

**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>MERCY HEALTH PARTNERS</b>	<b>Employer identification number</b> <b>38-2589966</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>b</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>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</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) .....			12671993.		12671993.	1.46%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			142494277	165127176	0.	.00%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			3739224.	2733512.	1005712.	.12%
<b>d Total.</b> Financial assistance and means-tested government programs .....			158905494	167860688	13677705.	1.58%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	24	8,775	6346011.	1168997.	5177014.	.60%
<b>f</b> Health professions education (from Worksheet 5) .....	4	103	10017096.		10017096.	1.15%
<b>g</b> Subsidized health services (from Worksheet 6) .....	2		5041354.	2388889.	2652465.	.31%
<b>h</b> Research (from Worksheet 7) .....	1		204,533.		204,533.	.02%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....	8		260,821.		260,821.	.03%
<b>j Total.</b> Other benefits .....	39	8,878	21869815.	3557886.	18311929.	2.11%
<b>k Total.</b> Add lines 7d and 7j .....	39	8,878	180775309	171418574	31989634.	3.69%

**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	1		16,902.		16,902.	.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1		40,374.		40,374.	.00%
7 Community health improvement advocacy						
8 Workforce development	1	60	7,319.		7,319.	.00%
9 Other						
10 Total	3	60	64,595.		64,595.	.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	15,200,309.
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	80,866,488.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	96,939,241.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	-16,072,753.
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 MUSKEGON SC, LLC	AMBULATORY SURGERY CTR	27.32%		61.75%



**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: TRINITY HEALTH MUSKEGON 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>23</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>23</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: TRINITY HEALTH MUSKEGON 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 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)		

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**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: TRINITY HEALTH MUSKEGON HOSPITAL

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

**Policy Relating to Emergency Medical Care**

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

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

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

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**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: TRINITY HEALTH SHELBY HOSPITAL

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

	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>23</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>23</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: TRINITY HEALTH SHELBY 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 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)		

Schedule H (Form 990) 2024

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: TRINITY HEALTH SHELBY HOSPITAL

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

**Policy Relating to Emergency Medical Care**

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

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

Name of hospital facility or letter of facility reporting group: TRINITY HEALTH SHELBY 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 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: TRINITY HEALTH BEHAVIORAL HEALTH

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

	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>23</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>23</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: TRINITY HEALTH BEHAVIORAL HEALTH

	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 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: TRINITY HEALTH BEHAVIORAL HEALTH

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

**Policy Relating to Emergency Medical Care**

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

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

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

Name of hospital facility or letter of facility reporting group: TRINITY HEALTH BEHAVIORAL HEALTH

	Yes	No
<p><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:</p> <p><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</p> <p><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</p> <p><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</p> <p><b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p><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? .....</p> <p>If "Yes," explain in Section C.</p>	<b>23</b>	<b>X</b>
<p><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? .....</p> <p>If "Yes," explain in Section C.</p>	<b>24</b>	<b>X</b>

Schedule H (Form 990) 2024

**Part V Facility Information** (continued)

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

TRINITY HEALTH MUSKEGON HOSPITAL:  
PART V, SECTION B, LINE 3J: N/A

TRINITY HEALTH MUSKEGON HOSPITAL:  
PART V, SECTION B, LINE 3E:  
TRINITY HEALTH MUSKEGON (TH MUSKEGON) AND TRINITY HEALTH BEHAVIORAL HEALTH (TH BEHAVIORAL HEALTH) JOINTLY CONDUCTED THE FY24 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR MUSKEGON COUNTY, WHERE THE TWO CAMPUSES ARE LOCATED. THE CHNA WRITTEN REPORT INCLUDED A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- MUSKEGON COUNTY
- 1. HOUSING
- 2. CHILDCARE
- 3. HOMELESSNESS
- 4. ACCESS TO HEALTHY AND AFFORDABLE FOOD
- 5. ALCOHOL AND OTHER DRUG MISUSE
- 6. TRANSPORTATION
- 7. INCOME/POVERTY
- 8. CRIMES AND VIOLENCE
- 9. EARLY CHILDHOOD EDUCATION
- 10. PROVIDER ADEQUACY FOR BEHAVIORAL HEALTH

TRINITY HEALTH SHELBY HOSPITAL:  
PART V, SECTION B, LINE 3J: N/A

TRINITY HEALTH SHELBY HOSPITAL:  
PART V, SECTION B, LINE 3E:  
TRINITY HEALTH SHELBY (TH SHELBY) CONDUCTED THE FY24 CHNA FOR OCEANA COUNTY, WHERE THE CAMPUS IS LOCATED. THE CHNA WRITTEN REPORT INCLUDED A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- OCEANA COUNTY
- 1. HOUSING
- 2. CHILDCARE
- 3. INCOME/POVERTY
- 4. HOMELESSNESS
- 5. HEALTH INSURANCE COVERAGE
- 6. TRANSPORTATION

TRINITY HEALTH BEHAVIORAL HEALTH:  
PART V, SECTION B, LINE 3J: N/A

TRINITY HEALTH BEHAVIORAL HEALTH HOSPITAL:  
PART V, SECTION B, LINE 3E:  
TRINITY HEALTH MUSKEGON (TH MUSKEGON) AND TRINITY HEALTH BEHAVIORAL HEALTH (TH BEHAVIORAL HEALTH) JOINTLY CONDUCTED THE FY24 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR MUSKEGON COUNTY, WHERE THE TWO CAMPUSES ARE LOCATED. THE CHNA WRITTEN REPORT INCLUDED A PRIORITIZED LIST AND DESCRIPTION OF THE

**Part V Facility Information** (continued)

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

**COMMUNITY'S SIGNIFICANT HEALTH NEEDS. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:**

**MUSKEGON COUNTY**

1. HOUSING
2. CHILDCARE
3. HOMELESSNESS
4. ACCESS TO HEALTHY AND AFFORDABLE FOOD
5. ALCOHOL AND OTHER DRUG MISUSE
6. TRANSPORTATION
7. INCOME/POVERTY
8. CRIMES AND VIOLENCE
9. EARLY CHILDHOOD EDUCATION
10. PROVIDER ADEQUACY FOR BEHAVIORAL HEALTH

**TRINITY HEALTH MUSKEGON HOSPITAL:**

**PART V, SECTION B, LINE 5: TH MUSKEGON AND TH BEHAVIORAL HEALTH HOSPITALS PARTICIPATED IN A COLLABORATIVE CHNA PROCESS IN FY24. DATA WAS COLLECTED FROM OCTOBER 2023 TO APRIL 2024. DATA WAS COLLECTED FROM SECONDARY (EXISTING) SOURCES, AND MULTIPLE ORGANIZATIONS ACROSS THE COMMUNITY WERE INVOLVED IN THE PROCESS OF COLLECTING AND ASSESSING HEALTH DATA TO ENSURE ITS RELEVANCE TO THE COMMUNITY AND VULNERABLE POPULATIONS.**

**IN JANUARY 2024, MORE THAN 100 DATA INDICATORS WERE COMPILED AND SUMMARIZED. IN FEBRUARY, THREE ONLINE SURVEYS WERE CONDUCTED FOR RESIDENTS, KEY INFORMED STAKEHOLDERS, AND PARTNER ORGANIZATIONS TO INFORM PRIORITIZATION OF INDICATORS.**

**IN MARCH, FOLLOWING DATA COLLECTION AND ASSESSMENT, THE EXECUTIVE COMMITTEE (TH MUSKEGON, TH BEHAVIORAL HEALTH, MUSKEGON CHIR, UNITED WAY FOR THE LAKESHORE, ACCESS HEALTH, PUBLIC HEALTH FOR MUSKEGON COUNTY, AND HACKLEY COMMUNITY CARE) REVIEWED AND DISCUSSED THE INDICATORS AND SURVEY RESPONSES, AND DETERMINED THE PRIORITY NEEDS.**

**IN MUSKEGON COUNTY, COMMUNITY ORGANIZATIONS THAT PROVIDED INPUT AND SUPPORT INCLUDED MUSKEGON YMCA, WEST MICHIGAN WORKS, MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES, WEST MICHIGAN SHORELINE REGIONAL DEVELOPMENT COMMISSION, 2-1-1, SENIOR RESOURCES, HEALTHWEST, PIONEER RESOURCES, COREWELL HEALTH, MUSKEGON COUNTY GREAT START COLLABORATIVE, MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT, COMMUNITY FOUNDATION FOR MUSKEGON COUNTY, AND MUSKEGON LAKESHORE CHAMBER OF COMMERCE. PARTICULAR ATTENTION WAS GIVEN TO CAPTURING THE VOICES OF INDIVIDUALS WHO ARE EXPERIENCING POVERTY AND THOSE WHO ARE BLACK/AFRICAN AMERICAN.**

**TRINITY HEALTH SHELBY HOSPITAL:**

**PART V, SECTION B, LINE 5: TH SHELBY PARTICIPATED IN A COLLABORATIVE CHNA PROCESS IN FY24. DATA WAS COLLECTED FROM OCTOBER 2023 TO APRIL 2024. DATA WAS COLLECTED FROM SECONDARY (EXISTING) SOURCES, AND MULTIPLE ORGANIZATIONS ACROSS THE COMMUNITY WERE INVOLVED IN THE PROCESS OF COLLECTING AND ASSESSING HEALTH DATA TO ENSURE ITS RELEVANCE TO THE COMMUNITY AND VULNERABLE POPULATIONS.**

**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.

IN JANUARY 2024, DATA INDICATORS WERE COMPILED AND SUMMARIZED. IN FEBRUARY, THREE ONLINE SURVEYS WERE CONDUCTED FOR RESIDENTS, KEY INFORMED STAKEHOLDERS, AND PARTNER ORGANIZATIONS TO INFORM PRIORITIZATION OF INDICATORS.

IN MARCH, FOLLOWING DATA COLLECTION AND ASSESSMENT, THE EXECUTIVE COMMITTEE (TH SHELBY, MUSKEGON CHIR, UNITED WAY OF THE LAKESHORE, ACCESS HEALTH, PUBLIC HEALTH FOR MUSKEGON COUNTY, AND HACKLEY COMMUNITY CARE) REVIEWED AND DISCUSSED THE INDICATORS AND SURVEY RESPONSES, AND DETERMINED THE PRIORITY NEEDS.

IN OCEANA COUNTY, COMMUNITY ORGANIZATIONS THAT PROVIDED INPUT AND SUPPORT INCLUDED WEST MICHIGAN COMMUNITY MENTAL HEALTH, OCEANA COMMUNITY FOUNDATION, NORTHWEST MICHIGAN HEALTH SERVICES, 2-1-1, COREWELL HEALTH, OCEANA COUNTY COUNCIL ON AGING, AND WHITE LAKE AREA CHAMBER AND VISITORS BUREAU. PARTICULAR ATTENTION WAS GIVEN TO CAPTURING THE VOICES OF INDIVIDUALS FROM THE HISPANIC COMMUNITY.

**TRINITY HEALTH BEHAVIORAL HEALTH:**

PART V, SECTION B, LINE 5: TH MUSKEGON AND TH BEHAVIORAL HEALTH HOSPITALS PARTICIPATED IN A COLLABORATIVE CHNA PROCESS IN FY24. DATA WAS COLLECTED FROM OCTOBER 2023 TO APRIL 2024. DATA WAS COLLECTED FROM SECONDARY (EXISTING) SOURCES, AND MULTIPLE ORGANIZATIONS ACROSS THE COMMUNITY WERE INVOLVED IN THE PROCESS OF COLLECTING AND ASSESSING HEALTH DATA TO ENSURE ITS RELEVANCE TO THE COMMUNITY AND VULNERABLE POPULATIONS.

IN JANUARY 2024, MORE THAN 100 DATA INDICATORS WERE COMPILED AND SUMMARIZED. IN FEBRUARY, THREE ONLINE SURVEYS WERE CONDUCTED FOR RESIDENTS, KEY INFORMED STAKEHOLDERS, AND PARTNER ORGANIZATIONS TO INFORM PRIORITIZATION OF INDICATORS.

IN MARCH, FOLLOWING DATA COLLECTION AND ASSESSMENT, THE EXECUTIVE COMMITTEE (TH MUSKEGON, TH BEHAVIORAL HEALTH, MUSKEGON CHIR, UNITED WAY FOR THE LAKESHORE, ACCESS HEALTH, PUBLIC HEALTH FOR MUSKEGON COUNTY, AND HACKLEY COMMUNITY CARE) REVIEWED AND DISCUSSED THE INDICATORS AND SURVEY RESPONSES, AND DETERMINED THE PRIORITY NEEDS.

IN MUSKEGON COUNTY, COMMUNITY ORGANIZATIONS THAT PROVIDED INPUT AND SUPPORT INCLUDED MUSKEGON YMCA, WEST MICHIGAN WORKS, MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES, WEST MICHIGAN SHORELINE REGIONAL DEVELOPMENT COMMISSION, 2-1-1, SENIOR RESOURCES, HEALTHWEST, PIONEER RESOURCES, COREWELL HEALTH, MUSKEGON COUNTY GREAT START COLLABORATIVE, MUSKEGON AREA INTERMEDIATE SCHOOL DISTRICT, COMMUNITY FOUNDATION FOR MUSKEGON COUNTY, AND MUSKEGON LAKESHORE CHAMBER OF COMMERCE. PARTICULAR ATTENTION WAS GIVEN TO CAPTURING THE VOICES OF INDIVIDUALS WHO ARE EXPERIENCING POVERTY AND THOSE WHO ARE BLACK/AFRICAN AMERICAN.

**TRINITY HEALTH MUSKEGON HOSPITAL:**

PART V, SECTION B, LINE 6B: TH MUSKEGON AND TH BEHAVIORAL HEALTH HOSPITALS CONDUCTED THE JOINT CHNA IN PARTNERSHIP WITH THE MUSKEGON COMMUNITY HEALTH INNOVATION REGION (CHIR), UNITED WAY OF THE LAKESHORE, ACCESS HEALTH, PUBLIC HEALTH OF MUSKEGON COUNTY, AND HACKLEY COMMUNITY CARE.

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

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

**TRINITY HEALTH SHELBY HOSPITAL:**

**PART V, SECTION B, LINE 6B:** TH SHELBY CONDUCTED THE CHNA IN PARTNERSHIP WITH THE MUSKEGON COMMUNITY HEALTH INNOVATION REGION (CHIR), UNITED WAY OF THE LAKESHORE, ACCESS HEALTH, PUBLIC HEALTH OF MUSKEGON COUNTY, AND HACKLEY COMMUNITY CARE.

**TRINITY HEALTH MUSKEGON HOSPITAL:**

**PART V, SECTION B, LINE 11:** IN FISCAL YEAR 2025 (FY25), MERCY HEALTH PARTNERS (MHP), WHICH CONSISTS OF TRINITY HEALTH MUSKEGON, TRINITY HEALTH BEHAVIORAL HEALTH, AND TRINITY HEALTH SHELBY, COLLECTIVELY ADDRESSED THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE FY24 CHNAS FOR MUSKEGON AND OCEANA COUNTIES.

**THE FOLLOWING NEEDS FROM THE MUSKEGON COUNTY CHNA WERE ADDRESSED BY MHP IN FY25:**

**HOUSING AND HOMELESSNESS -** WROTE LETTER OF SUPPORT AND HELPED WITH THE NONPROFIT HOUSING PARTNER SAMARITAS' APPLICATION FOR A MICHIGAN LOW INCOME TAX CREDIT WHICH WAS APPROVED ON JULY 10, 2025, TO PROVIDE STATE FUNDING FOR 45 NEW HOUSING UNITS IN THE CITY OF MUSKEGON WITH PLANS TO BREAK GROUND FALL 2026. PROVIDED STAFF SUPPORT AND FUNDING TO THE MUSKEGON COUNTY HOMELESS CONTINUUM OF CARE COLLABORATIVE. PROVIDED ADDITIONAL FUNDING TO MUSKEGON COUNTY TO CREATE AND HIRE THE MUSKEGON COUNTY HOUSING COORDINATOR.

**CHILDCARE -** PROVIDED FUNDING TO THE UNITED WAY OF THE LAKESHORE IN SUPPORT OF THE REGIONAL CHILDCARE COLLABORATIVE'S WORKPLAN ON CHILDCARE EMPLOYEE RETENTION AND PROFESSIONAL DEVELOPMENT, DAY CARE CENTER EDUCATION AND SAFETY AWARENESS.

**ACCESS TO HEALTHY AND AFFORDABLE FOOD -** CONTINUED OPERATIONS OF THE MCLAUGHLIN GROWS URBAN FARM LOCATED ON TRINITY HEALTH'S HACKLEY CAMPUS. NOW RENAMED THE FARM AT TRINITY HEALTH - MUSKEGON, THE FARM PARTICIPATES IN LOCAL FARMERS MARKETS AND PROVIDES FOOD AND NUTRITION EDUCATION TO STUDENTS IN AREA SCHOOLS. IN ADDITION TO THE URBAN FARM OPERATIONS, TRINITY HEALTH ALSO RECEIVED FUNDING TO PILOT ADDITIONAL FOOD ACCESS AND NUTRITIONAL EDUCATION EFFORTS IN MUSKEGON. TRINITY HEALTH STAFF ALSO PARTICIPATED IN FOOD ACCESS COLLABORATIVES INCLUDING THE MUSKEGON FOOD CLUB, LOCAL COMMUNITY GARDENING INITIATIVES, AND FOOD ACCESS ASSESSMENT IN OCEANA COUNTY.

**ALCOHOL AND OTHER DRUG MISUSE -** FACILITATED THE SUBSTANCE USE PREVENTION COALITION DEFINE THE LINE, WHICH SERVES AS AN ORGANIZING BODY FOR OVER 65 COMMUNITY ORGANIZATIONS INCLUDING SCHOOLS, HEALTH CARE, LAW ENFORCEMENT, BUSINESS, GOVERNMENT, LEADERS, AND YOUTH; FACILITATED KNOWSMOKE, A COUNTY-WIDE TOBACCO REDUCTION COALITION; SUPPORTS THE MUSKEGON AREA MEDICATION DISPOSAL PROGRAM, OFFERING COMMUNITY MEDICATION TAKEBACK AND EDUCATION INITIATIVES HOSTED AT LOCAL FIRE STATIONS; SPONSORED TRINITY HEALTH PHYSICIANS AS FEATURED SPEAKERS AT THE MUSKEGON AREA WELLNESS AND RECOVERY COALITION'S MUSKEGON OPIOID SUMMIT, SHARING INFORMATION ABOUT ACTIVITIES ON HARM REDUCTION AND MEDICATION ASSISTED THERAPIES; AND SUPPORTED STRAIGHT TALK ABOUT TOUGH STUFF, A PEER EDUCATION AND YOUTH

**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.

LEADERSHIP PROGRAM THAT TRAINS HIGH SCHOOL STUDENTS TO PROVIDE POSITIVE CHOICE EDUCATIONAL MESSAGES TO MIDDLE AND ELEMENTARY YOUTH.

THE FOLLOWING NEEDS FROM THE OCEANA COUNTY CHNA WERE ADDRESSED BY MHP IN FY25:

CHILDCARE - PROVIDED FUNDING TO THE UNITED WAY OF THE LAKESHORE IN SUPPORT OF THE REGIONAL CHILDCARE COLLABORATIVE'S WORKPLAN ON CHILDCARE EMPLOYEE RETENTION AND PROFESSIONAL DEVELOPMENT, DAY CARE CENTER EDUCATION AND SAFETY AWARENESS.

INCOME/POVERTY - CONTINUED TO PROVIDE LEADERSHIP FOR COMMUNITY GRANT APPLICATIONS, FUNDS FOR THE LOCAL COMMUNITY CENTER DEVELOPMENT WHICH WILL BE UTILIZED AS AN EDUCATION HUB FEATURING CHILDCARE ACCESS IN DOWNTOWN HART TO CONNECT RESIDENTS WITH LOCAL COLLEGES AND UNIVERSITIES AND SUBSEQUENT EMPLOYMENT.

HEALTH INSURANCE COVERAGE - TRINITY HEALTH SHELBY PROVIDED BILINGUAL (SPANISH AND ENGLISH) COMMUNITY HEALTH WORKER (CHW) SERVICES TO THE COMMUNITY. CHW'S ASSISTED INDIVIDUALS WITH ENROLLMENT IN MULTIPLE PROGRAMS AND SERVICES INCLUDING MEDICAID, MEDICARE, TRINITY HEALTH FINANCIAL ASSISTANCE, PHARMACY ASSISTANCE PROGRAMS, FEDERAL SNAP BENEFITS, AND REFERRALS TO EDUCATIONAL PROGRAMS.

MERCY HEALTH PARTNERS ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESSES AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. FOR THAT REASON, MERCY HEALTH PARTNERS HOSPITALS DID NOT DIRECTLY ADDRESS TRANSPORTATION, INCOME AND POVERTY, CRIMES AND VIOLENCE, EARLY CHILDHOOD EDUCATION, AND PROVIDER ADEQUACY FOR BEHAVIORAL HEALTH AS IDENTIFIED FOR MUSKEGON COUNTY. MERCY HEALTH PARTNERS HOSPITALS ALSO DID NOT DIRECTLY ADDRESS HOUSING, HOMELESSNESS AND TRANSPORTATION AS IDENTIFIED FOR OCEANA COUNTY.

TRINITY HEALTH SHELBY HOSPITAL:

PART V, SECTION B, LINE 11: IN FISCAL YEAR 2025 (FY25), MERCY HEALTH PARTNERS (MHP), WHICH CONSISTS OF TRINITY HEALTH MUSKEGON, TRINITY HEALTH BEHAVIORAL HEALTH, AND TRINITY HEALTH SHELBY, COLLECTIVELY ADDRESSED THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE FY24 CHNAS FOR MUSKEGON AND OCEANA COUNTIES.

THE FOLLOWING NEEDS FROM THE MUSKEGON COUNTY CHNA WERE ADDRESSED BY MHP IN FY25:

HOUSING AND HOMELESSNESS - WROTE LETTER OF SUPPORT AND HELPED WITH THE NONPROFIT HOUSING PARTNER SAMARITAS' APPLICATION FOR A MICHIGAN LOW INCOME TAX CREDIT WHICH WAS APPROVED ON JULY 10, 2025, TO PROVIDE STATE FUNDING FOR 45 NEW HOUSING UNITS IN THE CITY OF MUSKEGON WITH PLANS TO BREAK GROUND FALL 2026. PROVIDED STAFF SUPPORT AND FUNDING TO THE MUSKEGON COUNTY HOMELESS CONTINUUM OF CARE COLLABORATIVE. PROVIDED ADDITIONAL FUNDING TO MUSKEGON COUNTY TO CREATE AND HIRE THE MUSKEGON COUNTY HOUSING COORDINATOR.

CHILDCARE - PROVIDED FUNDING TO THE UNITED WAY OF THE LAKESHORE IN SUPPORT

**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.

OF THE REGIONAL CHILDCARE COLLABORATIVE'S WORKPLAN ON CHILDCARE EMPLOYEE RETENTION AND PROFESSIONAL DEVELOPMENT, DAY CARE CENTER EDUCATION AND SAFETY AWARENESS.

ACCESS TO HEALTHY AND AFFORDABLE FOOD - CONTINUED OPERATIONS OF THE MCLAUGHLIN GROWS URBAN FARM LOCATED ON TRINITY HEALTH'S HACKLEY CAMPUS. NOW RENAMED THE FARM AT TRINITY HEALTH - MUSKEGON, THE FARM PARTICIPATES IN LOCAL FARMERS MARKETS AND PROVIDES FOOD AND NUTRITION EDUCATION TO STUDENTS IN AREA SCHOOLS. IN ADDITION TO THE URBAN FARM OPERATIONS, TRINITY HEALTH ALSO RECEIVED FUNDING TO PILOT ADDITIONAL FOOD ACCESS AND NUTRITIONAL EDUCATION EFFORTS IN MUSKEGON. TRINITY HEALTH STAFF ALSO PARTICIPATED IN FOOD ACCESS COLLABORATIVES INCLUDING THE MUSKEGON FOOD CLUB, LOCAL COMMUNITY GARDENING INITIATIVES, AND FOOD ACCESS ASSESSMENT IN OCEANA COUNTY.

ALCOHOL AND OTHER DRUG MISUSE - FACILITATED THE SUBSTANCE USE PREVENTION COALITION DEFINE THE LINE, WHICH SERVES AS AN ORGANIZING BODY FOR OVER 65 COMMUNITY ORGANIZATIONS INCLUDING SCHOOLS, HEALTH CARE, LAW ENFORCEMENT, BUSINESS, GOVERNMENT, LEADERS, AND YOUTH; FACILITATED KNOWSMOKE, A COUNTY-WIDE TOBACCO REDUCTION COALITION; SUPPORTS THE MUSKEGON AREA MEDICATION DISPOSAL PROGRAM, OFFERING COMMUNITY MEDICATION TAKEBACK AND EDUCATION INITIATIVES HOSTED AT LOCAL FIRE STATIONS; SPONSORED TRINITY HEALTH PHYSICIANS AS FEATURED SPEAKERS AT THE MUSKEGON AREA WELLNESS AND RECOVERY COALITION'S MUSKEGON OPIOID SUMMIT, SHARING INFORMATION ABOUT ACTIVITIES ON HARM REDUCTION AND MEDICATION ASSISTED THERAPIES; AND SUPPORTED STRAIGHT TALK ABOUT TOUGH STUFF, A PEER EDUCATION AND YOUTH LEADERSHIP PROGRAM THAT TRAINS HIGH SCHOOL STUDENTS TO PROVIDE POSITIVE CHOICE EDUCATIONAL MESSAGES TO MIDDLE AND ELEMENTARY YOUTH.

THE FOLLOWING NEEDS FROM THE OCEANA COUNTY CHNA WERE ADDRESSED BY MHP IN FY25:

CHILDCARE - PROVIDED FUNDING TO THE UNITED WAY OF THE LAKESHORE IN SUPPORT OF THE REGIONAL CHILDCARE COLLABORATIVE'S WORKPLAN ON CHILDCARE EMPLOYEE RETENTION AND PROFESSIONAL DEVELOPMENT, DAY CARE CENTER EDUCATION AND SAFETY AWARENESS.

INCOME/POVERTY - CONTINUED TO PROVIDE LEADERSHIP FOR COMMUNITY GRANT APPLICATIONS, FUNDS FOR THE LOCAL COMMUNITY CENTER DEVELOPMENT WHICH WILL BE UTILIZED AS AN EDUCATION HUB FEATURING CHILDCARE ACCESS IN DOWNTOWN HART TO CONNECT RESIDENTS WITH LOCAL COLLEGES AND UNIVERSITIES AND SUBSEQUENT EMPLOYMENT.

HEALTH INSURANCE COVERAGE - TRINITY HEALTH SHELBY PROVIDED BILINGUAL (SPANISH AND ENGLISH) COMMUNITY HEALTH WORKER (CHW) SERVICES TO THE COMMUNITY. CHW'S ASSISTED INDIVIDUALS WITH ENROLLMENT IN MULTIPLE PROGRAMS AND SERVICES INCLUDING MEDICAID, MEDICARE, TRINITY HEALTH FINANCIAL ASSISTANCE, PHARMACY ASSISTANCE PROGRAMS, FEDERAL SNAP BENEFITS, AND REFERRALS TO EDUCATIONAL PROGRAMS.

MERCY HEALTH PARTNERS ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESSES AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. FOR THAT REASON,

**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.

MERCY HEALTH PARTNERS HOSPITALS DID NOT DIRECTLY ADDRESS TRANSPORTATION, INCOME AND POVERTY, CRIMES AND VIOLENCE, EARLY CHILDHOOD EDUCATION, AND PROVIDER ADEQUACY FOR BEHAVIORAL HEALTH AS IDENTIFIED FOR MUSKEGON COUNTY. MERCY HEALTH PARTNERS HOSPITALS ALSO DID NOT DIRECTLY ADDRESS HOUSING, HOMELESSNESS AND TRANSPORTATION AS IDENTIFIED FOR OCEANA COUNTY.

TRINITY HEALTH BEHAVIORAL HEALTH:

PART V, SECTION B, LINE 11: IN FISCAL YEAR 2025 (FY25), MERCY HEALTH PARTNERS (MHP), WHICH CONSISTS OF TRINITY HEALTH MUSKEGON, TRINITY HEALTH BEHAVIORAL HEALTH, AND TRINITY HEALTH SHELBY, COLLECTIVELY ADDRESSED THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE FY24 CHNAS FOR MUSKEGON AND OCEANA COUNTIES.

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CHILDCARE - PROVIDED FUNDING TO THE UNITED WAY OF THE LAKESHORE IN SUPPORT OF THE REGIONAL CHILDCARE COLLABORATIVE'S WORKPLAN ON CHILDCARE EMPLOYEE RETENTION AND PROFESSIONAL DEVELOPMENT, DAY CARE CENTER EDUCATION AND SAFETY AWARENESS.

ACCESS TO HEALTHY AND AFFORDABLE FOOD - CONTINUED OPERATIONS OF THE MCLAUGHLIN GROWS URBAN FARM LOCATED ON TRINITY HEALTH'S HACKLEY CAMPUS. NOW RENAMED THE FARM AT TRINITY HEALTH - MUSKEGON, THE FARM PARTICIPATES IN LOCAL FARMERS MARKETS AND PROVIDES FOOD AND NUTRITION EDUCATION TO STUDENTS IN AREA SCHOOLS. IN ADDITION TO THE URBAN FARM OPERATIONS, TRINITY HEALTH ALSO RECEIVED FUNDING TO PILOT ADDITIONAL FOOD ACCESS AND NUTRITIONAL EDUCATION EFFORTS IN MUSKEGON. TRINITY HEALTH STAFF ALSO PARTICIPATED IN FOOD ACCESS COLLABORATIVES INCLUDING THE MUSKEGON FOOD CLUB, LOCAL COMMUNITY GARDENING INITIATIVES, AND FOOD ACCESS ASSESSMENT IN OCEANA COUNTY.

ALCOHOL AND OTHER DRUG MISUSE - FACILITATED THE SUBSTANCE USE PREVENTION COALITION DEFINE THE LINE, WHICH SERVES AS AN ORGANIZING BODY FOR OVER 65 COMMUNITY ORGANIZATIONS INCLUDING SCHOOLS, HEALTH CARE, LAW ENFORCEMENT, BUSINESS, GOVERNMENT, LEADERS, AND YOUTH; FACILITATED KNOWSMOKE, A COUNTY-WIDE TOBACCO REDUCTION COALITION; SUPPORTS THE MUSKEGON AREA MEDICATION DISPOSAL PROGRAM, OFFERING COMMUNITY MEDICATION TAKEBACK AND EDUCATION INITIATIVES HOSTED AT LOCAL FIRE STATIONS; SPONSORED TRINITY HEALTH PHYSICIANS AS FEATURED SPEAKERS AT THE MUSKEGON AREA WELLNESS AND RECOVERY COALITION'S MUSKEGON OPIOID SUMMIT, SHARING INFORMATION ABOUT ACTIVITIES ON HARM REDUCTION AND MEDICATION ASSISTED THERAPIES; AND SUPPORTED STRAIGHT TALK ABOUT TOUGH STUFF, A PEER EDUCATION AND YOUTH LEADERSHIP PROGRAM THAT TRAINS HIGH SCHOOL STUDENTS TO PROVIDE POSITIVE CHOICE EDUCATIONAL MESSAGES TO MIDDLE AND ELEMENTARY YOUTH.

**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 FOLLOWING NEEDS FROM THE OCEANA COUNTY CHNA WERE ADDRESSED BY MHP IN FY25:

CHILDCARE - PROVIDED FUNDING TO THE UNITED WAY OF THE LAKESHORE IN SUPPORT OF THE REGIONAL CHILDCARE COLLABORATIVE'S WORKPLAN ON CHILDCARE EMPLOYEE RETENTION AND PROFESSIONAL DEVELOPMENT, DAY CARE CENTER EDUCATION AND SAFETY AWARENESS.

INCOME/POVERTY - CONTINUED TO PROVIDE LEADERSHIP FOR COMMUNITY GRANT APPLICATIONS, FUNDS FOR THE LOCAL COMMUNITY CENTER DEVELOPMENT WHICH WILL BE UTILIZED AS AN EDUCATION HUB FEATURING CHILDCARE ACCESS IN DOWNTOWN HART TO CONNECT RESIDENTS WITH LOCAL COLLEGES AND UNIVERSITIES AND SUBSEQUENT EMPLOYMENT.

HEALTH INSURANCE COVERAGE - TRINITY HEALTH SHELBY PROVIDED BILINGUAL (SPANISH AND ENGLISH) COMMUNITY HEALTH WORKER (CHW) SERVICES TO THE COMMUNITY. CHW'S ASSISTED INDIVIDUALS WITH ENROLLMENT IN MULTIPLE PROGRAMS AND SERVICES INCLUDING MEDICAID, MEDICARE, TRINITY HEALTH FINANCIAL ASSISTANCE, PHARMACY ASSISTANCE PROGRAMS, FEDERAL SNAP BENEFITS, AND REFERRALS TO EDUCATIONAL PROGRAMS.

MERCY HEALTH PARTNERS ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESSES AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. FOR THAT REASON, MERCY HEALTH PARTNERS HOSPITALS DID NOT DIRECTLY ADDRESS TRANSPORTATION, INCOME AND POVERTY, CRIMES AND VIOLENCE, EARLY CHILDHOOD EDUCATION, AND PROVIDER ADEQUACY FOR BEHAVIORAL HEALTH AS IDENTIFIED FOR MUSKEGON COUNTY. MERCY HEALTH PARTNERS HOSPITALS ALSO DID NOT DIRECTLY ADDRESS HOUSING, HOMELESSNESS AND TRANSPORTATION AS IDENTIFIED FOR OCEANA COUNTY.

TRINITY HEALTH MUSKEGON HOSPITAL:

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

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

**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.

AVAILABILITY ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED PATIENTS.

TRINITY HEALTH SHELBY HOSPITAL:

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

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

TRINITY HEALTH BEHAVIORAL HEALTH:

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

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

**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.

TRINITY HEALTH MUSKEGON 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.

TRINITY HEALTH SHELBY 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.

TRINITY HEALTH BEHAVIORAL HEALTH - 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.

TRINITY HEALTH MUSKEGON HOSPITAL - PART V, SECTION B, LINE 7A:  
WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/  
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH SHELBY HOSPITAL - PART V, SECTION B, LINE 7A:  
WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/  
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH BEHAVIORAL HEALTH - PART V, SECTION B, LINE 7A:  
WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/  
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH MUSKEGON HOSPITAL - PART V, SECTION B, LINE 10A  
WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/  
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH SHELBY HOSPITAL - PART V, SECTION B, LINE 10A  
WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/  
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH BEHAVIORAL HEALTH - PART V, SECTION B, LINE 10A  
WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/  
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH MUSKEGON HOSPITAL  
PART V, LINE 16A, FAP WEBSITE:  
WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE

TRINITY HEALTH SHELBY HOSPITAL  
PART V, LINE 16A, FAP WEBSITE:  
WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE

**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.

TRINITY HEALTH BEHAVIORAL HEALTH

PART V, LINE 16A, FAP WEBSITE:

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE

TRINITY HEALTH MUSKEGON HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE

TRINITY HEALTH SHELBY HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE

TRINITY HEALTH BEHAVIORAL HEALTH

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE

TRINITY HEALTH MUSKEGON HOSPITAL

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

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE

TRINITY HEALTH SHELBY HOSPITAL

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

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE

TRINITY HEALTH BEHAVIORAL HEALTH

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

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/  
FINANCIAL-ASSISTANCE

Multiple horizontal lines for additional facility information.

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

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 59

Name and address	Type of facility (describe)
1 MUSKEGON SURGERY CENTER 1400 MERCY DRIVE, SUITE 150 MUSKEGON, MI 49444	OUTPATIENT SURGERY
2 TH JOHNSON FAMILY CANCER CENTER 1440 E. SHERMAN BLVD. MUSKEGON, MI 49444	CANCER TREATMENT FACILITY
3 WEST SHORE CARDIOLOGY 1212 E. SHERMAN BLVD. MUSKEGON, MI 49444	CARDIOLOGY
4 WEST MI GASTROENTEROLOGY 1675 LEAHY STREET, SUITE 324B MUSKEGON, MI 49444	GASTROENTEROLOGY
5 LAKES VILLAGE 6401 PRAIRIE STREET NORTON SHORES, MI 49444	OUTPATIENT SERVICES, LAB, URGENT CARE, REHAB, IMAGING
6 OB GYN ASSOCIATES 1675 LEAHY STREET, SUITE 428B MUSKEGON, MI 49444	OBSTETRICS / GYNECOLOGY
7 SHORELINE NEUROSURGERY 1675 LEAHY STREET, SUITE 401A MUSKEGON, MI 49444	NEUROSURGICAL & PHYSIATRY
8 TRINITY HEALTH AESTHETICS-NORTON SHOR 3570 HENRY STREET STE. 210 NORTON SHORES, MI 49441	OUTPATIENT SERVICES
9 TRINITY HEALTH HEART CENTER 1212 E. SHERMAN BLVD. MUSKEGON, MI 49444	CARDIOLOGY
10 PULMONARY MEDICINE 1560 E. SHERMAN BLVD, SUITE 150 MUSKEGON, MI 49444	PULMONARY

Schedule H (Form 990) 2024

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

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 59

Name and address	Type of facility (describe)
11 HACKLEY LAKES OB GYN 6401 PRAIRIE STREET, SUITE 2100 NORTON SHORES, MI 49444	OBSTETRICS / GYNECOLOGY
12 TRINITY HEALTH MED GROUP-NORTON SHORE 3570 HENRY STREET STE. 120 NORTON SHORES, MI 49441	PRIMARY CARE PHYSICIAN
13 TRINITY HEALTH MEDICAL GROUP 2006 HOLTON ROAD STE. 200 MUSKEGON, MI 49445	PRIMARY CARE PHYSICIAN OFFICE
14 LAKESHORE MEDICAL CENTER - SHELBY 71 W. BEVIER ROAD SHELBY, MI 49455	PRIMARY CARE PHYSICIAN OFFICE
15 CARDIOTHORACIC SURGERY 1560 E. SHERMAN BLVD, SUITE 309 MUSKEGON, MI 49444	CARDIOLOGY
16 THMG CARDIOLOGY 1445 SHELDON RD STE 102 GRAND HAVEN, MI 49417	CARDIOLOGY
17 WESTSHORE FAMILY MEDICINE 1223 MERCY DRIVE MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE
18 LAKESHORE MEDICAL CENTER - WHITEHALL 905 E. COLBY STREET WHITEHALL, MI 49461	PRIMARY CARE PHYSICIAN OFFICE
19 HART FAMILY MEDICAL CENTER 611 E. MAIN STREET HART, MI 49420	PRIMARY CARE PHYSICIAN OFFICE
20 TH MED GROUP, INTERNAL MEDICINE 1150 E. SHERMAN BLVD., SUITE 1100 MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE

Schedule H (Form 990) 2024

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

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 59

Name and address	Type of facility (describe)
21 FRUITPORT FAMILY MEDICINE 3443 FARR RD. FRUITPORT, MI 49415	PRIMARY CARE PHYSICIAN OFFICE
22 TRINITY HEALTH HEART CENTER 1212 E. SHERMAN BLVD. MUSKEGON, MI 49444	WELLNESS & REHABILITATION FACILITY
23 HART PAVILION 611 E. MAIN STREET HART, MI 49420	LAB, RADIOLOGY, PHYSICIAN PARTNERS
24 TH REHABILITATION - NORTON SHORES 3570 HENRY STREET STE. 200 NORTON SHORES, MI 49441	REHABILITATION
25 TH MED GROUP, ACADEMIC GERIATRICS 1150 E. SHERMAN BLVD., SUITE 1175 MUSKEGON, MI 49444	GERIATRICS
26 TH MED GROUP - HEPATITIS C CLINIC 1675 LEAHY STREET, SUITE 301A MUSKEGON, MI 49442	INFECTIOUS DISEASE
27 SABLE POINT 5656 W US 10 LUDINGTON, MI 49431	PRIMARY CARE PHYSICIAN OFFICE, LAB, WORKPLACE HEALTH; REHABILITATION
28 LAKESHORE FAMILY CARE 601 W. SAVIDGE STREET SPRING LAKE, MI 49456	PRIMARY CARE PHYSICIAN OFFICE
29 COMPREHENSIVE WOMEN'S HEALTH 1675 LEAHY STREET, SUITE 311A MUSKEGON, MI 49444	OBSTETRICS / GYNECOLOGY
30 HACKLEY LAKES OB GYN 1675 LEAHY STREET, SUITE 201A MUSKEGON, MI 49444	OBSTETRICS / GYNECOLOGY

Schedule H (Form 990) 2024

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

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 59

Name and address	Type of facility (describe)
31 THMG WOMEN'S HEALTH 1445 SHELDON RD STE 301 GRAND HAVEN, MI 49417	OBSTETRICS / GYNECOLOGY
32 ADULT MEDICINE SPECIALIST 6401 PRAIRIE STREET, SUITE 2800 MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE
33 OSTEOPATHIC MEDICINE 1150 E. SHERMAN BLVD., SUITE 1100 MUSKEGON, MI 49444	PHYSIATRY
34 NEURODIAGNOSTICS BUILDING 1277 MERCY DR. MUSKEGON, MI 49444	NEURODIAGNOSTICS / SLEEP CENTER
35 WEST VIEW FAMILY MEDICINE 6401 PRAIRIE STREET, SUITE 2600 MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE
36 BLADDER CLINIC 6401 PRAIRIE STREET, SUITE 1700 NORTON SHORES, MI 49444	UROLOGY
37 THMG GASTROENTEROLOGY 1445 SHELDON RD STE 302 GRAND HAVEN, MI 49417	GASTROENTEROLOGY
38 THMG NEUROLOGY 1445 SHELDON RD STE 302 GRAND HAVEN, MI 49417	NEURO-RELATED DIAGNOSES & PROCEDURES, BOTOX, SPECIALISTS INCLUDING MUSCULAR
39 THMG PULMONOLOGY 1445 SHELDON RD STE 302 GRAND HAVEN, MI 49417	RESPIRATORY
40 THMG SLEEP MEDICINE 1445 SHELDON RD STE 302 GRAND HAVEN, MI 49417	SLEEP CENTER

Schedule H (Form 990) 2024

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

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 59

Name and address	Type of facility (describe)
41 INTERNAL MEDICINE AND SPECIALTY CARE 1675 LEAHY STREET, SUITE 315A MUSKEGON, MI 49442	PRIMARY CARE PHYSICIAN OFFICE
42 TH IMAGING - NORTON SHORES 3570 HENRY STREET STE. NORTON SHORES, MI 49441	RADIOLOGY
43 TRINITY HEALTH IMAGING N MUSKEGON 2006 HOLTON ROAD STE. 400 MUSKEGON, MI 49445	RADIOLOGY
44 HACKLEY WORKPLACE NORTH 117 W COLBY ST WHITEHALL, MI 49461	OCCUPATIONAL MEDICINE
45 WEST MICHIGAN INTERNAL MEDICINE 957 BROOKHAVEN CT, STE 3-4, BLDG F MUSKEGON, MI 49442	PRIMARY CARE PHYSICIAN OFFICE
46 TH MEDICAL GROUP, PRIMARY CARE 1310 WISCONSIN GRAND HAVEN, MI 49417	PRIMARY CARE PHYSICIAN OFFICE
47 THMG PRIMARY CARE 1445 SHELDON RD STE 300 GRAND HAVEN, MI 49417	PRIMARY CARE PHYSICIAN OFFICE
48 THMG PEDIATRICTS 1445 SHELDON RD STE 300 GRAND HAVEN, MI 49417	PRIMARY CARE PEDIATRICS
49 TH MEDICAL GROUP, PRIMARY CARE 15151 STANTON WEST OLIVE, MI 49460	PRIMARY CARE PHYSICIAN OFFICE
50 TH GENERAL SURGERY 1445 SHELDON RD STE 201 GRAND HAVEN, MI 49417	IP/OP SURGERY & CONSULTS

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

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 59

Name and address	Type of facility (describe)
51 TH UROLOGY 1445 SHELDON RD STE 201 GRAND HAVEN, MI 49417	UROLOGY
52 TH WEIGHT MANAGEMENT & BARIATRICS 1445 SHELDON RD STE 201 GRAND HAVEN, MI 49417	BARIATRIC SURGERY / WEIGHT MANAGEMENT
53 TH DIETITIANS 1445 SHELDON RD STE 201 GRAND HAVEN, MI 49417	DIETITIANS / WEIGHT MANAGEMENT
54 TH LIFE COUNSELING - NORTON SHORES 3570 HENRY STREET STE. 150 NORTON SHORES, MI 49441	BEHAVIORAL HEALTH
55 TRINITY HEALTH LAB NORTON SHORES 3570 HENRY STREET STE. 110 NORTON SHORES, MI 49441	LAB
56 TRINITY HEALTH LAB NORTH MUSKEGON 2006 HOLTON ROAD STE. 300 MUSKEGON, MI 49445	LAB
57 HACKLEY HEALTHCARE EQUIPMENT 1277 MERCY DR. MUSKEGON, MI 49444	DURABLE MEDICAL EQUIPMENT SUPPLIES/RENTALS/PURCHASES
58 TH URGENT CARE /WORKPLACE HEALTH 1670 E. SHERMAN MUSKEGON, MI 49444	URGENT CARE / OCCUPATIONAL MEDICINE
59 TH WORKPLACE HEALTH DOWNTOWN 150 JEFFERSON SE GRAND RAPIDS, MI 49503	OCCUPATIONAL MEDICINE

**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:**

MERCY HEALTH PARTNERS D/B/A TRINITY HEALTH MUSKEGON (THM) 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.

TRINITY HEALTH MUSKEGON 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, \$15,200,309, 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:**

IN FY25, TRINITY HEALTH MUSKEGON ENGAGED IN THE FOLLOWING COMMUNITY BUILDING ACTIVITIES:

COALITION BUILDING - TRINITY HEALTH MUSKEGON SERVED AS THE BACKBONE OF EIGHT COMMUNITY COALITIONS, PROVIDING SUPPORT FOR SUBSTANCE USE PREVENTION ACTIVITIES, ADVANCE CARE PLANNING PROMOTION, YOUTH DEVELOPMENT, AND

**Part VI** Supplemental Information (Continuation)

PROMOTION OF HEALTHY BEHAVIORS. THE HOSPITAL PROVIDED VENUE AND LOGISTICS, DEVELOPED MINUTES AND AGENDAS, AND WAS THE FIDUCIARY OF MULTIPLE COMMUNITY HEALTH IMPROVEMENT TEAMS. TRINITY HEALTH MUSKEGON SUPPORTED THE SUBSTANCE USE PREVENTION COLLABORATIVE, DEFINE THE LINE, FORMERLY KNOWN AS THE COALITION FOR A DRUG FREE MUSKEGON COUNTY, WITH INITIATIVES INCLUDING RIDE WITH PRIDE, THE MUSKEGON ALCOHOL LIABILITY INITIATIVE, THE MUSKEGON AREA MEDICATION DISPOSAL PROGRAM, KNOW SMOKE, THE ALLIANCE FOR MARIJUANA PREVENTION, OCEANA HEALTH BOUND AND THE MUSKEGON HEALTH DISPARITIES COALITION.

DURING FY25, TRINITY HEALTH MUSKEGON SUPPORTED PREVENTION INITIATIVES WITHIN THE BROADER COMMUNITY AND SCHOOL DISTRICTS WITHIN MUSKEGON COUNTY. TRINITY HEALTH MUSKEGON PROVIDED FUNDING TO THE CITY OF NORTON SHORES POLICE DEPARTMENT FOR THE LOCAL RIDE WITH PRIDE POSITIVE BEHAVIOR SUPPORT INITIATIVE. THIS FINANCIAL SUPPORT WAS EQUALLY DISTRIBUTED AMONG TEN SCHOOL DISTRICTS, SUPPORTED SIGNAGE, PROGRAMING, AND EDUCATION WITHIN THE SCHOOLS.

ADDITIONAL FUNDING WAS PROVIDED TO THE CITY OF NORTON SHORES IN SUPPORT OF THE MUSKEGON AREA MEDICATION DISPOSAL PROGRAM, A LONG-TIME INITIATIVE TO COLLECT UNUSED MEDICATION AND NEEDLES FROM MUSKEGON COUNTY RESIDENTS. FUNDING WAS PROVIDED IN SUPPORT OF AWARENESS, EDUCATION, AND SUPPLIES FOR TWO TAKE-BACK EVENTS DURING THIS PERIOD. THIS PROGRAM CELEBRATED ITS 15TH ANNIVERSARY WITH OVER 53,000 POUNDS OF COLLECTED MATERIALS SINCE ITS INCEPTION IN 2010.

COMMUNITY SUPPORT - TRINITY HEALTH MUSKEGON PROVIDED A ONE-TIME CASH GIFT TO BRING RESOURCES TO A LOCAL COMMUNITY EVENT WHERE HOMELESS VETERANS ARE PROVIDED A WIDE VARIETY OF SERVICES AND INCENTIVES TO REINTEGRATE INTO THEIR COMMUNITY. THESE SERVICES INCLUDED PROVIDING EMERGENCY HOUSING REFERRALS, MEDICAL AND MENTAL HEALTH CARE PROVIDED BY THE VA, AND EMPLOYMENT OPPORTUNITIES WHICH PROVIDED PEOPLE AND FAMILIES CURRENTLY OR FORMERLY EXPERIENCING HOMELESSNESS OR AT RISK OF HOMELESSNESS WITH ACCESS TO VITAL SERVICES SUCH AS HOUSING INFORMATION, EMPLOYMENT SUPPORT, BASIC MEDICAL EXAMS, AND ID/LEGAL SERVICES, WITH A GOAL TO ACHIEVE EQUITY FOR ALL MEMBERS OF THE COMMUNITY.

WORKFORCE DEVELOPMENT - TRINITY HEALTH MUSKEGON STAFF PROVIDED A VIRTUAL INTERACTIVE PROGRAM IN PARTNERSHIP WITH THE MICHIGAN HEALTH COUNCIL THAT ALLOWED THIRD GRADE STUDENTS TO LEARN ABOUT A VARIETY OF CAREERS IN HEALTH CARE AS WELL AS HEALTH AND WELLNESS CONCEPTS. AS PART OF THE MINI MEDICAL SCHOOL PROGRAM, TEACHERS HAD THE OPTION TO SIGN UP TO HAVE A LOCAL HEALTH CARE PROFESSIONAL COME AND TALK TO THEIR CLASSROOM ABOUT THEIR CAREER IN A "ASK A HEALTH CARE PROFESSIONAL" SESSION. ADDITIONALLY, THE TRINITY HEALTH MUSKEGON LEADERSHIP TEAM PROVIDED A CAREER DAY FOR 12 DIFFERENT CLASSROOMS TO PROVIDE EXPOSURE TO CLINICAL AND NON-CLINICAL ROLES IN HEALTH CARE. THE TRINITY HEALTH MUSKEGON ATHLETIC TRAINING LEADERSHIP TEAM PROVIDED AN EDUCATIONAL PRESENTATION TO REETHES PUFFER MIDDLE SCHOOL.

IN FY25, TRINITY HEALTH SHELBY ENGAGED IN THE FOLLOWING COMMUNITY BUILDING ACTIVITIES:

WORKFORCE DEVELOPMENT - THE DIRECTOR OF REHABILITATION PROVIDED TWO SEPARATE EDUCATIONAL PRESENTATIONS ON BEHALF OF TRINITY HEALTH SHELBY TO HIGH SCHOOL AND MIDDLE SCHOOL STUDENTS TO EDUCATE ABOUT REHAB, PHYSICIAN, AND NURSING SERVICES WITHIN HEALTH CARE SETTINGS TO RAISE AWARENESS ABOUT

**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:

TRINITY HEALTH MUSKEGON, BEHAVIORAL HEALTH, AND SHELBY ASSESS THE HEALTH STATUS OF THEIR COMMUNITIES, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORT TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITALS MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, 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 - TRINITY HEALTH MUSKEGON 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.

THM OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. NOTIFICATION

**Part VI** Supplemental Information (Continuation)

**WORKFORCE AND CAREER OPPORTUNITIES.**

**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:**

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

**PART III, LINE 4:**

TRINITY HEALTH MUSKEGON 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)

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

PART VI, LINE 4:

TRINITY HEALTH MUSKEGON AND BEHAVIORAL HEALTH ARE IN MUSKEGON COUNTY, MICHIGAN. THE TOTAL POPULATION OF MUSKEGON COUNTY IS 175,824, 19.2% OF WHOM IDENTIFY AS BLACK, INDIGENOUS, OR PEOPLE OF COLOR (14% OF WHOM IDENTIFY AS BLACK OR AFRICAN AMERICAN ALONE) AND 6.4% IDENTIFY AS HISPANIC OR LATINO (2020 CENSUS).

ACCORDING TO THE 2022 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATE, 22.4% OF THE RESIDENTS HAVE A BACHELOR'S DEGREE OR HIGHER, 10.2% OF RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, 18.2% OF RESIDENTS ARE AGE 65 YEARS OR OLDER, AND 46.7% OF HOUSEHOLDS ARE SINGLE-PARENT HOUSEHOLDS.

TRINITY HEALTH SHELBY IS IN OCEANA COUNTY, MICHIGAN. THE TOTAL POPULATION OF OCEANA COUNTY IS 26,659, 5% OF WHOM IDENTIFY AS BLACK, INDIGENOUS, OR PEOPLE OF COLOR AND 15.6% IDENTIFY AS HISPANIC OR LATINO (2020 CENSUS).

ACCORDING TO THE 2022 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATE, 19.6% OF RESIDENTS HAVE A BACHELOR'S DEGREE OR HIGHER; 11.7% OF RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME; 21.3% OF RESIDENTS ARE AGE 65 YEARS OR OLDER; AND 36.3% OF HOUSEHOLDS ARE SINGLE-PARENT HOUSEHOLDS.

PART VI, LINE 5:

THE GOVERNING BODY OF TRINITY HEALTH MUSKEGON, BEHAVIORAL HEALTH, AND SHELBY IS COMPRISED PRIMARILY OF INDIVIDUALS WHO ARE NOT EMPLOYEES, CONTRACTORS OF THE ORGANIZATION, OR FAMILY MEMBERS, AND MANY RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREAS.

TRINITY HEALTH MUSKEGON OPERATES THE ONLY HOSPITALS IN MUSKEGON COUNTY AND OCEANA COUNTY, AND STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

MERCY HEALTH PARTNERS HOSPITALS HAVE FOCUSED ON ACCESS TO CARE, PROVIDING CHW'S TO SUPPORT INDIVIDUALS APPLYING FOR MEDICAID AND OTHER INSURANCE OPTIONS. THE HOSPITAL HAS SERVED AS A CONVENER OF CONVERSATIONS BETWEEN HOSPITAL DEPARTMENTS, AMBULATORY PRACTICES, FQHCs, AND MANY COMMUNITY AND FAITH-BASED HEALTH AND HUMAN SERVICE AGENCIES TO PROMOTE INTEGRATED COMMUNITY CARE COORDINATION.

TRINITY HEALTH MUSKEGON'S COMMUNITY HEALTH & WELL-BEING DEPARTMENT, KNOWN AS THE HEALTH PROJECT, OPERATES A PHARMACEUTICAL ACCESS PROGRAM, PROVIDING MEANS-TESTED ELIGIBILITY SCREENING AND ENROLLMENT IN PHARMACEUTICAL COMPANY MEDICATION ACCESS PROGRAMS, AS WELL AS LINKING ELIGIBLE PATIENTS TO REDUCED-COST OR FREE MEDICATIONS THROUGH AREA PHARMACIES.

**Part VI** Supplemental Information (Continuation)

RESPONDING TO SOCIAL INFLUENCERS OF HEALTH, THE ORGANIZATION PERFORMS SIOH SCREENING ON PATIENTS IN THE AMBULATORY, EMERGENCY DEPARTMENT, AND INPATIENT SETTINGS. A COMMUNITY RESOURCE DIRECTORY IS EMBEDDED IN THE ELECTRONIC MEDICAL RECORD, ALLOWING MEMBERS OF THE CARE TEAM TO ENTER INFORMATION ABOUT COMMUNITY RESOURCES DIRECTLY INTO A PATIENT'S DISCHARGE PAPERWORK.

TRINITY HEALTH MUSKEGON SUPPORTED HEALTH AWARENESS AND EDUCATION FOR THE BLACK AND AFRICAN AMERICAN COMMUNITY THROUGH SEGMENTS ON A LOCAL RADIO PROGRAM "JOURNEY TO BETTER HEALTH", REGULARLY FEATURING INFORMATION ON HEALTH ACCESS, CHRONIC DISEASE MANAGEMENT AND PREVENTION, AND VACCINATION OPPORTUNITIES.

IN ADDITION TO ITS OWN FACILITATED COALITIONS, TRINITY HEALTH MUSKEGON EMPLOYEES AND LEADERS PARTICIPATED IN SEVERAL COMMUNITY COLLABORATIONS AND ADVOCACY EFFORTS. ACTIVITIES INCLUDE SUPPORT OF THE MUSKEGON COUNTY HOMELESS CONTINUUM OF CARE NETWORK (MCHCCN), WHICH IS THE DESIGNATED COLLABORATIVE BODY TO PLAN AND IMPLEMENT SERVICES TO END HOMELESSNESS IN MUSKEGON COUNTY.

THE LIVABILITY LAB 5.0 IS AN EFFORT TO BUILD COMMUNITY TEAMS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH. THIS YEAR'S ACTIVITIES FOCUSED ON EFFORTS TO HAVE STATE-ISSUED PHOTO IDENTIFICATION FOR LEGAL MIGRANT CITIZENS, TO REDUCE MEDICAL DEBT WITHIN MUSKEGON COUNTY, AND TO INCREASE HOUSING ASSISTANCE PROGRAMS. TRINITY HEALTH MUSKEGON EMPLOYEES PARTICIPATED OR HELPED FACILITATE THE 100-DAY WORK TEAMS.

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.

TRINITY HEALTH'S COMMUNITY IMPACT IN FY25 FOR THE ENTIRE MICHIGAN REGION TOTALED \$357.2 MILLION.

PART VI, LINE 6:

TRINITY HEALTH MUSKEGON 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

**Part VI** Supplemental Information (Continuation)

RESOURCES FROM THE HOSPITAL AND OTHER SOURCES TO ADDRESS THESE NEEDS IN COMMUNITIES MOST IMPACTED.

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

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

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

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

**Part VI** Supplemental Information (Continuation)

(SUCH AS ADDRESSING HOUSING OR FOOD NEEDS) CAN OFTEN TAKE MONTHS, OR EVEN A YEAR TO RESOLVE.

WITH FUNDING THROUGH THE CENTERS FOR DISEASE CONTROL AND PREVENTION, TRINITY HEALTH WORKED WITH 23 PARTNERS AND 47 CERTIFIED LIFESTYLE COACHES NATIONWIDE TO DELIVER THE NATIONAL DIABETES PREVENTION PROGRAM, AN EVIDENCE-BASED, 12-MONTH LIFESTYLE CHANGE PROGRAM. THE GOAL OF THE PROGRAM IS TO LOSE A PERCENTAGE OF BASELINE WEIGHT, ATTEND SESSIONS REGULARLY, AND ENGAGE IN 150 MINUTES OF PHYSICAL ACTIVITY A WEEK. GROUP SESSIONS ARE FACILITATED BY A CDC CERTIFIED LIFESTYLE COACH AND OFFERED IN-PERSON, REMOTELY, OR VIRTUALLY AT A SELF-PACED RATE. ALL PARTICIPANTS ARE REGULARLY SCREENED FOR HEALTH-RELATED SOCIAL NEEDS AND ARE REFERRED TO A CHW TO ADDRESS IDENTIFIED NEEDS. IN FY25, TRINITY HEALTH CONDUCTED FOCUSED OUTREACH WITH NEARLY 165,000 ELIGIBLE PARTICIPANTS AND ENROLLED 1,074 PARTICIPANTS INTO THE LIFESTYLE CHANGE PROGRAM.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG