS WERE SERVED. PATIENTS LOST AN AVERAGE OF 10.3 POUNDS AND LOWERED THEIR A1C LEVELS BY 2.8%.**

**A THREE-DAY SUPPLY OF SHELF STABLE FOOD WAS PROVIDED TO ANY PATIENT THAT EXPRESSED AN IMMEDIATE FOOD INSECURITY NEED THROUGH OUR EMERGENCY FOOD BAG PROGRAM. THESE BAGS WERE AVAILABLE TO PATIENTS THROUGHOUT ALL OUR SERVICE LINES AND SEVERAL COMMUNITY AGENCIES. LOCATIONS FOR DISTRIBUTION INCLUDED EMERGENCY DEPARTMENTS, PRIMARY CARE OFFICES, SPECIALTY PRACTICES (OB/GYN,**

**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.

PEDIATRIC, WOUND CARE, ENDOCRINOLOGY), SPARC INPATIENT AND OUTPATIENT PROGRAMS, BEHAVIORAL HEALTH, EDDY VISITING NURSES, COLLEAGUE CARE TEAM, CONTINUING CARE. SOCIAL NEEDS SCREENINGS ARE COMPLETED AND CONNECTIONS TO NEEDED COMMUNITY AGENCIES ARE MADE TO ENSURE A CLOSED-LOOP PROCESS. IN FY25, WE DISTRIBUTED 920 EMERGENCY FOOD BAGS.

DURING FY25, SAMARITAN HOSPITAL SCREENED PATIENTS FOR SOCIAL INFLUENCERS OF HEALTH IN AMBULATORY, EMERGENCY DEPARTMENTS, AND ACUTE CARE SETTINGS. THE QUESTIONS ADDRESSED A VARIETY OF ISSUES SUCH AS HOUSING, TRANSPORTATION, FOOD INSECURITY, HEALTH LITERACY, INTERPERSONAL SAFETY, AND ACCESS TO CARE. WORKFLOWS HAVE BEEN DEVELOPED TO CONNECT PATIENTS IN NEED OF ASSISTANCE GIVING REFERRALS TO APPROPRIATE INTERNAL SPHP PROGRAMS AND COMMUNITY- BASED RESOURCES. AS PATIENT NEEDS WERE IDENTIFIED, CONNECTIONS WERE MADE TO COMMUNITY RESOURCES WHERE APPROPRIATE. OUR COMMUNITY RESOURCE DIRECTORY HAS OVER 2,439 PROGRAMS THAT HAVE BEEN IDENTIFIED, BOTH LOCALLY AND NATIONALLY TO ADDRESS NEEDS THAT MAY ARISE IN THE AREAS SUCH AS FOOD, HOUSING, TRANSPORTATION, FINANCIAL, EDUCATIONAL, EMPLOYMENT, LEGAL SERVICES, AND ADDITIONAL CARE BEYOND THE HOSPITAL.

**MENTAL ILLNESS INCLUDING SUICIDE:**

SAMARITAN HOSPITAL OFFERS A PERSONALIZED RECOVERY ORIENTED SERVICE (PROS) PROGRAM THAT IS A COMPREHENSIVE, RECOVERY-ORIENTED PROGRAM FOR INDIVIDUALS WITH SEVERE AND PERSISTENT MENTAL ILLNESS. PROS PROVIDES PATHWAYS TO INDEPENDENCE BY DEVELOPING STRENGTHS AND SKILLS THAT HELP PROGRAM ATTENDEES ACHIEVE LIFE GOALS. PROS SERVICES ARE AVAILABLE FOR ADULTS 18 YEARS OF AGE OR OLDER WITH DIAGNOSED PSYCHIATRIC ILLNESS OR CO-OCCURRING PSYCHIATRIC ILLNESS AND ADDICTIVE DISORDER, WHO ARE EXPERIENCING DIFFICULTY ACHIEVING GOALS DUE TO BARRIERS CREATED BY PSYCHIATRIC ILLNESS. THE GOAL OF THE PROGRAM IS TO INTEGRATE TREATMENT, SUPPORT AND REHABILITATION IN A MANNER THAT FACILITATES THE INDIVIDUAL'S RECOVERY. GOALS FOR INDIVIDUALS IN THE PROGRAM ARE TO IMPROVE FUNCTIONING, REDUCE INPATIENT UTILIZATION, REDUCE EMERGENCY SERVICES, REDUCE CONTACT WITH THE CRIMINAL JUSTICE SYSTEM, INCREASE EMPLOYMENT, ATTAIN HIGHER LEVELS OF EDUCATION AND SECURE PREFERRED HOUSING. THERE ARE FOUR "SERVICE COMPONENTS" IN THE PROGRAM: COMMUNITY REHABILITATION AND SUPPORT (CRS), INTENSIVE REHABILITATION (IR), ONGOING REHABILITATION AND SUPPORT (ORS) AND CLINICAL TREATMENT. IN FY25, 302 PEOPLE WERE SERVED BY THE PROS PROGRAM.

SAMARITAN HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. THUS, THE FOLLOWING NEEDS WERE NOT DIRECTLY ADDRESSED IN FY25: CARDIAC CONDITIONS INCLUDING STROKE, HEART DISEASE AND HYPERTENSION, POOR BIRTH OUTCOMES, ALCOHOL AND DRUG USE, CHILDHOOD LEAD EXPOSURE, CANCER, TOBACCO USE, IMMUNIZATION AND RELATED DISEASE INCLUDING COVID-19, ASTHMA, SEXUALLY TRANSMITTED INFECTIONS, INJURIES AND FALLS, AND TICK-BORNE DISEASE.

**SAMARITAN 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

**Part V Facility Information** (continued)

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

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

**SAMARITAN HOSPITAL:**

**PART V, SECTION B, LINE 15E: ALTHOUGH NOT IN THE POLICY, OUR PROCESS DOES PROVIDE THE CONTACT INFORMATION OF NONPROFIT ORGANIZATIONS OR GOVERNMENT AGENCIES THAT MAY BE SOURCES OF ASSISTANCE WITH FAP APPLICATIONS.**

**SAMARITAN HOSPITAL - PART V, SECTION B, LINE 7A:**

**WWW.SPHP.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-REPORTS**

**SAMARITAN 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.**

**SAMARITAN HOSPITAL - PART V, SECTION B, LINE 10A:**

**WWW.SPHP.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-REPORTS**

**SAMARITAN HOSPITAL - PART V, SECTION B, LINE 16A:**

**WWW.SPHP.COM/FOR-PATIENTS/BILLING-INFORMATION/FINANCIAL-ASSISTANCE**

**SAMARITAN HOSPITAL - PART V, SECTION B, LINE 16B:**

**WWW.SPHP.COM/FOR-PATIENTS/BILLING-INFORMATION/FINANCIAL-ASSISTANCE**

**SAMARITAN HOSPITAL - PART V, SECTION B, LINE 16C:**

**WWW.SPHP.COM/FOR-PATIENTS/BILLING-INFORMATION/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:**

SAMARITAN HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF NEW YORK. IN ADDITION, SAMARITAN 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.

SAMARITAN 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, LINE 7G:**

INCLUDED IN SUBSIDIZED HEALTH SERVICES IS THE COST ATTRIBUTED TO PHYSICIAN CLINICS OF \$3,651,739.

**PART I, LN 7 COL(F):**

THE FOLLOWING NUMBER, \$5,789,071, 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:**

COMMUNITY SUPPORT AND COALITION BUILDING - THE LEADERSHIP TEAM AT

**Part VI** Supplemental Information (Continuation)

SAMARITAN HOSPITAL PARTICIPATED IN SEVERAL ADVISORY BOARD MEETINGS CONCERNING VARIOUS HEALTH ISSUES, SUCH AS CANCER TREATMENT AND FOOD INSECURITY. SAMARITAN HOSPITAL LEADERSHIP PARTICIPATED AS MEMBERS OF LOCAL BOARDS SUCH AS THE DIOCESAN SCHOOL BOARD, HEALTH CARE ASSOCIATION OF NYS (HANYS), AND HEALTHY CAPITAL DISTRICT AND IN COMMUNITY COALITIONS ALL WITH A FOCUS ON BUILDING HEALTHIER COMMUNITIES.

WORKFORCE DEVELOPMENT - IN FY25, SAMARITAN HOSPITAL AGAIN PARTNERED WITH THE CAPITAL REGION BOCES PROGRAM, NEW VISIONS HEALTH CAREERS. IN THIS COMPETITIVE AND RIGOROUS HIGH SCHOOL PROGRAM, STUDENTS PARTICIPATED IN CLINICAL ROTATIONS WHERE THEY LEARNED ABOUT HEALTH CAREERS FROM STAFF AND SPENT TIME IN A WIDE VARIETY OF UNITS WHILE EXPLORING HEALTH CAREERS. THROUGH THIS EXPLORATORY PROGRAM, STAFF PROVIDED GUIDANCE AND MENTORSHIP FOR STUDENTS INTERESTED IN PURSUING EDUCATION AND CAREERS IN HEALTH SCIENCES, PARTICULARLY NURSING, PHYSICAL THERAPY, AND OCCUPATIONAL THERAPY.

COMMUNITY HEALTH IMPROVEMENT ADVOCACY - SAMARITAN HOSPITAL COORDINATED COMMUNITY EFFORTS AROUND A GRANT CALLED CREATING BREASTFEEDING FRIENDLY COMMUNITIES. IT IS A COORDINATED, MULTI-SECTOR INITIATIVE DESIGNED TO BUILD/EXPAND COMMUNITY-BASED BREASTFEEDING PARTNERSHIPS AND ADVANCE BROAD-BASED POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES ON BREASTFEEDING PROTECTION, PROMOTION, SUPPORT, AND CARE MANAGEMENT WITHIN COMMUNITY SETTINGS AND BUSINESSES AND WITH CHILDCARE AND HEALTH CARE PROVIDERS. THE INITIATIVE ALSO SEEKS TO REDUCE THE RACIAL/ETHNIC AND COMMUNITY DISPARITIES IN THE PREVALENCE OF BREASTFEEDING, ESPECIALLY EXCLUSIVE BREASTFEEDING IN NEW YORK STATE. THE BABY CAFE IS A SPACE WHERE PREGNANT AND NURSING PARENTS CAN SHARE TIPS AND TECHNIQUES AND SOCIALIZE WITH OTHER PARENTS. FREE, ONE-ON-ONE FEEDING ASSISTANCE IS ALSO AVAILABLE FROM CERTIFIED LACTATION SPECIALISTS AND PEER COUNSELORS.

SAMARITAN HOSPITAL ALSO COORDINATED EFFORTS AROUND THE CREATING HEALTHY SCHOOLS AND COMMUNITIES PROGRAM WHICH PROVIDES TECHNICAL ASSISTANCE AND RESOURCES TO RENSSELAER COUNTY SCHOOLS TO IMPLEMENT POLICIES, SYSTEMS AND ENVIRONMENTAL CHANGES THAT PROMOTE THE CONSUMPTION OF HEALTHY FOOD AND EXPAND OPPORTUNITIES TO BE PHYSICALLY ACTIVE. THIS YEAR, FOR INSTANCE, WE ASSISTED IN THE RENSSELAER CITY SCHOOL DISTRICT BY PROVIDING A PORTABLE LOW-ROPES COURSE, ALONG WITH PROFESSIONAL DEVELOPMENT TRAINING. TROY CITY SCHOOL FUNDING WAS PROVIDED TO SUPPORT THE ADDITION OF PHYSICAL ACTIVITY EQUIPMENT (RECUMBENT STATIONARY BIKES, HEAVY WEIGHT BOXING BAGS, AND EQUIPMENT) FOR THE HIGH SCHOOL WELLNESS CENTER.

SAMARITAN HOSPITAL ALSO COORDINATES EFFORTS AROUND CREATING HEALTHY SCHOOLS & COMMUNITIES IN CONJUNCTION WITH CAPITAL ROOTS, AN ORGANIZATION THAT CULTIVATES AND NOURISHES COMMUNITIES BY CREATING EQUITABLE ACCESS TO FRESH FOOD AND GREEN SPACES IN SUPPORT OF A ROBUST REGIONAL FOOD SYSTEM. IN THE MECHANICVILLE SCHOOL DISTRICT, WE WANTED TO MAKE SURE THAT ACCESSING COMMUNITY RESOURCES DOES NOT OPERATE ON A PAY-TO-PLAY MODEL, NOR DOES IT UNINTENTIONALLY EXCLUDE THOSE IN NEED.

CRIME VICTIM SERVICES' MISSION IS TO REDUCE THE INCIDENCE AND TRAUMA OF ALL CRIMES THROUGH PERSON-CENTERED EMOTIONAL SUPPORT, ADVOCACY, MEDICAL AND LEGAL ASSISTANCE, AND COMMUNITY-BASED PREVENTION EFFORTS. SINCE ITS START, THE CRIME VICTIMS SERVICES HAS GROWN FROM A GRASSROOTS SEXUAL ASSAULT CRISIS CENTER FOR RENSSELAER COUNTY, TO NOW OFFERING A VARIETY OF SERVICES TO SURVIVORS OF ALL TYPES OF CRIME ACROSS NEW YORK'S CAPITAL

**Part VI** Supplemental Information (Continuation)

REGION. SERVICES ARE OFFERED TO CRIME VICTIMS, THEIR FAMILY MEMBERS AND FRIENDS, AND THE COMMUNITY. SERVICES PROVIDED INCLUDE ADVOCACY, LEGAL AND MEDICAL ACCOMPANIMENT, AND SUPPORT.

## 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:

A PERCENTAGE OF THE HOSPITAL'S BAD DEBT EXPENSE IS REPORTED ON LINE 3. THIS PERCENTAGE IS BASED ON THE SELF-PAY ACCOUNTS WITH NO PAYMENTS THAT WERE TRANSFERRED TO BAD DEBT AS COMPARED TO ALL OTHER PAYORS. THE RATIONALE IS THAT THESE SELF-PAY PATIENTS WOULD HAVE QUALIFIED FOR FINANCIAL ASSISTANCE HAD THEY APPLIED.

## PART III, LINE 4:

SAMARITAN 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

**Part VI** Supplemental Information (Continuation)

COMMUNITY BENEFIT. TRINITY HEALTH AND ITS HOSPITALS REPORT AS COMMUNITY IMPACT THE LOSS ON MEDICARE AND A HOST OF MANY OTHER EXPENSES DESIGNED TO SERVE PEOPLE EXPERIENCING POVERTY IN OUR COMMUNITIES. SEE SCHEDULE H, PART VI, LINE 5 FOR MORE INFORMATION.

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

## PART III, LINE 9B:

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

## PART VI, LINE 2:

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

## PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SAMARITAN 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.

SAMARITAN 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

**Part VI** Supplemental Information (Continuation)

ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

## PART VI, LINE 4:

COMMUNITY INFORMATION - SAMARITAN HOSPITAL IS LOCATED IN TROY, NY WHICH IS IN RENSSELAER COUNTY. TROY IS LOCATED ON THE WESTERN EDGE OF RENSSELAER COUNTY AND ON THE EASTERN BANK OF THE HUDSON RIVER. FOR PURPOSES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, SAMARITAN HOSPITAL DEFINES ITS PRIMARY SERVICE AREA AS ALBANY AND RENSSELAER COUNTIES, WHICH REPRESENT THE HOME ZIP CODES OF 79% OF ITS PATIENTS. THE POPULATION OF ALBANY COUNTY WAS 74.1% WHITE, 14.6% BLACK OR AFRICAN AMERICAN, 7.3% HISPANIC OR LATINO AND 7.5% ASIAN ACCORDING TO THE 2020 CENSUS. THE POPULATION OF RENSSELAER COUNTY WAS 84.7% WHITE, 8.9% BLACK OR AFRICAN AMERICAN, 6.2% HISPANIC, OR LATINO AND 3.1% ASIAN ACCORDING TO THE 2020 CENSUS.

WITHIN ALBANY AND RENSSELAER COUNTIES, THERE ARE 12 FEDERALLY QUALIFIED HEALTH CENTERS, WHICH MEANS THERE IS A RATE OF 2.52 FEDERALLY QUALIFIED HEALTH CENTERS PER 100,00 TOTAL POPULATION. THIS RATIO IS LOWER THAN THE NEW YORK STATE AVERAGE. ACCORDING TO THE US CENSUS BUREAU, AMERICAN COMMUNITY SURVEY, 2018-2022, WITHIN ALBANY AND RENSSELAER COUNTIES, 24.29% OR 110,509 INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED ARE LIVING IN HOUSEHOLDS WITH INCOME BELOW 200% OF THE FEDERAL POVERTY LEVEL, WHICH CAN CREATE BARRIERS TO ACCESS INCLUDING HEALTH SERVICES, HEALTHY FOOD, AND OTHER NECESSITIES THAT CONTRIBUTE TO POOR HEALTH STATUS.

IN GENERAL, PERSONS IN THE COMMUNITY SERVED BY SAMARITAN HOSPITAL TEND TO BE BETTER EDUCATED AND HAVE A HIGHER INCOME THAN THOSE IN THE U.S. AS A WHOLE AND THE STATE OF NEW YORK. THERE IS A LOWER RATE OF UNEMPLOYMENT AND FEWER PEOPLE WITHOUT HEALTH INSURANCE THAN THE STATE OR NATIONAL COMPARISONS. OF THE 198,293 HOUSEHOLDS IN ALBANY AND RENSSELAER COUNTIES, 23,278 OR 11.74% ARE WITHOUT A MOTOR VEHICLE. THE TOTAL COMBINED POPULATION OF ALBANY AND RENSSELAER COUNTIES TOTAL 476,081. THE OWNER-OCCUPIED HOUSING UNIT RATE IS 56.7% FOR ALBANY COUNTY AND 64.1% FOR RENSSELAER COUNTY. THE MEDIAN HOUSEHOLD INCOME IS \$83,149 FOR ALBANY COUNTY AND \$86,663 FOR RENSSELAER COUNTY (US CENSUS BUREAU, AMERICAN COMMUNITY SURVEY, 2018-2022).

HEALTH CARE ACCESS INDICATORS DEMONSTRATE THAT ALBANY AND RENSSELAER COUNTIES HAVE FEWER BARRIERS TO CARE THAN THE REST OF THE STATE. ALBANY AND RENSSELAER COUNTY RESIDENTS, BOTH CHILDREN AND ADULTS, HAD HIGHER HEALTH INSURANCE COVERAGE RATES COMPARED TO THE REST OF THE STATE. IN ALBANY AND RENSSELAER COUNTIES, A COMBINED 3.05% OF RESIDENTS WERE NOT COVERED BY ANY FORM OF HEALTH INSURANCE.

## PART VI, LINE 5:

OTHER INFORMATION - SAMARITAN HOSPITAL PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES, INCLUDING A 24-HOUR EMERGENCY ROOM THAT IS OPEN TO SERVE ALL IN NEED REGARDLESS OF ABILITY TO PAY, A CANCER CENTER, CARDIAC CARE, BEHAVIORAL HEALTH SERVICES, HEALTH CENTERS FOR UNINSURED MEMBERS OF OUR COMMUNITY, AND AN ARRAY OF SPECIALTY SERVICES AND ORTHOPEDIC SERVICES. SAMARITAN CONDUCTS ITS ACTIVITIES AND ITS HEALTH CARE

**Part VI** Supplemental Information (Continuation)

PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, SEXUAL ORIENTATION, DISABILITY, AGE, OR NATIONAL ORIGIN.

SAMARITAN HOSPITAL IS COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITY, AS SUCH, WE PARTICIPATE IN MANY COMMUNITY PARTNERSHIPS AIMED AT ASSESSING THE CURRENT HEALTH STATUS OF OUR COMMUNITY AND IDENTIFYING OPPORTUNITIES TO MAKE A DIFFERENCE IN THE HEALTH OF OUR CITIZENS, PARTICULARLY THOSE WHO ARE FACED WITH POVERTY AND OTHER VULNERABILITIES. SAMARITAN HOSPITAL CONTINUES TO PLAY A MAJOR ROLE WITH THE LOCAL COUNTY HEALTH DEPARTMENTS, OTHER HEALTH CARE PROVIDERS, INSURERS, AND COMMUNITY MEMBERS IN THE HEALTHY CAPITAL DISTRICT INITIATIVE, AN ORGANIZATION DEDICATED TO IMPROVING THE HEALTH OF THE RESIDENTS OF ALBANY, RENSSELAER, AND SCHENECTADY COUNTIES. SAMARITAN HOSPITAL SUPPORTS MANY LOCAL COMMUNITY HEALTH SERVICES, CHURCHES, AND OTHER HEALTH CARE ORGANIZATIONS TO PROVIDE COMPREHENSIVE AND ACCESSIBLE HEALTH CARE SERVICES AND PROACTIVE HEALTH CARE PROGRAMS, INCLUDING SITTING ON COMMUNITY BOARDS, COMMITTEES, AND ADVISORY GROUPS. SAMARITAN HOSPITAL ALSO PROVIDES EDUCATION AND HELPS TO PREPARE FUTURE HEALTH CARE PROFESSIONALS, A DISTINGUISHING CHARACTERISTIC OF NONPROFIT HEALTH CARE, THROUGH STUDENT INTERNSHIPS, CLINICAL EXPERIENCE AND OTHER EDUCATION FOR NURSES, PHYSICAL THERAPISTS, AND OTHER HEALTH CARE STUDENTS.

SAMARITAN HOSPITAL OPERATED THREE FAMILY HEALTH CENTERS THAT ADDRESS THE HEALTH CARE NEEDS AND CHRONIC ILLNESSES OF FAMILIES RESIDING IN AREAS WITH A HIGH INCIDENCE OF POVERTY AND HEALTH CARE DISPARITIES. THESE ARE DIVERSE POPULATIONS WITH HIGH UTILIZATION OF PUBLIC TRANSPORTATION, PUBLIC ASSISTANCE, AND MEDICARE/MEDICAID. SAMARITAN HOSPITAL EMPLOYS SOCIAL WORKERS AND COMMUNITY HEALTH WORKERS TO ADDRESS SOCIAL INFLUENCERS OF HEALTH AT THESE PRACTICES AND OFFER FINANCIAL ASSISTANCE AND HEALTH CARE ENROLLMENT ASSISTANCE.

THE CLINICS OFFER A FULL RANGE OF HEALTH CARE SERVICES FOR THE ENTIRE FAMILY, INCLUDING: ROUTINE PEDIATRIC EXAMS (WELL-BABY AND WELL-CHILD CHECKUPS, SCHOOL, CAMP AND SPORTS PHYSICALS); ADOLESCENT MEDICINE; ROUTINE ADULT AND GERIATRIC HEALTH CARE (ANNUAL PHYSICALS FOR HEALTH MAINTENANCE, WORK, SCHOOL OR INSURANCE); CARE FOR ILLNESS, INJURY AND CHRONIC MEDICAL CONDITIONS; AND PREVENTIVE IMMUNIZATIONS AND PRECAUTIONARY INOCULATIONS, AS WELL AS CANCER SCREENING AND PROMOTION OF A HEALTHY LIFESTYLE. UNIQUE TO THESE FACILITIES, COHOES FAMILY CARE OFFERS THE MOMS PROGRAM TO SUPPORT PREGNANT WOMEN THROUGH ENHANCED CASEWORK AND NURSING SERVICES, AND RIVERSIDE FAMILY MEDICAL CENTER IS AN NCQA LEVEL 3 PATIENT-CENTERED MEDICAL HOME (PCMH). THESE CENTERS SERVED 47,957 PEOPLE DURING FY25.

SAMARITAN HOSPITAL ALSO OPERATED TROY PEDIATRIC HEALTH CENTER TO PROVIDE CARE FOR THE UNDERSERVED CHILDREN WITHIN THE CITY OF TROY AND NEIGHBORING COMMUNITIES. THIS MULTI-PROVIDER OFFICE IS CENTRALLY LOCATED IN DOWNTOWN TROY AND OFFERS HIGH-QUALITY PEDIATRIC MEDICINE FOR CHILDREN AGES NEWBORN TO 19 YEARS. SERVICES INCLUDE ROUTINE PHYSICALS, SPORTS PHYSICALS, URGENT SICK VISITS, MEDICATION MANAGEMENT, AND SOCIAL WORK INTERVENTION. AFTER-HOURS CLINICAL ADVICE IS AVAILABLE VIA OUR PHONE TRIAGE NURSE. THE OFFICE WORKS WITH BURDETT BIRTH CENTER AND IS RESPONSIBLE FOR THE ADMISSION, DISCHARGE, AND CARE OF NEWBORNS IN THIS MATERNITY HOSPITAL, LOCATED AT SAMARITAN HOSPITAL. TROY PEDIATRIC HEALTH CENTER SERVED 3,486 PEOPLE DURING FY25.

AS A NONPROFIT ORGANIZATION THAT IS PART OF ST. PETER'S HEALTH PARTNERS,

**Part VI** Supplemental Information (Continuation)

SAMARITAN HOSPITAL IS GUIDED BY A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE MAKEUP OF THE AREA WE SERVE. SAMARITAN HOSPITAL HAS AN OPEN MEDICAL STAFF COMPOSED OF QUALIFIED PHYSICIANS WHO WORK TO PROVIDE CARE TO OUR COMMUNITIES. ALL MEDICAL STAFF MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING AND ORIENTATION PROCESS. NO PART OF THE INCOME OF SAMARITAN HOSPITAL BENEFITS ANY PRIVATE INDIVIDUAL NOR IS IT ANY PRIVATE INTEREST BEING SERVED. ALL SURPLUS FUNDS ARE REINVESTED INTO THE FACILITY, EQUIPMENT, OR PROGRAMS OF THE HOSPITAL TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND OUR FACILITIES, AND ADVANCE OUR MEDICAL TRAINING, EDUCATION, AND RESEARCH PROGRAMS.

THE BURDETT BIRTH CENTER AT SAMARITAN HOSPITAL PARTICIPATES IN THE NEW YORK STATE QUALITY COLLABORATIVE (NYSPQC) RESPECTFUL CARE & SAFE REDUCTION OF NTSV CESAREAN BIRTH PROJECT, WHICH SEEKS TO IDENTIFY HOW INDIVIDUAL AND SYSTEMIC RACISM IMPACTS BIRTH OUTCOMES AT BIRTHING FACILITIES. THE GOAL OF THE PROJECT IS TO TAKE ACTION TO IMPROVE BOTH THE EXPERIENCE OF CARE AND PERINATAL OUTCOMES FOR BLACK BIRTHING PEOPLE IN THE COMMUNITIES WE SERVE, BY REDUCING THE NTSV CESAREAN BIRTH RATES.

EACH YEAR, REPRESENTATIVES FROM OUR CAPITAL DISTRICT TOBACCO FREE COMMUNITIES AND TOBACCO CESSATION IN HEALTH SYSTEMS GRANT MEET WITH OUR LOCAL/STATE LEGISLATORS TO DISCUSS OUR PROGRAMS, INCLUDING THE SUCCESS OF OUR EFFORTS AT HELPING LOWER STATEWIDE SMOKING RATES, AND STRESS THE UNMET NEEDS IN TOBACCO CONTROL EFFORTS AMONG VULNERABLE COMMUNITIES AND POPULATIONS.

IN FY25, TRINITY HEALTH ASSESSED THE TOTAL IMPACT ITS HOSPITALS HAVE ON COMMUNITY HEALTH. THIS ASSESSMENT INCLUDES TRADITIONAL COMMUNITY BENEFIT AS REPORTED IN PART I, COMMUNITY BUILDING AS REPORTED IN PART II, THE SHORTFALL ON MEDICARE SERVICES AS REPORTED IN PART III, AS WELL AS EXPENSES THAT ARE EXCLUDED FROM THE PART I COMMUNITY BENEFIT CALCULATION BECAUSE THEY ARE OFFSET BY EXTERNAL FUNDING. ALSO INCLUDED ARE ALL 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. PETER'S HEALTH PARTNERS, WHICH INCLUDES SAMARITAN HOSPITAL, HAD A TOTAL COMMUNITY IMPACT IN FY25 OF \$243.8 MILLION.

## PART VI, LINE 6:

SAMARITAN 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

**Part VI** Supplemental Information (Continuation)

## COMMUNITIES MOST IMPACTED.

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES WE SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2025 (FY25), TRINITY HEALTH CONTRIBUTED NEARLY \$1.4 BILLION IN IRS-DEFINED COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE EXPERIENCING POVERTY AND OTHER VULNERABILITIES, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE. TRINITY HEALTH FURTHERED ITS COMMITMENT THROUGH AN ADDITIONAL \$1.5 BILLION IN PROGRAMS AND INITIATIVES THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.9 BILLION IN FY25.

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

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

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

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

**Part VI** Supplemental Information (Continuation)

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:  
NY