

**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	SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	Employer identification number	14-1338386
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<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 type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	<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)			54,699.		54,699.	.08%
b Medicaid (from Worksheet 3, column a)			7381087.	2752124.	4628963.	7.19%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			7435786.	2752124.	4683662.	7.27%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	7	1,219	272,838.	58,557.	214,281.	.33%
f Health professions education (from Worksheet 5)	1	34	11,190.		11,190.	.02%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1		475.		475.	.00%
j Total. Other Benefits	9	1,253	284,503.	58,557.	225,946.	.35%
k Total. Add lines 7d and 7j	9	1,253	7720289.	2810681.	4909608.	7.62%

**SUNNYVIEW HOSPITAL AND REHABILITATION
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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: SUNNYVIEW HOSPITAL AND REHAB CENTER

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

	Yes	No
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?	1	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	2	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	3	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	5	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	6a	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	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	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	8	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?	10	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?	10b	
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)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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? \$		

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Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: SUNNYVIEW HOSPITAL AND REHAB CENTER

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

**SUNNYVIEW HOSPITAL AND REHABILITATION
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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: SUNNYVIEW HOSPITAL AND REHAB CENTER

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21		X
If "No," indicate why:			
a <input checked="" 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)			

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Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: SUNNYVIEW HOSPITAL AND REHAB CENTER

		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? If "Yes," explain in Section C.	23	X
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? If "Yes," explain in Section C.	24	X

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Part V Facility Information (continued)

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

SUNNYVIEW HOSPITAL AND REHAB CENTER:

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

LINE 3E: SUNNYVIEW REHABILITATION 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

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Part V Facility Information (continued)

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

SUNNYVIEW HOSPITAL AND REHAB CENTER:

PART V, SECTION B, LINE 5: THE SUNNYVIEW REHABILITATION HOSPITAL COMMUNITY BENEFITS PROGRAM IS BASED ON THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CONDUCTED BY THE HEALTHY CAPITAL DISTRICT (HCD). HCD IS A CONSORTIUM OF ORGANIZATIONS JOINED TOGETHER TO PRIORITIZE AND ADDRESS SIGNIFICANT COMMUNITY HEALTH ISSUES. SUNNYVIEW REHABILITATION HOSPITAL HAS BEEN A MEMBER OF HCD SINCE 1997. THE CHNA BENEFITED FROM THE REVIEW AND INPUT OF THE MEMBERS OF THE PREVENTION AGENDA WORKGROUP WHICH INCLUDED MEMBERS FROM THE COUNTY PUBLIC HEALTH DEPARTMENTS OF ALBANY, RENSSELAER, AND SCHENECTADY; AND OF EACH OF THE CAPITAL REGION HOSPITALS: ST. PETER'S HOSPITAL, ALBANY MEDICAL CENTER, SUNNYVIEW HOSPITAL AND REHABILITATION CENTER, SAMARITAN HOSPITAL, AND ELLIS HOSPITAL. DURING NOVEMBER AND DECEMBER 2021, THIS GROUP WAS JOINED BY REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS, BUSINESSES, CONSUMERS, SCHOOLS, ACADEMICS, AND THOSE WHO HAVE CONTACT WITH AND CARE FOR PEOPLE WITH CERTAIN CHRONIC DISEASES AND BEHAVIORAL HEALTH CONDITIONS, SUCH AS DIABETES, ASTHMA, DEPRESSION, SUBSTANCE USE DISORDER AND CANCER. A TOTAL OF 52 DIFFERENT ORGANIZATIONS IN OUR CAPITAL REGION PARTICIPATED, SUCH AS CATHOLIC CHARITIES, WHITNEY M. YOUNG, JR. FEDERALLY QUALIFIED HEALTH CENTER (FQHC), HOMETOWN HEALTH (FQHC), CAPITAL DISTRICT PHYSICIANS HEALTH PLAN, UPPER HUDSON PLANNED PARENTHOOD, UNIVERSITY AT ALBANY, CAPITAL ROOTS, FOOD PANTRIES FOR THE CAPITAL DISTRICT, PROMESA/CAMINO NUEVO, AND SENIOR HOUSING ORGANIZATIONS. ALMOST ALL OF THESE ORGANIZATIONS SERVE MEDICALLY UNDERSERVED, LOW-INCOME OR MINORITY POPULATIONS, AND MANY OFFER SPECIFIC PROGRAMS TARGETED TOWARDS THESE GROUPS.

SUNNYVIEW HOSPITAL AND REHABILITATION
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Part V Facility Information (continued)

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

REPRESENTATIVES OF THE HCD DETERMINED THE PROCESS FOR COMPLETING THE NEEDS ASSESSMENT AND REVIEWED THE COLLECTED DATA. THE CHNA IS THE RESULT OF OVER A YEAR OF MEETINGS WITH MEMBER ORGANIZATIONS AND COMMUNITY INPUT. IN ADDITION, THESE DATA SOURCES WERE SUPPLEMENTED BY A CAPITAL REGION COMMUNITY HEALTH SURVEY. THE 2021 COMMUNITY HEALTH SURVEY WAS CONDUCTED IN SEPTEMBER-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 (SPHP) HOSPITALS. THE SURVEY WAS A CONVENIENCE SAMPLE OF ADULT (18+ YEARS) RESIDENTS OF THE CAPITAL REGION AND YIELDED 2,104 TOTAL RESPONSES. THIS CONSUMER SURVEY WAS CONDUCTED TO LEARN ABOUT THE HEALTH NEEDS, BARRIERS, AND CONCERNS OF RESIDENTS IN THE CAPITAL REGION. FROM JANUARY TO MARCH 2022, DRAFTS OF THE SECTIONS WERE SENT TO LOCAL SUBJECT MATTER EXPERTS FOR REVIEW IN THE HEALTH DEPARTMENTS OF ALBANY, RENSSELAER, AND SCHENECTADY COUNTIES AND IN ST. PETER'S HEALTH PARTNERS (ST. PETER'S HOSPITAL, SAMARITAN HOSPITAL AND SUNNYVIEW REHABILITATION HOSPITAL), ALBANY MEDICAL CENTER, ELLIS HOSPITAL, AND COMMUNITY-BASED ORGANIZATIONS. COMMENTS WERE ADDRESSED AND CHANGES WERE INCORPORATED INTO THE FINAL DOCUMENT. THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED AND APPROVED IN MAY 2022.

SUNNYVIEW HOSPITAL AND REHAB CENTER:

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

SUNNYVIEW HOSPITAL AND REHABILITATION
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Part V Facility Information (continued)

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

SUNNYVIEW HOSPITAL AND REHAB CENTER:

PART V, SECTION B, LINE 6B: IN THE CHNA PROCESS, SUNNYVIEW REHABILITATION 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 AND MENTAL AND SUBSTANCE USE DISORDERS. A TOTAL OF 52 DIFFERENT ORGANIZATIONS IN OUR CAPITAL REGION PARTICIPATED, SUCH AS: CAPITAL REGION TOBACCO FREE COALITION, HOMETOWN HEALTH, FEDERALLY QUALIFIED HEALTH CENTER (FQHC), CAPITAL DISTRICT PHYSICIANS HEALTH PLAN, FIDELIS CARE HEALTH PLAN, NEW CHOICES RECOVERY CENTER, SCHENECTADY INNER CITY MINISTRY, CAPITAL ROOTS, SENIOR HOUSING ORGANIZATIONS, AND THE SCHENECTADY PUBLIC LIBRARY.

SUNNYVIEW HOSPITAL AND REHAB CENTER:

PART V, SECTION B, LINE 11: SUNNYVIEW REHABILITATION HOSPITAL HAS A SPECIALIZED FOCUS ON REHABILITATION AND HAS LIMITED RESOURCES TO DEVOTE OUTSIDE OF ITS PRIMARY FUNCTION FOR THE CAPITAL REGION. SUNNYVIEW REHABILITATION HOSPITAL CHOSE TO OFFER ITS EXPERTISE TO THE COMMUNITY WITHIN ITS CAPABILITIES. FOR THE CURRENT CHNA, THE STAFF AT SUNNYVIEW REHABILITATION HOSPITAL CONCENTRATED THEIR EFFORTS ON THE FOLLOWING PREVENTION AGENDA PRIORITY AREAS: PREVENT CHRONIC DISEASE, TOBACCO PREVENTION, PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE. DURING FY23, THE FOLLOWING NEEDS FROM THE CHNA WERE ADDRESSED.

MENTAL AND SUBSTANCE USE DISORDERS:

SUNNYVIEW HOSPITAL AND REHABILITATION
CENTER

Part V Facility Information (continued)

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

TO ADDRESS MENTAL HEALTH AND SUBSTANCE ABUSE, STAFF MEMBERS OF SUNNYVIEW REHABILITATION HOSPITAL ATTENDED WORKGROUPS FORMED BY THE SCHENECTADY COALITION FOR A HEALTHY COMMUNITY IN THE AREA OF MENTAL HEALTH/SUBSTANCE USE DISORDERS. MEETINGS WERE HELD SIX TIMES PER YEAR. SUNNYVIEW REHABILITATION HOSPITAL STAFF ALSO PROMOTED MENTAL HEALTH FIRST AID TRAINING TO COLLEAGUES AND COMMUNITY PARTNERS. SUNNYVIEW REHABILITATION HOSPITAL CONTINUED TO REFER PATIENTS, AS APPROPRIATE, TO MEDICATION ASSISTANCE TREATMENT PROGRAMS FOR OPIOID WITHDRAWAL.

COVID-19:

DURING FY23, SPHP, INCLUDING SUNNYVIEW REHABILITATION HOSPITAL, PARTICIPATED IN COVID-19 EMERGENCY PREPAREDNESS EFFORTS IN A VARIETY OF ASPECTS. OUR SENIOR LEADERSHIP TEAM SERVED IN COMMAND CENTERS AND TASK FORCES (DAILY) TO MANAGE THIS HEALTH CRISIS, PARTNERING WITH EXTERNAL HOSPITAL SYSTEMS, LOCAL AND STATE DEPARTMENTS OF HEALTH, IN ORDER TO PROVIDE A COORDINATED EFFORT TO ADDRESS THE NEEDS OF OUR COMMUNITY WITH RESPECT TO THIS PANDEMIC. FURTHERMORE, SPHP, INCLUDING SUNNYVIEW, CONDUCTED WELLNESS AND SOCIAL NEEDS ASSESSMENTS FOR COVID-19 PRESUMPTIVE OR POSITIVE PATIENTS WHO WERE UNDER SELF-QUARANTINE ORDERS. OUR SOCIAL CARE HUB CONTINUED TO SCREEN AND ADDRESS THE SOCIAL NEEDS OF OUR PATIENTS DURING THIS DIFFICULT TIME. PATIENTS NEEDING ASSISTANCE WITH FOOD, TRANSPORTATION, HOUSING, ACCESS TO CARE, CHILDCARE, ETC. WERE PROVIDED REFERRALS TO INTERNAL AND COMMUNITY ASSISTANCE PROGRAMS. IN ADDITION, SUNNYVIEW REHABILITATION HOSPITAL COLLABORATED WITH AND SUPPORTED LOCAL COMMUNITY-BASED ORGANIZATIONS THROUGH GRANT FUNDS AWARDED BY TRINITY HEALTH; THESE FUNDS ASSISTED IN BUILDING COMMUNITY CAPACITY TO VACCINATE, PROMOTE AWARENESS OF AND AVAILABILITY TO RECEIVE THE COVID-19 VACCINE.

SUNNYVIEW HOSPITAL AND REHABILITATION
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Part V Facility Information (continued)

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

SUNNYVIEW REHABILITATION 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 PRIORITY AREAS, SUCH AS OBESITY, DIABETES HEART DISEASE, SOCIAL DETERMINANTS OF HEALTH, 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 SUNNYVIEW REHABILITATION HOSPITAL.

SUNNYVIEW HOSPITAL AND REHAB CENTER:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

SUNNYVIEW HOSPITAL AND REHAB CENTER:

PART V, SECTION B, LINE 15E: ALTHOUGH NOT IN THE POLICY, OUR PROCESS DOES PROVIDE THE CONTACT INFORMATION OF NONPROFIT ORGANIZATIONS OR GOVERNMENT

SUNNYVIEW HOSPITAL AND REHABILITATION
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Part V Facility Information (continued)

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

AGENCIES THAT MAY BE SOURCES OF ASSISTANCE WITH FAP APPLICATIONS.

SUNNYVIEW HOSPITAL AND REHAB CENTER - PART V, SECTION B, LINE 7A:

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

SUNNYVIEW HOSPITAL AND REHAB CENTER - PART V, SECTION B, LINE 9:

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

SUNNYVIEW HOSPITAL AND REHAB CENTER - PART V, SECTION B, LINE 10A:

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

SUNNYVIEW HOSPITAL AND REHAB CENTER - PART V, SECTION B, LINE 16A:

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

SUNNYVIEW HOSPITAL AND REHAB CENTER - PART V, SECTION B, LINE 16B:

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

SUNNYVIEW HOSPITAL AND REHAB CENTER - 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.

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:

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

SUNNYVIEW REHABILITATION 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:

232100 11-18-22

Part VI Supplemental Information (Continuation)

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

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$(67,725), REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DEMONINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

IN FY23, SUNNYVIEW REHABILITATION HOSPITAL CONTINUED COALITION BUILDING EFFORTS TO SUPPORT SCHENECTADY COUNTY AS OUR STAFF, INCLUDING EXECUTIVE STAFF, WERE ACTIVE ON VARIOUS NONPROFIT BOARDS OF DIRECTORS. IN THE AREA OF WORKFORCE DEVELOPMENT, SUNNYVIEW REHABILITATION 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

Part VI Supplemental Information (Continuation)

ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE
TRANSACTIONS.

PART III, LINE 4:

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

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR
PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM
ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT
AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE
INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND
PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN
ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND
ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED."

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Part VI Supplemental Information (Continuation)

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:

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

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

PART III, LINE 9B:

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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

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

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF

Part VI Supplemental Information (Continuation)

ADMISSION OR SERVICE.

SUNNYVIEW REHABILITATION 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 - SUNNYVIEW REHABILITATION HOSPITAL IS LOCATED IN THE CITY OF SCHENECTADY WHICH IS CENTRALLY LOCATED IN SCHENECTADY COUNTY WITH A POPULATION OF 154,845. SCHENECTADY IS THE SMALLEST COUNTY IN UPSTATE NEW YORK AND CONSISTS OF FIVE TOWNS, TWO PRIMARILY RURAL AND THREE PRIMARILY SUBURBAN, SURROUNDING THE CENTRALLY LOCATED CITY OF SCHENECTADY (POPULATION: 66,135). THE COUNTY IS LOCATED IMMEDIATELY WEST OF THE STATE CAPITAL OF ALBANY, AND MANY OF ITS RESIDENTS COMMUTE TO JOBS IN ALBANY AND OTHER COUNTIES THAT TOGETHER MAKE UP NEW YORK'S CAPITAL REGION. RESIDENTS OF THE CITY OF SCHENECTADY ARE GENERALLY LESS AFFLUENT AND LESS HEALTHY THAN RESIDENTS OF THE SURROUNDING TOWNS, WHILE RESIDENTS OF THE COUNTY AS A WHOLE ARE LESS AFFLUENT THAN THE STATE AS A WHOLE, BUT THE COUNTY'S

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Part VI Supplemental Information (Continuation)

POVERTY RATE IS BELOW THAT OF THE STATE. THE MEDIAN HOUSEHOLD INCOME FOR THE CITY IS \$61,754. THE POVERTY RATE IN THE CITY OF SCHENECTADY IS 22.6% AND IS NEARLY DOUBLE THAT OF THE COUNTY AS A WHOLE (12%). OVERALL, SCHENECTADY COUNTY RESIDENTS ARE MORE LIKELY THAN THE AVERAGE NEW YORK STATE RESIDENT TO HAVE HEALTH INSURANCE AND A PRIMARY CARE PROVIDER. ALMOST ALL PRIMARY MEDICAL CARE AND DENTAL CARE FOR LOW-INCOME RESIDENTS IS PROVIDED BY HOMETOWN HEALTH AND THE COMMUNITY PRACTICES OF THE ELLIS MEDICAL GROUP. BOTH FACILITIES HAVE ACHIEVED RECOGNITION BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE AS PATIENT-CENTERED MEDICAL HOMES.

PART VI, LINE 5:

OTHER INFORMATION - SUNNYVIEW REHABILITATION HOSPITAL IS A 115-BED HOSPITAL SPECIALIZING IN PHYSICAL REHABILITATION. EVERY YEAR MORE THAN 15,000 INDIVIDUALS COME TO SUNNYVIEW REHABILITATION HOSPITAL FROM ACROSS THE CAPITAL REGION OF NEW YORK STATE AND BEYOND. SUNNYVIEW REHABILITATION HOSPITAL CONDUCTS ITS ACTIVITIES AND ITS HEALTH CARE PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, SEXUAL ORIENTATION, DISABILITY, AGE, OR NATIONAL ORIGIN.

AS A NONPROFIT ORGANIZATION THAT IS PART OF ST. PETER'S HEALTH PARTNERS (SPHP), SUNNYVIEW REHABILITATION HOSPITAL IS GUIDED BY A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE MAKEUP OF THE AREA WE SERVE. OUR HOSPITAL OPERATES WITH AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK TO PROVIDE CARE TO OUR COMMUNITIES. ALL MEDICAL STAFF MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING AND ORIENTATION PROCESS. NO PART OF THE INCOME OF SUNNYVIEW REHABILITATION HOSPITAL BENEFITS ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED. ALL SURPLUS FUNDS ARE

Part VI Supplemental Information (Continuation)

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.

SUNNYVIEW REHABILITATION HOSPITAL HAS A LONG HISTORY OF CONTRIBUTING TO THE HEALTH OF OUR COMMUNITY AND HAS PARTICIPATED IN HEALTH EDUCATION REQUESTS FROM COALITION MEMBER AGENCIES, COMMUNITY OUTREACH EVENTS, AND FREE HEARING SCREENINGS, AMONG OTHER SERVICES, TO PROMOTE HEALTH IN THE COMMUNITY. BEYOND THIS IS OUR TRAINING AND CLINICAL OPPORTUNITIES FOR LOCAL STUDENTS, FROM HIGH SCHOOL TO GRADUATE SCHOOL, IN THE SPECIALTY OF REHABILITATION, INCLUDING ALL ASPECTS OF RESEARCH AND CLINICAL TRIALS OF NEURO-ELECTRONIC DEVELOPMENTS, LIMB FABRICATION AND FITTING, INCLUDING HOSPITAL CARE AND SURGERY.

DURING FY23, SPHP CONTINUED THE WORK OF THE CREATING HEALTHY SCHOOLS AND COMMUNITIES GRANT, WHICH PROVIDES TECHNICAL ASSISTANCE AND FOCUSES ON THE DEVELOPMENT AND IMPLEMENTATION OF SCHOOL WELLNESS POLICIES WITHIN THE SCHENECTADY CITY SCHOOL DISTRICT.

SUNNYVIEW REHABILITATION 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. IN FY23, THE SCHENECTADY COALITION FOR A HEALTHY COMMUNITY MET FOUR TIMES THROUGHOUT THE YEAR TO STRATEGIZE, IMPLEMENT AND REPORT ON ACTIVITY RELATIVE TO THE GOALS SET FORTH IN THE CURRENT CHNA AND THE IMPLEMENTATION STRATEGY.

ADDITIONALLY, PATIENTS BEING DISCHARGED FROM SUNNYVIEW REHABILITATION HOSPITAL WERE SCREENED FOR FOOD INSECURITY, A SOCIAL INFLUENCER OF HEALTH,

Part VI Supplemental Information (Continuation)

AT TIME OF DISCHARGE. REFERRALS WERE SENT TO LOCAL FOOD PANTRIES FOR PATIENTS WHO SCREENED POSITIVE FOR FOOD INSECURITY AND WHO REQUESTED ASSISTANCE WITH OBTAINING FOOD.

DURING FY23, SPHP, INCLUDING SUNNYVIEW REHABILITATION HOSPITAL, WORKED ON COVID-19 VACCINATION OUTREACH AND EDUCATION. THIS OUTREACH AND EDUCATION FOCUSED ON POPULATIONS THAT HAVE BEEN DISPROPORTIONATELY AFFECTED BY COVID-19 INFECTIONS AND DEATH, MAINLY COMMUNITIES OF COLOR, AND PEOPLE WHO ARE POOR AND UNDERSERVE. SPHP COMMUNITY HEALTH & WELL-BEING (CHWB), IN COLLABORATION WITH THE LOCAL HEALTH DEPARTMENT AND OTHER COMMUNITY-BASED ORGANIZATIONS, PROVIDED SUPPORT TO LOCAL COMMUNITIES IN ACCELERATING EFFORTS BY RAISING AWARENESS, EDUCATING THE PUBLIC AND OFFERING THE VACCINE IN COMMUNITY ACCESSIBLE LOCATIONS, PARTICULARLY FOR COMMUNITIES OF COLOR AND THOSE WHO ARE VULNERABLE.

PART VI, LINE 6:

SUNNYVIEW HOSPITAL AND REHABILITATION CENTER 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

Part VI Supplemental Information (Continuation)

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 MILLION)
- FACILITIES: BUILDING COMMUNITY FACILITIES FOR NONPROFITS, SOCIAL SERVICE PROVIDERS, AND OTHER COMMUNITY-BASED ORGANIZATIONS (\$9.7 MILLION)

Part VI Supplemental Information (Continuation)

- 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.

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

Part VI Supplemental Information (Continuation)

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."

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

NY