

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **MEMORIAL HOSPITAL, ALBANY, N.Y.** Employer identification number **14-1338457**

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the 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 _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's 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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			691,640.	301,612.	390,028.	.91%
b Medicaid (from Worksheet 3, column a)			7875545.	4451708.	3423837.	7.97%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			8567185.	4753320.	3813865.	8.88%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	5	602	105,769.		105,769.	.25%
f Health professions education (from Worksheet 5)	2	1	3,615.		3,615.	.01%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits	7	603	109,384.		109,384.	.26%
k Total. Add lines 7d and 7j	7	603	8676569.	4753320.	3923249.	9.14%

Part V Facility Information

Section A. Hospital Facilities

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

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 ALBANY MEMORIAL HOSPITAL
600 NORTHERN BLVD
ALBANY, NY 12204
WWW.SPHP.COM/AMH
0101003H

Table with 10 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 two and seventh 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 ALBANY MEMORIAL 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>18</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>18</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 ALBANY MEMORIAL 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 checked="" 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 checked="" 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)		

Schedule H (Form 990) 2019

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group ALBANY MEMORIAL HOSPITAL

	Yes	No
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?	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) in line 19 (check all that apply):		
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)		
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 financial assistance policy?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group ALBANY MEMORIAL 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) 2019

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.

ALBANY MEMORIAL HOSPITAL:

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

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

I. PREVENT CHRONIC DISEASE

- A. REDUCE OBESITY AND PREVENT DIABETES
- B. PREVENT/CONTROL ASTHMA AND PREVENT TOBACCO USE

II. PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS

- A. PREVENT MENTAL DISORDERS

ALBANY MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 5: THE ALBANY MEMORIAL HOSPITAL COMMUNITY BENEFITS PROGRAM IS BASED ON THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CONDUCTED BY THE HEALTHY CAPITAL DISTRICT INITIATIVE (HCDI). HCDI IS A CONSORTIUM OF ORGANIZATIONS JOINED TOGETHER TO PRIORITIZE AND ADDRESS SIGNIFICANT COMMUNITY HEALTH ISSUES. ALBANY MEMORIAL HOSPITAL HAS BEEN A MEMBER OF HCDI SINCE 1997. THE CHNA BENEFITED FROM THE REVIEW AND INPUT OF THE MEMBERS OF THE PREVENTION AGENDA WORKGROUP OF THE HCDI. BEGINNING

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 2019, THESE INDIVIDUALS ARE SUBJECT MATTER EXPERTS FROM THE COUNTY PUBLIC HEALTH DEPARTMENTS OF ALBANY, RENSSELAER, AND SCHENECTADY; AND OF EACH OF THE CAPITAL REGION HOSPITALS: ST. PETER'S HOSPITAL, ALBANY MEDICAL CENTER, ALBANY MEMORIAL HOSPITAL, SUNNYVIEW HOSPITAL AND REHABILITATION CENTER, SAMARITAN HOSPITAL, AND ELLIS HOSPITAL. DURING FEBRUARY AND MARCH, THIS GROUP WAS JOINED BY REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS, BUSINESSES, CONSUMERS, SCHOOLS, ACADEMICS, AND THOSE WHO HAVE CONTACT WITH AND CARE FOR PEOPLE WITH CERTAIN CHRONIC DISEASES, SUCH AS DIABETES, ASTHMA, COPD, AND CANCER. A TOTAL OF 28 DIFFERENT ORGANIZATIONS IN OUR CAPITAL REGION PARTICIPATED, SUCH AS CATHOLIC CHARITIES, WHITNEY M. YOUNG, JR. FEDERALLY QUALIFIED HEALTH CENTER (FQHC), CAPITAL DISTRICT PHYSICIANS HEALTH PLAN, FIDELIS CARE HEALTH PLAN, UPPER HUDSON PLANNED PARENTHOOD, HUDSON VALLEY COMMUNITY COLLEGE, CAPITAL ROOTS, FOOD PANTRIES FOR THE CAPITAL DISTRICT, PROMESA/CAMINO NUEVO AND SENIOR HOUSING ORGANIZATIONS. ALMOST ALL OF THESE ORGANIZATIONS SERVE MEDICALLY UNDERSERVED, LOW-INCOME OR MINORITY POPULATIONS, AND MANY OFFER SPECIFIC PROGRAMS TARGETED TOWARDS THESE GROUPS.

REPRESENTATIVES OF THE HCDCI DETERMINED THE PROCESS FOR COMPLETING THE NEEDS ASSESSMENT AND REVIEWED THE COLLECTED DATA. THE CHNA IS THE RESULT OF OVER A YEAR OF MEETINGS WITH MEMBER ORGANIZATIONS AND COMMUNITY INPUT. IN ADDITION TO THE HEALTH DATA, THE 2018 COMMUNITY HEALTH SURVEY WAS CONDUCTED IN DECEMBER 2018 BY THE SIENA RESEARCH INSTITUTE. THE SURVEY WAS A REPRESENTATIVE SAMPLE OF ADULT (18+ YEARS) RESIDENTS OF THE CAPITAL REGION. THE SURVEY INCLUDED 1,204 (MOE +/- 3.4%) TOTAL INTERVIEWS WHICH WERE MADE UP OF A PHONE SAMPLE, OVERSAMPLE OF LOW-INCOME RESIDENTS AND A

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.

SMALL ONLINE SAMPLE. THIS CONSUMER SURVEY WAS CONDUCTED TO LEARN ABOUT THE HEALTH NEEDS, BARRIERS AND CONCERNS OF THE RESIDENTS OF THE CAPITAL REGION. FROM APRIL TO MAY 2019, DRAFTS OF THE SECTIONS WERE SENT TO LOCAL SUBJECT MATTER EXPERTS FOR REVIEW IN THE HEALTH DEPARTMENTS OF ALBANY, RENSSELAER, AND SCHENECTADY COUNTIES AND IN ST. PETER'S HEALTH PARTNERS (ALBANY MEMORIAL HOSPITAL, ST. PETER'S HOSPITAL, SAMARITAN HOSPITAL AND SUNNYVIEW REHABILITATION HOSPITAL), ALBANY MEDICAL CENTER, ELLIS HOSPITAL, BURDETT BIRTH CENTER AND COMMUNITY-BASED ORGANIZATIONS. COMMENTS WERE ADDRESSED AND CHANGES WERE INCORPORATED INTO THE FINAL DOCUMENT. THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED AND APPROVED IN JUNE 2019.

ALBANY MEMORIAL HOSPITAL:

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

ALBANY MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 6B: IN THE CHNA PROCESS, ALBANY MEMORIAL HOSPITAL WAS JOINED BY REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS, BUSINESSES, CONSUMERS, SCHOOLS, ACADEMICS, AND THOSE WHO HAVE CONTACT WITH AND CARE FOR PEOPLE WITH CERTAIN CHRONIC DISEASES, SUCH AS DIABETES, ASTHMA AND BEHAVIORAL HEALTH ISSUES INCLUDING MENTAL HEALTH AND SUBSTANCE USE DISORDERS. A TOTAL OF 28 DIFFERENT ORGANIZATIONS IN OUR CAPITAL REGION PARTICIPATED, SUCH AS CATHOLIC CHARITIES, WHITNEY M. YOUNG, JR.

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.

FQHC, CENTRO CIVICO, CAPITAL DISTRICT PHYSICIANS HEALTH PLAN, FIDELIS CARE HEALTH PLAN, HUDSON VALLEY COMMUNITY COLLEGE, PROMESA/CAMINO NUEVA, THE FOOD PANTRIES FOR THE CAPITAL DISTRICT, CAPITAL ROOTS, AND SEVERAL SENIOR HOUSING ORGANIZATIONS.

ALBANY MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 2: ALBANY MEMORIAL HOSPITAL OPERATED AS A SEPARATE HOSPITAL FACILITY UNTIL DECEMBER 31, 2019. EFFECTIVE JANUARY 1, 2020, ALBANY MEMORIAL HOSPITAL MERGED INTO SAMARITAN HOSPITAL. AS A RESULT OF THE MERGER, ALBANY MEMORIAL HOSPITAL BECAME A CAMPUS OF SAMARITAN HOSPITAL AND CEASED TO BE SEPARATELY LICENSED AS A HOSPITAL BY THE STATE.

ALBANY MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 11: DURING FY20, NEEDS FROM THE 2019 CHNA WERE ADDRESSED. ALBANY MEMORIAL HOSPITAL TOOK THE LEAD ON SEVERAL OF THE HEALTH PRIORITIES FROM THE CHNA.

REDUCE OBESITY & PREVENT DIABETES

TO ASSIST IN THE IDENTIFICATION OF PRE-DIABETICS AND TO MONITOR A1C'S OF LOW-INCOME COMMUNITY MEMBERS (WORKING POOR), ALBANY MEMORIAL HOSPITAL CONDUCTED QUARTERLY CARDIOVASCULAR AND DIABETES SCREENING. IN FY20, THE ACTIVITY REACHED MORE THAN 5,000 INDIVIDUALS, WHO ALSO RECEIVED ONE-ON-ONE HEALTH EDUCATION, REFERRALS FOR CARE AND TREATMENT, AS WELL AS A COPY OF THE DIABETES GUIDE WITH INFORMATION ON SELF-MANAGEMENT CLASSES. ON AN

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.

OUTPATIENT BASIS, DIABETES EDUCATORS FROM ST. PETER'S HEALTH PARTNERS (SPHP) DIABETES AND ENDOCRINE CARE PROVIDE DPP (DIABETES PREVENTION PROGRAMS) AND OTHER APPROPRIATE DIABETES EDUCATION AS NEEDED. DURING FY20, 7 SESSIONS OF DPP WERE OFFERED THROUGHOUT ALBANY, RENSSELAER AND SARATOGA COUNTIES. 136 INDIVIDUALS PARTICIPATED, ON AVERAGE PARTICIPANTS LOST 5.1% OF THEIR BODY WEIGHT. THIS PROGRAM IS GRANT FUNDED AND WAS PROVIDED AT NO CHARGE TO PARTICIPANTS. ALSO, IN FY20, MONTHLY SUPPORT GROUPS WERE OFFERED, FREE OF CHARGE, FOCUSING ON A VARIETY OF TOPICS RELATED TO DIABETES.

IN ORDER TO ADDRESS CHILDHOOD OBESITY IN FY20, ALBANY MEMORIAL HOSPITAL PARTNERED WITH OTHER HOSPITALS WITHIN SPHP, THE U.S. SOCCER FOUNDATION, AND THE TROY BOYS AND GIRLS CLUB, TO SUPPORT THE SOCCER FOR SUCCESS PROGRAM FOR CHILDREN WITHIN THE CITIES OF TROY, ALBANY, AND SCHENECTADY. SOCCER FOR SUCCESS IS AN AFTERSCHOOL PROGRAM THAT IS PROVEN TO HELP CHILDREN ESTABLISH HEALTHY HABITS AND DEVELOP CRITICAL LIFE SKILLS THROUGH CARING COACH/MENTORS AND FAMILY ENGAGEMENT. THE PROGRAM IS OFFERED FREE OF CHARGE TO CHILDREN. PARTICIPANTS LEARN SOCCER SKILLS AND ABOUT EATING RIGHT AND OTHER WAYS TO STAY HEALTHY, WHILE GAINING IMPORTANT DECISION MAKING AND RELATIONSHIP SKILLS FROM THEIR INTERACTIONS WITH COACH/MENTORS AND PEERS. DURING FY20, 1,559 CHILDREN PARTICIPATED IN SOCCER FOR SUCCESS AT NINE BOYS AND GIRLS CLUB SITES THROUGHOUT ALBANY AND RENSSELAER COUNTIES. OUT OF THESE PARTICIPANTS, 89% MAINTAINED OR DECREASED THEIR BMI, AND 73% INCREASED THEIR AEROBIC CAPACITY AND SCORED AT LEAST TWO LEVELS HIGHER ON THE PACER TEST.

PREVENT/CONTROL ASTHMA AND PREVENT TOBACCO USE

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 FY20, ST. PETER'S HEALTH PARTNERS (SPHP), THROUGH ALBANY MEMORIAL, CONTINUED TO SUPPORT THE SPHP HOME BASED ASTHMA PROGRAM, WHICH ARRANGED FOR PATIENT'S VISITS IN THEIR HOMES BY A RESPIRATORY THERAPIST, REGISTERED NURSE AND COMMUNITY HEALTH WORKER. THIS PROGRAM FOCUSED ON CHILDREN REFERRED FROM OUR CLINICS AND EMERGENCY DEPARTMENTS WITHIN THE ACUITY AREAS WITH HIGH INCIDENTS OF UNCONTROLLED ASTHMA. THROUGHOUT FY20, PROGRAM STAFF CONDUCTED HOME VISITS, FAMILIARIZED FAMILIES WITH ASTHMA TERMINOLOGY, AND OFFERED TRAINING FOR MANAGEMENT OF THE DISEASE.

FURTHERMORE, IN FY20, 5,100 SPHP PATIENTS, IDENTIFYING AS TOBACCO USERS, WERE REFERRED TO THE NYS SMOKERS QUIT LINE, "OPT TO QUIT" PROGRAM. THIS PROGRAM IS A SYSTEM-WIDE SOLUTION FOR ENSURING THAT CESSATION SUPPORT IS OFFERED AND ACCESSIBLE TO ALL INPATIENTS SO THAT ONCE THEY LEAVE THE HEALTH CARE SETTING, THEY WILL HAVE A NICOTINE REPLACEMENT THERAPY AT HOME TO UTILIZE IF THEY OPT TO QUIT. IN ADDITION, ALBANY MEMORIAL HOSPITAL HAS A LONG TRADITION OF PROVIDING MEETING SPACE FOR THE BUTT STOPS HERE, A SEVEN-WEEK SMOKING CESSATION PROGRAM THAT IS TAUGHT ON SITE WHENEVER THERE ARE INTERESTED COMMUNITY MEMBERS AND/OR STAFF. DURING FY20, 56 PEOPLE ATTENDED THE BUTT STOPS HERE TOBACCO CESSATION PROGRAMS OFFERED AT SPHP LOCATIONS. NEARING THE END OF FY20, PLANS FOR CONDUCTING VIRTUAL CLASSES BEGAN. IN THE UPCOMING YEAR, VIRTUAL CLASSES WILL BE OFFERED, DUE TO THE NEED TO SOCIALLY DISTANCE.

PROMOTE WELL-BEING & PREVENT MENTAL DISORDERS

IN THE AREA OF MENTAL HEALTH, SPHP AND ALBANY MEMORIAL HOSPITAL FOCUSED 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.

THE PROMOTION OF WELL-BEING WITH OUR HEALTHY FAMILIES PROGRAM, WHICH IS A HOME-BASED VISITATION PROGRAM THAT PROVIDES INFORMATION, EDUCATION, AND SUPPORT TO EXPECTING AND NEW PARENTS OF RENSSELAER COUNTY. FUNDING IS PROVIDED BY THE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES. DURING FY20, LEADERSHIP STAFF FROM ALBANY MEMORIAL HOSPITAL WERE MEMBERS OF A WORKGROUP TO DEVELOP GOALS, OBJECTIVES AND INTERVENTIONS AROUND THE PREVENTION AGENDA FOCUS AREA OF PROMOTION OF WELL-BEING CONCEPT, SPECIFICALLY WITH LOCAL HEALTH DEPARTMENTS AND HOSPITALS. STAFF AT SPHP, INCLUDING ALBANY MEMORIAL HOSPITAL, WERE OFFERED TRAINING IN MENTAL HEALTH FIRST AID AND CRISIS DE-ESCALATION.

PREVENT SUBSTANCE ABUSE (FOCUS ON OPIOID ABUSE)

DURING FY20, SUBSTANCE ABUSE NEEDS WERE ADDRESSED. ACTION PLANS WERE DEVELOPED TO INCREASE EDUCATION AND PRACTICE STRATEGIES TO REDUCE OPIOID OVERDOSE AND NON-MEDICAL USE OF OPIATES. PROVIDER EDUCATION WAS OFFERED TO ALL PRESCRIBERS OF ALBANY MEMORIAL HOSPITAL, AS WELL AS SPHP, REGARDING ADDICTION AND PAIN MANAGEMENT (INCLUDING GUIDELINES, COMMUNITY RESOURCES AND INFORMATION TO PROVIDE TO PATIENTS REGARDING RISK AND HARM/MISUSE) USING THE FEDERAL GUIDELINES. HOSPITAL STAFF PROMOTED SAFE STORAGE AND PROPER DISPOSAL OF UNUSED PRESCRIPTION MEDICATIONS. FURTHERMORE, SPHP COLLABORATED WITH LOCAL HEALTH DEPARTMENTS TO PROMOTE THE AVAILABILITY OF NARCAN (NALOXONE) TRAINING. ATTENDEES ARE TRAINED ON THE PROPER ADMINISTRATION OF THE INTRA-NASAL NARCAN OVERDOSE REVERSAL DRUG.

ALBANY MEMORIAL HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED IT COULD EFFECTIVELY FOCUS 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.

ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. THUS, SECONDARY PRIORITIES SUCH AS MATERNAL AND INFANT HEALTH, SEXUALLY TRANSMITTED INFECTIONS, AND LYME DISEASE WILL NOT BE DIRECTLY ADDRESSED BY ALBANY MEMORIAL HOSPITAL. OTHER HEALTH CARE FACILITIES SERVING OUR COMMUNITY WILL ADDRESS THESE SECONDARY PRIORITIES.

ALBANY MEMORIAL 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 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.

ALBANY MEMORIAL HOSPITAL:

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

ALBANY MEMORIAL HOSPITAL - PART V, SECTION B, LINE 7A:

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.

WWW.SPHP.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH/SAMARITAN-HOSPITAL-ALBANY-MEMORIAL-CAMPUS

ALBANY MEMORIAL 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.

ALBANY MEMORIAL HOSPITAL - PART V, SECTION B, LINE 10:

WWW.SPHP.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH/SAMARITAN-HOSPITAL-ALBANY-MEMORIAL-CAMPUS

ALBANY MEMORIAL HOSPITAL - PART V, SECTION B, LINE 16A:

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

ALBANY MEMORIAL HOSPITAL - PART V, SECTION B, LINE 16B:

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

ALBANY MEMORIAL HOSPITAL - PART V, SECTION B, LINE 16C:

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

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? 0

Name and address	Type of Facility (describe)

Schedule H (Form 990) 2019

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 (e.g., 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:

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

ALBANY MEMORIAL 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

Part VI Supplemental Information (Continuation)

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, \$2,156,929, 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 III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:

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

Part VI Supplemental Information (Continuation)

PART III, LINE 4:

ALBANY MEMORIAL 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:

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

Part VI Supplemental Information (Continuation)

PART III, LINE 8:

ALBANY MEMORIAL 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. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY. 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 - ALBANY MEMORIAL HOSPITAL ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, 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 - ALBANY MEMORIAL 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)

ALBANY MEMORIAL HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, 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 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.

ALBANY MEMORIAL HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. ALBANY MEMORIAL HOSPITAL MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:

COMMUNITY INFORMATION - ALBANY MEMORIAL HOSPITAL IS LOCATED IN ALBANY, NY, WHICH IS IN ALBANY COUNTY AND IS ALSO THE CAPITAL OF NEW YORK STATE. THE MEDIAN HOUSEHOLD INCOME IS \$90,031. FOR PURPOSES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, ALBANY MEMORIAL HOSPITAL DEFINES ITS PRIMARY SERVICE AREA AS ALBANY AND RENSSELAER COUNTIES WHICH REPRESENT THE HOME ZIP CODE

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

OF 71% OF ITS PATIENTS. THE COMMUNITY SERVED BY ALBANY MEMORIAL HOSPITAL INCLUDES THE COUNTIES OF ALBANY, RENSSELAER, AND SCHENECTADY, FORMING A REGION POPULARLY CALLED THE CAPITAL DISTRICT. THE THREE COUNTIES PROVIDE A RANGE OF GEOGRAPHY THAT INCLUDES URBAN, SUBURBAN AND RURAL SETTINGS. THE COMBINED POPULATION IN ALBANY, RENSSELAER, AND SCHENECTADY COUNTIES WAS 79.9% NON-HISPANIC WHITE, 10.3% BLACK OR AFRICAN AMERICAN, 5.66% HISPANIC AND 4.14% OTHER RACES/ETHNICITIES IN 2017. OVER TIME, THE CAPITAL DISTRICT POPULATION HAS GROWN MORE ETHNICALLY DIVERSE, WITH FEWER INDIVIDUALS IDENTIFIED AS WHITE NON-HISPANIC.

IN GENERAL, PERSONS IN THE COMMUNITY SERVED BY ALBANY MEMORIAL HOSPITAL TEND TO BE BETTER EDUCATED AND HAVE A HIGHER INCOME THAN THOSE IN THE U.S. AS A WHOLE AND THE STATE OF NEW YORK. THERE IS A LOWER RATE OF UNEMPLOYMENT AND FEWER PERSONS WITHOUT HEALTH INSURANCE THAN THE STATE OR NATIONAL COMPARISONS. THE POPULATION FOR THE THREE-COUNTY SERVICE AREA IS 623,619. THERE ARE 276,563 HOUSING UNITS IN THE SERVICE AREA WITH AN AVERAGE OF 64% OWNER OCCUPIED. ON AVERAGE, 12.4% OF PERSONS LIVE BELOW THE POVERTY LEVEL. THE MEDIAN HOUSEHOLD INCOME IS \$83,990.

HEALTH CARE ACCESS INDICATORS SHOW THE CAPITAL DISTRICT HAVING FEWER BARRIERS TO CARE THAN THE REST OF THE STATE. CAPITAL DISTRICT RESIDENTS, BOTH CHILDREN AND ADULTS, HAD HIGHER HEALTH INSURANCE COVERAGE RATES COMPARED TO THE REST OF THE STATE. WHILE THE CAPITAL DISTRICT HAD GOOD HEALTH INSURANCE COVERAGE, 4.95% OF RESIDENTS WERE NOT COVERED BY ANY FORM OF HEALTH INSURANCE.

PART VI, LINE 5:

OTHER INFORMATION - ALBANY MEMORIAL HOSPITAL PROVIDES A RANGE OF INPATIENT

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

AND OUTPATIENT SERVICES TO THE PEOPLE IN THE COMMUNITY IT SERVES, INCLUDING A 24-HOUR EMERGENCY ROOM THAT IS OPEN TO SERVE ALL IN NEED, REGARDLESS OF ABILITY TO PAY, A CANCER CENTER, CARDIAC CARE THAT IS RECOGNIZED FOR EXCELLENCE BY HEALTH AND HEART CARE ORGANIZATIONS, COMPLETE OBSTETRICAL AND NEWBORN SERVICES, DENTAL AND HEALTH CENTERS FOR UNINSURED AND UNDERINSURED MEMBERS OF OUR COMMUNITY, AND AN ARRAY OF SPECIALTY SERVICES AND ORTHOPEDIC SERVICES. ALBANY MEMORIAL CONDUCTS ITS ACTIVITIES AND ITS HEALTH CARE PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, SEXUAL ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN.

ONE OF THE TOP HEALTH CARE ORGANIZATIONS IN UPSTATE NEW YORK, ALBANY MEMORIAL HOSPITAL IS COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITY, NOT ONLY AS A CARING COMMUNITY MEMBER, BUT ALSO AS A CATALYST FOR CHANGE. AS SUCH, WE PARTICIPATE IN MANY COMMUNITY PARTNERSHIPS AIMED AT ASSESSING THE CURRENT HEALTH STATUS OF OUR COMMUNITY AND IDENTIFYING OPPORTUNITIES TO MAKE A DIFFERENCE IN THE HEALTH OF OUR CITIZENS, WITH PARTICULAR ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE. AS WE HAVE DONE FOR MANY YEARS, WE CONTINUE TO PLAY A MAJOR ROLE IN THE HEALTHY CAPITAL DISTRICT INITIATIVE, AN ORGANIZATION DEDICATED TO IMPROVING THE HEALTH OF THE RESIDENTS OF ALBANY, RENSSELAER AND SCHENECTADY COUNTIES. OUR PARTNERS IN THIS ENDEAVOR ARE THE LOCAL COUNTY HEALTH DEPARTMENTS, OTHER HEALTH CARE PROVIDERS, INSURERS AND COMMUNITY MEMBERS. ALBANY MEMORIAL SUPPORTS MANY LOCAL COMMUNITY HEALTH SERVICES, CHURCHES AND OTHER HEALTH CARE ORGANIZATIONS TO PROVIDE COMPREHENSIVE AND ACCESSIBLE HEALTH CARE SERVICES AND PROACTIVE HEALTH CARE PROGRAMS; THIS INCLUDES SITTING ON COMMUNITY BOARDS, COMMITTEES, AND ADVISORY GROUPS. ALBANY MEMORIAL ALSO PROVIDES SERVICES FOR THE BROADER COMMUNITY AS A PART OF ITS OVERALL COMMUNITY BENEFIT. THE GREATEST SHARE OF THESE EXPENSES IS

Part VI Supplemental Information (Continuation)

FOR EDUCATING HEALTH CARE PROFESSIONALS. HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NONPROFIT HEALTH CARE. THIS EDUCATION INCLUDES STUDENT INTERNSHIPS, CLINIC EXPERIENCE AND OTHER EDUCATION FOR PHYSICIANS, NURSES, PHYSICAL THERAPISTS AND OTHER HEALTH CARE STUDENTS.

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

IN FY20, ALBANY MEMORIAL HOSPITAL REMAINED A "TOBACCO FREE" FACILITY, BANNING USE OF TRADITIONAL TOBACCO PRODUCTS, AS WELL AS ELECTRONIC VAPING DEVICES ON OUR PROPERTY. SIGNAGE IS VISIBLE ON THE GROUNDS OF SPHP FACILITIES, INCLUDING ALBANY MEMORIAL HOSPITAL. IN ADDITION, OUR CENTER FOR HEALTH PROGRAMS AND THE CAPITAL DISTRICT TOBACCO FREE COMMUNITIES WORKED TO ADVOCATE FOR COUNTY LEVEL AND STATEWIDE LEGISLATION THAT WOULD END THE SALE OF FLAVORED TOBACCO PRODUCTS, INCLUDING MENTHOL AND VAPE PRODUCTS.

Part VI Supplemental Information (Continuation)

ALBANY MEMORIAL HOSPITAL, ALONG WITH ITS SPHP SISTER HOSPITALS, COLLABORATED WITH OTHER LOCAL HEALTH SYSTEMS, COUNTY HEALTH DEPARTMENTS AND COMMUNITY-BASED AGENCIES TO FORM WORKGROUPS TO FOCUS ON THE PRIORITIES OF THE 2019 CHNA. DURING FY20, HOSPITAL STAFF WERE MEMBERS OF THE FOLLOWING WORKGROUPS RELATING TO THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP): OBESITY/DIABETES TASKFORCE AND BEHAVIORAL HEALTH/SUBSTANCE ABUSE TASKFORCE AND THE ASTHMA/TOBACCO COALITION. EACH GROUP MET ON A REGULAR BASIS THROUGHOUT FY20 TO STRATEGIZE, IMPLEMENT AND REPORT ON ACTIVITY RELATIVE TO THE GOALS SET FORTH IN THE 2019 CHNA/CHIP. THESE GROUPS WERE LED BY THE HEALTHY CAPITAL DISTRICT INITIATIVE (HCIDI). HCIDI IS AN INCORPORATED NOT-FOR-PROFIT WHICH WORKS WITH OTHERS IN THE COMMUNITY TO DETERMINE WAYS IN WHICH THE CAPITAL REGION COULD BE MORE EFFECTIVE IN IDENTIFYING AND ADDRESSING PUBLIC HEALTH ISSUES.

DURING FY20, SPHP, INCLUDING ALBANY MEMORIAL, SCREENED PATIENTS FOR SOCIAL INFLUENCERS (DETERMINANTS) OF HEALTH IN OUR EMERGENCY DEPARTMENTS. PATIENT NAVIGATORS COMPLETED A 10-QUESTION SCREENING TOOL ON UNINSURED AND MEDICAID PATIENTS PRESENTING IN THE EMERGENCY DEPARTMENT. QUESTIONS ADDRESSED A VARIETY OF ISSUES SUCH AS HOUSING, TRANSPORTATION, FOOD INSECURITY, HEALTH LITERACY AND ACCESS TO CARE. PATIENTS IN NEED OF ASSISTANCE WITH THESE ISSUES WERE GIVEN REFERRALS TO APPROPRIATE RESOURCES/SERVICES. IN ADDITION, A FARMERS MARKET PROGRAM WAS HELD AT THE ALBANY MEMORIAL CAMPUS. ATTENDEES COMPLETED A FOOD INSECURITY SCREENING QUESTIONNAIRE AND THOSE THAT SCREENED POSITIVE FOR FOOD INSECURITY WERE PROVIDED VOUCHERS TO USE TO PURCHASE FRESH PRODUCE AT THE MARKET. REFERRALS FOR ON-GOING ASSISTANCE WERE AVAILABLE AS WELL.

PART VI, LINE 6:

Part VI Supplemental Information (Continuation)

ALBANY MEMORIAL HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER HOSPITALS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2020, EVERY TRINITY HEALTH ENTITY FOCUSED ON:

1. REDUCING TOBACCO USE
2. REDUCING OBESITY PREVALENCE
3. ADDRESSING AT LEAST ONE SOCIAL INFLUENCER OF HEALTH
4. ADDRESSING AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED BY THEIR HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT

ADDITIONALLY, IN RESPONSE TO COVID-19, TRINITY HEALTH MEMBER HOSPITALS MOBILIZED NATIONAL INFRASTRUCTURE TO ASSESS THE MOST URGENT NEEDS IN THEIR COMMUNITIES. TRINITY HEALTH MEMBER HOSPITALS STRENGTHENED PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS AND COLLABORATED WITH MEDICAL GROUPS AND CLINICALLY INTEGRATED NETWORKS PROVIDING DIRECT PATIENT CARE TO ENSURE THAT PATIENT SOCIAL NEEDS WERE MET IN THE COMMUNITY. LIKewise, MEMBER HOSPITALS ACCELERATED THEIR SOCIAL SERVICES RESPONSE BY ESTABLISHING SOCIAL CARE PROGRAMS TO CONNECT PATIENTS, COLLEAGUES AND COMMUNITY MEMBERS TO LOCAL SOCIAL SERVICES SUCH AS: FOOD, HOUSING, FINANCIAL ASSISTANCE AND ACCESS TO HEALTH CARE. FROM MARCH THROUGH JUNE, SOCIAL CARE MADE OVER 103,000 CONNECTIONS, AND TRINITY HEALTH PROVIDED OVER 44,000 MEDICAL SERVICES TO THOSE WHO ARE HOMELESS AND THROUGH COMMUNITY TESTING EVENTS.

SOCIAL INFLUENCERS OF HEALTH - SUCH AS ADEQUATE HOUSING, PERSONAL SAFETY AND ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE - HAVE A SIGNIFICANT IMPACT ON THE HEALTH OF COMMUNITIES. IN AN EFFORT TO ADDRESS

Part VI Supplemental Information (Continuation)

SOME OF THESE INFLUENCERS, TRINITY HEALTH INVESTED \$3.7 MILLION IN THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), WHICH INITIALLY LAUNCHED IN FISCAL YEAR 2016. TCI IS A SHARED FUNDING MODEL AND TECHNICAL-ASSISTANCE INITIATIVE SUPPORTING EIGHT TRINITY HEALTH HOSPITALS, AND THEIR COMMUNITY PARTNERS, TO IMPLEMENT POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AND TO AFFECT CHANGE RELATED TO THE SOCIAL INFLUENCERS OF HEALTH. IN ADDITION TO TRINITY HEALTH'S INVESTMENT, TCI HAS LEVERAGED OVER \$12.4 MILLION IN COMMUNITY MATCH FUNDING TO DATE. IN FISCAL YEAR 2020, IN RESPONSE TO COVID-19, TCI SWIFTLY SHIFTED THEIR FOCUS IN MARCH TO ADDRESSING FOOD INSECURITY, HEALTHCARE WORKER PROTECTIVE EQUIPMENT, SUPPORTING CLOSED SCHOOLS TO EFFECTIVELY REACH CHILDREN, MENTAL HEALTH INTERVENTIONS AND EMERGENCY AID/FINANCIAL ASSISTANCE DIRECTLY TO INDIVIDUALS IN NEED. OVERALL TCI COMMUNITIES REDIRECTED NEARLY \$520,000 TO SUPPORT COVID-19 RELATED NEEDS.

TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM (NDPP) THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND HELPED 2,374 PARTICIPANTS COLLECTIVELY LOSE 15,382 POUNDS FROM JANUARY 2018 THROUGH SEPTEMBER 2020. IN MARCH 2020, WITH THE SURGE OF COVID-19 SPREADING ACROSS THE COUNTRY, TRINITY HEALTH MEMBER HOSPITALS TRANSITIONED NEARLY 90% OF ALL IN-PERSON NDPP COHORTS TO AN ONLINE VERSION OF THE LIFESTYLE CHANGE PROGRAM.

TRINITY HEALTH DEPLOYED \$5.1 MILLION IN NEW AND RENEWED LOANS FOR PLACE-BASED INVESTING TO IMPROVE ACCESS TO AFFORDABLE HOUSING, HEALTHY FOODS, EDUCATIONAL SCHOLARSHIPS, AND ECONOMIC DEVELOPMENT. ADDITIONALLY, TRINITY HEALTH WORKED WITH ALL OF ITS BORROWERS THAT HAD LOANS COMING DUE IN THE MIDST OF THE SPRING COVID-19 SURGE TO EXTEND THEIR LOANS FOR SIX

Part VI Supplemental Information (Continuation)

MONTHS. THIS ACTION ALLOWED MORE THAN \$2.9 MILLION IN INVESTMENTS TO REMAIN IN THE FIELD AND PROVIDED BREATHING ROOM TO OUR COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION PARTNERS THAT WERE SERVING OUR COMMUNITIES DURING THE CRISIS. THE COMMUNITY-INVESTING PROGRAM ALSO HAS OUTSTANDING LOAN COMMITMENTS OF \$9.6 MILLION TO COMMUNITY INFRASTRUCTURE PROJECTS, WHICH WILL BE DEPLOYED IN FUTURE YEARS.

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 2020, TRINITY HEALTH INVESTED OVER \$1.3 BILLION IN COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE. COVID-19 ACCOUNTED FOR NEARLY \$4.9 MILLION IN PROGRAMMATIC COMMUNITY BENEFIT EXPENSES AND ACTIVITIES, INCLUDING COMMUNITY TESTING AND EDUCATION, INCIDENT COMMAND CENTERS, SUPPORT FOR LOCAL ORGANIZATIONS (I.E. PROVIDING PPE, OTHER SUPPLIES, STAFF TIME), SOCIAL SUPPORTS (FOOD, HOUSING, MENTAL HEALTH, CHILDCARE), AND OTHER COMMUNITY DISASTER PREPAREDNESS EFFORTS.

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

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

NY