

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

| | |
|---|---|
| Name of the organization ST. FRANCIS HOSPITAL, INC. | Employer identification number 51-0064326 |
|---|---|

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) | | | 2676744. | | 2676744. | 1.72% |
| b Medicaid (from Worksheet 3, column a) | | | 38336150. | 50099165. | 0. | .00% |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total. Financial Assistance and Means-Tested Government Programs | | | 41012894. | 50099165. | 2676744. | 1.72% |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 6 | 6,066 | 693,376. | 182,500. | 510,876. | .33% |
| f Health professions education (from Worksheet 5) | 1 | | 3481981. | 1079283. | 2402698. | 1.54% |
| g Subsidized health services (from Worksheet 6) | 3 | 1,327 | 3033049. | 671,956. | 2361093. | 1.51% |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 1 | | 50,000. | 50,000. | | |
| j Total. Other Benefits | 11 | 7,393 | 7258406. | 1983739. | 5274667. | 3.38% |
| k Total. Add lines 7d and 7j | 11 | 7,393 | 48271300. | 52082904. | 7951411. | 5.10% |

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: SAINT FRANCIS 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>22</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 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>22</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? | X | |
| a If "Yes," (list url): <u>SEE 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: SAINT FRANCIS HOSPITAL

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

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: SAINT FRANCIS 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: SAINT FRANCIS HOSPITAL

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

Schedule H (Form 990) 2022

Part V Facility Information (continued)

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

SAINT FRANCIS HOSPITAL:

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

PART V, SECTION B, LINE 3E:

SAINT FRANCIS HOSPITAL, INCLUDED IN ITS 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 COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. BEHAVIORAL HEALTH (SUBSTANCE USE AND MENTAL HEALTH DISORDERS)
2. HOUSING
3. FOOD ACCESS
4. ACCESS TO CARE
5. SENIOR ISOLATION
6. CHRONIC CONDITIONS
7. LINGUISTICALLY & CULTURALLY APPROPRIATE SERVICES
8. EDUCATION
9. HEALTH & HEALTH RESOURCE NAVIGATION
10. RACISM & DISCRIMINATION IN HEALTH CARE SETTINGS
11. SOCIOECONOMIC DISADVANTAGE
12. COMMUNITY VIOLENCE

SAINT FRANCIS HOSPITAL:

PART V, SECTION B, LINE 5: FOR THE CHNA, SAINT FRANCIS COLLECTED DATA

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.

FROM MULTIPLE SOURCES, INCLUDING SECONDARY DATA PUBLISHED BY OTHERS AND PRIMARY DATA OBTAINED THROUGH COMMUNITY INPUT. INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH KEY INFORMANT INTERVIEWS AND COMMUNITY SURVEY RESPONSES REPRESENTING THE BROAD INTEREST OF THE COMMUNITY AND INCLUDED INDIVIDUALS WHO SERVE CHILDREN, HOMELESS POPULATIONS, LGTBQ+, SPANISH SPEAKING POPULATIONS, PUBLIC HEALTH ORGANIZATIONS, SCHOOL DISTRICTS AND HEALTH CARE ORGANIZATIONS. STATISTICS FOR NUMEROUS COMMUNITY HEALTH STATUS, HEALTH CARE ACCESS, AND RELATED INDICATORS WERE ANALYZED, INCLUDING DATA FROM LOCAL, STATE, AND FEDERAL GOVERNMENT AGENCIES, AND LOCAL COMMUNITY SERVICE ORGANIZATIONS.

ADDITIONALLY, SAINT FRANCIS CONDUCTED 67 COMPREHENSIVE INTERNAL AND EXTERNAL INTERVIEWS TO LEARN ABOUT COMMUNITY HEALTH NEEDS IN NEW CASTLE COUNTY THROUGH STAKEHOLDER INTERVIEWS, COMMUNITY SURVEYS, AND COMMUNITY MEETINGS BETWEEN JULY 2019 AND FEBRUARY 2023. INTERVIEWS FOCUSED ON WAYS TO IMPROVE THE HEALTH AND WELL-BEING OF PEOPLE AND COMMUNITIES, AND ADDRESS NEEDS, WHICH THE PANDEMIC HAS AMPLIFIED.

AN ON-LINE COMMUNITY SURVEY CONDUCTED THROUGH SURVEY MONKEY WAS MADE AVAILABLE TO COMMUNITY RESIDENTS AND SAINT FRANCIS EMPLOYEES BETWEEN DECEMBER 2022 AND FEBRUARY 2023. THE SURVEY CONSISTED OF QUESTIONS RELATING TO DEMOGRAPHIC, RACIAL AND SOCIAL EQUITY, SOCIAL DETERMINANTS OF HEALTH, HEALTHCARE ACCESS, AND LIFESTYLE. THE SURVEY WAS FIELDDED TO THE COMMUNITY AND TO STAKEHOLDERS, RESPECTIVELY VIA PAPER COPY, WEBSITE LINK, AND/OR QR CODE IN BOTH ENGLISH AND SPANISH. THE SURVEY LINK WAS PROMOTED THROUGH VARIOUS DISTRIBUTIONS CHANNELS. THE TOTAL NUMBER OF SURVEY RESPONDENTS WAS 46.

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.

SAINT FRANCIS HOSPITAL:

PART V, SECTION B, LINE 11: SAINT FRANCIS' IMPLEMENTATION STRATEGY IS DESIGNED TO ADDRESS THE PRIORITY AREAS IDENTIFIED IN THE CHNA. BELOW ARE PROGRAM EXAMPLES OF HOW SAINT FRANCIS ADDRESSED EACH NEED WITHIN FISCAL YEAR 2023.

HOUSING - SAINT FRANCIS RECEIVED A \$50,000 TRANSFORMING COMMUNITIES INITIATIVE GRANT FROM TRINITY HEALTH TO SUPPORT CORNERSTONE WEST CDC FOR DEVELOPMENT AND IMPLEMENTATION OF EVIDENCE-BASED STRATEGIES THAT ADVANCE HEALTH AND RACIAL EQUITY THROUGH ADDRESSING THE ROOT CAUSE OF HOUSING.

BEHAVIORAL HEALTH - SAINT FRANCIS PARTNERED WITH MERAKEY TO PROVIDE A WELLNESS RECOVERY TEAM, AN INTEGRATED HEALTH CARE SERVICE TO IMPROVE THE PHYSICAL AND BEHAVIORAL HEALTH OF INDIVIDUALS WITH SERIOUS MENTAL ILLNESS, SUBSTANCE USE DISORDERS AND PHYSICAL HEALTH CONDITIONS. THIS SERVICE WAS PROVIDED FOR FREE TO PATIENTS OF SAINT FRANCIS AND THE SURROUNDING COMMUNITY. SAINT FRANCIS ALSO CONTRACTED WITH CATHOLIC CHARITIES TO PROVIDE VIRTUAL BEHAVIORAL HEALTH ASSESSMENTS FOR PATIENTS OF THE ST. CLARE MEDICAL OUTREACH VAN WHO ARE UNINSURED AND UNDERINSURED. A LICENSED CLINICIAN WAS AVAILABLE 8 HOURS PER WEEK TO PATIENTS. PATIENTS WERE SCHEDULED FOR FOLLOW-UP CARE OR FURTHER EVALUATION AS NEEDED.

ACCESS TO CARE - THE SAINT CLARE MEDICAL OUTREACH VAN REFERRED 60 PATIENTS WHO LACK ACCESS TO AFFORDABLE MEDICATIONS TO DISPENSARY OF HOPE PHARMACY CHARITY CARE PROGRAMS FOR INSULIN AND OTHER MEDICATIONS. SAINT FRANCIS

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.

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, SAINT FRANCIS ENROLLED 243 ELIGIBLE PATIENTS IN MEDICAID THROUGH A CONTRACT WITH HEALTHCARE RECEIVABLES SPECIALISTS, INC. AND PROVIDED 53 LOW-INCOME PATIENTS WITH TRANSPORTATION TO RECEIVE MEDICALLY NECESSARY CARE.

CHRONIC CONDITIONS - THE ST. CLARE MEDICAL OUTREACH VAN PARTNERED WITH QUALITY INSIGHTS TO IMPROVE ACCESS TO MAMMOGRAMS, PAP SMEARS, COLONOSCOPIES, AND OTHER SCREENINGS AT NO COST OR LOW COST. THE OUTREACH VAN ALSO PROVIDED FREE TAKE HOME BLOOD PRESSURE KITS TO PATIENTS WITH HIGH OR UNCONTROLLED BLOOD PRESSURE, AS WELL AS EDUCATION TO MONITOR AND IMPROVE THEIR BLOOD PRESSURE. SAINT CLARE PATIENTS ON INSULIN WERE PROVIDED GLUCOSE MACHINES, STRIPS, AND LANCETS FREE OF CHARGE. SAINT FRANCIS HOSPITAL LAUNCHED THE NATIONAL DIABETES PREVENTION PROGRAM, A 12-MONTH EVIDENCE BASED, LIFESTYLE CHANGE INTERVENTION DESIGNED TO HELP PARTICIPANTS PREVENT OR DELAY THE ONSET OF TYPE 2 DIABETES WITH A COHORT OF 32 PATIENTS THE CLASSES WERE GIVEN IN ENGLISH AND SPANISH. PARTICIPANTS WERE PROVIDED WITH A SCALE, MEASURING CUPS AND A PORTION PLATE TO AID THEM IN THE CLASSES.

FOOD ACCESS - IN PARTNERSHIP WITH THE FOOD BANK OF DELAWARE MOBILE FOOD PANTRY, SAINT FRANCIS OFFERED GROCERY STORE STAPLES TO MORE THAN 307 FOOD INSECURE FAMILIES IN FISCAL YEAR 2023. ADDITIONALLY, SAINT FRANCIS CONTRACTED WITH LANCASTER FARM FRESH PROGRAM TO SUPPLEMENT THE MOBILE FOOD PANTRY WITH WEEKLY DELIVERIES OF HEALTHY FRUITS AND VEGETABLES. WE PARTNERED WITH CATHOLIC CHARITIES WITH THEIR MARYDALE RETIREMENT VILLAGE,

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.

AN AFFORDABLE SENIOR APARTMENT COMMUNITY, TO PROVIDE 3,133 FREE FARM BOXES TO INDIVIDUALS OR FAMILIES WHO WERE IDENTIFIED AS FOOD INSECURE AND WERE DIAGNOSED WITH EITHER DIABETES OR OBESITY. THROUGHOUT THE YEAR, 93 GROCERY STORE GIFT CARDS WERE PROVIDED TO FAMILIES WHO WERE FOOD INSECURE AND NEEDED EXTRA ASSISTANCE PURCHASING GROCERIES. SAINT FRANCIS PARTNERED WITH LAS AMERICAS ASPIRA FOR THE BACKPACK MEAL PROGRAM AND PROVIDED ADDITIONAL SNACKS FOR THOSE WHO WERE LOW INCOME. EACH WEEKEND, 2,436 BACKPACK MEALS WERE PROVIDED TO STUDENTS AND OTHERS WHO DID NOT HAVE ACCESS TO FOOD OUTSIDE THE NORMAL SCHOOL WEEK.

SAINT FRANCIS ACKNOWLEDGES THE WIDE RANGE OF PRIORITY ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. SAINT FRANCIS DID NOT ADDRESS THE FOLLOWING NEEDS DURING FISCAL YEAR 2023:

SENIOR CARE/ISOLATION - SAINT FRANCIS HOSPITAL DID NOT DIRECTLY ADDRESS THIS NEED TO AVOID DUPLICATION OF EFFORTS CURRENTLY UNDERWAY THROUGH THE SAINT FRANCIS LIFE PROGRAM.

LINGUISTICALLY AND CULTURALLY APPROPRIATE SERVICES - SAINT FRANCIS HOSPITAL DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE OF COMPETING PRIORITIES, AND IT WAS NOT RANKED AS HIGHLY AS OTHER NEEDS CHOSEN.

HEALTH & HEALTH RESOURCE NAVIGATION - SAINT FRANCIS HOSPITAL DID NOT DIRECTLY ADDRESS THIS NEED TO AVOID DUPLICATING EFFORTS ALREADY UNDERWAY.

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.

RACISM AND DISCRIMINATION IN HEALTH CARE SETTINGS - SAINT FRANCIS HOSPITAL DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE OF COMPETING PRIORITIES, AND IT WAS NOT RANKED AS HIGHLY AS OTHER NEEDS CHOSEN.

SOCIOECONOMIC DISADVANTAGE - SAINT FRANCIS HOSPITAL DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE THE HOSPITAL LACKS EXPERTISE OR COMPETENCIES TO EFFECTIVELY ADDRESS THE NEED.

COMMUNITY VIOLENCE - SAINT FRANCIS HOSPITAL DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE OF THE SYSTEM'S RELATIVE LACK OF EXPERTISE OR COMPETENCY TO EFFECTIVELY ADDRESS THE NEED.

EDUCATION - SAINT FRANCIS HOSPITAL THROUGH THE HEALTHY VILLAGE TRANSFORMATION WILL PARTNER WITH AND EDUCATION INSTITUTION TO ADDRESS THIS SIGNIFICANT HEALTH NEED.

SAINT FRANCIS 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.

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.

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

PART V, SECTION B, LINE 7A:

WWW.TRINITYHEALTHMA.ORG/COMMUNITY-BENEFIT/CHNA/SAINT-FRANCIS

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.

PART V, SECTION B, LINE 10A:

WWW.TRINITYHEALTHMA.ORG/COMMUNITY-BENEFIT/CHNA/SAINT-FRANCIS

PART V, SECTION B, LINE 16A:

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.

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

PAY-YOUR-BILL/SAINT-FRANCIS/FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 16B:

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

PAY-YOUR-BILL/SAINT-FRANCIS/FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 16C:

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

PAY-YOUR-BILL/SAINT-FRANCIS/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? 6

| Name and address | Type of facility (describe) |
|---|---|
| 1 SAINT FRANCIS WOMEN'S CENTER GREENHILL 532 GREENHILL AVE WILMINGTON, DE 19805 | EMPLOYED PHYSICIANS |
| 2 SAINT FRANCIS WOMENS CENTER NEWARK 620 STANTON-CHRISTIANA ROAD SUITE 304 NEWARK, DE 19713 | EMPLOYED PHYSICIANS |
| 3 SAINT FRANCIS FAMILY MEDICINE 2002 FOULK ROAD, SUITE A WILMINGTON, DE 19810 | EMPLOYED PHYSICIANS & HEART/VASCULAR |
| 4 NORTH WILMINGTON WOMEN'S CENTER 2002 FOULK ROAD, SUITE A WILMINGTON, DE 19810 | EMPLOYED PHYSICIANS |
| 5 CENTER OF HOPE 620 STANTON-CHRISTIANA ROAD SUITE 302 NEWARK, DE 19713 | EMPLOYED PHYSICIANS |
| 6 PARTNERS IN CARDIOVASCULAR HEALTH 620 STANTON-CHRISTINA ROAD, SUITE 206 NEWARK, DE 19713 | BARIATRIC CARES & HEART/VASCULAR |
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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:

SAINT FRANCIS HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF DELAWARE. IN ADDITION, SAINT FRANCIS 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.

SAINT FRANCIS 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, \$9,264,997, 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:

SAINT FRANCIS HOSPITAL USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN

Part VI Supplemental Information (Continuation)

EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, SAINT FRANCIS HOSPITAL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, SAINT FRANCIS HOSPITAL IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

SAINT FRANCIS 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

Part VI Supplemental Information (Continuation)

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:

SAINT FRANCIS 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

Part VI Supplemental Information (Continuation)

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 - SAINT FRANCIS HOSPITAL ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN 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 WHO ARE UNINSURED.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SAINT FRANCIS 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

Part VI Supplemental Information (Continuation)

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.

SAINT FRANCIS 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 - SAINT FRANCIS HOSPITAL SERVES THE CITY OF WILMINGTON, WHICH HAS SOME OF THE HIGHEST SOCIO-ECONOMIC NEEDS ZIP CODES IN THE STATE OF DELAWARE: 19801, 19802 AND 19805. SAINT FRANCIS HOSPITAL IS IN 19805, JUST BLOCKS FROM CENSUS TRACT 22, WHICH IS WESTSIDE WILMINGTON'S HIGHEST POVERTY AREA. ZIP CODES CONSIDERED HIGH NEED GENERALLY HAVE POORER HEALTH OUTCOMES THAN ZIP CODES IN MORE AFFLUENT NEIGHBORHOODS. OF THOSE WHO LIVE IN CENSUS TRACT 22, 33% LIVE BELOW POVERTY RATE.

Part VI Supplemental Information (Continuation)

MORE THAN HALF OF THE WILMINGTON'S POPULATION IS BLACK; ANOTHER 34% IS NON-HISPANIC WHITE AND 11% IS HISPANIC.

PROFOUND ECONOMIC DIFFERENCES EMERGE IN THE DEMOGRAPHICS WHEN COMPARING WILMINGTON TO NEW CASTLE COUNTY AND COMPARING CENSUS TRACT 22 TO BOTH THE COUNTY AND THE CITY. THE AVERAGE MEDIAN HOUSEHOLD INCOME IN CENSUS TRACT 22 IS \$40,391. OVER 30 PERCENT OF WILMINGTON RESIDENTS SPEND 30%+ OF THEIR INCOME ON RENT. THE CITY'S HOME OWNERSHIP RATE STANDS AT 56 PERCENT FOR WHITE RESIDENTS, NEARLY TWENTY POINTS HIGHER THAN THAT FOR BLACK AND HISPANIC/LATINX RESIDENTS, AND ROUGHLY DOUBLE THAT FOR LATINO RESIDENTS. THE AREA DEPRIVATION INDEX WHICH IS RELATED TO FOUR PRIMARY DOMAINS (EDUCATION; INCOME & EMPLOYMENT; HOUSING; AND HOUSEHOLD CHARACTERISTICS) FOR WILMINGTON IS AN 8 OUT OF 10, WITH 10 BEING MOST DISADVANTAGED. IN THE AREA SERVED BY SAINT FRANCIS, 27.3% OF THE POPULATION HAS INCOME BELOW 200% FEDERAL POVERTY LEVELS.

WITH RESPECT TO EDUCATION, ALMOST 91% OF WHITE RESIDENTS HOLD A HIGH SCHOOL DEGREE OR HIGHER, COMPARED TO JUST OVER 89% OF BLACK RESIDENTS. MORE THAN 34% OF LATINOS IN WILMINGTON LACK A HIGH SCHOOL DEGREE.

OF THE POPULATION OF WILMINGTON, 11.7% EXPERIENCE FOOD INSECURITY AT SOME POINT DURING THE YEAR.

IN ADDITION TO SAINT FRANCIS HOSPITAL, THE FOLLOWING HEALTH CENTERS ALSO SERVE THE CITY OF WILMINGTON: CHRISTIANA CARE HEALTH SYSTEM, WESTSIDE FAMILY HEALTHCARE, HENRIETTA JOHNSON MEDICAL CENTER, AND NEMOURS/A.I. DUPONT HOSPITAL FOR CHILDREN.

Part VI Supplemental Information (Continuation)

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH -

PART OF SAINT FRANCIS HOSPITAL'S COMMUNITY BENEFIT PORTFOLIO INCLUDES PROVIDING ACCESS TO PRIMARY CARE PHYSICIANS IN A MEDICALLY UNDERSERVED AREA. IN ADDITION, WE MAINTAIN A 24-HOUR EMERGENCY ROOM, AN OPEN MEDICAL STAFF, AND A BOARD COMPRISED LARGELY OF INDEPENDENT MEMBERS OF THE COMMUNITY. THE ORGANIZATION EXTENDS PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

SAINT FRANCIS HOSPITAL CONTINUED IMPLEMENTING A SMOKE FREE CAMPUS THAT INCLUDES ALL BUILDINGS AND WAS EXPANDED TO INCLUDE ALL TOBACCO AND SMOKELESS TOBACCO PRODUCTS INCLUDING E-CIGARETTES, VAPORS, AND CHEWING TOBACCO. IN ADDITION, THE NEW HIRE POLICY ENCOURAGES ALL NEW COLLEAGUES TO TAKE ADVANTAGE OF SMOKING CESSATION CLASSES AND SMOKING CESSATION AIDS.

SAINT FRANCIS HOSPITAL PROVIDES A TINY STEPS PROGRAM A COMPLETE PRENATAL AND MATERNITY CARE, BILINGUAL HEALTH CLASSES, PATIENT/PARENT EDUCATION, AND COUNSELING TO ALL EXPECTANT MOTHERS, REGARDLESS OF FINANCIAL CIRCUMSTANCES.

TRINITY HEALTH OF THE MID-ATLANTIC REGION (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

Part VI Supplemental Information (Continuation)

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:

SAINT FRANCIS 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 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.

Part VI Supplemental Information (Continuation)

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2023 (FY23), TRINITY HEALTH CONTRIBUTED \$1.47 BILLION IN COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE VULNERABLE AND LIVING IN POVERTY, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE.

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

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

Part VI Supplemental Information (Continuation)

TRINITY HEALTH TO STANDARDIZE SCREENING FOR SOCIAL NEEDS AND CONNECT PATIENTS TO COMMUNITY RESOURCES THROUGH THE COMMUNITY RESOURCE DIRECTORY (COMMUNITYRESOURCES.TRINITY-HEALTH.ORG).

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

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

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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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.

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

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