



## TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

<b>Prepared by</b>	Grant Thornton Advisors LLC
<b>Special Instructions</b>	<p>The return should be signed and dated by the appropriate officer(s).</p> <p>Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.</p>
<b>Application for Recognition of Exemption</b>	<p>Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.</p> <p>An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.</p>
<b>Requests made in person</b>	If the request is made in person, the organization must respond by the end of the business day.
<b>Requests made in writing</b>	If the request is made in writing, response is generally required within 30 days.
<b>Fees charged for copies</b>	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page.
<b>What if we post the Form 990 on our website?</b>	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
<b>What if we fail to comply with requests?</b>	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ 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)

100 EAST CARROLL STREET

Room/suite

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 \$

965,297,938.

**H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.TIDALHEALTH.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1897**M** State of legal domicile: MD**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities:	IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.			
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	13		
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	10		
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	0		
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	100		
		<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	8,952,889.	
<b>7b</b>		Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	1,990,851.		
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	8,559,039.	Current Year	2,537,218.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	505,004,219.	543,698,925.		
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,321,804.	26,738,082.		
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	842,662.	2,493,548.		
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	527,727,724.	575,467,773.		
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	53,200.	59,625.	
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	223,148,225.	226,301,489.		
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25)	1,308,010.			
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	277,795,239.	276,779,126.		
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	500,996,664.	503,140,240.		
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12	26,731,060.	72,327,533.		
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	711,052,938.	End of Year	746,869,059.
	<b>21</b>	Total liabilities (Part X, line 26)	154,532,721.	214,258,711.		
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	556,520,217.	532,610,348.		

**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	5/9/2025	
	STEPHANIE GARY, CFO	Date	
Paid	Print/Type preparer's name	Preparer's signature	Date
	MARY TORRETTA	Mary Torretta	5/8/2025
Preparer Use Only	Firm's name	GRANT THORNTON ADVISORS LLC	Check if self-employed <input type="checkbox"/>
	Firm's address	1000 WILSON BOULEVARD, SUITE 1500 ARLINGTON, VA 22209	PTIN P00847851
		Firm's EIN	99-1856619
		Phone no. (703) 847-7500	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

OMB No. 1545-0047

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

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.

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.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>TIDALHEALTH PENINSULA REGIONAL, INC.</b>	Taxpayer identification number (TIN) <b>52-0591628</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>100 EAST CARROLL STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SALISBURY, MD 21801</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **DEAN SWINGLE - DIRECTOR OF FINANCE**  
**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**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☐ calendar year 20 \_\_\_\_ or  
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

**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 ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 447,901,988. including grants of \$ 59,625. ) (Revenue \$ 534,978,606. )  
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 447,901,988.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b> X	
<b>5</b> 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>	<b>5</b>	X
<b>6</b> 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>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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>	<b>9</b>	X
<b>10</b> 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>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b>	X
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</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>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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>	<b>14b</b>	X
<b>15</b> 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>	<b>15</b>	X
<b>16</b> 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>	<b>16</b>	X
<b>17</b> 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. See instructions</i>	<b>17</b>	X
<b>18</b> 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>	<b>18</b>	X
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b> X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> X	
<b>21</b> 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>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	X

**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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	0
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

**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 ☒

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	13			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		10		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....				X
<b>6</b> Did the organization have members or stockholders? .....			X	
<b>7a</b> 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	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			X	
<b>9</b> 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.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b> 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? .....		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	X	
<b>13</b> Did the organization have a written whistleblower policy? .....	X	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....		X
<b>b</b> Other officers or key employees of the organization .....		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. ....		
<b>16a</b> 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	
<b>b</b> 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 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 ☒ 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.	1,182,770.	97,448.
(2) LURA LUNSFORD V.P. OPERATIONS	50.00 1.00			X				0.	817,408.	75,715.
(3) TRUDY HALL, M.D. V.P. CHIEF MEDICAL OFFICER	50.00 2.00			X				0.	602,369.	58,529.
(4) STEPHANIE GARY V.P. FINANCE/CFO	50.00 4.00			X				0.	589,051.	59,652.
(5) JAMES TRUMBLE, M.D. V.P. CLINICAL INTEGRATION	50.00 1.00				X			0.	453,918.	37,369.
(6) TIMOTHY FEIST V.P. CHIEF COMPLIANCE OFF. THRU 01/24	50.00 0.00				X			0.	384,863.	105,484.
(7) DAVID SECHLER, M.D. BOARD MEMBER/PHYSICIAN	40.00 0.00	X						0.	406,235.	55,020.
(8) SARAH SCOTT V.P. PEOPLE & ORGANIZATON DEV	50.00 2.00				X			0.	386,924.	69,732.
(9) BRUCE RITCHIE FORMER CFO THRU 01/23	0.00 0.00						X	0.	426,118.	29,687.
(10) KATHRYN FIDDLER V.P. POPULATION HEALTH	50.00 2.00				X			0.	384,119.	45,831.
(11) KARIN DIBARI FMR. V.P. TH MED. PTNRS. THRU 10/22	0.00 0.00						X	0.	407,246.	12,277.
(12) ANGELA BRITTINGHAM CHIEF NURSING OFFICER	50.00 1.00				X			0.	273,637.	48,712.
(13) MEMO DIRIKER BOARD MEMBER THRU 12/23	1.00 7.00	X						0.	7,500.	0.
(14) JAMES HARTSTEIN CHAIRPERSON	5.00 3.00	X		X				0.	0.	0.
(15) JULIUS ZANT, M.D. IMMED. PAST CHAIRPERSON THRU 12/23	2.00 1.00	X		X				0.	0.	0.
(16) SUSAN WILGUS-MURPHY SECRETARY	1.00 1.00	X		X				0.	0.	0.
(17) ANTHONY ADRIGNOLO, III, M.D. BOARD MEMBER THRU 12/23	1.00 0.00	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) RONDALL ALLEN, PHARM.D. BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) MARY DIBARTOLO BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) KATHLEEN HARRISON BOARD MEMBER BEG 01/24	1.00 0.00	X						0.	0.	0.
(21) PERCY J. PURNELL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) ERICA JOSPEH BOARD MEMBER BEG 01/24	1.00 0.00	X						0.	0.	0.
(23) JASON MORRIS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) MICHAEL MURPHY, M.D. BOARD MEMBER BEG 01/24	1.00 0.00	X						0.	0.	0.
(25) NICHOLAS OGBURN, M.D. BOARD MEMBER BEG 01/24	1.00 0.00	X						0.	0.	0.
(26) DIANE TURNER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								0.	6,322,158.	695,456.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								0.	6,322,158.	695,456.

**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

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 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? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		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		
<b>2</b> 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	

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	894,760.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,642,458.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			2,537,218.			
<b>Program Service Revenue</b>	<b>2 a</b> NET PATIENT SERVICES	<b>Business Code</b>	621500	526,802,384.	521,503,366.	5,299,018.	
	<b>b</b> AMBULATORY PHARMACY		456110	16,896,541.	13,475,240.	3,421,301.	
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			543,698,925.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			8,714,421.		-55,630.
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		(i) Real	419,784.				
<b>b</b> Less: rental expenses ...		(ii) Personal	451,732.				
<b>c</b> Rental income or (loss) .....			-31,948.				
<b>d</b> Net rental income or (loss) .....				-31,948.			-31,948.
<b>7 a</b> Gross amount from sales of assets other than inventory .....		(i) Securities	407,402,094.				
<b>b</b> Less: cost or other basis and sales expenses .....		(ii) Other	389,378,433.				
<b>c</b> Gain or (loss) .....			18,023,661.				
<b>d</b> Net gain or (loss) .....				18,023,661.			18,023,661.
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....							
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....							
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....							
<b>b</b> Less: cost of goods sold .....							
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> CAFETERIA	<b>Business Code</b>	722514	2,167,430.			2,167,430.
	<b>b</b> MANAGEMENT FEES		561000	200,000.		200,000.	
	<b>c</b> LIFELINE		532283	88,200.		88,200.	
	<b>d</b> All other revenue .....		900099	69,866.			69,866.
	<b>e Total.</b> Add lines 11a-11d .....			2,525,496.			
	<b>12 Total revenue.</b> See instructions .....			575,467,773.	534,978,606.	8,952,889.	28,999,060.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	59,625.	59,625.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	5,636,027.		5,636,027.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	148,604.		148,604.	
<b>7</b> Other salaries and wages .....	181,425,288.	166,654,270.	14,284,272.	486,746.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	9,474,887.	8,434,544.	1,015,708.	24,635.
<b>9</b> Other employee benefits .....	16,354,776.	14,559,022.	1,753,232.	42,522.
<b>10</b> Payroll taxes .....	13,261,907.	11,805,750.	1,421,676.	34,481.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	983,225.	875,267.	105,402.	2,556.
<b>c</b> Accounting .....	700,000.	623,140.	75,040.	1,820.
<b>d</b> Lobbying .....	23,781.	21,170.	2,549.	62.
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	1,490,274.	1,326,642.	159,757.	3,875.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	86,954,620.	77,407,003.	9,321,535.	226,082.
<b>12</b> Advertising and promotion .....	579,801.	516,139.	62,155.	1,507.
<b>13</b> Office expenses .....	39,669,440.	35,313,735.	4,252,564.	103,141.
<b>14</b> Information technology .....	1,027,664.	914,826.	110,166.	2,672.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	5,466,830.	4,866,572.	586,044.	14,214.
<b>17</b> Travel .....	640,779.	570,421.	68,692.	1,666.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	11,119.	9,898.	1,192.	29.
<b>20</b> Interest .....	4,350,922.	3,873,191.	466,419.	11,312.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	25,349,390.	22,566,027.	2,717,455.	65,908.
<b>23</b> Insurance .....	2,932,088.	2,610,145.	314,320.	7,623.
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	52,034,246.	46,320,886.	5,578,071.	135,289.
<b>b</b> DRUG SUPPLIES	35,593,979.	31,685,760.	3,815,675.	92,544.
<b>c</b> BAD DEBT	17,427,678.	15,514,119.	1,868,247.	45,312.
<b>d</b> UBI TAXES	583,500.	519,432.	62,551.	1,517.
<b>e</b> All other expenses	959,790.	854,404.	102,889.	2,497.
<b>25</b> Total functional expenses. Add lines 1 through 24e	503,140,240.	447,901,988.	53,930,242.	1,308,010.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,612,121.	<b>1</b>	9,876,756.
	<b>2</b> Savings and temporary cash investments .....	17,003,061.	<b>2</b>	23,652,893.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	59,468,115.	<b>4</b>	69,302,232.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	11,774,166.	<b>8</b>	13,489,176.
	<b>9</b> Prepaid expenses and deferred charges .....	9,403,737.	<b>9</b>	10,295,735.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 657,903,656.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 495,314,261.		
	<b>11</b> Investments - publicly traded securities .....	181,207,589.	<b>10c</b>	162,589,395.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	334,590,234.	<b>11</b>	354,721,425.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	90,993,915.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	711,052,938.	<b>15</b>	102,941,447.	
<b>17</b> Accounts payable and accrued expenses .....	7,582,833.	<b>16</b>	746,869,059.	
<b>18</b> Grants payable .....		<b>17</b>	7,898,954.	
<b>19</b> Deferred revenue .....	0.	<b>18</b>		
<b>20</b> Tax-exempt bond liabilities .....	3,230,467.	<b>19</b>	29,726.	
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>	0.	
<b>22</b> 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 .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	119,855,011.	<b>23</b>		
<b>25</b> 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 .....	23,864,410.	<b>24</b>	118,827,397.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	154,532,721.	<b>25</b>	87,502,634.	
<b>27</b> Net assets without donor restrictions .....	499,549,381.	<b>26</b>	214,258,711.	
<b>28</b> Net assets with donor restrictions .....	56,970,836.	<b>27</b>	468,830,863.	
<b>29</b> Capital stock or trust principal, or current funds .....		<b>28</b>	63,779,485.	
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>		
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>		
<b>32</b> Total net assets or fund balances .....	556,520,217.	<b>31</b>		
<b>33</b> Total liabilities and net assets/fund balances .....	711,052,938.	<b>32</b>	532,610,348.	
<b>33</b> Total liabilities and net assets/fund balances .....		<b>33</b>	746,869,059.	

Form **990** (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	575,467,773.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	503,140,240.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	72,327,533.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	556,520,217.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	25,688,483.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-121,925,885.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	532,610,348.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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.	X	
<b>3a</b> 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? _____	X	
<b>b</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 _____	X	

Form **990** (2023)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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		
<b>Total</b>						

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

Schedule A (Form 990) 2023



**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		
<b>3</b> 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>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>		
<b>2a</b>		
<b>b</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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>3a</b>		
<b>b</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>		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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).

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

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
TIDALHEALTH PENINSULA REGIONAL, INC.	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		\$ 894,760.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 715,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 516,352.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 220,296.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 179,699.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,361.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

52-0591628

## Part II

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

Name of organization	Employer identification number
TIDALHEALTH PENINSULA REGIONAL, INC.	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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

**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 <b>TIDALHEALTH PENINSULA REGIONAL, INC.</b>	Employer identification number <b>52-0591628</b>
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**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) 2023**

**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....			
<b>d</b> Other exempt purpose expenditures .....			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....			
<b>j</b> 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

**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
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		23,781.
<b>j</b> Total. Add lines 1c through 1i .....			23,781.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> 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.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

(ii) Assets included in Form 990, Part X ..... \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

b Assets included in Form 990, Part X ..... \$ .....

**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

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**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:

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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 in 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
<b>1a</b> Beginning of year balance	87,652,533.	87,537,245.	102,246,212.	79,165,301.	71,424,439.
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	11,952,711.	10,561,995.	-14,214,441.	23,584,799.	8,133,343.
<b>d</b> Grants or scholarships	19,029.	54,474.	8,774.	92,960.	5,217.
<b>e</b> Other expenditures for facilities and programs		10,000,000.			
<b>f</b> Administrative expenses	341,932.	392,233.	485,752.	410,928.	387,264.
<b>g</b> End of year balance	99,244,283.	87,652,533.	87,537,245.	102,246,212.	79,165,301.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment 39.3800 %

**b** Permanent endowment 8.7200 %

**c** Term endowment 51.9000 %

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:

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>	X	
<b>3b</b>	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
<b>1a</b> Land		13,542,854.		13,542,854.
<b>b</b> Buildings		281,346,239.	175,883,142.	105,463,097.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		350,912,057.	309,658,278.	41,253,779.
<b>e</b> Other		12,102,506.	9,772,841.	2,329,665.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				162,589,395.



**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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	60,159,064.
(2) BOARD DESIGNATED INVESTMENTS	39,087,246.
(3) RIGHT OF USE ASSETS	2,165,856.
(4) INTERCOMPANY RECEIVABLES	1,529,281.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	102,941,447.

**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) DUE TO AFFILIATES	43,728,263.
(3) EMPLOYEE COMP RELATED PAYROLL TAXES	21,332,049.
(4) ADVANCES FROM THIRD PARTY PAYORS	20,835,978.
(5) LONG-TERM LEASE LIABILITY	1,552,931.
(6) ACCRUED SELF INSURANCE LIABILITY	53,413.
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	87,502,634.

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.

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

**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.

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

**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, 2024 AND 2023.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			13,242,100.	11,275,210.	1,966,890.	.40%
<b>b</b> Medicaid (from Worksheet 3, column a) .....						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			13,242,100.	11,275,210.	1,966,890.	.40%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			4,529,519.	165,077.	4,364,442.	.90%
<b>f</b> Health professions education (from Worksheet 5) .....			20,580,276.	2,440,000.	18,140,276.	3.73%
<b>g</b> Subsidized health services (from Worksheet 6) .....			74,153,143.	30,350,465.	43,802,678.	9.02%
<b>h</b> Research (from Worksheet 7) .....			2,130,404.	923,534.	1,206,870.	.25%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			141,607.		141,607.	.03%
<b>j Total.</b> Other Benefits .....			101,534,949.	33,879,076.	67,655,873.	13.93%
<b>k Total.</b> Add lines 7d and 7j .....			114,777,049.	45,154,286.	69,622,763.	14.33%

<b>Part III</b>	<b>Bad Debt, Medicare, &amp; Collection Practices</b>
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<b>Part IV</b>	<b>Management Companies and Joint Ventures</b>	(owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)
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Schedule H (Form 990) 2023



**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

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> 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
<b>2</b> 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
<b>3</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <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)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>		
<b>5</b> 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	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
<b>7</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url): <u>HTTP://HEALTHYDELMARVA.ORG</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
<b>a</b> If "Yes," (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
<b>11</b> 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.		
<b>12a</b> 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>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
<b>c</b> 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

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

Schedule H (Form 990) 2023



**Part V Facility Information** (continued)**Billing and Collections**

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

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

**Policy Relating to Emergency Medical Care**

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

Schedule H (Form 990) 2023

**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

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

Schedule H (Form 990) 2023

**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:

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.

TIDALHEALTH PENINSULA REGIONAL:

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:

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



**Part V Facility Information** *(continued)*

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

ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES

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 CONDUENT

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](https://www.tidalhealth.org/community-outreach-partners/community-health)

-RESEARCH-DATA

TIDALHEALTH PENINSULA REGIONAL:

**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.

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

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:

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

**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.

IMPLEMENTATION PLAN. SUCCESSFUL PROGRAMS AND INITIATIVES HAVE BEEN

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:

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

**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.

FOR SOMERSET COUNTY HEALTH DEPARTMENT AND WICOMICO COUNTY HEALTH

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:

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

**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.

UNREGULATED AREA AT TIDALHEALTH PENINSULA REGIONAL OR ALL SERVICES AT

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

**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.

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:

[HTTPS://WWW.TIDALHEALTH.ORG/MEDICAL-CARE/FINANCIAL-ADMIN-SERVICES/PATIENT](https://www.tidalhealth.org/medical-care/financial-admin-services/patient-forms)

T-FORMS

[HTTPS://WWW.TIDALHEALTH.ORG/MEDICAL-CARE/FINANCIAL-ADMIN-SERVICES/](https://www.tidalhealth.org/medical-care/financial-admin-services/)

BILLING

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%.

**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.

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.

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.

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
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## 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

[illegible]

Schedule H (Form 990) 2023



**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 7, COLUMN (F)

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 \$17,427,678.

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

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL

**Part VI** Supplemental Information (Continuation)

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

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

**Part VI** Supplemental Information (Continuation)

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

- 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.

**Part VI** Supplemental Information (Continuation)

## 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 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

**Part VI** Supplemental Information (Continuation)

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

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

**Part VI** Supplemental Information (Continuation)

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, DIRECTOR OF PUBLIC SAFETY, 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

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

**Part VI** Supplemental Information (Continuation)

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

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, 53.84%

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

DURING THE YEAR ENDED JUNE 30, 2024.

**Part VI** Supplemental Information (Continuation)

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

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,



**Part VI** Supplemental Information (Continuation)

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.

- DEMOGRAPHICS (CENSUS TRACK, ZIP CODES)
- DISPARITIES AND HEALTH EQUITY, USING A DEPRIVATION INDEX
- RACE/ETHNICITY
- AGE-COHORTS
- CHRONIC CONDITIONS

**Part VI** Supplemental Information (Continuation)

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.

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

**Part VI** Supplemental Information (Continuation)

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:

[HTTPS://WWW.TIDALHEALTH.ORG/MEDICAL-CARE/FINANCIAL-ADMIN-SERVICES/PATIENT-FORMS](https://www.tidalhealth.org/medical-care/financial-admin-services/patient-forms)

T-FORMS

[HTTPS://WWW.TIDALHEALTH.ORG/MEDICAL-CARE/FINANCIAL-ADMIN-SERVICES/BILLING](https://www.tidalhealth.org/medical-care/financial-admin-services/billing)

BILLING

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

WITH ALL PATIENT STATEMENTS.

**Part VI** Supplemental Information (Continuation)

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

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:

**Part VI** Supplemental Information (Continuation)

## 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 183,321 IN 2024 AND IS EXPECTED TO DECREASE TO 182,983

(-0.7%) BY 2029. 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 329,555 IN 2024 AND IS EXPECTED

TO INCREASE TO 351,020 OR BY 6.5% BY 2029.

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 (105,394) 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.

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

WORCESTER COUNTY, WITH A POPULATION OF 53,531 AND SOMERSET COUNTY WITH

A POPULATION OF 24,396.

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

**Part VI** Supplemental Information (Continuation)

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

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

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

ADDITION, 2024 UNEMPLOYMENT RATES WERE HIGHER FOR MARYLAND'S MOST

EASTERN SHORE COUNTIES. THE UNEMPLOYMENT RATE IN MARYLAND WAS 3.1%, THE

NATION 4.1% COMPARED TO WICOMICO 4.0% WORCESTER 4.9% AND SOMERSET 4.9%

**Part VI** Supplemental Information (Continuation)

(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=2023](https://www.countyhealthrankings.org/health-data/maryland?year=2023)),

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.

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

**Part VI** Supplemental Information (Continuation)

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 FY2024, AS REPORTED TO MARYLAND HSCRC, THE HOSPITAL'S CHARITY CARE WAS \$10,407,353; COMBINED CHARITY AND BAD DEBT FOR FY2024 WAS \$27,835,031. 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.

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



**Part VI** Supplemental Information (Continuation)

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

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.

**Part VI** Supplemental Information (Continuation)

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

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

**Part VI** Supplemental Information (Continuation)

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  
WHERE THEY ARE, AND HELPING THEM GET THE SUPPORT THEY NEED TO STAY  
WELL. SWIFT EXPANDED TWO YEARS AGO TO INCLUDE OPERATING AN EXTENSION OF  
THE MOBILE INTEGRATED HEALTH PROGRAM, CALLED 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

**Part VI** Supplemental Information (Continuation)

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  
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

**Part VI** Supplemental Information (Continuation)

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

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

**Part VI** Supplemental Information (Continuation)

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

- EXERCISE/NUTRITION

WALK WICOMICO PROMOTES WALKING TRAILS, PERSONAL CHALLENGES, AND AVENUES

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

**Part VI** Supplemental Information (Continuation)

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.  
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

**Part VI** Supplemental Information (Continuation)

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

PENINSULA REGIONAL, ATLANTIC GENERAL HOSPITAL AND NINE BEHAVIORAL

**Part VI** Supplemental Information (Continuation)

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

DURING THESE SESSIONS AND THE PARTICIPANTS CAN TASTE TEST THE DISHES

**Part VI** Supplemental Information (Continuation)

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

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

**Part VI** Supplemental Information (Continuation)

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

BASED ORGANIZATIONS, MAC (MAINTAINING ACTIVE CITIZENS), LOCAL COLLEGES/

**Part VI** Supplemental Information (Continuation)

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

PHYSICIANS IN OUR COMMUNITY AFTER THE COMPLETION OF THEIR GME PROGRAM

**Part VI** Supplemental Information (Continuation)

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.

## WAGNER WELLNESS VAN

THE WAGNER WELLNESS VAN IS A MOBILE MEDICAL UNIT THAT PROVIDES SERVICES  
SUCH AS BLOOD PRESSURE CHECKS, DIABETES ASSESSMENTS, REFERRALS AND  
LINKS TO PRIMARY CARE, SEASONAL FLU SHOTS, AND MORE. THE VAN REACHES  
UNDERSERVED COMMUNITIIES ON THE LOWER EASTERN SHORE. SOME OF THE  
LOCATIONS THE WELLNESS VAN VISITS INCLUDE COLD WEATHER SHELTERS,  
HOMELESS SHELTERS, OUTREACH EVENTS TARGETING SPECIFIC COMMUNITIES SUCH  
AS MIGRANTS, THOSE SUFFERING WITH MENTAL HEALTH CONDITIONS, BACK TO  
SCHOOL EVENTS, THE LOWER SHORE CLINIC, THE BLIND INDUSTRIES, HEALTH  
FAIRS, AND CHURCHES WHEN CONDUCTING CHARITY OR HOMELESS OUTREACH.

PART VI, LINE 6:

## AFFILIATED HEALTH CARE SYSTEM ROLES

TIDALHEALTH IS ANCHORED BY TWO HOSPITALS, TIDALHEALTH PENINSULA

**Part VI** Supplemental Information (Continuation)

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, 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF MARYLAND EASTERN SHORE - 11868 ACADEMIC OVAL - PRINCESS ANNE, MD 21853	52-6002033	GOVERNMENT	25,000.	0.			GENERAL DONATION
DELAWARE TECHNICAL AND COMMUNITY COLLEGE - 21179 COLLEGE DR. - GEORGETOWN, DE 19947	51-6000279	501(C)(3)	10,000.	0.			EVENT SPONSORSHIP
COASTAL HOSPICE, INC. P.O. BOX 1733 SALISBURY, MD 21802	52-1214775	501(C)(3)	7,000.	0.			EVENT SPONSORSHIP

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

**3** Enter total number of other organizations listed in the line 1 table ..... **0.**

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

**Schedule I (Form 990) 2023**



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 PUBLIC CHARITIES WHICH ALSO

WORK TO IMPROVE THE COMMUNITY SERVED BY THE HOSPITAL.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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

1b

2

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2023

**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)	874,064.	236,259.	72,447.	71,005.	26,443.	1,280,218.	0.
(2) LURA LUNSFORD V.P. OPERATIONS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	697,278.	113,617.	6,513.	68,007.	7,708.	893,123.	0.
(3) TRUDY HALL, M.D. V.P. CHIEF MEDICAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	514,873.	73,625.	13,871.	32,647.	25,882.	660,898.	0.
(4) STEPHANIE GARY V.P. FINANCE/CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	509,284.	78,505.	1,262.	36,919.	22,733.	648,703.	0.
(5) JAMES TRUMBLE, M.D. V.P. CLINICAL INTEGRATION	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	399,129.	54,789.	0.	19,863.	17,506.	491,287.	0.
(6) TIMOTHY FEIST V.P. CHIEF COMPLIANCE OFF. THRU 01/24	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	331,413.	45,026.	8,424.	89,355.	16,129.	490,347.	0.
(7) DAVID SECHLER, M.D. BOARD MEMBER/PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	361,048.	43,969.	1,218.	39,384.	15,636.	461,255.	0.
(8) SARAH SCOTT V.P. PEOPLE & ORGANIZATON DEV	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	340,899.	44,807.	1,218.	69,395.	337.	456,656.	0.
(9) BRUCE RITCHIE FORMER CFO THRU 01/23	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	167,966.	0.	258,152.	28,600.	1,087.	455,805.	217,958.
(10) KATHRYN FIDDLER V.P. POPULATION HEALTH	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	335,624.	47,277.	1,218.	43,626.	2,205.	429,950.	0.
(11) KARIN DIBARI FMR. V.P. TH MED. PTNRS. THRU 10/22	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	407,246.	0.	12,277.	419,523.	0.
(12) ANGELA BRITTINGHAM CHIEF NURSING OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	246,525.	26,690.	422.	34,170.	14,542.	322,349.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 2023.

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

KARIN DIBARI \$407,155

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

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

(F)). THIS PLAN WAS APPROVED BY THE COMPENSATION COMMITTEE OF THE THI

**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.

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

THE FOLLOWING INDIVIDUAL RECEIVED A DISTRIBUTION DURING 2023 BASED ON

THEIR PLAN'S VESTING DATE:

BRUCE RITCHIE \$217,958

**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 6A, 6B AND 7:

CONTINGENT COMPENSATION AND NON-FIXED PAYMENTS

OFFICERS, KEY EMPLOYEES AND CERTAIN PHYSICIAN DIRECTORS 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 THOSE 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization	TIDALHEALTH PENINSULA REGIONAL, INC.	Employer identification number	52-0591628
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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 402,000 OUTPATIENT SERVICES DURING FISCAL 2024.

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 2024 PROVIDED:

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

CHARITY AND OTHER ALLOWANCES TOTALING \$49,901,008

DISCOUNTS TO THIRD PARTY PAYORS INCLUDING GOVERNMENT PROGRAMS SUCH AS

MEDICARE AND MEDICAID \$58,672,289

WRITE-OFF OF UNCOLLECTIBLE ACCOUNTS \$17,427,678

THE TOTAL UNREIMBURSED VALUE OF PROVIDING CARE TO THESE PATIENTS IS

\$126,000,974

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 2024, TIDALHEALTH PENINSULA REGIONAL PERFORMED COMMUNITY

OUTREACH ACTIVITIES ASSOCIATED WITH FLU CLINICS AND WELLNESS ACTIVITIES

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,

COMMUNITY HEALTH SCREENINGS, AND FITNESS AND WELLNESS ACTIVITIES

SUPPORTED BY TIDALHEALTH PENINSULA REGIONAL ARE AS FOLLOWS:



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

## CLASSES AND EDUCATIONAL SUPPORT GROUPS:

- CHILDBIRTH CLASSES
- DIABETES SUPPORT GROUP
- CANCER SUPPORT CLASSES AND SUPPORT GROUPS
- FAMILY SUPPORT GROUP
- PARKINSON'S SUPPORT GROUP
- STRESS REDUCTION AND RESILIENCY TRAINING

## 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

## FITNESS/EXERCISE PROGRAMMING:

- CARDIAC REHABILITATION
- EXERCISES FOR STRENGTH AND ENDURANCE
- HEALTH AND WELLNESS FOR SENIORS

## FORM 990, PART V, LINES 1A &amp; 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

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

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:

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.

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

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

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

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

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	77,407,003.
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MANAGEMENT AND GENERAL EXPENSES	9,321,535.
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FUNDRAISING EXPENSES	226,082.
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TOTAL EXPENSES	86,954,620.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	86,954,620.
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FORM 990, PART X, LINE 20:

TAX EXEMPT BONDS

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 CONSISTS OF

TIDALHEALTH, INC., TPR, AND TN. SUPPLEMENTAL INFORMATION ON TAX-EXEMPT

BONDS REPORTED ON SCHEDULE K OF FORM 990 FOR TIDALHEALTH INC., THE

PARENT ORGANIZATION.

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

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

PENSION ADJUSTMENT	1,511,635.
CHANGE IN ENDOWMENT	880,239.
INVESTMENT IN SUBSIDIARIES	-124,317,759.
TOTAL TO FORM 990, PART XI, LINE 9	-121,925,885.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**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) 2023

<b>Part II</b>	<b>Continuation of Identification of Related Tax-Exempt Organizations</b>
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[illegible]

**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> 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.

[illegible]

