

**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 MOUNT CARMEL HEALTH SYSTEM	Employer identification number 31-1439334
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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 checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
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)			18285081.		18285081.	1.37%
b Medicaid (from Worksheet 3, column a)			242153367	161913839	80239528.	6.03%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			260438448	161913839	98524609.	7.40%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	18	127,522	4168290.		4168290.	.31%
f Health professions education (from Worksheet 5)	2	4,551	25683346.	9901393.	15781953.	1.19%
g Subsidized health services (from Worksheet 6)	1	10,065	488,972.		488,972.	.04%
h Research (from Worksheet 7)	1	13,906	682,272.		682,272.	.05%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	7	680	1655771.		1655771.	.12%
j Total. Other Benefits	29	156,724	32678651.	9901393.	22777258.	1.71%
k Total. Add lines 7d and 7j	29	156,724	293117099	171815232	121301867	9.11%

Part II Community Building Activities. Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	171,136,049.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	197,249,314.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-26,113,265.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ST ANN'S MEDICAL OFFICE BUILDING II LIMITED PARTNERSHIP	MEDICAL OFFICE BLDG.	49.04%		50.96%
2 MCE MOB IV LIMITED PARTNERSHIP	MEDICAL OFFICE BLDG.	49.80%		50.20%
3 MEDILUCENT MOB I	MEDICAL OFFICE BLDG.	25.00%		75.00%
4 TAYLOR STATION SURGICAL CENTER	AMBULATORY SURGERY CENTER	49.01%		50.99%
5 COLUMBUS CYBERKNIFE	ROBOTIC CANCER TREATMENT	35.00%		15.00%
6 ST ANNS MOB III LLC	MEDICAL OFFICE BLDG.	38.14%		55.59%

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: MOUNT CARMEL EAST

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>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: MOUNT CARMEL EAST

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SCHEDULE H, 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, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: MOUNT CARMEL EAST

	Yes	No
<p>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?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>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):</p> <p>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)</p> <p>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)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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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: MOUNT CARMEL EAST

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

Schedule H (Form 990) 2022

Part V Facility Information (continued)

Section 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: MOUNT CARMEL GROVE CITY

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>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: MOUNT CARMEL GROVE CITY

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SCHEDULE H, 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, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: MOUNT CARMEL GROVE CITY

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: MOUNT CARMEL GROVE CITY

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

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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: MOUNT CARMEL ST. ANN ' S

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>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: MOUNT CARMEL ST. ANN'S

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SCHEDULE H, 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, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: MOUNT CARMEL ST. ANN'S

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: MOUNT CARMEL ST. ANN'S

		Yes	No			
<p>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:</p> <p>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</p> <p>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</p> <p>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</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>						
<p>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?</p> <p>If "Yes," explain in Section C.</p>		23	X			
<p>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?</p> <p>If "Yes," explain in Section C.</p>		24	X			

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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: MOUNT CARMEL NEW ALBANY SURGICAL HOSP.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>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: MOUNT CARMEL NEW ALBANY SURGICAL HOSP.

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SCHEDULE H, 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, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: MOUNT CARMEL NEW ALBANY SURGICAL HOSP.

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

Policy Relating to Emergency Medical Care

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

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: MOUNT CARMEL NEW ALBANY SURGICAL HOSP.

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

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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.

MOUNT CARMEL EAST:

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

PART V, SECTION B, LINE 3E: MOUNT CARMEL INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE MOST RECENT CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- 1. BASIC NEEDS
- 2A. RACIAL EQUITY
- 2B. BEHAVIORAL HEALTH
- 4. MATERNAL-INFANT HEALTH

MOUNT CARMEL GROVE CITY:

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

PART V, SECTION B, LINE 3E: MOUNT CARMEL INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE MOST RECENT CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- 1. BASIC NEEDS
- 2A. RACIAL EQUITY
- 2B. BEHAVIORAL 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.

4. MATERNAL-INFANT HEALTH

MOUNT CARMEL ST. ANN'S:

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

PART V, SECTION B, LINE 3E: MOUNT CARMEL INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE MOST RECENT CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. BASIC NEEDS

2A. RACIAL EQUITY

2B. BEHAVIORAL HEALTH

4. MATERNAL-INFANT HEALTH

MOUNT CARMEL NEW ALBANY SURGICAL HOSP.:

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

PART V, SECTION B, LINE 3E: MOUNT CARMEL INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE MOST RECENT CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. BASIC NEEDS

2A. RACIAL EQUITY

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.

2B. BEHAVIORAL HEALTH

4. MATERNAL-INFANT HEALTH

MOUNT CARMEL EAST:

PART V, SECTION B, LINE 5: THE FRANKLIN COUNTY CHNA WAS A COLLABORATIVE PROJECT, LED BY CENTRAL OHIO HOSPITAL COUNCIL, AND CONDUCTED BY A STEERING COMMITTEE COMPRISED OF THE FOLLOWING ORGANIZATIONS: NATIONWIDE CHILDREN'S HOSPITAL, OHIOHEALTH, THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER, MOUNT CARMEL EAST (MC EAST), MOUNT CARMEL GROVE CITY (MC GROVE CITY), MOUNT CARMEL ST. ANN'S (MC ST. ANN'S), MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL (MC NEW ALBANY), AND DILEY RIDGE; COLUMBUS PUBLIC HEALTH AND FRANKLIN COUNTY PUBLIC HEALTH (WITH SPECIAL KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH); UNITED WAY OF CENTRAL OHIO (REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED, AND MINORITY POPULATIONS); PRIMARYONE HEALTH (REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED, AND HOMELESS POPULATIONS); CENTRAL OHIO AREA AGENCY ON AGING (REPRESENTING THE SENIOR POPULATION); LIFE EXPECTANCY TASKFORCE (REPRESENTING THE SENIOR COMMUNITY); EQUITAS HEALTH (REPRESENTING LGBTQ+ POPULATIONS); VETERAN'S SERVICE COMMISSION (REPRESENTING VETERANS); OHIO DEPARTMENT OF HEALTH, OHIO DISABILITY AND HEALTH PROGRAM (REPRESENTING THOSE WHO ARE DISABLED); FRANKLIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES (EXPERTISE IN FINANCIAL AND SOCIAL SERVICES); HUMAN SERVICES CHAMBER (EXPERTISE IN SOCIAL SERVICES); ETHIOPIAN TEWAHEDO SOCIAL SERVICES (REPRESENTING NEW AMERICAN POPULATIONS); OHIO ASIAN AMERICAN HEALTH COALITION AND OHIO HISPANIC COALITION (REPRESENTING MINORITY POPULATIONS); MID-OHIO FOOD COLLECTIVE (REPRESENTING UNDERNOURISHED AND MALNOURISHED POPULATIONS);

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.

WORKFORCE DEVELOPMENT BOARD (EXPERTISE IN WORKFORCE DEVELOPMENT);

EDUCATIONAL SERVICE CENTER (EXPERTISE IN EDUCATION); CENTRAL OHIO TRAUMA

SYSTEM AND THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH CENTER FOR

PUBLIC HEALTH PRACTICE (EXPERTISE IN PUBLIC HEALTH PRACTICES);

ILLUMINOLOGY, AND BRICKER AND ECKLER.

THE CHNA STEERING COMMITTEE BEGAN PROVIDING INPUT IN OCTOBER 2020 AND MET

PERIODICALLY TO DISCUSS DATA SETS TO INCLUDE OR OMIT, DEPENDING ON ITS

NEGATIVE IMPACT TO THE HEALTH OF THE COMMUNITY. DRAFT COPIES OF THE CHNA

WERE RELEASED, ALONG WITH REQUESTS FOR COMMENTS AND EDITS. PRIORITY HEALTH

NEEDS WERE IDENTIFIED IN OCTOBER 2021, AND THE CHNA WAS REVIEWED FOR

COMPLIANCE IN DECEMBER 2021. THE CHNA WAS PUBLICLY RELEASED ON JUNE 15,

2022.

MOUNT CARMEL GROVE CITY:

PART V, SECTION B, LINE 5: THE FRANKLIN COUNTY CHNA WAS A COLLABORATIVE

PROJECT, LED BY CENTRAL OHIO HOSPITAL COUNCIL, AND CONDUCTED BY A STEERING

COMMITTEE COMPRISED OF THE FOLLOWING ORGANIZATIONS: NATIONWIDE CHILDREN'S

HOSPITAL, OHIOHEALTH, THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER, MC

EAST, MC GROVE CITY, MC ST. ANN'S, MC NEW ALBANY, AND DILEY RIDGE;

COLUMBUS PUBLIC HEALTH AND FRANKLIN COUNTY PUBLIC HEALTH (WITH SPECIAL

KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH); UNITED WAY OF CENTRAL OHIO

(REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED, AND MINORITY

POPULATIONS); PRIMARYONE HEALTH (REPRESENTING LOW-INCOME, MEDICALLY

UNDERSERVED, AND HOMELESS POPULATIONS); CENTRAL OHIO AREA AGENCY ON AGING

(REPRESENTING THE SENIOR POPULATION); LIFE EXPECTANCY TASKFORCE

(REPRESENTING THE SENIOR COMMUNITY); EQUITAS HEALTH (REPRESENTING LGBTQ+

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.

POPULATIONS); VETERAN'S SERVICE COMMISSION (REPRESENTING VETERANS); OHIO DEPARTMENT OF HEALTH, OHIO DISABILITY AND HEALTH PROGRAM (REPRESENTING THOSE WHO ARE DISABLED); FRANKLIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES (EXPERTISE IN FINANCIAL AND SOCIAL SERVICES); HUMAN SERVICES CHAMBER (EXPERTISE IN SOCIAL SERVICES); ETHIOPIAN TEWAHEDO SOCIAL SERVICES (REPRESENTING NEW AMERICAN POPULATIONS); OHIO ASIAN AMERICAN HEALTH COALITION AND OHIO HISPANIC COALITION (REPRESENTING MINORITY POPULATIONS); MID-OHIO FOOD COLLECTIVE (REPRESENTING UNDERNOURISHED AND MALNOURISHED POPULATIONS); WORKFORCE DEVELOPMENT BOARD (EXPERTISE IN WORKFORCE DEVELOPMENT); EDUCATIONAL SERVICE CENTER (EXPERTISE IN EDUCATION); CENTRAL OHIO TRAUMA SYSTEM AND THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH CENTER FOR PUBLIC HEALTH PRACTICE (EXPERTISE IN PUBLIC HEALTH PRACTICES); ILLUMINOLOGY, AND BRICKER AND ECKLER.

THE CHNA STEERING COMMITTEE BEGAN PROVIDING INPUT IN OCTOBER 2020 AND MET PERIODICALLY TO DISCUSS DATA SETS TO INCLUDE OR OMIT, DEPENDING ON ITS NEGATIVE IMPACT TO THE HEALTH OF THE COMMUNITY. DRAFT COPIES OF THE CHNA WERE RELEASED, ALONG WITH REQUESTS FOR COMMENTS AND EDITS. PRIORITY HEALTH NEEDS WERE IDENTIFIED IN OCTOBER 2021, AND THE CHNA WAS REVIEWED FOR COMPLIANCE IN DECEMBER 2021. THE CHNA WAS PUBLICLY RELEASED ON JUNE 15, 2022.

MOUNT CARMEL ST. ANN'S:
PART V, SECTION B, LINE 5: THE FRANKLIN COUNTY CHNA WAS A COLLABORATIVE PROJECT, LED BY CENTRAL OHIO HOSPITAL COUNCIL, AND CONDUCTED BY A STEERING COMMITTEE COMPRISED OF THE FOLLOWING ORGANIZATIONS: NATIONWIDE CHILDREN'S HOSPITAL, OHIOHEALTH, THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER, MC

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.

EAST, MC GROVE CITY, MC ST. ANN'S, MC NEW ALBANY, AND DILEY RIDGE;
COLUMBUS PUBLIC HEALTH AND FRANKLIN COUNTY PUBLIC HEALTH (WITH SPECIAL
KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH); UNITED WAY OF CENTRAL OHIO
(REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED, AND MINORITY
POPULATIONS); PRIMARYONE HEALTH (REPRESENTING LOW-INCOME, MEDICALLY
UNDERSERVED, AND HOMELESS POPULATIONS); CENTRAL OHIO AREA AGENCY ON AGING
(REPRESENTING THE SENIOR POPULATION); LIFE EXPECTANCY TASKFORCE
(REPRESENTING THE SENIOR COMMUNITY); EQUITAS HEALTH (REPRESENTING LGBTQ+
POPULATIONS); VETERAN'S SERVICE COMMISSION (REPRESENTING VETERANS); OHIO
DEPARTMENT OF HEALTH, OHIO DISABILITY AND HEALTH PROGRAM (REPRESENTING
THOSE WHO ARE DISABLED); FRANKLIN COUNTY DEPARTMENT OF JOB AND FAMILY
SERVICES (EXPERTISE IN FINANCIAL AND SOCIAL SERVICES); HUMAN SERVICES
CHAMBER (EXPERTISE IN SOCIAL SERVICES); ETHIOPIAN TEWAHEDO SOCIAL SERVICES
(REPRESENTING NEW AMERICAN POPULATIONS); OHIO ASIAN AMERICAN HEALTH
COALITION AND OHIO HISPANIC COALITION (REPRESENTING MINORITY POPULATIONS);
MID-OHIO FOOD COLLECTIVE (REPRESENTING UNDERNOURISHED AND MALNOURISHED
POPULATIONS); WORKFORCE DEVELOPMENT BOARD (EXPERTISE IN WORKFORCE
DEVELOPMENT); EDUCATIONAL SERVICE CENTER (EXPERTISE IN EDUCATION); CENTRAL
OHIO TRAUMA SYSTEM AND THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH
CENTER FOR PUBLIC HEALTH PRACTICE (EXPERTISE IN PUBLIC HEALTH PRACTICES);
ILLUMINOLOGY, AND BRICKER AND ECKLER.

THE CHNA STEERING COMMITTEE BEGAN PROVIDING INPUT IN OCTOBER 2020 AND MET
PERIODICALLY TO DISCUSS DATA SETS TO INCLUDE OR OMIT, DEPENDING ON ITS
NEGATIVE IMPACT TO THE HEALTH OF THE COMMUNITY. DRAFT COPIES OF THE CHNA
WERE RELEASED, ALONG WITH REQUESTS FOR COMMENTS AND EDITS. PRIORITY HEALTH
NEEDS WERE IDENTIFIED IN OCTOBER 2021, AND THE CHNA WAS REVIEWED FOR

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.

COMPLIANCE IN DECEMBER 2021. THE CHNA WAS PUBLICLY RELEASED ON JUNE 15, 2022.

MOUNT CARMEL NEW ALBANY SURGICAL HOSP.:

PART V, SECTION B, LINE 5: THE FRANKLIN COUNTY CHNA WAS A COLLABORATIVE PROJECT, LED BY CENTRAL OHIO HOSPITAL COUNCIL, AND CONDUCTED BY A STEERING COMMITTEE COMPRISED OF THE FOLLOWING ORGANIZATIONS: NATIONWIDE CHILDREN'S HOSPITAL, OHIOHEALTH, THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER, MC EAST, MC GROVE CITY, MC ST. ANN'S, MC NEW ALBANY, AND DILEY RIDGE; COLUMBUS PUBLIC HEALTH AND FRANKLIN COUNTY PUBLIC HEALTH (WITH SPECIAL KNOWLEDGE OF AND EXPERTISE IN PUBLIC HEALTH); UNITED WAY OF CENTRAL OHIO (REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED, AND MINORITY POPULATIONS); PRIMARYONE HEALTH (REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED, AND HOMELESS POPULATIONS); CENTRAL OHIO AREA AGENCY ON AGING (REPRESENTING THE SENIOR POPULATION); LIFE EXPECTANCY TASKFORCE (REPRESENTING THE SENIOR COMMUNITY); EQUITAS HEALTH (REPRESENTING LGBTQ+ POPULATIONS); VETERAN'S SERVICE COMMISSION (REPRESENTING VETERANS); OHIO DEPARTMENT OF HEALTH, OHIO DISABILITY AND HEALTH PROGRAM (REPRESENTING THOSE WHO ARE DISABLED); FRANKLIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES (EXPERTISE IN FINANCIAL AND SOCIAL SERVICES); HUMAN SERVICES CHAMBER (EXPERTISE IN SOCIAL SERVICES); ETHIOPIAN TEWAHEDO SOCIAL SERVICES (REPRESENTING NEW AMERICAN POPULATIONS); OHIO ASIAN AMERICAN HEALTH COALITION AND OHIO HISPANIC COALITION (REPRESENTING MINORITY POPULATIONS); MID-OHIO FOOD COLLECTIVE (REPRESENTING UNDERNOURISHED AND MALNOURISHED POPULATIONS); WORKFORCE DEVELOPMENT BOARD (EXPERTISE IN WORKFORCE DEVELOPMENT); EDUCATIONAL SERVICE CENTER (EXPERTISE IN EDUCATION); CENTRAL OHIO TRAUMA SYSTEM AND THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC 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.

CENTER FOR PUBLIC HEALTH PRACTICE (EXPERTISE IN PUBLIC HEALTH PRACTICES);
ILLUMINOLOGY, AND BRICKER AND ECKLER.

THE CHNA STEERING COMMITTEE BEGAN PROVIDING INPUT IN OCTOBER 2020 AND MET PERIODICALLY TO DISCUSS DATA SETS TO INCLUDE OR OMIT, DEPENDING ON ITS NEGATIVE IMPACT TO THE HEALTH OF THE COMMUNITY. DRAFT COPIES OF THE CHNA WERE RELEASED, ALONG WITH REQUESTS FOR COMMENTS AND EDITS. PRIORITY HEALTH NEEDS WERE IDENTIFIED IN OCTOBER 2021, AND THE CHNA WAS REVIEWED FOR COMPLIANCE IN DECEMBER 2021. THE CHNA WAS PUBLICLY RELEASED ON JUNE 15, 2022.

MOUNT CARMEL EAST:

PART V, SECTION B, LINE 6A: THE OTHER HOSPITAL FACILITIES INVOLVED IN CONDUCTING THE FRANKLIN COUNTY CHNA INCLUDED NATIONWIDE CHILDREN'S, OHIOHEALTH, WEXNER MEDICAL CENTER AT THE OHIO STATE UNIVERSITY, MC GROVE CITY, MC ST. ANN'S, MC NEW ALBANY, AND DILEY RIDGE MEDICAL CENTER.

MOUNT CARMEL GROVE CITY:

PART V, SECTION B, LINE 6A: THE OTHER HOSPITAL FACILITIES INVOLVED IN CONDUCTING THE FRANKLIN COUNTY CHNA INCLUDED NATIONWIDE CHILDREN'S, OHIOHEALTH, WEXNER MEDICAL CENTER AT THE OHIO STATE UNIVERSITY, MC EAST, MC ST. ANN'S, MC NEW ALBANY, AND DILEY RIDGE MEDICAL CENTER.

MOUNT CARMEL ST. ANN'S:

PART V, SECTION B, LINE 6A: THE OTHER HOSPITAL FACILITIES INVOLVED IN CONDUCTING THE FRANKLIN COUNTY CHNA INCLUDED NATIONWIDE CHILDREN'S,

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.

OHIOHEALTH, WEXNER MEDICAL CENTER AT THE OHIO STATE UNIVERSITY, MC EAST, MC GROVE CITY, MC NEW ALBANY, AND DILEY RIDGE MEDICAL CENTER.

MOUNT CARMEL NEW ALBANY SURGICAL HOSP.:

PART V, SECTION B, LINE 6A: THE OTHER HOSPITAL FACILITIES INVOLVED IN CONDUCTING THE FRANKLIN COUNTY CHNA INCLUDED NATIONWIDE CHILDREN'S, OHIOHEALTH, WEXNER MEDICAL CENTER AT THE OHIO STATE UNIVERSITY, MC EAST, MC GROVE CITY, MC ST. ANN'S, AND DILEY RIDGE MEDICAL CENTER.

MOUNT CARMEL EAST:

PART V, SECTION B, LINE 6B: THE COLLABORATIVE ORGANIZATIONS INVOLVED IN THE FRANKLIN COUNTY CHNA INCLUDED: CENTRAL OHIO AREA AGENCY ON AGING, CENTRAL OHIO HOSPITAL COUNCIL, CENTRAL OHIO TRAUMA SYSTEM, COLUMBUS PUBLIC HEALTH, EDUCATIONAL SERVICE CENTER, EQUITAS HEALTH, ETHIOPIAN TEWAHEDO SOCIAL SERVICES, FRANKLIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES, FRANKLIN COUNTY PUBLIC HEALTH, HUMAN SERVICES CHAMBER, LIFE EXPECTANCY TASK FORCE, MID-OHIO FOOD COLLECTIVE, MID-OHIO REGIONAL PLANNING COMMISSION, OHIO ASIAN AMERICAN HEALTH COALITION, OHIO DEPARTMENT OF HEALTH AND DISABILITY AND HEALTH PROGRAM, OHIO HISPANIC COALITION, UNITED WAY OF CENTRAL OHIO, PRIMARYONE HEALTH, VETERAN'S SERVICE COMMISSION, WORKFORCE DEVELOPMENT BOARD, ADAMH BOARD, THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH, ILLUMINOLOGY, AND BRICKER & ECKLER.

MOUNT CARMEL GROVE CITY:

PART V, SECTION B, LINE 6B: THE COLLABORATIVE ORGANIZATIONS INVOLVED IN THE FRANKLIN COUNTY CHNA INCLUDED: CENTRAL OHIO AREA AGENCY ON AGING,

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.

CENTRAL OHIO HOSPITAL COUNCIL, CENTRAL OHIO TRAUMA SYSTEM, COLUMBUS PUBLIC HEALTH, EDUCATIONAL SERVICE CENTER, EQUITAS HEALTH, ETHIOPIAN TEWAHEDO SOCIAL SERVICES, FRANKLIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES, FRANKLIN COUNTY PUBLIC HEALTH, HUMAN SERVICES CHAMBER, LIFE EXPECTANCY TASK FORCE, MID-OHIO FOOD COLLECTIVE, MID-OHIO REGIONAL PLANNING COMMISSION, OHIO ASIAN AMERICAN HEALTH COALITION, OHIO DEPARTMENT OF HEALTH AND DISABILITY AND HEALTH PROGRAM, OHIO HISPANIC COALITION, UNITED WAY OF CENTRAL OHIO, PRIMARYONE HEALTH, VETERAN'S SERVICE COMMISSION, WORKFORCE DEVELOPMENT BOARD, ADAMH BOARD, THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH, ILLUMINOLOGY, AND BRICKER & ECKLER.

MOUNT CARMEL ST. ANN'S:

PART V, SECTION B, LINE 6B: THE COLLABORATIVE ORGANIZATIONS INVOLVED IN THE FRANKLIN COUNTY CHNA INCLUDED: CENTRAL OHIO AREA AGENCY ON AGING, CENTRAL OHIO HOSPITAL COUNCIL, CENTRAL OHIO TRAUMA SYSTEM, COLUMBUS PUBLIC HEALTH, EDUCATIONAL SERVICE CENTER, EQUITAS HEALTH, ETHIOPIAN TEWAHEDO SOCIAL SERVICES, FRANKLIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES, FRANKLIN COUNTY PUBLIC HEALTH, HUMAN SERVICES CHAMBER, LIFE EXPECTANCY TASK FORCE, MID-OHIO FOOD COLLECTIVE, MID-OHIO REGIONAL PLANNING COMMISSION, OHIO ASIAN AMERICAN HEALTH COALITION, OHIO DEPARTMENT OF HEALTH AND DISABILITY AND HEALTH PROGRAM, OHIO HISPANIC COALITION, UNITED WAY OF CENTRAL OHIO, PRIMARYONE HEALTH, VETERAN'S SERVICE COMMISSION, WORKFORCE DEVELOPMENT BOARD, ADAMH BOARD, THE OHIO STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH, ILLUMINOLOGY, AND BRICKER & ECKLER.

MOUNT CARMEL NEW ALBANY SURGICAL HOSP.:

PART V, SECTION B, LINE 6B: THE COLLABORATIVE ORGANIZATIONS INVOLVED IN

Part V Facility Information (continued)

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

THE FRANKLIN COUNTY CHNA INCLUDED: CENTRAL OHIO AREA AGENCY ON AGING,
CENTRAL OHIO HOSPITAL COUNCIL, CENTRAL OHIO TRAUMA SYSTEM, COLUMBUS PUBLIC
HEALTH, EDUCATIONAL SERVICE CENTER, EQUITAS HEALTH, ETHIOPIAN TEWAHEDO
SOCIAL SERVICES, FRANKLIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES,
FRANKLIN COUNTY PUBLIC HEALTH, HUMAN SERVICES CHAMBER, LIFE EXPECTANCY
TASK FORCE, MID-OHIO FOOD COLLECTIVE, MID-OHIO REGIONAL PLANNING
COMMISSION, OHIO ASIAN AMERICAN HEALTH COALITION, OHIO DEPARTMENT OF
HEALTH AND DISABILITY AND HEALTH PROGRAM, OHIO HISPANIC COALITION, UNITED
WAY OF CENTRAL OHIO, PRIMARYONE HEALTH, VETERAN'S SERVICE COMMISSION,
WORKFORCE DEVELOPMENT BOARD, ADAMH BOARD, THE OHIO STATE UNIVERSITY
COLLEGE OF PUBLIC HEALTH, ILLUMINOLOGY, AND BRICKER & ECKLER.

MOUNT CARMEL EAST:

PART V, SECTION B, LINE 11: MOUNT CARMEL HEALTH SYSTEM, COMPRISED OF MC
EAST, MC GROVE CITY, MC ST. ANN'S, AND MC NEW ALBANY, TOOK ACTION ON THE
FOLLOWING NEEDS IN FY23:

BASIC NEEDS - IN FY23, MARGINALLY HOUSED OR HOMELESS INDIVIDUALS WERE
IDENTIFIED AND REFERRED TO A SOCIAL CARE COMMUNITY HEALTH WORKER (CHW).
THE CHW HELPED INDIVIDUALS MAINTAIN HOUSING BY AVOIDING EVICTION AND
HELPED OTHERS GAIN STABLE HOUSING THROUGH COLLABORATION WITH COMMUNITY
PARTNERS.

CHW'S AND THE STREET MEDICINE TEAM AIDED NEWLY HOUSED COMMUNITY MEMBERS
WITH TASKS SUCH AS PAYING BILLS AND OBTAINING CLEANING SUPPLIES AND
PROVIDED EMOTIONAL SUPPORT RESOURCES IF THEY LIVED AWAY FROM THEIR SUPPORT

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.

SYSTEM.

TO ASSIST COMMUNITY MEMBERS NEEDING ASSISTANCE COOKING BUDGET-FRIENDLY, HEALTHY MEALS, THE HEALTHY LIVING CENTER EXPANDED THEIR REACH BEYOND IN-PERSON COOKING CLASSES. VIRTUAL COOKING CLASSES WERE AVAILABLE TO THOSE WITH BARRIERS TO ACCESSING IN-PERSON CLASSES.

BEHAVIORAL HEALTH - IN FY23, MOUNT CARMEL HEALTH SYSTEM, ALONG WITH OTHER HOSPITAL SYSTEMS, TOOK PART IN THE RAPID RESPONSE EMERGENCY ADDICTION AND CRISIS TEAM (RREACT) TO TREAT AND REFER PATIENTS PRESENTING IN THE EMERGENCY DEPARTMENT FOR OPIATE OVERDOSES. MOUNT CARMEL ALSO WORKED WITH OTHER LOCAL ADULT HEALTH SYSTEMS ON A QUALITY IMPROVEMENT INITIATIVE THAT DECREASED THE NUMBER OF OPIATE PRESCRIPTIONS WRITTEN FOR OUTPATIENT DIGESTIVE SURGERIES. USING CHW'S, PEER SUPPORTERS, AND COMMUNITY PARTNERS, MOUNT CARMEL HELPED INDIVIDUALS RECEIVE ASSISTANCE IN OBTAINING TREATMENT FOR SUBSTANCE MISUSE, DETOXIFICATION, AND HOUSING. THE PROJECT DAWN (DRUG AVOIDANCE WITH NALOXONE) PROGRAM AT MOUNT CARMEL HAS EDUCATED THE COMMUNITY AT EVENTS WHERE INDIVIDUALS LEARN HOW TO RECOGNIZE AN OPIATE OVERDOSE AND PROPERLY ADMINISTER NALOXONE.

THE CRIME AND TRAUMA ASSISTANCE PROGRAM (CTAP) FACILITATES THE HEALING AND RECOVERY PROCESS FOR CHILD AND ADULT VICTIMS, SURVIVORS, AND CO-SURVIVORS THROUGH EDUCATION, EMPOWERMENT, AND THERAPEUTIC INTERVENTION. CTAP ALSO OFFERS COMPREHENSIVE TRAINING AND CONSULTATION TO COMMUNITY ORGANIZATIONS AND PROVIDERS ABOUT TRAUMA-INFORMED CARE AND BEST PRACTICES. OUR TEAM ALSO ATTENDED COMMUNITY OUTREACH EVENTS TO CONNECT COMMUNITY MEMBERS AND PROVIDERS TO OUR SERVICES.

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.

COMMUNITY MEMBERS COMING TO ANY MOUNT CARMEL EMERGENCY DEPARTMENT WITH AN OVERDOSE OR OTHER ADDICTION RECOVERY NEEDS WERE PROVIDED A CHW FROM THE SOCIAL CARE PROGRAM AND A PEER RECOVERY SUPPORTER FOR LONG-TERM CASE MANAGEMENT AND RECOVERY ASSISTANCE.

MATERNAL-INFANT HEALTH - MOUNT CARMEL HEALTH SYSTEM'S BIRTHING HOSPITALS, INCLUDING MC EAST, MC GROVE CITY, AND MC ST. ANN'S, CONTINUED THEIR PARTICIPATION IN A COUNTYWIDE INITIATIVE TO LOWER INFANT MORTALITY RATES. PRIOR TO DISCHARGE, WOMEN AND FAMILIES ARE SHOWN A VIDEO HIGHLIGHTING THE IMPORTANCE OF INFANT SAFE-SLEEP PRACTICES, BREASTFEEDING, AND STRATEGIES TO STAY CALM WHEN BABIES CRY (TO REDUCE SHAKEN BABY SYNDROME). MOUNT CARMEL'S WELCOME HOME PROGRAM PROVIDES HOME VISITS TO MOM AND BABY AT LEAST 30 DAYS POST-DISCHARGE TO ASSESS THEIR HEALTH, AND ADDITIONAL VISITS ARE OFFERED TO VULNERABLE FAMILIES, ONCE IDENTIFIED. EXPECTANT MOTHERS WHO ARE HIGH-RISK OR AFRICAN AMERICAN AND RESIDING IN A COLUMBUS ZIP CODE HAVE THE OPTION TO PARTICIPATE IN THE HEALTHY START-MY BABY AND ME PROGRAM. HEALTHY START PROVIDES MULTIPLE HOME VISITS EACH MONTH, DURING AND AFTER PREGNANCY, TO INCREASE POSITIVE HEALTH OUTCOMES FOR MOM AND BABY. REMOVING BARRIERS FOR LOW-INCOME MOTHERS TO RECEIVE OBSTETRICAL CARE, AND PROMOTING HEALTHY PREGNANCY BY PROVIDING GLUCOMETERS, TEST STRIPS, PACK 'N PLAYS, AND CAR SEATS FOR QUALIFYING LOW-INCOME FAMILIES, WERE OTHER SERVICES MOUNT CARMEL BIRTHING HOSPITALS PROVIDED TO THE COMMUNITY IN FY23. IMPROVING MATERNAL HEALTH BY ADDRESSING SOCIAL CONDITIONS, SUCH AS HOUSING, BENEFITS, AND JOB-RELATED ISSUES, ALL OF WHICH COULD RESULT IN A NEGATIVE PREGNANCY OUTCOME, WERE OTHER COUNTYWIDE INITIATIVES OFFERED BY MOUNT CARMEL.

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.

RACIAL EQUITY - MC EAST, MC GROVE CITY, MC ST. ANN'S, AND MC NEW ALBANY DID NOT ADDRESS RACIAL EQUITY DUE TO RESOURCE LIMITATIONS. AS PART OF MOUNT CARMEL HEALTH SYSTEM, THERE ARE VARIOUS HOSPITAL PROGRAMS AND COMMUNITY PARTNERSHIPS DIRECTLY ADDRESSING THIS PRIORITY HEALTH NEED. FOR EXAMPLE, AS PART OF CENTRAL OHIO HOSPITAL COUNCIL AND OHIO BETTER BIRTH OUTCOMES, OFFERINGS WILL BE DEVELOPED IN COORDINATION WITH A BLACK-LED COMMUNITY-BASED ORGANIZATION TO ADDRESS RACIAL BIAS, STIGMA, DISCRIMINATION, AND EFFECTS OF STRUCTURAL RACISM ON REPRODUCTIVE HEALTH. COMMUNITY PARTNERS ALSO ADDRESSING THIS PRIORITY HEALTH NEED ARE LISTED ON PAGE 140 OF MOUNT CARMEL'S CHNA.

MOUNT CARMEL GROVE CITY:

PART V, SECTION B, LINE 11: MOUNT CARMEL HEALTH SYSTEM, COMPRISED OF MC EAST, MC GROVE CITY, MC ST. ANN'S, AND MC NEW ALBANY, TOOK ACTION ON THE FOLLOWING NEEDS IN FY23:

BASIC NEEDS - IN FY23, MARGINALLY HOUSED OR HOMELESS INDIVIDUALS WERE IDENTIFIED AND REFERRED TO A SOCIAL CARE COMMUNITY HEALTH WORKER (CHW). THE CHW HELPED INDIVIDUALS MAINTAIN HOUSING BY AVOIDING EVICTION AND HELPED OTHERS GAIN STABLE HOUSING THROUGH COLLABORATION WITH COMMUNITY PARTNERS.

CHW'S AND THE STREET MEDICINE TEAM AIDED NEWLY HOUSED COMMUNITY MEMBERS WITH TASKS SUCH AS PAYING BILLS AND OBTAINING CLEANING SUPPLIES AND PROVIDED EMOTIONAL SUPPORT RESOURCES IF THEY LIVED AWAY FROM THEIR SUPPORT SYSTEM.

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 ASSIST COMMUNITY MEMBERS NEEDING ASSISTANCE COOKING BUDGET-FRIENDLY, HEALTHY MEALS, THE HEALTHY LIVING CENTER EXPANDED THEIR REACH BEYOND IN-PERSON COOKING CLASSES. VIRTUAL COOKING CLASSES WERE AVAILABLE TO THOSE WITH BARRIERS TO ACCESSING IN-PERSON CLASSES.

BEHAVIORAL HEALTH - IN FY23, MOUNT CARMEL HEALTH SYSTEM, ALONG WITH OTHER HOSPITAL SYSTEMS, TOOK PART IN THE RAPID RESPONSE EMERGENCY ADDICTION AND CRISIS TEAM (RREACT) TO TREAT AND REFER PATIENTS PRESENTING IN THE EMERGENCY DEPARTMENT FOR OPIATE OVERDOSES. MOUNT CARMEL ALSO WORKED WITH OTHER LOCAL ADULT HEALTH SYSTEMS ON A QUALITY IMPROVEMENT INITIATIVE THAT DECREASED THE NUMBER OF OPIATE PRESCRIPTIONS WRITTEN FOR OUTPATIENT DIGESTIVE SURGERIES. USING CHW'S, PEER SUPPORTERS, AND COMMUNITY PARTNERS, MOUNT CARMEL HELPED INDIVIDUALS RECEIVE ASSISTANCE IN OBTAINING TREATMENT FOR SUBSTANCE MISUSE, DETOXIFICATION, AND HOUSING. THE PROJECT DAWN (DRUG AVOIDANCE WITH NALOXONE) PROGRAM AT MOUNT CARMEL HAS EDUCATED THE COMMUNITY AT EVENTS WHERE INDIVIDUALS LEARN HOW TO RECOGNIZE AN OPIATE OVERDOSE AND PROPERLY ADMINISTER NALOXONE.

THE CRIME AND TRAUMA ASSISTANCE PROGRAM (CTAP) FACILITATES THE HEALING AND RECOVERY PROCESS FOR CHILD AND ADULT VICTIMS, SURVIVORS, AND CO-SURVIVORS THROUGH EDUCATION, EMPOWERMENT, AND THERAPEUTIC INTERVENTION. CTAP ALSO OFFERS COMPREHENSIVE TRAINING AND CONSULTATION TO COMMUNITY ORGANIZATIONS AND PROVIDERS ABOUT TRAUMA-INFORMED CARE AND BEST PRACTICES. OUR TEAM ALSO ATTENDED COMMUNITY OUTREACH EVENTS TO CONNECT COMMUNITY MEMBERS AND PROVIDERS TO OUR SERVICES.

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.

COMMUNITY MEMBERS COMING TO ANY MOUNT CARMEL EMERGENCY DEPARTMENT WITH AN OVERDOSE OR OTHER ADDICTION RECOVERY NEEDS WERE PROVIDED A CHW FROM THE SOCIAL CARE PROGRAM AND A PEER RECOVERY SUPPORTER FOR LONG-TERM CASE MANAGEMENT AND RECOVERY ASSISTANCE.

MATERNAL-INFANT HEALTH - MOUNT CARMEL HEALTH SYSTEM'S BIRTHING HOSPITALS, INCLUDING MC EAST, MC GROVE CITY, AND MC ST. ANN'S, CONTINUED THEIR PARTICIPATION IN A COUNTYWIDE INITIATIVE TO LOWER INFANT MORTALITY RATES. PRIOR TO DISCHARGE, WOMEN AND FAMILIES ARE SHOWN A VIDEO HIGHLIGHTING THE IMPORTANCE OF INFANT SAFE-SLEEP PRACTICES, BREASTFEEDING, AND STRATEGIES TO STAY CALM WHEN BABIES CRY (TO REDUCE SHAKEN BABY SYNDROME). MOUNT CARMEL'S WELCOME HOME PROGRAM PROVIDES HOME VISITS TO MOM AND BABY AT LEAST 30 DAYS POST-DISCHARGE TO ASSESS THEIR HEALTH, AND ADDITIONAL VISITS ARE OFFERED TO VULNERABLE FAMILIES, ONCE IDENTIFIED. EXPECTANT MOTHERS WHO ARE HIGH-RISK OR AFRICAN AMERICAN AND RESIDING IN A COLUMBUS ZIP CODE HAVE THE OPTION TO PARTICIPATE IN THE HEALTHY START-MY BABY AND ME PROGRAM. HEALTHY START PROVIDES MULTIPLE HOME VISITS EACH MONTH, DURING AND AFTER PREGNANCY, TO INCREASE POSITIVE HEALTH OUTCOMES FOR MOM AND BABY. REMOVING BARRIERS FOR LOW-INCOME MOTHERS TO RECEIVE OBSTETRICAL CARE, AND PROMOTING HEALTHY PREGNANCY BY PROVIDING GLUCOMETERS, TEST STRIPS, PACK 'N PLAYS, AND CAR SEATS FOR QUALIFYING LOW-INCOME FAMILIES, WERE OTHER SERVICES MOUNT CARMEL BIRTHING HOSPITALS PROVIDED TO THE COMMUNITY IN FY23. IMPROVING MATERNAL HEALTH BY ADDRESSING SOCIAL CONDITIONS, SUCH AS HOUSING, BENEFITS, AND JOB-RELATED ISSUES, ALL OF WHICH COULD RESULT IN A NEGATIVE PREGNANCY OUTCOME, WERE OTHER COUNTYWIDE INITIATIVES OFFERED BY MOUNT CARMEL.

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.

RACIAL EQUITY - MC EAST, MC GROVE CITY, MC ST. ANN'S, AND MC NEW ALBANY DID NOT ADDRESS RACIAL EQUITY DUE TO RESOURCE LIMITATIONS. AS PART OF MOUNT CARMEL HEALTH SYSTEM, THERE ARE VARIOUS HOSPITAL PROGRAMS AND COMMUNITY PARTNERSHIPS DIRECTLY ADDRESSING THIS PRIORITY HEALTH NEED. FOR EXAMPLE, AS PART OF CENTRAL OHIO HOSPITAL COUNCIL AND OHIO BETTER BIRTH OUTCOMES, OFFERINGS WILL BE DEVELOPED IN COORDINATION WITH A BLACK-LED COMMUNITY-BASED ORGANIZATION TO ADDRESS RACIAL BIAS, STIGMA, DISCRIMINATION, AND EFFECTS OF STRUCTURAL RACISM ON REPRODUCTIVE HEALTH. COMMUNITY PARTNERS ALSO ADDRESSING THIS PRIORITY HEALTH NEED ARE LISTED ON PAGE 140 OF MOUNT CARMEL'S CHNA.

MOUNT CARMEL ST. ANN'S:
PART V, SECTION B, LINE 11: MOUNT CARMEL HEALTH SYSTEM, COMPRISED OF MC EAST, MC GROVE CITY, MC ST. ANN'S, AND MC NEW ALBANY, TOOK ACTION ON THE FOLLOWING NEEDS IN FY23:

BASIC NEEDS - IN FY23, MARGINALLY HOUSED OR HOMELESS INDIVIDUALS WERE IDENTIFIED AND REFERRED TO A SOCIAL CARE COMMUNITY HEALTH WORKER (CHW). THE CHW HELPED INDIVIDUALS MAINTAIN HOUSING BY AVOIDING EVICTION AND HELPED OTHERS GAIN STABLE HOUSING THROUGH COLLABORATION WITH COMMUNITY PARTNERS.

CHW'S AND THE STREET MEDICINE TEAM AIDED NEWLY HOUSED COMMUNITY MEMBERS WITH TASKS SUCH AS PAYING BILLS AND OBTAINING CLEANING SUPPLIES AND PROVIDED EMOTIONAL SUPPORT RESOURCES IF THEY LIVED AWAY FROM THEIR SUPPORT SYSTEM.

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 ASSIST COMMUNITY MEMBERS NEEDING ASSISTANCE COOKING BUDGET-FRIENDLY, HEALTHY MEALS, THE HEALTHY LIVING CENTER EXPANDED THEIR REACH BEYOND IN-PERSON COOKING CLASSES. VIRTUAL COOKING CLASSES WERE AVAILABLE TO THOSE WITH BARRIERS TO ACCESSING IN-PERSON CLASSES.

BEHAVIORAL HEALTH - IN FY23, MOUNT CARMEL HEALTH SYSTEM, ALONG WITH OTHER HOSPITAL SYSTEMS, TOOK PART IN THE RAPID RESPONSE EMERGENCY ADDICTION AND CRISIS TEAM (RREACT) TO TREAT AND REFER PATIENTS PRESENTING IN THE EMERGENCY DEPARTMENT FOR OPIATE OVERDOSES. MOUNT CARMEL ALSO WORKED WITH OTHER LOCAL ADULT HEALTH SYSTEMS ON A QUALITY IMPROVEMENT INITIATIVE THAT DECREASED THE NUMBER OF OPIATE PRESCRIPTIONS WRITTEN FOR OUTPATIENT DIGESTIVE SURGERIES. USING CHW'S, PEER SUPPORTERS, AND COMMUNITY PARTNERS, MOUNT CARMEL HELPED INDIVIDUALS RECEIVE ASSISTANCE IN OBTAINING TREATMENT FOR SUBSTANCE MISUSE, DETOXIFICATION, AND HOUSING. THE PROJECT DAWN (DRUG AVOIDANCE WITH NALOXONE) PROGRAM AT MOUNT CARMEL HAS EDUCATED THE COMMUNITY AT EVENTS WHERE INDIVIDUALS LEARN HOW TO RECOGNIZE AN OPIATE OVERDOSE AND PROPERLY ADMINISTER NALOXONE.

THE CRIME AND TRAUMA ASSISTANCE PROGRAM (CTAP) FACILITATES THE HEALING AND RECOVERY PROCESS FOR CHILD AND ADULT VICTIMS, SURVIVORS, AND CO-SURVIVORS THROUGH EDUCATION, EMPOWERMENT, AND THERAPEUTIC INTERVENTION. CTAP ALSO OFFERS COMPREHENSIVE TRAINING AND CONSULTATION TO COMMUNITY ORGANIZATIONS AND PROVIDERS ABOUT TRAUMA-INFORMED CARE AND BEST PRACTICES. OUR TEAM ALSO ATTENDED COMMUNITY OUTREACH EVENTS TO CONNECT COMMUNITY MEMBERS AND PROVIDERS TO OUR SERVICES.

COMMUNITY MEMBERS COMING TO ANY MOUNT CARMEL EMERGENCY DEPARTMENT WITH AN

Part V Facility Information (continued)

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

OVERDOSE OR OTHER ADDICTION RECOVERY NEEDS WERE PROVIDED A CHW FROM THE SOCIAL CARE PROGRAM AND A PEER RECOVERY SUPPORTER FOR LONG-TERM CASE MANAGEMENT AND RECOVERY ASSISTANCE.

MATERNAL-INFANT HEALTH - MOUNT CARMEL HEALTH SYSTEM'S BIRTHING HOSPITALS, INCLUDING MC EAST, MC GROVE CITY, AND MC ST. ANN'S, CONTINUED THEIR PARTICIPATION IN A COUNTYWIDE INITIATIVE TO LOWER INFANT MORTALITY RATES. PRIOR TO DISCHARGE, WOMEN AND FAMILIES ARE SHOWN A VIDEO HIGHLIGHTING THE IMPORTANCE OF INFANT SAFE-SLEEP PRACTICES, BREASTFEEDING, AND STRATEGIES TO STAY CALM WHEN BABIES CRY (TO REDUCE SHAKEN BABY SYNDROME). MOUNT CARMEL'S WELCOME HOME PROGRAM PROVIDES HOME VISITS TO MOM AND BABY AT LEAST 30 DAYS POST-DISCHARGE TO ASSESS THEIR HEALTH, AND ADDITIONAL VISITS ARE OFFERED TO VULNERABLE FAMILIES, ONCE IDENTIFIED. EXPECTANT MOTHERS WHO ARE HIGH-RISK OR AFRICAN AMERICAN AND RESIDING IN A COLUMBUS ZIP CODE HAVE THE OPTION TO PARTICIPATE IN THE HEALTHY START-MY BABY AND ME PROGRAM. HEALTHY START PROVIDES MULTIPLE HOME VISITS EACH MONTH, DURING AND AFTER PREGNANCY, TO INCREASE POSITIVE HEALTH OUTCOMES FOR MOM AND BABY. REMOVING BARRIERS FOR LOW-INCOME MOTHERS TO RECEIVE OBSTETRICAL CARE, AND PROMOTING HEALTHY PREGNANCY BY PROVIDING GLUCOMETERS, TEST STRIPS, PACK 'N PLAYS, AND CAR SEATS FOR QUALIFYING LOW-INCOME FAMILIES, WERE OTHER SERVICES MOUNT CARMEL BIRTHING HOSPITALS PROVIDED TO THE COMMUNITY IN FY23. IMPROVING MATERNAL HEALTH BY ADDRESSING SOCIAL CONDITIONS, SUCH AS HOUSING, BENEFITS, AND JOB-RELATED ISSUES, ALL OF WHICH COULD RESULT IN A NEGATIVE PREGNANCY OUTCOME, WERE OTHER COUNTYWIDE INITIATIVES OFFERED BY MOUNT CARMEL.

RACIAL EQUITY - MC EAST, MC GROVE CITY, MC ST. ANN'S, AND MC NEW ALBANY

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.

DID NOT ADDRESS RACIAL EQUITY DUE TO RESOURCE LIMITATIONS. AS PART OF MOUNT CARMEL HEALTH SYSTEM, THERE ARE VARIOUS HOSPITAL PROGRAMS AND COMMUNITY PARTNERSHIPS DIRECTLY ADDRESSING THIS PRIORITY HEALTH NEED. FOR EXAMPLE, AS PART OF CENTRAL OHIO HOSPITAL COUNCIL AND OHIO BETTER BIRTH OUTCOMES, OFFERINGS WILL BE DEVELOPED IN COORDINATION WITH A BLACK-LED COMMUNITY-BASED ORGANIZATION TO ADDRESS RACIAL BIAS, STIGMA, DISCRIMINATION, AND EFFECTS OF STRUCTURAL RACISM ON REPRODUCTIVE HEALTH. COMMUNITY PARTNERS ALSO ADDRESSING THIS PRIORITY HEALTH NEED ARE LISTED ON PAGE 140 OF MOUNT CARMEL'S CHNA.

MOUNT CARMEL NEW ALBANY SURGICAL HOSP.:

PART V, SECTION B, LINE 11: MOUNT CARMEL HEALTH SYSTEM, COMPRISED OF MC EAST, MC GROVE CITY, MC ST. ANN'S, AND MC NEW ALBANY, TOOK ACTION ON THE FOLLOWING NEEDS IN FY23:

BASIC NEEDS - IN FY23, MARGINALLY HOUSED OR HOMELESS INDIVIDUALS WERE IDENTIFIED AND REFERRED TO A SOCIAL CARE COMMUNITY HEALTH WORKER (CHW). THE CHW HELPED INDIVIDUALS MAINTAIN HOUSING BY AVOIDING EVICTION AND HELPED OTHERS GAIN STABLE HOUSING THROUGH COLLABORATION WITH COMMUNITY PARTNERS.

CHW'S AND THE STREET MEDICINE TEAM AIDED NEWLY HOUSED COMMUNITY MEMBERS WITH TASKS SUCH AS PAYING BILLS AND OBTAINING CLEANING SUPPLIES AND PROVIDED EMOTIONAL SUPPORT RESOURCES IF THEY LIVED AWAY FROM THEIR SUPPORT SYSTEM.

TO ASSIST COMMUNITY MEMBERS NEEDING ASSISTANCE COOKING BUDGET-FRIENDLY,

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.

HEALTHY MEALS, THE HEALTHY LIVING CENTER EXPANDED THEIR REACH BEYOND
IN-PERSON COOKING CLASSES. VIRTUAL COOKING CLASSES WERE AVAILABLE TO THOSE
WITH BARRIERS TO ACCESSING IN-PERSON CLASSES.

BEHAVIORAL HEALTH - IN FY23, MOUNT CARMEL HEALTH SYSTEM, ALONG WITH OTHER
HOSPITAL SYSTEMS, TOOK PART IN THE RAPID RESPONSE EMERGENCY ADDICTION AND
CRISIS TEAM (RREACT) TO TREAT AND REFER PATIENTS PRESENTING IN THE
EMERGENCY DEPARTMENT FOR OPIATE OVERDOSES. MOUNT CARMEL ALSO WORKED WITH
OTHER LOCAL ADULT HEALTH SYSTEMS ON A QUALITY IMPROVEMENT INITIATIVE THAT
DECREASED THE NUMBER OF OPIATE PRESCRIPTIONS WRITTEN FOR OUTPATIENT
DIGESTIVE SURGERIES. USING CHW'S, PEER SUPPORTERS, AND COMMUNITY PARTNERS,
MOUNT CARMEL HELPED INDIVIDUALS RECEIVE ASSISTANCE IN OBTAINING TREATMENT
FOR SUBSTANCE MISUSE, DETOXIFICATION, AND HOUSING. THE PROJECT DAWN (DRUG
AVOIDANCE WITH NALOXONE) PROGRAM AT MOUNT CARMEL HAS EDUCATED THE
COMMUNITY AT EVENTS WHERE INDIVIDUALS LEARN HOW TO RECOGNIZE AN OPIATE
OVERDOSE AND PROPERLY ADMINISTER NALOXONE.

THE CRIME AND TRAUMA ASSISTANCE PROGRAM (CTAP) FACILITATES THE HEALING AND
RECOVERY PROCESS FOR CHILD AND ADULT VICTIMS, SURVIVORS, AND CO-SURVIVORS
THROUGH EDUCATION, EMPOWERMENT, AND THERAPEUTIC INTERVENTION. CTAP ALSO
OFFERS COMPREHENSIVE TRAINING AND CONSULTATION TO COMMUNITY ORGANIZATIONS
AND PROVIDERS ABOUT TRAUMA-INFORMED CARE AND BEST PRACTICES. OUR TEAM ALSO
ATTENDED COMMUNITY OUTREACH EVENTS TO CONNECT COMMUNITY MEMBERS AND
PROVIDERS TO OUR SERVICES.

COMMUNITY MEMBERS COMING TO ANY MOUNT CARMEL EMERGENCY DEPARTMENT WITH AN
OVERDOSE OR OTHER ADDICTION RECOVERY NEEDS WERE PROVIDED A CHW FROM THE

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.

SOCIAL CARE PROGRAM AND A PEER RECOVERY SUPPORTER FOR LONG-TERM CASE MANAGEMENT AND RECOVERY ASSISTANCE.

RACIAL EQUITY - MC EAST, MC GROVE CITY, MC ST. ANN'S, AND MC NEW ALBANY DID NOT ADDRESS RACIAL EQUITY DUE TO RESOURCE LIMITATIONS. AS PART OF MOUNT CARMEL HEALTH SYSTEM, THERE ARE VARIOUS HOSPITAL PROGRAMS AND COMMUNITY PARTNERSHIPS DIRECTLY ADDRESSING THIS PRIORITY HEALTH NEED. FOR EXAMPLE, AS PART OF CENTRAL OHIO HOSPITAL COUNCIL AND OHIO BETTER BIRTH OUTCOMES, OFFERINGS WILL BE DEVELOPED IN COORDINATION WITH A BLACK-LED COMMUNITY-BASED ORGANIZATION TO ADDRESS RACIAL BIAS, STIGMA, DISCRIMINATION, AND EFFECTS OF STRUCTURAL RACISM ON REPRODUCTIVE HEALTH. COMMUNITY PARTNERS ALSO ADDRESSING THIS PRIORITY HEALTH NEED ARE LISTED ON PAGE 140 OF MOUNT CARMEL'S CHNA.

MATERNAL-INFANT HEALTH - MC NEW ALBANY DID NOT ADDRESS MATERNAL AND INFANT HEALTH BECAUSE THIS SERVICE LINE IS NOT OFFERED AT THIS FACILITY AND OTHER MOUNT CARMEL HEALTH SYSTEM HOSPITALS AND COMMUNITY PARTNERS (LISTED ON PAGE 14 OF MOUNT CARMEL'S CHNA) ARE ADDRESSING THIS PRIORITY HEALTH NEED.

MOUNT CARMEL EAST:

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

Part V Facility Information *(continued)*

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

FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

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

MOUNT CARMEL GROVE CITY:

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

Part V Facility Information (continued)

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

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

MOUNT CARMEL ST. ANN'S:

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

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS

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.

ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

MOUNT CARMEL NEW ALBANY SURGICAL HOSP.:

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

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

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 CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

MOUNT CARMEL EAST - 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.

MOUNT CARMEL GROVE CITY - 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.

MOUNT CARMEL ST. ANN'S - 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.

MOUNT CARMEL NEW ALBANY SURGICAL HOSP. - 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.

MOUNT CARMEL EAST - PART V, SECTION B, LINE 7A:

CHNA URL: WWW.MOUNTCARMELHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT

MOUNT CARMEL EAST - PART V, SECTION B, LINE 10A:

IMPLEMENTATION STRATEGY URL:

WWW.MOUNTCARMELHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT

MOUNT CARMEL GROVE CITY - PART V, SECTION B, LINE 7A:

CHNA URL: WWW.MOUNTCARMELHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT

MOUNT CARMEL GROVE CITY - PART V, SECTION B, LINE 10A:

IMPLEMENTATION STRATEGY URL:

WWW.MOUNTCARMELHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT

MOUNT CARMEL ST. ANN'S - PART V, SECTION B, LINE 7A:

CHNA URL: WWW.MOUNTCARMELHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT

MOUNT CARMEL ST. ANN'S - PART V, SECTION B, LINE 10A:

IMPLEMENTATION STRATEGY URL:

WWW.MOUNTCARMELHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT

MOUNT CARMEL NEW ALBANY - PART V, SECTION B, LINE 7A:

CHNA URL: WWW.MOUNTCARMELHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT

MOUNT CARMEL NEW ALBANY - PART V, SECTION B, LINE 10A:

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.

IMPLEMENTATION STRATEGY URL:

WWW.MOUNTCARMELHEALTH.COM/ABOUT-US/COMMUNITY-BENEFIT

MOUNT CARMEL EAST - PART V, SECTION B, LINE 16A:

WWW.MOUNTCARMELHEALTH.COM/FOR-PATIENTS/

BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

MOUNT CARMEL GROVE CITY - PART V, SECTION B, LINE 16A:

WWW.MOUNTCARMELHEALTH.COM/FOR-PATIENTS/

BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

MOUNT CARMEL ST. ANN'S - PART V, SECTION B, LINE 16A:

WWW.MOUNTCARMELHEALTH.COM/FOR-PATIENTS/

BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

MOUNT CARMEL NEW ALBANY - PART V, SECTION B, LINE 16A:

WWW.MOUNTCARMELHEALTH.COM/FOR-PATIENTS/

BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

MOUNT CARMEL EAST - PART V, SECTION B, LINE 16B:

WWW.MOUNTCARMELHEALTH.COM/FOR-PATIENTS/

BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

MOUNT CARMEL GROVE CITY - PART V, SECTION B, LINE 16B:

WWW.MOUNTCARMELHEALTH.COM/FOR-PATIENTS/

BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

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.

MOUNT CARMEL ST. ANN'S - PART V, SECTION B, LINE 16B:

WWW.MOUNTCARMELHEALTH.COM/FOR-PATIENTS/

BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

MOUNT CARMEL NEW ALBANY - PART V, SECTION B, LINE 16B:

WWW.MOUNTCARMELHEALTH.COM/FOR-PATIENTS/

BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

MOUNT CARMEL EAST - PART V, SECTION B, LINE 16C:

WWW.MOUNTCARMELHEALTH.COM/FOR-PATIENTS/

BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

MOUNT CARMEL GROVE CITY - PART V, SECTION B, LINE 16C:

WWW.MOUNTCARMELHEALTH.COM/FOR-PATIENTS/

BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

MOUNT CARMEL ST. ANN'S - PART V, SECTION B, LINE 16C:

WWW.MOUNTCARMELHEALTH.COM/FOR-PATIENTS/

BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

MOUNT CARMEL NEW ALBANY - PART V, SECTION B, LINE 16C:

WWW.MOUNTCARMELHEALTH.COM/FOR-PATIENTS/

BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 56

Name and address	Type of facility (describe)
1 MOUNT CARMEL CENTRAL OHIO NEUROLOGIC 249 KENWOOD DR COSHOCTON, OH 43812	NEUROSURGERY CENTER
2 MOUNT CARMEL CENTRAL OHIO NEUROLOGIC 100 COLEMANS CROSSING BLVD 2ND FL MARYSVILLE, OH 43040	NEUROSURGERY CENTER
3 MOUNT CARMEL CENTRAL OHIO NEUROLOGIC 1176 E HOME RD SPRINGFIELD, OH 45503	NEUROSURGERY CENTER
4 MOUNT CARMEL CENTRAL OHIO NEUROLOGIC 11301 UPPER GILCHRIST DR MOUNT VERNON, OH 43050	NEUROSURGERY CENTER
5 MOUNT CARMEL CENTRAL OHIO NEUROLOGIC 3964 FRAZEYSBURG RD ZANESVILLE, OH 43701	NEUROSURGERY CENTER
6 MOUNT CARMEL CENTRAL OHIO NEUROLOGIC 1450 COLUMBUS AV STE 105 WASHINGTON COURT HOUSE, OH 43160	NEUROSURGERY CENTER
7 MOUNT CARMEL CENTRAL OHIO NEUROLOGIC 1533 ELECTION HOUSE RD NW LANCASTER, OH 43130	NEUROSURGERY CENTER
8 MOUNT CARMEL CENTRAL OHIO NEUROLOGIC 1204 GREENE ST MARIETTA, OH 45750	NEUROSURGERY CENTER
9 MOUNT CARMEL HEART & VASCULAR SPEC. 415 INDEPENDENCE BLVD LONDON, OH 43140	CARDIOLOGY CENTER
10 OLENTANGY WOMEN'S HEALTH CENTER 4885 OLENTANGY RIVER ROAD STE 160 COLUMBUS, OH 43214	WOMEN'S HEALTH

Schedule H (Form 990) 2022

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 56

Name and address	Type of facility (describe)
11 MOUNT CARMEL MID OHIO PULMON & SLEEP 5345 HENDRON RD. GROVEPORT, OH 43125	PULMONARY
12 MOUNT CARMEL LAB SERVICE CENTER 55 N. HIGH ST. NEW ALBANY, OH 43054	OUTPATIENT LAB DRAWS
13 MOUNT CARMEL LAB SERVICE CENTER 2100 MARBLE CLIFF OFFICE PARK, STE A COLUMBUS, OH 43215	OUTPATIENT LAB DRAWS
14 MOUNT CARMEL SEDALIA LAB SERVICE CTR 5343 HENDRON RD. GROVEPORT, OH 43125	OUTPATIENT LAB DRAWS
15 MOUNT CARMEL LAB SERVICE CENTER 641 HILL ROAD NORTH, SUITE D PICKERINGTON, OH 43147	OUTPATIENT LAB DRAWS
16 MOUNT CARMEL LAB SERVICE CENTER 10330 SAWMILL PKWY., STE 500 POWELL, OH 43065	OUTPATIENT LAB DRAWS
17 MOUNT CARMEL LAB SERVICE CENTER 4310 CLIME RD., STE D COLUMBUS, OH 43228	OUTPATIENT LAB DRAWS
18 MOUNT CARMEL LAB SERVICE CENTER 237 W. SCHROCK RD., STE A WESTERVILLE, OH 43081	OUTPATIENT LAB DRAWS
19 MOUNT CARMEL HEART & VASCULAR SPEC. 4176 KELNOR DRIVE GROVE CITY, OH 43123	CARDIOLOGY CENTER
20 MOUNT CARMEL OUTPATIENT CANCER CTR 5975 E. BROAD ST., STE 300 COLUMBUS, OH 43213	CANCER TREATMENT

Schedule H (Form 990) 2022

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 56

Name and address	Type of facility (describe)
21 MOUNT CARMEL RADIATION THERAPY 3100 PLAZA PROPERTIES BLVD., STE 120 COLUMBUS, OH 43219	CANCER TREATMENT & RESEARCH
22 MOUNT CARMEL - 444 N CLEVELAND MOB 444 N. CLEVELAND AVE. WESTERVILLE, OH 43082	CARDIAC REHAB, SPORTS MED, REHAB, PHYSICAL THERAPY
23 MOUNT CARMEL - GRANVILLE 1945 NEWARK-GRANVILLE ROAD GRANVILLE, OH 43023	PULMONARY, NEUROSURGERY, CARDIOVASCULAR CENTER
24 MOUNT CARMEL BEHAVIORAL HEALTH 4646 HILTON CORPORATE DR COLUMBUS, OH 43232	PSYCHIATRY
25 NEW ALBANY SURGERY CENTER 5040 FOREST DR., STE 100 NEW ALBANY, OH 43054	AMBULATORY SURGERY CENTER
26 MOUNT CARMEL HEALTHY LIVING CENTER 777 WEST STATE STREET COLUMBUS, OH 43222	HOLISTIC HEALTH AND WELLNESS PROGRAMS
27 TAYLOR STATION SURGICAL CENTER 275 TAYLOR STATION RD. COLUMBUS, OH 43213	AMBULATORY SURGERY CENTER
28 MOUNT CARMEL CENTRAL OHIO NEUROLOGIC 955 EASTWIND DRIVE, STE 150 WESTERVILLE, OH 43081	NEUROSURGERY CENTER
29 MOUNT CARMEL SPORTS MED SPECIALISTS 955 EASTWIND DRIVE, STE 200 WESTERVILLE, OH 43081	REHAB & SPORTS MEDICINE
30 MOUNT CARMEL - GROVE CITY 3000 MEADOW POND CT. GROVE CITY, OH 43123	REHAB, SPORTS MED, PHYSICAL THERAPY, OUTPATIENT LAB DRAWS

Schedule H (Form 990) 2022

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 56

Name and address	Type of facility (describe)
31 MOUNT CARMEL - DILEY RIDGE MOB 7901 DILEY ROAD CANAL WINCHESTER, OH 43110	PULMONARY, VASCULAR, NEUROLOGY, CARDIOLOGY, CARDIAC IMAGING, OUTPATIENT LAB
32 MOUNT CARMEL - FRANKLINTON 775 WEST BROAD STREET COLUMBUS, OH 43222	INTERNAL MED, INFECTIOUS DISEASES, WOUND CARE, WOMEN'S HEALTH, OUTPATIENT LAB
33 MOUNT CARMEL - TAYLOR STATION 150 TAYLOR STATION RD. COLUMBUS, OH 43213	CARDIAC AND PULMONARY REHAB, SLEEP MEDICINE, OUTPATIENT LAB DRAWS
34 MOUNT CARMEL - MCNAUGHTEN 85 MCNAUGHTEN RD. COLUMBUS, OH 43213	VASCULAR, CARDIOVASC, OUTPATIENT LAB DRAWS
35 MOUNT CARMEL - HILLIARD BRITTON PKWY 4674 BRITTON PARKWAY HILLIARD, OH 43026	VASCULAR, CARDIOVASC, REHAB, SPORTS MED, PT/OT, IMAGING, WOMEN'S HEALTH, LAB
36 MOUNT CARMEL REHABILITATION HOSPITAL 597 EXECUTIVE CAMPUS DR WESTERVILLE, OH 43082	INPATIENT REHABILITATION HOSPITAL
37 MOUNT CARMEL - EAST BUILDING 4 5969 E. BROAD ST. COLUMBUS, OH 43213	PULMONARY, ENT, AUDIOLOGY, OCUPATIONAL HEALTH, IMAGING
38 MOUNT CARMEL - FRANKLINTON 120 S. GREEN STREET COLUMBUS, OH 43222	EMERGENCY DEPT AND IMAGING
39 MOUNT CARMEL - WESTERVILLE 477 COOPER RD. WESTERVILLE, OH 43081	SLEEP MEDICINE, FAMILY MEDICINE, CARDIOVASCULAR, WOUND CARE, WOMEN'S HEALTH
40 MOUNT CARMEL CARE CONTINUUM SERVICES 777 WEST STATE STREET COLUMBUS, OH 43222	HOSPICE AND PALLIATIVE CARE

Schedule H (Form 990) 2022

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 56

Name and address	Type of facility (describe)
41 MOUNT CARMEL - EAST BUILDING 5 5965 E. BROAD ST. COLUMBUS, OH 43213	REHAB, SPORTS MED, PT, NEUROLOGY, HEART FAILURE, WOMEN'S HLTH, WOUND CARE
42 DILEY RIDGE MEDICAL CENTER EMERGENCY 7911 DILEY ROAD CANAL WINCHESTER, OH 43110	EMERGENCY CARE
43 MOUNT CARMEL ANTICOAGULATION CENTER 5350 N. MEADOWS DR. STE 220 GROVE CITY, OH 43123	ANTICOAGULATION, HEART FAILURE CENTER
44 MOUNT CARMEL - NORTH MEADOWS 5500 NORTH MEADOWS DRIVE GROVE CITY, OH 43123	WOUND CARE CLINIC, PAIN MANAGEMENT
45 MOUNT CARMEL - GROVE CITY BLDG 2 5300 N. MEADOWS DR., BLDG 2 GROVE CITY, OH 43123	SLEEP MEDICINE, OBGYN, BREAST SURGERY, CANCER TREATMENT, WOMEN'S HEALTH
46 MOUNT CARMEL - GROVE CITY 5300 N. MEADOWS DR. GROVE CITY, OH 43123	CARDIOVASC, IMAGING, CARDIAC/VASCULAR/PULMON REHAB, O/P LAB, NEUROSURGERY
47 MOUNT CARMEL - LEWIS CENTER 7100 GRAPHICS WAY, 2ND FLOOR LEWIS CENTER, OH 43035	NEUROLOGY, CARDIOVASCULAR, REHAB, SPORTS MED, PT, CARDIAC REHAB
48 MOUNT CARMEL LEWIS CENTER EMERGENCY 7100 GRAPHICS WAY STE 1900 LEWIS CENTER, OH 43035	EMERGENCY CARE
49 MOUNT CARMEL - LEWIS CENTER 7100 GRAPHICS WAY, 1ST FLOOR LEWIS CENTER, OH 43035	WOMEN'S HEALTH, IMAGING, OCCUP HLTH, O/P LAB, HEART CENTER
50 MOUNT CARMEL - WESTERVILLE 4TH FLOOR 495 COOPER RD. , 4TH FLOOR WESTERVILLE, OH 43081	OBGYN, GASTROINTESTINAL CARE, SURGICAL CARE, BREAST SURGERY

Schedule H (Form 990) 2022

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 56

Name and address	Type of facility (describe)
51 MOUNT CARMEL - WESTERVILLE 3RD FLOOR 495 COOPER RD., 3RD FLOOR WESTERVILLE, OH 43081	ANTICOAGULATION, HEART FAILURE CENTER, UROGYNECOLOGY
52 MOUNT CARMEL - WESTERVILLE 2ND FLOOR 495 COOPER RD., 2ND FLOOR WESTERVILLE, OH 43081	CARDIOLOGY, VASCULAR, NEUROLOGY, MS CENTER, DIABETES MANAGEMENT
53 COLUMBUS CYBERKNIFE 495 COOPER RD., STE 125 WESTERVILLE, OH 43081	CANCER TREATMENT
54 MOUNT CARMEL - WESTERVILLE 1ST FLOOR 495 COOPER RD., 1ST FLOOR WESTERVILLE, OH 43081	CANCER TREATMENT, INFUSION, ENDO & PULMONARY, PAIN MGMT, IMAGING, O/P LAB
55 ONE SURGERY CENTER AT EASTON 3600 STELZER RD., STE 100 COLUMBUS, OH 43219	SURGERY CENTER
56 MOUNT CARMEL - REYNOLDSBURG 2300 BALTIMORE-REYNOLDSBURG RD. REYNOLDSBURG, OH 43068	EMERGENCY ROOM, IMAGING CENTER

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:

MOUNT CARMEL 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.

MOUNT CARMEL ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE. MOUNT CARMEL ALSO SUBMITS THE COMMUNITY HEALTH NEEDS ASSESSMENT AND PLAN WITH THE OHIO DEPARTMENT OF HEALTH EVERY THIRD YEAR IN ACCORDANCE WITH STATE OF OHIO REQUIREMENTS.

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, \$81,749,552, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART III, LINE 2:

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

PART III, LINE 3:

MOUNT CARMEL USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY

Part VI Supplemental Information (Continuation)

CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, MOUNT CARMEL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, MOUNT CARMEL IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

MOUNT CARMEL 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

Part VI Supplemental Information (Continuation)

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 8:

MOUNT CARMEL 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 5:

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

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

Part VI Supplemental Information (Continuation)

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 - MOUNT CARMEL ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORT TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, MOUNT CARMEL HOSPITALS 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 - MOUNT CARMEL 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.

MOUNT CARMEL 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 - MOUNT CARMEL PREDOMINATELY SERVES CENTRAL OHIO, WHICH INCLUDES FRANKLIN AND SIX CONTIGUOUS COUNTIES (DELAWARE, FAIRFIELD, LICKING, MADISON, PICKAWAY, AND UNION), AND IS HOME TO OVER 2 MILLION RESIDENTS. AMONG FRANKLIN COUNTY HOUSEHOLDS, 23.1% HAVE AN INCOME OF LESS THAN \$29,999, AND ANOTHER 17.7% HAVE A HOUSEHOLD INCOME OF BETWEEN \$30,000 AND \$49,999.

Part VI Supplemental Information (Continuation)

ACCORDING TO OHIO COUNTY PROFILES 2021 EDITION, APPROXIMATELY 40.1% OF THE FRANKLIN COUNTY POPULATION OVER AGE 25 HELD A BACHELOR'S OR HIGHER DEGREE. OF THE FRANKLIN COUNTY RESIDENTS, 32.3% LIVE BELOW 200% OF THE FEDERAL POVERTY LEVEL, AND 7.1% LIVE BELOW 50% OF THE FEDERAL POVERTY LEVEL.

ACCORDING TO THE OHIO COUNTY PROFILES FOR FRANKLIN COUNTY, 10.5% OF ADULTS IN FRANKLIN COUNTY BETWEEN THE AGES OF 18-64 DO NOT HAVE HEALTH INSURANCE.

CENTRAL OHIO FEATURES A DIVERSE EMPLOYER BASE, INCLUDING GOVERNMENT, MANUFACTURING, TRADE, EDUCATION, LEISURE AND HOSPITALITY, FINANCE, AND AGRICULTURE. MC EAST IS IN AN AREA WITH A 4.2 COMMUNITY NEED INDEX ON A SCALE OF 1 TO 5, WITH 1 BEING AN AREA OF LOW NEED AND 5 AN AREA WITH THE HIGHEST LEVEL OF NEED. THE COMMUNITY NEED INDEX IN GROVE CITY, WHERE MC GROVE CITY IS LOCATED, IS 2.6. MC ST. ANN'S IS LOCATED IN AN AREA WITH A COMMUNITY NEED INDEX OF 2.6, WITH POCKETS OF HIGHER NEED WITHIN ITS SERVICE AREA. MC NEW ALBANY IS LOCATED IN AN AREA WITH A COMMUNITY NEED INDEX OF 2. ACCORDING TO OHIO COUNTY PROFILES, THERE ARE 16 REGISTERED HOSPITALS LOCATED WITHIN FRANKLIN COUNTY, OFFERING THE COMMUNITY 6,018 BEDS.

PART VI, LINE 5:

OTHER INFORMATION - A 14-MEMBER BOARD OF DIRECTORS GOVERNS MOUNT CARMEL, WITH A MAJORITY ALLOCATED TO COMMUNITY REPRESENTATIVES AND LEADERS. OUR GOVERNANCE STRUCTURE ENSURES THAT THE COMMUNITY AND ITS INTERESTS ARE STRONGLY REPRESENTED IN IMPORTANT DECISION-MAKING. IN ADDITION, TWO SEATS ON MOUNT CARMEL'S BOARD ARE ALLOCATED TO MEMBERS/ASSOCIATES OF A ROMAN CATHOLIC RELIGIOUS CONGREGATION, WHO HELP ENSURE THAT THE ORGANIZATION REMAINS TRUE TO ITS CHARITABLE MISSION.

Part VI Supplemental Information (Continuation)

DURING FY22, RECOGNIZING THE CRIPPLING FINANCIAL EFFECTS MEDICAL DEBT CAN CAUSE, MOUNT CARMEL HEALTH SYSTEM PARTNERED WITH RIP MEDICAL DEBT (RIPMD). RIPMD IS A NATIONAL CHARITY THAT OBTAINS AND ELIMINATES MEDICAL DEBT FOR QUALIFYING PATIENTS BURDENED BY FINANCIAL HARDSHIP. BY EARLY FY23, OVER 159,000 QUALIFYING ACCOUNTS HAD OVER \$142 MILLION OF QUALIFIED MEDICAL DEBT ELIMINATED.

IN FY23, MOUNT CARMEL HEALTH SYSTEM, INCLUDING MC EAST, MC GROVE CITY, MC ST. ANN'S, AND MC NEW ALBANY, ADVOCATED FOR COMMUNITY HEALTH IMPROVEMENTS AND SAFETY THROUGH EMPLOYEE REPRESENTATION ON BOARDS WHICH ADVOCATE FOR CHANGE, THUS IMPACTING THE HEALTH, NUTRITION, AND SOCIAL ISSUES OF COMMUNITY MEMBERS.

MOUNT CARMEL HOSPITALS MAINTAIN AN OPEN MEDICAL STAFF, MEANING MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS. MOUNT CARMEL ACTIVELY RECRUITS AND EMPLOYS DOCTORS TO SERVE IN UNDER-SERVED AREAS OF THE COMMUNITY. MOUNT CARMEL OPERATES A GRADUATE MEDICAL EDUCATION PROGRAM AND A COLLEGE OF NURSING. THE MOUNT CARMEL HEALTH SYSTEM FOUNDATION AND THE MOUNT CARMEL COLLEGE OF NURSING PROVIDED 163 NURSING STUDENTS WITH ACADEMIC SCHOLARSHIPS TOTALING OVER \$616,000. THE GRADUATE MEDICAL EDUCATION PROGRAM OPERATES HEALTH CLINICS FOR EDUCATIONAL PURPOSES AND TO IMPROVE ACCESS AND CARE CONTINUITY FOR UNDERINSURED AND UNINSURED PATIENTS.

MOUNT CARMEL PROVIDED MANY LEARNING OPPORTUNITIES TO THE COMMUNITY IN FY23. THE HEALTH SYSTEM HELPED PROFESSIONALS CONTINUE THEIR EDUCATION AND STRIVED TO INSPIRE FUTURE HEALTH CARE PROVIDERS. MOUNT CARMEL EDUCATED EMERGENCY MEDICAL SERVICE PROFESSIONALS AND FIRE FIGHTERS IN VARIOUS

Part VI Supplemental Information (Continuation)

TOWNSHIPS AND COUNTIES TO STAY CURRENT ON THE MOST MODERN AND APPROPRIATE EMERGENCY TREATMENT OPTIONS.

MOUNT CARMEL BIRTHING HOSPITALS - MC EAST, MC GROVE CITY, AND MC ST. ANN'S - HAVE WORKED TO SUPPORT MATERNAL AND INFANT HEALTH BY ACHIEVING BABY-FRIENDLY DESIGNATION FROM BABY-FRIENDLY USA OR CONTINUING ITS BABY-FRIENDLY DESIGNATION JOURNEY. OHIO FIRST STEPS HAS RECOGNIZED MC EAST, MC GROVE CITY, AND MC ST. ANN'S AS FIVE-STAR HOSPITALS FOR HEALTHY BABIES, WHICH ENCOURAGES HOSPITALS TO PROMOTE, PROTECT, AND SUPPORT BREASTFEEDING. THE DOULA PROGRAM OFFERED AT MC EAST AND MC ST. ANN'S IS OHIO'S FIRST HOSPITAL-BASED DOULA PROGRAM. THE AFFORDABILITY TO HAVE A BIRTH DOULA PRESENT HAS BEEN MADE POSSIBLE BY GENEROUS FUNDING PROVIDED FROM THE MOUNT CARMEL HEALTH SYSTEM FOUNDATION. HAVING A BIRTH DOULA PRESENT HAS PROVEN TO RESULT IN BETTER HEALTH OUTCOMES FOR MOM AND BABY.

MOUNT CARMEL HAS CONTINUED WORKING WITH COMMUNITY PARTNERS TO POSITIVELY IMPACT PATIENT HOUSING STABILITY BY IDENTIFYING THOSE WHO ARE marginally HOUSED, AT RISK OF HOMELESSNESS, OR ARE HOMELESS, AND CONNECTING THEM WITH AFFORDABLE AND QUALITY HOUSING OR HELPING PREVENT EVICTION THROUGH COLLABORATION WITH COMMUNITY PARTNERS.

PART VI, LINE 6:

MOUNT CARMEL HEALTH SYSTEM 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:

Part VI Supplemental Information (Continuation)

- 1. ADDRESSING PATIENT SOCIAL NEEDS ,
- 2. INVESTING IN OUR COMMUNITIES, AND
- 3. STRENGTHENING THE IMPACT OF OUR COMMUNITY BENEFIT.

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGIES AND FOCUS INTENTIONALLY ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. WE BELIEVE THAT COMMUNITY MEMBERS AND COMMUNITIES THAT ARE THE MOST IMPACTED BY RACISM AND OTHER FORMS OF DISCRIMINATION EXPERIENCE THE GREATEST DISPARITIES AND INEQUITIES IN HEALTH OUTCOMES AND SHOULD BE INCLUSIVELY ENGAGED IN ALL COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT EFFORTS. THROUGHOUT OUR WORK, WE DISMANTLE OPPRESSIVE SYSTEMS, AND BUILD COMMUNITY CAPACITY AND PARTNERSHIPS.

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

IN ADDITION TO ANNUAL COMMUNITY BENEFIT SPENDING, TRINITY HEALTH 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:

Part VI Supplemental Information (Continuation)

- HOUSING: BUILDING AFFORDABLE HOUSING; IMPROVING ACCESS TO SENIOR HOUSING; AND COMBATTING HOMELESSNESS (\$35.5 MILLION)

- EDUCATION: SUPPORTING STUDENTS ENTERING THE HEALTH PROFESSIONS (\$10.1 MILLION)

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

- ECONOMIC DEVELOPMENT: ENCOURAGING SMALL BUSINESS DEVELOPMENT, CREATING LOCAL JOBS AND SUPPORTING ACCESS TO HEALTHY FOODS; QUALITY CHILDCARE; AND OTHER COMMUNITY SERVICES (\$7.4 MILLION)

ACROSS THE SYSTEM, NEARLY 700,000 OF PATIENTS SEEN IN PRIMARY CARE SETTINGS WERE SCREENED FOR SOCIAL NEEDS. FOR ABOUT 30% OF THOSE PATIENTS, AT LEAST ONE SOCIAL NEED WAS IDENTIFIED. TOGETHERCARE - TRINITY HEALTH'S ELECTRONIC HEALTH RECORD, POWERED BY EPIC - HAS MADE IT POSSIBLE FOR TRINITY HEALTH TO STANDARDIZE SCREENING FOR SOCIAL NEEDS AND CONNECT PATIENTS TO COMMUNITY RESOURCES THROUGH THE COMMUNITY RESOURCE DIRECTORY (COMMUNITYRESOURCES.TRINITY-HEALTH.ORG).

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

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

Part VI Supplemental Information (Continuation)

SERVICES WITHIN THE COMMUNITY. TRINITY HEALTH PROVIDES A 40+ HOUR FOUNDATIONAL CHW AND CHRONIC DISEASE-SPECIFIC TRAINING TO TRINITY HEALTH-EMPLOYED CHW'S AND ALSO TO COMMUNITY PARTNERS THAT EMPLOY CHW'S.

IN 2017, TRINITY HEALTH RECEIVED A SIX-YEAR, \$8.5 MILLION GRANT FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO INCREASE THE NUMBER OF NATIONAL DIABETES PREVENTION PROGRAM (DPP) DELIVERY SITES, INCREASE PROGRAM ENROLLMENT, MAINTAIN PARTICIPATION RATES, AND INCREASE BENEFIT COVERAGE. IN ADDITION, THE GRANT WAS USED TO STANDARDIZE CLINICAL SCREENING AND DETECTION OF DIABETES. DURING THE GRANT PERIOD, TRINITY HEALTH BUILT THE NATIONAL DPP INTO ITS ELECTRONIC HEALTH RECORD SYSTEM TO MAKE IDENTIFYING PATIENTS AND ENROLLING THEM IN THE PROGRAM EASIER. SINCE SEPTEMBER 2017, OVER 6,000 PARTICIPANTS HAVE ENROLLED IN A TRINITY HEALTH NATIONAL DPP AND HAVE COLLECTIVELY LOST A TOTAL OF OVER 51,000 POUNDS.

LASTLY, TRINITY HEALTH'S FY23 SHAREHOLDER ADVOCACY PRIORITIES FOCUSED ON IMPROVING CORPORATE POLICIES AND PRACTICES THAT IMPACT COMMUNITIES, WITH THE AIM OF REDUCING STRUCTURAL RACISM AND HEALTH INEQUITIES. TRINITY HEALTH, IN COLLABORATION WITH ITS PARTNERS THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY AND THE INVESTOR ENVIRONMENTAL HEALTH NETWORK, FILED SHAREHOLDER PROPOSALS AT 20 COMPANIES.

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

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