

**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 MEDICAL CENTER	Employer identification number 23-1913910
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial assistance at cost (from Worksheet 1)			5875836.		5875836.	1.43%
b Medicaid (from Worksheet 3, column a)			50366354.	44110919.	6255435.	1.52%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial assistance and means-tested government programs			56242190.	44110919.	12131271.	2.95%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	8,100	3250514.	160,230.	3090284.	.75%
f Health professions education (from Worksheet 5)	3	21	10462436.	4035554.	6426882.	1.56%
g Subsidized health services (from Worksheet 6)	1	1,480	13997220.		13997220.	3.41%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	6		55,720.		55,720.	.01%
j Total. Other benefits	26	9,601	27765890.	4195784.	23570106.	5.73%
k Total. Add lines 7d and 7j	26	9,601	84008080.	48306703.	35701377.	8.68%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1		7,640.		7,640.	.00%
7 Community health improvement advocacy	2		2,047.		2,047.	.00%
8 Workforce development						
9 Other						
10 Total	3		9,687.		9,687.	.00%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	5,688,298.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0.
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	99,453,600.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	98,914,940.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	538,660.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ENDOSCOPY CENTER AT ST. MARY'S, LP	MEDICAL SVCS - SURGERY CENTER	19.15%		80.85%
2 LANGHORNE MOB PARTNERS, LP	INVESTMENT AND OPERATIONS	63.61%		28.92%
3 SMMC MOB II, LP	INVESTMENT AND OPERATIONS	70.32%		20.87%
4 THE AMBULATORY SURGERY CENTER AT ST. MARY LLC	ASC SERVICES AND RELATED PROCEDURES	51.00%		49.00%
5 ENDOSCOPY CENTER AT ST MARY'S MANAGEMENT, LLC	MEDICAL SERVICES MGMT.	19.38%		80.62%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP - A

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: FACILITY REPORTING GROUP - A

	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: FACILITY REPORTING GROUP - A

	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: FACILITY REPORTING GROUP - A

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

Schedule H (Form 990) 2024

Part V Facility Information (continued)

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

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

- FACILITY 1: ST. MARY MEDICAL CENTER
- FACILITY 2: ST. MARY REHABILITATION HOSPITAL

GROUP A-FACILITY 1 -- ST. MARY MEDICAL CENTER
PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E: ST. MARY MEDICAL CENTER & ST. MARY REHABILITATION HOSPITAL:

ST. MARY MEDICAL CENTER (SMMC) AND ST. MARY REHABILITATION HOSPITAL (SMRH) INCLUDED IN THEIR 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 REGIONAL CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. TRUST AND COMMUNICATION
2. RACISM AND DISCRIMINATION IN HEALTH CARE
3. CHRONIC DISEASE PREVENTION AND MANAGEMENT
4. ACCESS TO CARE (PRIMARY AND SPECIALTY)
5. HEALTH CARE AND HEALTH RESOURCES NAVIGATION
6. MENTAL HEALTH ACCESS
7. SUBSTANCE USE AND RELATED DISORDERS
8. HEALTHY AGING
9. CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES
10. FOOD ACCESS
11. HOUSING
12. NEIGHBORHOOD CONDITIONS (E.G., BLIGHT, GREEN SPACE, AIR/WATER QUALITY, ETC.)

GROUP A-FACILITY 1 -- ST. MARY MEDICAL CENTER

PART V, SECTION B, LINE 5: ST. MARY MEDICAL CENTER & ST. MARY REHABILITATION HOSPITAL:

RECOGNIZING THAT MANY HOSPITALS AND HEALTH SYSTEMS SERVE OVERLAPPING COMMUNITIES, A GROUP OF LOCAL HOSPITALS AND HEALTH SYSTEMS AGAIN COLLABORATED ON A SOUTHEASTERN PENNSYLVANIA REGIONAL CHNA (RCHNA), COVERING BUCKS, CHESTER, DELAWARE, MONTGOMERY, AND PHILADELPHIA COUNTIES. THIS ONGOING COLLABORATION ENSURES A CONSISTENT, DATA-DRIVEN APPROACH WHILE OFFERING OPPORTUNITIES TO REFINE AND ENHANCE THE ASSESSMENT PROCESS. BY WORKING TOGETHER, PARTICIPATING ORGANIZATIONS AIM TO STRENGTHEN THE IMPACT OF THE CHNA, FOSTERING MULTI-SECTOR PARTNERSHIPS AND COMMUNITY-DRIVEN SOLUTIONS THAT DRIVE MEANINGFUL AND SUSTAINABLE CHANGE. ADDITIONALLY, THIS COLLABORATIVE MODEL REDUCES THE BURDEN ON COMMUNITY MEMBERS WHILE LEVERAGING SHARED KNOWLEDGE AND RESOURCES. THE 2025 RCHNA IS SPECIFICALLY DESIGNED TO ADVANCE HEALTH EQUITY AND FOSTER AUTHENTIC COMMUNITY ENGAGEMENT. BEYOND GUIDING HOSPITAL AND HEALTH SYSTEM STRATEGIES, THE RCHNA PLAYS A VITAL ROLE IN AMPLIFYING THE VOICES OF COMMUNITY MEMBERS AND PROVIDING LOCALIZED HEALTH INDICATORS THAT ARE ESSENTIAL FOR NONPROFITS AND COMMUNITY-SERVING ORGANIZATIONS. THESE DATA AND INSIGHTS SUPPORT GRANT WRITING, PROGRAM DEVELOPMENT, AND EVALUATION EFFORTS, ENSURING THAT ORGANIZATIONS WORKING TO IMPROVE COMMUNITY HEALTH HAVE THE EVIDENCE THEY NEED TO ADVOCATE FOR FUNDING AND IMPLEMENT IMPACTFUL INITIATIVES.

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 HEALTH CARE IMPROVEMENT FOUNDATION (HCIF) TEAM AND QUANTITATIVE CONSULTANT COMPILED, ANALYZED, AND AGGREGATED OVER 70 HEALTH INDICATORS ENCOMPASSING: ACCESS TO CARE, COMMUNITY DEMOGRAPHIC CHARACTERISTICS, CHRONIC DISEASE AND HEALTH BEHAVIORS, DISABILITIES, INJURIES, MATERNAL, INFANT AND CHILD HEALTH, MENTAL AND BEHAVIORAL HEALTH, AND SOCIAL AND ECONOMIC CONDITIONS. ADDITIONALLY, HCIF, IN COLLABORATION WITH HOSPITALS, HEALTH SYSTEMS, AND COMMUNITY-BASED ORGANIZATIONS, CONDUCTED A GENERAL POPULATION SURVEY WITH SIX CORE QUESTIONS AND DEMOGRAPHIC QUERIES TO BETTER UNDERSTAND COMMUNITY HEALTH EXPERIENCES ACROSS ALL COUNTIES. THE SURVEY WAS OFFERED IN ENGLISH AND SEVEN ADDITIONAL LANGUAGES AND ANALYZED AT COUNTY AND SUB GEOGRAPHY LEVELS TO REFLECT DIVERSE COMMUNITY PERSPECTIVES.

THE HCIF, GUIDED BY A QUALITATIVE TEAM COMPOSED OF STEERING COMMITTEE REPRESENTATIVES, LED THE QUALITATIVE COMPONENTS OF THE ASSESSMENT, WHICH INCLUDED: 30 GENERAL POPULATION FOCUS GROUPS CONVERSATIONS ENGAGING RESIDENTS FROM GEOGRAPHIC COMMUNITIES ACROSS FIVE COUNTIES, TWO DIVERSE LANGUAGE FOCUS GROUPS FACILITATED IN PARTNERSHIP WITH SEAMAAC TO ENGAGE LATINE AND ASIAN POPULATIONS, 15 YOUTH ENGAGEMENT GROUPS, 10 SPOTLIGHT TOPIC DISCUSSIONS. PRIMARY AND SECONDARY DATA COLLECTION WAS UNDERTAKEN BETWEEN JUNE 2024 AND APRIL 2025.

USING THE HANLON RANKING METHOD, EACH PARTICIPATING HOSPITAL AND HEALTH SYSTEM RATED THE IDENTIFIED NEEDS. AVERAGE RATINGS WERE CALCULATED, AND COMMUNITY HEALTH PRIORITIES WERE ORGANIZED BASED ON: MAGNITUDE OF THE HEALTH ISSUE BASED ON POPULATION IMPACT, SEVERITY OF THE ISSUE WITHIN HOSPITAL AND HEALTH SYSTEM CATCHMENT AREAS, EFFECTIVENESS OF POTENTIAL INTERVENTIONS, FEASIBILITY OF IMPLEMENTING SOLUTIONS. POTENTIAL SOLUTIONS FOR EACH OF THE COMMUNITY HEALTH PRIORITIES, BASED ON FINDINGS FROM THE QUALITATIVE DATA COLLECTION, WERE ALSO INCLUDED. USING THIS UPDATED INFORMATION, THE STEERING COMMITTEE AND PROJECT TEAM DEVELOPED A COLLABORATIVE, COMMUNITY-ENGAGED APPROACH THAT INVOLVED COLLECTING AND ANALYZING QUANTITATIVE AND QUALITATIVE DATA AND AGGREGATING DATA FROM A VARIETY OF SECONDARY SOURCES TO COMPREHENSIVELY ASSESS THE HEALTH STATUS OF THE REGION. THE ASSESSMENT RESULTED IN A LIST OF PRIORITY HEALTH NEEDS THAT PARTICIPATING HOSPITALS AND HEALTH SYSTEMS USED TO DEVELOP IMPLEMENTATION PLANS OUTLINING HOW THEY WILL ADDRESS THESE NEEDS INDIVIDUALLY AND IN COLLABORATION WITH OTHER PARTNERS.

GROUP A-FACILITY 1 -- ST. MARY MEDICAL CENTER

PART V, SECTION B, LINE 6A: SMMC & SMRH PARTNERED WITH THE FOLLOWING HEALTH SYSTEMS AND HOSPITALS TO CONDUCT A JOINT REGIONAL CHNA: CHILDREN'S HOSPITAL OF PHILADELPHIA, CHOP KING OF PRUSSIA HOSPITAL, MIDDLEMAN FAMILY PAVILION, CHRISTIANA CARE - WEST GROVE, DOYLESTOWN HEALTH, GRAND VIEW HOSPITAL, JEFFERSON EINSTEIN MONTGOMERY HOSPITAL, JEFFERSON EINSTEIN PHILADELPHIA HOSPITAL, JEFFERSON ABINGTON HOSPITAL, JEFFERSON BUCKS HOSPITAL, JEFFERSON FRANKFORD HOSPITAL, JEFFERSON HOSPITAL FOR NEUROSCIENCE, JEFFERSON LANSDALE HOSPITAL, JEFFERSON METHODIST HOSPITAL, JEFFERSON TORRESDALE HOSPITAL, JEFFERSON MOSS MAGEE REHABILITATION CENTER CITY, JEFFERSON MOSS - MAGEE REHABILITATION - ELKINS PARK, ROTHMAN ORTHOPEDIC SPECIALTY HOSPITAL, THOMAS JEFFERSON UNIVERSITY HOSPITAL, MAIN LINE HEALTH - BRYN MAWR HOSPITAL, MAIN LINE HEALTH - BRYN MAWR REHAB HOSPITAL, MAIN LINE HEALTH - LANKENAU MEDICAL CENTER, MAIN LINE HEALTH -

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.

PAOLI HOSPITAL, MAIN LINE HEALTH - RIDDLE HOSPITAL, PENN MEDICINE CHESTER COUNTY HOSPITAL, HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - CEDAR AVENUE, PENN PRESBYTERIAN MEDICAL CENTER, ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN, TEMPLE UNIVERSITY HEALTH SYSTEM - FOX CHASE CANCER CENTER, TEMPLE UNIVERSITY HOSPITAL, TEMPLE UNIVERSITY HOSPITAL - EPISCOPAL CAMPUS, TEMPLE UNIVERSITY HOSPITAL - JEANES CAMPUS, TEMPLE UNIVERSITY HOSPITAL - NORTHEASTERN CAMPUS, MERCY CATHOLIC MEDICAL CENTER, NAZARETH HOSPITAL AND WILLS EYE HOSPITAL.

GROUP A-FACILITY 1 -- ST. MARY MEDICAL CENTER

PART V, SECTION B, LINE 6B: SMMC AND SMRH PARTNERED WITH THE FOLLOWING ORGANIZATIONS: HEALTH CARE IMPROVEMENT FOUNDATION, BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP, BUCKS COUNTY OPPORTUNITY COUNCIL, UNITED WAY, YWCA, FAMILY SERVICES ASSOCIATION OF BUCKS COUNTY, AND THE PHILADELPHIA ASSOCIATION OF COMMUNITY DEVELOPMENT CORPORATIONS.

GROUP A-FACILITY 1 -- ST. MARY MEDICAL CENTER

PART V, SECTION B, LINE 11: SMMC & SMRH ADDRESSED THE FOLLOWING UNMET HEALTH NEEDS IN FISCAL YEAR 2025:

ACCESS TO CARE - SMMC AND SMRH PROVIDED PRIMARY AND PREVENTIVE HEALTH CARE SERVICES FOR THOSE WHO ARE LOW-INCOME UNINSURED ELIGIBLE THROUGH SUPPORT AND ENROLLMENT INTO MEDICAID AND ST. MARY FINANCIAL ASSISTANCE PROGRAMS. IN FISCAL YEAR 2025, SMMC ENROLLED 2,357 ELIGIBLE PATIENTS IN MEDICAID THROUGH A CONTRACT WITH HEALTH CARE RECEIVABLES SPECIALISTS, INC. THE ST. CLARE PHARMACY PROVIDED FREE OR REDUCED COST PRESCRIPTION MEDICATIONS THROUGH BOTH THE ST. MARY FINANCIAL ASSISTANCE PROGRAM AND THE DISPENSARY OF HOPE FREE MEDICATION PROGRAM, FOR THOSE WHO ARE UNINSURED AND LIVING AT OR BELOW 300% FEDERAL POVERTY LEVEL. SMMC PARTNERED WITH FAMILY SERVICE ASSOCIATION TO PROVIDE STREET MEDICINE FOR UNSHELTERED PEOPLE IN BUCKS COUNTY. IN FISCAL YEAR 2025, THE COMMUNITY AID REFURBISHED EQUIPMENT STORE, WHICH IS A MEDICAL EQUIPMENT LOANER PROGRAM OFFERED, CLEANED, INSPECTED, AND REFURBISHED WHEELCHAIRS, CRUTCHES, WALKERS, SHOWER CHAIRS, COMMODES, AND INCONTINENT PRODUCTS TO 844 PATIENTS OF SMMC AND SMRH WHO ARE UNABLE TO AFFORD DURABLE MEDICAL EQUIPMENT. IN FISCAL YEAR 2025, SMMC PROVIDED 357 LOW-INCOME PATIENTS WITH TRANSPORTATION TO RECEIVE MEDICALLY NECESSARY CARE.

TRUST AND COMMUNICATION - IN FISCAL YEAR 2025, TRINITY HEALTH MID-ATLANTIC GRADUATE MEDICAL EDUCATION (GME) STUDENTS PARTICIPATED IN THE COMMUNITY ACTION POVERTY SIMULATION. THE SIMULATION BUILDS AWARENESS OF THOSE EXPERIENCING POVERTY AND THEIR INTERACTION WITH HEALTH CARE THROUGH SIMULATION OF POVERTY EXPERIENCE AND SOCIAL NEED SCREENING. SMMC GME STUDENTS ALSO PARTICIPATED IN ROTATIONS WITH OUR PARTNERS FROM FAMILY SERVICES STREET OUTREACH MEDICAL VAN, HELP CENTER, AND AT THE TRINITY HEALTH MID-ATLANTIC COMMUNITY AID REFURBISHED EQUIPMENT STORE SUPPORTING INDIVIDUALS WITH ASSISTANCE CHOOSING DURABLE MEDICAL EQUIPMENT AND PROVIDED FREE BLOOD PRESSURE SCREENINGS.

RACISM AND DISCRIMINATION IN HEALTH CARE - TRINITY HEALTH OF THE MID-ATLANTIC, REPRESENTING SMMC AND SMRH, CONTINUES TO PARTNER WITH OTHER LEADING HEALTH SYSTEMS IN THE TRI-STATE REGION, AS A MEMBER OF THE REGIONAL COALITION TO ELIMINATE RACE-BASED MEDICINE AND ACCELERATE HEALTH EQUITY. THESE ORGANIZATIONS COLLABORATE ACROSS THE PHILADELPHIA REGION TO

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.

COMBAT SYSTEMIC RACISM AND BARRIERS IN HEALTH CARE.

FOOD ACCESS - SMMC TRINITY FARM BOX PROVIDED ACCESS TO FRESH PRODUCE AND SERVED 4,647 INDIVIDUALS, INCLUDING MANY FAMILIES RECEIVING FOOD ASSISTANCE BENEFITS AND SUBSIDIES. THE WEEKEND MEAL PROGRAM PROVIDED KID FRIENDLY MEAL PACKS FOR SCHOOL-AGED YOUTH. THE PACKS WERE DELIVERED TO PARTICIPATING SCHOOLS AND DISTRIBUTED WEEKLY TO CHILDREN WHO MEET ELIGIBILITY REQUIREMENTS. THE WEEKEND MEAL PROGRAM PROVIDED 2,445 MEALS FOR STUDENTS IN FISCAL YEAR 2025. SMMC PROVIDED 178 GROCERY GIFT CARDS TO INDIVIDUALS AT OR BELOW 200% OF THE POVERTY LEVEL TO FILL FOOD INSECURITY GAPS.

MENTAL HEALTH ACCESS - SMMC PROVIDED ACCESS TO QUALITY MENTAL HEALTH SERVICES FOR THOSE WHO ARE LOW-INCOME UNINSURED AND DIAGNOSED WITH A BEHAVIORAL HEALTH DISORDER, IN PARTNERSHIP WITH HEALTH AND SOCIAL SERVICE AGENCIES THROUGH OUR COMMUNITY BENEFIT GRANTS PROGRAM. OUR PARTNER FAMILY SERVICE ASSOCIATION (FSA) PROVIDED MENTAL HEALTH COUNSELING AND TREATMENT FOR INDIVIDUALS AT THE ST. MARY FAMILY MEDICINE BENSALEM. MENTAL HEALTH SCREENING AND INTERVENTION INCLUDED ASSESSMENT, INDIVIDUAL AND FAMILY THERAPY, MEDICATION MONITORING, DEPRESSION SCREENINGS, AND PSYCHIATRIC REFERRAL AS NEEDED FOR LOW-INCOME UNINSURED PATIENTS. ST. MARY FAMILY MEDICINE BENSALEM ALSO PARTNERED WITH MERAKEY TO PROVIDE BEHAVIORAL HEALTH SERVICES AND CONNECT PATIENTS WITH COMMUNITY RESOURCES. SMMC ALSO AWARDED GRANT SUPPORT TO FSA FOR SCHOOL-BASED MENTAL HEALTH, INCLUDING 120 SESSIONS OF COUNSELING SERVICES FOR STUDENTS IN CRISIS. IN FISCAL YEAR 2025, TRINITY HEALTH MID-ATLANTIC AND THE LINCOLN CENTER FOR FAMILY AND YOUTH SUPPORTED THE VIOLENCE INTERVENTION AND PREVENTION PROGRAM. THIS PROGRAM PROVIDES CRITICAL RESOURCES TO THOSE IMPACTED BY GUN AND GROUP VIOLENCE, WORKS TO REDUCE TRAUMATIC STRESS AND FUTURE VIOLENCE, AND HELPS BREAK THE CYCLE OF VIOLENCE TO CREATE SAFER COMMUNITIES. ADDITIONALLY, TRINITY HEALTH MID-ATLANTIC COLLABORATED WITH THE HEALTH DEPARTMENTS OF PHILADELPHIA, BUCKS, AND DELAWARE COUNTY TO SUPPORT, EDUCATE, AND PROMOTE THE NATIONAL 988 SUICIDE AND CRISIS LIFELINE. LASTLY, POSITIVE RECOVERY SOLUTIONS MOBILE DRUG AND ALCOHOL RELAPSE PREVENTION SERVICES WERE AVAILABLE FOR RESIDENTS AND PATIENTS FROM SMMC AND SMRH.

SMMC AND SMRH ACKNOWLEDGE THE WIDE RANGE OF PRIORITY HEALTH ISSUES EMERGED FROM THE CHNA PROCESS AND DETERMINED THEY COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. FOR THE PURPOSES OF THIS CHNA IMPLEMENTATION STRATEGY, SMMC & SMRH DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS IN FISCAL YEAR 2025: HEALTH CARE AND HEALTH RESOURCES NAVIGATION; SUBSTANCE USE AND RELATED DISORDERS; CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES; NEIGHBORHOOD CONDITIONS; CHRONIC DISEASE PREVENTION AND MANAGEMENT; HEALTHY AGING; AND HOUSING. ADDITIONALLY, SMRH DID NOT DIRECTLY ADDRESS TRUST AND COMMUNICATION AND FOOD ACCESS.

**GROUP A-FACILITY 1 -- ST. MARY MEDICAL CENTER
PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, UNEMPLOYED PATIENTS,**

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.

NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

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

GROUP A-FACILITY 2 -- ST. MARY REHABILITATION HOSPITAL
PART V, SECTION B, LINE 3J: LINE 3E: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- ST. MARY REHABILITATION HOSPITAL
PART V, SECTION B, LINE 5: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- ST. MARY REHABILITATION HOSPITAL
PART V, SECTION B, LINE 6A: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- ST. MARY REHABILITATION HOSPITAL
PART V, SECTION B, LINE 6B: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- ST. MARY REHABILITATION HOSPITAL
PART V, SECTION B, LINE 11: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- ST. MARY REHABILITATION HOSPITAL
PART V, SECTION B, LINE 13H: SEE FACILITY 1 EXPLANATION.

GROUP A-FACILITY 2 -- ST. MARY REHABILITATION HOSPITAL
PART V, SECTION B, LINE 21D: THE HOSPITAL FACILITY DID NOT PROVIDE CARE FOR ANY EMERGENCY MEDICAL CONDITIONS

PART V, SECTION B, LINE 7A
ST. MARY MEDICAL CENTER AND ST. MARY REHABILITATION CENTER:
WWW.TRINITYHEALTHMA.ORG/COMMUNITY-BENEFIT/CHNA/ST-MARY

PART V, SECTION B, LINE 10A
ST. MARY MEDICAL CENTER AND ST. MARY REHABILITATION CENTER:
WWW.TRINITYHEALTHMA.ORG/COMMUNITY-BENEFIT/CHNA/ST-MARY

PART V, SECTION B, LINE 9
ST. MARY MEDICAL CENTER AND ST. MARY REHABILITATION CENTER:
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, EACH 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

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.

TO THE PUBLIC.

PART V, SECTION B, LINE 7B

ST. MARY MEDICAL CENTER AND ST. MARY REHABILITATION CENTER:
RCHNA-SEPA.ORG

PART V, SECTION B, LINE 16A

ST. MARY MEDICAL CENTER AND ST. MARY REHABILITATION CENTER:
WWW.TRINITYHEALTHMA.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/
FINANCIAL-ASSISTANCE/ST-MARY-MEDICAL-CENTER

PART V, SECTION B, LINE 16B

ST. MARY MEDICAL CENTER AND ST. MARY REHABILITATION CENTER:
WWW.TRINITYHEALTHMA.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/
FINANCIAL-ASSISTANCE/ST-MARY-MEDICAL-CENTER

PART V, SECTION B, LINE 16C

ST. MARY MEDICAL CENTER AND ST. MARY REHABILITATION CENTER:
WWW.TRINITYHEALTHMA.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/
FINANCIAL-ASSISTANCE/ST-MARY-MEDICAL-CENTER

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 MEDICAL CENTER (SMMC) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF PENNSYLVANIA. IN ADDITION, SMMC 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. SMMC ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON TRINITY HEALTH'S WEBSITE AT WWW.TRINITY-HEALTH.ORG/OUR-IMPACT/COMMUNITY-HEALTH-AND-WELL-BEING.

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$5,688,298, 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:

COALITION BUILDING: SMMC LEADERS PARTICIPATED IN COMMUNITY COALITIONS AND BOARDS FOCUSED ON ADDRESSING HEALTH AND SAFETY ISSUES. THESE INCLUDE THE BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP, THE HOSPITAL ASSOCIATION OF PENNSYLVANIA, AND BLUE ZONES IGNITE BUCKS COUNTY.

COMMUNITY HEALTH IMPROVEMENT ADVOCACY: SMMC LEADERS PARTICIPATED IN

Part VI Supplemental Information (Continuation)

ADVOCACY EFFORTS BY ATTENDING COMMUNITY MEETINGS FOCUSED ON ENHANCING
ADVOCACY STRATEGIES FOR VARIOUS HEALTH AND SOCIAL NEEDS.

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:

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

PART III, LINE 4:

SMMC 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

Part VI Supplemental Information (Continuation)

BURDEN OF GOVERNMENT TO IMPROVE HEALTH. TREATING MEDICARE PATIENTS CREATES SHORTFALLS THAT MUST BE ABSORBED BY HOSPITALS, WHICH PROVIDE CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. THEREFORE, THE HOSPITAL BELIEVES ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT. TRINITY HEALTH AND ITS HOSPITALS REPORT AS COMMUNITY IMPACT THE LOSS ON MEDICARE AND A HOST OF MANY OTHER EXPENSES DESIGNED TO SERVE PEOPLE EXPERIENCING POVERTY IN OUR COMMUNITIES. SEE SCHEDULE H, PART VI, LINE 5 FOR MORE INFORMATION.

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

PART III, LINE 9B:

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

PART VI, LINE 2:

NEEDS ASSESSMENT - ST. MARY MEDICAL CENTER 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 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 - ST. MARY MEDICAL CENTER 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 MEDICAL CENTER OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED

Part VI Supplemental Information (Continuation)

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 HOSPITALS.

PART VI, LINE 4:

COMMUNITY INFORMATION - THE HOSPITALS ARE LOCATED IN LANGHORNE, IN BUCKS COUNTY, PENNSYLVANIA. THE SERVICE AREA INCLUDES THE FOLLOWING ZIP CODES IN BUCKS COUNTY, PENNSYLVANIA: 18940, 18954, 18966, 18974, 18976, 18977, 19007, 19020, 19021, 19030, 19047, 19053, 19054, 19055, 19056, 19057, AND 19067. THE HOSPITALS' RACIAL COMPOSITION IS 5.5% ASIAN, 5.2% BLACK, 6.4% HISPANIC/LATINO, 80.9% WHITE (NON-HISPANIC), AND 2.0% OTHER. OF BUCKS COUNTY RESIDENTS, 5.3% SPEAK ENGLISH LESS THAN VERY WELL. THE AGE DISTRIBUTION IS 22.3% 0-19 YEARS, 30.0% 20-44 YEARS, 29.5% 45-64 YEARS AND 18.1% 65+. THE GENDER OF THE POPULATION IS 51.1% FEMALE AND 48.9% MALE. THE MEDIAN HOUSEHOLD INCOME IS \$82,087.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH -

ST. MARY MEDICAL CENTER:

SMMC MAINTAINS A 24-HOUR EMERGENCY ROOM, AN OPEN MEDICAL STAFF, AND THE ORGANIZATION EXTENDS PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

SMMC IS ACTIVELY PROMOTING HEALTH AND WELLNESS ON OUR MAIN CAMPUS BY ENFORCING OUR CURRENT SMOKE FREE CAMPUS THAT INCLUDES ALL BUILDINGS AND WAS EXPANDED TO INCLUDE ALL TOBACCO AND SMOKELESS TOBACCO PRODUCTS INCLUDING E-CIGARETTES, VAPORS, AND CHEWING TOBACCO.

TRINITY HEALTH MID-ATLANTIC CONTINUED TO PARTICIPATE IN COLLABORATIVE OPPORTUNITIES TO ADVANCE COMMUNITY HEALTH (COACH) INITIATIVES. FUNDED BY THE HOSPITAL & HEALTH SYSTEM ASSOCIATION OF PENNSYLVANIA AND PARTICIPATING HOSPITALS AND HEALTH SYSTEMS, COACH IS AN INITIATIVE THAT BRINGS TOGETHER HOSPITAL/HEALTH SYSTEMS, PUBLIC HEALTH, AND COMMUNITY PARTNERS TO ADDRESS COMMUNITY HEALTH NEEDS IN SOUTHEASTERN PENNSYLVANIA. COACH PROVIDES A STRUCTURE FOR PARTICIPANTS TO EXPLORE COLLABORATIVE IMPLEMENTATION STRATEGIES AS HOSPITALS/HEALTH SYSTEMS RESPOND TO COMMUNITY HEALTH NEEDS ASSESSMENTS THROUGH IMPLEMENTATION PLANS MANDATED BY THE AFFORDABLE CARE ACT.

TRINITY HEALTH MID-ATLANTIC, ALONG WITH OTHER HOSPITALS WITHIN TRINITY HEALTH, PARTICIPATED IN A NATIONAL CAMPAIGN TO ENSURE THAT CONGRESS WAS INFORMED OF OUR STAND TO PRIORITIZE STRENGTHENING AND PROTECTING MEDICAID, ENSURING THAT EVERYONE, ESPECIALLY THE MOST VULNERABLE AMONG US, CAN ACCESS THE CARE THEY NEED WITH THE "MEDICAID POSSIBLE" CAMPAIGN.

ST. MARY'S WAS GRANTED THE PRESERVING OUR LEGACY GRANT FROM TRINITY HEALTH TO SUPPORT THE DEPLOYMENT OF AUTOMATED OFFICE BLOOD PRESSURE MACHINES IN

Part VI Supplemental Information (Continuation)

SAFETY NET CLINICS AND PRIMARY CARE OFFICES THAT PRIMARILY SERVE AT-RISK, VULNERABLE POPULATIONS THROUGHOUT THE TRINITY HEALTH MID-ATLANTIC REGION. THE PROJECT DEPLOYED APPROXIMATELY 130 OF THESE UNITS TO SERVE VULNERABLE POPULATIONS.

ST. MARY REHABILITATION HOSPITAL (SMRH):

SMRH FOLLOWS THE SMMC FINANCIAL ASSISTANCE POLICY AND ALLOWS FOR TREATMENT OF THOSE WHO ARE UNINSURED AND UNDERINSURED.

SMRH INCLUDES COMMUNITY MEMBERS IN BOTH INFECTION PREVENTION AND SAFETY COMMITTEE MEETINGS. THESE MEMBERS ARE SELECTED BASED ON THEIR PERSONAL QUALIFICATIONS AND KEY COMPETENCIES AND THEIR COMMITMENT TO ST. MARY MINISTRIES AND VALUES.

THE MEDICAL STAFF IS OPEN TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

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.

TRINITY HEALTH OF THE MID-ATLANTIC'S COMMUNITY IMPACT IN FISCAL YEAR 2024 TOTALED \$122.9 MILLION.

PART VI, LINE 6:

SMMC 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

Part VI Supplemental Information (Continuation)

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 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

Part VI Supplemental Information (Continuation)

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:

PA