

**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 MERCY HEALTH PARTNERS	Employer identification number 38-2589966
---	--

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	X	
b If "Yes," was it a written policy?	X	
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 _____ %	X	
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 _____ %	X	
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
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?	X	
b If "Yes," did the organization make it available to the public?	X	

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)			2600994.		2600994.	.33%
b Medicaid (from Worksheet 3, column a)			140149576	129470567	10679009.	1.36%
c Costs of other means-tested government programs (from Worksheet 3, column b)			3227339.	2465318.	762,021.	.10%
d Total. Financial Assistance and Means-Tested Government Programs			145977909	131935885	14042024.	1.79%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	10	20,753	3835237.	759,625.	3075612.	.39%
f Health professions education (from Worksheet 5)	1		10284433.	4728424.	5556009.	.71%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3		288,000.	328.	287,672.	.04%
j Total. Other Benefits	14	20,753	14407670.	5488377.	8919293.	1.14%
k Total. Add lines 7d and 7j	14	20,753	160385579	137424262	22961317.	2.93%

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	1		178,268.	176,311.	1,957.	.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	2		147,245.	23,876.	123,369.	.02%
7 Community health improvement advocacy	1		5,968.		5,968.	.00%
8 Workforce development						
9 Other						
10 Total	4		331,481.	200,187.	131,294.	.02%

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?	1	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	2	17,674,587.
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	3	0.
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	90,393,061.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	109,063,441.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-18,670,380.
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 MUSKEGON SC, LLC	AMBULATORY SURGERY CTR	26.74%		61.55%

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: TRINITY HEALTH MUSKEGON HOSPITAL

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>20</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</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: TRINITY HEALTH MUSKEGON HOSPITAL

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

Schedule H (Form 990) 2022

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: TRINITY HEALTH MUSKEGON HOSPITAL

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: TRINITY HEALTH MUSKEGON HOSPITAL

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

Schedule H (Form 990) 2022

Part V Facility Information (continued)

Section 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: TRINITY HEALTH SHELBY HOSPITAL

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>20</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</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: TRINITY HEALTH SHELBY HOSPITAL

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

Schedule H (Form 990) 2022

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: TRINITY HEALTH SHELBY HOSPITAL

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
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: TRINITY HEALTH SHELBY HOSPITAL

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

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: MERCY HEALTH MUSKEGON

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: MERCY HEALTH MUSKEGON

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

Schedule H (Form 990) 2022

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: MERCY HEALTH MUSKEGON

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: MERCY HEALTH MUSKEGON

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

Schedule H (Form 990) 2022

Part V Facility Information (continued)

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

TRINITY HEALTH MUSKEGON HOSPITAL:

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

TRINITY HEALTH MUSKEGON HOSPITAL:

PART V, SECTION B, LINE 3E:

MERCY HEALTH PARTNERS, DBA TRINITY HEALTH MUSKEGON (THMU), INCLUDED IN ITS JOINT FY21 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FY21 CHNA REPORT ENCOMPASSED MUSKEGON AND OCEANA COUNTIES FOR TRINITY HEALTH MUSKEGON HOSPITAL (TH MUSKEGON), TRINITY HEALTH SHELBY HOSPITAL (TH SHELBY), AND MERCY HEALTH MUSKEGON BEHAVIORAL HEALTH HOSPITAL (MH MUSKEGON). THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

MUSKEGON COUNTY

- 1. EDUCATION
- 2. EMPLOYMENT AND INCOME
- 3. COMMUNITY SAFETY - RACISM AND DISCRIMINATION
- 4. DISPARITIES IN HOUSING - RESIDENTIAL HOUSING AND WATER
- 5. HEALTHY BEHAVIORS - TOBACCO, NUTRITION, EXERCISE, ALCOHOL AND DRUG USE, SEXUAL BEHAVIOR

OCEANA COUNTY

- 1. EDUCATION
- 2. ACCESS TO CARE

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.

3. HOUSING AND TRANSIT

4. EMPLOYMENT - CHILDCARE AND TRAINING OPPORTUNITIES

5. DIET AND EXERCISE

TRINITY HEALTH SHELBY HOSPITAL:

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

TRINITY HEALTH SHELBY HOSPITAL:

PART V, SECTION B, LINE 3E:

TRINITY HEALTH MUSKEGON INCLUDED IN ITS JOINT FY21 CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FY21 CHNA REPORT ENCOMPASSED MUSKEGON AND OCEANA COUNTIES FOR TH MUSKEGON, TH SHELBY, AND MH MUSKEGON. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

MUSKEGON COUNTY

- 1. EDUCATION
- 2. EMPLOYMENT AND INCOME
- 3. COMMUNITY SAFETY - RACISM AND DISCRIMINATION
- 4. DISPARITIES IN HOUSING - RESIDENTIAL HOUSING AND WATER
- 5. HEALTHY BEHAVIORS - TOBACCO, NUTRITION, EXERCISE, ALCOHOL AND DRUG USE, SEXUAL BEHAVIOR

OCEANA COUNTY

- 1. EDUCATION

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.

2. ACCESS TO CARE

3. HOUSING AND TRANSIT

4. EMPLOYMENT - CHILDCARE AND TRAINING OPPORTUNITIES

5. DIET AND EXERCISE

MERCY HEALTH MUSKEGON:

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

MERCY HEALTH MUSKEGON:

PART V, SECTION B, LINE 3E:

TRINITY HEALTH MUSKEGON INCLUDED IN ITS JOINT FY21 CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FY21 CHNA REPORT ENCOMPASSED MUSKEGON AND OCEANA COUNTIES FOR TH MUSKEGON, TH SHELBY, AND MH MUSKEGON. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

MUSKEGON COUNTY

1. EDUCATION

2. EMPLOYMENT AND INCOME

3. COMMUNITY SAFETY - RACISM AND DISCRIMINATION

4. DISPARITIES IN HOUSING - RESIDENTIAL HOUSING AND WATER

5. HEALTHY BEHAVIORS - TOBACCO, NUTRITION, EXERCISE, ALCOHOL AND DRUG USE, SEXUAL BEHAVIOR

OCEANA COUNTY

Part V Facility Information (continued)

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

1. EDUCATION

2. ACCESS TO CARE

3. HOUSING AND TRANSIT

4. EMPLOYMENT - CHILDCARE AND TRAINING OPPORTUNITIES

5. DIET AND EXERCISE

TRINITY HEALTH MUSKEGON HOSPITAL:

PART V, SECTION B, LINE 5: TRINITY HEALTH MUSKEGON ENCOMPASSES THREE CAMPUSES: TH MUSKEGON, TH SHELBY, AND MH MUSKEGON. THE THM FY21 JOINT-CHNA PROCESS BEGAN IN JANUARY 2021 AND CONCLUDED IN JUNE 2021, WITH A 34-MEMBER ADVISORY COUNCIL REPRESENTING A BROAD RANGE OF INTERESTS IN THE SERVICE AREA. A MAJOR PARTICIPANT IN THE CHNA PROCESS WAS THE MUSKEGON COMMUNITY HEALTH PROJECT (HEALTH PROJECT), THE COMMUNITY BENEFIT ARM OF THM. THE HEALTH PROJECT PROVIDES FREE HEALTH CARE SUPPORT, ADVOCACY, ACCESS, AND SERVICES TO THOSE IN NEED ALONG MICHIGAN'S WEST COAST. OTHER PARTICIPANTS IN THE CHNA PROCESS INCLUDED: PUBLIC HEALTH MUSKEGON COUNTY, DISTRICT HEALTH DEPARTMENT #10, HACKLEY COMMUNITY CARE CENTER, GREAT START COLLABORATIVE THROUGH MUSKEGON ISD, COMMUNITY MERCY HEALTH PARTNERS FOUNDATION FOR MUSKEGON CO., MUSKEGON/OCEANA COMM. ACTION PARTNER, YMCA OF THE LAKESHORE, OCEANA COUNTY LEADER, MUSKEGON COMMUNITY COLLEGE, LAKESHORE CHAMBER OF COMMERCE, TRINITY HEALTH MUSKEGON HOSPITALS, TRINITY HEALTH MEDICAL GROUP, RAMOS AUTO BODY, TRUE NORTH COMMUNITY SERVICES, WALKERVILLE THRIVES, HART PUBLIC SCHOOLS BOARD OF EDUCATION, GOODWILL WEST MICHIGAN, MICHIGAN WORKS, CHILDCARE ACTION TEAM, LIFECIRCLE/PACE, MUSKEGON HEIGHTS NEIGHBORHOOD ASSOC., MUSKEGON FOOD ALLIANCE, MUSKEGON PUBLIC SCHOOLS, HEALTH PROJECT, BETHANY CHRISTIAN SERVICES/COMMUNITY ENCOMPASS, PETERSON

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.

FARMS, OCEANA COUNTY FAMILY COURT, OCEANA COUNTY SHERIFF, MDHHS-OCEANA, OCEANA COMMUNITY FOUNDATION, PENTWATER TOWNSHIP, HART PUBLIC SCHOOLS BOARD OF EDUCATION, REP. SCOTT VANSINGEL - 100TH HOUSE DISTRICT, CITY OF HART, HART AREA PUBLIC LIBRARY, VILLAGE OF SHELBY, STATE OF MICHIGAN, SILVER LAKE-HART CHAMBER AND VISITOR BUREAU, OCEANA'S HERALD JOURNAL, ST. GREGORY-OUR LADY OF FATIMA, OCEANA COMMUNITY FOUNDATION, AND WEST MICHIGAN COMMUNITY MENTAL HEALTH.

THE COMMUNITY ENGAGEMENT AND INPUT STRATEGY INCLUDED A COMMUNITY SURVEY WITH PARTICIPATION BY 1,257 RESIDENTS AND 13 MULTI-SITE FOCUS GROUPS. THE COMMUNITY SURVEY INCORPORATED A RANGE OF QUESTIONS FOCUSING ON HOUSEHOLD INFORMATION, SOCIAL DETERMINANTS OF HEALTH, DEPENDENT CARE, HEALTH CARE/INSURANCE, PHYSICAL HEALTH, BEHAVIORAL HEALTH AND SUBSTANCE USE, PHYSICAL ACTIVITY AND NUTRITION, ENVIRONMENT AND TRANSPORTATION, HOUSING, EDUCATION AND EMPOWERMENT, AND DEMOGRAPHIC CHARACTERISTICS. THE SURVEY WAS ADMINISTERED BY A CONSULTANT WHO TRACKED DAILY PARTICIPATION AND RESPONSES TO MEDIA PUSHES. THE LINK FOR THE SURVEY WAS CIRCULATED THROUGH VARIOUS SOCIAL MEDIA OUTLETS (FACEBOOK PRIMARILY) AND THE TRINITY HEALTH MUSKEGON DEPARTMENT'S PATIENT MEDIA PLATFORMS, AS WELL AS PAID ADVERTISEMENTS ON FACEBOOK FOR BOTH TRINITY HEALTH MUSKEGON AND THE HEALTH PROJECT.

SURVEY METHODOLOGIES INCLUDED VOLUNTEER-ADMINISTERED PAPER QUESTIONNAIRES AND ONLINE SURVEYS CONDUCTED VIA SURVEY MONKEY FROM APRIL 1ST TO MAY 10, 2021. EACH FOCUS GROUP WAS PROFESSIONALLY RECRUITED TO ENSURE THAT PARTICIPANTS REFLECTED THE AREA DEMOGRAPHICS. UTILIZING A VIRTUAL FORMAT, EIGHT TO TEN PARTICIPANTS WERE RECRUITED FOR EACH GROUP AND ALL GROUP SESSIONS WERE FACILITATED BY STAFF. EACH SESSION'S NOTES WERE CAPTURED AND

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.

ABRIDGED FOR CENTRAL THEMES, COMMENTS, AND NEW INSIGHTS. ONCE SURVEY AND FOCUS GROUP COMMENTS WERE AGGREGATED, THE PRIORITY ISSUES WERE RANKED BY THE CHNA ADVISORY COMMITTEES IN BOTH MUSKEGON AND OCEANA COUNTIES.

TRINITY HEALTH SHELBY HOSPITAL:

PART V, SECTION B, LINE 5: TRINITY HEALTH MUSKEGON ENCOMPASSES THREE CAMPUSES: TH MUSKEGON, TH SHELBY, AND MH MUSKEGON. THE THM FY21 JOINT-CHNA PROCESS BEGAN IN JANUARY 2021 AND CONCLUDED IN JUNE 2021, WITH A 34-MEMBER ADVISORY COUNCIL REPRESENTING A BROAD RANGE OF INTERESTS IN THE SERVICE AREA. A MAJOR PARTICIPANT IN THE CHNA PROCESS WAS THE MUSKEGON COMMUNITY HEALTH PROJECT (HEALTH PROJECT), THE COMMUNITY BENEFIT ARM OF THM. THE HEALTH PROJECT PROVIDES FREE HEALTH CARE SUPPORT, ADVOCACY, ACCESS, AND SERVICES TO THOSE IN NEED ALONG MICHIGAN'S WEST COAST. OTHER PARTICIPANTS IN THE CHNA PROCESS INCLUDED: PUBLIC HEALTH MUSKEGON COUNTY, DISTRICT HEALTH DEPARTMENT #10, HACKLEY COMMUNITY CARE CENTER, GREAT START COLLABORATIVE THROUGH MUSKEGON ISD, COMMUNITY MERCY HEALTH PARTNERS FOUNDATION FOR MUSKEGON CO., MUSKEGON/OCEANA COMM. ACTION PARTNER, YMCA OF THE LAKESHORE, OCEANA COUNTY LEADER, MUSKEGON COMMUNITY COLLEGE, LAKESHORE CHAMBER OF COMMERCE, TRINITY HEALTH MUSKEGON HOSPITALS, TRINITY HEALTH MEDICAL GROUP, RAMOS AUTO BODY, TRUE NORTH COMMUNITY SERVICES, WALKERVILLE THRIVES, HART PUBLIC SCHOOLS BOARD OF EDUCATION, GOODWILL WEST MICHIGAN, MICHIGAN WORKS, CHILDCARE ACTION TEAM, LIFECIRCLE/PACE, MUSKEGON HEIGHTS NEIGHBORHOOD ASSOC., MUSKEGON FOOD ALLIANCE, MUSKEGON PUBLIC SCHOOLS, HEALTH PROJECT, BETHANY CHRISTIAN SERVICES/COMMUNITY ENCOMPASS, PETERSON FARMS, OCEANA COUNTY FAMILY COURT, OCEANA COUNTY SHERIFF, MDHHS-OCEANA, OCEANA COMMUNITY FOUNDATION, PENTWATER TOWNSHIP, HART PUBLIC SCHOOLS BOARD OF EDUCATION, REP. SCOTT VANSINGEL - 100TH HOUSE DISTRICT, CITY OF HART,

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.

HART AREA PUBLIC LIBRARY, VILLAGE OF SHELBY, STATE OF MICHIGAN, SILVER

LAKE-HART CHAMBER AND VISITOR BUREAU, OCEANA'S HERALD JOURNAL, ST.

GREGORY-OUR LADY OF FATIMA, OCEANA COMMUNITY FOUNDATION, AND WEST MICHIGAN COMMUNITY MENTAL HEALTH.

THE COMMUNITY ENGAGEMENT AND INPUT STRATEGY INCLUDED A COMMUNITY SURVEY WITH PARTICIPATION BY 1,257 RESIDENTS AND 13 MULTI-SITE FOCUS GROUPS. THE COMMUNITY SURVEY INCORPORATED A RANGE OF QUESTIONS FOCUSING ON HOUSEHOLD INFORMATION, SOCIAL DETERMINANTS OF HEALTH, DEPENDENT CARE, HEALTH CARE/INSURANCE, PHYSICAL HEALTH, BEHAVIORAL HEALTH AND SUBSTANCE USE, PHYSICAL ACTIVITY AND NUTRITION, ENVIRONMENT AND TRANSPORTATION, HOUSING, EDUCATION AND EMPOWERMENT, AND DEMOGRAPHIC CHARACTERISTICS. THE SURVEY WAS ADMINISTERED BY A CONSULTANT WHO TRACKED DAILY PARTICIPATION AND RESPONSES TO MEDIA PUSHES. THE LINK FOR THE SURVEY WAS CIRCULATED THROUGH VARIOUS SOCIAL MEDIA OUTLETS (FACEBOOK PRIMARILY) AND THE TRINITY HEALTH MUSKEGON DEPARTMENT'S PATIENT MEDIA PLATFORMS, AS WELL AS PAID ADVERTISEMENTS ON FACEBOOK FOR BOTH TRINITY HEALTH MUSKEGON AND THE HEALTH PROJECT.

SURVEY METHODOLOGIES INCLUDED VOLUNTEER-ADMINISTERED PAPER QUESTIONNAIRES AND ONLINE SURVEYS CONDUCTED VIA SURVEY MONKEY FROM APRIL 1ST TO MAY 10, 2021. EACH FOCUS GROUP WAS PROFESSIONALLY RECRUITED TO ENSURE THAT PARTICIPANTS REFLECTED THE AREA DEMOGRAPHICS. UTILIZING A VIRTUAL FORMAT, EIGHT TO TEN PARTICIPANTS WERE RECRUITED FOR EACH GROUP AND ALL GROUP SESSIONS WERE FACILITATED BY STAFF. EACH SESSION'S NOTES WERE CAPTURED AND ABRIDGED FOR CENTRAL THEMES, COMMENTS, AND NEW INSIGHTS. ONCE SURVEY AND FOCUS GROUP COMMENTS WERE AGGREGATED, THE PRIORITY ISSUES WERE RANKED BY THE CHNA ADVISORY COMMITTEES IN BOTH MUSKEGON AND OCEANA COUNTIES.

Part V Facility Information *(continued)*

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

MERCY HEALTH MUSKEGON:

PART V, SECTION B, LINE 5: TRINITY HEALTH MUSKEGON ENCOMPASSES THREE

CAMPUSES: TH MUSKEGON, TH SHELBY, AND MH MUSKEGON. THE THM FY21 JOINT-CHNA

PROCESS BEGAN IN JANUARY 2021 AND CONCLUDED IN JUNE 2021, WITH A 34-MEMBER

ADVISORY COUNCIL REPRESENTING A BROAD RANGE OF INTERESTS IN THE SERVICE

AREA. A MAJOR PARTICIPANT IN THE CHNA PROCESS WAS THE MUSKEGON COMMUNITY

HEALTH PROJECT (HEALTH PROJECT), THE COMMUNITY BENEFIT ARM OF THM. THE

HEALTH PROJECT PROVIDES FREE HEALTH CARE SUPPORT, ADVOCACY, ACCESS, AND

SERVICES TO THOSE IN NEED ALONG MICHIGAN'S WEST COAST. OTHER PARTICIPANTS

IN THE CHNA PROCESS INCLUDED: PUBLIC HEALTH MUSKEGON COUNTY, DISTRICT

HEALTH DEPARTMENT #10, HACKLEY COMMUNITY CARE CENTER, GREAT START

COLLABORATIVE THROUGH MUSKEGON ISD, COMMUNITY MERCY HEALTH PARTNERS

FOUNDATION FOR MUSKEGON CO., MUSKEGON/OCEANA COMM. ACTION PARTNER, YMCA OF

THE LAKESHORE, OCEANA COUNTY LEADER, MUSKEGON COMMUNITY COLLEGE, LAKESHORE

CHAMBER OF COMMERCE, TRINITY HEALTH MUSKEGON HOSPITALS, TRINITY HEALTH

MEDICAL GROUP, RAMOS AUTO BODY, TRUE NORTH COMMUNITY SERVICES, WALKERVILLE

THRIVES, HART PUBLIC SCHOOLS BOARD OF EDUCATION, GOODWILL WEST MICHIGAN,

MICHIGAN WORKS, CHILDCARE ACTION TEAM, LIFECIRCLE/PACE, MUSKEGON HEIGHTS

NEIGHBORHOOD ASSOC., MUSKEGON FOOD ALLIANCE, MUSKEGON PUBLIC SCHOOLS,

HEALTH PROJECT, BETHANY CHRISTIAN SERVICES/COMMUNITY ENCOMPASS, PETERSON

FARMS, OCEANA COUNTY FAMILY COURT, OCEANA COUNTY SHERIFF, MDHHS-OCEANA,

OCEANA COMMUNITY FOUNDATION, PENTWATER TOWNSHIP, HART PUBLIC SCHOOLS BOARD

OF EDUCATION, REP. SCOTT VANSINGEL - 100TH HOUSE DISTRICT, CITY OF HART,

HART AREA PUBLIC LIBRARY, VILLAGE OF SHELBY, STATE OF MICHIGAN, SILVER

LAKE-HART CHAMBER AND VISITOR BUREAU, OCEANA'S HERALD JOURNAL, ST.

GREGORY-OUR LADY OF FATIMA, OCEANA COMMUNITY FOUNDATION, AND WEST MICHIGAN

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 MENTAL HEALTH.

THE COMMUNITY ENGAGEMENT AND INPUT STRATEGY INCLUDED A COMMUNITY SURVEY WITH PARTICIPATION BY 1,257 RESIDENTS AND 13 MULTI-SITE FOCUS GROUPS. THE COMMUNITY SURVEY INCORPORATED A RANGE OF QUESTIONS FOCUSING ON HOUSEHOLD INFORMATION, SOCIAL DETERMINANTS OF HEALTH, DEPENDENT CARE, HEALTH CARE/INSURANCE, PHYSICAL HEALTH, BEHAVIORAL HEALTH AND SUBSTANCE USE, PHYSICAL ACTIVITY AND NUTRITION, ENVIRONMENT AND TRANSPORTATION, HOUSING, EDUCATION AND EMPOWERMENT, AND DEMOGRAPHIC CHARACTERISTICS. THE SURVEY WAS ADMINISTERED BY A CONSULTANT WHO TRACKED DAILY PARTICIPATION AND RESPONSES TO MEDIA PUSHES. THE LINK FOR THE SURVEY WAS CIRCULATED THROUGH VARIOUS SOCIAL MEDIA OUTLETS (FACEBOOK PRIMARILY) AND THE TRINITY HEALTH MUSKEGON DEPARTMENT'S PATIENT MEDIA PLATFORMS, AS WELL AS PAID ADVERTISEMENTS ON FACEBOOK FOR BOTH TRINITY HEALTH MUSKEGON AND THE HEALTH PROJECT.

SURVEY METHODOLOGIES INCLUDED VOLUNTEER-ADMINISTERED PAPER QUESTIONNAIRES AND ONLINE SURVEYS CONDUCTED VIA SURVEY MONKEY FROM APRIL 1ST TO MAY 10, 2021. EACH FOCUS GROUP WAS PROFESSIONALLY RECRUITED TO ENSURE THAT PARTICIPANTS REFLECTED THE AREA DEMOGRAPHICS. UTILIZING A VIRTUAL FORMAT, EIGHT TO TEN PARTICIPANTS WERE RECRUITED FOR EACH GROUP AND ALL GROUP SESSIONS WERE FACILITATED BY STAFF. EACH SESSION'S NOTES WERE CAPTURED AND ABRIDGED FOR CENTRAL THEMES, COMMENTS, AND NEW INSIGHTS. ONCE SURVEY AND FOCUS GROUP COMMENTS WERE AGGREGATED, THE PRIORITY ISSUES WERE RANKED BY THE CHNA ADVISORY COMMITTEES IN BOTH MUSKEGON AND OCEANA COUNTIES.

TRINITY HEALTH MUSKEGON HOSPITAL:

Part V Facility Information *(continued)*

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

PART V, SECTION B, LINE 6A: THE FY21 CHNA WAS CONDUCTED JOINTLY WITH THE THREE HOSPITAL SYSTEM FACILITIES COMPRISING TRINITY HEALTH MUSKEGON: TH MUSKEGON, TH SHELBY, AND MH MUSKEGON. TH MUSKEGON IS A FULL-SERVICE, ACUTE CARE FACILITY LOCATED IN MUSKEGON COUNTY, SERVING MUSKEGON AND OCEANA COUNTIES, WITH A SECONDARY MARKET IN NEWAYGO, MASON, AND OTTAWA COUNTIES. MH MUSKEGON IS A BEHAVIORAL HEALTH UNIT LOCATED IN MUSKEGON COUNTY, SERVING MUSKEGON AND OCEANA COUNTIES, WITH A SECONDARY MARKET IN NEWAYGO, MASON, AND OTTAWA COUNTIES. TH SHELBY IS A CRITICAL ACCESS FACILITY, SERVING OCEANA COUNTY AND PARTS OF NEWAYGO COUNTY.

TRINITY HEALTH SHELBY HOSPITAL:

PART V, SECTION B, LINE 6A: THE FY21 CHNA WAS CONDUCTED JOINTLY WITH THE THREE HOSPITAL SYSTEM FACILITIES COMPRISING TRINITY HEALTH MUSKEGON: TH MUSKEGON, TH SHELBY, AND MH MUSKEGON. TH MUSKEGON IS A FULL-SERVICE, ACUTE CARE FACILITY LOCATED IN MUSKEGON COUNTY, SERVING MUSKEGON AND OCEANA COUNTIES, WITH A SECONDARY MARKET IN NEWAYGO, MASON, AND OTTAWA COUNTIES. MH MUSKEGON IS A BEHAVIORAL HEALTH UNIT LOCATED IN MUSKEGON COUNTY, SERVING MUSKEGON AND OCEANA COUNTIES, WITH A SECONDARY MARKET IN NEWAYGO, MASON, AND OTTAWA COUNTIES. TH SHELBY IS A CRITICAL ACCESS FACILITY, SERVING OCEANA COUNTY AND PARTS OF NEWAYGO COUNTY.

MERCY HEALTH MUSKEGON:

PART V, SECTION B, LINE 6A: THE FY21 CHNA WAS CONDUCTED JOINTLY WITH THE THREE HOSPITAL SYSTEM FACILITIES COMPRISING TRINITY HEALTH MUSKEGON: TH MUSKEGON, TH SHELBY, AND MH MUSKEGON. TH MUSKEGON IS A FULL-SERVICE, ACUTE CARE FACILITY LOCATED IN MUSKEGON COUNTY, SERVING MUSKEGON AND OCEANA COUNTIES, WITH A SECONDARY MARKET IN NEWAYGO, MASON, AND OTTAWA COUNTIES.

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.

MH MUSKEGON IS A BEHAVIORAL HEALTH UNIT LOCATED IN MUSKEGON COUNTY, SERVING MUSKEGON AND OCEANA COUNTIES, WITH A SECONDARY MARKET IN NEWAYGO, MASON, AND OTTAWA COUNTIES. TH SHELBY IS A CRITICAL ACCESS FACILITY, SERVING OCEANA COUNTY AND PARTS OF NEWAYGO COUNTY.

TRINITY HEALTH MUSKEGON HOSPITAL:
PART V, SECTION B, LINE 11: IN FY23, TRINITY HEALTH MUSKEGON, WHICH CONSISTS OF THE TH MUSKEGON, TH SHELBY, AND MH MUSKEGON CAPUSES, COLLECTIVELY ADDRESSED THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE FY21 CHNA AND ONGOING COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP).

1. MUSKEGON - EDUCATION: IN MARCH 2020, TRINITY HEALTH MUSKEGON FORMALLY ANNOUNCED THAT SEVERAL ACRES OF THE HACKLEY CAMPUS PROPERTY WOULD BE GIVEN TO MUSKEGON PUBLIC SCHOOLS TO BUILD A NEW MIDDLE SCHOOL. INCLUDED IN THE DESIGN IS THE DEVELOPMENT OF THE EARLY CAREER TECHNOLOGY EXPLORATION CENTER FOR GRADES 6TH THROUGH 8TH, WITH CAREER PATHWAYS LEADING TO CONTINUED EDUCATION THROUGH THE MUSKEGON CAREER TECH CENTER, MUSKEGON COMMUNITY COLLEGE, AND BAKER COLLEGE. IN FY22, DEMOLITION OF THE HOSPITAL CAMPUS BEGAN, AND THE LAND TRANSFER WAS COMPLETED AFTER DEMOLITION. THE LAND WAS OFFICIALLY DONATED TO MUSKEGON PUBLIC SCHOOLS IN SPRING 2022. BY FY23, THE SCHOOL IS IN ITS FINAL STAGES OF THE BUILD AND WILL WELCOME STUDENTS IN THE 2025/26 SCHOOL YEAR.

IN FY23, TRINITY HEALTH MUSKEGON AWARDED CASH GRANTS THROUGH ITS COMMUNITY BENEFIT BOARD INITIATIVE AND SISTER SIMONE GRANT REQUEST FOR PROPOSALS THAT WOULD INCLUDE EDUCATIONAL PRIORITIES IN BOTH MUSKEGON AND OCEANA

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.

COUNTIES. THREE RECIPIENTS RECEIVED GRANTS: THE OCEANA COLLEGE ACCESS NETWORK, READ MUSKEGON, AND THE BOYS AND GIRLS CLUB.

2. MUSKEGON - EMPLOYMENT AND INCOME: IN COLLABORATION WITH THE COMMUNITY

HEALTH IMPROVEMENT REGION (CHIR), TRINITY HEALTH MUSKEGON AND SEVERAL COMMUNITY ORGANIZATIONS CONTINUED WORK ON THE CHIR'S LIVABILITY LAB 100-DAY CHALLENGE, WHICH WAS LAUNCHED IN SEPTEMBER 2019. THE CHIR'S PROCESS IDENTIFIED SEVERAL TEAMS THAT COLLABORATED FOR 100 DAYS TO USE DATA TO IDENTIFY BARRIERS AND IMPLEMENT SOLUTIONS: CHILDCARE OPPORTUNITIES, WORKFORCE DEVELOPMENT GAPS, EMPLOYMENT OPPORTUNITIES VIA EXPUNGEMENT, AND IDENTIFY, PROMOTE, AND SUPPORT MINORITY OWNED BUSINESSES. NOW APPROACHING ITS FOURTH ITERATION, "LIVABILITY LAB 4.0" HAS PROVED TO BE A VEHICLE TO MOBILIZE THE COMMUNITY AROUND SPECIFIC ISSUES. DURING THE LAB, TEAMS STOOD UP A WHEELS TO WORK PROGRAM THAT SUPPORTED WORKERS WITH TRANSPORTATION TO AND FROM EMPLOYMENT AS WELL AS EXPUNGEMENT CLINICS IN PARTNERSHIP WITH THE DISTRICT COURT TO HELP ELIMINATE ADDITIONAL BARRIERS TO GAINFUL EMPLOYMENT.

IN FY23, TRINITY HEALTH MUSKEGON AWARDED ONE GRANT ON ECONOMIC DEVELOPMENT TO ACCESS HEALTH TO DEVELOP NEIGHBORHOOD ASSOCIATIONS AND ECONOMIC DEVELOPMENT FOR BUSINESSES. THE DEVELOPMENT OF NEIGHBORHOOD ASSOCIATIONS ALLOWED FOR THE SEGMENTS OF THE COMMUNITY THAT THE ASSOCIATIONS SERVED TO WORK FURTHER TO IDENTIFY ROOT CAUSE ISSUES AFFECTING THEIR COMMUNITIES.

3. MUSKEGON - COMMUNITY SAFETY - RACISM AND DISCRIMINATION: THMU, THROUGH THE HEALTH PROJECT, HAS FACILITATED THE MUSKEGON HEALTH DISPARITIES COALITION (MHDC) FOR SEVERAL YEARS TO COLLECT DATA, OFFER TRAININGS, AND

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.

ENCOURAGE COMMUNITY MEMBERS TO ADVOCATE FOR THEIR HEALTH CARE NEEDS. SINCE 2017, MHDC HAS SUPPORTED MASTER TRAINERS IN COMING TOGETHER FOR RACIAL UNDERSTANDING (CTRU) AND OFFERED MULTIPLE WORKSHOPS ON UNCONSCIOUS BIAS AND RACISM, AS WELL AS PRESENTING MOVIES TO THE COMMUNITY FREE OF CHARGE ON MULTIPLE ISSUES. OVER 240 COMMUNITY MEMBERS HAVE TAKEN ADVANTAGE OF THE MHDC TRAININGS SINCE 2018. TH MUSKEGON CHWB EMPLOYEES ARE ACTIVELY ENGAGED IN THE INITIATIVE, ENSURING ALIGNMENT AND PARTNERSHIP OPPORTUNITIES WITH THE DIVERSITY AND INCLUSION TEAM. DURING FY23, TWO ADDITIONAL COHORTS OF TRAINEES COMPLETED THE CTRU COURSE, TOTALING 44 INDIVIDUALS.

4. MUSKEGON - HEALTHY BEHAVIORS - TOBACCO, NUTRITION, EXERCISE, ALCOHOL AND DRUG USE, SEXUAL BEHAVIOR: SINCE THE RELEASE OF THE 2019 THMU CHNA, GREAT EFFORTS TO PROVIDE HEALTHY FOOD OPPORTUNITIES HAVE CONTINUED IN OCEANA COUNTY. OCEANA HEALTH BOUND, A COALITION LED BY THMU THROUGH THE HEALTH PROJECT, AND ITS SUBGROUP, HEALTHY LIFESTYLES, HAVE LED AND PARTICIPATED IN SEVERAL COMMUNITY-WIDE HEALTH FAIRS. STAFF FROM TH SHELBY, THE HEALTH PROJECT AND COMMUNITY PARTNERS LIKE MSU-EXTENSION CONTINUE TO OFFER THE STANFORD UNIVERSITY DIABETES SELF-MANAGEMENT PROGRAM (DSMP) AND OTHER NUTRITION-RELATED COURSES. ADDITIONALLY, AFTER THE SUCCESS OF THE PRESCRIPTION FOR HEALTH PROGRAM IN FY22, THE PROGRAM FOUND SUSTAINABILITY FOR FY23 WITH LOCAL BUSINESS INVESTMENT AS WELL AS ADDITIONAL FUNDING, WHICH WAS SECURED TO STRENGTHEN THE PROGRAM AND ITS NUMBER OF PARTICIPANTS. THIS FUNDING WAS FROM THE CDC WITH PASSTHROUGH BY THE STATE OF MICHIGAN AND TITLED THE RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH (REACH) PROGRAM. ADDITIONALLY, THIS FUNDING ALLOWS THE PROGRAMS TO FURTHER OUTREACH TO MINORITY COMMUNITIES WHO WE KNOW HAVE DISPROPORTIONATE FOOD INSECURITY NEEDS COMPARED TO THEIR WHITE NEIGHBORS.

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.

TH MUSKEGON ALSO OFFERS A DYNAMIC ATHLETIC TRAINING PROGRAM THAT PROVIDES EDUCATION, WELL CHECKS, TRAINING, INJURY PREVENTION AND REHABILITATION SERVICES FULL TIME TO 19 AREA SCHOOL DISTRICTS IN MUSKEGON AND OCEANA COUNTIES. TRAINERS ARE STATIONED WITHIN THE SCHOOL DISTRICTS DURING THE DAY AND ASSIST WITH EDUCATION, INJURY PREVENTION, TRAINING AND REHABILITATION SERVICES FOR MULTIPLE SCHOOL PROGRAMS INCLUDING ATHLETICS, BAND, DRAMA, AND THE PERFORMING ARTS DEPARTMENTS. TRAINED IN MULTIPLE HEALTH AND WELLNESS PROGRAMS, THEY ALSO PROVIDE REFERRALS AND ACCESS TO SERVICES FOR STUDENTS NEEDING ACCESS TO PREVENTION PROGRAMS, HEALTH CARE AND MORE RECENTLY BEHAVIORAL HEALTH ISSUES, INCLUDING TRAINING ON SUICIDE PREVENTION AND MENTAL HEALTH ISSUES AMONG YOUTH. IN FY23, THIS WORK WAS ENHANCED WHEN ATHLETIC TRAINERS STARTED PARTICIPATING AT SCHOOL-BASED HEALTH CENTERS LOCATED THROUGHOUT THE SCHOOL DISTRICTS WHICH FURTHER BRIDGED THE GAP BETWEEN HEALTH CARE AND SUCCESS AT SCHOOL. ADDITIONALLY, SOCIAL NEEDS SCREENINGS WERE IMPLEMENTED IN COMMUNITY-BASED ORGANIZATIONS WHICH ALLOWED FOR THE HEALTH SYSTEM TO ESTABLISH A BASELINE OF NEEDS IN ADJACENT SYSTEMS SUCH AS SCHOOLS TO USE FOR DATA DRIVEN DECISION MAKING WITHIN THE CHNA PROCESS.

5. OCEANA - EMPLOYMENT - CHILDCARE AND TRAINING OPPORTUNITIES: AS PART OF THE HEALTH PROJECT COMMUNITY BENEFIT BOARD INITIATIVE (CBB) GRANTS, THE UNITED WAY OF THE LAKESHORE RECEIVED \$20,000 TO SUPPORT EXISTING CHILDCARE PROVIDERS AND RECRUIT NEW ONES THROUGH THE HELP OF A SHARED SERVICES HUB. THIS SHARED SERVICES HUB WILL REDUCE STRESS ON PROVIDERS BY ENABLING ACCESS TO A TEAM OF EXPERTS IN BOTH BUSINESS AND PEDAGOGICAL LEADERSHIP. IT WILL ALLOW MORE TIME TO FOCUS ON THE CHILDREN AND THEIR LEARNING

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.

ACTIVITIES WHICH WILL RAISE THE QUALITY OF CARE. SIGNIFICANT PROGRESS WAS MADE IN IMPLEMENTATION OF THE TRI SHARE CHILDCARE ACCESS PROGRAM WHICH WAS ORIGINALLY PILOTED IN MUSKEGON AND EXPANDED REGIONALLY TO OCEANA COUNTY. THIS PROJECT ALLOWS FOR LOW-INCOME FAMILIES TO TAP INTO PRIVATE AND GOVERNMENT FUNDING THAT SUPPLEMENTS DAY CARE COSTS. IN FY23, THIS PROJECT HAS MADE MORE THAN 300 CHILDCARE SLOTS AVAILABLE TO MEMBERS OF OUR COMMUNITY AND IS CONTINUING TO WORK COLLABORATIVELY TO GROW AND SUSTAIN THE PROGRAM.

7. OCEANA - DIET AND EXERCISE: IN FY23, TH MUSKEGON PARTNERS CONTINUED TO SUPPORT THE DIABETES PREVENTION PROGRAM (DPP) EXPANSION TO OCEANA COUNTY IN A VIRTUAL FORMAT AND SUPPORT OF THE HEALTH BOUND COLLABORATIVE.

8. OCEANA - ACCESS TO CARE: TH SHELBY WORKS WITH THE HEALTH PROJECT IN ENSURING OCEANA COUNTY RESIDENTS ARE SCREENED AND ENROLLING PEOPLE IN A MYRIAD OF ACCESS TO CARE INITIATIVES, INCLUDING: GOVERNMENT INSURANCE PROGRAMS LIKE MEDICARE, MEDICAID, EMERGENCY SERVICES, HOSPITAL FINANCIAL ASSISTANCE PROGRAMS, PHARMACY ACCESS PROGRAMS, VISION SERVICES AND REFERRALS TO CBOS THAT PROVIDE ADDITIONAL SERVICES THAT THE HOSPITAL DOES NOT. DURING THIS PERIOD, HEALTH PROJECT ENROLLMENT COMMUNITY HEALTH WORKERS (CHW) ENROLLED 419 PATIENTS IN THESE SERVICES AND REFERRED PATIENTS TO 356 OTHER SERVICES IN OCEANA COUNTY.

TH MUSKEGON ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. FOR THAT REASON, TH MUSKEGON DID NOT

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.

DIRECTLY ADDRESS DISPARITIES IN HOUSING - RESIDENTIAL HOUSING AND WATER IN MUSKEGON COUNTY OR HOUSING AND TRANSIT IN OCEANA COUNTY.

TRINITY HEALTH SHELBY HOSPITAL:

PART V, SECTION B, LINE 11: IN FY23, TRINITY HEALTH MUSKEGON, WHICH CONSISTS OF THE TH MUSKEGON, TH SHELBY, AND MH MUSKEGON CAMPUSES, COLLECTIVELY ADDRESSED THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE FY21 CHNA AND ONGOING COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP).

1. MUSKEGON - EDUCATION: IN MARCH 2020, TRINITY HEALTH MUSKEGON FORMALLY ANNOUNCED THAT SEVERAL ACRES OF THE HACKLEY CAMPUS PROPERTY WOULD BE GIVEN TO MUSKEGON PUBLIC SCHOOLS TO BUILD A NEW MIDDLE SCHOOL. INCLUDED IN THE DESIGN IS THE DEVELOPMENT OF THE EARLY CAREER TECHNOLOGY EXPLORATION CENTER FOR GRADES 6TH THROUGH 8TH, WITH CAREER PATHWAYS LEADING TO CONTINUED EDUCATION THROUGH THE MUSKEGON CAREER TECH CENTER, MUSKEGON COMMUNITY COLLEGE, AND BAKER COLLEGE. IN FY22, DEMOLITION OF THE HOSPITAL CAMPUS BEGAN, AND THE LAND TRANSFER WAS COMPLETED AFTER DEMOLITION. THE LAND WAS OFFICIALLY DONATED TO MUSKEGON PUBLIC SCHOOLS IN SPRING 2022. BY FY23, THE SCHOOL IS IN ITS FINAL STAGES OF THE BUILD AND WILL WELCOME STUDENTS IN THE 2025/26 SCHOOL YEAR.

IN FY23, TRINITY HEALTH MUSKEGON AWARDED CASH GRANTS THROUGH ITS COMMUNITY BENEFIT BOARD INITIATIVE AND SISTER SIMONE GRANT REQUEST FOR PROPOSALS THAT WOULD INCLUDE EDUCATIONAL PRIORITIES IN BOTH MUSKEGON AND OCEANA COUNTIES. THREE RECIPIENTS RECEIVED GRANTS: THE OCEANA COLLEGE ACCESS NETWORK, READ MUSKEGON, AND THE BOYS AND GIRLS CLUB.

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.

2. MUSKEGON - EMPLOYMENT AND INCOME: IN COLLABORATION WITH THE COMMUNITY HEALTH IMPROVEMENT REGION (CHIR), THMU AND SEVERAL COMMUNITY ORGANIZATIONS CONTINUED WORK ON THE CHIR'S LIVABILITY LAB 100-DAY CHALLENGE, WHICH WAS LAUNCHED IN SEPTEMBER 2019. THE CHIR'S PROCESS IDENTIFIED SEVERAL TEAMS THAT COLLABORATED FOR 100 DAYS TO USE DATA TO IDENTIFY BARRIERS AND IMPLEMENT SOLUTIONS: CHILDCARE OPPORTUNITIES, WORKFORCE DEVELOPMENT GAPS, EMPLOYMENT OPPORTUNITIES VIA EXPUNGEMENT, AND IDENTIFY, PROMOTE, AND SUPPORT MINORITY OWNED BUSINESSES. NOW APPROACHING ITS FOURTH ITERATION, "LIVABILITY LAB 4.0" HAS PROVED TO BE A VEHICLE TO MOBILIZE THE COMMUNITY AROUND SPECIFIC ISSUES. DURING THE LAB, TEAMS STOOD UP A WHEELS TO WORK PROGRAM THAT SUPPORTED WORKERS WITH TRANSPORTATION TO AND FROM EMPLOYMENT AS WELL AS EXPUNGEMENT CLINICS IN PARTNERSHIP WITH THE DISTRICT COURT TO HELP ELIMINATE ADDITIONAL BARRIERS TO GAINFUL EMPLOYMENT.

IN FY23, TRINITY HEALTH MUSKEGON AWARDED ONE GRANT ON ECONOMIC DEVELOPMENT TO ACCESS HEALTH TO DEVELOP NEIGHBORHOOD ASSOCIATIONS AND ECONOMIC DEVELOPMENT FOR BUSINESSES. THE DEVELOPMENT OF NEIGHBORHOOD ASSOCIATIONS ALLOWED FOR THE SEGMENTS OF THE COMMUNITY THAT THE ASSOCIATIONS SERVED TO WORK FURTHER TO IDENTIFY ROOT CAUSE ISSUES AFFECTING THEIR COMMUNITIES.

3. MUSKEGON - COMMUNITY SAFETY - RACISM AND DISCRIMINATION: THMU, THROUGH THE HEALTH PROJECT, HAS FACILITATED THE MUSKEGON HEALTH DISPARITIES COALITION (MHDC) FOR SEVERAL YEARS TO COLLECT DATA, OFFER TRAININGS, AND ENCOURAGE COMMUNITY MEMBERS TO ADVOCATE FOR THEIR HEALTH CARE NEEDS. SINCE 2017, MHDC HAS SUPPORTED MASTER TRAINERS IN COMING TOGETHER FOR RACIAL UNDERSTANDING (CTRU) AND OFFERED MULTIPLE WORKSHOPS ON UNCONSCIOUS BIAS AND RACISM, AS WELL AS PRESENTING MOVIES TO THE COMMUNITY FREE OF CHARGE

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.

ON MULTIPLE ISSUES. OVER 240 COMMUNITY MEMBERS HAVE TAKEN ADVANTAGE OF THE MHDC TRAININGS SINCE 2018. THMU CHWB EMPLOYEES ARE ACTIVELY ENGAGED IN THE INITIATIVE, ENSURING ALIGNMENT AND PARTNERSHIP OPPORTUNITIES WITH THE DIVERSITY AND INCLUSION TEAM. DURING FY23, TWO ADDITIONAL COHORTS OF TRAINEES COMPLETED THE CTRU COURSE, TOTALING 44 INDIVIDUALS.

4. MUSKEGON - HEALTHY BEHAVIORS - TOBACCO, NUTRITION, EXERCISE, ALCOHOL AND DRUG USE, SEXUAL BEHAVIOR: SINCE THE RELEASE OF THE 2019 THMU CHNA, GREAT EFFORTS TO PROVIDE HEALTHY FOOD OPPORTUNITIES HAVE CONTINUED IN OCEANA COUNTY. OCEANA HEALTH BOUND, A COALITION LED BY TRINITY HEALTH MUSKEGON THROUGH THE HEALTH PROJECT, AND ITS SUBGROUP, HEALTHY LIFESTYLES, HAVE LED AND PARTICIPATED IN SEVERAL COMMUNITY-WIDE HEALTH FAIRS. STAFF FROM TH SHELBY, THE HEALTH PROJECT AND COMMUNITY PARTNERS LIKE MSU-EXTENSION CONTINUE TO OFFER THE STANFORD UNIVERSITY DIABETES SELF-MANAGEMENT PROGRAM (DSMP) AND OTHER NUTRITION-RELATED COURSES. ADDITIONALLY, AFTER THE SUCCESS OF THE PRESCRIPTION FOR HEALTH PROGRAM IN FY22, THE PROGRAM FOUND SUSTAINABILITY FOR FY23 WITH LOCAL BUSINESS INVESTMENT AS WELL AS ADDITIONAL FUNDING, WHICH WAS SECURED TO STRENGTHEN THE PROGRAM AND ITS NUMBER OF PARTICIPANTS. THIS FUNDING WAS FROM THE CDC WITH PASSTHROUGH BY THE STATE OF MICHIGAN AND TITLED THE RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH (REACH) PROGRAM. ADDITIONALLY, THIS FUNDING ALLOWS THE PROGRAMS TO FURTHER OUTREACH TO MINORITY COMMUNITIES WHO WE KNOW HAVE DISPROPORTIONATE FOOD INSECURITY NEEDS COMPARED TO THEIR WHITE NEIGHBORS.

TH MUSKEGON ALSO OFFERS A DYNAMIC ATHLETIC TRAINING PROGRAM THAT PROVIDES EDUCATION, WELL CHECKS, TRAINING, INJURY PREVENTION AND REHABILITATION

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.

SERVICES FULL TIME TO 19 AREA SCHOOL DISTRICTS IN MUSKEGON AND OCEANA COUNTIES. TRAINERS ARE STATIONED WITHIN THE SCHOOL DISTRICTS DURING THE DAY AND ASSIST WITH EDUCATION, INJURY PREVENTION, TRAINING AND REHABILITATION SERVICES FOR MULTIPLE SCHOOL PROGRAMS INCLUDING ATHLETICS, BAND, DRAMA, AND THE PERFORMING ARTS DEPARTMENTS. TRAINED IN MULTIPLE HEALTH AND WELLNESS PROGRAMS, THEY ALSO PROVIDE REFERRALS AND ACCESS TO SERVICES FOR STUDENTS NEEDING ACCESS TO PREVENTION PROGRAMS, HEALTH CARE AND MORE RECENTLY BEHAVIORAL HEALTH ISSUES, INCLUDING TRAINING ON SUICIDE PREVENTION AND MENTAL HEALTH ISSUES AMONG YOUTH. IN FY23, THIS WORK WAS ENHANCED WHEN ATHLETIC TRAINERS STARTED PARTICIPATING AT SCHOOL-BASED HEALTH CENTERS LOCATED THROUGHOUT THE SCHOOL DISTRICTS WHICH FURTHER BRIDGED THE GAP BETWEEN HEALTH CARE AND SUCCESS AT SCHOOL. ADDITIONALLY, SOCIAL NEEDS SCREENINGS WERE IMPLEMENTED IN COMMUNITY-BASED ORGANIZATIONS WHICH ALLOWED FOR THE HEALTH SYSTEM TO ESTABLISH A BASELINE OF NEEDS IN ADJACENT SYSTEMS SUCH AS SCHOOLS TO USE FOR DATA DRIVEN DECISION MAKING WITHIN THE CHNA PROCESS.

5. OCEANA - EMPLOYMENT - CHILDCARE AND TRAINING OPPORTUNITIES: AS PART OF THE HEALTH PROJECT COMMUNITY BENEFIT BOARD INITIATIVE (CBBI) GRANTS, THE UNITED WAY OF THE LAKESHORE RECEIVED \$20,000 TO SUPPORT EXISTING CHILDCARE PROVIDERS AND RECRUIT NEW ONES THROUGH THE HELP OF A SHARED SERVICES HUB. THIS SHARED SERVICES HUB WILL REDUCE STRESS ON PROVIDERS BY ENABLING ACCESS TO A TEAM OF EXPERTS IN BOTH BUSINESS AND PEDAGOGICAL LEADERSHIP. IT WILL ALLOW MORE TIME TO FOCUS ON THE CHILDREN AND THEIR LEARNING ACTIVITIES WHICH WILL RAISE THE QUALITY OF CARE. SIGNIFICANT PROGRESS WAS MADE IN IMPLEMENTATION OF THE TRI SHARE CHILDCARE ACCESS PROGRAM WHICH WAS ORIGINALLY PILOTED IN MUSKEGON AND EXPANDED REGIONALLY TO OCEANA COUNTY.

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.

THIS PROJECT ALLOWS FOR LOW-INCOME FAMILIES TO TAP INTO PRIVATE AND GOVERNMENT FUNDING THAT SUPPLEMENTS DAY CARE COSTS. IN FY23, THIS PROJECT HAS MADE MORE THAN 300 CHILDCARE SLOTS AVAILABLE TO MEMBERS OF OUR COMMUNITY AND IS CONTINUING TO WORK COLLABORATIVELY TO GROW AND SUSTAIN THE PROGRAM.

7. OCEANA - DIET AND EXERCISE: IN FY23, TH MUSKEGON PARTNERS CONTINUED TO SUPPORT THE DIABETES PREVENTION PROGRAM (DPP) EXPANSION TO OCEANA COUNTY IN A VIRTUAL FORMAT AND SUPPORT OF THE HEALTH BOUND COLLABORATIVE.

8. OCEANA - ACCESS TO CARE: TH SHELBY WORKS WITH THE HEALTH PROJECT IN ENSURING OCEANA COUNTY RESIDENTS ARE SCREENED AND ENROLLING PEOPLE IN A MYRIAD OF ACCESS TO CARE INITIATIVES, INCLUDING: GOVERNMENT INSURANCE PROGRAMS LIKE MEDICARE, MEDICAID, EMERGENCY SERVICES, HOSPITAL FINANCIAL ASSISTANCE PROGRAMS, PHARMACY ACCESS PROGRAMS, VISION SERVICES AND REFERRALS TO CBOS THAT PROVIDE ADDITIONAL SERVICES THAT THE HOSPITAL DOES NOT. DURING THIS PERIOD, HEALTH PROJECT ENROLLMENT COMMUNITY HEALTH WORKERS (CHW) ENROLLED 419 PATIENTS IN THESE SERVICES AND REFERRED PATIENTS TO 356 OTHER SERVICES IN OCEANA COUNTY.

TH SHELBY ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. FOR THAT REASON, TH SHELBY DID NOT DIRECTLY ADDRESS DISPARITIES IN HOUSING - RESIDENTIAL HOUSING AND WATER IN MUSKEGON COUNTY OR HOUSING AND TRANSIT IN OCEANA COUNTY.

Part V Facility Information (continued)

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

MERCY HEALTH MUSKEGON:

PART V, SECTION B, LINE 11: IN FY23, TRINITY HEALTH MUSKEGON, WHICH CONSISTS OF THE TH MUSKEGON, TH SHELBY, AND MH MUSKEGON CAMPUSES, COLLECTIVELY ADDRESSED THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE FY21 CHNA AND ONGOING COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP).

1. MUSKEGON - EDUCATION: IN MARCH 2020, TRINITY HEALTH MUSKEGON FORMALLY ANNOUNCED THAT SEVERAL ACRES OF THE HACKLEY CAMPUS PROPERTY WOULD BE GIVEN TO MUSKEGON PUBLIC SCHOOLS TO BUILD A NEW MIDDLE SCHOOL. INCLUDED IN THE DESIGN IS THE DEVELOPMENT OF THE EARLY CAREER TECHNOLOGY EXPLORATION CENTER FOR GRADES 6TH THROUGH 8TH, WITH CAREER PATHWAYS LEADING TO CONTINUED EDUCATION THROUGH THE MUSKEGON CAREER TECH CENTER, MUSKEGON COMMUNITY COLLEGE, AND BAKER COLLEGE. IN FY22, DEMOLITION OF THE HOSPITAL CAMPUS BEGAN, AND THE LAND TRANSFER WAS COMPLETED AFTER DEMOLITION. THE LAND WAS OFFICIALLY DONATED TO MUSKEGON PUBLIC SCHOOLS IN SPRING 2022. BY FY23, THE SCHOOL IS IN ITS FINAL STAGES OF THE BUILD AND WILL WELCOME STUDENTS IN THE 2025/26 SCHOOL YEAR.

IN FY23, TRINITY HEALTH MUSKEGON AWARDED CASH GRANTS THROUGH ITS COMMUNITY BENEFIT BOARD INITIATIVE AND SISTER SIMONE GRANT REQUEST FOR PROPOSALS THAT WOULD INCLUDE EDUCATIONAL PRIORITIES IN BOTH MUSKEGON AND OCEANA COUNTIES. THREE RECIPIENTS RECEIVED GRANTS: THE OCEANA COLLEGE ACCESS NETWORK, READ MUSKEGON, AND THE BOYS AND GIRLS CLUB.

2. MUSKEGON - EMPLOYMENT AND INCOME: IN COLLABORATION WITH THE COMMUNITY HEALTH IMPROVEMENT REGION (CHIR), TRINITY HEALTH MUSKEGON AND SEVERAL COMMUNITY ORGANIZATIONS CONTINUED WORK ON THE CHIR'S LIVABILITY LAB

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.

100-DAY CHALLENGE, WHICH WAS LAUNCHED IN SEPTEMBER 2019. THE CHIR'S PROCESS IDENTIFIED SEVERAL TEAMS THAT COLLABORATED FOR 100 DAYS TO USE DATA TO IDENTIFY BARRIERS AND IMPLEMENT SOLUTIONS: CHILDCARE OPPORTUNITIES, WORKFORCE DEVELOPMENT GAPS, EMPLOYMENT OPPORTUNITIES VIA EXPUNGEMENT, AND IDENTIFY, PROMOTE, AND SUPPORT MINORITY OWNED BUSINESSES. NOW APPROACHING ITS FOURTH ITERATION, "LIVABILITY LAB 4.0" HAS PROVED TO BE A VEHICLE TO MOBILIZE THE COMMUNITY AROUND SPECIFIC ISSUES. DURING THE LAB, TEAMS STOOD UP A WHEELS TO WORK PROGRAM THAT SUPPORTED WORKERS WITH TRANSPORTATION TO AND FROM EMPLOYMENT AS WELL AS EXPUNGEMENT CLINICS IN PARTNERSHIP WITH THE DISTRICT COURT TO HELP ELIMINATE ADDITIONAL BARRIERS TO GAINFUL EMPLOYMENT.

IN FY23, TRINITY HEALTH MUSKEGON AWARDED ONE GRANT ON ECONOMIC DEVELOPMENT TO ACCESS HEALTH TO DEVELOP NEIGHBORHOOD ASSOCIATIONS AND ECONOMIC DEVELOPMENT FOR BUSINESSES. THE DEVELOPMENT OF NEIGHBORHOOD ASSOCIATIONS ALLOWED FOR THE SEGMENTS OF THE COMMUNITY THAT THE ASSOCIATIONS SERVED TO WORK FURTHER TO IDENTIFY ROOT CAUSE ISSUES AFFECTING THEIR COMMUNITIES.

3. MUSKEGON - COMMUNITY SAFETY - RACISM AND DISCRIMINATION: THMU, THROUGH THE HEALTH PROJECT, HAS FACILITATED THE MUSKEGON HEALTH DISPARITIES COALITION (MHDC) FOR SEVERAL YEARS TO COLLECT DATA, OFFER TRAININGS, AND ENCOURAGE COMMUNITY MEMBERS TO ADVOCATE FOR THEIR HEALTH CARE NEEDS. SINCE 2017, MHDC HAS SUPPORTED MASTER TRAINERS IN COMING TOGETHER FOR RACIAL UNDERSTANDING (CTRU) AND OFFERED MULTIPLE WORKSHOPS ON UNCONSCIOUS BIAS AND RACISM, AS WELL AS PRESENTING MOVIES TO THE COMMUNITY FREE OF CHARGE ON MULTIPLE ISSUES. OVER 240 COMMUNITY MEMBERS HAVE TAKEN ADVANTAGE OF THE MHDC TRAININGS SINCE 2018. THMU CHWB EMPLOYEES ARE ACTIVELY ENGAGED IN 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.

INITIATIVE, ENSURING ALIGNMENT AND PARTNERSHIP OPPORTUNITIES WITH THE DIVERSITY AND INCLUSION TEAM. DURING FY23, TWO ADDITIONAL COHORTS OF TRAINEES COMPLETED THE CTRU COURSE, TOTALING 44 INDIVIDUALS.

4. MUSKEGON - HEALTHY BEHAVIORS - TOBACCO, NUTRITION, EXERCISE, ALCOHOL AND DRUG USE, SEXUAL BEHAVIOR: SINCE THE RELEASE OF THE 2019 TRINITY HEALTH MUSKEGON CHNA, GREAT EFFORTS TO PROVIDE HEALTHY FOOD OPPORTUNITIES HAVE CONTINUED IN OCEANA COUNTY. OCEANA HEALTH BOUND, A COALITION LED BY THMU THROUGH THE HEALTH PROJECT, AND ITS SUBGROUP, HEALTHY LIFESTYLES, HAVE LED AND PARTICIPATED IN SEVERAL COMMUNITY-WIDE HEALTH FAIRS. STAFF FROM TH SHELBY, THE HEALTH PROJECT AND COMMUNITY PARTNERS LIKE MSU-EXTENSION CONTINUE TO OFFER THE STANFORD UNIVERSITY DIABETES SELF-MANAGEMENT PROGRAM (DSMP) AND OTHER NUTRITION-RELATED COURSES. ADDITIONALLY, AFTER THE SUCCESS OF THE PRESCRIPTION FOR HEALTH PROGRAM IN FY22, THE PROGRAM FOUND SUSTAINABILITY FOR FY23 WITH LOCAL BUSINESS INVESTMENT AS WELL AS ADDITIONAL FUNDING, WHICH WAS SECURED TO STRENGTHEN THE PROGRAM AND ITS NUMBER OF PARTICIPANTS. THIS FUNDING WAS FROM THE CDC WITH PASSTHROUGH BY THE STATE OF MICHIGAN AND TITLED THE RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH (REACH) PROGRAM. ADDITIONALLY, THIS FUNDING ALLOWS THE PROGRAMS TO FURTHER OUTREACH TO MINORITY COMMUNITIES WHO WE KNOW HAVE DISPROPORTIONATE FOOD INSECURITY NEEDS COMPARED TO THEIR WHITE NEIGHBORS.

TH MUSKEGON ALSO OFFERS A DYNAMIC ATHLETIC TRAINING PROGRAM THAT PROVIDES EDUCATION, WELL CHECKS, TRAINING, INJURY PREVENTION AND REHABILITATION SERVICES FULL TIME TO NINETEEN AREA SCHOOL DISTRICTS IN MUSKEGON AND OCEANA COUNTIES. TRAINERS ARE STATIONED WITHIN THE SCHOOL DISTRICTS DURING

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 DAY AND ASSIST WITH EDUCATION, INJURY PREVENTION, TRAINING AND REHABILITATION SERVICES FOR MULTIPLE SCHOOL PROGRAMS INCLUDING ATHLETICS, BAND, DRAMA, AND THE PERFORMING ARTS DEPARTMENTS. TRAINED IN MULTIPLE HEALTH AND WELLNESS PROGRAMS, THEY ALSO PROVIDE REFERRALS AND ACCESS TO SERVICES FOR STUDENTS NEEDING ACCESS TO PREVENTION PROGRAMS, HEALTH CARE AND MORE RECENTLY BEHAVIORAL HEALTH ISSUES, INCLUDING TRAINING ON SUICIDE PREVENTION AND MENTAL HEALTH ISSUES AMONG YOUTH. IN FY23, THIS WORK WAS ENHANCED WHEN ATHLETIC TRAINERS STARTED PARTICIPATING AT SCHOOL-BASED HEALTH CENTERS LOCATED THROUGHOUT THE SCHOOL DISTRICTS WHICH FURTHER BRIDGED THE GAP BETWEEN HEALTH CARE AND SUCCESS AT SCHOOL. ADDITIONALLY, SOCIAL NEEDS SCREENINGS WERE IMPLEMENTED IN COMMUNITY-BASED ORGANIZATIONS WHICH ALLOWED FOR THE HEALTH SYSTEM TO ESTABLISH A BASELINE OF NEEDS IN ADJACENT SYSTEMS SUCH AS SCHOOLS TO USE FOR DATA DRIVEN DECISION MAKING WITHIN THE CHNA PROCESS.

5. OCEANA - EMPLOYMENT - CHILDCARE AND TRAINING OPPORTUNITIES: AS PART OF THE HEALTH PROJECT COMMUNITY BENEFIT BOARD INITIATIVE (CBBI) GRANTS, THE UNITED WAY OF THE LAKESHORE RECEIVED \$20,000 TO SUPPORT EXISTING CHILDCARE PROVIDERS AND RECRUIT NEW ONES THROUGH THE HELP OF A SHARED SERVICES HUB. THIS SHARED SERVICES HUB WILL REDUCE STRESS ON PROVIDERS BY ENABLING ACCESS TO A TEAM OF EXPERTS IN BOTH BUSINESS AND PEDAGOGICAL LEADERSHIP. IT WILL ALLOW MORE TIME TO FOCUS ON THE CHILDREN AND THEIR LEARNING ACTIVITIES WHICH WILL RAISE THE QUALITY OF CARE. SIGNIFICANT PROGRESS WAS MADE IN IMPLEMENTATION OF THE TRI SHARE CHILDCARE ACCESS PROGRAM WHICH WAS ORIGINALLY PILOTED IN MUSKEGON AND EXPANDED REGIONALLY TO OCEANA COUNTY. THIS PROJECT ALLOWS FOR LOW-INCOME FAMILIES TO TAP INTO PRIVATE AND GOVERNMENT FUNDING THAT SUPPLEMENTS DAY CARE COSTS. IN FY23, THIS PROJECT

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.

HAS MADE MORE THAN 300 CHILDCARE SLOTS AVAILABLE TO MEMBERS OF OUR COMMUNITY AND IS CONTINUING TO WORK COLLABORATIVELY TO GROW AND SUSTAIN THE PROGRAM.

7. OCEANA - DIET AND EXERCISE: IN FY23, TH MUSKEGON PARTNERS CONTINUED TO SUPPORT THE DIABETES PREVENTION PROGRAM (DPP) EXPANSION TO OCEANA COUNTY IN A VIRTUAL FORMAT AND SUPPORT OF THE HEALTH BOUND COLLABORATIVE.

8. OCEANA - ACCESS TO CARE: TH SHELBY WORKS WITH THE HEALTH PROJECT IN ENSURING OCEANA COUNTY RESIDENTS ARE SCREENED AND ENROLLING PEOPLE IN A MYRIAD OF ACCESS TO CARE INITIATIVES, INCLUDING: GOVERNMENT INSURANCE PROGRAMS LIKE MEDICARE, MEDICAID, EMERGENCY SERVICES, HOSPITAL FINANCIAL ASSISTANCE PROGRAMS, PHARMACY ACCESS PROGRAMS, VISION SERVICES AND REFERRALS TO CBOS THAT PROVIDE ADDITIONAL SERVICES THAT THE HOSPITAL DOES NOT. DURING THIS PERIOD, HEALTH PROJECT ENROLLMENT COMMUNITY HEALTH WORKERS (CHW) ENROLLED 419 PATIENTS IN THESE SERVICES AND REFERRED PATIENTS TO 356 OTHER SERVICES IN OCEANA COUNTY.

MH MUSKEGON ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. FOR THAT REASON, MH MUSKEGON DID NOT DIRECTLY ADDRESS DISPARITIES IN HOUSING - RESIDENTIAL HOUSING AND WATER IN MUSKEGON COUNTY OR HOUSING AND TRANSIT IN OCEANA COUNTY.

TRINITY HEALTH MUSKEGON HOSPITAL:

Part V Facility Information (continued)

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

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.

THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED

PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING

FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO

RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

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

ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE

UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS

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

PATIENTS.

TRINITY HEALTH SHELBY HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.

THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED

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.

PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

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

MERCY HEALTH MUSKEGON:

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

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.

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.

TRINITY HEALTH MUSKEGON HOSPITAL - PART V, SECTION B, LINE 9
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

TRINITY HEALTH SHELBY HOSPITAL - PART V, SECTION B, LINE 9
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

Part V Facility Information (continued)

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

MERCY HEALTH MUSKEGON - 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.

TRINITY HEALTH MUSKEGON HOSPITAL - PART V, SECTION B, LINE 7A:

WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH SHELBY HOSPITAL - PART V, SECTION B, LINE 7A:

WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

MERCY HEALTH MUSKEGON- PART V, SECTION B, LINE 7A:

WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH MUSKEGON HOSPITAL- PART V, SECTION B, LINE 10A

WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH SHELBY HOSPITAL - PART V, SECTION B, LINE 10A

WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

MERCY HEALTH MUSKEGON - 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.

WWW.TRINITYHEALTHMICHIGAN.ORG/ABOUT-US/COMMUNITY-HEALTH-AND-WELL-BEING/
COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

TRINITY HEALTH MUSKEGON HOSPITAL- PART V, SECTION B, LINE 7B:

WWW.MCHP.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CURRENT-CHNA/

TRINITY HEALTH SHELBY HOSPITAL - PART V, SECTION B, LINE 7B:

WWW.MCHP.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CURRENT-CHNA/

MERCY HEALTH MUSKEGON- PART V, SECTION B, LINE 7B:

WWW.MCHP.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/CURRENT-CHNA/

TRINITY HEALTH MUSKEGON HOSPITAL

PART V, LINE 16A, FAP WEBSITE:

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/
FINANCIAL-ASSISTANCE/

TRINITY HEALTH SHELBY HOSPITAL

PART V, LINE 16A, FAP WEBSITE:

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/
FINANCIAL-ASSISTANCE/

MERCY HEALTH MUSKEGON

PART V, LINE 16A, FAP WEBSITE:

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/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.

TRINITY HEALTH MUSKEGON HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/
FINANCIAL-ASSISTANCE/

TRINITY HEALTH SHELBY HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/
FINANCIAL-ASSISTANCE/

MERCY HEALTH MUSKEGON

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/
FINANCIAL-ASSISTANCE/

TRINITY HEALTH MUSKEGON HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/
FINANCIAL-ASSISTANCE/

TRINITY HEALTH SHELBY HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/
FINANCIAL-ASSISTANCE/

MERCY HEALTH MUSKEGON

Part V Facility Information *(continued)*

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

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.TRINITYHEALTHMICHIGAN.ORG/TOOLS-AND-RESOURCES/BILLING-AND-INSURANCE/
FINANCIAL-ASSISTANCE/

Multiple horizontal lines for supplemental information.

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? 46

Name and address	Type of facility (describe)
1 MUSKEGON SURGERY CENTER 1400 MERCY DRIVE, SUITE 150 MUSKEGON, MI 49444	OUTPATIENT SURGERY
2 TH JOHNSON FAMILY CANCER CENTER 1440 E. SHERMAN BLVD. MUSKEGON, MI 49444	CANCER TREATMENT FACILITY
3 WEST SHORE CARDIOLOGY 1212 E. SHERMAN BLVD. MUSKEGON, MI 49444	CARDIOLOGY
4 WEST MI GASTROENTEROLOGY 1675 LEAHY STREET, SUITE 324B MUSKEGON, MI 49444	GASTROENTEROLOGY
5 LAKES VILLAGE 6401 PRAIRIE STREET NORTON SHORES, MI 49444	OUTPATIENT SERVICES, LAB, URGENT CARE, REHAB, IMAGING
6 OB GYN ASSOCIATES 1675 LEAHY STREET, SUITE 428B MUSKEGON, MI 49444	OBSTETRICS / GYNECOLOGY
7 SHORELINE NEUROSURGERY 1675 LEAHY STREET, SUITE 401A MUSKEGON, MI 49444	NEUROSURGICAL & PHYSIATRY
8 TRINITY HEALTH AESTHETICS-NORTON SHOR 3570 HENRY STREET STE. 210 NORTON SHORES, MI 49441	OUTPATIENT SERVICES
9 TRINITY HEALTH HEART CENTER 1212 E. SHERMAN BLVD. MUSKEGON, MI 49444	CARDIOLOGY
10 PULMONARY MEDICINE 1560 E. SHERMAN BLVD, SUITE 150 MUSKEGON, MI 49444	PULMONARY

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? 46

Name and address	Type of facility (describe)
11 TH MED GROUP - HEPATITIS C CLINIC 1675 LEAHY STREET, SUITE 301A MUSKEGON, MI 49442	INFECTIOUS DISEASE
12 HACKLEY LAKES OB GYN 6401 PRAIRIE STREET, SUITE 2100 NORTON SHORES, MI 49444	OBSTETRICS / GYNECOLOGY
13 TRINITY HEALTH MED GROUP-NORTON SHORE 3570 HENRY STREET STE. 120 NORTON SHORES, MI 49441	PRIMARY CARE PHYSICIAN
14 TRINITY HEALTH MEDICAL GROUP 2006 HOLTON ROAD STE. 200 MUSKEGON, MI 49445	PRIMARY CARE PHYSICIAN OFFICE
15 LAKESHORE MEDICAL CENTER - SHELBY 71 W. BEVIER ROAD SHELBY, MI 49455	PRIMARY CARE PHYSICIAN OFFICE
16 CARDIOTHORACIC SURGERY 1560 E. SHERMAN BLVD, SUITE 309 MUSKEGON, MI 49444	CARDIOLOGY
17 WESTSHORE FAMILY MEDICINE 1223 MERCY DRIVE MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE
18 LAKESHORE MEDICAL CENTER - WHITEHALL 905 E. COLBY STREET WHITEHALL, MI 49461	PRIMARY CARE PHYSICIAN OFFICE
19 HART FAMILY MEDICAL CENTER 611 E. MAIN STREET HART, MI 49420	PRIMARY CARE PHYSICIAN OFFICE
20 TH MED GROUP, INTERNAL MEDICINE 1150 E. SHERMAN BLVD., SUITE 1100 MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE

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? 46

Name and address	Type of facility (describe)
21 FRUITPORT FAMILY MEDICINE 3443 FARR RD. FRUITPORT, MI 49415	PRIMARY CARE PHYSICIAN OFFICE
22 TRINITY HEALTH HEART CENTER 1212 E. SHERMAN BLVD. MUSKEGON, MI 49444	WELLNESS & REHABILITATION FACILITY
23 HART PAVILION 611 E. MAIN STREET HART, MI 49420	LAB, RADIOLOGY, PHYSICIAN PARTNERS
24 TH REHABILITATION - NORTON SHORES 3570 HENRY STREET STE. 200 NORTON SHORES, MI 49441	REHABILITATION
25 TH MED GROUP, ACADEMIC GERIATRICS 1150 E. SHERMAN BLVD., SUITE 1175 MUSKEGON, MI 49444	GERIATRICS
26 SABLE POINT 5656 W US 10 LUDINGTON, MI 49431	PRIMARY CARE PHYSICIAN OFFICE, LAB, WORKPLACE HEALTH; REHABILITATION
27 LAKESHORE FAMILY CARE 601 W. SAVIDGE STREET SPRING LAKE, MI 49456	PRIMARY CARE PHYSICIAN OFFICE
28 COMPREHENSIVE WOMEN'S HEALTH 1675 LEAHY STREET, SUITE 311A MUSKEGON, MI 49444	OBSTETRICS / GYNECOLOGY
29 HACKLEY LAKES OB GYN 1675 LEAHY STREET, SUITE 215A MUSKEGON, MI 49444	OBSTETRICS / GYNECOLOGY
30 ADULT MEDICINE SPECIALIST 6401 PRAIRIE STREET, SUITE 2800 MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE

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? 46

Name and address	Type of facility (describe)
31 OSTEOPATHIC MEDICINE 1150 E. SHERMAN BLVD., SUITE 1100 MUSKEGON, MI 49444	PHYSIATRY
32 NEURODIAGNOSTICS BUILDING 1277 MERCY DR. MUSKEGON, MI 49444	NEURODIAGNOSTICS / SLEEP CENTER
33 WEST VIEW FAMILY MEDICINE 6401 PRAIRIE STREET, SUITE 2600 MUSKEGON, MI 49444	PRIMARY CARE PHYSICIAN OFFICE
34 BLADDER CLINIC 6401 PRAIRIE STREET, SUITE 1700 NORTON SHORES, MI 49444	UROLOGY
35 INTERNAL MEDICINE AND SPECIALTY CARE 1675 LEAHY STREET, SUITE 201A MUSKEGON, MI 49442	PRIMARY CARE PHYSICIAN OFFICE
36 TH IMAGING - NORTON SHORES 3570 HENRY STREET STE. NORTON SHORES, MI 49441	RADIOLOGY
37 TRINITY HEALTH IMAGING N MUSKEGON 2006 HOLTON ROAD STE. 400 MUSKEGON, MI 49445	RADIOLOGY
38 HACKLEY WORKPLACE NORTH 117 W COLBY ST WHITEHALL, MI 49461	OCCUPATIONAL MEDICINE
39 WEST MICHIGAN INTERNAL MEDICINE 957 BROOKHAVEN CT, STE 3-4, BLDG F MUSKEGON, MI 49442	PRIMARY CARE PHYSICIAN OFFICE
40 TH MEDICAL GROUP, PRIMARY CARE 1310 WISCONSIN GRAND HAVEN, MI 49417	PRIMARY CARE PHYSICIAN OFFICE

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? 46

Name and address	Type of facility (describe)
41 TH MEDICAL GROUP, PRIMARY CARE 15151 STANTON WEST OLIVE, MI 49460	PRIMARY CARE PHYSICIAN OFFICE
42 TH LIFE COUNSELING - NORTON SHORES 3570 HENRY STREET STE. 150 NORTON SHORES, MI 49441	BEHAVIORAL HEALTH
43 TRINITY HEALTH LAB NORTON SHORES 3570 HENRY STREET STE. 110 NORTON SHORES, MI 49441	LAB
44 TRINITY HEALTH LAB NORTH MUSKEGON 2006 HOLTON ROAD STE. 300 MUSKEGON, MI 49445	LAB
45 TH URGENT CARE /WORKPLACE HEALTH 1670 E. SHERMAN MUSKEGON, MI 49444	URGENT CARE / OCCUPATIONAL MEDICINE
46 TH WORKPLACE HEALTH DOWNTOWN 150 JEFFERSON SE GRAND RAPIDS, MI 49503	OCCUPATIONAL MEDICINE

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

PART I, LINE 6A:

MERCY HEALTH PARTNERS D/B/A TRINITY HEALTH MUSKEGON (THM) 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.

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

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE

Part VI Supplemental Information (Continuation)

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, \$17,674,587, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

IN FY23, THM ENGAGED IN COMMUNITY BUILDING ACTIVITIES IN THE FOLLOWING WAYS:

COMMUNITY BUILDING ACTIVITIES

ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENT - EXPENSES INCLUDE STAFF TIME, PRIMARILY TRINITY HEALTH MUSKEGON'S (THMU) COMMUNITY HEALTH IMPROVEMENT MANAGER, TO COORDINATE AND WORK ON COMMUNITY HEALTH ADVOCACY ISSUES WITH MEMBERS OF OUR COALITIONS ON COMMUNITY HEALTH POLICY ISSUES, STATE AND FEDERAL ADVOCACY TRAININGS, AS WELL AS MEETINGS WITH LOCAL, STATE, AND FEDERAL LEGISLATORS.

COALITION BUILDING - WITH TEN COMMUNITY COALITIONS, THMU, THROUGH THE HEALTH PROJECT, ACTS AS THE BACKBONE ORGANIZATION PROVIDING STAFF SUPPORT FOR ALCOHOL, TOBACCO, OPIATES, ADVANCE CARE DIRECTIVE PROMOTION, YOUTH DEVELOPMENT, AND HEALTHY BEHAVIORS. WORKING WITH AREA COMMUNITY LEADERS,

Part VI Supplemental Information (Continuation)

THE HEALTH PROJECT PROVIDES VENUE AND LOGISTICS, DEVELOPS MINUTES AND AGENDAS, AND IS THE FIDUCIARY OF MULTIPLE COMMUNITY HEALTH IMPROVEMENT (CHI) TEAMS. EXPENSES INCLUDE PROGRAM SUPPLIES AS WELL AS STAFFING EXPENSES. ADDITIONALLY, THIS CHI TEAM SEEKS EXTERNAL FUNDING TO SUPPORT THIS WORK BY WAY OF VARIOUS GRANTS AND CONTRACTS.

COMMUNITY SUPPORT - DURING THE REPORTING PERIOD, FUNDING FROM THE LAKESHORE REGIONAL ENTITY (LRE) WAS AWARDED IN THE TOTAL AMOUNT OF \$176,311 FOR PREVENTION PROGRAMMING. ACTUAL EXPENSES WERE \$178,268, RESULTING IN AN ADDITIONAL NET COMMUNITY BENEFIT FOR THMU OF \$1,957.

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:

TRINITY HEALTH MUSKEGON USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, THM IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE

Part VI Supplemental Information (Continuation)

PREDICTIVE MODEL. THEREFORE, THM IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

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

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

Part VI Supplemental Information (Continuation)

PART III, LINE 5:

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

PART III, LINE 8:

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

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

PART III, LINE 9B:

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

Part VI Supplemental Information (Continuation)

AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

NEEDS ASSESSMENT -

TRINITY HEALTH MUSKEGON ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS, AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL SYSTEM USES 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 INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTIVE SERVICES OR ARE UNINSURED. THE HOSPITALS ALSO USE STANDARD QUALITY MEASURES TO MONITOR PATIENT SATISFACTION AND IMPROVE INPATIENT SERVICES AND QUALITY OF CARE.

THM STAFF CONTINUE TO WORK WITH THE TRINITY HEALTH MUSKEGON CHNA ADVISORY COMMITTEE TO OVERSEE PLANNING, IMPLEMENTATION, AND EVALUATION OF THE PRIORITY AREA INITIATIVES. ADDITIONALLY, THE FOLLOWING 11 COMMUNITY COALITIONS AND WORKGROUPS ARE CONVENED AND SUPPORTED BY THE HEALTH PROJECT. THESE COALITIONS MEET REGULARLY TO DISCUSS HEALTH PROBLEMS, ISSUES AND CONCERNS AFFECTING THEIR RESPECTIVE TOPICAL AREAS AND/OR AFFINITY CONSTITUENCIES. WHILE THESE ISSUES MAY OR MAY NOT BE CITED IN THE CHNA, THE HEALTH PROJECT BRINGS THE ISSUES TO THE ATTENTION OF THE APPROPRIATE HOSPITAL SYSTEM LEADERSHIP FOR REVIEW AND RESOLUTION ACTIVITIES, IF POSSIBLE.

Part VI Supplemental Information (Continuation)

COALITION FOR A DRUG FREE MUSKEGON COUNTY

MUSKEGON ALCOHOL LIABILITY INITIATIVE

KNOWSMOKE COALITION

MUSKEGON AREA MEDICATION DISPOSAL PROGRAM

MUSKEGON-OCEANA COUNTY HEALTH DISPARITIES COALITION

ALLIANCE FOR MARIJUANA PREVENTION

CHARTED COALITION

UPFRONT COALITION

OCEANA HEALTHBOUND COALITION

COMMUNITY HEALTH INNOVATION REGION

SAFE KIDS WEST MICHIGAN

THE FOLLOWING ARE THE COMMUNITY COALITIONS SUPPORTED BY TRINITY HEALTH MUSKEGON AS A MEMBER OR PROVIDER THAT WORK TO ADDRESS, DIRECTLY OR INDIRECTLY, COMMUNITY HEALTH ISSUES THAT ARISE IN THE CHNA PROCESS:

WEST MICHIGAN MIGRANT RESOURCE COUNCIL

NORTHWEST MICHIGAN CHRONIC DISEASE COALITION

OCEANA'S HOME PARTNERSHIP

OCEANA LEADS

TALKSOONER

HEALTHY FAMILIES OF OCEANA COUNTY

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE -

TRINITY HEALTH MUSKEGON COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON

Part VI Supplemental Information (Continuation)

HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

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

THM 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 -

MUSKEGON COUNTY IS DIVERSE, RANGING FROM RURAL TO URBAN IN CHARACTER, AND

Part VI Supplemental Information (Continuation)

IS COMPRISED OF SEVEN CITIES, THREE VILLAGES AND 16 TOWNSHIPS. THE COUNTY IS LOCATED ON THE EASTERN SHORELINE OF LAKE MICHIGAN, 35 MILES WEST OF GRAND RAPIDS. MUSKEGON COUNTY IS KNOWN FOR ITS AGRICULTURAL PRODUCTION OF FRUITS AND VEGETABLES, AS A TOURISM DESTINATION, AND AS AN INDUSTRIAL CENTER. THE COUNTY SEAT IS THE CITY OF MUSKEGON, THE LARGEST CITY IN THE COUNTY AND SERVICE AREA. INTERSTATE I-96 AND US-31 CONNECT THE COUNTY WITH MAJOR METROPOLITAN CENTERS TO THE EAST AND SOUTH. MUSKEGON IS HOME TO THE COUNTY'S MAJOR HOSPITAL SYSTEM, TRINITY HEALTH MUSKEGON, WHICH INCLUDES TH MUSKEGON AND MH MUSKEGON IN MUSKEGON COUNTY. THE COUNTY HAS A TOTAL AREA OF 1,459 SQUARE MILES, A POPULATION OF 173,408 PEOPLE, AND A POPULATION DENSITY OF 335 PEOPLE PER SQUARE MILE. THE COMPOSITION OF THE COUNTY'S POPULATION INCLUDES 76.4% OF RESIDENTS CLASSIFIED AS NON-HISPANIC WHITE, 14.1% AS NON-HISPANIC AFRICAN AMERICAN, 5.6% AS HISPANIC, 1% AS AMERICAN INDIAN OR ALASKA NATIVE, AND 0.7% AS ASIAN. MUSKEGON COUNTY IS 50.2% FEMALE WITH 23.3% OF THE POPULATION LIVING IN A RURAL AREA. THE MEDIAN FAMILY INCOME IS \$55,421 AND THE AVERAGE FAMILY INCOME IS \$68,221. THE PER CAPITA INCOME AS OF US CENSUS (IN 2017 DOLLARS) IS \$22,829. ABOUT 40.73% OF THE POPULATION IS REPORTED WITH INCOME AT OR BELOW 200% OF FEDERAL POVERTY LINE (FPL) AND 53.78% OF CHILDREN, UNDER THE AGE OF 18, ARE AT OR BELOW 200% OF FPL.

MUSKEGON COUNTY CONTINUES TO HAVE SIGNIFICANT INVESTMENT IN ITS DOWNTOWN, SIGNALING SIGNIFICANT ECONOMIC REVITALIZATION OF THE AREA. IN SPITE OF THIS, THE CHAMBER OF COMMERCE INDICATES THE AREA HAS A WORKFORCE SHORTAGE. THE CITIES OF MUSKEGON AND MUSKEGON HEIGHTS ARE EACH DESIGNATED AS FEDERAL ENTERPRISE COMMUNITIES AND, MOST RECENTLY, FEDERAL OPPORTUNITY ZONES. THERE ARE THREE ENTITLEMENT COMMUNITIES WITHIN MUSKEGON COUNTY THAT RECEIVE COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS. THE ENTITLEMENT

Part VI Supplemental Information (Continuation)

COMMUNITIES ARE THE CITIES OF MUSKEGON, MUSKEGON HEIGHTS, AND NORTON SHORES. THERE ARE ALSO TWO FEDERALLY QUALIFIED HEALTH CENTERS SERVING RESIDENTS OF MUSKEGON COUNTY; BOTH CENTERS ARE IN THE CITY OF MUSKEGON HEIGHTS. OCEANA COUNTY IS LOCATED IMMEDIATELY NORTH OF MUSKEGON COUNTY AND ALONG THE LAKE MICHIGAN COASTLINE. OCEANA IS A RURAL COUNTY WITH THE SECOND LARGEST FRUIT TREE ACREAGE IN THE STATE. BECAUSE OF ITS PROXIMITY TO LAKE MICHIGAN, TOURISM ALSO PLAYS A VITAL PART IN THE LOCAL ECONOMY. OCEANA COUNTY IS COMPRISED OF ONE CITY, SIX VILLAGES AND 16 TOWNSHIPS. THE COUNTY SEAT IS HART, MICHIGAN. OCEANA COUNTY IS RANKED AS A HEALTH PROFESSIONAL SHORTAGE AREA AND A MEDICALLY UNDERSERVED POPULATION BY THE FEDERAL GOVERNMENT.

THE COUNTY HAS A TOTAL AREA OF 1,307 SQUARE MILES AND A POPULATION OF 26,027 PEOPLE. THE COMPOSITION OF THE COUNTY'S POPULATION INCLUDES 82.1% OF RESIDENTS CLASSIFIED AS NON-HISPANIC WHITE, 0.6% AS NON-HISPANIC AFRICAN AMERICAN, 14.8% AS HISPANIC, 1.6% AMERICAN INDIAN OR ALASKA NATIVE, 0.1% NATIVE HAWAIIAN OR PACIFIC ISLANDER, AND 0.3% ASIAN. OCEANA COUNTY'S POPULATION IS CONSIDERED 89.9% RURAL, WITH 49.6% FEMALE. AGE DEMOGRAPHICS ARE 23.5% BELOW 18 YEARS OF AGE AND 19.7% AGE 65 AND OLDER.

PART VI, LINE 5:

OTHER INFORMATION -

MOST MEMBERS OF THE GOVERNING BODY OF TRINITY HEALTH MUSKEGON ARE INDIVIDUALS WHO ARE NOT EMPLOYEES, CONTRACTORS OF THE ORGANIZATION, OR FAMILY MEMBERS, AND MANY RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREAS. SINCE THMU OPERATES THE ONLY HOSPITALS IN MUSKEGON COUNTY OR OCEANA COUNTY, STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

Part VI Supplemental Information (Continuation)

AVAILABLE FUNDS ARE ALLOCATED TO IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH. SINCE PASSAGE OF THE AFFORDABLE CARE ACT (ACA), HEALTH COVERAGE HAS REMAINED STABLE IN THE REGION. MUSKEGON COUNTY'S RATE OF UNINSURED RESIDENTS IS 6%, WHILE OCEANA'S IS 11%. THMU'S FOCUS HAS BEEN ON ACCESS TO CARE, ENROLLMENT UNDER THE ACA OR IN MICHIGAN MEDICAID (AS QUALIFIED) AND ADDRESSING UNMET HEALTH AND HUMAN SERVICE NEEDS. OUR SUBSIDIARY AND COMMUNITY BENEFIT MINISTRY, THE MUSKEGON COMMUNITY HEALTH PROJECT, HAS BEEN VERY PROACTIVE IN WORKING WITH TH MUSKEGON AND TH SHELBY'S MEDICAL DEPARTMENTS, MEDICAL PRACTICES, TWO FQHCS, AND MANY COMMUNITY AND FAITH-BASED HEALTH AND HUMAN SERVICE AGENCIES TO PROMOTE INTEGRATED COMMUNITY CARE COORDINATION. THE STREAMLINED ENROLLMENT PROCESS DESIGN MAKES APPLYING FOR ASSISTANCE EASIER FOR CONSUMERS BY INCLUDING ON A SINGLE FORM ALL INFORMATION DEEMED ESSENTIAL FOR DETERMINING ELIGIBILITY FOR MULTIPLE HEALTH AND HUMAN SERVICES.

THMU'S COMMUNITY BENEFIT MINISTRY, THE HEALTH PROJECT, OPERATES A PHARMACEUTICAL ACCESS PROGRAM, WHICH INCLUDES THREE PROGRAMS: 1) MEANS-TESTED ELIGIBILITY SCREENING AND ENROLLMENT APPLICATION TO DRUG COMPANY PHARMACEUTICAL ASSISTANCE PROGRAMS (PAPS), 2) PROCUREMENT OF INTERIM MEDICATIONS AND SUPPLIES DURING THE APPLICATION PROCESS PERIOD, AND 3) LOW-INCOME PHARMACY PROGRAM, WHICH PROVIDES MANY GENERIC AND BRAND NAME DRUGS AT NO COST. THIS PROGRAM COLLABORATES WITH AREA HEALTH CARE PROVIDERS AND COMMUNITY SERVICE ORGANIZATIONS TO PROVIDE LOW-INCOME, UNINSURED, OR UNDERINSURED PERSONS WITH THE PRESCRIPTION DRUGS THEY NEED TO MANAGE CHRONIC DISEASES. THERE ARE NO OTHER KNOWN PROGRAMS IN THE AREA THAT SUPPLY INTERIM MEDICATIONS TO PATIENTS WAITING TO BE ENROLLED IN THE PAPS. THE HEALTH PROJECT'S PROGRAM IS SUPPORTED 100% BY THMU'S COMMUNITY

Part VI Supplemental Information (Continuation)

BENEFIT FUNDING. THE PHARMACEUTICAL ACCESS PROGRAM PROVIDES ACCESS TO THE RESOURCES NECESSARY FOR LOW-INCOME PATIENTS TO OBTAIN THE MAINTENANCE MEDICATIONS NEEDED TO CONTROL THEIR CHRONIC DISEASES AND IMPROVE THE QUALITY OF THEIR CARE AND HEALTH. THESE RESOURCES PROVIDE PATIENTS WITH THE MEANS FOR MEDICATION COMPLIANCE, THEREBY REMOVING OBSTACLES TO HEALTHY BEHAVIORS.

THMU'S DEPARTMENTS ARE ACTIVELY INVOLVED IN COMMUNITY PROGRAMS. OUTREACH AND ENROLLMENT SPECIALISTS CONDUCT HEALTH AND HUMAN SERVICE ELIGIBILITY SCREENINGS ON ALL UNINSURED PATIENTS AT THE TIME OF DISCHARGE FROM THE HOSPITAL OR EMERGENCY DEPARTMENT. THE SCREENINGS INCLUDE ELIGIBILITY FOR MEDICAID, CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OR OTHER AVAILABLE HEALTH COVERAGE, FOOD ASSISTANCE PROGRAM, AND FOR THE HOSPITALS' FINANCIAL ASSISTANCE PROGRAM.

THMU COLLEAGUES SUPPORT THE WORK OF THE YMCA, WHICH PROVIDES DPP SERVICES TO THE PRE-DIABETIC POPULATION IN THE REGION WITH A FOCUS ON MEDICARE PATIENTS AND THE AFRICAN AMERICAN AND HISPANIC COMMUNITIES. FUNDED PRIMARILY WITH A CDC GRANT SIGNIFICANT PHYSICIAN AND ADMINISTRATIVE STAFF TIME HAS BEEN SPENT ENSURING A SEAMLESS CONNECTION FROM PHYSICIAN REFERRALS, COMMUNICATIONS, AND REPORTING. THE DPP PROGRAM HAS SERVED OVER 225 PEOPLE DURING FY23.

ADDITIONALLY, IN FY23, TRINITY HEALTH MUSKEGON CONTINUED PARTNERING WITH THE MUSKEGON YMCA TO ENSURE THAT DIABETES PREVENTION EDUCATION WAS AVAILABLE AS A REFERRAL SOURCE FOR PROVIDERS AND FOR COMMUNITY MEMBERS TO PARTICIPATE IN.

Part VI Supplemental Information (Continuation)

A THMU EMPLOYEE PARTICIPATES ON TWO COMMITTEES FOR THE MUSKEGON AREA TRANSIT SERVICE TO ENSURE THAT BUS ROUTES ARE ACCESSIBLE TO LOW-INCOME RESIDENTS AND TO APPROVE REQUESTS FOR CAPITAL PROJECTS FUNDED BY THE MICHIGAN DEPARTMENT OF TRANSPORTATION FOR NON-PROFIT ORGANIZATIONS THAT PROVIDE TRANSPORTATION TO LOW-INCOME AND DISABLED RESIDENTS.

ACTIVITIES INCLUDE SUPPORT OF THE MUSKEGON COUNTY HOMELESS CONTINUUM OF CARE NETWORK (MCHCCN), WHICH IS THE DESIGNATED COLLABORATIVE BODY TO PLAN AND IMPLEMENT SERVICES TO END HOMELESSNESS IN MUSKEGON COUNTY. THE HEALTH PROJECT IS THE COLLABORATIVE APPLICANT ON BEHALF OF THE NETWORK FOR THE APPLICATION FOR FUNDS FOR ALL AGENCIES SEEKING HUD AND MSHDA EMERGENCY SOLUTIONS GRANT (ESG) FUNDS. THE HEALTH PROJECT IS THE FIDUCIARY FOR THE HUD PLANNING GRANT, WHICH IS USED TO HIRE A CONSULTANT TO CREATE A COORDINATED ENTRY SYSTEM, REVISE THE NETWORK'S GOVERNANCE CHARTER, AND DEVELOP POLICIES AND PROCEDURES TO BE IN COMPLIANCE WITH FEDERAL AND STATE REGULATIONS. THE MCHCCN CHAIR IS A HEALTH PROJECT STAFF MEMBER WHO OVERSEES THE COORDINATOR IN PREPARATION AND SUBMISSION OF FUNDING APPLICATIONS FOR HUD AND MSHDA ON BEHALF OF THE COMMUNITY AND IS SUPPORT STAFF TO THE VARIOUS COMMITTEES OF THE NETWORK. THE MCHCCN COORDINATOR IS ALSO RESPONSIBLE FOR THE DEVELOPMENT OF THE CONSOLIDATED HOUSING PLAN FOR MUSKEGON COUNTY TO ENSURE COORDINATION BETWEEN THE ENTITLEMENT COMMUNITIES, THE COUNTY OF MUSKEGON, AND THE NETWORK.

THMU ALSO PROVIDES STAFF TO ACT AS THE CHAIR FOR THE CASE MANAGEMENT COMMITTEE. THIS COMMITTEE CONVENES MEETINGS OF 60 AGENCIES IN THE COMMUNITY EVERY MONTH TO SHARE RESOURCES. THE TH MUSKEGON CAMPUS STAFF DEVELOPS THE EDUCATION PROGRAMS FOR THE CASE MANAGERS OF THESE AGENCIES SO THAT THE AGENCIES ARE ADHERING TO A VARIETY OF STATE AND FEDERAL

Part VI Supplemental Information (Continuation)

REGULATIONS. MANY OF THE SMALL AGENCIES DO NOT HAVE THE TIME NOR FUNDS TO ATTEND REQUIRED TRAININGS AND THE CASE MANAGERS COMMITTEE PROVIDES THAT ACCESS TO THEM.

ADVOCACY EFFORTS INCLUDED THE INCORPORATION OF THE TRINITY HEALTH ADVOCACY PROMOTIONS AND ELECTRONIC ADVOCACY THROUGH THE SYSTEM OFFICE. THESE INCLUDED SUPPORT OF PUBLIC HEALTH, FAIR PAYMENT MODELS AND HEALTH CARE ACCESS. SEVERAL EMPLOYEES ENGAGED WITH THESE EFFORTS THROUGH TRINITY HEALTH. LOCALLY THMU HOSTED SEVERAL MEETINGS WITH AREA LEGISLATORS TO DISCUSS LEGISLATIVE PRIORITIES, OFFERED TOURS OF THE NEW MEDICAL CENTER AND BRIEFINGS ON THE NEW AMBULATORY STRATEGY, COMMUNITY BENEFIT PROGRAMS, AND MAINTAINING THE PROTECTIONS AND HEATH ACCESS FOUND UNDER THE AFFORDABLE CARE ACT. ADDITIONALLY, STAFF ATTENDED SEVERAL COUNTY COMMISSIONS, CITY COUNCIL, AND SCHOOL OFFICIAL MEETINGS TO DISCUSS PREVENTION ISSUES AND/OR ADDRESS OTHER COMMUNITY ISSUES.

TRINITY HEALTH IS COMMITTED TO IDENTIFYING AND WORKING TO IMPACT THE SOCIAL INFLUENCERS OF HEALTH THAT IMPACT PATIENTS AND FAMILIES. DURING THE REPORTING PERIOD, THMU INITIATED A PILOT TO FURTHER THE SCREENINGS FOR SOCIAL NEEDS AND IMPLEMENTED EDUCATION AND AWARENESS TO GROW THE RATE OF SCREENINGS IN OUR AMBULATORY AND ACUTE SETTINGS. ADDITIONAL OUTREACH AND EDUCATIONAL EFFORTS WERE MADE TO CONNECT THE COMMUNITY-BASED ORGANIZATION TO THE TRINITY HEALTH COMMUNITY RESOURCE DIRECTORY, AN EASY-TO-USE ONLINE RESOURCE DIRECTORY OF SERVICES.

THMU CONTINUED WORKING WITH MUSKEGON PUBLIC HEALTH OFFICIALS WHEN COVID-19 EXPOSURE AND CASELOADS CLIMBED IN MUSKEGON TO ENSURE STAFFING, BED CAPACITY, AND RISK MITIGATION STRATEGIES. THEY WOULD ALSO REVIEW SAFETY

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

POLICIES FOR VISITORS, SCREENING, AND RISKS FOR EXPOSURE FOR EMPLOYEES AND PATIENTS ON AN ONGOING BASIS AND DETERMINE IF NEW PUBLIC COMMUNICATIONS WERE REQUIRED. IN FY23, COVID-19 VACCINATION EFFORTS HAVE INCLUDED EDUCATING THE COMMUNITY THROUGH OUR RADIO PROGRAM "JOURNEY TO BETTER HEALTH", REGULARLY INCLUDING VACCINATION ACCESS INFORMATION IN PROGRAMMATIC AND OUTREACH MATERIALS AND OUTREACH STAFF ASSISTING AT THE VACCINATION CLINICS, THEREBY CREATING GREATER ACCESS TO HEALTH CARE, AND FOSTERING HEALTHY BEHAVIORS.

PART VI, LINE 6:

TRINITY HEALTH MUSKEGON IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH AND WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE - EMPHASIZING THE NECESSITY TO INTEGRATE SOCIAL AND CLINICAL CARE. WE DO THIS BY:

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

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

Part VI Supplemental Information (Continuation)

OPPRESSIVE SYSTEMS, AND BUILD COMMUNITY CAPACITY AND PARTNERSHIPS.

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

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

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

Part VI Supplemental Information (Continuation)

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 (CHWS) SERVE AS LIAISONS BETWEEN HEALTH AND SOCIAL SERVICES. TRINITY HEALTH CHWS 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.

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

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

Part VI Supplemental Information (Continuation)

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.