

**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>SAMARITAN HOSPITAL</b>	<b>Employer identification number</b> <b>14-1338544</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 checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's 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) .....			2753946.	1078812.	1675134.	.41%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			90955504.	61141734.	29813770.	7.27%
<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 .....			93709450.	62220546.	31488904.	7.68%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	16	28,931	3977679.	1526800.	2450879.	.60%
<b>f</b> Health professions education (from Worksheet 5) .....	4	239	1401294.	309,382.	1091912.	.27%
<b>g</b> Subsidized health services (from Worksheet 6) .....	5	37,826	9170429.	6456404.	2714025.	.66%
<b>h</b> Research (from Worksheet 7) .....	0					
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....	1		64,903.		64,903.	.02%
<b>j Total.</b> Other Benefits .....	26	66,996	14614305.	8292586.	6321719.	1.55%
<b>k Total.</b> Add lines 7d and 7j .....	26	66,996	108323755	70513132.	37810623.	9.23%



Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 SAMARITAN HOSPITAL
2215 BURDETT AVENUE
TROY, NY 12180
SPHP.COM
4102002H

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

	Yes	No
<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 checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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

	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>250</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 checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

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

	Yes	No
<b>17</b> 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? .....	<b>X</b>	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
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		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		<b>X</b>
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)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) 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**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	<b>X</b>	
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: SAMARITAN HOSPITAL

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

SAMARITAN HOSPITAL:

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

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

- 1. COVID-19
- 2. OBESITY
- 3. DIABETES
- 4. DRUG MISUSE
- 5. MENTAL ILLNESS, INCLUDING SUICIDE
- 6. HEART DISEASE
- 7. SOCIAL DETERMINANTS OF HEALTH
- 8. TOBACCO USE
- 9. STROKE
- 10. ASTHMA
- 11. ALCOHOL MISUSE
- 12. SEXUALLY TRANSMITTED INFECTIONS
- 13. VIOLENCE
- 14. CHILDHOOD LEAD EXPOSURE
- 15. TICK-BORNE DISEASE
- 16. INJURIES AND FALLS



**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.

SAMARITAN HOSPITAL:

PART V, SECTION B, LINE 5: SAMARITAN HOSPITAL COLLABORATED WITH OTHER LOCAL HEALTH SYSTEMS, COUNTY HEALTH DEPARTMENTS AND COMMUNITY-BASED AGENCIES TO COMPLETE A SIX COUNTY (ALBANY, RENSSELAER, SCHENECTADY, SARATOGA, COLUMBIA, AND GREENE) COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), LED BY THE HEALTHY CAPITAL DISTRICT (HCD). HCD IS AN INCORPORATED NOT-FOR-PROFIT WHICH WORKS WITH OTHERS IN THE COMMUNITY TO DETERMINE WAYS IN WHICH THE CAPITAL REGION COULD BE MORE EFFECTIVE IN IDENTIFYING AND ADDRESSING PUBLIC HEALTH PROBLEMS. FOR THE PURPOSES OF ITS CHNA, SAMARITAN HOSPITAL USED DATA AND INFORMATION FROM THIS ASSESSMENT RELATING TO ALBANY AND RENSSELAER COUNTIES WHICH REPRESENT THE HOME ZIP CODES OF 69% OF ITS PATIENTS. THE HEALTH INDICATORS SELECTED FOR THIS REPORT WERE BASED ON A REVIEW OF AVAILABLE PUBLIC HEALTH DATA AND NEW YORK STATE PRIORITIES PROMULGATED THROUGH THE PREVENTION AGENDA FOR A HEALTHIER NEW YORK. THESE DATA SOURCES WERE SUPPLEMENTED BY A CAPITAL REGION COMMUNITY HEALTH SURVEY. THE 2021 COMMUNITY HEALTH SURVEY WAS CONDUCTED BETWEEN SEPTEMBER AND OCTOBER 2021 BY HCD WITH THE ASSISTANCE OF THE ALBANY, COLUMBIA, GREENE, RENSSELAER AND SCHENECTADY HEALTH DEPARTMENTS, AND ALBANY MEDICAL CENTER, COLUMBIA MEMORIAL, ELLIS, AND ST. PETER'S HEALTH PARTNERS HOSPITALS. THE SURVEY WAS A CONVENIENCE SAMPLE OF ADULT (18+ YEARS) RESIDENTS OF THE CAPITAL REGION AND HAD 2,104 TOTAL RESPONSES. THIS CONSUMER SURVEY WAS CONDUCTED TO LEARN ABOUT THE HEALTH NEEDS, BARRIERS, AND CONCERNS OF RESIDENTS IN THE CAPITAL REGION.

A PRIORITIZATION WORKGROUP WAS FORMED, INCLUDING LOCAL HOSPITALS; HEALTH

**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.

DEPARTMENTS; COMMUNITY MEMBERS AND ORGANIZATIONS REPRESENTING AND SERVING  
 LOW-INCOME RESIDENTS, PEOPLE EXPERIENCING HOMELESSNESS, AND OTHER  
 VULNERABLE POPULATIONS; FEDERALLY QUALIFIED HEALTH CENTERS; ADVOCACY  
 GROUPS; ACADEMIC INSTITUTIONS; PROVIDERS; AND HEALTH INSURERS.

PARTICIPANTS WERE ENCOURAGED TO SHARE DATA AND OBSERVATIONS OF THEIR OWN,  
 AND TO ADVOCATE FOR THE NEEDS OF THEIR CONSTITUENTS. SAMARITAN HOSPITAL  
 AND ITS STAKEHOLDERS STRATEGICALLY INVITED PARTNERS WITH ACCESS TO  
 MEDICALLY UNDERSERVED POPULATIONS. THE FIRST MEETING WAS HELD ON NOVEMBER  
 9, 2021, AT WHICH HCD PRESENTED DATA ON THE HEATH ISSUES AND FACILITATED  
 DISCUSSIONS. THE WORKGROUP THEN SELECTED THE TOP HEALTH ISSUES, BASED ON  
 DATA- AND SURVEY-BASED SCORING, AND PROVIDED ORGANIZATIONAL SCORING ALONG  
 WITH CONTRIBUTING FACTORS. IN THE SECOND MEETING, HELD ON NOVEMBER 23,  
 2021, WORKGROUP MEMBERS WERE BRIEFED ON THE RESULTS OF THEIR  
 ORGANIZATIONAL SCORING. THE THIRD WORKGROUP MEETING, HELD ON DECEMBER 7,  
 2021, WAS OPEN TO THE PUBLIC AND HOSTED COMMUNITY PARTNERS TO ORIENT THEM  
 TO THE PRIORITIZATION PROCESS, UPDATE THEM ON THE PROGRESS OF THE  
 WORKGROUP, AND COLLECT THEIR INPUT AND SCORES FOR EACH OF THE HEALTH  
 ISSUES. COMMUNITY PARTICIPANTS IN THE THIRD MEETING REPRESENTED THE  
 FOLLOWING ORGANIZATIONS: ALBANY COUNTY DEPARTMENT OF HEALTH, ALBANY  
 MEDICAL CENTER, ADDICTIONS CARE CENTER OF ALBANY, ALLIANCE FOR BETTER  
 HEALTH, ALZHEIMER'S ASSOC. OF NORTHEASTERN NY, AMERICAN HEART ASSOCIATION,  
 ARBOR HILL DEVELOPMENT CORP, BOYS AND GIRLS CLUB OF THE CAPITAL AREA,  
 CAPITAL DISTRICT LATINOS, CAPITAL DISTRICT YMCA, CORNELL COOPERATIVE  
 EXTENSION, MVP HEALTH CARE, RENSSELAER COUNTY DEPARTMENT OF HEALTH, ST.  
 PETER'S HEALTH PARTNERS (INCLUDING SAMARITAN HOSPITAL), CAPITAL DISTRICT  
 TOBACCO-FREE COMMUNITIES AND UPPER HUDSON PLANNED PARENTHOOD.

PARTICIPANTS WERE ENGAGED IN THE DATA PRESENTATIONS, RAISED MANY

**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.

QUESTIONS, AND OFFERED THEIR PERSPECTIVES. COMMENTS WERE ADDRESSED AND CHANGES WERE INCORPORATED INTO THE FINAL DOCUMENT. THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED AND APPROVED IN MAY 2022.

**SAMARITAN HOSPITAL:**

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

**SAMARITAN HOSPITAL:**

PART V, SECTION B, LINE 6B: IN THE CHNA PROCESS, SAMARITAN HOSPITAL WAS JOINED BY REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS, BUSINESSES, CONSUMERS, SCHOOLS, ACADEMICS, AND THOSE WHO HAVE CONTACT WITH AND CARE FOR PEOPLE WITH CERTAIN CHRONIC DISEASES, SUCH AS DIABETES, ASTHMA AND BEHAVIORAL HEALTH ISSUES INCLUDING MENTAL HEALTH AND SUBSTANCE USE DISORDERS. A TOTAL OF 52 DIFFERENT ORGANIZATIONS IN OUR CAPITAL REGION PARTICIPATED, SUCH AS CATHOLIC CHARITIES, WHITNEY M. YOUNG, JR. FQHC, CENTRO CIVICO, CAPITAL DISTRICT PHYSICIANS HEALTH PLAN, HUDSON VALLEY COMMUNITY COLLEGE, PROMESA/CAMINO NUEVA, THE FOOD PANTRIES FOR THE CAPITAL DISTRICT, CAPITAL ROOTS, AVILLAGE, THE COLLABORATORY, THE BOYS AND GIRLS CLUB OF THE CAPITAL AREA AND SEVERAL SENIOR HOUSING ORGANIZATIONS.

**SAMARITAN HOSPITAL:**

**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 11: SAMARITAN HOSPITAL, THROUGH ST. PETER'S HEALTH PARTNERS (SPHP), TOOK THE LEAD ON SEVERAL OF THE HEALTH PRIORITIES FROM THE CHNA AND DURING FY23, THE FOLLOWING NEEDS FROM THE CURRENT CHNA WERE ADDRESSED:

REDUCE OBESITY & PREVENT DIABETES, INCLUDING FOOD INSECURITY, SOCIAL DETERMINANT OF HEALTH:

ON AN OUTPATIENT BASIS, DIABETES EDUCATORS FROM SPHP DIABETES AND ENDOCRINE CARE PROVIDED DIABETES PREVENTION PROGRAMS (DPP) AND OTHER APPROPRIATE DIABETES EDUCATION AS NEEDED. IN FY23, 2,425 PATIENTS RECEIVED OUTPATIENT DIABETES EDUCATION. DURING FY23, SPHP FACILITATED EIGHT DPP SESSIONS, WITH A TOTAL OF 98 PARTICIPANTS ENROLLED, WHICH WERE HELD IN ALBANY AND RENSSELAER COUNTIES. THIS PROGRAM IS FUNDED THROUGH GRANTS AND MEDICARE.

TO ADDRESS CHILDHOOD OBESITY IN FY23, SAMARITAN HOSPITAL PARTNERED WITH OTHER HOSPITALS WITHIN SPHP, THE U.S. SOCCER FOUNDATION, AND THE TROY BOYS AND GIRLS CLUB, TO SUPPORT THE SOCCER FOR SUCCESS PROGRAM FOR CHILDREN WITHIN THE CITIES OF TROY, ALBANY, AND SCHENECTADY. SOCCER FOR SUCCESS IS AN AFTERSCHOOL PROGRAM THAT IS PROVEN TO HELP CHILDREN ESTABLISH HEALTHY HABITS AND DEVELOP CRITICAL LIFE SKILLS THROUGH CARING COACH/MENTORS AND FAMILY ENGAGEMENT. THE PROGRAM IS OFFERED FREE OF CHARGE TO CHILDREN. PARTICIPANTS LEARN SOCCER SKILLS AND ABOUT EATING RIGHT AND OTHER WAYS TO STAY HEALTHY, WHILE GAINING IMPORTANT DECISION MAKING AND RELATIONSHIP SKILLS FROM THEIR INTERACTIONS WITH COACH/MENTORS AND PEERS. DURING FY23, 1,500 CHILDREN PARTICIPATED IN SOCCER FOR SUCCESS AT NINE BOYS AND GIRLS CLUB SITES THROUGHOUT ALBANY AND RENSSELAER COUNTIES. OUT OF THESE

**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.

PARTICIPANTS, 71% MAINTAINED OR DECREASED THEIR BMI AND 79% IMPROVED AT LEAST TWO LEVELS ON THEIR AEROBIC CAPACITY TEST (PHYSICAL ACTIVITY).

SPHP AND SAMARITAN HOSPITAL (FUNDED BY A GRANT THROUGH THE MOTHER CABRINI FOUNDATION) PARTNERED WITH THE REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK AND SPHP DIABETES AND ENDOCRINE CARE TO PROVIDE A ST. PETER'S HEALTHY OPTIONS PROGRAM (SHOP) TO DIABETIC PATIENTS WHO IDENTIFY AS FOOD INSECURE. THE FREE PROGRAM PROVIDES FOOD-INSECURE PATIENTS, WHO ALSO HAVE A CHRONIC DISEASE, WITH SUPPLIES OF HEALTHY FOOD. THE GOAL IS TO TEACH THESE PATIENTS TO MAKE HEALTHY CHOICES, EDUCATE THEM ON THE BENEFITS OF EATING NUTRITIOUS FOOD AND PROVIDE THEM WITH THE TOOLS TO HELP MANAGE THEIR CHRONIC CONDITIONS THROUGH HEALTHY EATING. DURING FY23, SEVEN COHORTS WERE OFFERED SERVING 293 INDIVIDUALS. AVERAGE A1C LEVELS DROPPED BY 3.3% PER PARTICIPANT.

PROMOTE WELLNESS AND PREVENT MENTAL HEALTH AND SUBSTANCE USE DISORDERS: IN THE AREA OF MENTAL HEALTH, SPHP AND SAMARITAN HOSPITAL FOCUSED ON THE PROMOTION OF WELL-BEING WITH OUR HEALTHY FAMILIES PROGRAM, WHICH IS A COMBINATION OF HOME-BASED AND VIRTUAL (DUE TO THE PANDEMIC) VISITATION PROGRAM THAT PROVIDES INFORMATION, EDUCATION, AND SUPPORT TO EXPECTING AND NEW PARENTS OF RENSSELAER COUNTY. A TOTAL OF 332 FAMILIES RECEIVED SERVICES FROM THE HEALTHY FAMILIES PROGRAM IN FY23. FUNDING IS PROVIDED BY THE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES. DURING FY23, LEADERSHIP STAFF FROM SAMARITAN HOSPITAL WERE MEMBERS OF A WORKGROUP TO DEVELOP GOALS, OBJECTIVES AND INTERVENTIONS AROUND THE PREVENTION AGENDA FOCUS AREA OF PROMOTION OF WELL-BEING CONCEPT, SPECIFICALLY WITH LOCAL HEALTH DEPARTMENTS AND HOSPITALS. STAFF AT SPHP, INCLUDING

**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.

SAMARITAN HOSPITAL, WERE OFFERED TRAINING IN MENTAL HEALTH FIRST AID AND CRISIS DE-ESCALATION.

DURING FY23, SUBSTANCE ABUSE NEEDS WERE ADDRESSED. ACTION PLANS WERE DEVELOPED TO INCREASE EDUCATION AND PRACTICE STRATEGIES TO REDUCE OPIOID OVERDOSE AND NON-MEDICAL USE OF OPIATES. HOSPITAL STAFF PROMOTED SAFE STORAGE AND PROPER DISPOSAL OF UNUSED PRESCRIPTION MEDICATIONS.

SAMARITAN HOSPITAL HAS TAKEN THE LEAD ON THE MENTAL HEALTH GOALS AS IT HAS THE SPECIALIZED STAFF, A PSYCHIATRIC ER SERVICE SECTION, THE HEALTH HOMES, AND IN-HOSPITAL BEDS FOR PATIENTS WITH MENTAL HEALTH ISSUES. MANY HOSPITAL STAFF MEMBERS ARE TRAINED IN MOTIVATIONAL INTERVIEWING AND UTILIZE THE SKILLS FROM THE SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) TECHNIQUES. THE HOSPITAL WAS ACTIVE IN FY23 WITH PROVIDING MONTHLY TRAININGS FOR THE STAFF OF CAPITAL REGION HEALTH CONNECTIONS (HEALTH HOMES PROGRAM), INCLUDING MOTIVATIONAL INTERVIEWING, SBIRT TECHNIQUES, AND THE NY STATE OPIOID OVERDOSE PREVENTION TRAINING THROUGH ONE OF OUR COLLABORATIVE PARTNERS.

SAMARITAN HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED AND WITHIN ITS ABILITY TO INFLUENCE. THUS, SECONDARY PRIORITIES SUCH AS COVID-19, HEART DISEASE, TOBACCO USE, STROKE, ASTHMA, ALCOHOL MISUSE, SEXUALLY TRANSMITTED INFECTIONS, VIOLENCE, CHILDHOOD LEAD EXPOSURE, TICK-BORNE DISEASE AND INJURIES AND FALLS WERE NOT DIRECTLY ADDRESSED BY THE SAMARITAN HOSPITAL'S CHNA IMPLEMENTATION STRATEGIES.

**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.

SAMARITAN HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON 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.

SAMARITAN HOSPITAL:

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

SAMARITAN HOSPITAL - PART V, SECTION B, LINE 7A:

WWW.SPHP.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-REPORTS

SAMARITAN HOSPITAL - PART V, SECTION B, LINE 9:

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE

**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.

TO THE PUBLIC.

SAMARITAN HOSPITAL - PART V, SECTION B, LINE 10A:

WWW.SPHP.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-REPORTS

SAMARITAN HOSPITAL - PART V, SECTION B, LINE 16A:

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

SAMARITAN HOSPITAL - PART V, SECTION B, LINE 16B:

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

SAMARITAN HOSPITAL - PART V, SECTION B, LINE 16C:

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





**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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**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.

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**PART I, LINE 6A:**

SAMARITAN HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF NEW YORK. IN ADDITION, SAMARITAN HOSPITAL REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

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

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**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, \$9,804,717, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

COMMUNITY SUPPORT - DURING FY23, STAFF OF SAMARITAN HOSPITAL CANCER TREATMENT CENTER SERVED ON THE CANCER CONSORTIUM OF THE CAPITAL REGION.

WORKFORCE DEVELOPMENT - DURING FY23, SAMARITAN HOSPITAL STAFF PROVIDED MENTORSHIP AND JOB SHADOWING FOR STUDENTS INTERESTED IN PURSUING EDUCATION AND CAREERS IN HEALTH SCIENCES, PARTICULARLY NURSING, PHYSICAL THERAPY, AND OCCUPATIONAL THERAPY.

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

**Part VI** Supplemental Information (Continuation)

TRANSACTIONS.

PART III, LINE 3:

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

PART III, LINE 4:

SAMARITAN HOSPITAL IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 13 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE

**Part VI** Supplemental Information (Continuation)

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:

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

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

**Part VI** Supplemental Information (Continuation)

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 - SAMARITAN HOSPITAL ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SAMARITAN HOSPITAL COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

**Part VI** Supplemental Information (Continuation)

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.

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

PART VI, LINE 4:

COMMUNITY INFORMATION - SAMARITAN HOSPITAL IS LOCATED IN TROY, NY AND IN RENSSELAER COUNTY. TROY IS LOCATED ON THE WESTERN EDGE OF RENSSELAER COUNTY AND ON THE EASTERN BANK OF THE HUDSON RIVER. TROY HAS CLOSE TIES TO THE NEARBY CITIES OF ALBANY AND SCHENECTADY, FORMING A REGION POPULARLY CALLED THE CAPITAL DISTRICT. AS OF 2021, THE POPULATION OF TROY WAS 50,394.

**Part VI** Supplemental Information (Continuation)

FOR PURPOSES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, SAMARITAN HOSPITAL DEFINES ITS PRIMARY SERVICE AREA AS ALBANY AND RENSSELAER COUNTIES, WHICH REPRESENT THE HOME ZIP CODE OF 69% OF ITS PATIENTS. THE COMMUNITY SERVED BY SAMARITAN HOSPITAL INCLUDES THE COUNTIES OF ALBANY, RENSSELAER, AND SCHENECTADY, FORMING A REGION POPULARLY CALLED THE CAPITAL DISTRICT. THE THREE COUNTIES PROVIDE A RANGE OF GEOGRAPHY THAT INCLUDES URBAN, SUBURBAN, AND RURAL SETTINGS. THE COMBINED POPULATION IN ALBANY, RENSSELAER, AND SCHENECTADY COUNTIES WAS 80.7% NON-HISPANIC WHITE, 9.5% BLACK OR AFRICAN AMERICAN, 5.5% HISPANIC AND 4.3% OTHER RACES/ETHNICITIES IN 2020.

IN GENERAL, PERSONS IN THE COMMUNITY SERVED BY SAMARITAN HOSPITAL TEND TO BE BETTER EDUCATED AND HAVE A HIGHER INCOME THAN THOSE IN THE U.S. AS A WHOLE AND THE STATE OF NEW YORK. THERE IS A LOWER RATE OF UNEMPLOYMENT AND FEWER PERSONS WITHOUT HEALTH INSURANCE THAN THE STATE OR NATIONAL COMPARISONS. THE POPULATION FOR THE THREE-COUNTY SERVICE AREA IS 643,312. THERE ARE 276,563 HOUSING UNITS IN THE SERVICE AREA WITH AN AVERAGE OF 64% OWNER OCCUPIED. ON AVERAGE, 24% OF PERSONS LIVE AT OR BELOW THE 200% FEDERAL POVERTY LEVEL. THE MEDIAN HOUSEHOLD INCOME IS \$67,621.

HEALTH CARE ACCESS INDICATORS SHOW THE CAPITAL DISTRICT HAVING FEWER BARRIERS TO CARE THAN THE REST OF THE STATE. CAPITAL DISTRICT RESIDENTS, BOTH CHILDREN AND ADULTS, HAD HIGHER HEALTH INSURANCE COVERAGE RATES COMPARED TO THE REST OF THE STATE. WHILE THE CAPITAL DISTRICT HAD GOOD HEALTH INSURANCE COVERAGE, 3.25% OF RESIDENTS WERE NOT COVERED BY ANY FORM OF HEALTH INSURANCE.

PART VI, LINE 5:



**Part VI** Supplemental Information (Continuation)

OTHER INFORMATION - SAMARITAN HOSPITAL PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES TO THE PEOPLE IN THE COMMUNITY IT SERVES. THESE SERVICES INCLUDE A 24-HOUR EMERGENCY ROOM THAT IS OPEN TO SERVE ALL IN NEED REGARDLESS OF ABILITY TO PAY, A CANCER CENTER, CARDIAC CARE, BEHAVIORAL HEALTH SERVICES, HEALTH CENTERS FOR UNINSURED MEMBERS OF OUR COMMUNITY, AND AN ARRAY OF SPECIALTY SERVICES AND ORTHOPEDIC SERVICES. SAMARITAN CONDUCTS ITS ACTIVITIES AND ITS HEALTH CARE PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, SEXUAL ORIENTATION, DISABILITY, AGE, OR NATIONAL ORIGIN.

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

SAMARITAN HOSPITAL ALSO PROVIDES SERVICES FOR THE BROADER COMMUNITY AS A

**Part VI** Supplemental Information (Continuation)

PART OF ITS OVERALL COMMUNITY BENEFIT. ONE CATEGORY OF THESE EXPENSES IS FOR EDUCATING HEALTH PROFESSIONALS; HELPING TO PREPARE FUTURE HEALTH CARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NONPROFIT HEALTH CARE. THIS EDUCATION INCLUDES STUDENT INTERNSHIPS, CLINIC EXPERIENCE AND OTHER EDUCATION FOR NURSES, PHYSICAL THERAPISTS, AND OTHER HEALTH CARE STUDENTS.

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

SAMARITAN HOSPITAL COLLABORATED WITH OTHER LOCAL HEALTH SYSTEMS, COUNTY HEALTH DEPARTMENTS AND COMMUNITY-BASED AGENCIES TO FORM WORKGROUPS TO FOCUS ON THE PRIORITIES OF THE CURRENT CHNA. DURING FY23, HOSPITAL STAFF WERE MEMBERS OF THE FOLLOWING WORKGROUPS RELATING TO THE COMMUNITY HEALTH IMPLEMENTATION STRATEGIES: OBESITY/DIABETES TASKFORCE AND BEHAVIORAL HEALTH/SUBSTANCE ABUSE TASKFORCE. EACH GROUP MET ON A REGULAR BASIS THROUGHOUT FY23 TO STRATEGIZE, IMPLEMENT AND REPORT ON ACTIVITY RELATIVE TO THE GOALS SET FORTH IN THE CURRENT IMPLEMENTATION STRATEGIES. THESE GROUPS CONSISTED OF MEMBERS REPRESENTING LOCAL HOSPITALS, HEALTH

**Part VI** Supplemental Information (Continuation)

DEPARTMENTS AND COMMUNITY-BASED ORGANIZATIONS.

DURING FY23, SPHP, INCLUDING SAMARITAN HOSPITAL, CONTINUED TO SCREEN FOR SOCIAL INFLUENCERS (DETERMINANTS) OF HEALTH IN OUR EMERGENCY DEPARTMENTS AND AMBULATORY SITES, AND AT COMMUNITY EVENTS. PATIENT NAVIGATORS, SOCIAL CARE HUB STAFF AND COMMUNITY HEALTH WORKERS COMPLETED A 10-QUESTION SCREENING TOOL WITH PATIENTS. THE QUESTIONS ADDRESSED A VARIETY OF ISSUES SUCH AS HOUSING, TRANSPORTATION, FOOD INSECURITY, HEALTH LITERACY AND ACCESS TO CARE. PATIENTS IN NEED OF ASSISTANCE WITH THESE ISSUES WERE GIVEN REFERRALS TO APPROPRIATE RESOURCES/SERVICES.

EACH YEAR, REPRESENTATIVES FROM OUR CAPITAL DISTRICT TOBACCO FREE COMMUNITIES AND TOBACCO CESSATION IN HEALTH SYSTEMS GRANT MEET WITH OUR LOCAL/STATE LEGISLATORS TO DISCUSS OUR PROGRAMS, INCLUDING THE SUCCESS OF OUR EFFORTS AT HELPING LOWER STATEWIDE SMOKING RATES, AND STRESS THE UNMET NEEDS IN TOBACCO CONTROL EFFORTS AMONG VULNERABLE COMMUNITIES AND POPULATIONS.

PART VI, LINE 6:

SAMARITAN 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.

**Part VI** Supplemental Information (Continuation)

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 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

**Part VI** Supplemental Information (Continuation)

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.

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.

**Part VI** Supplemental Information (Continuation)

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:

NY