

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022
 Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TIDALHEALTH PENINSULA REGIONAL, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 100 EAST CARROLL STREET City or town, state or province, country, and ZIP or foreign postal code SALISBURY, MD 21801 F Name and address of principal officer: STEVEN LEONARD SAME AS C ABOVE	D Employer identification number 52-0591628 E Telephone number (302) 536-5203 G Gross receipts \$ 1,034,736,234. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.TIDALHEALTH.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1897
M State of legal domicile: MD		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	126
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,111,464.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	1,888,098.
Revenue	8 Contributions and grants (Part VIII, line 1h)	6,322,629.	8,559,039.
	9 Program service revenue (Part VIII, line 2g)	482,474,910.	505,004,219.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,074,690.	13,321,804.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,077,384.	842,662.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	533,949,613.	527,727,724.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	42,000.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		220,571,013.	223,148,225.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		1,502,829.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		243,733,137.	277,795,239.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	464,346,150.	500,996,664.	
19 Revenue less expenses. Subtract line 18 from line 12	69,603,463.	26,731,060.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	750,341,203.	711,052,938.
	21 Total liabilities (Part X, line 26)	206,090,051.	154,532,721.
	22 Net assets or fund balances. Subtract line 21 from line 20	544,251,152.	556,520,217.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer STEPHANIE GARY, CFO Type or print name and title	Date 5/10/2024	
Paid Preparer Use Only	Print/Type preparer's name MARY TORRETTA	Preparer's signature Mary Torretta	Date 5/10/2024
	Firm's name GRANT THORNTON LLP	Firm's EIN 36-6055558	Check if self-employed <input type="checkbox"/> PTIN P00847851
	Firm's address 1000 WILSON BOULEVARD, SUITE 1500 ARLINGTON, VA 22209	Phone no. (703) 847-7500	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. TIDALHEALTH PENINSULA REGIONAL, INC.	Taxpayer identification number (TIN) 52-0591628
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 100 EAST CARROLL STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SALISBURY, MD 21801	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

DEAN SWINGLE - DIRECTOR OF FINANCE

- The books are in the care of ▶ 100 EAST CARROLL STREET - SALISBURY, MD 21801

Telephone No. ▶ 302-536-5203 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2024 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning JUL 1, 2022 , and ending JUN 30, 2023 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Product: **Exempt Extension**
 Name: **TIDALHEALTH PENINSULA REGIONAL, INC.**
 FEIN: *******1628**
 Bank Info:
 Fiscal Year Begin Date: **7/1/2022**
 IRS Message:

Category:
 Plan Number:
 Fiscal Year End Date: **6/30/2023**

IRS Center: **Ogden**
 e-Postmark: **10/20/2023 3:53 PM**
 Notification:
 eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
10/20/2023	22X:0181885-00001:V1	Upload Started			Heggestad,Sarah	
10/20/2023	22X:0181885-00001:V1	Ready to Release by Customer				
10/20/2023	22X:0181885-00001:V1	Released for Transmission - Validation in Progress			Heggestad, Sarah	
10/20/2023	22X:0181885-00001:V1	Ready to transmit - Validation Complete				
10/20/2023	22X:0181885-00001:V1	Transmitted to FD	54432620232930352e34			
10/20/2023	22X:0181885-00001:V1	Accepted by FD on 10/20/2023				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 451,804,016. including grants of \$ 53,200.) (Revenue \$ 497,124,655.) SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 451,804,016.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

X

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 14; 1b Enter the number of voting members included on line 1a... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
DEAN SWINGLE - DIRECTOR OF FINANCE - 302-536-5203
100 EAST CARROLL STREET, SALISBURY, MD 21801

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN LEONARD PRESIDENT/CEO	50.00 2.00	X		X				0.	1,129,120.	78,830.
(2) BRUCE I. RITCHIE CFO THRU 01/23	50.00 2.00			X				0.	732,177.	163,746.
(3) KARIN DIBARI, M.D. V.P. TH MEDICAL PARTNERS THRU 10/22	50.00 0.00				X			0.	859,394.	21,402.
(4) LURA LUNSFORD V.P. OPERATIONS	50.00 2.00			X				0.	748,468.	68,177.
(5) STEPHANIE GARY V.P. FINANCE/CFO BEG 01/23	50.00 4.00			X				0.	475,048.	43,804.
(6) TIMOTHY FEIST V.P CHIEF COMPLIANCE OFFICER	50.00 0.00				X			0.	352,164.	116,509.
(7) SARAH SCOTT V.P. PEOPLE & ORGANIZATON DEV	50.00 2.00				X			0.	378,869.	74,781.
(8) JAMES TRUMBLE, M.D. V.P. CLINICAL INTEGRATION	50.00 1.00				X			0.	419,482.	28,782.
(9) DAVID SECHLER, M.D. BOARD MEMBER BEG 01/23	40.00 0.00	X						0.	373,271.	43,838.
(10) KATHRYN FIDDLER V.P. POPULATION HEALTH	50.00 1.00				X			0.	355,293.	42,087.
(11) TRUDY HALL, M.D. V.P. CHIEF MEDICAL OFF. BEG 07/22	50.00 2.00			X				0.	260,186.	32,931.
(12) VEL NATESAN, M.D. BOARD MEMBER THRU 12/22	1.00 1.00	X						0.	274,577.	0.
(13) SARAH ARNETT FMR CHIEF NURSING OFFICER THRU 04/22	50.00 0.00						X	0.	217,782.	24,237.
(14) ANGELA BRITTINGHAM CHIEF NURSING OFFICER BEG 04/23	50.00 1.00				X			0.	161,488.	22,932.
(15) CHARLES SILVIA JR., M.D. FMR V.P. CHIEF MED. OFF. THRU 01/22	50.00 1.00						X	0.	158,693.	20,329.
(16) JULIUS ZANT, M.D. CHAIRPERSON	2.00 0.00	X		X				0.	0.	0.
(17) MEMO DIRIKER IMMEDIATE PAST CHAIRPERSON	5.00 1.00	X		X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES HARTSTEIN SECRETARY	1.00 3.00	X		X				0.	0.	0.
(19) SUSAN WILGUS-MURPHY BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(20) KAREN POISKER BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(21) RONDALL ALLEN, PHARM.D. BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) MARY DIBARTOLO BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) JANELLE BEILER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) PERCY J. PURNELL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(25) ANTHONY ADRIGNOLO, III, M.D. BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(26) JASON MORRIS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
1b Subtotal								0.	6,896,012.	782,385.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	6,896,012.	782,385.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DIANE TURNER BOARD MEMBER BEG 01/23	1.00 0.00	<input checked="checked" type="checkbox"/>						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	4,605,840.					
	e Government grants (contributions)	1e	3,953,199.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f						
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			8,559,039.				
Program Service Revenue	2 a NET PATIENT SERVICES	Business Code	621500	492,432,000.	487,011,357.	5,420,643.		
	b AMBULATORY PHARMACY		456110	12,572,219.	10,113,298.	2,458,921.		
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			505,004,219.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			7,715,777.		-49,685.	7,765,462.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	255,349.				
			(ii) Personal					
				340,214.				
	b Less: rental expenses ...	6b		-84,865.				
	c Rental income or (loss)	6c						
	d Net rental income or (loss)			-84,865.			-84,865.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	512,251,108.	23,215.			
			(ii) Other					
				506,628,519.	39,777.			
	b Less: cost or other basis and sales expenses	7b		5,622,589.	-16,562.			
	c Gain or (loss)	7c						
d Net gain or (loss)			5,606,027.			5,606,027.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a CAFETERIA	Business Code	722514	628,956.			628,956.	
	b MANAGEMENT FEES		561000	204,585.		204,585.		
	c LIFELINE		532283	77,000.		77,000.		
	d All other revenue		900099	16,986.			16,986.	
	e Total. Add lines 11a-11d			927,527.				
12 Total revenue. See instructions			527,727,724.	497,124,655.	8,111,464.	13,932,566.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	53,200.	53,200.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,092,616.	4,592,521.	484,817.	15,278.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	177,218,188.	159,815,362.	16,871,171.	531,655.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,156,081.	7,355,154.	776,459.	24,468.
9 Other employee benefits	20,126,419.	18,150,005.	1,916,035.	60,379.
10 Payroll taxes	12,554,921.	11,322,028.	1,195,228.	37,665.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,269,511.	1,144,845.	120,857.	3,809.
c Accounting	662,390.	597,343.	63,060.	1,987.
d Lobbying	20,920.	18,866.	1,992.	62.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,912,036.	1,724,274.	182,026.	5,736.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	90,949,398.	82,018,167.	8,658,383.	272,848.
12 Advertising and promotion	713,939.	643,830.	67,967.	2,142.
13 Office expenses	39,982,416.	36,056,143.	3,806,326.	119,947.
14 Information technology	378,452.	341,288.	36,029.	1,135.
15 Royalties				
16 Occupancy	5,836,994.	5,263,801.	555,682.	17,511.
17 Travel	300,080.	270,612.	28,568.	900.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	23,998.	21,641.	2,285.	72.
20 Interest	4,505,313.	4,062,891.	428,906.	13,516.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,330,714.	25,548,638.	2,697,084.	84,992.
23 Insurance	4,947,458.	4,461,618.	470,998.	14,842.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	52,126,284.	47,007,483.	4,962,422.	156,379.
b DRUG SUPPLIES	34,440,280.	31,058,245.	3,278,715.	103,320.
c BAD DEBT	9,559,541.	8,620,794.	910,068.	28,679.
d UBI TAXES	1,479,461.	1,334,178.	140,845.	4,438.
e All other expenses	356,054.	321,089.	33,896.	1,069.
25 Total functional expenses. Add lines 1 through 24e	500,996,664.	451,804,016.	47,689,819.	1,502,829.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,943,983.	1	6,612,121.
	2 Savings and temporary cash investments	30,208,047.	2	17,003,061.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	51,718,490.	4	59,468,115.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	12,023,370.	8	11,774,166.
	9 Prepaid expenses and deferred charges	9,252,697.	9	9,403,737.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 651,172,460.		
	b Less: accumulated depreciation	10b 469,964,871.	185,715,125.	10c 181,207,589.
	11 Investments - publicly traded securities	356,298,154.	11	334,590,234.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	101,181,337.	15	90,993,915.
16 Total assets. Add lines 1 through 15 (must equal line 33)	750,341,203.	16	711,052,938.	
Liabilities	17 Accounts payable and accrued expenses	17,150,414.	17	7,582,833.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	6,325,936.	20	3,230,467.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	120,857,625.	24	119,855,011.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	61,756,076.	25	23,864,410.
	26 Total liabilities. Add lines 17 through 25	206,090,051.	26	154,532,721.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	492,944,394.	27	499,549,381.
	28 Net assets with donor restrictions	51,306,758.	28	56,970,836.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	544,251,152.	32	556,520,217.
	33 Total liabilities and net assets/fund balances	750,341,203.	33	711,052,938.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	527,727,724.
2	Total expenses (must equal Part IX, column (A), line 25)	2	500,996,664.
3	Revenue less expenses. Subtract line 2 from line 1	3	26,731,060.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	544,251,152.
5	Net unrealized gains (losses) on investments	5	26,642,069.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-41,104,064.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	556,520,217.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
-------------------------------------------------------------------------	-----------------------------------------------------

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

TIDALHEALTH PENINSULA REGIONAL, INC.

Employer identification number

52-0591628

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
------------------------------------------------------------------	--------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TIDALHEALTH FOUNDATION 100 EAST CARROLL STREET SALISBURY, MD 21801	\$ 4,605,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENANCE AVENUE SW WASHINGTON, DC 20201	\$ 1,915,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MARYLAND DEPARTMENT OF HEALTH 201 W. PRESTON STREET 5TH FLOOR BALTIMORE, MD 21201	\$ 1,323,691.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION 45 CALVERT STREET ANNAPOLIS, MD 21401	\$ 358,004.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MD STATE DEPARTMENT OF EDUCATION 200 WEST BALTIMORE STREET BALTIMORE, MD 21201	\$ 192,831.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	RURAL MARYLAND COUNCIL 50 HARRY S TRUMAN PKWY ANNAPOLIS, MD 21401	\$ 109,716.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
------------------------------------------------------------------	--------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SALISBURY UNIVERSITY 1101 CAMDEN AVENUE SALISBURY, MD 21801	\$ 32,993.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CITY OF SALISBURY 125 N. DIVISION ST SALISBURY, MD 21801	\$ 20,936.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
------------------------------------------------------------------	--------------------------------------------------

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
------------------------------------------------------------------	--------------------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">TIDALHEALTH PENINSULA REGIONAL, INC.</p>	Employer identification number <p style="text-align: center;">52-0591628</p>
-------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		20,920.
j Total. Add lines 1c through 1i			20,920.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

OTHER ACTIVITIES:

TIDALHEALTH PENINSULA REGIONAL DOES NOT ENGAGE IN ANY DIRECT LOBBYING

ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO MARYLAND HOSPITAL

ASSOCIATION (MHA). MHA ENGAGES IN MANY SUPPORT ACTIVITIES INCLUDING

LOBBYING AND ADVOCATING FOR ITS MEMBER HOSPITALS. THE MHA REPORTED THAT

Part IV Supplemental Information *(continued)*

A PERCENTAGE OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND SUCH,
THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART IV AS
LOBBYING ACTIVITIES.

Blank lined area for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: TIDALHEALTH PENINSULA REGIONAL, INC. Employer identification number: 52-0591628

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding reporting of art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	87,537,245.	102,246,212.	79,165,301.	71,424,439.	64,583,287.
b Contributions					
c Net investment earnings, gains, and losses	10,561,995.	-14,214,441.	23,584,799.	8,133,343.	7,263,806.
d Grants or scholarships	54,474.	8,774.	92,960.	5,217.	9,245.
e Other expenditures for facilities and programs	10,000,000.				
f Administrative expenses	392,233.	485,752.	410,928.	387,264.	413,409.
g End of year balance	87,652,533.	87,537,245.	102,246,212.	79,165,301.	71,424,439.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 39.1400 %
 - b Permanent endowment 9.8500 %
 - c Term endowment 51.0100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,542,854.		13,542,854.
b Buildings		287,226,572.	165,957,851.	121,268,721.
c Leasehold improvements				
d Equipment		338,395,458.	294,769,524.	43,625,934.
e Other		12,007,576.	9,237,496.	2,770,080.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				181,207,589.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DONOR RESTRICTED FUND	53,350,415.
(2) BOARD DESIGNATED INVESTMENTS	34,304,126.
(3) RIGHT OF USE ASSETS	2,877,643.
(4) INTERCOMPANY RECEIVABLES	461,731.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	90,993,915.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) EMPLOYEE COMP RELATED PAYROLL TAXES	12,030,621.
(3) ADVANCES FROM THIRD PARTY PAYORS	9,752,719.
(4) LONG-TERM LEASE LIABILITY	2,081,070.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	23,864,410.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

INTENDED USE OF ENDOWMENT FUNDS

THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR CAPITAL, PATIENT SERVICES

OR EDUCATIONAL PURPOSES. TIDALHEALTH, INC. ADMINISTERS THE ENDOWMENT FOR

THE BENEFIT OF TIDALHEALTH PENINSULA REGIONAL, INC. AND TIDALHEALTH

FOUNDATION.

PART X, LINE 2:

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF

TIDALHEALTH, INC. THE RELEVANT TEXT OF THE INCOME TAX FOOTNOTE FROM THOSE

FINANCIALS IS:

Part XIII Supplemental Information *(continued)*

THE HEALTH SYSTEM HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN TAX
POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED
FINANCIAL STATEMENTS AT JUNE 30, 2023 AND 2022.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
-------------------------------------------------------------------------	-----------------------------------------------------

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			10,358,300.		10,358,300.	2.11%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			10,358,300.		10,358,300.	2.11%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			9,469,070.	2,368,357.	7,100,713.	1.44%
f Health professions education (from Worksheet 5)			13,373,656.		13,373,656.	2.72%
g Subsidized health services (from Worksheet 6)			68,538,838.	29,797,432.	38,741,406.	7.88%
h Research (from Worksheet 7)			1,811,358.	717,969.	1,093,389.	.22%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			129,961.		129,961.	.03%
j Total. Other Benefits			93,322,883.	32,883,758.	60,439,125.	12.29%
k Total. Add lines 7d and 7j			103,681,183.	32,883,758.	70,797,425.	14.40%

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			7,698.		7,698.	.00%
3 Community support			58,069.		58,069.	.01%
4 Environmental improvements			395,239.		395,239.	.08%
5 Leadership development and training for community members						
6 Coalition building			142,033.		142,033.	.03%
7 Community health improvement advocacy						
8 Workforce development			45,750.		45,750.	.01%
9 Other						
10 Total			648,789.		648,789.	.13%

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		
			9,559,541.
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		
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	246,514,273.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	162,843,571.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	83,670,702.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

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? 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):

1 TIDALHEALTH PENINSULA REGIONAL, INC.
100 E. CARROLL STREET
SALISBURY, MD 21801
WWW.TIDALHEALTH.ORG
210019

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
X	X					X			

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: TIDALHEALTH PENINSULA REGIONAL, INC.

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input 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: <u>20 22</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	
6b 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 SUPPLEMENTAL INFORMATION</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>HTTP://HEALTHYDELMARVA.ORG</u>		
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: <u>20 22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE SUPPLEMENTAL INFORMATION</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: TIDALHEALTH PENINSULA REGIONAL, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFO</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: TIDALHEALTH PENINSULA REGIONAL, INC.

	Yes	No
<p>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?</p>	X	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p>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>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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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: TIDALHEALTH PENINSULA REGIONAL, INC.

	Yes	No
<p>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:</p> <p>a <input 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</p> <p>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</p> <p>c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p>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?</p> <p>If "Yes," explain in Section C.</p>	23	X
<p>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?</p> <p>If "Yes," explain in Section C.</p>	24	X

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.

TIDALHEALTH PENINSULA REGIONAL, INC.:

PART V, SECTION B, LINE 5: CONSULTING REPRESENTATIVES OF THE COMMUNITY

SERVED BY THE HOSPITAL

IN 2021, TIDALHEALTH RETAINED CONDUENT HEALTH COMMUNITIES INSTITUTE A

XEROX COMPANY TO PREPARE AND CONDUCT A NEW COMMUNITY HEALTH NEEDS

ASSESSMENT (CHNA) THAT WILL COVER THE MARYLAND COMMUNITY BENEFITS

SERVICE AREA OF SOMERSET, WICOMICO AND WORCESTER COUNTIES AND A NEWLY

ADDED AREA WHICH INCLUDES SUSSEX COUNTY, DELAWARE. THE CHNA WAS

COMPLETED BY CONDUENT IN MAY 2022 AND PLACED ON TIDALHEALTH'S WEBSITE

ALONG WITH THE PREVIOUS VERSION FOR PUBLIC ACCESS.

SYSTEM DESCRIPTION

TIDALHEALTH IS ANCHORED BY TWO HOSPITALS, TIDALHEALTH PENINSULA

REGIONAL AND TIDALHEALTH NANTICOKE. IN ADDITION, TIDALHEALTH INCLUDES A

LARGE PHYSICIAN NETWORK OF 300 PLUS PROVIDERS WITH OVER 32 LOCATIONS.

TIDALHEALTH WAS FORMED WHEN THE FORMER PENINSULA REGIONAL MEDICAL

CENTER, NANTICOKE MEMORIAL HOSPITAL IN SEAFORD, DE AND MCCREADY

MEMORIAL HOSPITAL IN CRISFIELD, MD, UNITED TO IMPROVE THE HEALTH OF THE

COMMUNITIES WE SERVE.

EFFECTIVE JANUARY 1, 2020, TIDALHEALTH NANTICOKE AND TIDALHEALTH

PHYSICIAN NETWORK, INC. LOCATED IN SEAFORD, DELAWARE, JOINED

TIDALHEALTH. TIDALHEALTH NANTICOKE HAS 139 LICENSED ACUTE CARE BEDS (99

CURRENTLY OPERATED) AND PRIMARILY SERVES THE WESTERN SUSSEX COUNTY,

DELAWARE PORTION OF THE HEALTH SYSTEM'S PRIMARY SERVICE AREA.

TIDALHEALTH NANTICOKE PHYSICIAN NETWORK PROVIDES OUTPATIENT MEDICAL

Part V Facility Information *(continued)*

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

SERVICES IN WESTERN SUSSEX COUNTY AND FEDERALSBURG, MD.

EFFECTIVE MARCH 2020, MCCREADY FOUNDATION, INC., WHICH CONSISTED OF A

THREE BED HOSPITAL, ALICE BYRD TAWES NURSING HOME, A 76-LICENSED BED

SKILLED NURSING HOME AND CHESAPEAKE COVE ASSISTED LIVING CENTER IN

CRISFIELD, MD, BECAME PART OF TIDALHEALTH. THE MCCREADY HOSPITAL

DIVISION WAS MERGED INTO TIDALHEALTH PENINSULA REGIONAL AND LIMITED ITS

FUNCTIONS TO THOSE CONSISTENT WITH STATUS AS A FREE-STANDING MEDICAL

CENTER. HEALTHY COMMUNITIES INSTITUTE AND TIDALHEALTH PENINSULA

REGIONAL HAVE COLLABORATED SINCE 2012 TO DEVELOP THE TIDALHEALTH

CREATING HEALTHY COMMUNITIES' PLATFORM.

CHNA PARTNERSHIP

THE LOCAL CHNA PARTNERSHIP COMBINED PRIMARY AND SECONDARY DATA TO

INFORM ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE CHNA PROVIDES

AN UNDERSTANDING OF THE HEALTH STATUS, QUALITY OF LIFE, AND RISK

FACTORS OF OUR COMMUNITY THROUGH FINDINGS FROM QUALITATIVE AND

SECONDARY DATA ANALYSIS. THE THEMES AND STRENGTHS PROVIDE INSIGHTS

ABOUT WHAT TOPICS AND ISSUES COMMUNITY MEMBERS FEEL ARE IMPORTANT, HOW

THEY PERCEIVE THEIR QUALITY OF LIFE, AND WHAT ASSETS THEY BELIEVE CAN

BE USED TO IMPROVE HEALTH. FINDINGS FROM BOTH PRIMARY AND SECONDARY

DATA HELPED TO INFORM THE TOP COMMUNITY HEALTH NEEDS. EACH TYPE OF DATA

WAS ANALYZED USING A DEFINED METHODOLOGY. PRIMARY DATA WAS OBTAINED

THROUGH A COMMUNITY SURVEY, FOCUS GROUPS, AND KEY INFORMANT INTERVIEWS.

SECONDARY DATA ARE HEALTH INDICATOR DATA THAT HAVE BEEN COLLECTED BY

OTHER SOURCES, SUCH AS NATIONAL AND STATE LEVEL GOVERNMENT ENTITIES,

AND MADE AVAILABLE FOR ANALYSIS.

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.

PRIMARY DATA COLLECTION

TO ENSURE THE PERSPECTIVES OF COMMUNITY MEMBERS WERE CONSIDERED, INPUT

WAS COLLECTED FROM ALL THREE COUNTIES IN THE TRI-COUNTY REGION AND

SUSSEX COUNTY, DE. PRIMARY DATA USED IN THIS ASSESSMENT CONSISTED OF AN

ONLINE COMMUNITY SURVEY, FOCUS GROUPS, AND KEY INFORMANT INTERVIEWS.

THE FINDINGS FROM THIS DATA EXPANDED UPON INFORMATION GATHERED FROM THE

SECONDARY DATA ANALYSIS TO INFORM THIS COMMUNITY HEALTH NEEDS

ASSESSMENT. AS THE ASSESSMENT WAS CONDUCTED DURING THE COVID-19

PANDEMIC, PRIMARY DATA COLLECTION METHODS WERE MANAGED IN A WAY TO

MAINTAIN SOCIAL DISTANCING AND PROTECT THE SAFETY OF PARTICIPANTS BY

ELIMINATING IN-PERSON DATA COLLECTION.

TO HELP INFORM AN ASSESSMENT OF COMMUNITY ASSETS, COMMUNITY MEMBERS

WERE ASKED TO LIST AND DESCRIBE RESOURCES AVAILABLE IN THE COMMUNITY.

ALTHOUGH NOT REFLECTIVE OF EVERY RESOURCE AVAILABLE IN THE COMMUNITY,

THE LIST CAN HELP THE PARTNERSHIP TO EXPAND AND SUPPORT EXISTING

PROGRAMS AND RESOURCES. THE FOLLOWING ORGANIZATIONS ARE REPRESENTATIVE

OF LOCAL PARTICIPANTS, RESOURCES, PARTNERS, AND THOSE ORGANIZATIONS WE

INCLUDE IN UNDERSTANDING TOP COMMUNITY HEALTH NEEDS:

- CHRISTIAN SHELTER - SALISBURY, MD

- DIAKONIA - OCEAN CITY, MD

- LA RED HEALTH CENTER - SUSSEX, DE

- LOWER SHORE VULNERABLE POPULATIONS TASK FORCE - SALISBURY, MD

- SALISBURY URBAN MINISTRIES - SALISBURY, MD

- CHESAPEAKE HEALTHCARE

- DEER'S HEAD HOSPITAL CENTER

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.

- HOPE, INC.

- MAC, INC.

- REBIRTH, INC.

- RECOVERY RESOURCE CENTER

- SALISBURY UNIVERSITY

- SOMERSET COUNTY SCHOOLS

- SUSSEX COUNTY COALITION

- UNIVERSITY OF MARYLAND EASTERN SHORE (UMES)

- WICOMICO COUNTY COUNCIL

FOCUS GROUPS

THE PROJECT TEAM DEVELOPED A FOCUS GROUP GUIDE MADE UP OF A SERIES OF

QUESTIONS AND PROMPTS ABOUT THE HEALTH AND WELL-BEING OF RESIDENTS IN

THE TRI-COUNTY REGION AND SUSSEX COUNTY, DE. ALL PARTICIPANTS

VOLUNTEERED. ADVERTISEMENT WAS DONE VIA SOCIAL MEDIA, PRESS RELEASES

AND POSTERS WITH QR CODES. PARTICIPANTS COULD SIGN UP THROUGH AN ONLINE

REGISTRATION FORM OR BY PHONE. COMMUNITY MEMBERS WERE ASKED TO SPEAK

ABOUT BARRIERS AND ASSETS TO THEIR HEALTH AND ACCESS TO HEALTHCARE.

FOUR VIRTUAL FOCUS GROUPS WERE HOSTED IN THE FOLLOWING COUNTIES:

SOMERSET, WICOMICO, WORCESTER, MD, AND SUSSEX, DE, DURING OCTOBER AND

NOVEMBER 2021. A TOTAL OF 26 PARTICIPANTS TOOK PART IN THE FOUR FOCUS

GROUPS, WHICH EACH LASTED APPROXIMATELY 30 - 45 MINUTES. FACILITATORS

IMPLEMENTED TECHNIQUES TO ENSURE THAT EVERYONE WAS ABLE TO PARTICIPATE

IN THE DISCUSSIONS.

KEY INFORMANT INTERVIEWS

HCI CONSULTANTS CONDUCTED KEY INFORMANT INTERVIEWS TO COLLECT COMMUNITY

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.

INPUT. INTERVIEWEES WHO WERE ASKED TO PARTICIPATE WERE RECOGNIZED AS

HAVING EXPERTISE IN PUBLIC HEALTH, SPECIAL KNOWLEDGE OF COMMUNITY

HEALTH NEEDS, AND/OR REPRESENTED THE BROAD INTEREST OF THE COMMUNITY

SERVED BY THE HOSPITALS AND HEALTH DEPARTMENTS, AND/OR COULD SPEAK TO

THE NEEDS OF MEDICALLY UNDERSERVED OR VULNERABLE POPULATIONS. A TOTAL

OF 14 KEY INFORMANT INTERVIEWS WERE CONDUCTED DURING AUGUST

2021-OCTOBER 2021. YOU CAN SEE THE KEY INFORMANT ORGANIZATIONS

REPRESENTED IN THE TABLE BELOW. THESE ORGANIZATIONS ARE ALSO CURRENT OR

POTENTIAL COMMUNITY PARTNERS FOR THE HOSPITALS AND HEALTH DEPARTMENTS

LEADING THIS ASSESSMENT. EACH INTERVIEW INCLUDED AN INTERVIEWER AND

NOTETAKER AND LASTED APPROXIMATELY 30 - 60 MINUTES. DURING THE

INTERVIEWS, QUESTIONS WERE ASKED TO LEARN ABOUT THE INTERVIEWEE'S

BACKGROUND AND ORGANIZATION, BIGGEST HEALTH NEEDS AND BARRIERS OF

CONCERN IN THE COMMUNITY, AS WELL AS THE IMPACT OF HEALTH ISSUES ON

VULNERABLE POPULATIONS.

- KEY INFORMANT ORGANIZATION : POPULATION SERVED
- CHESAPEAKE HEALTHCARE : TRI-COUNTY REGION
- DEER'S HEAD HOSPITAL CENTER : TRI-COUNTY REGION
- HOPE, INC. : TRI-COUNTY REGION
- MAC, INC. : TRI-COUNTY REGION
- REBIRTH, INC. : WICOMICO COUNTY AND SURROUNDING REGION
- RECOVERY RESOURCE CENTER : WICOMICO COUNTY
- SALISBURY UNIVERSITY : WICOMICO COUNTY
- SOMERSET COUNTY DEPARTMENT OF SOCIAL SERVICES : SOMERSET COUNTY
- SOMERSET COUNTY HEALTH DEPARTMENT : SOMERSET COUNTY
- SOMERSET COUNTY SCHOOLS : SOMERSET COUNTY

Part V Facility Information (continued)

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

SUSSEX COUNTY COALITION : SUSSEX, DE

UNIVERSITY OF MARYLAND EASTERN SHORE (UMES) : TRI-COUNTY REGION AND

SUSSEX, DE

WICOMICO COUNTY COUNCIL : WICOMICO COUNTY

WICOMICO COUNTY HEALTH DEPARTMENT : WICOMICO COUNTY

COMMUNITY SURVEY

COMMUNITY INPUT WAS COLLECTED VIA AN ONLINE COMMUNITY SURVEY AVAILABLE

IN ENGLISH AND SPANISH, AS WELL AS PAPER COPIES AVAILABLE IN ARABIC,

CREOLE, KOREAN, AND PORTUGUESE, FROM AUGUST 2021 THROUGH NOVEMBER 2021.

THE SURVEY CONSISTED OF 45 QUESTIONS RELATED TO TOP HEALTH NEEDS IN THE

COMMUNITY, INDIVIDUALS' PERCEPTION OF THEIR OVERALL HEALTH,

INDIVIDUALS' ACCESS TO HEALTHCARE SERVICES, AS WELL AS SOCIAL AND

ECONOMIC DETERMINANTS OF HEALTH. THE SURVEY WAS SHARED VIA HEALTH

DEPARTMENTS' WEBSITES, SOCIAL MEDIA, EMAIL DISTRIBUTION, AND OTHER

LOCAL COMMUNITY PARTNERS. PAPER COPIES WERE ALSO DISTRIBUTED AT SEVERAL

COMMUNITY OUTREACH EVENTS, LOCAL LIBRARIES, AND DIRECTLY TO PATIENTS AT

TIDALHEALTH VIA COMMUNITY HEALTH WORKERS OR CARE COORDINATION

SPECIALISTS. A TOTAL OF 774 RESPONSES WERE COLLECTED.

PART V, SECTION B, LINE 6A:

THE ORGANIZATION'S CHNA WAS CONDUCTED AS PART OF TIDALHEALTH'S CHNA OF

THE GREATER AREA WHICH INCLUDED TIDALHEALTH NANTICOKE.

TIDALHEALTH PENINSULA REGIONAL, INC.:

PART V, SECTION B, LINE 6B: CHNA CONDUCTED WITH ONE OR MORE

ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES

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.

A PARTNERSHIP WAS FORMED BETWEEN TIDALHEALTH, SOMERSET COUNTY HEALTH DEPARTMENT (SCHD), AND WICOMICO COUNTY HEALTH DEPARTMENT (WICHD) FOR THE BENEFIT OF THE COMMUNITY. THESE ORGANIZATIONS HAVE BEEN PARTNERING TOGETHER ON LOCAL HEALTH ASSESSMENT EFFORTS SINCE 1995. TWO OF THE ORGANIZATIONS ARE REQUIRED TO COMPLETE A CHNA; TIDALHEALTH PENINSULA REGIONAL IS A NON-PROFIT HOSPITAL AND WICHD AS AN ACCREDITED HEALTH DEPARTMENT. SCHD IS IN THE EARLY PHASE OF PUBLIC HEALTH ACCREDITATION.

IN MAY OF 2022, TIDALHEALTH, SCHD, AND WICHD PUBLISHED THEIR 2022 CHNA. THE CHNA REPORT PROVIDES AN OVERVIEW OF SIGNIFICANT HEALTH NEEDS IN THE TRI-COUNTY SERVICE AREA. THIS CHNA REPORT WAS DEVELOPED TO PROVIDE AN OVERVIEW OF THE HEALTH NEEDS IN THE TRI-COUNTY SERVICE AREA, INCLUDING SOMERSET, WICOMICO, AND WORCESTER COUNTIES IN MARYLAND AND SUSSEX COUNTY, DELAWARE. TIDALHEALTH, SCHD, AND WICHD PARTNERED WITH CONDUCENT HEALTHY COMMUNITIES INSTITUTE TO CONDUCT THE CHNA. THE GOAL OF THIS REPORT IS TO OFFER A MEANINGFUL UNDERSTANDING OF THE GREATEST HEALTH NEEDS ACROSS THE FOUR COUNTY SERVICE AREA, AS WELL AS TO GUIDE PLANNING EFFORTS TO ADDRESS THOSE NEEDS. SPECIAL ATTENTION HAS BEEN GIVEN TO IDENTIFY HEALTH DISPARITIES, NEEDS OF VULNERABLE POPULATIONS, UNMET HEALTH NEEDS OR GAPS IN SERVICES, AND INPUT FROM THE COMMUNITY.

PART V, LINE 7A: CHNA ON HOSPITAL FACILITY'S WEBSITE

[HTTPS://WWW.TIDALHEALTH.ORG/COMMUNITY-OUTREACH-PARTNERS/COMMUNITY-HEALTH-RESEARCH-DATA](https://www.tidalhealth.org/community-outreach-partners/community-health-research-data)

TIDALHEALTH PENINSULA REGIONAL, INC.:

PART V, SECTION B, LINE 7D: PUBLIC AVAILABILITY OF TIDALHEALTH 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.

A PAPER COPY IS MADE AVAILABLE TO THE PUBLIC AT SEVERAL LOCATIONS

WITHIN THE HOSPITAL FOR PUBLIC INSPECTION. IN ADDITION, THE REPORT IS

BEING EVALUATED FOR TRANSLATION INTO SPANISH AND POSSIBLE FURTHER

TRANSLATION TO HAITIAN CREOLE. WE PARTNER WITH CONDUENT HEALTHY

COMMUNITIES INSTITUTE TO DISCOVER WHAT THE MOST PRESSING HEALTH

CHALLENGES ARE IN SOMERSET, WORCESTER, WICOMICO COUNTIES, MD AND SUSSEX

COUNTY, DE. THE PUBLIC CAN VIEW THE RESULTS OF OUR COMMUNITY HEALTH

NEEDS ASSESSMENT ONLINE, AS WELL AS OUR ACTION PLAN OF STEPS WE PLAN TO

TAKE BASED ON THE INFORMATION GATHERED IN THE ASSESSMENT. IN ADDITION,

A COMMUNITY HEALTH DATA AND RESOURCES SECTION CAN BE ACCESSED BY THE

PUBLIC. AS PART OF THIS CREATING HEALTHY COMMUNITIES, A MODULE IS

AVAILABLE TO THE PUBLIC IN WHICH THEY CAN EXPLORE MULTIPLE DASHBOARDS

THAT PROVIDE A GAUGE TO THE HEALTH OF THE COMMUNITIES SERVED,

SOCIO-DEMOGRAPHICS AND PROMISING PRACTICES. THE DASHBOARDS INCLUDE

FEATURES SUCH AS A CHNA GUIDE, HEALTH DATA, DEMOGRAPHIC DATA, HEALTH

DISPARITIES, SOCIO NEEDS INDEXES, FINDING GRANTS, INDICATOR

COMPARISONS, AND PROGRESS TRACKING.

TIDALHEALTH PENINSULA REGIONAL, INC.:

PART V, LINE 10A: IMPLEMENTATION STRATEGY ON HOSPITAL FACILITY'S

WEBSITE

[HTTPS://WWW.TIDALHEALTH.ORG/COMMUNITY-OUTREACH-PARTNERS/COMMUNITY-HEALTH](https://www.tidalhealth.org/community-outreach-partners/community-health)

-RESEARCH-DATA

TIDALHEALTH PENINSULA REGIONAL HAS FINALIZED ITS 2023-2025 COMMUNITY

HEALTH IMPROVEMENT PLAN, WHICH IS NOW PUBLISHED ON THE HOSPITAL'S

WEBSITE. SOME NEW INITIATIVES HAVE BEEN INCLUDED IN THE UPDATED

IMPLEMENTATION PLAN. SUCCESSFUL PROGRAMS AND INITIATIVES HAVE BEEN

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.

CARRIED OVER FROM THE PREVIOUS PLAN AS THEY HAVE PROVEN TO

SUBSTANTIALLY IMPROVE THE HEALTH OF OUR COMMUNITIES. LOCAL HEALTH

PARTNERSHIPS WILL ALSO REMAIN INTACT.

TIDALHEALTH PENINSULA REGIONAL, INC.:

PART V, SECTION B, LINE 11: HOW NEEDS IDENTIFIED IN THE CHNA ARE

ADDRESSED

TIDALHEALTH PENINSULA REGIONAL HAS A FIXED VALUE OF RESOURCES

AVAILABLE, AND THE HOSPITAL FOCUSES THOSE RESOURCES TO THE AREAS WITH

THE GREATEST IMPACT AND THOSE WHERE TIDALHEALTH HAS SPECIFIC EXPERTISE.

THEREFORE NOT ALL NEEDS, TO DATE, IDENTIFIED IN THE CHNA WERE ABLE TO

BE ADDRESSED. NON-PRIORITIZED NEEDS INCLUDED CRIME AND CRIME

PREVENTION, HOMELESSNESS AND UNSTABLE HOUSING, ORAL HEALTH, PREVENTION

AND SAFETY. THESE NEEDS WERE NOT SELECTED BECAUSE THEY DID NOT MEET THE

PRIORITIZATION CRITERIA AS STRONGLY AS THE SELECTED TOPICS. OTHER NEEDS

WERE SELECTED BECAUSE OF GREATER IMPACT AND CAPACITY TO ADDRESS. EVEN

THOUGH NOT ALL IDENTIFIED NEEDS ARE ADDRESSED SPECIFICALLY IN THE

"IMPLEMENTATION STRATEGY COMMUNITY BENEFITS" PLAN, THERE ARE POPULATION

HEALTH INITIATIVES ADOPTED THROUGH THE HEALTH SYSTEM'S STRATEGIC PLAN

THAT PROMOTE HEALTH AND WELL-BEING WITHIN THE COMMUNITY, AND ADDRESS

NEEDS WITHIN THE CHNA.

BASED ON THE SIGNIFICANT NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS

ASSESSMENT, THE FOLLOWING IMPLEMENTATION INITIATIVES WERE DEVELOPED AND

OUTLINED IN OUR 2023-2025 IMPLEMENTATION STRATEGY PLAN FOR TIDALHEALTH

PENINSULA REGIONAL, AND ALSO IN THE COMMUNITY HEALTH IMPROVEMENT PLAN

FOR SOMERSET COUNTY HEALTH DEPARTMENT AND WICOMICO COUNTY HEALTH

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.

DEPARTMENT. THIS REPORT WAS PRESENTED AND APPROVED BY THE HOSPITAL'S

BOARD OF DIRECTORS AND LOCAL HEALTH IMPROVEMENT COALITIONS AND WAS

PUBLISHED IN SPRING OF 2023.

AFTER A THOROUGH REVIEW OF THE HEALTH STATUS IN OUR COMMUNITY THROUGH

THE CHNA, WE IDENTIFIED AREAS THAT WE COULD ADDRESS USING OUR

RESOURCES, EXPERTISE AND COMMUNITY PARTNERS. THE FOLLOWING ARE THE

PRIORITIZED HEALTH NEEDS THAT WILL BE ADDRESSED:

- ACCESS AND HEALTH EQUITY

- BEHAVIORAL HEALTH (PREVENTION AND TREATMENT FOR MENTAL HEALTH AND

MENTAL DISORDERS AS WELL AS SUBSTANCE ABUSE DISORDERS)

- CHRONIC DISEASE AND WELLNESS

TIDALHEALTH PENINSULA REGIONAL, INC.:

PART V, SECTION B, LINE 13B: ELIGIBILITY CRITERIA FOR FINANCIAL

ASSISTANCE

FINANCIAL ASSISTANCE POLICY: IN ACCORDANCE WITH STATE AND FEDERAL

GUIDELINES, TIDALHEALTH WILL PROVIDE EMERGENCY AND MEDICALLY NECESSARY

FREE AND/OR REDUCED-COST CARE TO PATIENTS WHO LACK HEALTH CARE COVERAGE

OR WHOSE HEALTH CARE COVERAGE DOES NOT PAY THE FULL COST OF THEIR

MEDICAL BILL. A PATIENT'S PAYMENT SHALL NOT EXCEED THE AMOUNT GENERALLY

BILLED (AGB). ALL HOSPITAL REGULATED SERVICES (WHICH INCLUDES EMERGENCY

AND MEDICALLY NECESSARY CARE) AT TIDALHEALTH PENINSULA REGIONAL WILL BE

CHARGED CONSISTENTLY AS ESTABLISHED BY THE HEALTH SERVICES COST REVIEW

COMMISSION (HSCRC) WHICH EQUATES TO THE AMOUNTS GENERALLY BILLED (AGB)

METHOD. ALL PATIENTS SEEN BY A TIDALHEALTH PROVIDER OR IN AN

UNREGULATED AREA AT TIDALHEALTH PENINSULA REGIONAL OR ALL SERVICES AT

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.

TIDALHEALTH NANTICOKE HOSPITAL WILL BE CHARGED THE FEE SCHEDULE PLUS

THE STANDARD MARK-UP WHICH IS THE AGB FOR TIDALHEALTH. SELF-PAY

PATIENTS, FOR ALL SERVICES NOT REGULATED BY THE HSCRC, WILL RECEIVE A

DISCOUNT TO REDUCE CHARGES TO THE AMOUNT TIDALHEALTH WOULD BE

REIMBURSED BY MEDICARE WHICH IS THE PROSPECTIVE METHOD. FOR SELF-PAY

PATIENTS, THE AMOUNT BILLED WILL NOT EXCEED THE MEDICARE FEE SCHEDULE

FOR ALL UNREGULATED SERVICES.

TIDALHEALTH WILL PROVIDE FREE MEDICALLY NECESSARY CARE TO PATIENTS WITH

FAMILY INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL. PATIENTS

QUALIFYING FOR FINANCIAL ASSISTANCE BASED ON INCOME AT OR BELOW 200% OF

THE FEDERAL POVERTY LEVEL HAVE NO COST FOR THEIR CARE AND THEREFORE PAY

LESS THAN AGB.

TIDALHEALTH WILL PROVIDE REDUCED-COST MEDICALLY NECESSARY CARE TO

LOW-INCOME PATIENTS WITH FAMILY INCOME BETWEEN 200% AND 300% OF THE

FEDERAL POVERTY LEVEL.

TIDALHEALTH WILL PROVIDE REDUCED-COST MEDICALLY NECESSARY CARE TO

LOW-INCOME PATIENTS WITH FAMILY INCOME BETWEEN 301% AND 500% OF THE

FEDERAL POVERTY LEVEL WHO HAVE A MEDICAL HARDSHIP AS DEFINED BY

MARYLAND LAW. MEDICAL HARDSHIP IS MEDICAL DEBT, INCURRED BY A FAMILY

OVER A 12-MONTH PERIOD THAT EXCEEDS 25% OF THE FAMILY INCOME.

PROCEDURE:

IF A PATIENT IS UNABLE TO PAY DUE TO FINANCIAL RESOURCES, ALL EFFORTS

WILL BE MADE TO HELP THE PATIENT OBTAIN ASSISTANCE THROUGH APPROPRIATE

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.

AGENCIES. IN THE EVENT THAT THE PATIENT HAS APPLIED FOR AND KEPT ALL

NECESSARY APPOINTMENTS AND THIRD-PARTY ASSISTANCE IS NOT AVAILABLE,

TIDALHEALTH WILL PROVIDE CARE AT REDUCED OR ZERO COST. WHEN NO

THIRD-PARTY ASSISTANCE IS AVAILABLE TO COVER THE TOTAL BILL AND THE

PATIENT INDICATES THAT THEY HAVE INSUFFICIENT FUNDS, FINANCIAL

ASSISTANCE (FA) WILL BE OFFERED. THE UNIFORM FINANCIAL ASSISTANCE

APPLICATION, FINANCIAL ASSISTANCE POLICY, PATIENT COLLECTION PRACTICE

POLICY, AND PLAIN LANGUAGE SUMMARY, CAN BE OBTAINED BY ONE OF THE

FOLLOWING WAYS:

A. AVAILABLE FREE OF CHARGE AND UPON REQUEST BY CALLING (410) 543-7436

OR (877) 729-7762.

B. ARE LOCATED IN THE REGISTRATION AREAS.

C. DOWNLOADED FROM THE TIDALHEALTH WEBSITE:

[HTTPS://WWW.TIDALHEALTH.ORG/PATIENTFORMS](https://www.tidalhealth.org/patientforms)

[HTTPS://WWW.TIDALHEALTH.ORG/PATIENTBILLS](https://www.tidalhealth.org/patientbills)

D. THE PLAIN LANGUAGE SUMMARY IS INSERTED IN THE ADMISSION PACKET AND

WITH ALL PATIENT STATEMENTS.

E. ANNUAL NOTIFICATION IN THE LOCAL NEWSPAPER.

F. THE APPLICATION IS AVAILABLE IN ENGLISH, SPANISH, AND CREOLE. NO

OTHER LANGUAGE CONSTITUTES A GROUP THAT IS 5% OR MORE, OR MORE THAN

1,000 RESIDENTS (WHICHEVER IS LESS) OF THE POPULATION IN OUR PRIMARY

SERVICE AREA (WORCESTER, WICOMICO AND SOMERSET COUNTIES) FOR MARYLAND

BASED ON U.S. CENSUS DATA. FOR DELAWARE, THE HOSPITAL POPULATION

CONSIDERED WAS 5%.

G. FOR PATIENTS WHO HAVE DIFFICULTY IN FILLING OUT AN APPLICATION, THE

INFORMATION CAN BE TAKEN ORALLY BY CALLING (410) 912-6957 OR IN PERSON

AT THE FINANCIAL COUNSELOR'S OFFICE LOCATED IN THE FRANK B. HANNA

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.

OUTPATIENT CENTER.

PART V, LINES 16A, 16B & 16C: FINANCIAL ASSISTANCE POLICY,

APPLICATION FORM, PLAIN LANGUAGE SUMMARY AVAILABLE ON THE HOSPITAL'S

WEBSITE

WWW.TIDALHEALTH.ORG/MEDICAL-CARE/FINANCIAL-ADMIN-SERVICES/BILLING/TIDALH

EALTH-FINANCIAL-ASSISTANCE

SCHEDULE H, PART V, LINE 22D: MAXIMUM CHARGE AMOUNTS FOR FAP-ELIGIBLE

INDIVIDUALS

TIDALHEALTH PENINSULA REGIONAL IS A MARYLAND HOSPITAL. AS SUCH PATIENTS

AND ALL INSURANCE COMPANIES, INCLUDING MEDICARE & MEDICAID, PAY THE

SAME RATE. THIS RATE IS DETERMINED BY THE STATE AGENCY, THE MARYLAND

HEALTH SERVICES COST REVIEW COMMISSION.

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? _____ 0 _____

Name and address	Type of facility (describe)

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

OTHER METHOD USED IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE

N/A - TIDALHEALTH PENINSULA REGIONAL USES THE FPG IN DETERMINING

ELIGIBILITY FOR FINANCIAL ASSISTANCE. FINANCIAL ASSISTANCE IS ALSO

CONSIDERED IF A PATIENT IS OVER INCOME CRITERION BUT HAS FINANCIAL

HARDSHIP BASED ON MEDICAL DEBT. PATIENTS WHO ARE

BENEFICIARIES/RECIPIENTS OF CERTAIN MEANS-TESTED SOCIAL SERVICES

PROGRAM ADMINISTERED BY THE STATE OF THE PATIENT'S RESIDENCE ARE DEEMED

TO HAVE PRESUMPTIVE ELIGIBILITY FOR THPR'S FA PROGRAM.

PART I, LINE 6A:

COMMUNITY BENEFIT REPORT

TIDALHEALTH PENINSULA REGIONAL FILES ANNUALLY A COMMUNITY BENEFIT

REPORT WITH THE STATE OF MARYLAND. THE REPORT IS FILED WITH THE HSCRC

(HEALTH SERVICES COST REVIEW COMMISSION).

PART I, LINE 7, COLUMN (F)

Part VI Supplemental Information (Continuation)

FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST

THE AMOUNT OF BAD DEBT EXPENSE EXCLUDED FROM THE DENOMINATOR IN THE

COLUMN (F) PERCENTAGES IS \$9,559,541.

LINE 7B, COLUMN (C) & (F):

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.

MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

THE COST METHODOLOGY FOR CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS IS THE COST-TO-CHARGE RATIO USED FOR THE CHARITY CARE PROGRAMS AND DIRECT COST METHOD FOR THE OTHER BENEFITS/PROGRAMS.

PART II, COMMUNITY BUILDING ACTIVITIES:

COMMUNITY BUILDING ACTIVITIES

TIDALHEALTH PENINSULA REGIONAL FUNDS A VARIETY OF PROGRAMS THAT WORK TO

Part VI Supplemental Information (Continuation)

PROMOTE THE HEALTH AND SAFETY OF OUR COMMUNITY. THESE PROGRAMS INCLUDE
ACTIVITIES IN THE AREAS OF HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY
SUPPORT, ENVIRONMENTAL IMPROVEMENTS, COALITION BUILDING, AND WORKFORCE
DEVELOPMENT.

THE NUMBER OF PERSONS SERVED BY THE COMMUNITY BUILDING ACTIVITIES WERE
NOT TRACKED FOR ALL PROGRAMS THROUGHOUT THE COURSE OF THE YEAR.

COALITION BUILDING

HISTORICALLY TIDALHEALTH PENINSULA REGIONAL HAS FACILITATED INVOLVEMENT
WITH HEALTH IMPROVEMENT ORGANIZATIONS TO IDENTIFY, ASSESS, AND CREATE
AGGREGATE ACTION PLANS TO ADDRESS LOCAL EMERGING AND CHRONIC COMMUNITY
BENEFIT SERVICE AREA HEALTHCARE ISSUES. KATHRYN FIDDLER (VICE PRESIDENT
OF POPULATION HEALTH) AND KATHERINE RODGERS (COMMUNITY HEALTH
INITIATIVES DIRECTOR) ATTEND THE FOLLOWING LOCAL HEALTH IMPROVEMENT
COALITIONS AND ADVISORY BOARDS FOCUSED ON IMPROVING POPULATION HEALTH.

- EASTERN SHORE AREA HEALTH EDUCATION CENTER BOARD
- LOWER SHORE VULNERABLE POPULATIONS TASK FORCE
- LOWER SHORE HEALTH INSURANCE ASSISTANCE PROGRAM STEERING COMMITTEE
- SWIFT ADVISORY COUNCIL
- SALISBURY UNIVERSITY PUBLIC HEALTH ADVISORY COUNCIL
- HEALTHCARE COUNCIL POPULATION HEALTH COMMITTEE
- SOMERSET COUNTY LHIC
- SOMERSET COUNTY LMB
- REACH COALITION FOR PATHWAYS TO HEALTH EQUITY
- WICOMICO COUNTY LHIC
- WORCESTER COUNTY LHIC

Part VI Supplemental Information (Continuation)

- TRI COUNTY ALLIANCE FOR THE HOMELESS

- PROJECT LIVING WELL ADVISORY COMMITTEE MAC (MAINTAINING ACTIVE
CITIZENS)

ADDITIONALLY, TIDALHEALTH PARTICIPATES IN THE INSTITUTE FOR HEALTHCARE
IMPROVEMENT'S INTERNATIONAL PURSUING EQUITY LEARNING COLLABORATIVE.

PHYSICIAN RECRUITING

TIDALHEALTH PENINSULA REGIONAL FEELS IT IS IMPORTANT TO CONTINUALLY
MONITOR SPECIALTIES WHERE A SIGNIFICANT AMOUNT OF PATIENT CARE WITHIN
THE SERVICE AREA IS PROVIDED BY OLDER PHYSICIANS, AS A SUDDEN OR
UNEXPECTED LOSS OF COVERAGE COULD HAVE AN ADVERSE EFFECT ON THE
PROVISION OF MEDICAL SERVICES TO THE COMMUNITY. SUCCESSION PLANNING AND
RECRUITMENT GO HAND-IN-HAND, AS DOES SOCIO-DEMOGRAPHICS AND
GOVERNMENTAL INITIATIVES ALL OF WHICH MUST BE CONSIDERED TO ASSESS
APPROPRIATE PHYSICIAN RECRUITMENT. ACCORDING TO TIDALHEALTH'S MOST
RECENT MEDICAL STAFF DEVELOPMENT PLAN (2021), THE CONSULTING ENGAGEMENT
RECOMMENDED TIDALHEALTH EVALUATE RECRUITING 6-9 ADULT PRIMARY CARE
PHYSICIANS IN OUR PRIMARY SERVICE AREA AND ALSO LOOK AT OPPORTUNITIES
TO ALIGN WITH INDEPENDENT PHYSICIANS. TIDALHEALTH HAS RECENTLY ENGAGED
WHITECAP, A HEALTHCARE CONSULTING FIRM, TO CONDUCT AN ANALYSIS OF
PHYSICIAN REQUIREMENTS, ENCOMPASSING BOTH PRIMARY AND SPECIALTY CARE,
THROUGHOUT OUR ENTIRE SERVICE AREA. WHITECAP OFFERS AN EXTENSIVE RANGE
OF SERVICES THAT SUPPORT STRATEGIC DECISION-MAKING, FOCUSING ON THE
OPTIMAL GEOGRAPHIC PLACEMENT OF PROVIDERS AND THE ENGAGEMENT OF
PATIENTS WITHIN THEIR OWN COMMUNITIES.

COMMUNITY NEEDS PLACES EMPHASIS ON PRIMARY AND FAMILY PRACTICE
PROVIDERS TO ENGAGE IN CHRONIC DISEASE MANAGEMENT AS PART OF OUR

Part VI Supplemental Information (Continuation)

POPULATION HEALTH INITIATIVES. SUCCESSION PLANNING IS A KEY OBJECTIVE
AS A SUBSTANTIAL NUMBER OF PRIMARY CARE PHYSICIANS ARE ABOVE THE AGE OF
55 WHICH WILL LEAVE A VOID IN AN ALREADY UNDERSERVED AREA. DEMOGRAPHICS
PLAYS A KEY ROLE AS THE MEDICARE POPULATION IS GROWING AT A FASTER RATE
THAN THE STATE OF MARYLAND AND THE NATION. AS A GROWING RETIREMENT
COMMUNITY, THERE IS AN INCREASED NEED FOR ADDITIONAL PRIMARY CARE
PHYSICIANS AND CERTAIN SPECIALTIES. THERE WILL BE A 20%-28% GROWTH OF
SENIORS 65+ OVER THE NEXT 5 YEARS WITHIN OUR TOTAL SERVICE AREA.
TIDALHEALTH PHYSICIAN NETWORK OPTIMIZATION WAS DETERMINED BY
CALCULATING USING THE CURRENT SUPPLY OF PHYSICIANS AND APPLYING
PHYSICIAN TO-POPULATION RATIO BENCHMARKS, PHYSICIAN PATIENT VOLUMES,
POPULATION DATA, AND OTHER DATA. MANAGEMENT CONSULTANTS RECOMMENDED
EVALUATING POTENTIAL RECRUITMENT OF PRIMARY CARE FAMILY MEDICINE,
PRIMARY CARE INTERNAL MEDICINE AND PRIMARY CARE PEDIATRICS OVER THE
NEXT FIVE YEARS. MEDICAL SPECIALTY NEEDS ARE DRIVEN BY THE OVERALL
MARKET SUPPLY, WAIT TIMES FOR NEW PATIENT APPOINTMENTS, AND CALL
COVERAGE AND INPATIENT CONSULTATION NEEDS. CURRENT MEDICAL SPECIALTY
RECOMMENDATIONS INCLUDE RECRUITMENT OF THE FOLLOWING PHYSICIAN
SPECIALTIES DUE TO COMMUNITY NEEDS ASSESSMENT, MARKET DEMAND AND
RETIREMENT: ALLERGY/IMMUNOLOGY, DERMATOLOGY, ENDOCRINOLOGY,
HEMATOLOGY/ONCOLOGY, INFECTIOUS DISEASE, INTERVENTIONAL RADIOLOGY,
NEUROLOGY, OB/GYN, GENERAL SURGERY, ORTHOPAEDICS, OTOLARYNGOLOGY, PAIN
MANAGEMENT, PSYCHIATRY AND RHEUMATOLOGY. OF THE MEDICAL STAFF, 30%+ IS
EITHER AT OR ABOVE THE AGE OF 55, WHICH POSES SUCCESSION RISK.
TIDALHEALTH PENINSULA REGIONAL, A RURAL HOSPITAL, AND OTHER LIKE-KIND
RURAL COMMUNITIES ARE TYPICALLY CHALLENGED IN BOTH RECRUITMENT AND
RETENTION OF PHYSICIANS DUE TO NUMEROUS FACTORS. SOME OF THESE
CHALLENGES ARE DUE TO THE LOCATION AND GEOGRAPHY OF THE AREA AND

Part VI Supplemental Information (Continuation)

AVAILABILITY OF HEALTHCARE RESOURCES. RETAINING AND RECRUITING

RESOURCES IN SUB-SPECIALTIES CAN BE HARD FOR REGIONAL RURAL HOSPITALS

AND TIDALHEALTH PENINSULA REGIONAL IS NO EXCEPTION. TO ADDRESS SPECIFIC

COMMUNITY HEALTHCARE NEEDS THE MEDICAL CENTER HAS HAD TO RECRUIT,

RETAIN, EMPLOY AND SUBSIDIZE SOME OF THE FOLLOWING SUB-SPECIALTIES;

NEONATOLOGY, PULMONARY, NEURO-HOSPITALIST, NEUROSURGERY, MEDICAL

ONCOLOGY & HEMATOLOGY, RADIATION ONCOLOGY, GASTROENTEROLOGY, PEDIATRIC

SPECIALTIES, ENDOCRINOLOGY, CARDIOLOGY, CARDIOVASCULAR SURGERY,

ANESTHESIOLOGY AND PAIN MANAGEMENT. RURAL COMMUNITIES LACK THE CULTURAL

AND EDUCATIONAL RESOURCES THAT LARGER URBAN CENTERS PROVIDE MAKING IT

HARDER TO RETAIN AND RECRUIT THESE PHYSICIANS. LOW POPULATION PATTERNS

BY GEOGRAPHY MAKE IT MORE COSTLY AND HARDER FOR COMMUNITIES AND

BUSINESSES TO PROVIDE VARIOUS TYPES OF SERVICES ESPECIALLY SPECIALTY

PHYSICIAN SERVICES. OVERALL, OUR LOCAL ECONOMY IS NOT AS ROBUST AS THE

URBAN CENTERS AS INDICATED BY OUR LOW AVERAGE HOUSEHOLD INCOME IN THE

TRI-COUNTY AREA.

DISASTER READINESS

TIDALHEALTH PENINSULA REGIONAL IS A MEMBER OF DRHMAG (DELMARVA REGIONAL

HEALTH MUTUAL AID GROUP) WHICH IS A COALITION OF LOCAL HEALTH

DEPARTMENTS, HOSPITALS AND NURSING HOMES. THEY MEET QUARTERLY TO

DISCUSS ISSUES OF DISASTER PREPAREDNESS IN THE DELMARVA REGION.

TIDALHEALTH PENINSULA REGIONAL HAS AN INTERNAL EMERGENCY MANAGEMENT

COMMITTEE THAT MEETS MONTHLY WHOSE MEMBERS INCLUDE THE SAFETY

COORDINATOR, CHIEF OF SECURITY, EMERGENCY DEPARTMENT RN, RISK

MANAGEMENT, INFECTION PREVENTION, EXECUTIVE TEAM REPRESENTATIVE,

PHARMACIST, EMERGENCY MANAGEMENT COORDINATOR, FIREFIGHTER, AND A COUNTY

HEALTH DEPARTMENT REPRESENTATIVE. THPR ALSO MEETS QUARTERLY WITH OUR

Part VI Supplemental Information (Continuation)

LOCAL PARTNERS THAT INCLUDE FIRE, POLICE, EMERGENCY MEDICAL SERVICES,
AND WICOMICO COUNTY EMERGENCY MANAGEMENT TO FACILITATE DISASTER
PLANNING AND MOCK DRILLS WITHIN THE COMMUNITY.

PART III, LINES 2 AND 3:

SEE RESPONSE BELOW TO LINE 4 REGARDING THE METHODOLOGY USED BY THE
ORGANIZATION REGARDING BAD DEBT.

PART III, LINE 4:

BAD DEBT FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS

A RECEIVABLE IS RECOGNIZED WHEN THERE IS AN UNCONDITIONAL RIGHT TO
PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME. PATIENT ACCOUNTS
RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS, WHICH HAVE
THE UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM
THIRD-PARTY PAYORS FOR RETROACTIVE ADJUSTMENTS, ARE RECORDED AS
RECEIVABLES SINCE THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY
THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS
DUE. THE ESTIMATED UNCOLLECTIBLE AMOUNTS ARE GENERALLY CONSIDERED
IMPLICIT PRICE CONCESSIONS THAT ARE RECORDED AS A DIRECT REDUCTION TO
PATIENT ACCOUNTS RECEIVABLE.

DISCOUNTS RANGING FROM 2.0% TO 7.7% OF CHARGES ARE GIVEN TO MEDICARE,
MEDICAID, AND CERTAIN APPROVED COMMERCIAL HEALTH INSURANCE AND HEALTH
MAINTENANCE ORGANIZATION PROGRAMS FOR REGULATED SERVICES. DISCOUNTS IN
VARYING PERCENTAGES ARE GIVEN FOR CERTAIN UNREGULATED SERVICES.

PART III, LINE 8:

MEDICARE COSTING METHODOLOGY

Part VI Supplemental Information (Continuation)

MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE RATIO.

TIDALHEALTH PENINSULA REGIONAL PROVIDES QUALITY MEDICAL SERVICES TO ALL

PATIENTS REGARDLESS OF WHAT INSURANCE THEY HAVE. APPROXIMATELY, 54.66%

OF THE MEDICAL CENTER'S REVENUE IS ATTRIBUTABLE TO MEDICARE PATIENTS

DURING THE YEAR ENDED JUNE 30, 2023.

PART III, LINE 9B:

COLLECTION POLICY

THE TIDALHEALTH PENINSULA REGIONAL COLLECTION POLICY INCLUDES

INFORMATION ABOUT OUR FINANCIAL ASSISTANCE POLICY (FAP) AND HOW TO FIND

THE FAP. THE DEBT COLLECTION POLICY APPLIES TO ALL PATIENTS.

ADDITIONALLY, OUR COLLECTION POLICY INSTRUCTS THAT EXTRAORDINARY

COLLECTION ACTIONS (ECA) WILL BE SUSPENDED WHEN A PATIENT REQUESTS

INFORMATION ON OUR FAP OR SUBMITS A FINANCIAL ASSISTANCE APPLICATION

WITHIN 240 DAYS OF THE FIRST POST-DISCHARGE BILLING STATEMENT. OUR

POLICY DESCRIBES WHAT TO DO IF THE FINANCIAL ASSISTANCE APPLICATION IS

INCOMPLETE AND WHAT IS REQUIRED TO BE REFUNDED (AMOUNTS OVER \$5) IF THE

PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE AFTER MAKING A PAYMENT. WE

INCLUDE CLARIFICATION OF WHAT DATES OF SERVICES ARE INCLUDED IN THE

FINANCIAL ASSISTANCE SO THAT WE UNDERSTAND WHEN NORMAL COLLECTION

EFFORTS ARE APPROPRIATE.

WITHIN OUR COLLECTION POLICY WE DESCRIBE THAT A PATIENT DENIED

FINANCIAL ASSISTANCE MAY REQUEST A RECONSIDERATION. FOR DATES OF

SERVICES APPROVED FOR FINANCIAL ASSISTANCE COLLECTIONS PROCESSES ARE

HALTED AS THE ACCOUNT IS ADJUSTED TO ZERO DUE FROM PATIENT. THE POLICY

STATES HOW TO PROCESS THE PATIENT BALANCE WHEN ONLY A PORTION OF THE

CHARGE QUALIFIED FOR FINANCIAL ASSISTANCE; COLLECTIONS WILL ONLY BE

Part VI Supplemental Information (Continuation)

PURSUED ON THE AMOUNT THAT DID NOT QUALIFY FOR FINANCIAL ASSISTANCE.

PART VI, LINE 2:

NEEDS ASSESSMENT

TIDALHEALTH PENINSULA REGIONAL ASSESSES COMMUNITY HEALTH NEEDS IN

PARTNERSHIP WITH THE LOCAL COUNTY HEALTH DEPARTMENTS (WICOMICO,

WORCESTER, SOMERSET). WE MEET ON A REGULAR BASIS TO DISCUSS AND

FORMULATE STRATEGIES AND ACTION PLANS IN WHICH WE COLLABORATE WITH EACH

OTHER AND LOCAL ENTITIES TO ADDRESS RESIDENTS' MOST UNDERSERVED AND

CRITICAL HEALTHCARE AND SOCIAL NEEDS. DEVELOPING RELATIONSHIPS WITH

COMMUNITY PARTNERS IS CRITICAL TO CONTINUED IDENTIFICATION OF

UNDERSERVED NEEDS AND POPULATION HEALTH MANAGEMENT SUCCESS; A

CORNERSTONE OF TIDALHEALTH PENINSULA REGIONAL STRATEGY. THE FOLLOWING

LOCAL RELATIONSHIPS, PARTNERSHIPS AND MEMBERSHIPS HAS CREATED SYNERGY

PRODUCING LOCAL HEALTHCARE DIVIDENDS, EXAMPLES OF THESE RELATIONSHIPS

INCLUDE THE FOLLOWING: TRI-COUNTY DIABETES ALLIANCE, SWIFT (SALISBURY

WICOMICO INTEGRATED FIRSTCARE TEAM), FEDERALLY QUALIFIED HEALTH

CENTERS, YMCA, PATIENT CARE ADVISORY COUNCIL, LOCAL SNFS, FAITH BASED

ENTITIES, MAC (MAINTAINING ACTIVE CITIZENS), SHELTERS (HALO, HOPE),

LOCAL COLLEGES & HIGH SCHOOLS. WE ARE WORKING WITH DIVERSE AND

DISPARATE LOCAL ENTITIES FOR THE UNITED BUT COMMON GOAL OF MEETING

RESIDENTS' UNDERSERVED NEEDS. OUR GOAL IS A HEALTHIER COMMUNITY.

IN ADDITION TO THE CHNA (DISCUSSED IN PREVIOUS SECTION), TIDALHEALTH

PENINSULA REGIONAL HAS EMBARKED ON IDENTIFYING AND TARGETING "SUPER

UTILIZERS" WITHIN OUR CBSA (COMMUNITY BENEFIT SERVICE AREA); THESE

RESIDENTS WILL BE IDENTIFIED, AND TARGETED FOR POPULATION HEALTH

MANAGEMENT.

Part VI Supplemental Information (Continuation)

- DEMOGRAPHICS (CENSUS TRACK, ZIP CODES)

- DISPARITIES AND HEALTH EQUITY, USING A DEPRIVATION INDEX

- RACE/ETHNICITY

- AGE-COHORTS

- CHRONIC CONDITIONS

THE TARGET POPULATION INCLUDES PATIENTS THAT HAVE CHRONIC CONDITIONS

WHO HAVE DEMONSTRATED TO HAVE BEEN HIGH UTILIZERS AT TIDALHEALTH

PENINSULA REGIONAL OR ARE IDENTIFIED AS BEING AT RISK OF HIGH

UTILIZATION BASED ON HIS/HER CHRONIC CONDITIONS AND PATTERNS OF CARE.

CURRENT DATA INDICATES AN "OVERRELIANCE" BY LOCAL RESIDENTS ON

TIDALHEALTH PENINSULA REGIONAL'S EMERGENCY ROOM FOR PRIMARY AND CHRONIC

CONDITION NEEDS. IN RESPONSE, TIDALHEALTH PENINSULA REGIONAL HAS

INTRODUCED INTERVENTIONS, CARE MANAGEMENT PROGRAMS, EDUCATION, AND

FOLLOW-UP WITH MEASUREMENT AND OUTCOMES. BASED UPON A CURRENT

ASSESSMENT THERE ARE MANY RESIDENTS THAT MEET THE CRITERIA OF "SUPER

UTILIZERS" STRATIFIED BY SOCIO-DEMOGRAPHICS AND CHRONIC DISEASE.

TIDALHEALTH PENINSULA REGIONAL IS TARGETING CBSA ZIP CODES BASED UPON

SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH TO INCLUDE THE UNINSURED,

INDIGENT POPULATION, RESIDENTS WHO LACK TRANSPORTATION, LACK OF

EDUCATION AND AVAILABILITY OF HEALTHY FOODS. TARGETING THIS BY CLUSTER

AND CENSUS TRACK, WE SEEK TO IMPACT HEALTH BY PROVIDING PRIMARY HEALTH

SERVICES, EDUCATION, ACCESS AND MORE IMPORTANTLY BY FOSTERING

RELATIONSHIPS WITHIN THE COMMUNITY WE SERVE. FOR EXAMPLE, OUR WAGNER

WELLNESS VAN TRAVELS LOCALLY TO CENSUS TRACK WHERE THERE WAS AN

IDENTIFIED NEED FOR BASIC HEALTH SERVICES, IN ADDITION TO PROVIDING

HEALTH SERVICES AND EDUCATION TO LOCAL ETHNIC CHURCHES AND CIVIC

ORGANIZATIONS.

Part VI Supplemental Information (Continuation)

WHILE IDENTIFYING WHICH BARRIERS AND DISPARITIES ARE CRITICAL COMPONENTS IN ASSESSING THE NEEDS OF A COMMUNITY, IT IS ALSO IMPORTANT TO UNDERSTAND THE SOCIAL DETERMINANTS OF HEALTH AND OTHER UPSTREAM FACTORS THAT INFLUENCE A COMMUNITY'S HEALTH AS WELL. THE CHALLENGES AND BARRIERS FACED BY A COMMUNITY MUST BE BALANCED BY IDENTIFYING PRACTICAL, COMMUNITY-DRIVEN SOLUTIONS. TOGETHER, THESE FACTORS COME TOGETHER TO INFORM AND FOCUS STRATEGIES TO POSITIVELY IMPACT A COMMUNITY'S HEALTH. TIDALHEALTH AND PARTNERS ARE OUTLINING OPPORTUNITIES FOR ON-GOING WORK AS WELL AS POTENTIAL FOR FUTURE IMPACT.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

IF A PATIENT IS UNABLE TO PAY DUE TO FINANCIAL RESOURCES, ALL EFFORTS WILL BE MADE TO HELP THE PATIENT OBTAIN ASSISTANCE THROUGH APPROPRIATE AGENCIES. IN THE EVENT THAT THE PATIENT HAS APPLIED FOR AND KEPT ALL NECESSARY APPOINTMENTS AND THIRD-PARTY ASSISTANCE IS NOT AVAILABLE, TIDALHEALTH WILL PROVIDE CARE AT REDUCED OR ZERO COST. WHEN NO THIRD-PARTY ASSISTANCE IS AVAILABLE TO COVER THE TOTAL BILL AND THE PATIENT INDICATES THAT THEY HAVE INSUFFICIENT FUNDS, FINANCIAL ASSISTANCE (FA) WILL BE OFFERED. THE UNIFORM FINANCIAL ASSISTANCE APPLICATION, FINANCIAL ASSISTANCE POLICY, PATIENT COLLECTION PRACTICE POLICY, AND PLAIN LANGUAGE SUMMARY, CAN BE OBTAINED BY ONE OF THE

FOLLOWING WAYS:

- A. AVAILABLE FREE OF CHARGE AND UPON REQUEST BY CALLING (410) 543-7436 OR (877) 729-7762.
- B. ARE LOCATED IN THE REGISTRATION AREAS.
- C. DOWNLOADED FROM THE TIDALHEALTH WEBSITE:

Part VI Supplemental Information (Continuation)

HTTPS://WWW.TIDALHEALTH.ORG/PATIENTFORMS

HTTPS://WWW.TIDALHEALTH.ORG/PATIENTBILLS

D. THE PLAIN LANGUAGE SUMMARY IS INSERTED IN THE ADMISSION PACKET AND WITH ALL PATIENT STATEMENTS.

E. ANNUAL NOTIFICATION IN THE LOCAL NEWSPAPER.

F. THE APPLICATION IS AVAILABLE IN ENGLISH, SPANISH, AND CREOLE. NO

OTHER LANGUAGE CONSTITUTES A GROUP THAT IS 5% OR MORE, OR MORE THAN

1,000 RESIDENTS (WHICHEVER IS LESS) OF THE POPULATION IN OUR PRIMARY

SERVICE AREA (WORCESTER, WICOMICO AND SOMERSET COUNTIES) FOR MARYLAND

BASED ON U.S. CENSUS DATA. FOR DELAWARE, THE HOSPITAL POPULATION

CONSIDERED WAS 5%.

G. FOR PATIENTS WHO HAVE DIFFICULTY IN FILLING OUT AN APPLICATION, THE

INFORMATION CAN BE TAKEN ORALLY BY CALLING (410) 912-6957 OR IN PERSON

AT THE FINANCIAL COUNSELOR'S OFFICE LOCATED IN THE FRANK B. HANNA

OUTPATIENT CENTER.

SIGNS WILL BE POSTED IN VARIOUS LOCATIONS THROUGHOUT TIDALHEALTH TO

INFORM PATIENTS WHERE TO CALL OR APPLY FOR FINANCIAL ASSISTANCE.

THE PATIENT'S INCOME WILL BE COMPARED TO CURRENT FEDERAL POVERTY

GUIDELINES (ON FILE WITH THE COLLECTION COORDINATOR). THE COLLECTION

COORDINATOR REPRESENTATIVE WILL CONSULT WITH THE PATIENT AS NEEDED TO

MAKE ASSESSMENT OF ELIGIBILITY.

IT IS THE INTENTION OF TIDALHEALTH TO MAKE AVAILABLE TO ALL PATIENTS

THE HIGHEST QUALITY OF MEDICAL CARE POSSIBLE WITHIN THE RESOURCES

AVAILABLE. IF A PATIENT IS UNABLE TO PAY DUE TO FINANCIAL RESOURCES,

ALL EFFORTS WILL BE MADE TO HELP THE PATIENT OBTAIN ASSISTANCE THROUGH

Part VI Supplemental Information (Continuation)

APPROPRIATE AGENCIES, OR, IF NO HELP IS AVAILABLE, TO RENDER CARE AT A

REDUCED OR ZERO COST FOR EMERGENCY AND MEDICALLY NECESSARY CARE.

PART VI, LINE 4:

COMMUNITY INFORMATION

TIDALHEALTH PENINSULA REGIONAL, AT 283 LICENSED BEDS, FUNCTIONS AS THE

PRIMARY ACUTE TERTIARY CARE HOSPITAL PROVIDER FOR THE RURAL

SOUTHERNMOST THREE COUNTIES OF THE EASTERN SHORE OF MARYLAND, WHICH

INCLUDES WICOMICO, WORCESTER AND SOMERSET COUNTIES. APPROXIMATELY 77%

OF THE PATIENTS DISCHARGED FROM THE MEDICAL CENTER ARE RESIDENTS OF THE

PRIMARY SERVICE AREA, WHICH HAS AN ESTIMATED POPULATION OF

APPROXIMATELY 182,371 IN 2023 AND IS EXPECTED TO INCREASE TO 183,580

(0.7%) BY 2028. THE MEDICAL CENTER ALSO HAS A SECONDARY SERVICE AREA

INCLUDING, DORCHESTER COUNTY, MARYLAND, SUSSEX COUNTY, DELAWARE AND

ACCOMACK COUNTY, VIRGINIA. WITH THE SECONDARY SERVICE AREA HAVING AN

ESTIMATED POPULATION OF APPROXIMATELY 320,384 IN 2023 AND IS EXPECTED

TO INCREASE TO 331,471 OR BY 3.5% BY 2028.

TIDALHEALTH PENINSULA REGIONAL'S COMMUNITY BENEFITS SERVICE AREA

CONSISTS OF THOSE ZIP CODES WITHIN OUR PRIMARY SERVICE AREA. MOST OF

THE POPULATION RESIDES IN WICOMICO COUNTY (105,132) WITH SALISBURY

SERVING AS THE CAPITAL OF THE EASTERN SHORE. SALISBURY IS LOCATED ON

THE HEADWATERS OF THE WICOMICO RIVER AND IT IS LOCATED AT THE

CROSSROADS OF THE BAY AND THE OCEAN. THE REGION IS UNIQUE; THE CITY OF

SALISBURY HAS SIMILAR SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF

A LARGE CITY, HOWEVER, THE AREA SURROUNDING SALISBURY IS RURAL AND HAS

LIKE-KIND CHARACTERISTICS OF SMALL-TOWN AMERICA. DUE TO THIS DICHOTOMY,

SERVING BOTH SOMETIMES PRESENTS A CHALLENGE IN DELIVERING HEALTHCARE.

Part VI Supplemental Information (Continuation)

THE TWO OTHER COUNTIES IN TIDALHEALTH PENINSULA REGIONAL'S CBSA INCLUDE

WORCESTER COUNTY, WITH A POPULATION OF 52,888 AND SOMERSET COUNTY WITH

A POPULATION OF 24,351.

THE GREATER "METROPOLITAN" SALISBURY AREA (ZIP CODES 21801, 21804) HAS

A HIGHER POPULATION DENSITY THAN THE SURROUNDING RURAL AREAS. THIS AREA

HAS A VULNERABLE POPULATION THAT INCLUDES THE INDIGENT AND A HIGHER

MEDICAID MIX. MOVING EAST TOWARDS THE BEACH, LOCATED IN WORCESTER

COUNTY ARE SEVERAL LARGER TOWNS, LIKE BERLIN (21811) AND OCEAN CITY

(21842) THAT HAVE A HIGH POPULATION DENSITY. SOUTH OF SALISBURY,

LOCATED IN SOMERSET COUNTY, ARE THE LARGER TOWNS OF PRINCESS ANNE

(21853) AND CRISFIELD (21817). EXCLUDING THE GREATER SALISBURY AREA,

THE LANDSCAPE AND ENVIRONMENT IS CONSIDERED RURAL, MADE UP OF SMALL

BUSINESSES AND AGRICULTURE.

ALL THREE COUNTIES CAN BE CLASSIFIED AS RURAL WITH HISTORIC ECONOMIC

FOUNDATION IN AGRICULTURE, POULTRY AND TOURISM. WATERMEN AND FARMERS

HAVE ALWAYS COMPRISED A LARGE PERCENTAGE OF THE PENINSULA POPULATION,

HOWEVER, THEIR NUMBERS HAVE BEEN DECLINING WITH A GROWTH IN THE

POPULATION AND EXPANSION OF OTHER SMALL TO MIDSIZE BUSINESSES. OCEAN

CITY, MD LOCATED IN WORCESTER COUNTY, IS A MAJOR TOURIST DESTINATION.

DURING THE SUMMER WEEKENDS, THE CITY HOSTS BETWEEN 320,000 AND 345,000

VACATIONERS, AND UP TO 8 MILLION VISITORS ANNUALLY.

THE THREE COUNTIES HAVE A DIVERSIFIED ECONOMIC BASE; HOWEVER, IT IS

PREDOMINATELY MADE UP OF SMALL EMPLOYERS (COMPANIES WITH LESS THAN 50

EMPLOYEES). MAJOR EMPLOYERS INCLUDE LOCAL HOSPITALS, THE POULTRY

INDUSTRY, LOCAL COLLEGES AND TEACHING INSTITUTIONS. THE MEDIAN

Part VI Supplemental Information (Continuation)

HOUSEHOLD INCOME OF \$65,197 IN OUR COMMUNITY BENEFITS SERVICE AREA IS

CONSIDERABLY LESS THAN MARYLAND'S MEDIAN INCOME OF \$91,431. IN

ADDITION, JUNE 2023 UNEMPLOYMENT RATES WERE HIGHER FOR MARYLAND'S MOST

EASTERN SHORE COUNTIES. THE UNEMPLOYMENT RATE IN MARYLAND WAS 1.9%, THE

NATION 3.6% COMPARED TO WICOMICO 4.2% WORCESTER 7.7% AND SOMERSET 5.4%

(US BUREAU OF LABOR STATISTICS). RESEARCH INDICATES LOWER MEDIAN

INCOMES AND HIGHER UNEMPLOYMENT RATES CONTRIBUTE TO A DISPARITY IN

ACCESS TO MEDICAL CARE AND A PREVALENCE OF UNTREATED CHRONIC DISEASE.

THE BABY BOOMER POPULATION (THOSE AGED 55+) REPRESENT A GREATER PORTION

OF THE TOTAL POPULATION IN TIDALHEALTH PENINSULA REGIONAL'S CBSA AS

COMPARED TO THE NATION. THE EASTERN SHORE OF MARYLAND IS BECOMING A

POPULAR RETIREMENT DESTINATION AND THE TREND IS LIKELY TO CONTINUE. THE

CHRONIC CONDITIONS OF THIS AGE GROUPING CONSUME HEALTHCARE RESOURCES AT

MUCH HIGHER RATES THAN SOME OF THE OTHER YOUNGER AGE-COHORTS.

TIDALHEALTH PENINSULA REGIONAL'S PRIMARY SERVICE AREA (WICOMICO,

WORCESTER, SOMERSET) REPRESENT SOME OF THE NEEDIEST COUNTIES IN THE

STATE OF MARYLAND

([HTTPS://WWW.COUNTYHEALTHRANKINGS.ORG/HEALTH-DATA/MARYLAND?YEAR=2022](https://www.countyhealthrankings.org/health-data/maryland?year=2022)),

BASED UPON A SOCIONEEDS INDEX INCOME, POVERTY, UNEMPLOYMENT,

OCCUPATION, EDUCATIONAL ATTAINMENT AND LINGUISTIC BARRIERS THAT ARE

ASSOCIATED WITH POOR HEALTH OUTCOMES, INCLUDING PREVENTABLE

HOSPITALIZATIONS AND PREMATURE DEATH. PENINSULA REGIONAL HAS ZIP CODES

IN EACH OF ITS PRIMARY SERVICE AREA COUNTIES WITH HIGH SOCIONEEDS INDEX

LEVELS. DEPLOYMENT OF RESOURCES IS KEY IN THESE COMMUNITIES WITH HIGH

SOCIOECONOMIC NEEDS AS WE FOCUS AND TARGET PREVENTION AND OUTREACH

SERVICES.

Part VI Supplemental Information (Continuation)

TO MEET ITS MISSION OF IMPROVING THE HEALTH OF THE COMMUNITIES IT SERVES, TIDALHEALTH PENINSULA REGIONAL HAS DEVELOPED A POPULATION HEALTH DIVISION AND HAS ENGAGED IN POPULATION HEALTH STRATEGIES TO SUPPORT THE MARYLAND TOTAL COST OF CARE MODEL, WHICH AIMS TO IMPROVE OUTCOMES, IMPROVE THE PATIENT EXPERIENCE AND REDUCE THE TOTAL COST OF CARE. THE HOSPITAL IS COORDINATING CARE, INCLUDING MENTAL HEALTH AND POST-ACUTE CARE, ACROSS HOSPITAL AND NON-HOSPITAL SETTINGS. THE POPULATION HEALTH DIVISION INCORPORATES A MULTIDISCIPLINARY TEAM OF NURSES, SOCIAL WORKERS AND COMMUNITY HEALTH WORKERS SUPPORTING THE COMMUNITY WITH A BROAD RANGE OF PRIMARY CARE SERVICES. THE DIVISION ALSO FOSTERS COMMUNITY PARTNERSHIPS WITH LOCAL HOSPITALS, IN ADDITION TO COMMUNITY-BASED ORGANIZATIONS INCLUDING LOCAL HEALTH DEPARTMENTS, FIRE DEPARTMENTS, THE MARYLAND STATE AREA AGENCY ON AGING AND OTHER AGENCIES TO PROVIDE PATIENT SUPPORT ALIGNED WITH SOCIAL DETERMINANTS OF HEALTH.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH

TIDALHEALTH PENINSULA REGIONAL IS COMMITTED TO THE HEALTH OF THE RURAL COMMUNITIES IT SERVES. IN FY 2023, THE HOSPITAL'S CHARITY CARE WAS \$7,361,099; COMBINED CHARITY AND BAD DEBT FOR FY 2023 WAS \$16,920,640.

AS PART OF TIDALHEALTH PENINSULA REGIONAL'S ONGOING COMMITMENT AND MISSION STATEMENT "TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE," WE CONTINUE TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY THROUGH BUILDING RELATIONSHIPS AND COLLABORATIONS WITH ORGANIZATIONS THAT ARE ADDRESSING UNMET HEALTH NEEDS.

Part VI Supplemental Information (Continuation)

TIDALHEALTH USES DATA FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT AND DATA FROM ITS EPIC EHR STRATIFIED BY RACE, ETHNICITY, AGE, LANGUAGE AND GENDER TO IDENTIFY SIGNIFICANT HEALTH DISPARITIES IN THE PATIENT POPULATION. THE POPULATION HEALTH DIVISION IN PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS, MANAGED CARE ORGANIZATIONS, THE LOCAL HEALTH IMPROVEMENT COALITIONS, AND LOCAL HEALTH DEPARTMENTS, HAS INITIATIVES UNDERWAY TO ADDRESS DISPARITIES AND HEALTH ISSUES PRIORITIZED AND INCLUDED IN THE CHNA AND COMMUNITY HEALTH IMPROVEMENT PLAN.

TIDALHEALTH WAS AWARDED A TWO-YEAR GRANT THROUGH THE MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION'S NEW PATHWAYS TO HEALTH EQUITY PROGRAM TO ENHANCE AND EXPAND EFFORTS TO ADDRESS HEALTH DISPARITIES AND ADVANCE HEALTH EQUITY. THE PROGRAM, RURAL EQUITY AND ACCESS TO COMMUNITY HEALTH (REACH), LAUNCHED IN MAY 2022 AND IS A COLLABORATIVE, REGIONAL PROJECT TO PREVENT AND REDUCE DISPARITIES PARTICULARLY AMONG BLACK/AFRICAN AMERICAN AND HAITIAN RESIDENTS OF THE LOWER EASTERN SHORE WITH DIABETES AND/OR HYPERTENSION.

REACH INVOLVES MULTI-LEVEL, CROSS-SECTOR APPROACHES TO ADDRESS DISPARITIES AND IMPROVE POPULATION HEALTH. AT THE INDIVIDUAL LEVEL, THE PROJECT INCLUDES INCREASED CARE COORDINATION AND FOLLOW-UP FOR HIGH-RISK PATIENTS WITH DIABETES AND/OR HYPERTENSION WHO HAVE BEEN DISCHARGED FROM THE HOSPITAL. COMMUNITY HEALTH WORKERS ARE DEPLOYED TO SCREEN AND ADDRESS SOCIAL DETERMINANTS OF HEALTH (SDOH).

AT THE COMMUNITY-LEVEL, TIDALHEALTH WORKS WITH COMMUNITY PARTNERS TO INCREASE ACCESS TO EVIDENCE-BASED CHRONIC DISEASE PREVENTION AND

Part VI Supplemental Information (Continuation)

MANAGEMENT OR HEALTHY LIFESTYLE PROGRAMMING IN UNDERSERVED COMMUNITIES.

AT THE SYSTEM LEVEL, TIDALHEALTH AND COMMUNITY PARTNERS USE A SOCIAL CARE COORDINATION PLATFORM TO IMPROVE PROCESSES FOR SDOH SCREENING AND REFERRALS.

THE POPULATION HEALTH DIVISION INCLUDES THE COMMUNITY WELLNESS DEPARTMENT AND IS FOCUSED ON ADDRESSING DISPARITIES AND SDOH FACTORS THROUGH COMMUNITY-INTEGRATED STRATEGIES. COMMUNITY WELLNESS INCLUDES A NURSE PRACTITIONER, REGISTERED NURSES, COMMUNITY HEALTH WORKERS, AND A SOCIAL WORKER.

THE COMMUNITY WELLNESS TEAM

THE COMMUNITY WELLNESS TEAM CONDUCTS HOME VISITS OF HIGH-RISK PATIENTS IN THE COMMUNITY. THESE ASSESSMENTS INCLUDE SCREENING FOR SDOH (SOCIAL DETERMINANTS OF HEALTH) AND ADDRESSING GAPS IDENTIFIED BY CONNECTING PATIENTS TO COMMUNITY-BASED RESOURCES AND SUPPORTS AND CHRONIC DISEASE SELF-MANAGEMENT EDUCATION. ADDITIONALLY, THE COMMUNITY WELLNESS TEAM OPERATES A MOBILE CLINIC CALLED THE WAGNER WELLNESS VAN TO VISIT LOCAL SHELTERS, CHURCHES, AND OTHER AREAS IN TIDALHEALTH PENINSULA REGIONAL'S COMMUNITY BENEFITS SERVICE AREA WHERE UNDERSERVED RESIDENTS CAN RECEIVE NON-EMERGENCY MEDICAL CARE, CHRONIC CARE MANAGEMENT AND HEALTHY LIFESTYLES EDUCATION. THE VAN VISITS AREAS WHERE THE SOCIAL DETERMINANTS OF HEALTH INDICATE THE GREATEST AMOUNT OF NEED. IT PROVIDES CARE IN AREAS WITH A HIGHER PREVALENCE OF ER VISITS, LOWER MEDIAN INCOMES, INDIGENT POPULATION, ACCESS ISSUES, COMMUNICATION BARRIERS AND OVERALL POOR HEALTH OUTCOMES. THE COMMUNITY WELLNESS TEAM STRIVES TO EDUCATE PATIENTS BY PROVIDING NUTRITIONAL AND HEALTHY

Part VI Supplemental Information (Continuation)

LIFESTYLE COUNSELING, IN ADDITION TO MEDICATION COMPLIANCE TO CONTROL

DIABETES AND HYPERTENSION. HEALTH SCREENINGS ARE PERFORMED ON RESIDENTS

TO HELP DETERMINE APPROPRIATE EDUCATION, SELF-MANAGEMENT CLASS

INFORMATION OR REFERRALS TO COMMUNITY RESOURCES AND SERVICES. THESE

SCREENINGS INCLUDE DIABETES RISK ASSESSMENTS, HYPERTENSION, AND

OBESITY. WHEN WARRANTED, DRUG AND ALCOHOL MISUSE SCREENINGS ARE ALSO

CONDUCTED, AND COUNSELING IS AVAILABLE. NARCAN IS PROVIDED TO RESIDENTS

TO SUPPORT EFFORTS TO PREVENT OPIOID MISUSE AND OVERDOSE. FLU SHOTS ARE

PROVIDED TO COMMUNITY MEMBERS THROUGH THE COMMUNITY WELLNESS OUTREACH

EFFORTS TO UNDERSERVED COMMUNITIES AND HOMEBOUND RESIDENTS.

SWIFT

SWIFT IS A MOBILE INTEGRATED HEALTH INITIATIVE IN PARTNERSHIP WITH THE

CITY OF SALISBURY AND THE WICOMICO COUNTY HEALTH DEPARTMENT. THE

PROGRAM REDUCES UNNECESSARY USE OF THE 911 EMS SYSTEM AND HEALTH SYSTEM

EMERGENCY DEPARTMENT BY ADDRESSING MEDICAL AND PSYCHOSOCIAL NEEDS OF

THOSE IDENTIFIED AS HIGH UTILIZERS OF EMS AND/OR THE ED. AN

INTERDISCIPLINARY TEAM INCLUDING A NURSE PRACTITIONER, REGISTERED

NURSE, PARAMEDIC, COMMUNITY HEALTH WORKER AND SOCIAL WORKER WORK

TOGETHER TO ADDRESS UNDERLYING CONDITIONS OR SOCIAL DETERMINANTS OF

HEALTH CONTRIBUTING TO EXCESSIVE CALLS TO 911 AND VISITS TO THE ED. THE

TEAM CONNECTS THE PROGRAM PARTICIPANTS TO PRIMARY CARE, BEHAVIORAL

HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT, MEDICATION

MANAGEMENT, AND SOCIAL DETERMINANTS OF HEALTH NEEDS SUCH AS HOUSING,

TRANSPORTATION, FOOD, UTILITY ASSISTANCE AND OTHER SERVICES. THE

PROGRAM SAVES LIVES BY TAKING A TEAM APPROACH TO SUPPORT PARTICIPANTS

IN ACHIEVING THEIR OWN GOALS FOR BETTER QUALITY OF LIFE. THE TEAM

BUILDS TRUST WITH PARTICIPANTS OVER TIME BY SHOWING UP, MEETING THEM

Part VI Supplemental Information (Continuation)

WHERE THEY ARE, AND HELPING THEM GET THE SUPPORT THEY NEED TO STAY WELL. NEW FOR THE PROGRAM IN FISCAL 2023 WAS THE EXPANSION OF THE MINOR DEFINITIVE CARE NOW (MDCN) MODEL WHICH INCLUDED A PARAMEDIC-NP TEAM RESPONDING TO LOW ACUITY 911 CALLS AND PROVIDING CARE AT HOME. THIS MODEL AVOIDS UNNECESSARY TRANSPORTS AND ED VISITS. THE EXPANSION IS FUNDED THROUGH A GRANT FROM THE RURAL MARYLAND COUNCIL.

SMITH ISLAND TELEHEALTH - SMITH ISLAND IS KNOWN FOR ITS WATERMEN, SMITH ISLAND CAKE, EXCEPTIONAL SEAFOOD AND BEING ISOLATED WITH LIMITED CONTACT FROM MAINLAND VISITORS. FOR THIS REASON, TIDALHEALTH PENINSULA REGIONAL'S COMMUNITY WELLNESS NURSE PRACTITIONER COORDINATES WITH A MEDICAL ASSISTANT WHO RESIDES ON THE ISLAND TO PROVIDE PREVENTATIVE HEALTH SCREENING, ACUTE VISITS, AND CONSULT WITH PATIENTS. THE GOAL OF THE PROGRAM IS TO IMPROVE THE HEALTH OF SMITH ISLAND RESIDENTS, WITH THE TARGET OF EFFECTIVELY REDUCING POTENTIALLY AVOIDABLE ED UTILIZATION. THE COMMUNITY WELLNESS TEAM AND PARTNERS SUCH AS A TIDALHEALTH PHARMACIST PROVIDE CHRONIC DISEASE EDUCATION, MANAGEMENT AND CONNECTS APPROXIMATELY 250 RESIDENTS OF SMITH ISLAND VIA TELEHEALTH AND IN-PERSON VISITS. THE MEDICAL ASSISTANT WHO RESIDES ON THE ISLAND IS CROSS TRAINED AS A COMMUNITY HEALTH WORKER. SHE IS ABLE TO EFFECTIVELY BRIDGE RELATIONSHIPS WITH THE RESIDENTS OF SMITH ISLAND. IN HER COMMUNITY HEALTH WORKER ROLE, SHE IS ESSENTIALLY A PERSONAL HEALTH COACH THAT ASSISTS RESIDENTS WITH MEDICATION MANAGEMENT, TIMELY COMPLIANCE AND ULTIMATELY HELPING GUIDE RESIDENTS THROUGH PRESCRIBED HEALTHCARE PLANS. FLU SHOTS WERE ADMINISTERED ENSURING THE RESIDENTS OF SMITH ISLAND WERE PROTECTED DURING THE FLU SEASON, EFFECTIVELY REDUCING ED VISITS. THE TEAM ALSO WORKS WITH THE HEALTH DEPARTMENT TO PROVIDE COVID-19 SCREENING AND VACCINATIONS. SINCE INCEPTION, THE PARTNERSHIP

Part VI Supplemental Information (Continuation)

HAS HAD GREAT SUCCESSES. FOR EXAMPLE, THERE HAS BEEN SUBSTANTIAL
REDUCTIONS IN A1C LEVELS IN RESIDENTS DIAGNOSED WITH DIABETES; A PRIME
EXAMPLE OF THE "TRIPLE AIM" IMPROVING HEALTH, PROVIDING ACCESS, CHRONIC
DISEASE EDUCATION, AND REDUCING THE PROBABILITY OF A FUTURE EMERGENCY
DEPARTMENT VISIT. RESIDENTS ARE LEARNING HOW TO SELF-MANAGE THEIR
CHRONIC DISEASES AND ARE BEING EXPOSED TO THE PRINCIPLES OF LEADING
HEALTHY LIFESTYLES. A TEAM OF PROVIDERS INCLUDING A PHYSICIAN, NURSE
PRACTITIONER AND PHARMACIST, VISIT THE ISLAND ON AVERAGE EVERY OTHER
WEEK FROM APRIL - NOVEMBER. NEW PRIMARY CARE PROVIDER APPOINTMENTS ARE
OFFERED TO COMMUNITY MEMBERS WITHOUT A PCP. IN FISCAL 2023 TIDALHEALTH
BROUGHT BACK ITS ANNUAL HEALTH FAIR WHICH INCLUDED ACCESS TO A WIDE
RANGE OF SCREENINGS, HEALTH PROMOTION INFORMATION, AND COMMUNITY
RESOURCES.

PEARLS

PEARLS STANDS FOR PROGRAMS TO ENCOURAGE ACTIVE AND REWARDING LIVES.
THIS PROGRAM, RUN BY MAC INC., THE AGENCY ON AGING, IS AN
EVIDENCE-BASED PROGRAM THAT HELPS RESIDENTS AGED 60 AND OVER COMBAT
DEPRESSION FROM LOSS OR FEELINGS OF ISOLATION. THE PROGRAM PROVIDES
ONE-ON-ONE COUNSELING SESSIONS TO PARTICIPANTS WHO MAY FEEL DEPRESSED,
FRUSTRATED, RESTLESS, OR ANXIOUS FROM DUE TO EVENTS IN THEIR LIFE. AS
ONE AGES, THERE ARE LOSSES SUCH AS LOSS OF HEALTH, LOVED ONES, AND/OR
INDEPENDENCE. A GRIEVING WIDOW WHO LOST THEIR SPOUSE OF FORTY YEARS MAY
FEEL DEPRESSED AND LONELY NOW THAT THEIR PARTNER IS GONE. ANOTHER OLDER
GENTLEMAN MAY FEEL FRUSTRATION AT NOT BEING ABLE TO BE AS INDEPENDENT
AS HE ONCE WAS AT A YOUNGER AGE. PEARLS HELPS COUNSEL THE PATIENT AND
PROVIDE GUIDANCE ON HOW TO MANAGE THEIR FEELINGS. ESPECIALLY DURING THE
COVID-19 EPIDEMIC, MANY OLDER RESIDENTS IN THE TRI-COUNTY AREA ARE

Part VI Supplemental Information (Continuation)

FEELING LONELY, DUE TO THE RESTRICTIONS ON NURSING HOMES AND FAMILIES

NOT BEING ABLE TO GET TOGETHER WITH OLDER FAMILY MEMBERS. COVID-19

AFFECTS OLDER POPULATIONS WORSE THAN YOUNGER PEOPLE, AND BY THE ADVICE

OF HEALTHCARE OFFICIALS, MANY FAMILIES ARE HAVING TO KEEP THEIR

DISTANCE. WITH HELP FROM MAC, INC., THESE OLDER ADULTS CAN TALK TO A

COUNSELOR AND IMPROVE THEIR QUALITY OF LIFE.

TO EXPAND OUR "HEALTHY LIVING" MESSAGE, TIDALHEALTH PENINSULA REGIONAL

SPONSORS AND PARTICIPATES IN MANY COMMUNITY-BASED HEALTH FAIRS

PROVIDING NUTRITION EDUCATION, WEIGHT LOSS, DIABETES ASSESSMENT,

MULTIPLE SCREENINGS AND HEALTH LITERACY. PARTICIPATION IN HEALTH FAIRS

INCLUDE UNDERSERVED AREAS LIKE SMITH ISLAND, AN ISLAND ON THE

CHESAPEAKE BAY WITH A POPULATION OF ONLY 250, A HAITIAN-CREOLE HEALTH

FAIR, HEALTHFEST, DRIVE THRU FLU CLINICS, HEALTH SCREENING AND OUTREACH

EVENTS IN LOCAL CHURCHES AND UNDERSERVED NEIGHBORHOODS TRANSFORMING THE

CULTURE THROUGH PARTICIPATION AND SPONSORSHIP OF HEALTHY LIFESTYLES AND

SCREENINGS, MEETING RESIDENTS AT COMMUNITY EVENTS LOCATED THROUGHOUT

THE TRI-COUNTY AREA. THESE ACTIVITIES IMPROVE TRUST AMONG UNDERSERVED

RESIDENTS. HEALTH ASSESSMENTS AVAILABLE AT THESE EVENTS INCLUDE, BUT

ARE NOT LIMITED TO:

- CHOLESTEROL, HDL, TRIGLYCERIDES

- RESTING 12-LEAD EKG

- BODY FAT / MASS INDEX

- BLOOD PRESSURE TESTING

- PULSE OXIMETRY TESTING

- 10-YEAR RISK ANALYSIS

- REVIEW CURRENT MEDICATIONS

- FOLLOW-UP CARE PLAN

Part VI Supplemental Information (Continuation)

- EXERCISE/NUTRITION

WALK WICOMICO PROMOTES WALKING TRAILS, PERSONAL CHALLENGES, AND AVENUES

TO ENJOY THE OUTDOORS- THE PRIMARY OBJECTIVE IS TO INCREASE AWARENESS

OF AND ENGAGEMENT IN HEALTHY LIFESTYLE BEHAVIORS PROMOTING EXERCISE TO

HELP WITH WEIGHT LOSS, INCREASE ENERGY, REDUCE RISK OF CHRONIC DISEASE

AND MAKE PEOPLE FEEL HAPPIER. WALKWICOMICO IS PRIMARILY TARGETING THOSE

THAT RESIDE IN THE COUNTY (POP. 100,000+); HOWEVER, IT WOULD ALSO BE AN

ATTRACTION FOR ADJACENT COUNTIES INCLUDING VISITORS.

TIDALHEALTH PENINSULA REGIONAL, AS A PARTICIPANT, HAS A COMMON GOAL TO

TRANSFORM THE COMMUNITY'S CULTURE BY PROVIDING EDUCATION, GUIDANCE AND

RESOURCES TOWARDS PROMOTING EXERCISE THROUGH WALKABILITY AS AN INTEGRAL

PART OF A HEALTHY LIFESTYLE. THE COALITION'S INITIATIVES INCLUDED

CREATING A WEBSITE AND PHONE APP SPECIFIC TO WALKING IN WICOMICO

COUNTY; COMMUNICATING WITH THE COMMUNITY VIA SOCIAL MEDIA; WORKING WITH

CIVIC ORGANIZATIONS, CHURCHES, LOCAL BUSINESSES, TOWNS, COUNTY HEALTH

DEPARTMENTS AND OTHER GROUPS TO ENCOURAGE LOCAL WALKABILITY.

WALKWICOMICO HAS MARKED WALKING ROUTES, INCREASED THE NUMBER OF WALKING

ROUTES, PARTICIPATED IN AND LAUNCHED WALKING EVENTS, AND IS ENGAGED

WITH DECISION MAKERS THROUGH INPUT AND FEEDBACK ABOUT MAKING WALKING

SAFER EASIER AND MORE ACCESSIBLE.

MAC, INC. CHRONIC DISEASE PROGRAMS

MAC, INC. THE AREA AGENCY ON AGING OFFERS A PLETHORA OF SERVICES TO

HELP MORE ACTIVE SENIORS LIVE THEIR LIVES TO THE FULLEST. THE

COLLABORATION BETWEEN TIDALHEALTH PENINSULA REGIONAL AND MAC, INC., HAS

BEEN IN PLACE FOR SEVERAL YEARS. MAC, INC. OFFERS A VARIETY OF CLASSES,

EVENTS, ACTIVITIES, AND MEALS FOR THE SENIOR POPULATIONS OF THE AREA.

Part VI Supplemental Information (Continuation)

THE PROGRAMS RUN BY MAC INCLUDE CHRONIC DISEASE SELF-MANAGEMENT, STEPPING ON FALLS PREVENTION, HEALTHY LIVING WITH HYPERTENSION, AND OTHER EXERCISE AND NUTRITION CLASSES. THE CHRONIC DISEASE SELF-MANAGEMENT EDUCATION PROGRAMS, WHICH INCLUDES CHRONIC CONDITIONS, DIABETES, AND CHRONIC PAIN, WERE DEVELOPED BY STANFORD UNIVERSITY IN 1990 AND HAVE GONE THROUGH RIGOROUS RANDOM CONTROLLED TRIALS TO SHOW EFFICACY AND EVIDENCE OF HEALTH IMPROVEMENT AMONG PARTICIPANTS. PARTICIPANTS LEARN TO COPE WITH THE FATIGUE, FRUSTRATION AND PAIN THAT ACCOMPANY CHRONIC DISEASE, AND EXERCISES FOR IMPROVING STRENGTH AND ENDURANCE, ALL WHICH HAVE BEEN SHOWN TO IMPROVE HEALTH AND DECREASE THE NUMBER OF HOSPITAL STAYS. THE STEPPING ON FALLS PREVENTION PROGRAM BUILDS SKILLS AND EXERCISES TO REDUCE FALLS AND INCREASE SELF-CONFIDENCE AND BEHAVIORAL CHANGE TO REDUCE RISK OF FALLING. STRENGTH AND BALANCE EXERCISES ARE TAUGHT BY PHYSICAL THERAPISTS OTHER PROGRAMS THAT MAC INC. OFFERS INCLUDE CHRONIC PAIN SELF-MANAGEMENT, DIABETES PREVENTION, DIABETES SELF-MANAGEMENT AND WALKING WITH EASE. THESE PROGRAMS HAVE A SIMILAR FORMAT TO THE CHRONIC DISEASE SELF-MANAGEMENT PROGRAM. MANY PARTICIPANTS ARE ENROLLED IN MULTIPLE EVIDENCE-BASED PROGRAMS THROUGH MAC. A SUBSTANTIAL NUMBER OF PARTICIPANTS IN THESE PROGRAMS HAVE COMORBIDITIES SUCH AS DIABETES, CHRONIC PAIN, HEART DISEASE, STROKE, HYPERTENSION, ETC. THE EVIDENCE-BASED PROGRAMS OFFERED BY MAC, INC. ARE ESSENTIAL TO IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE AND ARE A GOOD FIRST STEP IN HELPING PEOPLE BECOME MORE EDUCATED ABOUT THEIR HEALTH. THIS COLLABORATION BETWEEN MAC, INC. THE AREA AGENCY ON AGING AND TIDALHEALTH PENINSULA REGIONAL IS A COMMUNITY BENEFIT THAT HAS MULTIPLE TOUCH POINTS THAT AFFECT THE OVERALL HEALTH OF OUR SENIOR AND OLDER ADULT COMMUNITY IN THE TRI-COUNTY AREA.

Part VI Supplemental Information (Continuation)

ADULT DIABETES SUPPORT GROUP

THE ADULT DIABETES SUPPORT GROUP IS A PROGRAM GEARED TOWARDS ADULTS WITH DIABETES AND THEIR CAREGIVERS. THE PROGRAM HELPS TO PROVIDE SUPPORT, NETWORKING, EDUCATION, FELLOWSHIP AND TO PROMOTE COMMUNITY UNITY TO THESE ADULTS WITH DIABETES AND THEIR CAREGIVERS.

KIDS AND TEENS DIABETES SUPPORT GROUP

THE KIDS AND TEENS DIABETES SUPPORT GROUP IS A PROGRAM GEARED TOWARDS KIDS, TEENS, AND THEIR CAREGIVERS. THE PROGRAM HELPS TO PROVIDE SUPPORT, NETWORKING, EDUCATION, FELLOWSHIP AND TO PROMOTE COMMUNITY UNITY TO THESE KIDS, TEENS, AND THEIR CAREGIVERS. THE PROGRAM STARTED IN FY 2021 WITH THE DIABETES AND NUTRITION TEAM AT TIDALHEALTH PENINSULA REGIONAL AND THEN TRANSITIONED INTO A LOCAL "HOME GROWN" COMMUNITY-BASED SUPPORT GROUP.

NUTRITION AND DIABETES EDUCATION COMMUNITY EDUCATION PRESENTATIONS

NUTRITION AND DIABETES EDUCATION DEPARTMENT PROVIDES COMMUNITY PRESENTATIONS AND EDUCATIONAL OPPORTUNITIES TO INCREASE AWARENESS AND EFFICACY AMONG PARTICIPANTS TO UNDERSTAND THE RISKS OF DIABETES, PREDIABETES AND HOW TO BETTER MANAGE THE CONDITIONS. A MEMBER OF THE NUTRITION AND DIABETES EDUCATION TEAM WAS THE PRECEPTOR FOR A LOCAL COLLEGE'S DIETETIC INTERNSHIP PROGRAM TO EDUCATE ON THE IMPORTANCE OF DIABETES EDUCATION IN THE TRI-COUNTY AREA.

TRIBE

TRIBE STANDS FOR TRI-COUNTY BEHAVIORAL HEALTH ENGAGEMENT. THIS NEWLY FORMED COLLABORATION IS A REGIONAL PARTNERSHIP BETWEEN TIDALHEALTH

Part VI Supplemental Information (Continuation)

PENINSULA REGIONAL, ATLANTIC GENERAL HOSPITAL AND NINE BEHAVIORAL
HEALTH COMMUNITY PARTNER AGENCIES IN SOMERSET, WICOMICO, AND WORCESTER
COUNTIES. THE IMMEDIATE GOAL IS TO DESIGN BEHAVIORAL HEALTH CRISIS
STABILIZATION CENTERS OR BEHAVIORAL HEALTH URGENT CARE CENTERS WITHIN
THE TRI-COUNTY AREA. THE PRIMARY OBJECTIVES OF THIS PROGRAM ARE TO
REDUCE ED UTILIZATION, HOSPITAL ADMISSIONS TO BOTH TIDALHEALTH
PENINSULA REGIONAL AND ATLANTIC GENERAL HOSPITAL AND READMISSIONS FOR
INDIVIDUALS EXPERIENCING BEHAVIORAL HEALTH ISSUES IN THE TRI-COUNTY
AREA. TRIBE MET THROUGHOUT THE YEAR TO DISCUSS AND IDENTIFY GAPS AND
FRAGMENTATION OF SERVICES IN THE AREA WITH THE GOAL OF PROVIDING MORE
SEAMLESS AND "REAL TIME" BEHAVIORAL HEALTH URGENT CARE AND BEHAVIORAL
HEALTH CARE SERVICES.

HEALING SEATED YOGA

A PROGRAM THROUGH WHICH CANCER PATIENTS AND THEIR CAREGIVERS PRACTICE
YOGA. STUDIES HAVE INDICATED THAT YOGA CAN COMPLEMENT CANCER TREATMENT
AND IT IS USEFUL IN HELPING HEAL THE BODY AND SPIRIT. THE GOAL IS TO
HELP THE PATIENT AND THEIR CAREGIVERS REDUCE STRESS, LOWER FATIGUE,
IMPROVE DAILY LIVING ACTIVITIES AND IMPROVE SLEEP.

WHAT'S COOKING

THE WHAT'S COOKING PROGRAM TEACHES CANCER PATIENTS AND THEIR CAREGIVERS
HOW TO MODIFY THEIR DIETS TO HELP BUILD STRENGTH TO WITHSTAND THE
EFFECT OF CANCER TREATMENTS. THIS EDUCATIONAL CLASS STRESSES THE
IMPORTANCE OF LIMITING SUGAR, ALCOHOL, AND SALT. A REGISTERED DIETICIAN
LEADS THE CLASS AND TEACHES CANCER PATIENTS AND THEIR CAREGIVERS HOW TO
PREPARE HEALTHY FOOD DISHES USING FRUITS, VEGETABLES, BEANS, AND
HEALTHY GRAINS. THE REGISTERED DIETICIAN ALSO HAS TOPICS OF DISCUSSION

Part VI Supplemental Information (Continuation)

DURING THESE SESSIONS AND THE PARTICIPANTS CAN TASTE TEST THE DISHES

AND ASK QUESTIONS.

TAI CHI FOR BETTER BALANCE

THE TAI CHI FOR BETTER BALANCE PROGRAM IMPROVES PHYSICAL STRENGTH,

BALANCE, CIRCULATION, STRESS LEVELS AND AMBULATION AMONG CANCER

PATIENTS. THE PROGRAM IS LED BY AN INSTRUCTOR WHO TEACHES HOUR LONG

CLASSES FOR A VARIETY OF PATIENT LEVELS. TAI CHI CLASSES ARE OFFERED IN

MANY HOSPITALS AND CANCER CENTERS. THE CLASSES HELP SUPPORT RECOVERY

AND AMBULATION, WHICH IS CRITICAL FOR CANCER PATIENTS IN THEIR BATTLE.

PROSTATE CANCER SUPPORT GROUP

THIS PROGRAM MEETS BI-MONTHLY FOR PATIENTS AND THEIR CAREGIVERS WHO

HAVE BEEN AFFECTED BY PROSTATE CANCER. THE GOAL OF THIS SUPPORT GROUP

IS TO PROVIDE EMOTIONAL SUPPORT TO FAMILIES OF PROSTATE CANCER PATIENTS

IN ADDITION TO HELPING LOVED ONES ADJUST TO SUPPORTING THEIR FAMILY

MEMBER WHO HAS PROSTATE CANCER. IT HAS IMPROVED PSYCHOLOGICAL WELLBEING

OF PATIENTS, REDUCED ANXIETY AND DEPRESSION, AND OVERALL IMPROVED THE

QUALITY OF LIFE FOR THESE PATIENTS GOING THROUGH PROSTATE CANCER.

CANCER THRIVING AND SURVIVING

THIS CLASS IS FOR CURRENT CANCER PATIENTS AND THEIR CAREGIVERS TO

EDUCATE ABOUT THE DIFFICULTIES ASSOCIATED WITH CANCER DIAGNOSIS AND

CANCER TREATMENT. CANCER PATIENTS AND THEIR FAMILIES ARE PROVIDED WITH

THE TOOLS NEEDED TO LIVE A HEALTHIER LIFE.

CANCER SURVIVOR CAREGIVER SUPPORT GROUP

THIS PROGRAM GATHERS SURVIVORS, CURRENT CANCER PATIENTS AND CAREGIVERS

Part VI Supplemental Information (Continuation)

FROM PAST AND PRESENT TO OFFER SUPPORT AND CONNECT WITH EACH OTHER. THE

WEEKLY SUPPORT GROUP'S FOCUSES ARE TO EDUCATE, NETWORK AND ENJOY

FELLOWSHIP WITH PAST AND PRESENT CANCER PATIENTS AND THEIR CAREGIVERS.

THIS NETWORK CAN PROVIDE ADVICE ABOUT CURRENT AND FUTURE DIFFICULTIES

THAT CURRENT CANCER PATIENTS AND THEIR CAREGIVERS MAY FACE.

FOOD DISTRIBUTION

THIS PROGRAM IS USED TO PROVIDE CLEAN, NUTRITIOUS FOOD TO NOURISH

PATIENTS IN THEIR FIGHT AGAINST CANCER. A SHARE OF ORGANIC VEGETABLES

IS PROVIDED TO CANCER PATIENTS AND CANCER SURVIVORS. DURING THE MONTHS

OF MAY-OCTOBER, VEGETABLES ARE PRIMARILY PROVIDED FROM THE HEALING ROSE

GARDEN. DURING THE MONTHS OF DECEMBER-APRIL OR DURING PERIODS OF LOW

VEGETABLE PRODUCTION, VEGETABLES ARE PURCHASED BY A LOCAL ORGANIZATION

TO PROVIDE FOR CANCER PATIENTS. THIS PROGRAM IS ESPECIALLY VALUABLE FOR

CANCER PATIENTS WHO HAVE FOOD INSECURITIES OR COME FROM A POORER

QUALITY OF LIFE AND CANNOT AFFORD THESE NUTRITIOUS FOODS. THESE

WHOLESOME, CLEAN FOOD HELPS TO OVERCOME FOOD INSECURITY AND GET CANCER

PATIENTS HEALTHIER.

TIDALHEALTH PENINSULA REGIONAL PARTICIPATES WITH MANY PARTNERS THAT

MAKE IT POSSIBLE TO CREATE AND DELIVER POPULATION PROGRAMS THAT IMPROVE

THE HEALTH OF THE COMMUNITIES WE SERVE. THESE PARTNERS HAVE PROVIDED

EXPERTISE AND ALLOCATED RESOURCES TO MEET THOSE URGENT HEALTHCARE NEEDS

WITHIN OUR COMMUNITY. SOME OF THESE PARTNERS INCLUDE: WICOMICO COUNTY

HEALTH DEPARTMENT, SOMERSET COUNTY HEALTH DEPARTMENT, WORCESTER COUNTY

HEALTH DEPARTMENT, WICOMICO COUNTY LOCAL HEALTH IMPROVEMENT COALITION,

THE CITY OF SALISBURY, YMCA, CRISFIELD CLINIC, CHESAPEAKE HEALTH CARE,

SWIFT, SALISBURY FIRE DEPARTMENT/EMS, ATLANTIC GENERAL HOSPITAL, FAITH

Part VI Supplemental Information (Continuation)

BASED ORGANIZATIONS, MAC (MAINTAINING ACTIVE CITIZENS), LOCAL COLLEGES/
AND SCHOOLS, C.O.A.T., NATIONAL KIDNEY FOUNDATION, PENINSULA REGIONAL
EMPLOYEES, POST-ACUTE CARE FACILITIES, HALO, WALK WICOMICO (COALITION),
LOWER SHORE CLINIC, WICOMICO COUNTY SHERIFF'S OFFICE, RESOURCE AND
RECOVERY CENTER AND OTHERS. SHERIFF'S OFFICE, RESOURCE AND RECOVERY
CENTER AND OTHERS.

REMOTE PATIENT MONITORING

THE REMOTE PATIENT MONITORING PROGRAM AT TIDALHEALTH HELPS MEDICARE
PATIENTS WITH CHRONIC CONDITIONS LIKE DIABETES, COPD, CHF, OR
RESPIRATORY FAILURE ADHERE TO PROTOCOLS, MEDICATIONS, AND MEDICAL
INSTRUCTIONS. EQUIPMENT IS RENTED TO THE PATIENT FREE OF CHARGE AFTER
DISCHARGE FROM THE HOSPITAL FOR 60 DAYS. DURING THE 60-DAY PERIOD,
HEALTHCARE WORKERS HELP TO EDUCATE THE PATIENT ON MONITORING THEIR
VITALS, MEDICATIONS, ETC. TO REDUCE READMISSION RATES TO THE HOSPITAL
AND INCREASE PATIENT/CAREGIVER ENGAGEMENT. AFTER THE 60-DAY PERIOD,
PATIENTS ARE ENCOURAGED TO PURCHASE THEIR OWN MONITORING EQUIPMENT
WHICH THEN CAN BE USED IN THE FUTURE FOR SELF-MONITORING.

GRADUATE MEDICAL EDUCATION

TIDALHEALTH LAUNCHED ITS GRADUATE MEDICAL EDUCATION PROGRAM TO HOST
RESIDENCY AND FELLOWSHIP TRAINING PROGRAMS IN A SELECT NUMBER OF
SPECIALTIES. CURRENTLY, TIDALHEALTH HAS GME PROGRAMS FOR INTERNAL
MEDICINE, GENERAL SURGERY, AND ANESTHESIOLOGY, WITH A PLAN TO ADD MORE
SPECIALTIES IN THE COMING YEARS. THE GME PROGRAM HAS TWO PRIMARY GOALS:
TO TRAIN THE NEXT GENERATION OF PHYSICIANS AND TO ADDRESS THE ISSUE OF
DISPARITY AND PHYSICIAN SHORTAGE ON THE EASTERN SHORE. IT IS OUR HOPE
THAT THE RESIDENCY AND FELLOWSHIP PROGRAMS ATTRACT AND KEEP OUTSTANDING

Part VI Supplemental Information (Continuation)

PHYSICIANS IN OUR COMMUNITY AFTER THE COMPLETION OF THEIR GME PROGRAM

TO PROVIDE HIGH-QUALITY CARE AND IMPROVE POPULATION HEALTH AND ACCESS

TO CARE.

HEALTH FAIRS AND COMMUNITY WELLNESS OUTREACH

TIDALHEALTH HOSTS AND ATTENDS NUMEROUS HEALTH FAIRS AND COMMUNITY BASED

WELLNESS EVENTS, SUCH AS THE SALISBURY HEALTH FEST, SMITH ISLAND HEALTH

FAIR, AND HOSTS DRIVE-THRU FLU CLINICS. THESE INITIATIVES ALLOW

HEALTHCARE PROFESSIONALS TO PROVIDE SCREENING SERVICES TO THE GENERAL

PUBLIC AND HELP REFER THEM TO THE NECESSARY RESOURCES IF UNFAVORABLE OR

ABNORMAL SCREENING RESULTS ARE OBTAINED. THIS OUTREACH ALSO ADDRESSES

OVERALL COMMUNITY WELLNESS BY ENCOURAGING INDIVIDUALS TO BE CONSOUS OF

THEIR HEALTH AND TAKE A MORE ACTIVE ROLE IN PREVENTION AND OVERALL

WELLBEING.

PART VI, LINE 6:

AFFILIATED HEALTH CARE SYSTEM ROLES

TIDALHEALTH IS ANCHORED BY TWO HOSPITALS, TIDALHEALTH PENINSULA

REGIONAL AND TIDALHEALTH NANTICOKE. IN ADDITION, TIDALHEALTH INCLUDES

AN EXPANSIVE PHYSICIAN NETWORK (TIDALHEALTH PENINSULA MEDICAL GROUP)

WITH MORE THAN 300 PROVIDERS IN 24 SPECIALTIES ACROSS 32 LOCATIONS.

TIDALHEALTH PENINSULA REGIONAL IS PART OF TIDALHEALTH. THE SYSTEM

INCLUDES A FOUNDATION AND ENTITIES WITH INTERESTS IN VARIOUS HEALTH

CARE JOINT VENTURES. IN ADDITION TO THE COMMUNITY BENEFITS PROVIDED BY

THE MEDICAL CENTER, THE HEALTH SYSTEM EVALUATES THE NEEDS OF THE

COMMUNITY AND WILL PARTICIPATE IN COMMUNITY BENEFIT PROGRAMS AS NEEDED

AS COLLABORATORS WITH OUR OTHER ENTITIES AND THOSE PARTNERS OUTSIDE OF

OUR SYSTEM.

Part VI Supplemental Information (Continuation)

PART VI, LINE 7:

COMMUNITY BENEFIT REPORT STATE FILINGS

STATE(S) WITH WHICH THE ORGANIZATION FILES A COMMUNITY BENEFIT REPORT:

MARYLAND

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **TIDALHEALTH PENINSULA REGIONAL, INC.** Employer identification number **52-0591628**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHESAPEAKE HOUSING MISSION P.O. BOX 1061 SALISBURY, MD 21801	26-3435626	501(C)(3)	25,000.	0.			HEALTHY HOMES INITIATIVE
JUNIOR ACHIEVEMENT OF THE EASTERN SHORE - 327 TILGHMAN RD STE 100 - SALISBURY, MD 21801	52-1461040	501(C)(3)	10,000.	0.			FINANCE PARK VIRTUAL AND INSPIRE CAMPAIGN DONATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2.

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION CHOOSES TO SUPPORT OTHER ORGANIZATIONS WHICH ALSO ARE
WORKING TO IMPROVE THE LOCAL COMMUNITY SERVED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
-------------------------------------------------------------------------	-----------------------------------------------------

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEVEN LEONARD PRESIDENT/CEO	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 827,741.	201,322.	100,057.	59,239.	19,591.	1,207,950.	0.
(2) BRUCE I. RITCHIE CFO THRU 01/23	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 587,979.	98,932.	45,266.	150,388.	13,358.	895,923.	0.
(3) KARIN DIBARI, M.D. V.P. TH MEDICAL PARTNERS THRU 10/22	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 524,379.	76,218.	258,797.	16,511.	4,891.	880,796.	0.
(4) LURA LUNSFORD V.P. OPERATIONS	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 643,959.	90,988.	13,521.	62,423.	5,754.	816,645.	0.
(5) STEPHANIE GARY V.P. FINANCE/CFO BEG 01/23	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 413,584.	56,372.	5,092.	32,654.	11,150.	518,852.	0.
(6) TIMOTHY FEIST V.P CHIEF COMPLIANCE OFFICER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 309,434.	41,512.	1,218.	103,632.	12,877.	468,673.	0.
(7) SARAH SCOTT V.P. PEOPLE & ORGANIZATON DEV	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 312,392.	41,203.	25,274.	63,403.	11,378.	453,650.	0.
(8) JAMES TRUMBLE, M.D. V.P. CLINICAL INTEGRATION	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 368,617.	50,865.	0.	15,923.	12,859.	448,264.	0.
(9) DAVID SECHLER, M.D. BOARD MEMBER BEG 01/23	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 365,554.	6,727.	990.	32,460.	11,378.	417,109.	0.
(10) KATHRYN FIDDLER V.P. POPULATION HEALTH	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 307,474.	46,601.	1,218.	39,719.	2,368.	397,380.	0.
(11) TRUDY HALL, M.D. V.P. CHIEF MEDICAL OFF. BEG 07/22	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 239,999.	0.	20,187.	11,344.	21,587.	293,117.	0.
(12) VEL NATESAN, M.D. BOARD MEMBER THRU 12/22	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 274,577.	0.	0.	0.	0.	274,577.	0.
(13) SARAH ARNETT FMR CHIEF NURSING OFFICER THRU 04/22	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 100,823.	0.	116,959.	22,233.	2,004.	242,019.	0.
(14) ANGELA BRITTINGHAM CHIEF NURSING OFFICER BEG 04/23	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 140,165.	16,127.	5,196.	17,317.	5,615.	184,420.	0.
(15) CHARLES SILVIA JR., M.D. FMR V.P. CHIEF MED. OFF. THRU 01/22	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 38,494.	0.	120,199.	20,329.	0.	179,022.	0.
	(i)						
	(ii)						

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

PROCESS FOR DETERMINING COMPENSATION

A COMPENSATION COMMITTEE OF TIDALHEALTH INC. (THI), THE SOLE CORPORATE

MEMBER OF THE FILING ORGANIZATION, DETERMINES THE COMPENSATION OF THE

CEO/EXECUTIVE DIRECTOR OF THE ORGANIZATION. THE COMPENSATION COMMITTEE USES

AN INDEPENDENT CONSULTANT, COMPENSATION SURVEYS, AND OTHER ORGANIZATION'S

FORM 990 IN THE DETERMINATION PROCESS AND KEEPS CONTEMPORANEOUS RECORDS OF

DECISIONS MADE.

PART I, LINE 4A-B

SEVERANCE

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING 2022.

THESE AMOUNTS ARE REPORTED IN SCHEDULE J, PART II, COLUMN (B) (III):

SARAH ARNETT \$67,229

KARIN DIBARI \$201,490

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

THI HAS A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN (UNDER SECTION 457

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

(F)). THIS PLAN WAS APPROVED BY THE COMPENSATION COMMITTEE OF THE THI
 BOARD OF DIRECTORS TO SUPPLEMENT THE EXECUTIVE'S RETIREMENT INCOME. THE
 SUPPLEMENTAL RETIREMENT PLAN WAS DEVELOPED BASED ON AN INDEPENDENT
 CONSULTANT REPORT ON MARKET-BASED PRACTICES FOR SUPPLEMENTAL RETIREMENT
 PLANS. THE PERCENTAGE OF FINAL AVERAGE PAY, THE REQUIREMENTS FOR
 VESTING, PARTICIPANTS, AND PAY-OUT PROVISIONS WERE ESTABLISHED,
 REVIEWED, AND APPROVED BY THE COMPENSATION COMMITTEE. THE CONTRIBUTIONS
 TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN
 SCHEDULE J, PART II, COLUMN C OR IN SCHEDULE J, PART II, COLUMN B(III)
 AS PART OF DEFERRED COMPENSATION.

THE FOLLOWING INDIVIDUALS PARTICIPATED IN THIS SUPPLEMENTAL
 NON-QUALIFIED RETIREMENT PLAN:

STEVEN LEONARD

BRUCE RITCHIE

KARIN DIBARI

PART I, LINE 6A, 6B AND 7:

CONTINGENT COMPENSATION AND NON-FIXED PAYMENTS

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

OFFICERS AND KEY EMPLOYEES OF THE FILING ORGANIZATION ARE PAID BY THI.

THE COMPENSATION IS DETERMINED BY A NUMBER OF VARIABLES INCLUDING BUT

NOT LIMITED TO INDIVIDUAL GOALS AS WELL AS ORGANIZATION OPERATIONAL

ACHIEVEMENTS IN SERVICE, QUALITY, SAFETY, EMPLOYEE SATISFACTION, AND

COST. THE FINAL DETERMINATION OF THE CONTINGENT COMPENSATION AMOUNT IS

DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL

COMPENSATION REVIEW OF OFFICERS AND KEY EMPLOYEES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

TIDALHEALTH PENINSULA REGIONAL, INC.

Employer identification number

52-0591628

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TIDALHEALTH PENINSULA REGIONAL IS A NOT-FOR-PROFIT 501(C)(3) NON-STOCK

CORPORATION FOUNDED IN 1897 TO SERVE THE HEALTH CARE NEEDS OF THE

COMMUNITY. THE HOSPITAL'S PRIMARY PURPOSE IS TO PROVIDE THE HIGHEST

PRIMARY, SECONDARY, AND SELECTED TERTIARY HEALTH CARE SERVICES TO

RESIDENTS OF AND VISITORS TO THE MID-DELMARVA PENINSULA IN A COMPETENT,

COMPASSIONATE, AND COST-EFFECTIVE MANNER DESIGNED TO ELICIT A HIGH

DEGREE OF CUSTOMER SATISFACTION. THE HOSPITAL'S MISSION IS TO IMPROVE

THE HEALTH OF THE COMMUNITIES WE SERVE BY PROVIDING QUALITY MEDICAL

CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, OR AGE.

IF A PATIENT IS UNABLE TO PAY DUE TO FINANCIAL RESOURCES, EFFORTS WILL

BE TAKEN TO ASSURE CARE AT AN AFFORDABLE COST, OR OBTAINED ASSISTANCE

THROUGH APPROPRIATE AGENCIES ON THE PATIENT'S BEHALF. EMERGENCY

SERVICES CARE WILL BE PROVIDED TO EVERYONE REGARDLESS OF ABILITY TO

PAY.

TIDALHEALTH PENINSULA REGIONAL SERVED OVER 17,000 INPATIENTS AND

PROVIDED MORE THAN 408,000 OUTPATIENT SERVICES DURING FISCAL 2023.

FOOD SERVICE PROVIDED MORE THAN 510,000 MEALS TO PATIENTS AND

EMPLOYEES.

ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE

OPERATION AND STABILITY OF TIDALHEALTH PENINSULA REGIONAL, IT IS

RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PAY FOR

ESSENTIAL MEDICAL SERVICES. THE HOSPITAL, IN KEEPING WITH THE

COMMITMENT TO SERVE ALL MEMBERS OF THE COMMUNITY, DURING FISCAL 2023

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
------------------------------------------------------------------	----------------------------------------------

PROVIDED:

CHARITY AND OTHER ALLOWANCES TOTALING \$31,206,439

DISCOUNTS TO THIRD PARTY PAYORS INCLUDING PROGRAMS SUCH AS MEDICARE AND

MEDICAID \$50,346,755

WRITE-OFF OF UNCOLLECTIBLE ACCOUNTS \$9,559,541

THE TOTAL UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS IS

\$91,112,735

ALSO PROVIDED ARE MANY WELLNESS PROGRAMS, COMMUNITY EDUCATION AND FREE

PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES

THAT TIDALHEALTH PENINSULA REGIONAL BELIEVES WILL SERVE A BONA FIDE

COMMUNITY HEALTH NEED. SOME OF THE PROGRAMS ARE AS FOLLOWS:

- A VARIETY OF BROCHURES ARE DISPLAYED IN ALL HOSPITAL WAITING AREAS TO

EDUCATE MEMBERS OF THE COMMUNITY REGARDING PROGRAMS AND SERVICES.

- WE PROVIDE CHILDBIRTH PREPARATION CLASSES, EXERCISE CLASSES FOR

PRENATAL AND POSTPARTUM WOMEN AND CPR CLASSES.

- WE PROVIDE ASSISTANCE TO EDUCATORS THROUGH OUR WORK WITH STUDENT

NURSES, RADIOLOGY, RESPIRATORY AND LABORATORY TECHNICIANS.

PROGRAM ACTIVITY

DURING FY 2023, TIDALHEALTH PENINSULA REGIONAL PERFORMED COMMUNITY

OUTREACH ACTIVITIES ASSOCIATED WITH COVID-19 TESTING AND VACCINATION

CLINICS, FLU CLINICS AND A MOBILE HEALTH INITIATIVE AIMED TO REDUCE

UNNECESSARY USE OF THE 911 EMS SYSTEM AND EMERGENCY DEPARTMENT.

SPECIFIC EXAMPLES OF EDUCATION AND OUTREACH PROGRAMS, SUPPORT GROUPS,

Name of the organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
------------------------------------------------------------------	----------------------------------------------

COMMUNITY HEALTH SCREENINGS, AND FITNESS AND WELLNESS ACTIVITIES

SUPPORTED BY TIDALHEALTH PENINSULA REGIONAL ARE AS FOLLOWS:

COMMUNITY EDUCATIONAL AND OUTREACH PROGRAMS:

- CPR
- CHILDBIRTH PREPARATION CLASSES
- REFRESHER COURSE - CHILDBIRTH
- INFANT CARE CLASSES
- SAFE SITTER PROGRAM
- WOMEN'S HEALTH EDUCATION

SUPPORT GROUPS:

- DIABETES SUPPORT GROUP
- HEAD AND NECK CANCER SUPPORT GROUP
- CAREGIVER SUPPORT GROUP

EVENTS:

- COMMUNITY SCREENINGS
- HEIGHT/WEIGHT, BLOOD PRESSURE
- SKIN CANCER SCREENINGS
- ORAL, HEAD AND NECK CANCER SCREENINGS
- HEARING SCREENINGS
- FLU CLINIC
- EDUCATIONAL EXHIBITS TO PROMOTE HEALTHY LIFESTYLES

BENEFITS:

- UNITED WAY

Name of the organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
------------------------------------------------------------------	----------------------------------------------

FITNESS/EXERCISE PROGRAMMING:

- CARDIAC REHABILITATION
- EXERCISES FOR STRENGTH AND ENDURANCE
- STEPPING ON FALLS PREVENTION PROGRAM

FORM 990, PART V, LINES 1A & 2A

THE FILING ORGANIZATION HAS ENTERED "0" IN PART V, LINE 1A AND LINE 2A

BECAUSE THE ORGANIZATION'S 1099 AND W-2 RETURNS ARE FILED BY AND UNDER

THE NAME AND EIN OF TIDALHEALTH, INC., A RELATED ENTITY, UNDER A SHARED

SERVICES AGREEMENT. ACCORDINGLY, THE REQUIRED DISCLOSURES RELATED TO

EMPLOYEES AND INDEPENDENT CONTRACTORS ARE INCLUDED ON THE FORM 990 OF

TIDALHEALTH, INC.

FORM 990, PART VI, SECTION A, LINE 2:

BUSINESS RELATIONSHIPS

STEVEN LEONARD AND MEMO DIRIKER ARE MEMBERS OF THE BOARD OF DIRECTORS OF

PENINSULA HEALTH VENTURES, A WHOLLY-OWNED TAXABLE SUBSIDIARY OF

TIDALHEALTH, INC.

STEPHANIE GARY, TPR'S CFO, ALSO SERVES AS SECRETARY/TREASURER OF PENINSULA

HEALTH VENTURES.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OR STOCKHOLDERS

TIDALHEALTH, INC. IS THE SOLE CORPORATE MEMBER OF TIDALHEALTH PENINSULA

REGIONAL, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

Name of the organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
------------------------------------------------------------------	----------------------------------------------

ELECTION OF MEMBERS OF GOVERNING BODY

IN ITS CAPACITY AS THE SOLE CORPORATE MEMBER OF THE ORGANIZATION,
TIDALHEALTH, INC. HAS THE ABILITY TO ELECT MEMBERS OF THE ORGANIZATION'S
GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS SUBJECT TO APPROVAL

AS THE SOLE CORPORATE MEMBER, TIDALHEALTH, INC. HAS THE ABILITY TO APPROVE
MAJOR EXPENDITURES AND LONG TERM BORROWINGS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 REVIEW PROCESS

OVERSIGHT OF THE COMPLETION OF THE ORGANIZATION'S FORM 990 HAS BEEN
DELEGATED TO THE CHIEF FINANCIAL OFFICER OF TIDALHEALTH, INC. BY THE
PRESIDENT OF THE ORGANIZATION. ONCE THE FORM 990 AND ALL SCHEDULES HAVE
BEEN PREPARED BY THE ORGANIZATION'S INDEPENDENT TAX SERVICES PROVIDER, THEY
ARE REVIEWED BY THE PRESIDENT PRIOR TO FILING. A COPY OF THE FORM 990 WAS
MADE AVAILABLE TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO THE FILING
WITH IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

THE BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE ANNUALLY, IN WRITING, ANY
AND ALL INTERESTS WHICH THEY OR ANY IMMEDIATE MEMBER OF THEIR FAMILY MAY
HAVE IN ANY BUSINESS ENTITY WHICH HAS OR SEEKS A CONTRACTUAL OR COMPETITIVE
RELATIONSHIP WITH THE ORGANIZATION. THE BOARD HAS THE AUTHORITY TO
DETERMINE IF A VIOLATION HAS OCCURRED AND WHETHER ANY INTEREST WHICH SHOULD
BE DISCLOSED SHOULD DISQUALIFY A DIRECTOR FROM PARTICIPATING IN ANY

Name of the organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
------------------------------------------------------------------	----------------------------------------------

SPECIFIC BOARD DISCUSSION OR BOARD MEMBERSHIP. ALL DISCLOSURES ARE REVIEWED

BY THE ORGANIZATION'S CHIEF COMPLIANCE OFFICER. ANY CONFLICTS ARE PRESENTED

TO THE BOARD. IF A PERSON IS CONFLICTED, THEY WILL RECUSE THEMSELVES FROM

ALL DISCUSSIONS AND DELIBERATIONS TO WHICH THEY WOULD APPEAR TO BE

CONFLICTED.

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING COMPENSATION

A COMPENSATION COMMITTEE OF TIDALHEALTH INC. (THI), THE SOLE CORPORATE

MEMBER OF THE FILING ORGANIZATION, DETERMINES THE COMPENSATION OF THE

CEO/EXECUTIVE DIRECTOR OF THE ORGANIZATION. THE COMPENSATION COMMITTEE USES

AN INDEPENDENT CONSULTANT, COMPENSATION SURVEYS, AND OTHER ORGANIZATION'S

FORM 990 IN THE DETERMINATION PROCESS AND KEEPS CONTEMPORANEOUS RECORDS OF

DECISIONS MADE.

FORM 990, PART VI, SECTION C, LINE 19:

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

FINANCIAL STATEMENTS, AND FORM 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST

TO THE PUBLIC INFORMATION OFFICE OF TIDALHEALTH PENINSULA REGIONAL AT 100

EAST CARROLL STREET, SALISBURY, MD 21801.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 82,018,167.

MANAGEMENT AND GENERAL EXPENSES 8,658,383.

FUNDRAISING EXPENSES 272,848.

TOTAL EXPENSES 90,949,398.

Name of the organization TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number 52-0591628
------------------------------------------------------------------	----------------------------------------------

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 90,949,398.

FORM 990, PART X, LINE 20:

TAX EXEMPT BONDS

IN FEBRUARY 2015 MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES

TIDALHEALTH PENINSULA REGIONAL, INC. 52-0591628 AUTHORITY ("MHHEFA")

AUTHORIZED THE ISSUANCE OF \$126,665,000 AGGREGATE PRINCIPAL AMOUNT OF

REVENUE BONDS (SERIES 2015 REVENUE BONDS) AT A PREMIUM OF \$20,770,000.

IN MAY 2020, MHHEFA AUTHORIZED THE ISSUANCE OF \$95,995,000 AGGREGATE

PRINCIPAL AMOUNT OF REVENUE BONDS (SERIES 2020A REVENUE BONDS) AT A

PREMIUM OF \$5,944,000.

THE OBLIGATED GROUP FOR THE 2020A AND 2015 BONDS (COLLECTIVELY THE

"BONDS") CONSISTS OF TIDALHEALTH, INC., TPR, AND TN AND THE OBLIGATED

GROUP FOR THE SERIES 2021A AND B TAXABLE NOTES (COLLECTIVELY THE

"TAXABLE NOTES"), CONSISTS OF TIDALHEALTH, TPR, TMP, TN AND MCCREADY

FOUNDATION, INC.

SUPPLEMENTAL INFORMATION ON TAX-EXEMPT BONDS REPORTED ON SCHEDULE K OF

FORM 990 FOR TIDALHEALTH INC., THE PARENT ORGANIZATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION ADJUSTMENT 2,547,480.

CHANGE IN ENDOWMENT -307,915.

INVESTMENT IN SUBSIDIARIES -43,343,629.

TOTAL TO FORM 990, PART XI, LINE 9 -41,104,064.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **TIDALHEALTH PENINSULA REGIONAL, INC.** Employer identification number **52-0591628**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
TIDALHEALTH, INC. - 52-2132761 100 EAST CARROLL STREET SALISBURY, MD 21801	PARENT	MARYLAND	501(C)(3)	LINE 10	N/A		X
TIDALHEALTH FOUNDATION, INC. - 52-1851935 100 EAST CARROLL STREET SALISBURY, MD 21801	FUNDRAISING	MARYLAND	501(C)(3)	LINE 7	TIDALHEALTH, INC.		X
TIDALHEALTH PHYSICIAN NETWORK - 51-0224470 801 MIDDLEFORD ROAD SEAFORD, DE 19973	HEALTH SERVICES	DELAWARE	501(C)(3)	LINE 10	TIDALHEALTH, INC.		X
TIDALHEALTH NANTICOKE, INC. - 51-0069243 801 MIDDLEFORD ROAD SEAFORD, DE 19973	HOSPITAL	DELAWARE	501(C)(3)	LINE 3	TIDALHEALTH, INC.		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
DELMARVA PENINSULA INSURANCE COMPANY - 98-1110617, PO BOX 1159, GRAND CAYMAN, GRAND CAYMAN, CAYMAN ISLANDS KY1-1102	INSURANCE	CAYMAN ISLANDS	501(C)(3)		TIDALHEALTH, INC.		X
PENINSULA GENERAL HOSPITAL INS TRUST - 52-6321234, 100 EAST CARROLL STREET, SALISBURY, MD 21801	INSURANCE	MARYLAND	501(C)(3)	LINE 12C, III-FI	TIDALHEALTH, INC.		X
MCCREADY FOUNDATION, INC. - 52-0607921 201 HALL HIGHWAY CRISFIELD, MD 21817	HEALTH SERVICES	MARYLAND	501(C)(3)	LINE 10	TIDALHEALTH, INC.		X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
DELMARVA ENDOSC CTR - 83-1509115, 11103 CATHAGE ROAD, BERLIN, MD 21801	HEALTH CARE	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PENINSULA HEALTH VENTURES (PHV) - 52-2250012 100 EAST CARROLL STREET SALISBURY, MD 21801	P' SHIP INVESTMENT	MD	N/A	C CORP	N/A	N/A	N/A		X
PRLTC, INC. - 52-2190588 100 EAST CARROLL STREET SALISBURY, MD 21801	LONG TERM CARE	MD	N/A	C CORP	N/A	N/A	N/A		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

