

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

<b>Name of the organization</b>	<b>MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA</b>	<b>Employer identification number</b>	<b>23-1352191</b>
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			1484704.		1484704.	.69%
<b>b</b> Medicaid (from Worksheet 3, column a)			57989188.	58663473.	0.	.00%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			59473892.	58663473.	1484704.	.69%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			664,853.	40,000.	624,853.	.29%
<b>f</b> Health professions education (from Worksheet 5)			15002766.	13443264.	1559502.	.73%
<b>g</b> Subsidized health services (from Worksheet 6)			2243929.		2243929.	1.05%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			822,840.		822,840.	.38%
<b>j Total.</b> Other Benefits			18734388.	13483264.	5251124.	2.45%
<b>k Total.</b> Add lines 7d and 7j			78208280.	72146737.	6735828.	3.14%





**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: MERCY CATHOLIC MEDICAL CENTER

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the 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 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 checked="" type="checkbox"/> Other website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>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: MERCY CATHOLIC MEDICAL CENTER

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

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**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: MERCY CATHOLIC MEDICAL CENTER

	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: MERCY CATHOLIC MEDICAL CENTER

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

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**Part V Facility Information** (continued)

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

MERCY CATHOLIC MEDICAL CENTER:

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

PART V, SECTION B, LINE 3E: MERCY CATHOLIC MEDICAL CENTER D/B/A MERCY FITZGERALD HOSPITAL INCLUDED IN THEIR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED REGIONAL CHNA. THE FOLLOWING IDENTIFIED UNMET COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. MENTAL HEALTH CONDITIONS
2. ACCESS TO CARE (PRIMARY AND SPECIALTY)
3. CHRONIC DISEASE PREVENTION AND MANAGEMENT
4. SUBSTANCE USE AND RELATED DISORDERS
5. HEALTHCARE AND HEALTH RESOURCES NAVIGATION
6. RACISM AND DISCRIMINATION IN HEALTH CARE
7. FOOD ACCESS
8. CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES
9. COMMUNITY VIOLENCE
10. HOUSING
11. SOCIOECONOMIC DISADVANTAGE
12. NEIGHBORHOOD CONDITIONS

MERCY CATHOLIC MEDICAL CENTER:



MERCY CATHOLIC MEDICAL CENTER OF  
SOUTHEASTERN PENNSYLVANIA

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**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.

PART V, SECTION B, LINE 5: RECOGNIZING THAT HOSPITALS AND HEALTH SYSTEMS OFTEN MUTUALLY SERVE THE SAME COMMUNITIES, A GROUP OF LOCAL HOSPITALS AND HEALTH SYSTEMS COLLABORATED ON A SOUTHEASTERN PENNSYLVANIA REGIONAL CHNA (RCHNA), WITH SPECIFIC FOCUS ON BUCKS, CHESTER, DELAWARE, MONTGOMERY, AND PHILADELPHIA COUNTIES. THE HOSPITALS JOINTLY SOLICITED AND CONSIDERED INPUT FROM PERSONS OR ORGANIZATIONS THAT REPRESENT THE BROAD INTERESTS OF THE COMMUNITY THEY SERVE. THIS INPUT WAS SOLICITED FROM LOCAL COMMUNITY REPRESENTATIVES OF THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN THE SERVICE AREA AND FROM PUBLIC HEALTH OFFICIALS, SOCIAL SERVICE PROVIDERS, AND CLINICIANS. DATA WAS COLLECTED BETWEEN SEPTEMBER 2021 TO JANUARY 2022.

QUANTITATIVE DATA WERE ACQUIRED FROM LOCAL, STATE, AND FEDERAL SOURCES AND FOCUSED ON INDICATORS THAT WERE UNIFORMLY AVAILABLE AT THE ZIP CODE LEVEL ACROSS THE REGION. THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH TEAM, WHICH INCLUDED EXPERTS IN EPIDEMIOLOGICAL AND GEOSPATIAL ANALYSES, COMPILED, ANALYZED, AND AGGREGATED OVER 60 HEALTH INDICATORS ENCOMPASSING DATA ON COMMUNITY DEMOGRAPHIC CHARACTERISTICS, COVID-19, CHRONIC DISEASE AND HEALTH BEHAVIORS, INFANT AND CHILD HEALTH, BEHAVIORAL HEALTH, INJURIES, ACCESS TO CARE, AND SOCIAL AND ECONOMIC CONDITIONS.

THE QUALITATIVE COMPONENTS OF THE ASSESSMENT INCLUDED: 26 VIRTUAL FOCUS GROUP-STYLE "COMMUNITY CONVERSATIONS" HELD TO GATHER INPUT FROM RESIDENTS OF GEOGRAPHIC COMMUNITIES ACROSS ALL FIVE COUNTIES. 21 VIRTUAL FOCUS GROUP DISCUSSIONS CENTERED ON "SPOTLIGHT" TOPICS WERE CONDUCTED WITH COMMUNITY ORGANIZATION AND LOCAL GOVERNMENT AGENCY REPRESENTATIVES. TOPICS COVERED INCLUDED BEHAVIORAL HEALTH, CHRONIC DISEASE, FOOD INSECURITY, HOUSING AND

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**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.

HOMELESSNESS, OLDER ADULTS AND CARE, RACISM AND DISCRIMINATION IN HEALTH  
CARE, SUBSTANCE USE, AND VIOLENCE.

USING A MODIFIED HANLON RANKING METHOD, EACH PARTICIPATING HOSPITAL AND  
HEALTH SYSTEM RATED THE NEEDS. AN AVERAGE RATING WAS CALCULATED, AND THE  
COMMUNITY HEALTH NEEDS WERE ORGANIZED IN PRIORITY ORDER BASED ON: SIZE OF  
HEALTH PROBLEM, IMPORTANCE TO COMMUNITY, CAPACITY OF HOSPITALS/HEALTH  
SYSTEMS TO ADDRESS, ALIGNMENT WITH MISSION AND STRATEGIC DIRECTION,  
AVAILABILITY OF EXISTING COLLABORATIVE EFFORTS.

MERCY CATHOLIC MEDICAL CENTER:

PART V, SECTION B, LINE 6A: MERCY FITZGERALD HOSPITAL PARTNERED WITH THE  
FOLLOWING HEALTH SYSTEMS AND HOSPITALS TO CONDUCT A JOINT REGIONAL CHNA:  
CHILDREN'S HOSPITAL OF PHILADELPHIA, CHILDREN'S HOSPITAL OF PHILADELPHIA,  
MIDDLEMAN FAMILY PAVILION AT CHOP, KING OF PRUSSIA DOYLESTOWN HEALTH,  
DOYLESTOWN HOSPITAL GRAND VIEW HEALTH: GRAND VIEW HOSPITAL JEFFERSON  
HEALTH, EINSTEIN MEDICAL CENTER ELKINS PARK, EINSTEIN MEDICAL CENTER  
MONTGOMERY, EINSTEIN MEDICAL CENTER PHILADELPHIA, JEFFERSON ABINGTON  
HOSPITAL, JEFFERSON BUCKS HOSPITAL, JEFFERSON FRANKFORD HOSPITAL,  
JEFFERSON HOSPITAL FOR NEUROSCIENCE, JEFFERSON LANSDALE HOSPITAL,  
JEFFERSON METHODIST HOSPITAL, JEFFERSON TORRESDALE HOSPITAL, MAGEE  
REHABILITATION HOSPITAL, MOSSREHAB, ROTHMAN ORTHOPEDIC SPECIALTY HOSPITAL,  
THOMAS JEFFERSON UNIVERSITY HOSPITAL MAIN LINE HEALTH, BRYN MAWR HOSPITAL,  
BRYN MAWR REHABILITATION HOSPITAL, LANKENAU MEDICAL CENTER, PAOLI  
HOSPITAL, RIDDLE HOSPITAL PENN MEDICINE, CHESTER COUNTY HOSPITAL, HOSPITAL  
OF THE UNIVERSITY OF PENNSYLVANIA, HOSPITAL OF THE UNIVERSITY OF

MERCY CATHOLIC MEDICAL CENTER OF  
SOUTHEASTERN PENNSYLVANIA

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**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.

PENNSYLVANIA - CEDAR AVENUE, PENN PRESBYTERIAN MEDICAL CENTER,  
PENNSYLVANIA HOSPITAL REDEEMER HEALTH: HOLY REDEEMER HOSPITAL TEMPLE  
UNIVERSITY HEALTH SYSTEM, FOX CHASE CANCER CENTER, TEMPLE UNIVERSITY  
HOSPITAL, TEMPLE UNIVERSITY HOSPITAL - EPISCOPAL CAMPUS, TEMPLE UNIVERSITY  
HOSPITAL - JEANES CAMPUS, TEMPLE UNIVERSITY HOSPITAL - NORTHEASTERN  
CAMPUS, NAZARETH HOSPITAL, ST. MARY MEDICAL CENTER AND ST. MARY  
REHABILITATION HOSPITAL.

MERCY CATHOLIC MEDICAL CENTER:

PART V, SECTION B, LINE 6B: MERCY FITZGERALD HOSPITAL PARTNERED WITH THE  
FOLLOWING ORGANIZATIONS: HEALTH CARE IMPROVEMENT FOUNDATION, PHILADELPHIA  
DEPARTMENT OF PUBLIC HEALTH, AND PHILADELPHIA ASSOCIATION OF COMMUNITY  
DEVELOPMENT CORPORATIONS.

MERCY CATHOLIC MEDICAL CENTER:

PART V, SECTION B, LINE 11: MERCY FITZGERALD HOSPITAL IDENTIFIED AND  
PRIORITIZED THEIR SIGNIFICANT HEALTH NEEDS IN THE 2022 CHNA. THE TRINITY  
HEALTH OF THE MID-ATLANTIC REGION PRIORITIZATION WORK GROUP THEN RANKED  
THE NEEDS BY PREVALENCE, SEVERITY, AVAILABLE DATA, MAGNITUDE OF PERSONS  
AFFECTED, AND THE ABILITY OF THE HOSPITAL TO IMPACT THE NEED. THE NEEDS  
WERE CATEGORIZED AND RANKED UNDER THE THREE CATEGORIES: (1) MENTAL HEALTH  
CONDITIONS; (2) FOOD ACCESS; (3) ACCESS TO CARE.

MERCY FITZGERALD HOSPITAL ADDRESSED THE FOLLOWING THREE UNMET HEALTH NEEDS  
IN FISCAL YEAR 2023:

MERCY CATHOLIC MEDICAL CENTER OF  
SOUTHEASTERN PENNSYLVANIA

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**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.

1. MENTAL HEALTH CONDITIONS - IN FISCAL YEAR 2023, MERCY FITZGERALD HOSPITAL PARTICIPATED IN BUILDING COALITIONS WITH THE COUNTY AND DELAWARE COUNTY HEALTH DEPARTMENT TO ADDRESS BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDERS. TRINITY HEALTH MID-ATLANTIC PARTNERED WITH PHILADELPHIA, BUCKS AND DELAWARE COUNTY HEALTH DEPARTMENTS TO SUPPORT, EDUCATE, AND PROMOTE 988, THE NATIONAL SUICIDE AND CRISIS LIFELINE. MERCY FITZGERALD HOSPITAL PROVIDED ACCESS TO EDUCATION AND SKILLS TRAINING TO "AT-RISK" YOUTH AND YOUNG ADULTS FROM 12-25 YEARS OF AGE, IN PARTNERSHIP WITH ABIDING TRUTH MINISTRIES, CDC THROUGH OUR COMMUNITY BENEFIT GRANTS PROGRAM.

2. FOOD ACCESS - IN FISCAL YEAR 2023, FOOD INSECURITY WAS ADDRESSED IN VULNERABLE COMMUNITIES THROUGH THE COORDINATION OF NONPROFIT LOCAL AND REGIONAL FOOD DISTRIBUTORS' FOOD DONATIONS TO ASSIST THOSE IN NEED AS IDENTIFIED BY LOCAL FAITH LEADERS. MERCY FITZGERALD HOSPITAL PROVIDED 570 GROCERY GIFT CARDS TO INDIVIDUALS AT OR BELOW 200% OF THE POVERTY LEVEL TO FILL FOOD INSECURITY GAPS. MERCY FITZGERALD HOSPITAL TRINITY FARM BOXES PROVIDED ACCESS TO FRESH PRODUCE AND SERVED 2,044 INDIVIDUALS, INCLUDING MANY FAMILIES RECEIVING FOOD ASSISTANCE BENEFITS AND SUBSIDIES. SURPLUS FOOD FROM OUR CAFETERIA PROVIDED 2,301 MEALS WHICH WERE DISTRIBUTED TO LOCAL CHURCH AND FOOD PANTRIES.

3. ACCESS TO CARE - MERCY FITZGERALD HOSPITAL PROVIDED PRIMARY AND PREVENTIVE HEALTH CARE SERVICES FOR LOW-INCOME UNINSURED ELIGIBLE ADULTS AND CHILDREN THROUGH SUPPORT AND ENROLLMENT INTO MEDICAID AND FINANCIAL ASSISTANCE PROGRAMS. IN FISCAL YEAR 2023, MERCY FITZGERALD HOSPITAL ENROLLED 1,006 ELIGIBLE PATIENTS IN MEDICAID THROUGH A CONTRACT WITH

MERCY CATHOLIC MEDICAL CENTER OF  
SOUTHEASTERN PENNSYLVANIA

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**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.

HEALTHCARE RECEIVABLES SPECIALISTS, INC. IN FISCAL YEAR 2023, MERCY FITZGERALD HOSPITAL PARTNERED WITH BROAD STREET MINISTRIES TO PROVIDE A MOBILE COMMUNITY HYGIENE INITIATIVE DISTRIBUTING PERSONAL CARE AND HYGIENE ITEMS, PROMOTING DIGNITY AND SANITATION, THE MOBILE TRUCK ALLOWED VISITORS TO SPEAK DIRECTLY WITH A PROVIDER. A SOCIAL MEDIA CAMPAIGN WAS LAUNCHED TO FURTHER PROMOTE THE RE-ENROLLMENT FOR PENNSYLVANIA MEDICAL ASSISTANCE AND CHIP. IN FISCAL YEAR 2023, MERCY FITZGERALD HOSPITAL PROVIDED 342 LOW-INCOME PATIENTS WITH TRANSPORTATION TO RECEIVE MEDICALLY NECESSARY CARE. MERCY FITZGERALD HOSPITAL PROVIDED ACCESS TO PHYSICAL ACTIVITIES AND NUTRITIONAL GUIDANCE TO INDIVIDUALS THAT DO NOT HAVE ACCESS TO STRENGTH TRAINING, PERSONAL TRAINERS, WORKOUT EQUIPMENT OR A FITNESS CENTER DUE TO A LACK OF INCOME AND ACCESSIBILITY, IN PARTNERSHIP WITH THE COMMUNITY OF COMPASSION, CDC THROUGH OUR COMMUNITY BENEFIT GRANTS PROGRAM.

MERCY FITZGERALD HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH ARE THE MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. TRINITY HEALTH OF MID-ATLANTIC COMMUNITY HEALTH AND WELL-BEING CONTINUES TO BE SUPPORTIVE AS NEEDED IN AMBULATORY, CLINICAL AND COMMUNITY SERVICES AVOIDING DUPLICATION OF RESOURCES. MERCY FITZGERALD HOSPITAL DID NOT DIRECTLY ADDRESS THE FOLLOWING NEEDS IN FISCAL YEAR 2023:

- CHRONIC DISEASE PREVENTION AND MANAGEMENT
- SUBSTANCE USE AND RELATED DISORDERS
- HEALTHCARE AND HEALTH RESOURCES NAVIGATION
- RACISM AND DISCRIMINATION IN HEALTH CARE

MERCY CATHOLIC MEDICAL CENTER OF  
SOUTHEASTERN PENNSYLVANIA

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**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.

- CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES
- COMMUNITY VIOLENCE
- HOUSING
- SOCIOECONOMIC DISADVANTAGE
- NEIGHBORHOOD CONDITIONS

MERCY CATHOLIC MEDICAL CENTER:

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.

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

**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.

SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

MERCY CATHOLIC MEDICAL CENTER - PART V, SECTION B, LINE 7A:

WWW.TRINITYHEALTHMA.ORG/COMMUNITY-BENEFIT/CHNA/MCMC

MERCY CATHOLIC MEDICAL CENTER - PART V, SECTION B, LINE 7B:

WWW.PHILA.GOV/DOCUMENTS/REGIONAL-COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

MERCY CATHOLIC MEDICAL CENTER - 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.

MERCY CATHOLIC MEDICAL CENTER - PART V, SECTION B, LINE 10A:

WWW.TRINITYHEALTHMA.ORG/COMMUNITY-BENEFIT/CHNA/MCMC/

PART V, LINE 16A:

MERCY CATHOLIC MEDICAL CENTER

WWW.TRINITYHEALTHMA.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/  
FINANCIAL-ASSISTANCE/APPLICATION

PART V, LINE 16B:

MERCY CATHOLIC MEDICAL CENTER

**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.TRINITYHEALTHMA.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/

FINANCIAL-ASSISTANCE/APPLICATION

PART V, LINE 16C:

MERCY CATHOLIC MEDICAL CENTER

WWW.TRINITYHEALTHMA.ORG/PATIENTS-VISITORS/BILLING-INSURANCE/

FINANCIAL-ASSISTANCE/APPLICATION





**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:

MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA (MERCY FITZGERALD HOSPITAL) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF PENNSYLVANIA. IN ADDITION, MERCY FITZGERALD 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.

MERCY FITZGERALD 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:

**Part VI** Supplemental Information (Continuation)

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

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$14,231,387, 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:

MERCY FITZGERALD 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

**Part VI** Supplemental Information (Continuation)

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

PART III, LINE 4:

MERCY FITZGERALD 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

**Part VI** Supplemental Information (Continuation)

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 III, LINE 8:

MERCY FITZGERALD 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 VI** Supplemental Information (Continuation)

PART III, LINE 9B:

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

PART VI, LINE 2:

NEEDS ASSESSMENT -

MERCY FITZGERALD HOSPITAL ASSESSES THE HEALTH STATUS OF ITS COMMUNITIES, 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 -

MERCY FITZGERALD 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

**Part VI** Supplemental Information (Continuation)

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.

MERCY FITZGERALD 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 -

MERCY FITZGERALD HOSPITAL IS LOCATED IN DARBY (ZIP CODE 19023), DELAWARE COUNTY. AS DESCRIBED IN ITS CURRENT CHNA, THE COMMUNITY SERVED, WHICH IS DEFINED AS MERCY CATHOLIC MEDICAL CENTER'S PRIMARY AND SECONDARY SERVICE

**Part VI** Supplemental Information (Continuation)

AREAS, IS COMPRISED OF 11 ZIP CODES ACROSS SOUTHEASTERN DELAWARE COUNTY AND WEST/SOUTHWEST PHILADELPHIA. THE HOSPITAL RACIAL COMPOSITION IS 6.2% ASIAN, 61.2% BLACK, 4.0% HISPANIC/LATINO, 26.6% WHITE (NON-HISPANIC), AND 2.3% OTHER. 5.8% SPEAK ENGLISH LESS THAN VERY WELL. THE AGE DISTRIBUTION IS 26.5% 0-19 YEARS, 36.2% 20-44 YEARS, 24.6% 45-64 YEARS AND 12.7% 65+. THE GENDER OF THE POPULATION IS 53.7% FEMALE AND 46.3% MALE. THE MEDIAN HOUSEHOLD INCOME IS \$48,250. ADDITIONALLY, SOME AREAS HAVE BEEN DESIGNATED AS MEDICALLY UNDERSERVED AND PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH -

PART OF MERCY FITZGERALD HOSPITAL'S COMMUNITY BENEFIT PORTFOLIO INCLUDED PROVIDING ACCESS TO PRIMARY CARE PHYSICIANS IN MEDICALLY UNDERSERVED AREAS. IN ADDITION, WE MAINTAINED A 24-HOUR EMERGENCY ROOM, AN OPEN MEDICAL STAFF, AND A BOARD (COMPRISED LARGELY OF INDEPENDENT MEMBERS OF THE COMMUNITY) FOR MERCY FITZGERALD HOSPITAL.

IN FISCAL YEAR 2023, MERCY FITZGERALD HOSPITAL CONTINUED TO IMPLEMENT THE SMOKE FREE CAMPUS POLICY, A SYSTEM-WIDE POLICY THAT WAS EXPANDED TO INCLUDE ALL TOBACCO AND SMOKELESS TOBACCO PRODUCTS INCLUDING E-CIGARETTES, VAPORS, AND CHEWING TOBACCO. IN ADDITION, THE NEW HIRE POLICY ENCOURAGES ALL NEW COLLEAGUES TO TAKE ADVANTAGE OF THE SMOKING CESSATION CLASSES AND SMOKING CESSATION AIDS.

TRINITY HEALTH MID-ATLANTIC REGION (THMA) CONTINUED PARTICIPATION IN THE COLLABORATIVE OPPORTUNITIES TO ADVANCE COMMUNITY HEALTH (COACH). FUNDED BY THE HOSPITAL & HEALTH SYSTEM ASSOCIATION OF PENNSYLVANIA AND PARTICIPATING



**Part VI** Supplemental Information (Continuation)

HOSPITALS AND HEALTH SYSTEMS, COACH IS AN INITIATIVE THAT BRINGS TOGETHER HOSPITAL/HEALTH SYSTEM, PUBLIC HEALTH, AND COMMUNITY PARTNERS TO ADDRESS COMMUNITY HEALTH NEEDS IN SOUTHEASTERN PENNSYLVANIA. FACILITATED BY HEALTHCARE IMPROVEMENT FOUNDATION SINCE LAUNCHING IN 2015, COACH HAS PROVIDED A STRUCTURE FOR PARTICIPANTS TO EXPLORE COLLABORATIVE IMPLEMENTATION STRATEGIES AS HOSPITALS/HEALTH SYSTEMS RESPOND TO COMMUNITY HEALTH NEEDS ASSESSMENTS THROUGH IMPLEMENTATION PLANS MANDATED BY THE AFFORDABLE CARE ACT.

THMA ALONG WITH OTHER LEADING HEALTH SYSTEMS IN THE TRI-STATE REGION, PARTICIPATED IN A NATIONAL EDUCATION CAMPAIGN TO PREVENT GUN VIOLENCE AMONG CHILDREN AND PROMOTE SAFE GUN STORAGE IN THE HOME WITH THE "DOESN'T KILL TO ASK" CAMPAIGN.

THMA ALONG WITH OTHER LEADING HEALTH SYSTEMS IN THE TRI-STATE REGION, JOINED TOGETHER TO FORM A REGIONAL COALITION TO ELIMINATE RACE-BASED MEDICINE. THE REGIONAL COALITION MEMBERS WILL WORK TOGETHER TO REMOVE RACE "ADJUSTMENTS" FROM 15 COMMONLY USED CLINICAL DECISION SUPPORT TOOLS THAT MAY ADVERSELY IMPACT PATIENTS' OUTCOMES. IN FISCAL YEAR 2023 THMA ALSO COMPLETED THE AMERICAN HOSPITAL ASSOCIATION HEALTH EQUITY ASSESSMENT TO SELF-ASSESS AND LEARN ABOUT ITS CURRENT POSITION IN THE HEALTH EQUITY CONTINUUM.

PART VI, LINE 6:

AFFILIATED HEALTH CARE SYSTEM -

MERCY FITZGERALD HOSPITAL 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

**Part VI** Supplemental Information (Continuation)

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  
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

**Part VI** Supplemental Information (Continuation)

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  
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.

**Part VI** Supplemental Information (Continuation)

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 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](http://WWW.TRINITY-HEALTH.ORG).

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

