

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **ST. MARY'S SACRED HEART HOSPITAL, INC.** Employer identification number **47-3752176**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			2210223.		2210223.	5.24%
b Medicaid (from Worksheet 3, column a)			6203633.	6674748.	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			8413856.	6674748.	2210223.	5.24%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	2	150	12,028.		12,028.	.03%
f Health professions education (from Worksheet 5)	3	233	178,389.		178,389.	.42%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	40	1,840.		1,840.	.00%
j Total. Other Benefits	7	423	192,257.		192,257.	.45%
k Total. Add lines 7d and 7j	7	423	8606113.	6674748.	2402480.	5.69%

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group ST MARY'S SACRED HEART 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) 2021

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group ST MARY'S SACRED HEART 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 ST MARY'S SACRED HEART 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) 2021

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.

ST MARY'S SACRED HEART HOSPITAL:

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

PART V, SECTION B, LINE 3E: ST. MARY'S SACRED HEART HOSPITAL INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS. THROUGH FURTHER PRIORITIZATION AND IDENTIFICATION OF EXISTING COMMUNITY RESOURCES AND ASSETS, THE FOLLOWING THREE PRIORITY COMMUNITY HEALTH NEEDS WERE DEEMED MOST SIGNIFICANT:

- 1. ACCESS TO HEALTH CARE
- 2. ADDRESSING SOCIAL NEEDS
- 3. BEHAVIORAL AND MENTAL HEALTH

ST MARY'S SACRED HEART HOSPITAL:

PART V, SECTION B, LINE 5: COMMUNITY INPUT FOR THE ST. MARY'S SACRED HEART HOSPITAL CHNA WAS OBTAINED THROUGH FOCUS GROUPS AND STAKEHOLDER DISCUSSIONS HELD BETWEEN DECEMBER 2021 AND FEBRUARY 2022. THE HOSPITAL ENGAGED STATE, LOCAL, AND REGIONAL HEALTH DEPARTMENTS; REPRESENTATIVES OF THOSE WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME, OR MEMBERS OF MINORITY POPULATIONS; AND INTERNAL STAKEHOLDERS TO PROVIDE FEEDBACK ON IDENTIFYING AND PRIORITIZING SIGNIFICANT NEEDS.

THE CHNA USED A COMPREHENSIVE MIXED-METHODS APPROACH, WHICH INCLUDED A COMBINATION OF QUALITATIVE AND QUANTITATIVE DATA AND ANALYSES, TO IDENTIFY AND PRIORITIZE COMMUNITY HEALTH NEEDS. THIS APPROACH ALLOWS FOR MORE

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.

CONFIDENCE IN THE FINDINGS OF THE CHNA AND ENSURES ROBUSTNESS IN IDENTIFICATION OF HEALTH NEEDS. THE QUALITATIVE METHODS USED TO SOLICIT INPUT FROM PRIMARY SOURCES INCLUDED FOCUS GROUPS AND STAKEHOLDER DISCUSSIONS; THE QUANTITATIVE METHODS UTILIZED SECONDARY DATA SOURCES SUCH AS THE TRINITY HEALTH DATA HUB FOR SERVICE AREA DATA AND THE EMERGENCY DEPARTMENT FOR HOSPITAL-SPECIFIC DATA.

THE PRIMARY DATA COLLECTED INCLUDED INPUT FROM PERSONS WHO REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY AND THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; FEDERAL, REGIONAL, STATE, AND LOCAL HEALTH OR OTHER DEPARTMENTS OR AGENCIES WITH CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED; LEADERS, REPRESENTATIVES, OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS WITH CHRONIC DISEASE NEEDS IN THE COMMUNITY; AND INPUT FROM OTHER PERSONS LOCATED IN AND/OR SERVING THE COMMUNITY. INFORMATION WAS GATHERED BY CONDUCTING FOCUS GROUPS AND STAKEHOLDER INTERVIEWS WITH INDIVIDUALS REPRESENTING COMMUNITY HEALTH AND PUBLIC SERVICE ORGANIZATIONS, MEDICAL PROFESSIONALS, HOSPITAL ADMINISTRATION, AND OTHER HOSPITAL STAFF MEMBERS.

THE SECONDARY DATA SOURCES WERE USED TO GATHER DEMOGRAPHIC AND HEALTH INDICATOR DATA. THE DATA ANALYSIS GENERATED BY THE TRINITY HEALTH DATA HUB IS BASED ON EACH HOSPITAL'S SERVICE AREA AND PROVIDED COMPREHENSIVE REPORTS ON THE FOLLOWING INDICATORS: HEALTH CARE ACCESS, ECONOMIC STABILITY, EDUCATION, SOCIAL SUPPORT AND COMMUNITY CONTEXT, NEIGHBORHOOD AND PHYSICAL ENVIRONMENT, AND HEALTH OUTCOMES AND BEHAVIORS. SEVERAL INDICATORS ARE CALCULATED USING AREAL WEIGHTED INTERPOLATION TO ESTIMATE

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 VALUES FOR EACH CENSUS TRACT WHICH OVERLAPS WITH THE SERVICE AREAS, AND THE TRACT-LEVEL ESTIMATES ARE AGGREGATED FOR THE HOSPITAL REGIONS. A RULE HAS BEEN IMPLEMENTED TO ENSURE THE TOTAL PERCENTAGE OF ALL SELECTED HOSPITAL SERVICE AREAS DOES NOT EXCEED 100% FOR ANY CENSUS TRACT. EACH HOSPITAL REPORT INCLUDES DATA FROM THE MOST UPDATED AND NATIONALLY RECOGNIZED SOURCES SUCH AS THE U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY, AND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM.

ST MARY'S SACRED HEART HOSPITAL:

PART V, SECTION B, LINE 11: THE FOLLOWING COMMUNITY HEALTH NEEDS WERE RECOGNIZED AS THE MOST SIGNIFICANT ISSUES THAT MUST BE ADDRESSED TO IMPROVE THE HEALTH AND QUALITY OF LIFE IN OUR COMMUNITY. THESE NEEDS, IN ADDITION TO THE EMERGENT AND ONGOING PUBLIC HEALTH NEED OF COVID-19, WERE ADDRESSED IN FISCAL YEAR 2022:

ACCESS TO HEALTH CARE - ST. MARY'S SACRED HEART HOSPITAL COLLABORATED WITH COMMUNITY CLINICAL PARTNERS, INCLUDING THE LOCAL FEDERALLY QUALIFIED HEALTH CENTER (FQHC) AND THE DISTRICT OF PUBLIC HEALTH, TO DEVELOP A PLAN OF ACTION TO INCREASE ACCESS TO PRIMARY CARE AND SPECIALTY CARE SERVICES IN THE RURAL COUNTIES. ST. MARY'S SACRED HEART HOSPITAL PARTNERED WITH COMMUNITY ORGANIZATIONS, SUCH AS FRANKLIN COUNTY FAMILY CONNECTIONS, TO PLAN FOR THE FRANKLIN COUNTY RESOURCE MAPPING. THESE ACTIVITIES IDENTIFY EXISTING ASSETS AND NEEDS RELATED TO THE BARRIERS TO OBTAINING HEALTH CARE.

ADDRESSING SOCIAL NEEDS - ST. MARY'S SACRED HEART HOSPITAL IMPLEMENTED A

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 HEALTH WORKER PROGRAM TO IDENTIFY AND ADDRESS THE SOCIAL NEEDS OF OUR PATIENTS AND COMMUNITY MEMBERS. THE COMMUNITY HEALTH WORKER AND DATA GATHERED FROM COMMUNITY STAKEHOLDERS REPORTED THAT TRANSPORTATION, FOOD INSECURITY, AND HOUSING INSECURITY ARE SOCIAL NEEDS AND BARRIERS TO HEALTH CARE ACCESS AND HEALTHIER COMMUNITIES.

BEHAVIORAL AND MENTAL HEALTH - THIS IS A NEW COMMUNITY HEALTH NEED IDENTIFIED IN THE RECENT CHNA. ST. MARY'S SACRED HEART HOSPITAL IS COLLABORATING WITH PARTNERS, INCLUDING ADVANTAGE BEHAVIORAL HEALTH AND OTHER REGIONAL SERVICE PROVIDERS, TO DEVELOP A PLAN OF ACTION TO ADDRESS THIS NEED.

ST MARY'S SACRED HEART HOSPITAL:

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

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

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.

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.

ST. MARY'S SACRED HEART HOSPITAL:

PART V, SECTION B, LINE 7A:

WWW.STMARYSHEALTHCARESYSTEM.ORG/ABOUT-US/COMMUNITY-BENEFIT

ST. MARY'S SACRED HEART 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.

ST. MARY'S SACRED HEART HOSPITAL:

PART V, SECTION B, LINE 10A:

WWW.STMARYSHEALTHCARESYSTEM.ORG/ABOUT-US/COMMUNITY-BENEFIT

ST. MARY'S SACRED HEART HOSPITAL:

PART V, LINE 16A, FAP WEBSITE:

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.STMARYSHEALTHCARESYSTEM.ORG/FOR-PATIENTS/BILLING-INSURANCE/FINANCIAL

-ASSISTANCE

ST. MARY'S SACRED HEART HOSPITAL:

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.STMARYSHEALTHCARESYSTEM.ORG/FOR-PATIENTS/BILLING-INSURANCE/FINANCIAL

-ASSISTANCE

ST. MARY'S SACRED HEART HOSPITAL:

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

WWW.STMARYSHEALTHCARESYSTEM.ORG/FOR-PATIENTS/BILLING-INSURANCE/FINANCIAL

-ASSISTANCE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., 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:

ST. MARY'S SACRED HEART HOSPITAL REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

IN ADDITION, ST. MARY'S SACRED HEART HOSPITAL INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND

Part VI Supplemental Information (Continuation)

MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$5,665,152, 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:

ST. MARY'S SACRED HEART HOSPITAL PARTICIPATES IN SEVERAL COMMUNITY BUILDING ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY IMPROVING ACCESS TO HEALTH SERVICES, ENHANCING PUBLIC HEALTH, AND ADVANCING KNOWLEDGE. ST. MARY'S SACRED HEART HOSPITAL PARTICIPATED IN THE FOLLOWING ACTIVITIES IN FISCAL YEAR 2022:

COMMUNITY SUPPORT - ST. MARY'S SACRED HEART HOSPITAL SUPPORTS A VARIETY OF ORGANIZATIONS THAT STRIVE TO IMPROVE COMMUNITY HEALTH AND WELL-BEING, INCLUDING THE FRANKLIN COUNTY HIGH SCHOOL BUSINESS ADVISORY COMMITTEE, EMMANUEL UNIVERSITY, AND THE UNIVERSITY OF GEORGIA. ST. MARY'S SACRED HEART HOSPITAL'S DIRECTOR OF ADMINISTRATIVE AND SUPPORT SERVICES AND DIRECTOR OF NURSING PARTICIPATE IN THE FRANKLIN COUNTY AND LAVONIA CHAMBERS OF COMMERCE. OTHER COLLEAGUES AT ST. MARY'S SACRED HEART HOSPITAL PARTICIPATE IN THE FRANKLIN COUNTY BOARD OF EDUCATION AND OTHER LOCAL

Part VI Supplemental Information (Continuation)

GROUPS. THE HOSPITAL PARTICIPATES IN COMMUNITY-WIDE HEALTH CARE CAREER EVENTS, SUCH AS THE CAREER FAIR AT LIBERTY ELEMENTARY, AND THE BUILDING TALENT BRIDGES PROGRAM.

WORKFORCE DEVELOPMENT - ST. MARY'S SACRED HEART HOSPITAL IS ACTIVELY WORKING WITH FRANKLIN COUNTY HIGH SCHOOL ON WORKFORCE DEVELOPMENT PROGRAMMING AND HEALTH CARE CAREER PATHWAYS FOR HIGH SCHOOL STUDENTS.

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:

ST. MARY'S SACRED HEART HOSPITAL USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, ST. MARY'S SACRED HEART HOSPITAL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, ST. MARY'S SACRED HEART HOSPITAL IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED

Part VI Supplemental Information (Continuation)

THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

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

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

PART III, LINE 5:

Part VI Supplemental Information (Continuation)

TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE ONE PERCENT SEQUESTRATION REDUCTION FOR THE PERIOD APRIL 1, 2022 THROUGH JUNE 30, 2022.

PART III, LINE 8:

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

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

PART III, LINE 9B:

THE HOSPITAL'S FINANCIAL ASSISTANCE 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. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S FINANCIAL

Part VI Supplemental Information (Continuation)

ASSISTANCE POLICY. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

NEEDS ASSESSMENT - SACRED HEART HOSPITAL ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY STAKEHOLDERS, 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 CARE NEEDS OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, SOLICIT INPUT FROM FOCUS GROUPS AND STAKEHOLDER DISCUSSIONS, AND UTILIZE SECONDARY DATA SOURCES SUCH AS THE TRINITY HEALTH DATA HUB FOR SERVICE AREA DATA AND THE EMERGENCY DEPARTMENT FOR HOSPITAL-SPECIFIC DATA.

PART VI, LINE 3:

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

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS

Part VI Supplemental Information (Continuation)

MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF
ADMISSION OR SERVICE.

ST. MARY'S SACRED HEART HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH
LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED
PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE.
NOTIFICATION ABOUT FINANCIAL ASSISTANCE, 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 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.

ST. MARY'S SACRED HEART HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE
BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. ST.
MARY'S SACRED HEART HOSPITAL MAKES EVERY EFFORT TO ADHERE TO THE POLICY
AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING
PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:

COMMUNITY INFORMATION - THE GEOGRAPHIC SERVICE AREA WAS DEFINED AT THE
COUNTY-LEVEL FOR THE PURPOSES OF THE 2022 CHNA. THE SERVICE AREA WAS
DETERMINED BY COUNTING THE NUMBER OF PATIENT VISITS BY COUNTY OF

Part VI Supplemental Information (Continuation)

RESIDENCE. FIVE COUNTIES WERE DEFINED AS THE SERVICE AREA FOR ST. MARY'S SACRED HEART HOSPITAL: BANKS, ELBERT, FRANKLIN, HART, AND STEPHENS. THE TOTAL POPULATION IN THE SERVICE AREA IS 65,769. ST. MARY'S SACRED HEART HOSPITAL IS THE ONLY HOSPITAL IN FRANKLIN COUNTY AND THERE IS ONE FEDERALLY QUALIFIED HEALTH CENTER IN THE SERVICE AREA, MEDLINK.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - ST. MARY'S SACRED HEART HOSPITAL IS GUIDED BY THE ST. MARY'S HEALTH CARE SYSTEM'S MISSION OF IMPROVING THE HEALTH OF THE PEOPLE OF OUR COMMUNITIES. ST. MARY'S SACRED HEART HOSPITAL IS A 56-BED FACILITY WHOSE SERVICES INCLUDE SURGICAL SERVICES, A MOTHER/BABY UNIT, AND CRITICAL CARE. IN ADDITION, ST. MARY'S SACRED HEART HOSPITAL OPERATES A 24-HOUR EMERGENCY DEPARTMENT THAT IS ACCESSIBLE TO ANYONE NEEDING CARE, REGARDLESS OF ABILITY TO PAY, AND MAINTAINS AN OPEN MEDICAL STAFF.

AS A CATHOLIC, NOT-FOR-PROFIT HEALTH SYSTEM, ST. MARY'S SACRED HEART HOSPITAL IS COMMITTED TO STEWARDING OUR RESOURCES INTO PROGRAMS AND ACTIVITIES THAT STRIVE TO BENEFIT THE HEALTH OF THE COMMUNITIES WE SERVE. COMMUNITY BENEFIT MINISTRY IS THE PROCESS BY WHICH ST. MARY'S SACRED HEART HOSPITAL MEASURES AND REPORTS THE IMPACT ON OUR COMMUNITY OF HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, RESEARCH, AND FINANCIAL AND IN-KIND CONTRIBUTIONS. COMMUNITY BENEFIT IS ALSO ONE OF THE JUSTIFICATIONS FOR OUR NOT-FOR-PROFIT TAX STATUS. WE ARE PROUD TO GIVE BACK TO FRANKLIN, HART AND STEPHENS COUNTIES THROUGH OUR COMMUNITY BENEFIT MINISTRY, AS WE WORK TO LIVE OUT OUR MISSION TO BE A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES.

Part VI Supplemental Information (Continuation)

ST. MARY'S SACRED HEART HOSPITAL'S OVERALL RESPONSIVENESS TO THE NEEDS OF THE COMMUNITY IS EVIDENCED BY OUR WILLINGNESS TO PARTICIPATE IN A RANGE OF COMMITTEES, COALITIONS, PANELS, ADVISORY GROUPS, COMMISSIONS, AND BOARDS. OUR LEADERSHIP AND STAFF WERE MEMBERS OF THE FRANKLIN COUNTY AND LAVONIA CHAMBERS OF COMMERCE AND THE HART COUNTY POVERTY TASK FORCE.

ST. MARY'S SACRED HEART HOSPITAL IS ACTIVELY INVOLVED IN NUMEROUS COMMUNITY EVENTS THAT BENEFIT EVERY AGE GROUP IN FRANKLIN AND HART COUNTIES. ST. MARY'S SACRED HEART HOSPITAL CONTINUED TO HOST, OR PARTICIPATE IN, COMMUNITY EVENTS TO PROVIDE FREE HEALTH SCREENINGS AND INFORMATION TO AREA RESIDENTS.

ST. MARY'S SACRED HEART HOSPITAL TOOK SEVERAL STEPS IN FISCAL YEAR 2022 TO ADDRESS THE COVID-19 PANDEMIC, INCLUDING:

- COORDINATING ACTIVITIES AND PROGRAMS WITH PUBLIC HEALTH AGENCIES, OTHER HOSPITALS, AND OTHER ORGANIZATIONS IN RESPONSE TO THE PANDEMIC
- PROVIDED COMMUNITY HEALTH EDUCATION TO INFORM THE COMMUNITY ABOUT THE COVID-19 PANDEMIC
- SUPPORTED DISCHARGED PATIENTS AND COVID-19 IMPACTED PATIENTS IN ACCESSING COMMUNITY RESOURCES FOR SOCIAL NEEDS
- PARTICIPATED IN DISASTER RESPONSE EXERCISES AND SURGE CAPACITY PLANNING
- COORDINATED THE WORK OF THOSE WHO ARE RESPONDING TO HOSPITAL STAFFING NEEDS
- CONDUCTED IN-SERVICE TRAINING (FOR NEW, REASSIGNED, AND OTHER STAFF) EXPRESSLY IN RESPONSE TO THE PANDEMIC

PART VI, LINE 6:

ST. MARY'S SACRED HEART HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE

Part VI Supplemental Information (Continuation)

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 BY CONNECTING SOCIAL AND CLINICAL CARE, ADDRESSING SOCIAL NEEDS, DISMANTLING SYSTEMIC RACISM, AND REDUCING HEALTH INEQUITIES.

WE DO THIS BY:

- 1. INVESTING IN OUR COMMUNITIES,
- 2. ADVANCING SOCIAL CARE, AND
- 3. IMPACTING SOCIAL INFLUENCERS OF HEALTH.

TO FURTHER OUR STRATEGY IN FISCAL YEAR 2022 (FY22), CHWB LAUNCHED TWO TRAINING SERIES TO ADVANCE HEALTH AND RACIAL EQUITY IN OUR COMMUNITIES.

- 1. CHWB LEADER SERIES TO ADVANCE HEALTH AND RACIAL EQUITY: A YEAR-LONG PEER LEARNING SERIES TO BUILD THE CAPACITY OF OUR CHWB LEADERS TO DELIVER ON OUR CHWB STRATEGY WITH A FOCUS ON COMMUNITY LEADERSHIP AND ENGAGEMENT, AND THE USE OF A RACIAL EQUITY LENS IN ALL OF OUR DECISION MAKING.
- 2. COMMUNITY ENGAGEMENT TO ADVANCE RACIAL JUSTICE - PREPARING FOR IMPLEMENTATION STRATEGY: A FOUR-PART SERIES ON ENGAGING OUR COMMUNITIES IN MEANINGFUL WAYS USING A HEALTH EQUITY AND RACIAL EQUITY LENS TO BUILD LASTING PARTNERSHIPS AND IMPACTFUL IMPLEMENTATION STRATEGIES.

INVESTING IN OUR COMMUNITIES - 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 FY22, TRINITY HEALTH CONTRIBUTED \$1.37 BILLION IN COMMUNITY

Part VI Supplemental Information (Continuation)

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.

SOME EXAMPLES OF THESE INVESTMENTS INCLUDE:

TRINITY HEALTH AWARDED OVER \$1.6 MILLION IN COMMUNITY GRANTS THAT DIRECTLY
ALIGN WITH INTERVENTIONS AND LOCAL PARTNERSHIPS IDENTIFIED IN ITS MEMBER
HOSPITALS' COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IMPLEMENTATION
STRATEGIES, INCLUDING ACCESS TO HEALTH CARE, MENTAL HEALTH,
TRANSPORTATION, COMMUNITY ENGAGEMENT, FOOD ACCESS, AND HOUSING SUPPORTS.

WITH A \$1.2 MILLION INITIAL INVESTMENT, TRINITY HEALTH LAUNCHED ROUND 2 OF
THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), A FIVE-YEAR, INNOVATIVE
FUNDING AND TECHNICAL ASSISTANCE INITIATIVE, PARTNERING WITH
COMMUNITY-BASED ORGANIZATIONS AND RESIDENTS TO ADVANCE HEALTH AND RACIAL
EQUITY IN NINE OF OUR COMMUNITIES EXPERIENCING HIGH POVERTY AND OTHER
VULNERABILITIES. HEALTH MINISTRIES RECEIVING TCI FUNDING ARE COLLABORATING
WITH A LOCAL MULTI-SECTOR COLLABORATIVE TO DEVELOP AND IMPLEMENT
EVIDENCE-BASED STRATEGIES THAT ADVANCE HEALTH AND RACIAL EQUITY THROUGH
ADDRESSING AT LEAST ONE ROOT CAUSE OF POOR HEALTH IDENTIFIED IN THE
DEVELOPMENT OF THEIR MOST RECENT CHNA IMPLEMENTATION STRATEGY.

TRINITY HEALTH AWARDED OVER \$1 MILLION IN COVID-19 FUNDING TO SUPPORT NEW
AND ONGOING COMMUNITY ENGAGEMENT AND MOBILIZATION EFFORTS AROUND MAKING
THE COVID-19 VACCINATION ACCESSIBLE TO ALL ELIGIBLE POPULATIONS. THIS
FUNDING WAS DESIGNED TO SUPPORT ALL COMMUNITIES TO ENSURE EASY AND
EQUITABLE ACCESS TO THE VACCINE BY REMOVING BARRIERS FOR ALL PEOPLE TO
RECEIVE THE VACCINE, ESPECIALLY COMMUNITIES THAT HAVE LESS THAN A 75%
VACCINATION RATE. WITH THIS FUNDING, HEALTH MINISTRIES FACILITATED 3,200

Part VI Supplemental Information (Continuation)

COVID-19 VACCINE EVENTS, ADMINISTERED 80,000 COVID-19 VACCINE DOSES, AND REACHED 874,000 PEOPLE WITH EDUCATIONAL MATERIALS ON COVID-19 AND THE BENEFITS OF VACCINATION.

IN ADDITION TO THE \$1.37 BILLION IN COMMUNITY BENEFIT SPENDING, OUR COMMUNITY INVESTING PROGRAM HAD THE MOST ROBUST YEAR OF LENDING SINCE THE PROGRAM'S INCEPTION OVER 20 YEARS AGO: \$17.8 MILLION IN NEW LOANS AND \$8.3 MILLION IN LOAN RENEWALS WERE APPROVED, FOCUSING ON BUILDING AFFORDABLE HOUSING AND INCREASING ACCESS TO EDUCATION IN PARTNERSHIP WITH OUR HEALTH MINISTRIES.

ADVANCING SOCIAL CARE -

TRINITY HEALTH'S SOCIAL CARE PROGRAM WAS DEVELOPED TO ADDRESS SOCIAL NEEDS, SUCH AS ACCESS TO TRANSPORTATION, CHILDCARE, OR AFFORDABLE MEDICATIONS BY FACILITATING CONNECTIONS BETWEEN OUR PATIENTS, HEALTH CARE PROVIDERS AND COMMUNITY PARTNERS THAT PROMOTE HEALTHY BEHAVIORS.

HIGHLIGHTS FROM FY22 INCLUDE THE FOLLOWING SUCCESSES:

- LAUNCHED TRINITY HEALTH COMMUNITY HEALTH WORKER (CHW) CERTIFICATION PROGRAM, TRAINING 86 CHWS WITH 40+ HOURS OF TRAINING, AND INCREASED CHW STAFF ACROSS MOST HEALTH MINISTRIES

- LAUNCHED A SYSTEM-WIDE ASSESSMENT OF LANGUAGE ACCESS SERVICES TO RECOMMEND SYSTEM STANDARDS THAT ENSURE CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES FOR ALL OF OUR PATIENTS, THEIR COMPANIONS, AND CAREGIVERS

- ENGAGED OVER 1,100 PARTICIPANTS IN THE NATIONAL DIABETES PREVENTION PROGRAM, EXCEEDING OUR PROGRAM YEAR 5 GOAL

- INCREASED THE NUMBER OF ACTIVE COMMUNITY PARTNER ORGANIZATIONS ON THE COMMUNITY RESOURCE DIRECTORY BY 120% FROM FISCAL YEAR 2021

Part VI Supplemental Information (Continuation)

- ENGAGED 5,300+ PATIENTS WHO ARE DUALY ENROLLED IN MEDICARE AND MEDICAID IN A SOCIAL CARE OR MEDICAL CARE ACTIVITY, IN SUPPORT OF REDUCING PREVENTABLE HOSPITALIZATIONS (SUCH AS DIABETES AND ASTHMA)

IMPACTING SOCIAL INFLUENCERS OF HEALTH -

LEVERAGING INVESTOR POWER TO CATALYZE CORPORATE SOCIAL RESPONSIBILITY, TRINITY HEALTH'S SHAREHOLDER ADVOCACY WORK FOCUSES ON DISMANTLING RACISM ACROSS FIVE STRATEGIC FOCUS AREAS BY HOLDING CORPORATIONS ACCOUNTABLE FOR THE HUMAN RIGHTS VIOLATIONS THOSE COMPANIES PERPETUATE IN THE U.S. AND BEYOND. IN FY22, TRINITY HEALTH FACILITATED OVER 135 SHAREHOLDER ADVOCACY ENGAGEMENTS, WITH GREAT SUCCESS:

- FIVE BELOW COMMITTED TO ASSESS AND MANAGE THE RISKS/HAZARDS ASSOCIATED WITH CHEMICALS OF HIGH CONCERN CONTAINED IN THEIR PRIVATE LABEL PRODUCTS

- UNILEVER AGREED TO STOP FOOD AND BEVERAGE MARKETING TO CHILDREN UNDER AGE 16, AND WILL ADOPT NEW TARGETS TO REDUCE SALT, ADDED SUGARS AND CALORIES, AND INCREASE SALES OF THEIR HEALTHIER PRODUCTS

- PEPSICO SET GOALS TO INCREASE POSITIVE NUTRIENTS IN THEIR PRODUCTS

- PDC ENERGY ACCELERATED ITS GOAL TO END ROUTINE FLARING OF METHANE, FROM 2030 TO 2025, THUS REDUCING ENVIRONMENTAL HEALTH RISKS AND GREENHOUSE GAS EMISSIONS

ADDITIONALLY, TRINITY HEALTH AND OTHER MEMBERS OF THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY GUN SAFETY GROUP SUBMITTED A SHAREHOLDER RESOLUTION ASKING STURM RUGER, ONE OF THE NATION'S LEADING MANUFACTURERS OF FIREARMS, TO CONDUCT AND PUBLISH AN INDEPENDENT HUMAN RIGHTS IMPACT ASSESSMENT OF ITS POLICIES, PRACTICES AND PRODUCTS, AND MAKE RECOMMENDATIONS FOR IMPROVEMENT. THE RESOLUTION RECEIVED A 68.5% VOTE IN FAVOR, WELL ABOVE THE THRESHOLD REQUIRED FOR THE RESOLUTION TO BE

Part VI Supplemental Information (Continuation)

RESUBMITTED IN 2023, INDICATING A LARGE MAJORITY OF STURM RUGER INVESTORS BELIEVE THE COMPANY HAS TO ADDRESS ITS HUMAN RIGHTS IMPACTS. TRINITY HEALTH AND TRINITY HEALTH OF NEW ENGLAND ARE CITED AS PART OF THE GROUP WHO MOVED FORWARD THIS RESOLUTION.

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