

SCHEDULE H
(Form 990)**Hospitals**

OMB No. 1545-0047

2024**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

BusinessName

InCareOfNm

EIN

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a** Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a
- 1b** If "Yes," was it a written policy?
- 2** If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year:
- ☐ AllHospitalsPolicyInd to all hospital facilities ☐ MostHospitalsPolicyInd to most hospital facilities
- ☐ IndivHospitalTailoredPolicyInd 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 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
- b** Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
- ☐ Percent200Ind ☐ Percent250Ind ☐ Percent300Ind ☐ Percent350Ind ☐ Percent400Ind ☐ DiscountedCareOthPercentageGrp ☐ OtherInd ☐ DiscountedCareOtherPct
- 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 FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
- 5a** Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?
- Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

Yes No

1a FinancialAssistancePolicyInd**1b** WrittenPolicyInd**3a** FPGReferenceFreeCareInd**3b** FPGReferenceDiscountedCareInd**4** FreeCareMedicallyIndigentInd**5a** FinancialAssistanceBudgetInd**5b** ExpensesExceedBudgetInd**5c** UnableToProvideCareInd**6a** AnnualCommunityBnftrptInd**6b** ReportPubliclyAvailableInd**7 Financial Assistance and Certain Other Community Benefits at Cost****Financial Assistance and Means-Tested Government Programs**

FinancialAssistanceAtCostTyp

a Financial assistance at cost (from Worksheet 1)

UnreimbursedMedicaidGrp

b Medicaid (from Worksheet 3, column a)

UnreimbursedCostsGrp

c Costs of other means-tested government programs (from Worksheet 3, column b)

TotalFinancialAssistanceTyp

d Total. Financial assistance and means-tested government programs**Other Benefits**

CommunityHealthServicesGrp

e Community health improvement services and community benefit operations (from Worksheet 4)

HealthProfessionsEducationGrp

f Health professions education (from Worksheet 5)

SubsidizedHealthServicesGrp

g Subsidized health services (from Worksheet 6)

ResearchGrp

h Research (from Worksheet 7)

CashAndInKindContributionsGrp

i Cash and in-kind contributions for community benefit (from Worksheet 8)

TotalOtherBenefitsGrp

j Total. Other benefits

TotalCommunityBenefitsGrp

k Total. Add lines 7d and 7j

	(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
FinancialAssistanceAtCostTyp	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpsAmt	TotalExpensePct
a Financial assistance at cost (from Worksheet 1)						
UnreimbursedMedicaidGrp	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpsAmt	TotalExpensePct
b Medicaid (from Worksheet 3, column a)						
UnreimbursedCostsGrp	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpsAmt	TotalExpensePct
c Costs of other means-tested government programs (from Worksheet 3, column b)						
TotalFinancialAssistanceTyp	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpsAmt	TotalExpensePct
d Total. Financial assistance and means-tested government programs						
CommunityHealthServicesGrp	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpsAmt	TotalExpensePct
e Community health improvement services and community benefit operations (from Worksheet 4)						
HealthProfessionsEducationGrp	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpsAmt	TotalExpensePct
f Health professions education (from Worksheet 5)						
SubsidizedHealthServicesGrp	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpsAmt	TotalExpensePct
g Subsidized health services (from Worksheet 6)						
ResearchGrp	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpsAmt	TotalExpensePct
h Research (from Worksheet 7)						
CashAndInKindContributionsGrp	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpsAmt	TotalExpensePct
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
TotalOtherBenefitsGrp	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpsAmt	TotalExpensePct
j Total. Other benefits						
TotalCommunityBenefitsGrp	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpsAmt	TotalExpensePct
k Total. Add lines 7d and 7j						

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 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
PhysicalImprvAndHousingGrp	Physical improvements and housing	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpnsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpnsAmt	TotalExpensePct
EconomicDevelopmentGrp	Economic development	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpnsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpnsAmt	TotalExpensePct
CommunitySupportGrp	Community support	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpnsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpnsAmt	TotalExpensePct
EnvironmentalImprovementsGrp	Environmental improvements	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpnsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpnsAmt	TotalExpensePct
5	Leadership development and training						
LeadershipDevelopmentGrp	for community members	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpnsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpnsAmt	TotalExpensePct
CoalitionBuildingGrp	Coalition building	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpnsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpnsAmt	TotalExpensePct
HealthImprovementAdvocacyGrp	Community health improvement advocacy	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpnsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpnsAmt	TotalExpensePct
WorkforceDevelopmentGrp	Workforce development	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpnsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpnsAmt	TotalExpensePct
OtherCommunityBuildingActyGrp	Other	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpnsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpnsAmt	TotalExpensePct
TotalCommunityBuildingActyGrp	Total	ActivitiesOrProgramsCnt	PersonsServedCnt	TotalCommunityBenefitExpnsAmt	DirectOffsettingRevenueAmt	NetCommunityBenefitExpnsAmt	TotalExpensePct

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	BadDebtExpenseReportedInd
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	BadDebtExpenseAmt
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. 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	BadDebtExpenseAttributableAmt
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	ReimbursedByMedicareAmt
6 Enter Medicare allowable costs of care relating to payments on line 5	6	CostOfCareReimbursedByMedicareAmt
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	MedicareSurplusOrShortfallAmt
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"/> CostingMethodologyUsedGrp		
<input type="checkbox"/> CostAccountingSystemInd		g system
<input type="checkbox"/> CostToChargeRatioInd		ge ratio
<input type="checkbox"/> OtherInd		er

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers', directors', trustees', or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 EntityName	PrimaryActivitiesTxt	OrgProfitOrOwnershipPct	OfcrEtcProfitOrOwnershipPct	PhysiciansProfitOrOwnershipPct
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

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

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

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	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
HospitalFacilitiesGrp	LicensedHospitalInd	GeneralMedicalAndSurgicalInd	ChildrensHospitalInd	TeachingHospitalInd	CriticalAccessHospitalIn	ResearchFacilityInd	EmergencyRoom24HrsInd	EmergencyRoomOtherInd	OtherDesc	FacilityReportingGroupCd
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

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)

HospitalFacilityPoliciesPrctcGrp

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

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

Community Health Needs Assessment (CHNA)

- 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?
- 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
- 3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12

If "Yes," indicate what the CHNA report describes (check all that apply):

CommunityDefinitionInd A definition of the community served by the hospital facility

CommunityDemographicsInd Demographics of the community

ExistingResourcesInd Existing health care facilities and resources within the community that are available to respond to the health needs of the community

HowDataObtainedInd How data was obtained

CommunityHealthNeedsInd The significant health needs of the community

OtherHealthIssuesInd Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups

CommunityHlthNeedsIdProcessInd The process for identifying and prioritizing community health needs and services to meet the community health needs

ConsultingProcessInd The process for consulting with persons representing the community's interests

PriorCHNAImpactInd The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA

j OtherInd 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

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

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

7 Did the hospital facility make its CHNA report widely available to the public?

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

RptAvailableOnOwnWebsiteInd Hospital facility's website (list url): OwnWebsiteURLTxt

OtherWebsiteInd Other website (list url): OtherWebsiteURLTxt

PaperCopyPublicInspectionInd Made a paper copy available for public inspection without charge at the hospital facility

RptAvailableThruOtherMethodInd 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

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?

a If "Yes," list url: StrategyWebsiteURLTxt

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)?

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? \$ ExciseReportForm4720ForAllAmt

Yes No

1 FirstLicensedCYOrPYInd

2 TaxExemptHospitalCYOrPYInd

3 CHNAConductedIn

5 TakeIntoAccountOthersInputInd

6a CHNAConductedWithOtherFcltsInd

6b CHNAConductedWithNonFcltsInd

7 CHNAReportWidelyAvailableInd

8 ImplementationStrategyAdoptInd

10 StrategyPostedWebsiteInd

10b StrategyAttachedInd

12a OrganizationIncurExciseTaxInd

12b Form4720FiledInd

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group:

Did the hospital facility have in place during the tax year a written FAP that:

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?

	Yes	No
13	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes," indicate the eligibility criteria explained in the FAP:

☐ FPGFamilyIncmLmtFreeDscntInd FPG, with FPG family income limit for eligibility for free care of and FPG family income limit ☐ FPGFamilyIncmLmtFreeCarePct
for eligibility for discounted care of ☐ *FPGFamilyIncmLmtDscntCarePct
☐ IncomeLevelCriteriaInd Income level other than FPG (describe in Section C)☐ AssetLevelCriteriaInd Asset level☐ MedicalIndigencyCriteriaInd Medical indigency☐ InsuranceStatusCriteriaInd Insurance status☐ UnderinsuranceStatCriteriaInd Underinsurance status☐ ResidencyCriteriaInd Residency☐ OtherCriteriaInd Other (describe in Section C)**14** Explained the basis for calculating amounts charged to patients?**14** ☐ ExplainedBasisInd**15** Explained the method for applying for financial assistance?**15** ☐ AppFinancialAsstExplnInd

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):

☐ DescribedInfoInd Described the information the hospital facility may require an individual to provide as part of their application☐ DescribedSuprtDocInd Described the supporting documentation the hospital facility may require an individual to submit as part of their application☐ ProvidedHospitalContactInd Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process☐ ProvidedNonprofitContactInd Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications☐ OtherMethodInd Other (describe in Section C)**16** Was widely publicized within the community served by the hospital facility?**16** ☐ IncludesPublicityMeasuresInd

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

☐ FAPAvailableOnWebsiteInd The FAP was widely available on a website (list url): ☐ FAPAppAvailableOnWebsiteInd The FAP application form was widely available on a website (list url): ☐ FAPSummaryOnWebsiteInd A plain language summary of the FAP was widely available on a website (list url): ☐ FAPAvblOnRequestNoChargeInd The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)☐ FAPAppAvblOnRequestNoChrgInd The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)☐ FAPSumAvblOnRequestNoChrgInd A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)☐ NotifiedFAPCopyBillDisplayInd 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☐ CommunityNotifiedFAPInd Notified members of the community who are most likely to require financial assistance about availability of the FAP☐ FAPTranslatedInd 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☐ OtherPublicityInd Other (describe in Section C)

Part V Facility Information (continued)**Billing and Collections**Name 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 FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	FAPActionsOnNonpaymentInd
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:		
PermitReportToCreditAgencyInd Reporting to credit agency(ies)		
PermitSellingDebtInd Selling an individual's debt to another party		
PermitDeferDenyRqPaymentInd 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		
PermitLegalJudicialProcessInd Actions that require a legal or judicial process		
PermitOtherActionsInd Other similar actions (describe in Section C)		
PermitNoActionsInd 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?	19	CollectionActivitiesInd
If "Yes," check all actions in which the hospital facility or a third party engaged:		
ReportingToCreditAgencyInd Reporting to credit agency(ies)		
EngagedSellingDebtInd Selling an individual's debt to another party		
EngageDeferDenyRqPaymentInd 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		
EngagedLegalJudicialProcessInd Actions that require a legal or judicial process		
OtherActionsInd 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) on line 19 (check all that apply):		
ProvidedWrittenNoticeInd Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
MadeEffortOrallyNotifyInd Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
ProcessedFAPApplicationInd Processed incomplete and complete FAP applications (if not, describe in Section C)		
MadePresumptiveEligDetermInd Made presumptive eligibility determinations (if not, describe in Section C)		
OtherActionsTakenInd Other (describe in Section C)		
NoneMadeInd 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 FAP?		NondisEmergencyCarePolicyInd
If "No," indicate why:		
NoEmergencyCareInd The hospital facility did not provide care for any emergency medical conditions		
NoEmergencyCarePolicyInd The hospital facility's policy was not in writing		
EmergencyCareLimitedInd The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
OtherReasonInd 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: HospitalFacilityName**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:LookBackMedicareInd The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month periodLookBackMedicarePrivateInd 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 periodLookBackMedicaidMedorPvtInd 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 periodProspectiveMedicareMedicaidInd 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.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24** GrossChargesInd

If "Yes," explain in Section C.

Schedule H (Form 990) 2024

Part V	Facility Information (continued)
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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.

SupplementalInformationGrp	FormAndLineReferenceDesc	ExplanationTxt
Informational Copy		
Do Not File		

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?

FacilityNum

OthHlthCareFcltsNotHospitalGrp

Name and address			Type of facility (describe)
1	OthHlthCareFcltsGrp	BusinessName USAddress	FacilityTxt
2			
3			
4			
5			
6			
7			
8			
9			
10			

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 FAP.
- 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

ExplanationType