

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC.** Employer identification number **35-1142669**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			554,262.		554,262.	.94%
<b>b</b> Medicaid (from Worksheet 3, column a)			11795656.	9216805.	2578851.	4.38%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			12349918.	9216805.	3133113.	5.32%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	6	5,050	204,589.	60,387.	144,202.	.25%
<b>f</b> Health professions education (from Worksheet 5)						
<b>g</b> Subsidized health services (from Worksheet 6)	3	11,181	1661433.	1021923.	639,510.	1.09%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	1		5,000.		5,000.	.01%
<b>j Total.</b> Other Benefits	10	16,231	1871022.	1082310.	788,712.	1.35%
<b>k Total.</b> Add lines 7d and 7j	10	16,231	14220940.	10299115.	3921825.	6.67%

**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	1		4,000.		4,000.	.01%
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
<b>10 Total</b>	<b>1</b>		<b>4,000.</b>		<b>4,000.</b>	<b>.01%</b>

**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	5,173,106.
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	10,409,541.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	10,772,315.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	-362,774.
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="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 %

**Part V Facility Information**

**Section A. Hospital Facilities**

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

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

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

Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>			
<b>1 SAINT JOSEPH REG. MED. CENTER-PLYMOUTH</b> <b>1915 LAKE AVENUE</b> <b>PLYMOUTH, IN 46563</b> <b>WWW.SJMED.COM/PLYMOUTH-CAMPUS</b> <b>20-005070-1</b>									

**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 SJRMC - PLYMOUTH CAMPUS

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

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

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group SJRMC - PLYMOUTH CAMPUS

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

**Policy Relating to Emergency Medical Care**

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

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

Name of hospital facility or letter of facility reporting group SJRMC - PLYMOUTH CAMPUS

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

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**Part V Facility Information** (continued)

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

SJPMC - PLYMOUTH CAMPUS:

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

PART V, SECTION B LINE 3E:

SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH (SJPMC-PLYMOUTH) INCLUDED IN ITS 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 FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. ACCESS TO MENTAL HEALTH CARE
2. IMPROVE NUTRITION AND EATING HABITS
3. ACCESS TO WELLNESS RESOURCES (FRESH FOODS, NUTRITION CLASSES, GYMS, ETC.)
4. ACCESS/AFFORDABILITY OF MEDICATION
5. INCREASE PARTICIPATION IN PHYSICAL ACTIVITIES AND EXERCISE PROGRAMS

SJPMC - PLYMOUTH CAMPUS:

PART V, SECTION B, LINE 5: DURING THE MONTHS OF AUGUST THROUGH NOVEMBER OF 2020, SURVEYS WERE USED TO GATHER INPUT FROM PEOPLE REPRESENTING THE COMMUNITY SERVED FOR THE RECENT CHNA. SURVEYS WERE DISTRIBUTED IN BOTH ONLINE AND PRINTED FORMATS IN ENGLISH AND SPANISH, WHICH ENSURED A WIDE DISTRIBUTION OF THE SURVEY. THIS SURVEY WAS DELIVERED VIA INVITATION BASED ON A STRATIFIED RANDOM SAMPLING OF THE COMMUNITY AT LARGE USING 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.

**THIRD-PARTY DATABASE.**

TO ENSURE THE SURVEY SAMPLE REFLECTED A WIDE VARIETY OF SOCIOECONOMIC LEVELS, AGE AND RACE/ETHNICITY, IT WAS OFFERED TO COMMUNITY GROUPS VIA ORGANIZATIONS SUCH AS LA CASA DE AMISTAD, THE CENTER FOR THE HOMELESS, UNITED WAY OF ST. JOSEPH COUNTY, AND AT LOCAL FOOD PANTRIES. THESE GROUPS REPRESENT THE MEDICALLY UNDERSERVED, MINORITIES, LOW-INCOME INDIVIDUALS, ENTREPRENEUR GROUPS, HEALTH CARE WORKERS, ETC. THE COVID-19 PANDEMIC PREVENTED THE USE OF COMMUNITY EVENTS TO REACH MORE SURVEY PARTICIPANTS OR TO GAIN ADDITIONAL INSIGHT FROM INDIVIDUALS AS WAS DONE IN THE PAST. THIS RESULTED IN A LOWER SURVEY VOLUME THAN WAS SEEN IN PREVIOUS YEARS. THE PRINTED COPY OF THE SURVEY WAS ALSO USED WITH COMMUNITY GROUPS TO FACILITATE BROAD-BASED REPRESENTATION OF THE SENIOR 65+ AND UNDERSERVED POPULATIONS. THE SURVEY PARTICIPANTS WERE ASKED A SERIES OF QUESTIONS ABOUT TOPICS CRITICAL TO THE HEALTH OF THE COMMUNITY. A TOTAL OF 2,683 SURVEYS WERE COLLECTED, 586 OF WHICH WERE FROM MARSHALL COUNTY.

COMMUNITY HEALTH ADVISORY COMMITTEE MET ON FEBRUARY 25, 2021 TO DISCUSS HOW TO IMPROVE THE TOP FIVE IDENTIFIED NEEDS. MEMBERS OF THE COMMUNITY HEALTH ADVISORY COMMITTEE INCLUDED: YOUNG PROFESSIONALS, HEALTH EDUCATORS, PARKS DEPARTMENT EMPLOYEES, SENIORS, CLINICS, BUSINESS LEADERS, VETERANS, AND LATINO COMMUNITY LEADERS. THE FOCUS GROUPS WERE ASKED TO DISCUSS ISSUES THAT HAD BEEN IDENTIFIED AS IMPORTANT BY SAINT JOSEPH HEALTH SYSTEM.

SAINT JOSEPH HEALTH SYSTEM (SJHS) COMPLETED A COMPREHENSIVE CHNA THAT WAS ADOPTED BY THE BOARD OF DIRECTORS ON MAY 28, 2021. SJHS PERFORMED THE CHNA

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.

IN ADHERENCE WITH FEDERAL REQUIREMENTS FOR NOT-FOR-PROFIT HOSPITALS SET FORTH IN THE AFFORDABLE CARE ACT AND BY THE INTERNAL REVENUE SERVICE. THE ASSESSMENT TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE COMMUNITY, COMMUNITY MEMBERS, AND VARIOUS COMMUNITY ORGANIZATIONS.

SJRCM - PLYMOUTH CAMPUS:

PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED IN COLLABORATION WITH SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC.

SJRCM - PLYMOUTH CAMPUS:

PART V, SECTION B, LINE 6B: THE CHNA WAS CONDUCTED WITH THE FOLLOWING COLLABORATING ORGANIZATIONS: BETHEL UNIVERSITY, BOYS AND GIRLS CLUBS OF ST. JOSEPH COUNTY, BOYS AND GIRLS CLUBS OF MARSHALL COUNTY, BOWEN CENTER, FOOD BANK OF NORTHERN INDIANA, INDIANA HEALTH INFORMATION EXCHANGE, LA CASA DE AMISTAD, MISHAWAKA PARKS DEPARTMENT, MARSHALL COUNTY BOARD OF HEALTH, MARSHALL COUNTY COUNCIL ON AGING, MARSHALL COUNTY NEIGHBORHOOD CENTER, OAKLAWN PSYCHIATRIC CENTER, PLYMOUTH SCHOOL BOARD, POOR HANDMAIDS, PURDUE EXTENSION, ST. JOSEPH COUNTY HEALTH DEPARTMENT, UNITED RELIGIOUS COMMUNITY OF ST. JOSEPH COUNTY, UNITY GARDENS, UNITED WAY OF MARSHALL COUNTY, UNITED WAY OF ST. JOSEPH COUNTY, AND UNIVERSITY OF NOTRE DAME.

SJRCM - PLYMOUTH CAMPUS:

PART V, SECTION B, LINE 7D: ALL COMMUNITY HEALTH ADVISORY BOARD MEMBERS RECEIVED A PRINTED OR E-MAILED COPY OF THE COMPLETE CHNA.

**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.

SJRM - PLYMOUTH CAMPUS:

PART V, SECTION B, LINE 11: ON SEPTEMBER 15, 2021, THE BOARD APPROVED THE 2022 THROUGH 2024 THREE-YEAR IMPLEMENTATION STRATEGY BASED ON THE MAY 2021 CHNA. THE PLAN WAS DEVELOPED TO ADDRESS THE TOP FOUR OF FIVE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA: ACCESS TO MENTAL HEALTH CARE, IMPROVE NUTRITION AND EATING HABITS, ACCESS TO WELLNESS RESOURCES, AND INCREASE PARTICIPATION IN PHYSICAL ACTIVITIES AND EXERCISE PROGRAMS. SIGNIFICANT NEEDS 'IMPROVE NUTRITION AND EATING HABITS' AND 'ACCESS TO WELLNESS RESOURCES (FRESH FOODS, NUTRITION CLASSES, GYMS, ETC.)' HAVE BEEN COMBINED INTO ONE IMPLEMENTATION STRATEGY CATEGORY DUE TO THEIR SIMILAR NATURE.

ACTIVITIES CARRIED OUT TO ADDRESS THE NEEDS IN FY21 INCLUDED:

TO IMPROVE ACCESS TO MENTAL HEALTH, HEALTH AND WELLNESS EDUCATOR HOURS CONTINUED TO ADDRESS MULTIPLE CONCERNS FOR OUR LATINO COMMUNITY, INCLUDING MENTAL HEALTH AS IT RELATES TO THE PHYSICAL FEAR OF CONTRACTING THE COVID-19 VIRUS, THE RAMIFICATIONS OF ONE OF THEIR FRIENDS AND FAMILY MEMBERS CONTRACTING IT, AND THE STRESS ASSOCIATED WITH THE DECREASED SOCIAL CONNECTIONS AND CONCERNS FOR SAFETY DUE TO THE PANDEMIC.

TO IMPROVE NUTRITION AND EATING HABITS AND ACCESS TO WELLNESS RESOURCES, SJRM-PLYMOUTH CLASSES CONTINUED FOR COUNTY MEMBERS IN AN ONLINE FORMAT IN BOTH ENGLISH AND SPANISH, AND WERE EXPANDED TO VETERANS, VULNERABLE POPULATIONS, AND SJHS COLLEAGUES. FOOD INSECURITY WAS COMBATED BY BRINGING FRESH PRODUCE TO OUR SERVICE AREA THROUGH MOBILE FOOD PANTRIES, IN

Part V Facility Information (continued)

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

CONJUNCTION WITH UNITED WAY AND THE NORTHERN FOOD BANK OF INDIANA. SUPPORT FOR THE HEALTH AND WELLNESS EFFORTS OF THE LATINO COMMUNITY WAS UPHeld THROUGH THE PROVISION OF RESOURCES SPECIFIC TO COVID-19 SYMPTOMS, TESTING, AND MASKS BY OUR LATINO OUTREACH COORDINATOR. TOBACCO RISK ASSESSMENTS WERE ALSO ADMINISTERED DURING COVID-19 THROUGH FOLLOW-UP CALLS MADE BY STAFF TO COMMUNITY MEMBERS, AND QUIT LINE NUMBER DISTRIBUTION AND INVITATIONS TO JOIN A VIRTUAL CESSATION CLASS WERE EXTENDED TO THOSE WHO QUALIFIED.

TO ACHIEVE INCREASED PARTICIPATION IN PHYSICAL ACTIVITIES AND EXERCISE PROGRAMS, SJRMC-PLYMOUTH PARTNERED WITH SJRMC-SOUTH BEND TO ENGAGE 24 MISHAWAKA, PLYMOUTH AND DIOCESE OF FORT WAYNE/SOUTH BEND SCHOOLS IN SAINT JOSEPH AND MARSHALL COUNTIES IN A WELLNESS CHALLENGE; 857 KIDS PARTICIPATED WITH AN AVERAGE OF 1,547 EXTRA MINUTES OF ACTIVITY DURING THE MONTH OF FEBRUARY.

SJRMC-PLYMOUTH DID NOT DIRECTLY ADDRESS ACCESS/AFFORDABILITY OF MEDICATION DUE TO COMPETING PRIORITIES. THE NEED FOR AFFORDABLE MEDICATION IS ALREADY BEING ADDRESSED AT A LOW-COST HEALTH CLINIC THE HOSPITAL CURRENTLY OPERATES, ST. JOSEPH HEALTH CENTER IN MARSHALL COUNTY. THIS CENTER PROVIDES PRIMARY HEALTH CARE SERVICES AND MEDICATION TO INDIVIDUALS WITHOUT HEALTH INSURANCE WHO FALL BELOW 200% OF THE FEDERALLY DESIGNATED POVERTY LEVEL. THIS HEALTH CENTER ADDRESSES PREVENTION OF DISEASE AND ILLNESS AND FOCUSES ON THE OVERALL HEALTH AND WELL-BEING OF EACH PATIENT. IN ADDITION TO PRIMARY PREVENTATIVE HEALTH CARE SERVICES, THE CLINIC OFFERS SPECIALTY CARE WHICH IS PROVIDED TO OUR PATIENTS FROM VOLUNTEER PHYSICIANS.

**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.

SJRM - PLYMOUTH CAMPUS:

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 HEALTHCARE 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.

FORM 990 PART V, SECTION B, LINE 7A - HOSPITAL FACILITY'S WEBSITE URL:

**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.SJMED.COM/CHNA2020

FORM 990 PART V, SECTION B, LINE 10 - HOSPITAL FACILITY'S WEBSITE URL:

WWW.SJMED.COM/CHNA2020

FORM 990 PART V, LINE 16A, FINANCIAL ASSISTANCE POLICY WEBSITE:

WWW.SJMED.COM/PATIENTS-VISITORS/BILLING-AND-ASSISTANCE/FINANCIAL-ASSISTANCE

FORM 990 PART V, LINE 16B, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.SJMED.COM/PATIENTS-VISITORS/BILLING-AND-ASSISTANCE/FINANCIAL-ASSISTANCE

FORM 990 PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.SJMED.COM/PATIENTS-VISITORS/BILLING-AND-ASSISTANCE/FINANCIAL-ASSISTANCE

SJPMC - PLYMOUTH - 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 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? 4

Name and address	Type of Facility (describe)
1 MEDICAL OFFICE BUILDING 2349 LAKE AVENUE PLYMOUTH, IN 46563	VARIOUS MEDICAL OFFICES
2 OUTPATIENT REHABILITATION 1919 LAKE AVE, SUITE 111 PLYMOUTH, IN 46563	REHABILITATION
3 EXPRESS LAB 1919 LAKE AVE, SUITE 105 PLYMOUTH, IN 46563	LABORATORY
4 SJHS CARDIAC REHAB 2855 MILLER RD PLYMOUTH, IN 46563	REHABILITATION

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:

SJRCM-PLYMOUTH PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF INDIANA. IN ADDITION, SJRCM-PLYMOUTH 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, SJRCM-PLYMOUTH 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, \$5,173,106, 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 I, LINE 5A:

DURING FY21, DUE TO THE COVID-19 PANDEMIC, THE HOSPITAL SUSPENDED ITS TRADITIONAL ANNUAL BUDGET PROCESS AND USED A QUARTERLY PROCESS TO PLAN FOR FREE AND DISCOUNTED CARE UNDER ITS FINANCIAL ASSISTANCE POLICY. THIS CHANGE IN PROCESS DID NOT ALLOW THE HOSPITAL TO BUDGET FOR FINANCIAL ASSISTANCE EXPENSES ON AN ANNUAL BASIS. THE HOSPITAL IMPLEMENTED A NEW ROLLING FORECAST METHOD FOR FINANCIAL PLANNING IN FY22. THE ROLLING FORECAST WILL FACILITATE CONTINUOUS PLANNING, PERFORMANCE ASSESSMENT AND ACCOUNTABILITY.

PART II, COMMUNITY BUILDING ACTIVITIES:

SJRMCPLYMOUTH STRIVES TO LIVE ITS MISSION OF SERVING THOSE WHO ARE POOR AND UNDERSERVED BY ASSISTING LOCAL ORGANIZATIONS IN CREATING PROGRAMS AIMED AT HELPING THE CITIZENS OF OUR COMMUNITY BECOME MORE PRODUCTIVE,

Part VI Supplemental Information (Continuation)

HEALTHY MEMBERS OF SOCIETY AND IMPROVING THE OVERALL HEALTH STATUS OF THE COMMUNITY. IN FISCAL YEAR 2021, SJRMC-PLYMOUTH PROVIDED SUPPORT FOR COMMUNITY BUILDING ACTIVITIES THROUGH ECONOMIC DEVELOPMENT DONATIONS TO THE MARSHALL COUNTY ECONOMIC DEVELOPMENT CORPORATION TO EXPAND AND DIVERSIFY THE ECONOMY OF THE COUNTY AND ITS COMMUNITIES THROUGH BUSINESS ATTRACTION, EXPANSION, RETENTION, AND WORKFORCE DEVELOPMENT SOLUTIONS.

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:

SJRMCP-PLYMOUTH 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, SJRMC-PLYMOUTH IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, SJRMC-PLYMOUTH IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

Part VI Supplemental Information (Continuation)

PART III, LINE 4:

SJRMCM-PLYMOUTH 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 8:

SJRMCM-PLYMOUTH 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

**Part VI** Supplemental Information (Continuation)

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. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION 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: SJRMC-PLYMOUTH 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

Part VI Supplemental Information (Continuation)

AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTIVE SERVICES OR ARE UNINSURED. TO INVESTIGATE NEW HEALTH TRENDS, QUESTIONS REGARDING COVID-19 WERE ADDED TO THE ASSESSMENT CONDUCTED IN FY21 TO GAUGE THE PANDEMIC'S IMPACT ON COMMUNITY MEMBERS. DATA GATHERED ON THIS TOPIC ALSO GUIDED SJRMC-PLYMOUTH AS IT BEGAN VACCINATING THE COMMUNITY AND ENGAGING IN VACCINATION CAMPAIGNS AND EDUCATION.

PART VI, LINE 3:

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

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

Part VI Supplemental Information (Continuation)

SJRM-PLYMOUTH 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.

SJRM-PLYMOUTH HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SJRM-PLYMOUTH 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: SRMC-PLYMOUTH, ALONG WITH SJRM-SOUTH BEND, SERVES 902,902 PEOPLE IN A DIVERSE NINE-COUNTY AREA IN INDIANA AND MICHIGAN THROUGH ITS CONTINUUM OF CARE. THE PRIMARY SERVICE AREA INCLUDES ST. JOSEPH, ELKHART AND MARSHALL COUNTIES IN INDIANA. THE SECONDARY SERVICE AREA ENCOMPASSES FULTON, LA PORTE, PULASKI AND STARKE COUNTIES IN INDIANA AS WELL AS BERRIEN AND CASS COUNTIES IN MICHIGAN. SRMC-PLYMOUTH'S SURVEYED

Part VI Supplemental Information (Continuation)

COUNTIES ARE GENERALLY RURAL IN NATURE, WITH THE EXCEPTION OF LIGHT INDUSTRY CENTERED IN THE TOWNS OF PLYMOUTH AND BREMEN. THE REGION OFFERS DIVERSITY, A STABLE ECONOMY AND A FAMILY-FRIENDLY ENVIRONMENT, ALL WITHIN CLOSE PROXIMITY TO CHICAGO. NEARBY CULVER IS THE HOME OF CULVER ACADEMIES, WHICH ATTRACTS STUDENTS TO INDIANA FROM ALL OVER THE WORLD.

THERE ARE ALSO THREE CRITICAL ACCESS HOSPITALS (CAH) IN THIS AREA: COMMUNITY HOSPITAL OF BREMEN, PULASKI MEMORIAL HOSPITAL, AND WOODLAWN HOSPITAL, WHERE PRIMARY CARE PROFESSIONALS WITH PRESCRIPTIVE PRIVILEGES FURNISH OUTPATIENT PRIMARY-CARE SERVICES.

AS IN MOST RURAL MIDWESTERN COMMUNITIES, THE POPULATION IS ALMOST EXCLUSIVELY (86%) MADE UP OF WHITE NON-HISPANIC INDIVIDUALS OF NORTHERN EUROPEAN DESCENT, ALTHOUGH THERE HAS BEEN AN INCREASE IN THE HISPANIC POPULATION (CURRENTLY 11%) OVER THE PAST TEN YEARS. AN ABOVE-AVERAGE PERCENTAGE OF MARSHALL COUNTY'S POPULATION IDENTIFIES AS HISPANIC AND THERE IS A MUCH SMALLER AFRICAN AMERICAN POPULATION IN COMPARISON TO THE INDIANA AVERAGE.

THE TOTAL POPULATION WITHIN THE SYSTEM SERVICE AREA IS EXPECTED TO GROW ONE PERCENT THROUGH 2025. COMPARED TO THE STATE OF INDIANA, THERE IS A LOWER PROJECTED POPULATION GROWTH, A HIGHER MEDIAN AGE, AND A LOWER PERCENTAGE OF PEOPLE WITH A BACHELOR'S DEGREE OR HIGHER. THE POPULATION AGED 65 AND OLDER IS EXPECTED TO GROW TO FROM 18 PERCENT TO 19.6 PERCENT OVER THE NEXT FIVE YEARS.

APPROXIMATELY 20 PERCENT OF THE POPULATION WITHIN THE SYSTEM SERVICE AREA EARNS AN ANNUAL SALARY OF \$25,000 OR BELOW. HOUSEHOLD INCOME IS FAIRLY

Part VI Supplemental Information (Continuation)

STABLE ACROSS THE PRIMARY SERVICE AREA, WITH AREAS OF HIGHEST AFFLUENCE IN THE GRANGER ZIP CODE AND PORTIONS OF ELKHART COUNTY. IN MARSHALL COUNTY, THE AVERAGE HOUSEHOLD INCOME (\$59,672) IS BELOW THAT FOR THE STATES OF INDIANA, MICHIGAN AND OHIO, AS WELL AS THE U.S., AND AS OF DECEMBER 2020, THE UNEMPLOYMENT RATE WAS 3.4 PERCENT, WHICH WAS SLIGHTLY LOWER THAN THE INDIANA RATE AND LOWER THAN THE NATIONAL AVERAGE. HEALTH CARE, MANUFACTURING, SERVICE AND FARMING ARE THE MAJOR EMPLOYERS IN THE LOCAL ECONOMY.

IN 2018, 11% OF INDIVIDUALS IN MARSHALL COUNTY LIVED IN POVERTY. THIS IS DOWN FROM 12% REPORTED IN 2016 AND IS COMPARED TO AN INDIANA POVERTY RATE OF 7% FOR 2018. [U.S. CENSUS BUREAU, SMALL AREA INCOME AND POVERTY ESTIMATES (SAIPE) PROGRAM, DECEMBER 2018]

ESTIMATES OF UNINSURED INDIVIDUALS ARE 10.3 PERCENT IN ST. JOSEPH COUNTY AND 12.7 PERCENT IN MARSHALL COUNTY, TOTALING APPROXIMATELY 27,000 INDIVIDUALS COMBINED. THIS IS COMPARED TO AN INDIANA RATE OF 9.7 PERCENT. THE SYSTEM SERVICE AREA INCLUDES SEVERAL MEDICALLY UNDERSERVED AREAS (MUA) AND MEDICALLY UNDERSERVED POPULATIONS (MUP). [U.S. CENSUS BUREAU, SMALL AREA HEALTH INSURANCE (SAHIE) PROGRAM, MARCH 2018]

PART VI, LINE 5:

OTHER INFORMATION: SJRMC-PLYMOUTH EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS. BY DOING SO, IT IS ABLE TO ENSURE THAT HIGH QUALITY AND ACCESSIBLE CARE IS AVAILABLE IN THE COMMUNITY IN A VARIETY OF PRIMARY AND SOME SPECIALTY CARE AREAS. REFERRALS FOR NEEDED SERVICES NOT AVAILABLE IN PLYMOUTH ARE EASILY MADE WITH SJRMC-MISHAWAKA OR OTHER LOCAL HOSPITALS.



**Part VI** Supplemental Information (Continuation)

SJRMCM-PLYMOUTH PRIDES ITSELF ON ITS RELATIONSHIP WITH SJRMCM-MISHAWAKA, A STATE-OF-THE-ART MEDICAL CENTER THAT UTILIZES THE LATEST TECHNOLOGY, ELECTRONIC MEDICAL RECORDS, FULLY INTEGRATED MEDICAL TEAMS, AND HIGHLY TRAINED STAFF TO PROVIDE CARE THAT IS SECOND TO NONE. INTERACTION OF THE MEDICAL STAFFS, ASSOCIATES, AND ANCILLARY SERVICES ALLOWS SJRMCM-PLYMOUTH TO PROVIDE ITS PATIENTS WITH THE SAME LEVEL OF CARE OFFERED THE RESIDENTS OF THE CITIES OF SOUTH BEND AND MISHAWAKA.

SJRMCM-PLYMOUTH BOASTS A STATE-OF THE-ART EMERGENCY ROOM WHICH HAS AN EXCELLENT GROUP OF EMERGENCY DEPARTMENT PHYSICIANS AND STAFF TRAINED IN TREATING PERSONS SUFFERING FROM EMERGENT AND NON-EMERGENT CONDITIONS.

SJRMCM-PLYMOUTH SERVES ALL PEOPLE REGARDLESS OF ETHNICITY, GENDER, RELIGION, ABILITY TO PAY, ETC.

SJRMCM-PLYMOUTH IS A CERTIFIED "BABY-FRIENDLY STATUS" HOSPITAL.

BABY-FRIENDLY HOSPITALS ARE HOSPITALS THAT ARE RECOGNIZED FOR ENCOURAGING BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS.

SJRMCM-PLYMOUTH PARTICIPATES IN MEDICARE, MEDICAID, TRICARE AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS. THE HOSPITAL ALSO OFFERS CHARITY CARE AND CARE ON A SLIDING FEE SCALE. IN KEEPING WITH ITS MISSION STATEMENT AND VALUES, SJRMCM-PLYMOUTH ASSURES UNINSURED PATIENTS THAT THEY RECEIVE THE SAME HIGH-QUALITY MEDICAL CARE AS THOSE WHO ARE ABLE TO PAY.

FINANCIAL ASSISTANCE IS PROVIDED TO ALL WHO ARE ELIGIBLE TO RECEIVE IT. POLICIES GOVERNING SUCH ASSISTANCE ARE READILY AVAILABLE FOR STAFF AND PATIENTS ALIKE. SJRMCM-PLYMOUTH SPONSORS A HEALTH CENTER THAT PROVIDES

Part VI Supplemental Information (Continuation)

CARE FOR THE UNINSURED. STAFFED PRIMARILY BY A MID-LEVEL PRACTITIONER IN A COLLABORATIVE AGREEMENT WITH LOCAL DOCTORS, THIS HEALTH CENTER SEES A HIGHLY DIVERSE POPULATION AND OFFERS SPECIALIZED CLINICS IN CHRONIC DISEASE MANAGEMENT, COUMADIN CARE, SMOKING CESSATION, HIV/AIDS, AND SUBSTANCE ABUSE.

ADVOCACY FOR VARIOUS HEALTH-RELATED ISSUES IS AT THE FOREFRONT AT SJRMC-PLYMOUTH, INCLUDING EFFORTS RELATED TO OBTAINING HEALTH CARE FOR ALL, ELIMINATING THE HEALTH CARE DISPARITIES AMONG DIVERSE POPULATIONS, AND OBTAINING AFFORDABLE PHARMACEUTICALS. SJRMC-PLYMOUTH CONTINUES TO BE THE LEADER IN FOUNDING AND FUNDING PROGRAMS THAT IMPACT THE HEALTH OF ITS COMMUNITIES, SUCH AS PROVIDING LOCAL SCHOOLS WITH ATHLETIC TRAINERS.

AS A FAITH-BASED HEALTH INSTITUTION, SJRMC-PLYMOUTH OFFERS PATIENTS, THEIR FAMILIES, AND THE BROADER COMMUNITY THE OPPORTUNITY TO ADDRESS THE SPIRITUAL NEEDS THAT ARISE AS ONE EXPERIENCES ILLNESS, CHRONIC HEALTH CONDITIONS, OR THE DYING PROCESS. THIS EXPERIENCE OF FAITH, THE PRESENCE OF A REFLECTION/PRAYER ROOM, AND A FULL-TIME CHAPLAIN AFFORD EVERYONE THE CERTITUDE THAT THE WHOLE PERSON AND HIS/HER CARE ARE ADDRESSED.

SJRMC-PLYMOUTH CONTINUED RESPONDING TO THE COVID-19 PANDEMIC BY SCREENING ALL PATIENTS, EMPLOYEES, AND VISITORS, AND BY SECURING ALL PERSONAL PROTECTIVE EQUIPMENT NEEDED TO CARE FOR PATIENTS IN OUR COMMUNITY. THROUGH OUR BUSINESS HEALTH SERVICES, THE HOSPITAL RECEIVED GRANT FUNDING THROUGH OUR LOCAL UNITED WAY TO PROVIDE ON-SITE COVID-19 TESTING AT LOCAL BUSINESSES, ORGANIZATIONS AND UNIVERSITIES. SJRMC-PLYMOUTH CREATED AND MAINTAINED A COVID-19 HOTLINE TO ANSWER QUESTIONS REGARDING EXPOSURE AND THE NEED FOR TESTING, AND TO ASSIST WITH REGISTRATION FOR COVID-19

Part VI Supplemental Information (Continuation)

TESTING. TO DATE, THE CALL LINE HAS RECEIVED OVER 36,000 CALLS. A COMMUNITY RESOURCE LINE WAS ALSO DEVELOPED TO ASSIST WITH SOCIAL NEEDS SUCH AS FOOD, TRANSPORTATION AND CLEANING SUPPLIES/MASKS. FURI CLINICS WERE SET UP TO PROVIDE TESTING AT THE MEDICAL PRACTICES. THE HOSPITAL PROVIDED STAFFING, WHEN AVAILABLE, TO ASSIST WITH COVID-19 TESTING. CHWB STAFF DEVELOPED AND MAINTAINED A DATABASE OF ALL COVID-19 TESTED INDIVIDUALS AND PROVIDED FOLLOW UP AND SUPPORT, AS WELL AS DELIVERED FOOD BOXES TO PATIENTS IN NEED OF FOOD.

PART VI, LINE 6:

SJRMCM-PLYMOUTH 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 THOSE WHO ARE POOR AND VULNERABLE 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
3. IMPACTING SOCIAL INFLUENCERS OF HEALTH

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 FISCAL YEAR 2021, TRINITY HEALTH INVESTED \$1.2 BILLION IN

Part VI Supplemental Information (Continuation)

COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE. IN RESPONSE TO COVID-19, TRINITY HEALTH MEMBER HOSPITALS REDIRECTED SOME RESOURCES TO ADDRESS THE MOST URGENT SOCIAL AND MEDICAL NEEDS IN OUR COMMUNITIES, INCLUDING FOOD SUPPORT, EDUCATION SUPPORT, AND OUTREACH TO THOSE EXPERIENCING HOMELESSNESS.

ADDITIONALLY, THROUGH TRINITY HEALTH'S COMMUNITY HEALTH INSTITUTE, \$1.6 MILLION WAS INVESTED IN THE "IT STARTS HERE" COVID-19 VACCINE CAMPAIGN, COUPLING COMMUNITY ENGAGEMENT STRATEGIES AND SOCIAL MEDIA INFLUENCERS. THIS EFFORT DISTRIBUTED \$1.1 MILLION IN CHWB GRANTS TO MEMBER HOSPITALS AND COMMUNITY-BASED ORGANIZATIONS IN SUPPORT OF COMMUNITY ENGAGEMENT STRATEGIES FOCUSED IN COMMUNITIES OF COLOR. OVER 80% OF DOLLARS AWARDED SUPPORTED PRIORITIZED COMMUNITIES, DEFINED AS 40% OF THE COMMUNITY BEING BLACK/LATINX AND/OR NATIVE AMERICAN. IT STARTS HERE LAUNCHED IN FEBRUARY, AND IN JUST UNDER FIVE MONTHS, MEMBER HOSPITALS AND THEIR COMMUNITY PARTNERS REACHED NEARLY 615,000 PEOPLE THROUGH OUTREACH AND EDUCATION, ENGAGED OVER 1,150 COMMUNITY CHAMPIONS, AND HELD OVER 700 VACCINE CLINICS THAT PROVIDED OVER 152,000 VACCINATIONS. IN ADDITION TO COMMUNITY EFFORTS, IT STARTS HERE FUNDED SOCIAL MEDIA CAMPAIGNS TO IMPROVE ACCESS TO COVID-19 VACCINATION INFORMATION BY ENGAGING LOCAL SOCIAL MEDIA INFLUENCERS WHO REPRESENT THE CULTURE AND ETHNICITY OF OUR LOCAL COMMUNITIES.

BEYOND COVID-19 EFFORTS, TRINITY HEALTH COMMITTED MORE THAN \$46 MILLION IN LOANS TO 31 NOT-FOR-PROFIT ORGANIZATIONS FOCUSING ON IMPROVING COMMUNITY CONDITIONS AROUND HOUSING, FACILITIES, EDUCATION, AND ECONOMIC DEVELOPMENT THROUGH OUR COMMUNITY INVESTING PROGRAM. THE PROGRAM MAKES LOW-INTEREST

**Part VI** Supplemental Information (Continuation)

RATE LOANS TO SELECT COMMUNITY PARTNERS AND INTERMEDIARIES TO POSITIVELY IMPACT SOCIAL INFLUENCERS THAT DRIVE HEALTHY OUTCOMES FOR FAMILIES AND RESIDENTS LIVING IN THE COMMUNITIES WE SERVE.

ADVANCING SOCIAL CARE:

TRINITY HEALTH'S SOCIAL CARE PROGRAM WAS DEVELOPED TO PROMOTE HEALTHY BEHAVIORS WHILE HELPING PATIENTS, COLLEAGUES AND MEMBERS ACCESS ESSENTIAL NEEDS, SUCH AS TRANSPORTATION, CHILDCARE, OR AFFORDABLE MEDICATIONS.

COMMUNITY HEALTH WORKERS ARE A KEY COMPONENT OF SOCIAL CARE AND SERVE AS LIAISONS BETWEEN HEALTH AND SOCIAL SERVICES AND THE COMMUNITY TO ADDRESS PATIENTS' SOCIAL NEEDS AND MITIGATE BARRIERS. TRINITY HEALTH'S COMMUNITY HEALTH WORKER HUB DRIVES INTEGRATION AND ASSIGNMENT OF COMMUNITY HEALTH WORKERS THROUGHOUT THE HEALTH SYSTEM. IT INCLUDES A NETWORK OF COMMUNITY HEALTH WORKERS AND COMMUNITY-BASED ORGANIZATIONS THAT TOGETHER, HELP SUPPORT INDIVIDUALS AND FAMILIES IN NEED. BECAUSE OF THEIR LIVED EXPERIENCES, COMMUNITY HEALTH WORKERS ARE TRUSTED MEMBERS OF THE COMMUNITY AND WORK CLOSELY WITH A PATIENT BY ASSESSING THEIR SOCIAL NEEDS, HOME ENVIRONMENT AND OTHER SOCIAL RISK FACTORS, AND ULTIMATELY CONNECT THE INDIVIDUAL TO SERVICES WITHIN THE COMMUNITY. IN FISCAL YEAR 2021, TRINITY HEALTH GREW ITS NETWORK OF COMMUNITY HEALTH WORKERS BY 15%, OVER 90 COMMUNITY HEALTH WORKERS, SPANNING NEARLY EVERY MEMBER HOSPITAL.

ADDITIONALLY, WE CREATED THE TRINITY HEALTH COMMUNITY RESOURCE DIRECTORY, WHICH IS AN ONLINE PORTAL CONNECTING THOSE IN NEED TO FREE OR REDUCED-COST HEALTH AND SOCIAL SERVICE RESOURCES WITHIN THE COMMUNITY AND ACROSS ALL TRINITY HEALTH LOCATIONS. IN FISCAL YEAR 2021, THE COMMUNITY RESOURCE DIRECTORY YIELDED NEARLY 50,000 SEARCHES, OVER 1,000 REFERRALS, OVER 70

**Part VI** Supplemental Information (Continuation)

KEY ORGANIZATIONS CLAIMED THEIR PROGRAMS, AND OVER 900 SOCIAL NEEDS ASSESSMENTS WERE COMPLETED.

TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION. EPIC, TRINITY HEALTH'S ELECTRONIC HEALTH RECORD, IDENTIFIED THE DIABETES PREVENTION PROGRAM AS A BEST PRACTICE FOR IDENTIFICATION OF AT-RISK PATIENTS, REFERRAL, AND BI-DIRECTIONAL COMMUNICATION. ADDITIONALLY, THE AMERICAN MEDICAL ASSOCIATION PRESENTED TRINITY HEALTH'S DIABETES PREVENTION PROGRAM APPROACH TO THEIR BOARD OF DIRECTORS AS A BEST PRACTICE FOR A POPULATION HEALTH, DATA-DRIVEN STRATEGY TO PREVENT DIABETES.

IMPACTING SOCIAL INFLUENCERS OF HEALTH:

IN PARTNERSHIP WITH THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY, THE INVESTOR ENVIRONMENTAL HEALTH NETWORK AND INVESTORS FOR OPIOID AND PHARMACEUTICAL ACCOUNTABILITY, TRINITY HEALTH USES ITS OWNERSHIP OF SHARES OF STOCK IN CORPORATIONS TO INFLUENCE CORPORATIONS' POLICIES AND PRACTICES THAT AFFECT SOCIAL INFLUENCERS OF HEALTH, THE LIVING CONDITIONS THAT CAN AFFECT THE HEALTH OF A COMMUNITY, SUCH AS HOUSING, FOOD, EDUCATION, HEALTH CARE, AND ECONOMICS.

TRINITY HEALTH TAKES ACTION BY WRITING LETTERS TO COMPANIES, MEETING WITH CORPORATE MANAGEMENT, AND SUBMITTING AND SUPPORTING SHAREHOLDER RESOLUTIONS AS AGENDA ITEMS FOR COMPANIES' ANNUAL MEETINGS OF SHAREHOLDERS.

FISCAL YEAR 2021 YIELDED MANY POSITIVE OUTCOMES IN ITS 180 COMPANY

**Part VI** Supplemental Information (Continuation)

ENGAGEMENTS, INCLUDING 50 COMPANY DIALOGUES AND 16 FILED RESOLUTIONS LEADING TO CHANGES IN POLICIES AND PRACTICES AT 18 CORPORATIONS.

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

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

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