IRS990ScheduleH SCHEDULE H (Form 990)

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a. Attach to Form 990.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for instructions and the latest information.

BusinessName InCareOfNm EIN **Financial Assistance and Certain Other Community Benefits at Cost** Part I Yes No inancialAssistancePolicvInd 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to guestion 6a 1a WrittenPolicyInd 1b 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: AllHospitalsPolicyInd ly to all hospital facilities MostHospitalsPolicyInd to most hospital facilities IndivHospitalTailoredPolicyInd Idividual hospital facilities Answer the following based on the financial assistance eligibility criteria that applied to the largest number of 3 the organization's patients during the tax year. Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing 3a FPGReferenceFreeCareInc free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: Percent100Ind Percent150Ind Percent200Ind FreeCareOthPercentageGrp OtherInd FreeCareOtherPct Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," FPGReferenceDiscountedCarel indicate which of the following was the family income limit for eligibility for discounted care: 3b Percent200DInd Percent250Ind Percent300Ind Percent350Ind Percent400Ind DiscountedCareOthPercent 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. 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"? . . . 4 reeCareMedicallyIndigentInd Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? nancialAssistanceBudget 5a If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5b If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or nableToProvideCareInd discounted care to a patient who was eligible for free or discounted care? 5c nualCommunityBnftReport 6a Did the organization prepare a community benefit report during the tax year? 6a **b** If "Yes," did the organization make it available to the public? 6b eportPublicallyAvailableInd Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. Financial Assistance and Certain Other Community Benefits at Cost (a) Number of (b) Persons (c) Total community (d) Direct offsetting (e) Net community Financial Assistance and (f) Percent benefit expense benefit expense áctivities or revenue of total **Means-Tested Government Programs** programs (optional) (optional) expense nancial Assistance at cost (from worksheet 1) . PersonsServedCnt TotalCommunityBenefitExpnsAmt NetCommunityBenefitExpnsAn Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) . otal. Financial Assistance and Means-Tested Government Programs PersonsServedCnt TotalCommunityBenefitExpnsAmt DirectOffsettingRevenueAmt **Other Benefits** ommunityHealthServicesGrp pmmunity health improvement services and community benefit operations (from Worksheet 4) . NetCommunityBenefitExpnsAmt TotalExpensePct ActivitiesOrProgramsCnt PersonsServedCnt TotalCommunityBenefitExpnsAmt DirectOffsettingRevenueAmt nGrp alth professions education (from Worksheet 5) Grp ubsidized health services (from Worksheet 6) TotalCommunityBenefitExpnsAmt DirectOffsettingRevenueAm NetCommunityBenefitExpnsAmi Research (from Worksheet 7) sh and in-kind contributions community benefit (from Worksheet 8) . . . PersonsServedCnt TotalCommunityBenefitExpnsAmt Total. Other Benefits . **Fotal.** Add lines 7d and 7j

Schedule H (Form 990) 2022 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. TotalCommunityBenefitsGrp (a) Number of (b) Persons (c) Total community (d) Direct offsetting (e) Net community (f) Percent of activities or total expense building expense revenue building expense programs (optional) (optional) TotalCommunityBenefitExpnsAm DirectOffsettingRevenueAmt NetCommunityBenefitExpnsAm TotalExpensePct ysical improvements and housing Economic development ActivitiesOrProgramsC Community support ActivitiesOrProgramsC DirectOffsettingRevenueAr $oldsymbol{l}$ ironmental improvements Leadership development and training ActivitiesOrProgramsCnt or community members DirectOffsettingRevenueAm ActivitiesOrProgramsCr Coalition building PersonsServedCn TotalCommunityBenefitExpnsAr **DirectOffsettingRevenueAm** VetCommunityBenefitExpnsAm TotalExpensePc hmunity health improvement advocacy Workforce development PersonsServedCi NetCommunityBenefitExpnsAn NetCommunityBenefitExpnsAr al Part III **Bad Debt, Medicare, & Collection Practices** Section A. Bad Debt Expense Yes No Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? BadDebtExpenseReportedInd 1 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount 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 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.

b	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					
					0.0	FinancialAssistanceF
		anies and Joint Ventures (owned 10% or n	nore by officers, directors, truste	es, key employees, and phy	sicians-s	ee instructions)
entCoAndJntV	(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 %	profit own	nysicians' % or stock ership %
1	EntityName	PrimaryActivitiesTxt	OrgProfitOrOwnershipPct	OfcrEtcProfitOrOwnershipPct	PhysiciansP	rofitOrOwnershipPct
2						
3						
4						
5						
6						
7						
8						
_ 9						
10						
11						
12						
13						

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

OtherInd

Section B. Medicare

5

7

Enter total revenue received from Medicare (including DSH and IME)

thodologyUsedGrp | line 6. Check the box that describes the method used:

CostAccountingSystemInd g system

Section C. Collection Practices

Enter Medicare allowable costs of care relating to payments on line 5

Subtract line 6 from line 5. This is the surplus (or shortfall)

9a Did the organization have a written debt collection policy during the tax year?

CostToChargeRatioInd ge ratio

9a WrittenDebtCollectionPolicyInc

5

6

7

Part V Facility Information										
Section A. Hospital Facilities		ရှ	Ω	T.	O	Ţ,	Ē	Ē		
(list in order of size, from largest to smallest—see instructions)	cen	ener	hild	each	ritic	ese	ER-24 hours	ER-other		
How many hospital facilities did the organization operate during	sec	a m	ren	ning	<u>a</u> a	arch	4 h	the		
the tax year? HospitalFacilitiesCnt	9	ledi	s h	l ho	ССЕ	າ fa	ours	,		
	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	0,			
Name, address, primary website address, and state license number		us %	ta	<u>a</u>	SOL					Facility
(and if a group return, the name and EIN of the subordinate hospital		rgic			pita				011 (1 11)	reporting
ospitalFacilitiesGpp action that operates the hospital facility):			Ц						Other (describe) OtherDesc	group FacilityReportingGroupCo
FacilityNum BusinessName	License	dHospitall			Ļ				OtherDesc	T acinty (eporting Group Co
USAddress		General		ndSurgical						
WebsiteAddressTxt	1		Children	sHospitallr		Ļ				
StateLicenseNum	1			Teaching	Hospitallr	_				
SubordinateHospitalName SubordinateHospitalEIN	1				CriticalA	ccessHosp		_ 4		
						Research				
_ 2	-							cyRoom24		
								Emergen	cyRoomOtherInd	
3										
	1									
	1									
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	1									
	7									

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group: HospitalFacilityName

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)

ospitalFclty	PoliciesP	rctcGrp
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			Yes	No
Comi	munity Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	FirstLice	nsedC'
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	TaxExer	nptHos
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	CHNAC	onducte
nmunityDemo	A definition of the community served by the hospital facility praphics of the community Sources Ind Existing health care facilities and resources within the community that are available to respond to the			
	health needs of the community			
	Obtained How data was obtained			
	The significant health needs of the community hissuesind Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
ityHlthNeedsId	community health needs			
	The process for consulting with persons representing the community's interests			
PriorCHN	The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 CHNAConductedYr			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	TakeInto.	Accou
6a		6a	CHNACor	ducte
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	CHNAC	onduc
7	Did the hospital facility make its CHNA report widely available to the public?	7	CHNAR	portV
	WebsiteInd Hospital facility's website (list url): OwnWebsiteURLTxt WebsiteInd Other website (list url): OtherWebsiteURLTxt			
	Made a paper copy available for public inspection without charge at the hospital facility			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Impleme	ntation
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 [ImplementationStrategyAdptYr]			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Strategy	Poste
a b	If "Yes," (list url): StrategyWebsiteURLTxt If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Strategy	Attach
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most	100		
••	recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	Organiza	tionIr
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		Form472	
С	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? \$ ExciseReportForm4720ForAllAmt			

_	ule H (Form 990) 2022		Page 5
Par			
Finar	ncial Assistance Policy (FAP)		
Name	e of hospital facility or letter of facility reporting group: HospitalFacilityName		Vaa Na
	Did the beautiful facility beautiful along the beautiful the beautiful and the beaut		Yes No
40	Did the hospital facility have in place during the tax year a written financial assistance policy that:	10	Flia Cattaria Fundaia a d
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	EligCriteriaExplained
nilulnomi mtE	If "Yes," indicate the eligibility criteria explained in the FAP: Federal poverty guidelines (FPG) with FPG family income limit for eligibility for free care of FPGFamilyIncom.mlFree FPGFamilyIncom.mlFree	arePct	
	and FPG family income limit for eligibility for discounted care of FFGFamilyIncomLmtDscntCarePct	Surer or	
IncomeLev	Income level other than FPG (describe in Section C)		
	Asset level		
	Medical indigency		
suranceStatu	in our arrow states		
	Underinsurance status		
	cycriterialnd Residency		
	orCriterialnd Other (describe in Section C)		Frederica d Decisted
14	Explained the basis for calculating amounts charged to patients?	14	ExplainedBasisInd AppFinancialAsstExp
15	Explained the method for applying for financial assistance?	15	ApprinancialAssiex
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)		
Door	explained the method for applying for financial assistance (check all that apply):		
Desc	Described the information the hospital facility may require an individual to provide as part of his or her application		
Described	SupriDocted Described the supporting documentation the hospital facility may require an individual to submit as part		
	of his or her application		
ovidedHospita	about the FAP and FAP application process		
videdNonprofi	Trovided the contact information of horiprofit organizations of government agencies that may be		
	sources of assistance with FAP applications		
Othe	Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	16	IncludesPublicityMea
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
	WebsiteInd The FAP was widely available on a website (list url): FAPAvailableOnWebsiteURLTxt		
	The FAP application form was widely available on a website (list url): FAPAppAvailableOnWebsiteURLTxt		
	WebsiteInd A plain language summary of the FAP was widely available on a website (list url): FAPSummaryOnWebsiteURLTxt		
Onkequestiv	ochargelind The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
dhIO=D==u==			
VIDIOTIREQUES	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
IblOnRequest			
inioiiixequesi	No Plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
edFAPCopyB			
	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		

CommunityNotifiedFAPInd Notified members of the community who are most likely to require financial assistance about availability

primary language(s) spoken by Limited English Proficiency (LEP) populations

FAPTranslatedInd The FAP, FAP application form, and plain language summary of the FAP were translated into the

of the FAP

Other Publicity Ind Other (describe in Section C)

Part	V Facility Information (continued)		-	
	g and Collections			
Name	e of hospital facility or letter of facility reporting group: HospitalFacilityName			
			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?	17	FAPActi	onsOnNon
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:			
portToCredit	AgencyInd Reporting to credit agency(ies)			
PermitSell	Coming air maividual o dobt to another party			
erDenyRqrP	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			
egalJudicialF				
PermitOther	ether entitle detector (decente in economic)			
PermitNo	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		O-H	- A - 41 - 141 1
	before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	Collection	nActivities
rtingToCredi	If "Yes," check all actions in which the hospital facility or a third party engaged: Agencylnd Reporting to credit agency(ies)			
	Reporting to credit agency(les)			
	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			
.egalJudiciall	ProcessInd Actions that require a legal or judicial process			
	rActions Indian actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions line to checked) in line 19 (check all that apply):	sted	(whet	ner or
	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
	Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, descri	ibe in	Secti	on C)
essedFAPAp	1 recessed incomplete and complete 17th applications (if not, describe in decition o)			
sumptiveElig	wade presumptive enginitry determinations (if not, describe in bedien e)			
OtherAction	Other (describe in destion of			
	None of these efforts were made			
Polic	y Relating to Emergency Medical Care	1		
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? If "No," indicate why:	Nondis	Emergency	CarePolicy
NoEmerae	The hospital facility did not provide care for any emergency medical conditions			
	The hospital facility's policy was not in writing			

EmergencyCareLimitedIn The hospital facility limited who was eligible to receive care for emergency medical conditions (describe

in Section C)
OtherReasonind Other (describe in Section C)

Schedule H (Form 990) 2022

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: HospitalFacilityName Yes No 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: LookBackMedicareInd The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period LookBackMedicarePrivateInd 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 LookBackMedicaidMedcrPrvtlnd 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 Prospective Medicare Medicaid Ind The hospital facility used a prospective Medicare or Medicaid method 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? 23 AmountsGenerallyBilledInd If "Yes," explain in Section C. During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross 24 charge for any service provided to that individual? GrossChargesInd If "Yes," explain in Section C.

Schedule H (Form 990) 2022

hedule H (Form 990) 2022	Page 8
Part V Facility Information (continued)	
ection C. Supplemental Information for Part V, Section B. Provide descriptions required for 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 2 eparate descriptions for each hospital facility in a facility reporting group, designated by facility hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and nan	24. If applicable, provide by reporting group letter
pplementalInformationGrp rmAndLineReferenceDesc	
▼	

Part V Facility Information (continued)

OthHlthCareFo

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-nospital health care facilities did the organization operate during the t	ax year? [-aciity/\um]
	Type of facility (describe)
1 OthHlthCareFcltsGrp BusinessName USAddress	FacilityTxt
2	
3	~ 0 '
4	
5	. 0.
6	
7	
8	
9	
10	
	Schedule H (Form 990) 2022

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

SupplementalInformationDetail
FormAndLineReferenceDesc
XU