

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization GOOD SAMARITAN HOSPITAL, INC.	Employer identification number 26-1720984
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			662,461.	220,000.	442,461.	1.47%
b Medicaid (from Worksheet 3, column a)			1931602.	1840366.	91,236.	.30%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			2594063.	2060366.	533,697.	1.77%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	3	131	60,436.		60,436.	.20%
f Health professions education (from Worksheet 5)	2	27	88,576.		88,576.	.29%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	35	19,094.		19,094.	.06%
j Total. Other Benefits	8	193	168,106.		168,106.	.55%
k Total. Add lines 7d and 7j	8	193	2762169.	2060366.	701,803.	2.32%

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	1	15	6,748.		6,748.	.02%
3 Community support	1	600	5,266.		5,266.	.02%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	1	150	483.		483.	.00%
9 Other						
10 Total	3	765	12,497.		12,497.	.04%

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?		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 2,950,671.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. 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 8,396,413.
6 Enter Medicare allowable costs of care relating to payments on line 5	6 8,266,628.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 129,785.
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 %

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 GOOD SAMARITAN HOSPITAL
5401 LAKE OCONEE PARKWAY
GREENSBORO, GA 30642-4232
PERMIT #066-638

Table with columns: Licensed hospital, gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first four columns.

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: GOOD SAMARITAN HOSPITAL

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

	Yes	No
Community Health Needs Assessment		
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 two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (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(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</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>21</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: GOOD SAMARITAN HOSPITAL

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

Part V Facility Information (continued)

Billing and Collections

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

	Yes	No
<p>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) 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 <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>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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 financial assistance policy?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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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: GOOD SAMARITAN HOSPITAL

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

Schedule H (Form 990) 2022

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.

GOOD SAMARITAN HOSPITAL:

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

PART V, SECTION B, LINE 3E:

GOOD SAMARITAN HOSPITAL INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS. THROUGH FURTHER PRIORITIZATION AND IDENTIFICATION OF EXISTING COMMUNITY RESOURCES AND ASSETS, THE FOLLOWING FOUR PRIORITY COMMUNITY HEALTH NEEDS WERE DEEMED MOST SIGNIFICANT:

- 1. ACCESS TO HEALTH CARE
- 2. ADDRESSING SOCIAL NEEDS
- 3. BEHAVIORAL AND MENTAL HEALTH
- 4. CHRONIC DISEASE PREVENTION AND MANAGEMENT

GOOD SAMARITAN HOSPITAL:

PART V, SECTION B, LINE 5: COMMUNITY INPUT FOR THE GOOD SAMARITAN HOSPITAL CHNA WAS OBTAINED THROUGH FOCUS GROUPS AND STAKEHOLDER DISCUSSIONS HELD BETWEEN DECEMBER 2021 AND FEBRUARY 2022. THE HOSPITAL ENGAGED STATE, LOCAL, AND REGIONAL HEALTH DEPARTMENTS; REPRESENTATIVES OF THOSE WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME, OR MEMBERS OF MINORITY POPULATIONS; AND INTERNAL STAKEHOLDERS TO PROVIDE FEEDBACK ON IDENTIFYING AND PRIORITIZING SIGNIFICANT NEEDS.

THE CHNA USED A COMPREHENSIVE MIXED-METHODS APPROACH, WHICH INCLUDED A COMBINATION OF QUALITATIVE AND QUANTITATIVE DATA AND ANALYSES, TO IDENTIFY

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.

AND PRIORITIZE COMMUNITY HEALTH NEEDS. THIS APPROACH ALLOWS FOR MORE CONFIDENCE IN THE FINDINGS OF THE CHNA AND ENSURES ROBUSTNESS IN IDENTIFICATION OF HEALTH NEEDS. THE QUALITATIVE METHODS USED TO SOLICIT INPUT FROM PRIMARY SOURCES INCLUDED FOCUS GROUPS AND STAKEHOLDER DISCUSSIONS; THE QUANTITATIVE METHODS UTILIZED SECONDARY DATA SOURCES SUCH AS THE TRINITY HEALTH DATA HUB FOR SERVICE AREA DATA AND THE EMERGENCY DEPARTMENT FOR HOSPITAL-SPECIFIC DATA.

THE PRIMARY DATA COLLECTED INCLUDED INPUT FROM PERSONS WHO REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY AND THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; FEDERAL, REGIONAL, STATE, AND LOCAL HEALTH OR OTHER DEPARTMENTS OR AGENCIES WITH CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED; LEADERS, REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS WITH CHRONIC DISEASE NEEDS IN THE COMMUNITY; AND INPUT FROM OTHER PERSONS LOCATED IN AND/OR SERVING THE COMMUNITY. INFORMATION WAS GATHERED BY CONDUCTING FOCUS GROUPS AND STAKEHOLDER INTERVIEWS WITH INDIVIDUALS REPRESENTING COMMUNITY HEALTH AND PUBLIC SERVICE ORGANIZATIONS, MEDICAL PROFESSIONALS, HOSPITAL ADMINISTRATION, AND OTHER HOSPITAL STAFF MEMBERS.

THE SECONDARY DATA SOURCES WERE USED TO GATHER DEMOGRAPHIC AND HEALTH INDICATOR DATA. THE DATA ANALYSIS GENERATED BY THE TRINITY HEALTH DATA HUB IS BASED ON EACH HOSPITAL'S SERVICE AREA AND PROVIDED COMPREHENSIVE REPORTS ON THE FOLLOWING INDICATORS: HEALTH CARE ACCESS, ECONOMIC STABILITY, EDUCATION, SOCIAL SUPPORT AND COMMUNITY CONTEXT, NEIGHBORHOOD AND PHYSICAL ENVIRONMENT, AND HEALTH OUTCOMES AND BEHAVIORS. SEVERAL

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.

INDICATORS ARE CALCULATED USING AREAL WEIGHTED INTERPOLATION TO ESTIMATE THE VALUES FOR EACH CENSUS TRACT WHICH OVERLAPS WITH THE SERVICE AREAS, AND THE TRACT-LEVEL ESTIMATES ARE AGGREGATED FOR THE HOSPITAL REGIONS. A RULE HAS BEEN IMPLEMENTED TO ENSURE THE TOTAL PERCENTAGE OF ALL SELECTED HOSPITAL SERVICE AREAS DOES NOT EXCEED 100% FOR ANY CENSUS TRACT. EACH HOSPITAL REPORT INCLUDES DATA FROM THE MOST UPDATED AND NATIONALLY RECOGNIZED SOURCES SUCH AS THE U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY, AND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM.

GOOD SAMARITAN HOSPITAL:

PART V, SECTION B, LINE 11: THE FOLLOWING COMMUNITY HEALTH NEEDS WERE RECOGNIZED AS THE MOST SIGNIFICANT ISSUES THAT MUST BE ADDRESSED TO IMPROVE THE HEALTH AND QUALITY OF LIFE IN OUR COMMUNITY. THESE NEEDS WERE ADDRESSED IN FISCAL YEAR 2023:

ACCESS TO HEALTH CARE - GOOD SAMARITAN HOSPITAL CONTINUED TO SUPPORT OCONEE VALLEY HEALTHCARE AS THE ONLY FEDERALLY QUALIFIED HEALTH CENTER (FQHC) IN THE LOCAL AREA. THIS COLLABORATION ALONG WITH THE ST. MARY'S MEDICAL GROUP INCREASES ACCESS TO PRIMARY CARE AND HELPS PROVIDE OPPORTUNITIES FOR PRIMARY CARE PHYSICIANS WHO ARE INTERESTED IN WORKING IN A RURAL COMMUNITY. GOOD SAMARITAN HOSPITAL PARTNERED WITH AUGUSTA UNIVERSITY/UNIVERSITY OF GEORGIA MEDICAL TO PROVIDE A RURAL ROTATION FOR RESIDENT PHYSICIANS, WHICH INCLUDES A HOSPITAL AS WELL AS PHYSICIAN PRACTICES. THE RESIDENT PHYSICIANS PRACTICE AT GOOD SAMARITAN HOSPITAL AND OCONEE VALLEY HEALTHCARE.

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.

ADDRESSING SOCIAL NEEDS - GOOD SAMARITAN HOSPITAL COLLABORATED WITH THE GREENE COUNTY FOOD PANTRY AND SECOND HARVEST FOOD DISTRIBUTION TO EXPAND ACCESS TO NUTRITIOUS FOOD FOR OUR COMMUNITY MEMBERS. THIS PARTNERSHIP ENSURES THAT WE CAN EFFICIENTLY DISTRIBUTE FOOD TO THOSE IN NEED WHILE MINIMIZING DUPLICATION OF EFFORTS. GOOD SAMARITAN HOSPITAL ALSO PARTNERED WITH ATLAS MINISTRY, INC. TO IMPROVE CHILDHOOD LITERACY, RECOGNIZING THAT AN INDIVIDUAL'S EDUCATION IS CONNECTED TO A VARIETY OF LIFE FACTORS, INCLUDING LONG-TERM HEALTH, EARNING POTENTIAL, AND EVEN LIFE EXPECTANCY.

BEHAVIORAL AND MENTAL HEALTH - GOOD SAMARITAN HOSPITAL IS COLLABORATING WITH ADVANTAGE BEHAVIORAL HEALTH THROUGH A FINANCIAL CONTRIBUTION TO BRIDGE GAPS IN FUNDING FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITIES, AND ADDICTIVE DISEASE RECOVERY.

CHRONIC DISEASE PREVENTION AND MANAGEMENT - GOOD SAMARITAN HOSPITAL'S COMMUNITY HEALTH AND WELL-BEING DEPARTMENT PARTICIPATED IN COMMUNITY EDUCATION ON HEART HEALTH AND OVERALL WELLNESS. INTERVENTIONAL CARDIOLOGISTS LED EDUCATIONAL SEMINARS ON CARDIOVASCULAR DISEASE, SPECIFICALLY IN MINORITY COMMUNITIES. GOOD SAMARITAN HOSPITAL OFFERS NO-COST MAMMOGRAMS TO UNINSURED PATIENTS AND PROVIDED COMMUNITY EDUCATION ON BREAST HEALTH.

GOOD SAMARITAN HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.

THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON

Part V Facility Information (continued)

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

AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, 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 NEEDY PATIENTS, A THIRD PARTY IS 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, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

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

GOOD SAMARITAN HOSPITAL:
PART V, SECTION B, LINE 9:
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S

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.

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.

GOOD SAMARITAN HOSPITAL:

PART V, SECTION B, LINE 10A:

WWW.STMARYSHEALTHCARESISTEM.ORG/ABOUT-US/COMMUNITY-BENEFIT

GOOD SAMARITAN HOSPITAL:

PART V, LINE 16A, FAP WEBSITE:

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

GOOD SAMARITAN HOSPITAL:

PART V, LINE 16B, FAP APPLICATION WEBSITE:

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

GOOD SAMARITAN HOSPITAL:

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

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 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:

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

GOOD SAMARITAN HOSPITAL ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

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

Part VI Supplemental Information (Continuation)

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, \$2,950,671, 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:

GOOD SAMARITAN HOSPITAL PARTICIPATES IN A VARIETY OF COMMUNITY BUILDING ACTIVITIES THAT STRENGTHEN THE COMMUNITY'S CAPACITY TO PROMOTE THE HEALTH AND WELL-BEING OF ITS RESIDENTS. GOOD SAMARITAN HOSPITAL PARTICIPATED IN THE FOLLOWING ACTIVITIES IN FISCAL YEAR 2023:

COMMUNITY SUPPORT - GOOD SAMARITAN HOSPITAL'S MANAGER OF SUPPORT SERVICES SERVES ON THE ROTARY BOARD, GREENE COUNTY FAMILY CONNECTION COMMISSION'S EXECUTIVE BOARD AND COLLABORATIVE BOARD, AND IS INVOLVED IN OTHER COMMUNITY EVENTS SUCH AS THE SECOND HARVEST FOOD DISTRIBUTION. THE MISSION OF GREENE COUNTY FAMILY CONNECTION COMMISSION IS TO REDUCE BARRIERS, SERVICE GAPS AND INEFFICIENCIES THAT OBSCURE PROGRESS AND POSITIVE OUTCOMES FOR OUR CHILDREN, FAMILIES, AND COMMUNITIES.

ECONOMIC DEVELOPMENT - GOOD SAMARITAN HOSPITAL PARTICIPATED IN MEETINGS WITH GEORGIA HOSPITAL ASSOCIATION (GHA), INCLUDING THE GHA RURAL HEALTH

Part VI Supplemental Information (Continuation)

CARE SUMMIT. GOOD SAMARITAN HOSPITAL'S CHIEF ASSOCIATE NURSING OFFICER PARTICIPATED IN THE OCONEE VALLEY HEALTHCARE BOARD MEETING AND THE OCONEE HEALTHCARE BRUNCH, WHICH SERVED 15 LEADERS AND PROVIDERS WITHIN THE GREENE COUNTY AREA.

WORKFORCE DEVELOPMENT - GOOD SAMARITAN HOSPITAL IS ACTIVELY WORKING WITH GREENE COUNTY HIGH SCHOOL ON WORKFORCE DEVELOPMENT PROGRAMMING AND HEALTH CARE CAREER PATHWAYS FOR HIGH SCHOOL STUDENTS.

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:

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

Part VI Supplemental Information (Continuation)

CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

GOOD SAMARITAN HOSPITAL IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 13 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."

PART III, LINE 5:

Part VI Supplemental Information (Continuation)

TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:

GOOD SAMARITAN HOSPITAL DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

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 27, 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 Supplemental Information (Continuation)

PART VI, LINE 2:

NEEDS ASSESSMENT - GOOD SAMARITAN HOSPITAL ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY STAKEHOLDERS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, SOLICIT INPUT FROM FOCUS GROUPS AND STAKEHOLDER DISCUSSIONS, AND UTILIZE SECONDARY DATA SOURCES SUCH AS THE TRINITY HEALTH DATA HUB FOR SERVICE AREA DATA AND THE EMERGENCY DEPARTMENT FOR HOSPITAL-SPECIFIC DATA.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - GOOD SAMARITAN HOSPITAL COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL 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 PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

Part VI Supplemental Information (Continuation)

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

PART VI, LINE 4:

COMMUNITY INFORMATION - THE GEOGRAPHIC SERVICE AREA WAS DEFINED AT THE COUNTY-LEVEL FOR THE PURPOSES OF THE 2022 CHNA. THE SERVICE AREA WAS DETERMINED BY COUNTING THE NUMBER OF PATIENT VISITS BY COUNTY OF RESIDENCE. FIVE COUNTIES ARE DEFINED AS THE SERVICE AREA FOR GOOD SAMARITAN HOSPITAL: GREEN, HANCOCK, MORGAN, PUTNAM AND TALIAFERRO. THE TOTAL POPULATION IN THE SERVICE AREA IS 117,760. GOOD SAMARITAN HOSPITAL IS THE ONLY HOSPITAL IN GREENE COUNTY AND THERE IS ONE FEDERALLY QUALIFIED HEALTH CENTER, OCONEE VALLEY HEALTHCARE.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - GOOD SAMARITAN HOSPITAL IS GUIDED BY THE ST. MARY'S HEALTH CARE SYSTEM MISSION OF IMPROVING THE HEALTH OF THE PEOPLE OF OUR COMMUNITIES. GOOD SAMARITAN HOSPITAL IS A 25-BED CRITICAL

Part VI Supplemental Information (Continuation)

ACCESS HOSPITAL ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS. THE HOSPITAL OFFERS A WIDE RANGE OF SERVICES, INCLUDING GENERAL SURGERY AND A 24-HOUR EMERGENCY DEPARTMENT THAT IS OPEN TO SERVE ALL WHO NEED EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY. AS A ST. MARY'S HEALTH CARE SYSTEM HOSPITAL, WE CAN BRING SPECIALTY SERVICES TO COMMUNITY MEMBERS CONVENIENTLY LOCATED CLOSE TO HOME, PROVIDED BY A NETWORK OF PHYSICIANS. WE ALSO CAN PROVIDE COMMUNITY MEMBERS WITH ACCESS TO THE EXPERTISE AND SPECIALTY SERVICES AT ST. MARY'S HOSPITAL IN ATHENS WHEN THEY REQUIRE CARE NOT AVAILABLE LOCALLY.

COMMUNITY BENEFIT IS THE WAY THAT GOOD SAMARITAN HOSPITAL CARRIES OUT ITS MISSION. IT'S HOW WE DEMONSTRATE A COMMITMENT TO OUR CORE VALUES AND A REFLECTION OF HOW WE SERVE OUR COMMUNITY AS A NOT-FOR-PROFIT ORGANIZATION. GOOD SAMARITAN HOSPITAL OFFERS MANY PROGRAMS AND SERVICES TO ENSURE THE BEST QUALITY OF CARE IS GIVEN TO OUR PATIENTS, AS WELL AS HELPING THOSE IN NEED IN THE COMMUNITY WHO MAY NEVER ENTER OUR FACILITIES. THROUGH OUR HEALTH EDUCATION PROGRAMS, HEALTH CARE SUPPORT SERVICES, VALUED COMMUNITY PARTNERSHIPS, AND CHARITY CARE PROVISIONS, GOOD SAMARITAN HOSPITAL IS IMPROVING THE HEALTH AND WELL-BEING OF INDIVIDUALS AND FAMILIES THAT MAKE UP OUR COMMUNITY.

EACH YEAR, GOOD SAMARITAN HOSPITAL WELCOMES STUDENTS FROM LOCAL COLLEGES AND UNIVERSITIES WHO ARE STUDYING TO BECOME THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS. THE STAFF OF GOOD SAMARITAN HOSPITAL SPENDS COUNTLESS HOURS MENTORING AND EDUCATING THESE STUDENTS IN THE UNIQUE SETTINGS OF A HEALTH CARE FACILITY. THE EXPERIENCE AND KNOWLEDGE GAINED THROUGH THESE PROGRAMS IS INVALUABLE TO THE STUDENTS' FUTURE CAREERS, WHILE BENEFITING THE HEALTH CARE FIELD AND THE COMMUNITY.

Part VI Supplemental Information (Continuation)

GOOD SAMARITAN HOSPITAL COLLABORATES WITH COMMUNITIES, CHURCHES, BUSINESSES, AND OTHER HEALTH CARE ORGANIZATIONS TO FACILITATE AND STRENGTHEN ACCESSIBILITY OF QUALITY COMPREHENSIVE HEALTH CARE SERVICES FOR ALL, PARTICULARLY THE VULNERABLE AND UNDERSERVED POPULATIONS. GOOD SAMARITAN HOSPITAL'S EMPLOYEES DONATE THEIR TIME AND EXPERTISE TO ORGANIZATIONS THAT STRIVE TO IMPROVE COMMUNITY HEALTH.

GOOD SAMARITAN HOSPITAL IS GOVERNED BY A BOARD OF DIRECTORS COMMITTED TO THE VALUES OF THE HEALTH SYSTEM AND ENSURING THAT GOOD SAMARITAN HOSPITAL CONTINUES ITS MISSION OF BEING A COMPASSIONATE, HEALING PRESENCE IN OUR COMMUNITY. GOOD SAMARITAN HOSPITAL HAS AN 11-MEMBER BOARD COMPRISED PRIMARILY OF COMMUNITY MEMBERS.

PART VI, LINE 6:

GOOD SAMARITAN HOSPITAL, INC. IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH AND WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE - EMPHASIZING THE NECESSITY TO INTEGRATE SOCIAL AND CLINICAL CARE. WE DO THIS BY:

- 1. ADDRESSING PATIENT SOCIAL NEEDS,
- 2. INVESTING IN OUR COMMUNITIES, AND
- 3. STRENGTHENING THE IMPACT OF OUR COMMUNITY BENEFIT.

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGIES AND FOCUS INTENTIONALLY ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING

Part VI Supplemental Information (Continuation)

POVERTY AND OTHER VULNERABILITIES. WE BELIEVE THAT COMMUNITY MEMBERS AND COMMUNITIES THAT ARE THE MOST IMPACTED BY RACISM AND OTHER FORMS OF DISCRIMINATION EXPERIENCE THE GREATEST DISPARITIES AND INEQUITIES IN HEALTH OUTCOMES AND SHOULD BE INCLUSIVELY ENGAGED IN ALL COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT EFFORTS. THROUGHOUT OUR WORK, WE DISMANTLE OPPRESSIVE SYSTEMS, AND BUILD COMMUNITY CAPACITY AND PARTNERSHIPS.

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 THEY 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 2023 (FY23), TRINITY HEALTH CONTRIBUTED \$1.47 BILLION IN COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE VULNERABLE AND LIVING IN POVERTY, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE.

IN ADDITION TO ANNUAL COMMUNITY BENEFIT SPENDING, TRINITY HEALTH IMPLEMENTS A SOCIALLY RESPONSIBLE INVESTING PROGRAM. AS OF THE END OF FY23, \$62.7 MILLION (INCLUDING \$7.0 MILLION IN NEW LENDING) WAS ALLOCATED IN THE FOLLOWING AREAS:

- HOUSING: BUILDING AFFORDABLE HOUSING; IMPROVING ACCESS TO SENIOR HOUSING; AND COMBATTING HOMELESSNESS (\$35.5 MILLION)
- EDUCATION: SUPPORTING STUDENTS ENTERING THE HEALTH PROFESSIONS (\$10.1 MILLION)
- FACILITIES: BUILDING COMMUNITY FACILITIES FOR NONPROFITS, SOCIAL SERVICE PROVIDERS, AND OTHER COMMUNITY-BASED ORGANIZATIONS (\$9.7 MILLION)
- ECONOMIC DEVELOPMENT: ENCOURAGING SMALL BUSINESS DEVELOPMENT, CREATING

Part VI Supplemental Information (Continuation)

LOCAL JOBS AND SUPPORTING ACCESS TO HEALTHY FOODS; QUALITY CHILDCARE; AND OTHER COMMUNITY SERVICES (\$7.4 MILLION)

ACROSS THE SYSTEM, NEARLY 700,000 OF PATIENTS SEEN IN PRIMARY CARE SETTINGS WERE SCREENED FOR SOCIAL NEEDS. FOR ABOUT 30% OF THOSE PATIENTS, AT LEAST ONE SOCIAL NEED WAS IDENTIFIED. TOGETHERCARE - TRINITY HEALTH'S ELECTRONIC HEALTH RECORD, POWERED BY EPIC - HAS MADE IT POSSIBLE FOR TRINITY HEALTH TO STANDARDIZE SCREENING FOR SOCIAL NEEDS AND CONNECT PATIENTS TO COMMUNITY RESOURCES THROUGH THE COMMUNITY RESOURCE DIRECTORY (COMMUNITYRESOURCES.TRINITY-HEALTH.ORG).

COMMUNITY HEALTH WORKERS (CHW'S) SERVE AS LIAISONS BETWEEN HEALTH AND SOCIAL SERVICES. TRINITY HEALTH CHW'S PARTNERED WITH POPULATION HEALTH NURSES AND SOCIAL WORK CARE MANAGERS TO SERVE MEDICARE PATIENTS AT RISK FOR PREVENTABLE HOSPITALIZATIONS, RESULTING IN A DECREASE IN PREVENTABLE HOSPITALIZATIONS FOR THE MEDICARE POPULATION OVERALL, AND ALSO FOR LOW-INCOME PATIENTS DUALY ENROLLED IN MEDICARE AND MEDICAID.

CHW'S ADVANCE SOCIAL AND CLINICAL CARE INTEGRATION BY ASSESSING AND ADDRESSING A PATIENT'S SOCIAL NEEDS, HOME ENVIRONMENT AND OTHER SOCIAL RISK FACTORS, AND ULTIMATELY CONNECTING THE PATIENT (AND THEIR FAMILY) TO SERVICES WITHIN THE COMMUNITY. TRINITY HEALTH PROVIDES A 40+ HOUR FOUNDATIONAL CHW AND CHRONIC DISEASE-SPECIFIC TRAINING TO TRINITY HEALTH-EMPLOYED CHW'S AND ALSO TO COMMUNITY PARTNERS THAT EMPLOY CHW'S.

IN 2017, TRINITY HEALTH RECEIVED A SIX-YEAR, \$8.5 MILLION GRANT FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO INCREASE THE NUMBER OF NATIONAL DIABETES PREVENTION PROGRAM (DPP) DELIVERY SITES, INCREASE

Part VI Supplemental Information (Continuation)

PROGRAM ENROLLMENT, MAINTAIN PARTICIPATION RATES, AND INCREASE BENEFIT
 COVERAGE. IN ADDITION, THE GRANT WAS USED TO STANDARDIZE CLINICAL
 SCREENING AND DETECTION OF DIABETES. DURING THE GRANT PERIOD, TRINITY
 HEALTH BUILT THE NATIONAL DPP INTO ITS ELECTRONIC HEALTH RECORD SYSTEM TO
 MAKE IDENTIFYING PATIENTS AND ENROLLING THEM IN THE PROGRAM EASIER. SINCE
 SEPTEMBER 2017, OVER 6,000 PARTICIPANTS HAVE ENROLLED IN A TRINITY HEALTH
 NATIONAL DPP AND HAVE COLLECTIVELY LOST A TOTAL OF OVER 51,000 POUNDS.

LASTLY, TRINITY HEALTH'S FY23 SHAREHOLDER ADVOCACY PRIORITIES FOCUSED ON
 IMPROVING CORPORATE POLICIES AND PRACTICES THAT IMPACT COMMUNITIES, WITH
 THE AIM OF REDUCING STRUCTURAL RACISM AND HEALTH INEQUITIES. TRINITY
 HEALTH, IN COLLABORATION WITH ITS PARTNERS THE INTERFAITH CENTER ON
 CORPORATE RESPONSIBILITY AND THE INVESTOR ENVIRONMENTAL HEALTH NETWORK,
 FILED SHAREHOLDER PROPOSALS AT 20 COMPANIES.

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