

Part III

Statement of Program Service Accomplishments

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

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1

Briefly describe the organization's mission:

SEE SCHEDULE O

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 \$ 1,602,190,544 including grants of \$ 372,387) (Revenue \$ 1,683,298,455)

SEE SCHEDULE O-PATIENT CARE

4b

(Code:) (Expenses \$ 297,504,446 including grants of \$ 39,885,754) (Revenue \$ 236,850,027)

SEE SCHEDULE O-RESEARCH

4c

(Code:) (Expenses \$ 127,374,875 including grants of \$) (Revenue \$ 4,553,976)

SEE SCHEDULE O-TEACHING

4d

Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶ 2,027,069,865

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

		Yes	No
22	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? If "Yes," complete Schedule I, Parts I and III	22	No
23	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? If "Yes," complete Schedule J	23	Yes
24a	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
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? If "Yes," complete Schedule L, Part I	25b	No
26	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?	26	No
27	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? If "Yes," complete Schedule L, Part III	27	No
28	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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	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? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

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 ☒

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	525
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V			Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a 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			2a	13,675	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b	Yes	
4a 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)? Enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			4a		No
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a 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?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a 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?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		No
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b		
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders			11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
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			13b		
c Enter the amount of reserves on hand			13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		
15 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?			15		No
16 If the organization is a trust, did it file Form 720, Schedule N, to report the section 4968 excise tax on net investment income?			16		No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.			17		

Part VI

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

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Section A. Governing Body and Management

			Yes	No
1a	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 in Schedule O.	1a25		
b	Enter the number of voting members included in line 1a, above, who are independent	1b20		
2	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?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	AK, CO, DC, FL, IL, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NV, NY, OH, OK, OR, SC, TN, UT, WA, WI
18	Section 6104 requires an organization to make its Form 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 in Schedule O)	
19	Describe in 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: KAREN WOLFSON AVP TAXATION BILH SCHRAFFTS CITY CENTER 4TH CHARLESTOWN, MA 02129 (781) 744-8924	

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, 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, or 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 dotted 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) AIN ARON TRUSTEE	1.00 0.00	X						0	0	0
(2) BERMAN ANN E TRUSTEE	1.00 0.00	X						0	0	0
(3) CHAIKOF MD PHD ELLIOT L TRUSTEE (EX-OFFICIO)& SRGRY CHIEF	30.00 35.00	X						593,438	593,438	129,506
(4) CHENG JILL T TRUSTEE	1.00 0.00	X						0	0	0
(5) CRONIN MICHAEL F TRUSTEE	1.00 0.00	X						0	0	0
(6) CUTLER JOEL E TRUSTEE	1.00 0.00	X						0	0	0
(7) DESIMONE THOMAS TRUSTEE AND CHAIR	1.00 1.00	X		X				0	0	0
(8) FISH MD GUY L TRUSTEE	1.00 1.00	X						0	0	0
(9) FULP CAROL TRUSTEE AND VICE CHAIR	1.00 0.00	X		X				0	0	0
(10) HEALY PETER PRESIDENT & TRUSTEE (EX-OFFICIO)	60.00 5.00	X		X				0	1,289,829	57,224
(11) JONES KIMBERLY Y TRUSTEE	1.00 0.00	X						0	0	0
(12) KIMBALL MD MPH ALEXA B TRSTE (EX-OFFICIO),PRES & CEO HMFP	1.00 64.00	X						0	1,043,010	94,462
(13) KNEZ DEBRA S TRUSTEE	1.00 0.00	X						0	0	0
(14) LESSER PAMELA TEE (EX-OFF), CHR BIDMC ADVISORY BD	1.00 0.00	X						0	0	0
(15) LI MD FACP CHIANG J TRUSTEE	1.00 0.00	X						0	0	0
(16) MORTON KAREN V TRUSTEE	1.00 0.00	X						0	0	0
(17) REHNERT GEOFFREY S TRUSTEE	1.00 2.00	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 dotted 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) REMIS HACKEL DANIELLE F TRUSTEE & VICE CHAIR	1.00 0.00	X		X				0	0	0
(19) SAGAN PAUL L TRUSTEE	1.00 0.00	X						0	0	0
(20) SILVER JENNIFER K TRUSTEE	1.00 0.00	X						0	0	0
(21) SZABO MD PHD HON SCD GYONGYI TRUSTEE (EX-OFFICIO), CAO	1.00 57.00	X						0	824,248	75,062
(22) TABB MD KEVIN CEO & TRUSTEE (EX-OFFICIO)	1.00 64.00	X		X				0	5,034,628	296,171
(23) ULLIAN ELAINE TRUSTEE	1.00 0.00	X						0	0	0
(24) VORLICEK MARTHA TRUSTEE	1.00 0.00	X						0	0	0
(25) ZEIDEL MD MARK L TRUSTEE (EX-OFFICIO) & CHIEF (MED)	30.00 35.00	X						438,456	438,456	74,630
(26) ARMSTRONG ESQ EMILY ASST CLERK(EX-OFF) ASST VP & DEP GC BILH	1.00 54.00	.....		X				213,776	0	37,667
(27) CULLEN MICHAEL R ASST TREAS (EX-OFF), CFO, SVP (FIN.)	55.00 5.00	.....		X				623,358	0	29,941
(28) HURN IRWIN INTERIM CFO & ASST TREAS (EX-OFF)	55.00 0.00	.....		X				0	0	0
(29) KATZ ESQ JAMIE CLERK (EX-OFF); BILH GEN COUNSEL	1.00 64.00	.....		X				0	1,255,848	22,043
(30) KERNDL JOHN TREASURER(EX-OFF), BILH CFO	1.00 64.00	.....		X				0	1,365,000	26,877
(31) ARMSTRONG WALTER RETIRED SVP - CAP. FACILITIES & ENGINEERING	55.00 0.00	.....			X			459,914	0	28,861
(32) AYOUB JO VP, HR BUSINESS PARTNER	55.00 0.00	.....			X			451,664	0	44,786
(33) FLANAGAN DAVID SVP - CAPTL FACIL. & ENGNRNG	55.00 0.00	.....			X			263,282	0	37,860
(34) MARKSON MD MPH LAWRENCE J VP & CMIO; INT. CIO, BIDMC	55.00 0.00	.....			X			350,532	0	50,428
(35) MAURER RN MSN MARSHA CNO & SVP PATIENT CARE SRVCS	55.00 0.00	.....			X			694,457	0	45,244
(36) SCHWARTZSTEIN MD RICHARD M VP OF EDUCATION	30.00 25.00	.....			X			0	492,466	52,588
(37) SKURA SAMUEL CHIEF OPERATING OFFICER	55.00 0.00	.....			X			623,798	0	67,406
(38) ANTONAS JULIE MANAGING DIRECTOR, INV OFFICE	55.00 0.00	.....				X		529,556	0	45,096
(39) BELL JAMES CHIEF INVESTMENT OFFICER	1.00 54.00	.....				X		627,652	0	92,181
(40) DONOVAN SHAWN MANAGING DIR., INV OFFICE	55.00 0.00	.....				X		738,130	0	74,760
(41) ROGERS GASPERSOON KERRY VP- REVENUE CYCLE	55.00 1.00	.....				X		357,335	0	26,900
(42) VOLPE ELLEN VICE PRESIDENT, AMBULATORY SERVICES	55.00 0.00	.....				X		350,241	0	50,636
(43) BROWN KERRY FMR ASST CLERK; BILH CHIEF OF STAFF	0.00 55.00	.....					X	0	641,289	28,990
(44) FISCHER STEVEN P FRM TREAS (EX-OFF); BILH CFO	0.00 0.00	.....					X	0	974,820	47,235
(45) BIEBER JUDI FRMR CHF HR OFCR; FRMR SVP HR	0.00 0.00	.....					X	0	287,019	15,461
(46) SAFFITZ MD PHD JEFFREY E FORMER INT CAO; CHIEF OF PATH	30.00 35.00	.....					X	370,848	370,848	58,034

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	7,686,437	14,610,899	1,610,049

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 ▶ 16

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

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
HARVARD MEDICAL FACULTY PHYS AT BIDMC 375 LONGWOOD AVE BOSTON, MA 02215	PHYSICIAN SERVICES	206,535,527
TURNER CONSTRUCTION COMPANY 2 SEAPORT LANE SUITE 200 BOSTON, MA 02210	CONSTRUCTION	130,652,722
SODEXO PO BOX 905374 CHARLOTTE, NC 28204	FOOD SERVICE	10,128,718
WALSH BROTHERS INC 210 COMMERCIAL ST BOSTON, MA 02109	CONSTRUCTION	9,677,481
MASCO SERVICES 375 LONGWOOD AVE BOSTON, MA 02215	PARKING	5,451,968

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 918

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
Contributions, Gifts, Grants, and Other	1a Federated campaigns . . . b Membership dues . . . c Fundraising events . . . d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f . . .	1a		
Amt Similar Amounts		1b		
		1c	19,751	
		1d		
		1e		
		1f	33,113,374	
		1g	2,328,111	
				33,133,125

Program Service Revenue	2a NET PATIENT SERVICE RE	Business Code				
		541700	1,674,048,442	1,674,048,442		
	b NIH FUNDED RESEARCH	541700	174,548,027	174,548,027		
	c SPONSORED RESEARCH	541700	62,302,000	62,302,000		
	d GRADUATE MED EDUCATION	611710	4,553,976	4,553,976		
	e					
	f All other program service revenue.					
	g Total. Add lines 2a-2f.	1,915,452,445				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,017,531		-2,663,442	11,680,973
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		936,394			936,394
		(i) Real	(ii) Personal			
	6a Gross rents	6a	13,027,854			
	b Less: rental expenses	6b	285,562			
	c Rental income or (loss)	6c	12,742,292			
	d Net rental income or (loss)		12,742,292		132,302	12,609,990
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	609,478,378			
	b Less: cost or other basis and sales expenses	7b	584,653,034			
	c Gain or (loss)	7c	24,825,344			
	d Net gain or (loss)		24,825,344		896,840	23,928,504
	8a Gross income from fundraising events (not including \$ 19,751 of contributions reported on line 1c). See Part IV, line 18	8a	0			
	b Less: direct expenses	8b	0			
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a CONTRACT PHARMACY	446110	358,984,678			358,984,678
	b DISCRETIONARY INCOME	900099	45,247,476			45,247,476
	c PARKING	900099	11,098,390			11,098,390
	d All other revenue		34,594,950	9,250,013	6,882,556	18,462,381
	e Total. Add lines 11a-11d		449,925,494			
	12 Total revenue. See instructions		2,446,032,625	1,924,702,458	5,248,256	482,948,786

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 ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	39,959,776	39,959,776		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	298,365	298,365		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,567,672	6,264,088	303,584	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	683,323,458	651,737,494	31,585,964	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	46,224,452	44,088,123	2,136,329	
9 Other employee benefits	39,843,185	38,001,472	1,841,713	
10 Payroll taxes	63,847,763	60,896,462	2,951,301	
11 Fees for services (non-employees):				
a Management	96,818,676	36,237,826	60,580,850	
b Legal	1,731,798	5,000	1,726,798	
c Accounting	911,018	13,123	897,895	
d Lobbying	125,458			125,458
e Professional fundraising services. See Part IV, line 17	247,540			247,540
f Investment management fees	7,671,193		7,671,193	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	395,559,356	198,341,879	197,217,477	
12 Advertising and promotion	560,010	502,368	57,642	
13 Office expenses	560,972,077	558,879,535	2,092,542	
14 Information technology	4,737,760	4,409,601	328,159	
15 Royalties				
16 Occupancy	96,837,510	85,977,597	10,859,913	
17 Travel	575,855	496,237	79,618	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	538,402	457,754	80,648	
20 Interest	15,180,655		15,180,655	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	77,128,905	60,232,577	16,896,328	
23 Insurance	11,197,145	11,105,157	91,988	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESEARCH EXPENSE	129,968,489	129,968,489		
b COLLECTION AGENCY	55,890,759	46,523,535	9,367,224	
c CONTRACTED SERVICES	33,121,235	32,132,433	988,802	
d UNCOMPENSATED CARE	20,540,974	20,540,974		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,390,379,486	2,027,069,865	362,936,623	372,998
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ 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 IX

☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		1,053,568,055	2	524,987,971	
	3	Pledges and grants receivable, net		80,016,752	3	72,328,078	
	4	Accounts receivable, net		193,436,742	4	172,151,840	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		39,375,930	8	33,836,208	
	9	Prepaid expenses and deferred charges		10,542,738	9	26,208,390	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,214,293,003			
	b	Less: accumulated depreciation	10b	2,187,948,067	878,367,470	10c	1,026,344,936
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		286,561,300	12	257,081,878	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		214,486,288	15	882,907,717	
16	Total assets: Add lines 1 through 15 (must equal line 33)		2,756,355,275	16	2,995,847,018		
Liabilities	17	Accounts payable and accrued expenses		304,716,977	17	297,441,829	
	18	Grants payable			18		
	19	Deferred revenue		234,067,863	19	78,290,085	
	20	Tax-exempt bond liabilities		583,825,075	20	971,352,201	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		330,141,367	25	363,362,036	
	26	Total liabilities. Add lines 17 through 25		1,452,751,282	26	1,710,446,151	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		919,378,646	27	923,564,397	
	28	Net assets with donor restrictions		384,225,347	28	361,836,470	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		1,303,603,993	32	1,285,400,867	
	33	Total liabilities and net assets/fund balances		2,756,355,275	33	2,995,847,018	

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,446,032,625
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,390,379,486
3	Revenue less expenses. Subtract line 2 from line 1	3	55,653,139
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,303,603,993
5	Net unrealized gains (losses) on investments	5	-56,179,396
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-17,676,868
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	1,285,400,867

Part XII

Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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 in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Name of the organization

BETH ISRAEL DEACONESS MEDICAL CENTER

INC

Employer identification number

04-2103881

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 **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Part IIISupport 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2021. 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—2020. 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, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2	Activities Test. Answer lines 2a and 2b below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.			
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? 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.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.			

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

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

Section C - Distributable Amount

Current Year

- | | |
|--|----------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 |
| 2 Enter 85% of line 1 | 2 |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 |
| 4 Enter greater of line 2 or line 3 | 4 |
| 5 Income tax imposed in prior year | 5 |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 |

- 7** ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations		(continued)
Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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).

Facts And Circumstances Test

Return Reference	Explanation
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Additional Data

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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 the organization BETH ISRAEL DEACONESS MEDICAL CENTER INC	Employer identification number 04-2103881
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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. See instructions for definition of "political campaign activities."	
2	Political campaign activity expenditures. See instructions	\$
3	Volunteer hours for political campaign activities. See instructions	

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-.
1				
2				
3				
4				
5				
6				

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?	Yes		
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		125,458
j	Total. Add lines 1c through 1i			125,458
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1: LOBBYING ACTIVITIES	BETH ISRAEL DEACONESS MEDICAL CENTER ENGAGED IN SOME LOBBYING EFFORTS ON BEHALF OF ITSELF AND OTHER NETWORK AFFILIATES AND/OR PAYS DUES TO CERTAIN MEMBERSHIP ORGANIZATIONS OF WHICH A PORTION MAY BE USED BY SUCH ORGANIZATIONS FOR LOBBYING ACTIVITIES ON BEHALF OF THIS INSTITUTION AND OTHER SIMILARLY SITUATED ORGANIZATIONS. LOBBYING COSTS ASSOCIATED WITH THESE COMBINED LOBBYING ACTIVITIES WAS \$125,458 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022. TOTAL LOBBYING EXPENDITURES ARE MINIMAL AND NOT SUBSTANTIAL BASED ON REVENUES.

Additional Data

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Name of the organization BETH ISRAEL DEACONESS MEDICAL CENTER INC	Employer identification number 04-2103881
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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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 (e.g., recreation or education) ☐ Preservation of an 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.	<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td>Total number of conservation easements</td></tr><tr><td>2b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>2c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>2d</td><td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td></tr></table>		Held at the End of the Year	2a	Total number of conservation easements	2b	Total acreage restricted by conservation easements	2c	Number of conservation easements on a certified historic structure included in (a)	2d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register
	Held at the End of the Year											
2a	Total number of conservation easements											
2b	Total acreage restricted by conservation easements											
2c	Number of conservation easements on a certified historic structure included in (a)											
2d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register											
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 2(d) 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 are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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 |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 384,225,348 | 337,811,145 | 320,834,479 | 317,881,417 | 262,104,525 |
| b Contributions | 32,723,293 | 29,758,444 | 9,338,360 | 25,588,786 | 68,417,018 |
| c Net investment earnings, gains, and losses | -27,392,415 | 24,091,677 | 11,060,325 | 22,615,726 | 6,088,857 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 27,719,754 | 7,435,918 | 3,422,020 | 45,251,450 | 18,728,983 |
| f Administrative expenses | | | | | |
| g End of year balance | 361,836,472 | 384,225,348 | 337,811,144 | 320,834,479 | 317,881,417 |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 26.000 %

c Term endowment ▶ 74.000 %

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

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- | | Yes | No |
|--------|-----|----|
| 3a(i) | Yes | |
| 3a(ii) | Yes | |
| 3b | Yes | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		24,282,879		24,282,879
b Buildings		921,226,090	289,053,383	632,172,707
c Leasehold improvements		695,658,467	603,277,935	92,380,532
d Equipment		1,573,125,567	1,295,616,749	277,508,818
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,026,344,936

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) OTHER INVESTMENTS THROUGH BILHIP	257,081,878	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	257,081,878	

Part VIII

Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

(a) Description	(b) Book value
(1)DUE FROM AFFILIATES	586,279,932
(2)A/R MISC	23,949,932
(3)RESERVE FOR BAD DEBT	-900,000
(4)DEPOSITS	1,565,766
(5)CASH SURRENDER VALUE-EXEC LIFE	109,182
(6)HPHC WORKING CAPITAL	1,436,436
(7)PROFESSIONAL LIABILITY REINSURANCE RECOVERIES	56,130,154
(8)457(B) DEFERRED COMP/LT	3,013,899
(9)OPERATING ROU LT ASSETS ASC842	211,322,416
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	882,907,717

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	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	363,362,036

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI

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

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

1	Total revenue, gains, and other support per audited financial statements	1	6,825,322,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-65,521,536
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	4,502,304,665
e	Add lines 2a through 2d	2e	4,436,783,129
3	Subtract line 2e from line 1	3	2,388,538,871
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,017,531
b	Other (Describe in Part XIII.)	4b	48,476,223
c	Add lines 4a and 4b	4c	57,493,754
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,446,032,625

Part XII

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

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

1	Total expenses and losses per audited financial statements	1	7,267,359,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	4,885,711,482
e	Add lines 2a through 2d	2e	4,885,711,482
3	Subtract line 2e from line 1	3	2,381,647,518
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,017,531
b	Other (Describe in Part XIII.)	4b	-285,562
c	Add lines 4a and 4b	4c	8,731,969
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,390,379,487

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.

Return Reference	Explanation
PART V, LINE 4:	BETH ISRAEL DEACONESS MEDICAL CENTER'S ENDOWMENT FUNDS ARE INTENDED TO ENSURE THAT BETH ISRAEL DEACONESS MEDICAL CENTER ACCOMPLISHES ITS CHARITABLE MISSIONS OF PROVIDING EXCELLENT CLINICAL CARE, ENGAGING IN CUTTING EDGE RESEARCH AND EDUCATING THE HEALTH CARE PRACTITIONERS OF TOMORROW. THE SPECIFIC USES OF THE ENDOWMENT VARY DEPENDING ON THE NATURE OF RESTRICTIONS, IF ANY, IMPOSED BY DONORS. UNDER THE MEDICAL CENTER'S CURRENT LONG-TERM INVESTMENT SPENDING POLICY, WHICH IS WITHIN THE GUIDELINES SPECIFIED UNDER MASSACHUSETTS STATE LAW, 5-6% OF THE AVERAGE OF THE FAIR VALUE OF QUALIFYING LONG-TERM INVESTMENTS APPLIED TO A THREE-YEAR MOVING AVERAGE WITH A ONE-YEAR LAG IS APPROPRIATED AS STATED BY THE DONOR. IN ESTABLISHING THESE POLICIES, THE MEDICAL CENTER CONSIDERED THE EXPECTED RETURN ON ITS ENDOWMENT AND ITS PROGRAMMING NEEDS. ACCORDINGLY, THE MEDICAL CENTER EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO MAINTAIN ITS PURCHASING POWER AND TO PROVIDE A PREDICTABLE AND STABLE SOURCE OF REVENUE FOR THE ANNUAL OPERATING BUDGET. ADDITIONAL REAL GROWTH WILL BE PROVIDED THROUGH NEW GIFTS OR EXCESS INVESTMENT RETURN.
PART X, LINE 2:	BETH ISRAEL LAHEY HEALTH, INC., WHICH SERVES AS THE PARENT OF THE SYSTEM, HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE AN ORGANIZATION DESCRIBED UNDER INTERNAL REVENUE CODE (THE CODE) SECTION 501(C)(3) AND, THEREFORE, IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE INTERNAL REVENUE SERVICE HAS ALSO DETERMINED THAT THE OTHER ENTITIES IN THE SYSTEM, EXCLUDING ITS FOR-PROFIT SUBSIDIARIES, QUALIFY AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE CODE, MEET THE CODE'S REQUIREMENTS UNDER SECTION 509(A), AND THEREFORE ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE SYSTEM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT. CHANGES IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. THE SYSTEM DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS FOR THE YEARS ENDED SEPTEMBER 30, 2022 AND 2021, RESPECTIVELY.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	NET ASSETS RELEASED FROM RESTRICTION 2,729,540. CONSOLIDATED AFFILIATES REVENUE NET OF ELIMINATION 4,499,575,125.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RENT EXPENSE -285,562. TEMPORARILY AND PERMANENTLY RESTRICTED CONTRIBUTIONS 40,493,359. TEMPORARILY RESTRICTED REALIZED GAINS 8,268,426.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	CONSOLIDATED AFFILIATES EXPENSE NET OF ELIMINATION 4,885,711,482.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	RENT -285,562.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Department of the Treasury
Internal Revenue Service

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER
INC

Employer identification number
04-2103881

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	TEACHING/RESEARCH/PATIENT CARE	111,506
(2) EUROPE (INCLUDING ICELAND & GREENLAND)			PROGRAM SERVICES	TEACHING/RESEARCH/PATIENT CARE	155,064
(3) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	TEACHING/RESEARCH/PATIENT CARE	3,441
(4) NORTH AMERICA			PROGRAM SERVICES	TEACHING/RESEARCH/PATIENT CARE	20,652
(5) SOUTH ASIA			PROGRAM SERVICES	TEACHING/RESEARCH/PATIENT CARE	11,905
(6) SUB-SAHARAN AFRICA			PROGRAM SERVICES	TEACHING/RESEARCH/PATIENT CARE	26,113
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			328,681
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			328,681

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	RESEARCH SUB-AWARD	169,431	ELECTRONIC FUND/WIRE TRANSFER	0		
(2)			NORTH AMERICA	RESEARCH SUB-AWARD	91,925	ELECTRONIC FUND/WIRE TRANSFER	0		
(3)			NORTH AMERICA	RESEARCH SUB-AWARD	37,009	ELECTRONIC FUND/WIRE TRANSFER	0		
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

3

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes

☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒ Yes

☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☒ Yes

☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*

☒ Yes

☐ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

[illegible]

Additional Data

Software ID:

Software Version:

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER
INC

Employer identification number
04-2103881

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 BLACKBAUD INC PO BOX 844827 BOSTON, MA 02284	SOFTWARE CONSULTANT		No	0	20,311	-20,311
2 DAILEY INNOVATIONS INC 8014 LAKECREST DRIVE GREENBELT, MD 20770	STRATEGY CONSULTING		No	0	16,841	-16,841
3 JENNIFER B WELLS 28 STANTON RD 1 BROOKLINE, MA 02445	COMMUNICATIONS CONSULTING		No	0	6,950	-6,950
4 RAISE THE BAR LLC 36 RANGELEY RD NEWTON, MA 02465	REPORTING CONSULTING		No	0	79,544	-79,544
5 ZURI GROUP LLC 328 NW BOND ST STE 204 BEND, OR 97701	STRATEGY CONSULTING		No	0	123,894	-123,894
6						
7						
8						
9						
10						
Total ▶					247,540	-247,540

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1 PARKINSON'S DISEASE SYMPOSIUM (event type)	(b) Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts	19,751			19,751
	2 Less: Contributions	19,751			19,751
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities:_____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . ☐ Yes ☐ No

b If "Yes," explain: _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c

If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16

Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.

Return Reference	Explanation
------------------	-------------

SCHEDULE H
(Form 990)

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury

Name of the organization
Beth Israel Deaconess Medical Center
INC

Employer identification number
04-2103881

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
b	If "Yes," was it a written policy?	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 40000.0000000000 %	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		No
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a	Did the organization prepare a community benefit report during the tax year?	Yes	
b	If "Yes," did the organization make it available to the public?	Yes	
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
a Financial Assistance at cost (from Worksheet 1)			25,208,920	9,967,499	15,241,421	0.650 %
b Medicaid (from Worksheet 3, column a)			90,727,930	81,391,340	9,336,590	0.400 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			115,936,850	91,358,839	24,578,011	1.050 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			15,367,254	4,444,114	10,923,140	0.460 %
f Health professions education (from Worksheet 5)			97,381,431	28,925,256	68,456,175	2.900 %
g Subsidized health services (from Worksheet 6)			65,604,807	25,866,380	39,738,427	1.680 %
h Research (from Worksheet 7)			312,605,756	241,262,451	71,343,305	3.020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			6,643,772	20,191	6,623,581	0.280 %
j Total. Other Benefits			497,603,020	300,518,392	197,084,628	8.340 %
k Total. Add lines 7d and 7j			613,539,870	391,877,231	221,662,639	9.390 %

Part II

Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense
(f) Percent of total expense					
1 Physical improvements and housing					
2 Economic development					
3 Community support					
4 Environmental improvements					
5 Leadership development and training for community members					
6 Coalition building					
7 Community health improvement advocacy					
8 Workforce development					
9 Other					
10 Total					

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	14,605,323		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				
Section B. Medicare					
5	Enter total revenue received from Medicare (including DSH and IME)	5	326,110,471		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	349,295,444		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-23,184,973		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☐ Cost to charge ratio ☐ Other				
Section C. Collection Practices					
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes		

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
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13				

Part V

Facility Information

Section A. Hospital Facilities

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

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

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
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Facility
reporting group

1	BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 02215 WWW.BIDMC.ORG VL42	X	X		X		X	X	X	TERTIARY CARE ACADEMIC MEDICAL CENTER
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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)
BETH ISRAEL DEACONESS MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply): a ☒ A definition of the community served by the hospital facility b ☒ Demographics of the community c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☒ How data was obtained e ☒ The significant health needs of the community f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☒ The process for consulting with persons representing the community's interests i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) j ☐ Other (describe in Section C)	3	Yes
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): a ☒ Hospital facility's website (list url): <u>SEE PART VI</u> b ☐ Other website (list url): _____ c ☐ Made a paper copy available for public inspection without charge at the hospital facility d ☐ Other (describe in Section C)	7	Yes
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url): <u>SEE PART VI</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on 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		BETH ISRAEL DEACONESS MEDICAL CENTER	
		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 4.000000000000 %			
b ☐ Income level other than the FPG (describe in Section C)			
c ☒ Asset level			
d ☒ Medical indigency			
e ☐ Insurance status			
f ☐ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☒ The FAP was widely available on a website (list url): SEE SUPPLEMENTAL INFORMATION			
b ☐ The FAP application form was widely available on a website (list url): _____			
c ☒ A plain language summary of the FAP was widely available on a website (list url): SEE SUPPLEMENTAL INFORMATION			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☒ 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			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

BETH ISRAEL DEACONESS MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

BETH ISRAEL DEACONESS MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

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.

[illegible]

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

6

Name and address	Type of Facility (describe)
1 1 - BETH ISRAEL DEACONESS HEALTHCARE LEXIN 482 BEDFORD STREET LEXINGTON, MA 02420	OUTPATIENT MEDICAL CARE
2 2 - BETH ISRAEL DEACONESS HEALTHCARE CHELS 1000 BROADWAY CHELSEA, MA 02150	OUTPATIENT MEDICAL CARE
3 3 - BOWDOIN STREET HEALTH CENTER 230 BOWDOIN STREET DORCHESTER, MA 02122	OUTPATIENT MEDICAL CARE
4 4 - CHESTNUT HILL AMBULATORY CARE 200 BOYLSTON STREET NEWTON, MA 02467	OUTPATIENT MEDICAL CARE
5 5 - BETH ISRAEL DEACONESS CANCER CENTER 148 CHESTNUT STREET NEEDHAM, MA 02492	OUTPATIENT MEDICAL CARE
6 6 - WILLIAM ARNOLD-CAROL A WARFIELD 1 BROOKLINE PLACE BROOKLINE, MA 02445	OUTPATIENT MEDICAL CARE
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information.

- 1

Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2

Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3

Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy.
- 4

Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5

Promotion of community health. Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6

Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7

State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Form and Line Reference	Explanation
FORM 990 SCHEDULE H PART V, SECTION C	SUPPLEMENTAL INFORMATION FOR SCHEDULE H PART V, SECTION BFINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITSCOMMUNITY HEALTH IMPROVEMENT SERVICES AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPSBETH ISRAEL DEACONESS MEDICAL CENTER AFFILIATIONBETH ISRAEL LAHEY HEALTH (BILH) IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC). THE BILH NETWORK OF AFFILIATES IS AN INTEGRATED HEALTHCARE SYSTEM COMMITTED TO EXPANDING ACCESS TO EXTRAORDINARY PATIENT CARE ACROSS EASTERN MASSACHUSETTS AND ADVANCING THE SCIENCE AND PRACTICE OF MEDICINE THROUGH GROUNDBREAKING RESEARCH AND EDUCATION. THE BILH SYSTEM IS COMPRISED OF ACADEMIC AND TEACHING HOSPITALS, A PREMIER ORTHOPEDICS HOSPITAL, PRIMARY CARE AND SPECIALTY CARE PROVIDERS, AMBULATORY SURGERY CENTERS, URGENT CARE CENTERS, COMMUNITY HOSPITALS, HOMECARE SERVICES, OUTPATIENT BEHAVIORAL HEALTH CENTERS, ADDICTION TREATMENT PROGRAMS. THE BILH'S COMMUNITY OF CLINICIANS, CAREGIVERS AND STAFF INCLUDES APPROXIMATELY 4,000 PHYSICIANS AND 35,000 EMPLOYEES. AT THE HEART OF BILH IS THE BELIEF THAT EVERYONE DESERVES HIGH-QUALITY, AFFORDABLE HEALTH CARE AND THIS BELIEF IS WHAT DRIVES EACH AFFILIATE TO WORK WITH COMMUNITY PARTNERS ACROSS THE REGION TO PROMOTE HEALTH, EXPAND ACCESS AND DELIVER THE BEST CARE IN THE COMMUNITIES BILH SERVES. BILH'S COMMUNITY BENEFITS STAFF ARE COMMITTED TO WORKING COLLABORATIVELY WITH BILH'S COMMUNITIES TO ADDRESS THE LEADING HEALTH ISSUES AND CREATE A HEALTHY FUTURE FOR INDIVIDUALS, FAMILIES AND COMMUNITIES.BETH ISRAEL DEACONESS MEDICAL CENTER COMMUNITY BENEFITS MISSION STATEMENT THE MISSION OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) IS TO SERVE OUR PATIENTS COMPASSIONATELY AND EFFECTIVELY, AND TO CREATE A HEALTHY FUTURE FOR THEM AND THEIR FAMILIES. OUR MISSION IS SUPPORTED BY OUR COMMITMENT TO PERSONALIZED, EXCELLENT PATIENT CARE FOR PATIENTS; A WORKFORCE COMMITTED TO INDIVIDUAL ACCOUNTABILITY, MUTUAL RESPECT AND COLLABORATION; AND A COMMITMENT TO MAINTAINING OUR FINANCIAL HEALTH. THE MEDICAL CENTER IS ALSO COMMITTED TO BEING ACTIVE IN THE COMMUNITY AS WELL. SERVICE TO COMMUNITY IS AT THE CORE AND AN IMPORTANT PART OF OUR MISSION. WE HAVE A COVENANT TO CARE FOR THE UNDERSERVED AND TO WORK TO CHANGE DISPARITIES IN ACCESS TO CARE. WE KNOW TO BE SUCCESSFUL WE NEED TO LEARN FROM THOSE WE SERVE.BIDMC'S COMMUNITY BENEFITS MISSION IS FULFILLED BY: INVOLVING BIDMC STAFF, INCLUDING ITS LEADERSHIP AND DOZENS OF COMMUNITY PARTNERS, IN THE CHNA PROCESS AS WELL AS IN THE DEVELOPMENT, IMPLEMENTATION AND OVERSIGHT OF THE HOSPITAL'S THREE-YEAR IMPLEMENTATION STRATEGY; ENGAGING AND LEARNING FROM RESIDENTS THROUGHOUT BIDMC'S COMMUNITY BENEFITS SERVICE AREA (CBSA) IN ALL ASPECTS OF THE COMMUNITY BENEFITS PROCESS, WITH SPECIAL ATTENTION FOCUSED ON ENGAGING DIVERSE PERSPECTIVES, FROM THOSE, PATIENTS AND NON-PATIENTS ALIKE, WHO ARE OFTEN LEFT OUT OF SIMILAR ASSESSMENT, PLANNING AND PROGRAM IMPLEMENTATION PROCESSES; ASSESSING UNMET COMMUNITY NEED BY COLLECTING PRIMARY AND SECONDARY DATA (BOTH QUANTITATIVE AND QUALITATIVE) TO UNDERSTAND UNMET HEALTH-RELATED NEEDS AND IDENTIFY COMMUNITIES AND POPULATION SEGMENTS DISPROPORTIONATELY IMPACTED BY HEALTH ISSUES AND OTHER SOCIAL, ECONOMIC AND SYSTEMIC FACTORS; IMPLEMENTING COMMUNITY HEALTH PROGRAMS AND SERVICES IN BIDMC'S CBSA THAT ADDRESS THE UNDERLYING SOCIAL DETERMINANTS OF HEALTH, BARRIERS TO ACCESSING CARE, AS WELL AS PROMOTE HEALTH EQUITY TO IMPROVE THE HEALTH STATUS OF THOSE WHO ARE OFTEN DISADVANTAGED, FACE DISPARITIES IN HEALTH-RELATED OUTCOMES, EXPERIENCE POVERTY, AND HAVE BEEN HISTORICALLY UNDERSERVED; PROMOTING HEALTH EQUITY BY ADDRESSING SOCIAL AND INSTITUTIONAL INEQUITIES, RACISM AND BIGOTRY AND ENSURING THAT ALL PATIENTS ARE WELCOMED AND RECEIVE CARE THAT IS RESPECTFUL AND CULTURALLY RESPONSIVE; AND FACILITATING COLLABORATION AND PARTNERSHIP WITHIN AND ACROSS SECTORS (E.G., STATE/LOCAL PUBLIC HEALTH AGENCIES, HEALTHCARE PROVIDERS, SOCIAL SERVICE ORGANIZATIONS, BUSINESSES, ACADEMIC INSTITUTIONS, COMMUNITY HEALTH COLLABORATIVES, AND OTHER COMMUNITY HEALTH ORGANIZATIONS) TO ADVOCATE FOR, SUPPORT AND IMPLEMENT EFFECTIVE HEALTH POLICIES, COMMUNITY PROGRAMS AND SERVICES.COMMUNITY BENEFITS FINANCIAL SUMMARY DURING THE FISCAL YEAR COVERED BY THIS FILING, BIDMC PROVIDED COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFITS OPERATIONS AND CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS OF \$17,546,721 AS REPORTED ON THIS SCHEDULE H, PART I, LINES 7E AND 7I. COMMUNITY BENEFITS LEADERSHIP/TEAMBIDMC'S BOARD OF TRUSTEES ALONG WITH ITS CLINICAL AND ADMINISTRATIVE STAFF IS COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF RESIDENTS THROUGHOUT ITS CBSA AND BEYOND. WORLD-CLASS CLINICAL EXPERTISE, EDUCATION AND RESEARCH ALONG WITH AN UNDERLYING COMMITMENT TO HEALTH EQUITY ARE THE PRIMARY TENETS OF ITS MISSION. BIDMC'S COMMUNITY BENEFITS DEPARTMENT, UNDER THE DIRECT OVERSIGHT OF BIDMC'S BOARD OF TRUSTEES, IS DEDICATED TO COLLABORATING WITH COMMUNITY PARTNERS AND RESIDENTS AND WILL CONTINUE TO DO SO IN ORDER TO MEET

Form and Line Reference	Explanation
	ITS COMMUNITY BENEFITS OBLIGATIONS. HOSPITAL SENIOR LEADERSHIP IS ACTIVELY ENGAGED IN THE DEVELOPMENT AND IMPLEMENTATION OF BIDMC'S IMPLEMENTATION STRATEGY, ENSURING THAT HOSPITAL POLICIES AND RESOURCES ARE ALLOCATED TO SUPPORT PLANNED ACTIVITIES. THE BIDMC COMMUNITY BENEFITS PROGRAM IS SPEARHEADED BY A TEAM OF COMMUNITY BENEFITS SENIOR LEADERS INCLUDING THE VICE PRESIDENT AND DIRECTOR OF COMMUNITY BENEFITS. THE VICE PRESIDENT OF COMMUNITY BENEFITS HAS DIRECT ACCESS TO AND IS ACCOUNTABLE TO THE BIDMC PRESIDENT AND ALSO REPORTS DIRECTLY TO THE BILH CHIEF DIVERSITY, EQUITY AND INCLUSION OFFICER. IT IS THE RESPONSIBILITY OF THESE LEADERS TO ENSURE THAT COMMUNITY BENEFITS IS ADDRESSED BY THE ENTIRE ORGANIZATION AND THAT THE NEEDS OF COHORTS WHO HAVE BEEN HISTORICALLY UNDERSERVED ARE CONSIDERED EVERY DAY IN DISCUSSIONS ON RESOURCE ALLOCATION, POLICIES, AND PROGRAM DEVELOPMENT. THE BIDMC COMMUNITY BENEFITS ADVISORY COMMITTEE (CBAC) WORKS IN COLLABORATION WITH BIDMC'S HOSPITAL LEADERSHIP, INCLUDING THE HOSPITAL'S GOVERNING BOARD AND SENIOR MANAGEMENT TO SUPPORT BIDMC'S COMMUNITY BENEFITS MISSION TO SERVE ITS PATIENTS COMPASSIONATELY AND EFFECTIVELY, AND TO CREATE A HEALTHY FUTURE FOR THEM, THEIR FAMILIES, AND BIDMC'S COMMUNITY. THE CBAC PROVIDES INPUT INTO THE DEVELOPMENT AND IMPLEMENTATION OF BIDMC'S COMMUNITY BENEFITS PROGRAMS IN FURTHERANCE OF BIDMC'S COMMUNITY BENEFITS MISSION. THE MEMBERSHIP OF BIDMC'S CBAC ASPIRES TO BE REPRESENTATIVE OF THE CONSTITUENCIES AND PRIORITY COHORTS SERVED BY BIDMC'S PROGRAMMATIC ENDEAVORS, INCLUDING THOSE FROM DIVERSE RACIAL AND ETHNIC BACKGROUNDS, AGE, GENDER, SEXUAL ORIENTATION AND GENDER IDENTITY, AS WELL AS THOSE FROM CORPORATE AND NON-PROFIT COMMUNITY ORGANIZATIONS.
BIDMC'S HOSPITAL'S CBAC MEMBERS INCLUDE:	ALBERTE ALTINE-GIBSON, MANAGER OF COMMUNITY HEALTH, BOWDOIN STREET HEALTH CENTER FLOR AMAYA, DIRECTOR OF PUBLIC HEALTH, CITY OF CHELSEA WALTER ARMSTRONG, SENIOR LEADERSHIP DESIGNEE, BIDMC MAIA BETTS, CHIEF BEHAVIORAL HEALTH OFFICER, THE DIMOCK CENTER ELIZABETH BROWNE, CHIEF EXECUTIVE OFFICER, CHARLES RIVER COMMUNITY HEALTH ALEXANDRA CHERY DORRELUS, CO-EXECUTIVE DIRECTOR, LOUIS D. BROWN PEACE INSTITUTE SHONDELL DAVIS, COMMUNITY TRAUMA HEALING SPECIALIST, CORY JOHNSON CENTER FOR POST-TRAUMATIC HEALING LAUREN GABOVITCH, COMMUNITY RESOURCE SPECIALIST, BIDMC RICHARD GIORDANO, DIRECTOR OF POLICY AND COMMUNITY PLANNING, FENWAY COMMUNITY DEVELOPMENT CORPORATION NANCY KASEN, VICE PRESIDENT OF COMMUNITY BENEFITS AND COMMUNITY RELATIONS, BILH BARRY KEPPARD, DIRECTOR OF PUBLIC HEALTH, METROPOLITAN AREA PLANNING COUNCIL KIRA KHAZATSKY, CHIEF OPERATING OFFICER, JEWISH VOCATIONAL SERVICES ANGIE LIOU, EXECUTIVE DIRECTOR, ASIAN COMMUNITY DEVELOPMENT CORPORATION MARSHA MAURER, SENIOR VICE PRESIDENT FOR PATIENT CARE SERVICES AND CHIEF NURSING OFFICER, BIDMC JAMES MORTON, PRESIDENT AND CHIEF EXECUTIVE OFFICER, YMCA OF GREATER BOSTON SANDY NOVACK, SOCIAL WORKER, UNIVERSAL ACCESS COUNCIL ALEX OLIVER-DVILA, EXECUTIVE DIRECTOR, SOCIEDAD LATINA KELINA (KELLY) ORLANDO, EXECUTIVE DIRECTOR, AMBULATORY OPERATIONS, BIDMC JOANNE POKASKI, DIRECTOR OF WORKFORCE DEVELOPMENT AND COMMUNITY RELATIONS, BIDMC TRINIESE POLK, DIRECTOR OF RACIAL EQUITY AND COMMUNITY ENGAGEMENT, BOSTON PUBLIC HEALTH COMMISSION JANE POWERS, CHIEF OF STAFF AND EXECUTIVE VICE PRESIDENT OF STRATEGIC INITIATIVES, FENWAY HEALTH RICHARD ROUSE, ADVISORY BOARD MEMBER, MISSION HILL MAIN STREETS MELODY ROUTE-SATCHELL, PRACTICE MANAGER, BIDMC ROBERT TORRES, DIRECTOR OF COMMUNITY BENEFITS, BIDMC LASHONDA WALKER-ROBINSON, COMMUNITY RESOURCE SPECIALIST, BIDMC FRED WANG, TRUSTEE ADVISOR EMERITUS, BIDMC COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGYMOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENTINTERNAL REVENUE CODE SECTION 501(R)INTERNAL REVENUE CODE SECTION 501(R), ENACTED AS PART OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, REQUIRES EACH HOSPITAL TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND TO FORMALLY ADOPT AN IMPLEMENTATION STRATEGY (IS) PURSUANT TO FEDERAL GUIDELINES, IN ORDER TO MAINTAIN ITS TAX EXEMPT STATUS AS A HOSPITAL UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED. BIDMC COMPLETED ITS MOST RECENT NEEDS ASSESSMENT IN SEPTEMBER 2022. THAT CHNA WAS APPROVED BY THE BIDMC BOARD OF TRUSTEES ON SEPTEMBER 21, 2022. THE ACCOMPANYING IMPLEMENTATION STRATEGY FOR THE MOST RECENT CHNA WAS ALSO ADOPTED BY THE BOARD ON SEPTEMBER 21, 2022, WHICH IS WITHIN THE TIMELINE REQUIRED BY THE TREASURY REGULATIONS UNDER 501(R). THE CHNA AND THE ASSOCIATED IMPLEMENTATION STRATEGY (IS) REPRESENT THE CULMINATION OF A YEAR OF WORK AND WERE BORNE LARGELY OF BIDMC'S COMMITMENT TO BETTER UNDERSTAND AND ADDRESS THE HEALTH-RELATED NEEDS OF THOSE LIVING IN ITS COMMUNITY BENEFITS SERVICE AREA WITH AN EMPHASIS ON THOSE WHO ARE MOST DISADVANTAGED. THE PROJECT ALSO FULFILLS THE COMMONWEALTH ATTORNEY GENERAL'S OFFICE AND FEDERAL INTERNAL REVENUE SERVICE (IRS) REGULATIONS THAT REQUIRE THAT BIDMC ASSESS COMMUNITY HEALTH NEEDS, ENGAGE THE COMMUNITY, IDENTIFY PRIORITY HEALTH ISSUES AND CREATE A COMMUNITY HEALTH STRATEGY THAT DESCRIBES HOW BIDMC, IN COLLABORATION WITH THE COMMUNITY AND LOCAL HEALTH DEPARTMENT(S), WILL ADDRESS THE NEEDS AND THE PRIORITIES IDENTIFIED BY THE CHNA.2022 COMMUNITY HEALTH NEEDS ASSESSMENTPRIORITY GEOGRAPHY AND COHORTSAS NOTED ABOVE, BIDMC COMPLETED ITS LAST ASSESSMENT IN SEPTEMBER 2022. THE GEOGRAPHICAL FOCUS OF BIDMC'S MOST RECENTLY COMPLETED COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ENCOMPASSES THE BOSTON NEIGHBORHOODS OF ALLSTON/BRIGHTON, BOWDOIN/GENEVA, CHINATOWN, FENWAY/KENMORE, MISSION HILL AND ROXBURY, THE CITY OF CHELSEA, AND THE MUNICIPALITIES OF BROOKLINE, BURLINGTON, LEXINGTON, NEEDHAM, NEWTON (CHESTNUT HILL) AND PEABODY. THE CHNA SHOWS THAT LOW-INCOME AND RACIALLY/ETHNICALLY DIVERSE POPULATIONS LIVING IN BOSTON'S NEIGHBORHOODS OF ALLSTON/BRIGHTON, BOWDOIN/GENEVA, CHINATOWN, FENWAY/KENMORE, MISSION HILL AND ROXBURY, AS WELL AS THE ADJACENT CITY OF CHELSEA, FACE THE GREATEST HEALTH DISPARITIES AND ARE MOST AT RISK. AS A RESULT, THESE BOSTON NEIGHBORHOODS AND THE CITY OF CHELSEA HAVE BEEN IDENTIFIED AND PRIORITIZED AS THE FOCUS FOR BIDMC'S COMMUNITY HEALTH EFFORTS.COMMUNITY HEALTH ISSUES AND PRIORITY COHORTS FOR BIDMC'S COMMUNITY BENEFITS INITIATIVES ARE IDENTIFIED THROUGH A COLLABORATIVE COMMUNITY ENGAGEMENT AND PLANNING PROCESS FROM A CHNA THAT IS CONDUCTED EVERY THREE YEARS IN ACCORDANCE WITH THE REQUIREMENTS UNDER IRC SECTION 501(R).BIDMC'S COMMUNITY BENEFITS INVESTMENTS AND RESOURCES WILL FOCUS ON IMPROVING THE HEALTH STATUS OF THOSE WHO ARE MEDICALLY-UNDERSERVED, EXPERIENCE POVERTY OR FACE THE GREATEST

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	HEALTH DISPARITIES IN THE CITY OF CHELSEA AND THE CITY OF BOSTON NEIGHBORHOODS OF ALLSTON/BRIGHTON, BOWDOIN/GENEVA, CHINATOWN, FENWAY/KENMORE, MISSION HILL, AND ROXBURY, AS FOLLOWS: YOUTH LOW-RESOURCED POPULATIONS LGBTQIA+ OLDER ADULTS RACIALLY, ETHNICALLY AND LINGUISTICALLY DIVERSE POPULATIONS FAMILIES AFFECTED BY VIOLENCE AND/OR INCARCERATION
2022 COMMUNITY HEALTH NEEDS ASSESSMENTSUMMARY OF APPROACH AND METHODS	BIDMC'S 2022 CHNA APPROACH INVOLVED EXTENSIVE DATA COLLECTION ACTIVITIES, SUBSTANTIAL EFFORTS TO ENGAGE THE HOSPITAL'S PARTNERS AND COMMUNITY RESIDENTS, AND THOUGHTFUL PRIORITIZATION, PLANNING, AND REPORTING PROCESSES. THROUGHOUT THE CHNA PROCESS, EFFORTS WERE MADE TO UNDERSTAND THE NEEDS OF THE COMMUNITIES ENCOMPASSING BIDMC'S CBSA, ESPECIALLY THE POPULATION SEGMENTS THAT ARE OFTEN DISADVANTAGED, FACE DISPARITIES IN HEALTH-RELATED OUTCOMES, AND WHO HAVE BEEN HISTORICALLY UNDERSERVED. BIDMC'S UNDERSTANDING OF THESE COMMUNITIES' NEEDS IS DERIVED FROM COLLECTING A WIDE RANGE OF QUANTITATIVE DATA TO IDENTIFY DISPARITIES AND CLARIFY THE NEEDS OF SPECIFIC COMMUNITIES AND COMPARING IT AGAINST DATA COLLECTED AT THE REGIONAL, STATE AND NATIONAL LEVELS WHEREVER POSSIBLE TO SUPPORT ANALYSIS AND THE PRIORITIZATION PROCESS, AS WELL AS EMPLOYING A VARIETY OF STRATEGIES TO ENSURE COMMUNITY MEMBERS WERE INFORMED, CONSULTED, INVOLVED, AND EMPOWERED THROUGHOUT THE ASSESSMENT PROCESS. THE CHNA AND IS DEVELOPMENT PROCESS WAS GUIDED BY THE FOLLOWING PRINCIPLES: EQUITY, COLLABORATION, ENGAGEMENT, CAPACITY BUILDING, AND INTENTIONALITY.BETWEEN OCTOBER 2021 AND FEBRUARY 2022, BIDMC CONDUCTED 85 ONE-ON-ONE INTERVIEWS WITH KEY COLLABORATORS IN THE COMMUNITY, FACILITATED 22 FOCUS GROUPS WITH SEGMENTS OF THE POPULATION FACING THE GREATEST HEALTH-RELATED DISPARITIES, AND COMMUNITY LISTENING SESSIONS THAT ENGAGED 226 PARTICIPANTS. IN ADDITION, BIDMC'S BILH PARTNERS, BID NEEDHAM AND LAHEY HOSPITAL & MEDICAL CENTER (LHMC), CONDUCTED A COMMUNITY HEALTH SURVEY, WHICH GATHERED INFORMATION FROM MORE THAN 1,400 COMMUNITY RESIDENTS FROM BID NEEDHAM'S AND LHMC'S CBSAS, INCLUDING 346 RESIDENTS FROM NEEDHAM, 155 RESIDENTS OF BURLINGTON, AND 180 RESIDENTS OF PEABODY. BID NEEDHAM AND LHMC SHARED THIS INFORMATION WITH BIDMC. THE BOSTON PUBLIC HEALTH COMMISSION FIELDED A COVID-19 HEALTH EQUITY SURVEY IN DECEMBER 2020/JANUARY 2021; AS SUCH, BIDMC, BASED ON RECOMMENDATIONS FROM THE BOSTON CHNA- COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) COLLABORATIVE STEERING COMMITTEE, OPTED NOT TO FIELD THE BILH COMMUNITY HEALTH SURVEY IN BOSTON. THE BOSTON PUBLIC HEALTH COMMISSION COVID-19 HEALTH EQUITY SURVEY INCLUDED A RANDOM SAMPLE OF OVER 1,650 RESIDENTS IN MULTIPLE LANGUAGES AND EXAMINED ISSUES RELATED TO JOB LOSS, FOOD INSECURITY, ACCESS TO SERVICES, MENTAL HEALTH, VACCINATION, AND PERCEPTIONS OF RISK AROUND COVID-19. THE NORTH SUFFOLK PUBLIC HEALTH COLLABORATIVE ALSO FIELDED A COMMUNITY HEALTH SURVEY. THE SURVEY COLLECTED DATA FROM 1,401 RESPONDENTS FROM CHELSEA, REVERE, AND WINTHROP. RESULTS WERE STRATIFIED BY COMMUNITY, AGE GROUP, GENDER, RACE, ETHNICITY, AND LANGUAGE. IN ADDITION, BIDMC'S BILH PARTNERS, BID NEEDHAM AND LHMC, CONDUCTED A COMMUNITY HEALTH SURVEY, WHICH GATHERED INFORMATION FROM MORE THAN 1,400 COMMUNITY RESIDENTS FROM BID NEEDHAM'S AND LHMC'S CBSAS, INCLUDING 346 RESIDENTS FROM NEEDHAM, 155 RESIDENTS OF BURLINGTON, AND 180 RESIDENTS OF PEABODY. BID NEEDHAM AND LHMC SHARED THIS INFORMATION WITH BIDMC. 2022 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESSDETAIL OF APPROACH AND METHODS BIDMC RELIED ON NUMEROUS PRIMARY AND SECONDARY DATA SOURCES TO ANALYZE THE HEALTH STATUS AND NEED LEVEL THROUGHOUT THEIR CBSA. BIDMC COLLECTED DATA FROM A NUMBER OF SOURCES INCLUDING PRIMARY QUANTITATIVE AND QUALITATIVE DATA, AS WELL AS SECONDARY DATA. EXAMPLES OF SECONDARY DATA SOURCES THAT BIDMC LEVERAGED INCLUDED: U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES (2016-2020) U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY POPULATION CHANGE (2010-2020) U.S. CENSUS BUREAU, COVID-19 HOUSEHOLD PULSE SURVEY (2021) BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY (2019) MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION: SCHOOL AND DISTRICT PROFILES (2020-2021) FBI UNIFORM CRIME REPORTS (2019) MASSACHUSETTS DEPARTMENT OF ECONOMIC RESEARCH, LABOR MARKET INFORMATION (2020-2021) MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, REGISTRY OF VITAL RECORDS AND STATISTICS (2019) MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, BUREAU OF SUBSTANCE ABUSE SERVICES (2015-2017) MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, COVID-19 DASHBOARD (2021) MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, COVID-19 COMMUNITY IMPACT SURVEY (2021) MASSACHUSETTS BUREAU OF INFECTIOUS DISEASE AND LABORATORY SCIENCES (2019) MASSACHUSETTS CENTER FOR HEALTH INFORMATION ANALYSIS (CHIA) HOSPITAL DISCHARGES (2019) MASSACHUSETTS HEALTHY AGING COLLABORATIVE, COMMUNITY PROFILES (2020) MASSACHUSETTS INSTITUTE OF TECHNOLOGY, EVICTION LAB (2018) ROBERT WOOD JOHNSON COUNTRY HEALTH RANKINGS (2019, 2020, 2021)2022 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESSKEY INFORMANT INTERVIEWS WITH INTERNAL AND EXTERNAL STAKEHOLDERS (SCHEDULE H, PART V, SECTION B, LINE 5) BETWEEN OCTOBER 2021 AND FEBRUARY 2022, BIDMC WORKED WITH COLLABORATORS TO CONDUCT 85 KEY INFORMANT INTERVIEWS THAT ENGAGED COMMUNITY-BASED ORGANIZATIONS, CLINICAL AND SOCIAL SERVICE PROVIDERS, PUBLIC HEALTH OFFICIALS, ELECTED/APPOINTED OFFICIALS AND OTHER KEY COLLABORATORS THROUGHOUT BIDMC'S CBSA. DISCUSSIONS EXPLORED INTERVIEWEES' EXPERIENCES OF ADDRESSING COMMUNITY NEEDS AND OPPORTUNITIES FOR FUTURE ALIGNMENT, COORDINATION AND EXPANSION OF SERVICES, INITIATIVES AND POLICIES. A LIST OF KEY INFORMANTS IS INCLUDED IN APPENDIX A OF THE CHNA REPORT THAT IS POSTED ON BIDMC'S WEBSITE. THESE INDIVIDUALS WERE CHOSEN TO AMASS A REPRESENTATIVE GROUP OF PEOPLE WHO HAD THE EXPERIENCE NECESSARY TO PROVIDE INSIGHT ON THE HEALTH OF COMMUNITIES IN BIDMC'S CBSA. INTERVIEWS WERE CONDUCTED VIRTUALLY USING A STANDARD INTERVIEW GUIDE. INTERVIEWS FOCUSED ON IDENTIFYING THE BIGGEST HEALTH-RELATED CONCERNS/ISSUES, AS WELL AS THE BARRIERS AND/OR CHALLENGES FOR ACCESSING RESOURCES AND SERVICES AMONG THOSE THEY SERVE AND/OR THOSE LIVING IN THE COMMUNITY, INCLUDING POSSIBLE STRATEGIES TO ADDRESS THOSE CONCERNS.
2022 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS	FOCUS GROUPS AND COMMUNITY FORUMS (SCHEDULE H, PART V, SECTION B, LINE 5) BIDMC CONDUCTED 22 COMMUNITY FOCUS GROUPS AND HELD COMMUNITY LISTENING SESSIONS THAT ENGAGED 226 RESIDENTS IN BIDMC'S COMMUNITY BENEFITS SERVICE AREA (CBSA) TO GATHER CRITICAL COMMUNITY INPUT FROM COMMUNITY RESIDENTS AND STAKEHOLDERS. THESE FOCUS GROUPS AND LISTENING SESSIONS WERE ORGANIZED IN COLLABORATION WITH THE BOSTON CHNA-CHIP COLLABORATIVE, NORTH SUFFOLK

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	INTEGRATED CHNA AND OTHER BILH HOSPITALS.BIDMC HAS BEEN INTENTIONAL IN ENSURING THAT VARIED EXPERIENCES AND PERSPECTIVES, REFLECTIVE OF BIDMC'S CBSA AND THE COMMUNITY AT LARGE, WERE SHARED THROUGHOUT THE CHNA AND IS PROCESS. TO REACH A BROAD RANGE OF COMMUNITY MEMBERS, ALL COMMUNITY SURVEYS, FOCUS GROUPS AND KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH A FOCUS ON COMMUNITY REPRESENTATIVENESS. FOR EXAMPLE, THE SURVEY WAS ADMINISTERED ONLINE AND VIA HARD COPY IN TWELVE LANGUAGES. FURTHERMORE, EXTENSIVE OUTREACH WAS CONDUCTED VIA SOCIAL MEDIA, INSTITUTIONAL NEWSLETTERS, EMAILS TO LARGE NETWORKS, PUBLIC LIBRARIES, COMMUNITY EVENTS AND LARGE APARTMENT BUILDINGS TO HELP ENSURE DIVERSE REPRESENTATION IN THE CHNA. THE BIDMC COMMUNITY BENEFITS ADVISORY COMMITTEE (CBAC) WAS ALSO INTEGRALLY INVOLVED IN PROVIDING INPUT ON COMMUNITY NEEDS AND PRIORITIZING THE LEADING HEALTH ISSUES. THE CBAC MET FIVE TIMES DURING THE COURSE OF THE ASSESSMENT. THEY PROVIDED INPUT REGARDING THE CHNA OVERALL AND GUIDED THE PRIORITIZATION AND PLANNING PHASE, CONDUCTING OUTREACH TO COMMUNITY VOICES THAT HAVE HISTORICALLY BEEN LEFT OUT OF SIMILAR PROCESSES. 2022 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESSREVIEWING RESULTS AND COMPILING THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY DOCUMENTSAS NOTED ABOVE, THE CHNA PROCESS WAS DIVIDED INTO THREE PHASES. THE FINAL PHASE, PHASE III, INCLUDED THE FOLLOWING STEPS: REVIEW OF THE ASSESSMENT'S MAJOR FINDINGS WITH THE BIDMC COMMUNITY BENEFITS ADVISORY COMMITTEE (CBAC) AND HELD A VIRTUAL COMMUNITY FORUM PRESENTING RESULTS. IDENTIFY BIDMC'S COMMUNITY BENEFITS PRIORITY COHORTS, GEOGRAPHIC FOCUS, AND COMMUNITY HEALTH PRIORITIES. ANALYZE BIDMC'S EXISTING COMMUNITY BENEFITS ACTIVITIES WHICH WERE INFORMED BY THE 2019 CHNA AND SUBSEQUENT 2020 2022 IMPLEMENTATION STRATEGY THAT WERE COMPLETED BY BIDMC DURING THE FISCAL PERIOD ENDED SEPTEMBER 30, 2019 (TAX YEAR 2018). DETERMINE IF THE RANGE OF COMMUNITY BENEFITS ACTIVITIES ESTABLISHED DURING THE PREVIOUS CHNA AND IMPLEMENTATION STRATEGY PROCESS NEEDED TO BE AUGMENTED OR CHANGED TO RESPOND TO THE ASSESSMENT COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2022 (TAX YEAR 2021).2022 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESSKEY FINDINGSTHE KEY PRIORITY COHORTS IDENTIFIED THROUGH THE CHNA CONDUCTED DURING THE PERIOD ENDED SEPTEMBER 30, 2022, WERE: YOUTH LOW-RESOURCED POPULATIONS LGBTQIA+ OLDER ADULTS RACIALLY, ETHNICALLY AND LINGUISTICALLY DIVERSE POPULATIONS FAMILIES AFFECTED BY VIOLENCE AND/OR INCARCERATIONBIDMC'S CHNA RESULTED IN KEY FINDINGS IN THE FOLLOWING AREAS: EQUITABLE ACCESS TO CARE: INDIVIDUALS IDENTIFIED A NUMBER OF BARRIERS TO ACCESSING AND NAVIGATING THE HEALTHCARE SYSTEM. MANY OF THESE BARRIERS WERE AT THE SYSTEM LEVEL, MEANING THAT THE ISSUES STEM FROM THE WAY IN WHICH THE SYSTEM DOES OR DOES NOT FUNCTION. SYSTEM LEVEL ISSUES INCLUDED PROVIDERS NOT ACCEPTING NEW PATIENTS, LONG WAIT LISTS, AND AN INHERENTLY COMPLICATED HEALTHCARE SYSTEM THAT IS DIFFICULT FOR MANY TO NAVIGATE. THERE WERE ALSO INDIVIDUAL LEVEL BARRIERS TO ACCESS AND NAVIGATION. INDIVIDUALS MAY BE UNINSURED OR UNDERINSURED, WHICH MAY LEAD THEM TO FOREGO OR DELAY CARE. INDIVIDUALS MAY ALSO EXPERIENCE LANGUAGE OR CULTURAL BARRIERS - RESEARCH SHOWS THAT THESE BARRIERS CONTRIBUTE TO HEALTH DISPARITIES, MISTRUST BETWEEN PROVIDERS AND PATIENTS, INEFFECTIVE COMMUNICATION, AND ISSUES OF PATIENT SAFETY. SOCIAL DETERMINANTS OF HEALTH (E.G., ECONOMIC STABILITY, EDUCATION, AND COMMUNITY/SOCIAL CONTEXT) CONTINUE TO HAVE A MASSIVE IMPACT ON MANY SEGMENTS OF THE POPULATION. THE SOCIAL DETERMINANTS OF HEALTH ARE THE CONDITIONS IN THE ENVIRONMENTS WHERE PEOPLE ARE BORN, LIVE, LEARN, WORK, PLAY, WORSHIP, AND AGE THAT AFFECT A WIDE RANGE OF HEALTH, FUNCTIONING, AND QUALITY-OF-LIFE OUTCOMES AND RISKS. THESE CONDITIONS INFLUENCE AND DEFINE QUALITY OF LIFE FOR MANY SEGMENTS OF THE POPULATION IN THE CBSA. RESEARCH SHOWS THAT SUSTAINED SUCCESS IN COMMUNITY HEALTH IMPROVEMENT AND ADDRESSING HEALTH DISPARITIES RELIES ON ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH THAT LEAD TO POOR HEALTH OUTCOMES AND DRIVE HEALTH INEQUITIES. THE ASSESSMENT GATHERED A RANGE OF INFORMATION RELATED TO ECONOMIC INSECURITY, EDUCATION, FOOD INSECURITY, ACCESS TO CARE/NAVIGATION ISSUES, AND OTHER IMPORTANT SOCIAL FACTORS. THERE IS LIMITED QUANTITATIVE DATA IN THE AREA OF SOCIAL DETERMINANTS OF HEALTH. DESPITE THIS, INFORMATION GATHERED THROUGH INTERVIEWS, FOCUS GROUPS, SURVEY, AND LISTENING SESSIONS SUGGESTED THAT THESE ISSUES HAVE THE GREATEST IMPACT ON HEALTH STATUS AND ACCESS TO CARE IN THE REGION - ESPECIALLY ISSUES RELATED TO HOUSING, FOOD SECURITY/NUTRITION, AND ECONOMIC STABILITY. HIGH RATES OF SUBSTANCE USE (E.G., ALCOHOL, PRESCRIPTION DRUG/OPIOIDS, MARIJUANA) AND MENTAL HEALTH ISSUES (E.G., DEPRESSION, ANXIETY AND STRESS). ANXIETY, CHRONIC STRESS, DEPRESSION, AND SOCIAL ISOLATION WERE LEADING COMMUNITY HEALTH CONCERNS. THE ASSESSMENT IDENTIFIED SPECIFIC CONCERNS ABOUT THE IMPACT OF MENTAL HEALTH ISSUES FOR YOUTH AND YOUNG ADULTS, THE MENTAL HEALTH IMPACTS OF RACISM, DISCRIMINATION, AND TRAUMA, AND SOCIAL ISOLATION AMONG OLDER ADULTS. THESE DIFFICULTIES WERE EXACERBATED BY COVID-19. IN ADDITION TO THE OVERALL BURDEN AND PREVALENCE OF MENTAL HEALTH ISSUES, RESIDENTS IDENTIFIED A NEED FOR MORE PROVIDERS AND TREATMENT OPTIONS, ESPECIALLY INPATIENT AND OUTPATIENT TREATMENT, CHILD PSYCHIATRISTS, PEER SUPPORT GROUPS, AND MENTAL HEALTH SERVICES. SUBSTANCE USE CONTINUED TO HAVE A MAJOR IMPACT ON THE CBSA; THE OPIOID EPIDEMIC CONTINUED TO BE AN AREA OF FOCUS AND CONCERN, AND THERE WAS RECOGNITION OF THE LINKS AND IMPACTS ON OTHER COMMUNITY HEALTH PRIORITIES, INCLUDING MENTAL HEALTH, HOUSING, AND HOMELESSNESS. INDIVIDUALS ENGAGED IN THE ASSESSMENT IDENTIFIED STIGMA AS A BARRIER TO TREATMENT AND REPORTED A NEED FOR PROGRAMS THAT ADDRESS COMMON CO-OCCURRING ISSUES (E.G., MENTAL HEALTH ISSUES, HOMELESSNESS). HIGH RATES OF CHRONIC AND ACUTE PHYSICAL HEALTH CONDITIONS (E.G., HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA). CHRONIC CONDITIONS SUCH AS CANCER, DIABETES, CHRONIC LOWER RESPIRATORY DISEASE, STROKE, AND CARDIOVASCULAR DISEASE CONTRIBUTE TO 56% OF ALL MORTALITY IN THE COMMONWEALTH AND OVER 53% OF ALL HEALTH CARE EXPENDITURES (\$30.9 BILLION A YEAR). PERHAPS MOST SIGNIFICANTLY, CHRONIC DISEASES ARE LARGELY PREVENTABLE DESPITE THEIR HIGH PREVALENCE AND DRAMATIC IMPACT ON INDIVIDUALS AND SOCIETY.THE CHNA THAT WAS COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2022, AND THE ASSOCIATED IMPLEMENTATION STRATEGY ADOPTED FROM THIS PROCESS WERE DESIGNED TO INFORM BIDMC'S COMMUNITY BENEFITS INITIATIVES DURING THE FISCAL YEARS ENDING SEPTEMBER 30, 2023; SEPTEMBER 30, 2024; AND SEPTEMBER 30, 2025.

Form and Line Reference	Explanation
PRIOR COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY BENEFITS ACTIVITIES	REPORTED IN THIS FORM 990 SCHEDULE HAS NOTED THROUGHOUT THIS FORM 990 SCHEDULE H, BIDMC MOST RECENTLY COMPLETED CHNA WAS COMPLETED DURING THE FISCAL YEAR ENDED 2022 AND THE FIRST YEAR OF ACCOMPLISHMENTS UNDER THAT CHNA AND IMPLEMENTATION STRATEGY (IS) WILL BE REPORTED IN THE FORM 990 FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2023. THE PRIOR CHNA AND IMPLEMENTATION STRATEGY PROCESS WHICH WAS COMPLETED BY BIDMC IN 2019 INFORMED THE COMMUNITY BENEFITS OPERATIONS AND ACCOMPLISHMENTS REPORTED IN THIS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022 AS DESCRIBED IN DETAIL BELOW. 2019 COMMUNITY HEALTH NEEDS ASSESSMENTTARGETED GEOGRAPHY AND POPULATIONBIDMC COMPLETED ITS 2019 ASSESSMENT IN SEPTEMBER 2019. THE GEOGRAPHIC FOCUS OF BIDMC'S MOST RECENTLY COMPLETED 2019 CHNA ENCOMPASSES THE BOSTON NEIGHBORHOODS OF ALLSTON/BRIGHTON, BOWDOIN/GENEVA, CHINATOWN, FENWAY/KENMORE, MISSION HILL AND ROXBURY, AND THE CITY OF CHELSEA, AND THE MUNICIPALITIES OF BROOKLINE, LEXINGTON, NEEDHAM, AND NEWTON (CHESTNUT HILL). IN AUGUST 2021, BIDMC OPENED TWO NEW LICENSED SITES IN BURLINGTON AND PEABODY; THESE TWO MUNICIPALITIES ARE NOW PART OF BIDMC'S CBSA. THESE MUNICIPALITIES ARE NOT INCLUDED IN THE FY 19 CHNA OR CURRENT FY 20-22 IMPLEMENTATION STRATEGY BUT ARE INCLUDED IN BIDMC'S 2022 CHNA. BIDMC'S FY19 CHNA, ON WHICH THIS REPORT IS BASED, SHOWS THAT LOW-INCOME AND RACIALLY/ETHNICALLY DIVERSE POPULATIONS LIVING IN BOSTON'S NEIGHBORHOODS OF ALLSTON/BRIGHTON, BOWDOIN/GENEVA, CHINATOWN, FENWAY/KENMORE, MISSION HILL AND ROXBURY, AS WELL AS THE ADJACENT CITY OF CHELSEA, FACE THE GREATEST HEALTH DISPARITIES AND ARE MOST AT RISK. AS A RESULT, THESE BOSTON NEIGHBORHOODS AND THE CITY OF CHELSEA HAVE BEEN IDENTIFIED AND PRIORITIZED AS THE FOCUS FOR BIDMC'S COMMUNITY HEALTH EFFORTS. BIDMC'S TARGET POPULATIONS FOCUS ON MEDICALLY-UNDERSERVED AND VULNERABLE GROUPS OF ALL AGES, AS FOLLOWS: YOUTH AND ADOLESCENTS OLDER ADULTS LOW RESOURCE INDIVIDUALS AND FAMILIES LGBTQ POPULATION RACIALLY AND ETHNICALLY DIVERSE POPULATIONS/NON-ENGLISH SPEAKERS TARGET POPULATIONS FOR BIDMC'S COMMUNITY BENEFITS INITIATIVES ARE IDENTIFIED THROUGH A COMMUNITY INPUT AND PLANNING PROCESS, COLLABORATIVE EFFORTS, AND A CHNA THAT IS CONDUCTED EVERY THREE YEARS IN ACCORDANCE WITH THE REQUIREMENTS UNDER IRC SECTION 501(R). 2019 COMMUNITY HEALTH NEEDS ASSESSMENTSUMMARY OF APPROACH AND METHODSTHE CHNA USED A PARTICIPATORY, COLLABORATIVE APPROACH TO LOOK AT HEALTH IN ITS BROADEST CONTEXT. RATHER THAN CONDUCTING A SINGLE ASSESSMENT, BIDMC'S COMMUNITY BENEFITS STAFF CONDUCTED THEIR OWN ASSESSMENT AND CO-LED AND/OR PARTICIPATED IN A SERIES OF ADDITIONAL, CONCURRENT AND COMPREHENSIVE ASSESSMENTS THAT WERE THEN AGGREGATED TO CREATE THE 2019 CHNA REPORT. THESE CONCURRENT ASSESSMENTS WERE CONDUCTED BY ORGANIZATIONS OR COLLECTIVES OF ORGANIZATIONS IN BOSTON AND CHELSEA WITH WHICH BIDMC PARTNERS ON A REGULAR BASIS (BOSTON CHNA-CHIP COLLABORATIVE, NORTH SUFFOLK INTEGRATED CHNA, BILH AND OTHER HOSPITAL CHNAS). BIDMC ALSO INTEGRATED ITS EXTENSIVE COMMUNITY ENGAGEMENT AND PLANNING WORK FROM ITS MASSACHUSETTS DETERMINATION OF NEED NEW INPATIENT BUILDING COMMUNITY-BASED HEALTH INITIATIVE. INVOLVEMENT IN THESE FOUR EFFORTS ALLOWED BIDMC TO LEVERAGE RESOURCES AND CREATE A ROBUST AND INCLUSIVE CHNA AND IMPLEMENTATION STRATEGY. THE COLLABORATIVE PROCESS INCLUDED SYNTHESIZING EXISTING REGIONAL DATA ON SOCIAL, ECONOMIC AND HEALTH INDICATORS AS WELL AS INFORMATION FROM 4,219 SURVEYS, 74 KEY INFORMANT INTERVIEWS, 35 FOCUS GROUPS AND 5 COMMUNITY MEETINGS. COMMUNITY DIALOGUES AND KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH INDIVIDUALS FROM ACROSS THE CITIES OF BOSTON, CHELSEA, REVERE AND WINTHROP THAT COMPRISE THE NORTH SUFFOLK REGION AND WITH A RANGE OF PEOPLE REPRESENTING DIFFERENT AUDIENCES, INCLUDING LEADERS IN EMERGENCY RESPONSE, EDUCATION, HEALTH CARE AND SOCIAL SERVICE ORGANIZATIONS FOCUSING ON VULNERABLE POPULATIONS (E.G., OLDER ADULTS) (SCHEDULE H, PART V, SECTION B, QUESTIONS 3 AND 5). ULTIMATELY, THE QUALITATIVE RESEARCH ENGAGED APPROXIMATELY 1,085 PEOPLE. BIDMC CONDUCTED ITS CHNAS IN THREE PHASES, WHICH ALLOWED BIDMC TO: COMPILE AN EXTENSIVE AMOUNT OF QUANTITATIVE AND QUALITATIVE DATA; ENGAGE AND INVOLVE KEY STAKEHOLDERS, BIDMC CLINICAL AND ADMINISTRATIVE STAFF AND THE COMMUNITY AT-LARGE; DEVELOP A REPORT AND DETAILED STRATEGIC PLAN; AND COMPLY WITH ALL COMMONWEALTH ATTORNEY GENERAL AND FEDERAL IRS COMMUNITY BENEFITS REQUIREMENTS. DATA SOURCES INCLUDED A BROAD ARRAY OF PUBLICLY AVAILABLE SECONDARY DATA, KEY INFORMANT INTERVIEWS, AND FOUR COMMUNITY FORUMS. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESSDETAIL OF APPROACH AND METHODSBDIDMC RELIED ON NUMEROUS PRIMARY AND SECONDARY DATA SOURCES TO ANALYZE THE HEALTH STATUS AND NEED LEVEL THROUGHOUT THEIR CBSA. BIDMC COLLECTED DATA FROM A NUMBER OF SOURCES INCLUDING PRIMARY QUANTITATIVE AND QUALITATIVE DATA, AS WELL AS SECONDARY DATA. EXAMPLES OF SECONDARY DATA SOURCES THAT BIDMC LEVERAGED INCLUDED: U.S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES (2013-2017) BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY (2017) MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION: SCHOOL AND DISTRICT PROFILES (2017 AND 2018-2019) FBI UNIFORM CRIME REPORTS (2017) MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, REGISTRY OF VITAL RECORDS AND STATISTICS (2015) MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, BUREAU OF SUBSTANCE ABUSE SERVICES (2017) MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, ANNUAL REPORTS ON BIRTHS (2016) MASSACHUSETTS BUREAU OF INFECTIOUS DISEASE AND LABORATORY SCIENCES (2017) MASSACHUSETTS CENTER FOR HEALTH INFORMATION ANALYSIS (CHIA) HOSPITAL PROFILES (FY13-FY17) MASSACHUSETTS CENTER FOR HEALTH INFORMATION ANALYSIS (CHIA) HOSPITAL DISCHARGES (2017) MASSACHUSETTS HEALTHY AGING COLLABORATIVE, COMMUNITY PROFILES (2018)2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESSKEY INFORMANT INTERVIEWS WITH INTERNAL AND EXTERNAL STAKEHOLDERS (SCHEDULE H, PART V, SECTION B, LINE 5)BIDMC CONDUCTED 74 KEY INFORMANT INTERVIEWS THAT ENGAGED INSTITUTIONAL, ORGANIZATIONAL AND COMMUNITY LEADERS AND FRONT-LINE STAFF ACROSS SECTORS. DISCUSSIONS EXPLORED INTERVIEWEES' EXPERIENCES OF ADDRESSING COMMUNITY NEEDS AND OPPORTUNITIES FOR FUTURE ALIGNMENT, COORDINATION AND EXPANSION OF SERVICES, INITIATIVES AND POLICIES. A LIST OF KEY INFORMANTS IS INCLUDED IN APPENDIX H OF THE CHNA REPORT THAT IS POSTED ON BIDMC'S WEBSITE. THESE INDIVIDUALS WERE CHOSEN TO AMASS A REPRESENTATIVE GROUP OF PEOPLE WHO HAD THE EXPERIENCE NECESSARY TO PROVIDE INSIGHT ON THE HEALTH OF COMMUNITIES IN BIDMC'S CBSA. INTERVIEWS WERE CONDUCTED IN PERSON AND ON THE PHONE USING A STANDARD INTERVIEW GUIDE. INTERVIEWS FOCUSED ON IDENTIFYING MAJOR HEALTH ISSUES, INCLUDING POSSIBLE

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	STRATEGIES TO ADDRESS THOSE CONCERNS, AND TARGET POPULATIONS.
2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS FOCUS GROUPS	AND COMMUNITY FORUMS (SCHEDULE H, PART V, SECTION B, LINE 5)BIDMC CONDUCTED 35 COMMUNITY FOCUS GROUPS IN BIDMC'S SERVICE AREA TO GATHER CRITICAL COMMUNITY INPUT FROM COMMUNITY RESIDENTS AND STAKEHOLDERS. THESE FOCUS GROUPS WERE ORGANIZED IN COLLABORATION WITH THE BOSTON CHNA-CHIP COLLABORATIVE, NORTH SUFFOLK INTEGRATED CHNA AND OTHER BILH HOSPITALS.BIDMC WAS INTENTIONAL IN ENSURING THAT VARIED EXPERIENCES AND PERSPECTIVES, REFLECTIVE OF BIDMC'S CBSA AND THE COMMUNITY AT LARGE, WERE SHARED THROUGHOUT THE CHNA AND IS PROCESS. TO REACH A BROAD RANGE OF COMMUNITY MEMBERS, ALL COMMUNITY SURVEYS, FOCUS GROUPS AND KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH A FOCUS ON COMMUNITY REPRESENTATIVENESS. FOR EXAMPLE, THE SURVEY SENT OUT AS PART OF THE BOSTON COLLABORATIVE CHNA WAS ADMINISTERED ONLINE AND VIA HARD COPY IN SEVEN LANGUAGES. FURTHERMORE, EXTENSIVE OUTREACH WAS CONDUCTED VIA SOCIAL MEDIA, INSTITUTIONAL NEWSLETTERS, EMAILS TO LARGE NETWORKS, WAITING ROOMS, BOSTON PUBLIC LIBRARY NEIGHBORHOOD BRANCHES, COMMUNITY EVENTS AND LARGE APARTMENT BUILDINGS TO HELP ENSURE DIVERSE REPRESENTATION IN THE CHNA. AS AN EXAMPLE OF BIDMC'S EXTENSIVE AND SUCCESSFUL COMMUNITY OUTREACH, NEARLY HALF (45%) OF FOCUS GROUP PARTICIPANTS IDENTIFIED AS BLACK OR AFRICAN-AMERICAN AND 34% IDENTIFIED AS HISPANIC/LATINO.THE BIDMC COMMUNITY BENEFITS COMMITTEE WAS ALSO INTEGRALLY INVOLVED IN PROVIDING INPUT ON COMMUNITY NEEDS AND PRIORITIZING THE LEADING HEALTH ISSUES. THE COMMUNITY BENEFITS COMMITTEE MET QUARTERLY DURING THE COURSE OF THE ASSESSMENT. THEY PROVIDED INPUT REGARDING THE CHNA OVERALL AND GUIDED THE PRIORITIZATION AND PLANNING PHASE. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESSREVIEWING RESULTS AND COMPILING THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY DOCUMENTSAS NOTED ABOVE, THE CHNA PROCESS WAS DIVIDED INTO THREE PHASES. THE FINAL PHASE, PHASE III, INCLUDED THE FOLLOWING STEPS: REVIEW OF THE ASSESSMENT'S MAJOR FINDINGS. IDENTIFY BIDMC'S COMMUNITY BENEFITS PRIORITY POPULATIONS, GEOGRAPHIC FOCUS, AND COMMUNITY HEALTH PRIORITIES. ANALYZE BIDMC'S EXISTING COMMUNITY BENEFITS ACTIVITIES WHICH WERE INFORMED BY THE 2016 CHNA AND SUBSEQUENT IMPLEMENTATION STRATEGY THAT WERE COMPLETED BY BIDMC DURING THE FISCAL PERIOD ENDED SEPTEMBER 30, 2016 (TAX YEAR 2015). DETERMINE IF THE RANGE OF COMMUNITY BENEFITS ACTIVITIES ESTABLISHED DURING THE PREVIOUS CHNA AND IMPLEMENTATION STRATEGY PROCESS NEEDED TO BE AUGMENTED OR CHANGED TO RESPOND TO THE ASSESSMENT COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 (TAX YEAR 2018).2019 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESSKEY FINDINGSTHE KEY PRIORITY POPULATIONS IDENTIFIED THROUGH THE CHNA CONDUCTED DURING THE PERIOD ENDED SEPTEMBER 30, 2019, WERE: YOUTH AND ADOLESCENTS OLDER ADULTS LOW-RESOURCE INDIVIDUALS AND FAMILIES LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER OR QUESTIONING (LGBTQ) INDIVIDUALS RACIALLY AND ETHNICALLY DIVERSE POPULATIONS AND NON-ENGLISH SPEAKERSBETH ISRAEL DEACONESS MEDICAL CENTER'S CHNA RESULTED IN KEY FINDINGS IN THE FOLLOWING AREAS: SOCIAL DETERMINANTS OF HEALTH (E.G., ECONOMIC STABILITY, EDUCATION, AND COMMUNITY/SOCIAL CONTEXT) CONTINUE TO HAVE A MASSIVE IMPACT ON MANY SEGMENTS OF THE POPULATION. THE DOMINANT THEME FROM THE ASSESSMENT'S KEY INFORMANT INTERVIEWS, SURVEY, FOCUS GROUPS AND COMMUNITY FORUMS WAS THE CONTINUED IMPACT THAT THE UNDERLYING SOCIAL DETERMINANTS OF HEALTH ARE HAVING ON THE CBSA'S LOW-INCOME, UNDERSERVED, DIVERSE POPULATION COHORTS. MORE SPECIFICALLY, DETERMINANTS SUCH AS POVERTY, EMPLOYMENT OPPORTUNITIES, HOUSING, VIOLENCE, TRANSPORTATION, RACIAL SEGREGATION, LITERACY, PROVIDER LINGUISTIC/CULTURAL COMPETENCY, SOCIAL SUPPORT, AND COMMUNITY INTEGRATION LIMIT MANY PEOPLE'S ABILITY TO CARE FOR THEIR OWN AND/OR THEIR FAMILIES' HEALTH. HIGH RATES OF SUBSTANCE USE (E.G., ALCOHOL, PRESCRIPTION DRUG/OPIOIDS, MARIJUANA) AND MENTAL HEALTH ISSUES (E.G., DEPRESSION, ANXIETY AND STRESS). THE IMPACT OF SOCIAL DETERMINANTS WAS THE LEAD FINDING, BUT A CLOSE SECOND WAS THE PROFOUND IMPACT OF BEHAVIORAL HEALTH ISSUES (I.E., SUBSTANCE USE AND MENTAL HEALTH) ON INDIVIDUALS, FAMILIES AND COMMUNITIES IN EVERY GEOGRAPHIC REGION AND EVERY POPULATION SEGMENT IN BIDMC'S CBSA. DEPRESSION/ANXIETY, SUICIDE, ALCOHOL USE, OPIOID AND PRESCRIPTION DRUG USE AND MARIJUANA USE ARE MAJOR HEALTH ISSUES AND ARE HAVING A SIGNIFICANT IMPACT ON THE POPULATION AS WELL AS BURDENING THE SERVICE SYSTEM. THE FACT THAT PHYSICAL AND BEHAVIORAL HEALTH ARE SO INTERTWINED COMPOUNDS THE IMPACT OF THESE ISSUES. OF PARTICULAR CONCERN ARE THE INCREASING RATES OF OPIOID USE AND THE IMPACTS OF TRAUMA. HIGH RATES OF CHRONIC AND ACUTE PHYSICAL HEALTH CONDITIONS (E.G., HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA). THE ASSESSMENT'S QUANTITATIVE DATA CLEARLY SHOWS THAT MANY COMMUNITIES IN BIDMC'S CBSA HAVE HIGH RATES FOR MANY OF THE LEADING PHYSICAL HEALTH CONDITIONS (E.G., HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA). IN MANY COMMUNITIES, THESE RATES ARE STATISTICALLY HIGHER THAN COMMONWEALTH RATES, INDICATING A PARTICULARLY SIGNIFICANT PROBLEM. HOWEVER, EVEN FOR THOSE COMMUNITIES WHERE THE RATES ARE NOT STATISTICALLY HIGHER, THESE CONDITIONS ARE STILL THE LEADING CAUSES OF PREMATURE DEATH. LIMITED ACCESS TO PRIMARY CARE MEDICAL, MEDICAL SPECIALTY, BEHAVIORAL HEALTH, AND ORAL HEALTH CARE SERVICES FOR LOW-INCOME, FOREIGN BORN, THOSE COVERED BY MEDICAID, UNINSURED, AND OTHER VULNERABLE POPULATIONS FACING HEALTHCARE DISPARITIES AND BARRIERS TO CARE. DESPITE THE FACT THAT MASSACHUSETTS HAS ONE OF HIGHEST RATES OF HEALTH INSURANCE AND THE COMMUNITIES THAT MAKE UP BIDMC'S CBSA HAVE STRONG, ROBUST SAFETY NET SYSTEMS, THERE ARE STILL SUBSTANTIAL NUMBERS OF LOW-INCOME, MEDICAID COVERED, UNINSURED AND OTHERWISE VULNERABLE INDIVIDUALS WHO FACE HEALTH DISPARITIES AND ARE NOT ENGAGED IN ESSENTIAL MEDICAL, BEHAVIORAL AND ORAL HEALTH SERVICES. EFFORTS NEED TO BE MADE TO EXPAND ACCESS, REDUCE BARRIERS TO CARE AND IMPROVE THE QUALITY OF PRIMARY CARE MEDICAL, MEDICAL SPECIALTY, BEHAVIORAL HEALTH AND ORAL HEALTH SERVICES. THE CHNA THAT WAS COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019, AND THE ASSOCIATED IMPLEMENTATION STRATEGY ADOPTED FROM THIS PROCESS WERE DESIGNED TO INFORM BIDMC'S COMMUNITY BENEFITS INITIATIVES DURING THE FISCAL YEARS ENDED SEPTEMBER 30, 2020; SEPTEMBER 30, 2021; AND SEPTEMBER 30, 2022.
INTERIM CHANGES AND UPDATES	TO 2019 IMPLEMENTATION STRATEGY BASED BASED ON NEWLY IDENTIFIED COMMUNITY NEEDS COVID PANDEMICAAS PREVIOUSLY NOTED IN THIS FILING, IRC SECTION 501(R)(3) AND THE PROMULGATED REGULATIONS REQUIRE THAT A TAX-EXEMPT HOSPITAL CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND ADOPT AN IMPLEMENTATION

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	STRATEGY ADDRESSING COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE CHNA AT LEAST ONCE EVERY THREE YEARS. THE PREAMBLE TO THE REGULATIONS PROMULGATED UNDER IRC SECTION 501(R)(3) NOTES THAT THE TREASURY AND THE IRS INTENDED FOR THE CHNA AND IMPLEMENTATION STRATEGY REQUIREMENT TO ESTABLISH CONTINUAL FEEDBACK ON CHNA REPORTS AND A HOSPITAL IS REQUIRED TO CONSIDER COMMENTS RECEIVED RELATED TO THE EXISTING CHNA AND IMPLEMENTATION STRATEGY WHEN ENGAGING IN THE NEXT CHNA PROCESS NOT MORE THAN THREE YEARS AFTER ADOPTION. IN ADDITION, FINAL REGULATIONS DO NOT PROHIBIT IMPLEMENTATION STRATEGIES FROM DISCUSSING HEALTH NEEDS IDENTIFIED THROUGH MEANS OTHER THAN A CHNA, PROVIDED THAT THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE CHNA ARE ALSO DISCUSSED. FINALLY, THERE IS NOTHING IN THE REGULATIONS THAT PROHIBITS A HOSPITAL FROM UPDATING ITS IMPLEMENTATION STRATEGY BASED ON AN OFF-CYCLE CHANGE TO THE COMMUNITY HEALTH NEEDS THAT ARISE. DURING THE FISCAL PERIOD, OCTOBER 1, 2019 TO SEPTEMBER 30, 2020, THE HEALTH NEEDS OF THE COMMUNITIES SERVED BY BIDMC WERE IMPACTED BY AN UNEXPECTED GLOBAL PANDEMIC. ON JANUARY 9, 2020, THE WORLD HEALTH ORGANIZATION (WHO) ANNOUNCED THE IDENTIFICATION OF A NEW AND NOVEL CORONAVIRUS-RELATED PNEUMONIA IN WUHAN, CHINA. ON JANUARY 21, 2020 THE UNITED STATES CENTERS FOR DISEASE CONTROL CONFIRMED THE FIRST CASE OF THIS NEW CORONA VIRUS IN THE UNITED STATES. ON JANUARY 31, 2020, THE WHO ISSUED A GLOBAL HEALTH EMERGENCY AND ON FEBRUARY 3 THE UNITED STATES DECLARED A PUBLIC HEALTH EMERGENCY BECAUSE OF THE COVID-19 VIRUS. ON MARCH 11, 2020, THE WHO DECLARED COVID-19 A PANDEMIC AND TWO DAYS LATER, THE PRESIDENT OF THE UNITED STATES DECLARED COVID-19 A NATIONAL EMERGENCY.THE HEALTH OF THE COMMUNITIES SERVED BY BIDMC WERE IMPACTED BY THIS UNFORESEEN HEALTH CRISIS AND IN THE ABSENCE OF REGULATORY GUIDANCE TO THE CONTRARY, BIDMC NEEDED TO QUICKLY REASSESS AND PIVOT TO MEET THE NEW AND PREVIOUSLY UNEXPECTED COMMUNITY NEEDS. AS SUCH, IN RESPONSE TO THE COVID-19 CRISIS BIDMC'S COMMUNITY BENEFITS STAFF ALONG WITH THE HOSPITAL'S COMMUNITY BENEFITS ADVISORY COMMITTEE (CBAC) AND IN RESPONSE TO COVID, EXPANDED GOALS RELATED TO ACCESS TO CARE AND SOCIAL DETERMINANTS OF HEALTH TARGETED PRIMARILY AT LOW INCOME AND MINORITY POPULATIONS WHO HAVE BEEN DISPROPORTIONATELY IMPACTED BY COVID-19.THE ADDITIONAL AND NEWLY URGENT HEALTH NEEDS IN RESPONSE TO COVID-19 WERE:IN FY20, BIDMC DEDICATED SIGNIFICANT TIME AND RESOURCES TO RESPOND TO NEEDS RELATED TO COVID-19. BIDMC WORKED WITH ITS LICENSED AND AFFILIATED COMMUNITY HEALTH CENTERS AND THE HOSPITAL'S CHELSEA LOCATION TO EXPAND COMMUNITY TESTING ACCESS. BOTH BOWDOIN STREET HEALTH CENTER (BSHC), THE HOSPITAL'S LICENSED HEALTH CENTER, AND THE HOSPITAL'S CHELSEA LOCATION REDUCED BARRIERS TO TESTING ACCESS BY OFFERING ON-SITE INTERPRETATION, WELCOMING WALK-INS, AND NOT REQUIRING A PHYSICIAN ORDER. THE HOSPITAL ALSO WORKED WITH BILH TO DEVELOP AND DISTRIBUTE WRITTEN MATERIALS (IN NINE LANGUAGES) TO THE COMMUNITIES MOST IMPACTED BY COVID-19 TO HELP SLOW THE SPREAD OF THE VIRUS AND DELINEATE WHERE RESIDENTS COULD ACCESS SERVICES AND RESOURCES IN THEIR COMMUNITY. BILH AND BIDMC REDEPLOYED STAFF, SUPPLIES, AND OTHER MATERIALS TO BOTH THE COMMUNITY AND WITHIN HOSPITALS, INCLUDING PERSONAL PROTECTIVE EQUIPMENT (PPE), FOOD, HAND SANITIZER, ETC. IN FY21, BIDMC CONTINUED TO OFFER ACCESS TO COVID-19 TESTING AT ITS CHELSEA LOCATION. IN RESPONSE TO FOOD INSECURITY CAUSED AND/OR EXACERBATED BY COVID-19, BIDMC PARTNERED WITH ITS LICENSED AND AFFILIATED HEALTH CENTERS AND OTHER ORGANIZATIONS TO IMPROVE FOOD ACCESS. BOWDOIN STREET HEALTH CENTER DELIVERED BI-WEEKLY FOOD BOXES FOR HEALTH CENTER PATIENTS WHO IDENTIFIED AS FOOD INSECURE. THE DIMOCK CENTER ADDRESSED FOOD INSECURITY AMONG PATIENTS AND COMMUNITY RESIDENTS THROUGH A GIFT-CARD BASED PROGRAM, PROVIDING A FLEXIBLE MECHANISM FOR INDIVIDUALS TO PURCHASE NECESSARY FOOD AND HOUSEHOLD ITEMS. IN FY22, BIDMC CONTINUED TO OFFER ACCESS TO COVID-19 TESTING AT ITS CHELSEA LOCATION, AND THE DIMOCK CENTER CONTINUED TO DISTRIBUTE GIFT CARDS TO PATIENTS AND FAMILIES. IN ADDITION, BOWDOIN STREET HEALTH CENTER CONTINUED TO DISTRIBUTE BAGS OF FRESH FRUITS AND VEGETABLES TO PATIENTS AND COMMUNITY MEMBERS, IN PARTNERSHIP WITH A LOCAL ORGANIZATION.COVID-19 CAUSED SEVERAL OBJECTIVES AND STRATEGIES HIGHLIGHTED IN THIS REPORT TO BE MODIFIED. IN SOME CASES, THEY WERE EXPANDED, AND IN OTHERS THEY WERE REDUCED IN RESPONSE TO THE PANDEMIC AND ITS IMPACT ON OUR COMMUNITY. THE ACTIONS TAKEN TOWARD ADDRESSING THESE NEEDS ARE INCLUDED FURTHER IN THIS NARRATIVE SUPPORT ALONG WITH BIDMC'S DETAILED DESCRIPTION OF ACTIVITIES UNDERTAKEN TO MEET THE COMMUNITY NEEDS.
COMMUNITY HEALTH NEEDS ASSESSMENT MAKING THE CHNA AND IMPLEMENTATION	STRATEGY WIDELY AVAILABLE BIDMC STRIVES TO ADDRESS THE PRIORITY AREAS IN ITS CHNA AND IMPLEMENTATION STRATEGY.AS NOTED ABOVE, BIDMC COMPLETED ITS MOST RECENT CHNA DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2022 (TAX YEAR 2021). THAT CHNA AND APPENDIX WITH DETAILED INFORMATION IS AVAILABLE ON THE BIDMC WEBSITE AT: HTTPS://WWW.BIDMC.ORG/-/MEDIA/FILES/BETH-ISRAEL-ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITS/BIDMC-2022-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-093022.PDFIN ADDITION TO THE CHNA, BIDMC COMPLETED ITS MOST RECENT IMPLEMENTATION STRATEGY DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2022 (TAX YEAR 2021). THE IMPLEMENTATION STRATEGY IS AVAILABLE ON THE BIDMC WEBSITE AT: HTTPS://WWW.BIDMC.ORG/-/MEDIA/FILES/BETH-ISRAEL-ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITS/BIDMC-2020-2022.PDF.IN ADDITION, AS NOTED ABOVE, BIDMC COMPLETED ITS PREVIOUS CHNA DURING ITS FISCAL YEAR ENDED SEPTEMBER 30, 2019 (TAX YEAR 2018). THAT CHNA IS AVAILABLE ON THE BIDMC WEBSITE AT: HTTPS://WWW.BIDMC.ORG/-/MEDIA/FILES/BETH-ISRAEL-ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITS/CHNA-REPORT93019FINAL.PDF.FINALLY, THE IMPLEMENTATION STRATEGY ASSOCIATED WITH THE CHNA COMPLETED DURING BIDMC'S FISCAL YEAR ENDED SEPTEMBER 30, 2019 (TAX YEAR 2018) IS AVAILABLE ON THE BIDMC WEBSITE AT: HTTPS://WWW.BIDMC.ORG/-/MEDIA/FILES/BETH-ISRAEL-ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITS/IMPLEMENTATION-STRATEGY-2020-2022.PDF.EACH OF THESE DOCUMENTS IS ALSO AVAILABLE ON REQUEST (SCHEDULE H, PART V, SECTION B, LINE 7A).COMMUNITY HEALTH NEEDS ASSESSMENTADDRESSING COMMUNITY HEALTH NEEDS(SCHEDULE H, PART V, SECTION B, LINE 11)AS NOTED ABOVE, BIDMC'S MOST RECENT CHNA AND IMPLEMENTATION STRATEGY WERE CONDUCTED AND APPROVED BY THE BOARD DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2022 BUT IT IS THE PREVIOUS CHNA AND IMPLEMENTATION STRATEGY WHICH INFORMED THE COMMUNITY BENEFITS MISSION AND

Form and Line Reference	Explanation
	ACTIVITIES OF BIDMC FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022 WHICH ARE REPORTED HERE. A SUMMARY OF BIDMC'S COMMUNITY BENEFITS ACTIVITIES THAT ADDRESS THE NEEDS IDENTIFIED IN THE CHNA COMPLETED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019 AND PRIORITIZED IN THE RELATED IMPLEMENTATION STRATEGY ARE PROVIDED HERE ALONG WITH THE ENTITIES THAT THE HOSPITAL PARTNERS WITH ON THESE EFFORTS. GIVEN THE COMPLEX HEALTH ISSUES IN THE COMMUNITY, BIDMC HAS BEEN STRATEGIC IN IDENTIFYING ITS COMMUNITY HEALTH PRIORITIES IN ORDER TO MAXIMIZE THE IMPACT OF ITS COMMUNITY BENEFITS PROGRAM AND WORK TO IMPROVE THE OVERALL HEALTH AND WELLNESS OF RESIDENTS IN ITS CBSA. GOALS FOR EACH PRIORITY AREA ARE LISTED BELOW.PRIORITY AREA 1: SOCIAL DETERMINANTS OF HEALTH GOAL 1: PROMOTE HEALTHY NEIGHBORHOODS (HEALTHY EATING, ACTIVE LIVING, OTHER HEALTHY BEHAVIORS, HEALTH-RELATED PROGRAMS/POLICIES) GOAL 2: PROMOTE VIOLENCE PREVENTION (SAFE NEIGHBORHOODS AND COMMUNITY COHESION) GOALS 3 AND 4: PROMOTE AFFORDABLE HOUSING AND PROMOTE HOME OWNERSHIP GOAL 5: SUPPORT WORKFORCE DEVELOPMENT AND CREATION OF EMPLOYMENT OPPORTUNITIES GOAL 6: PROMOTE ENVIRONMENTAL SUSTAINABILITY PRIORITY AREA 2: CHRONIC / COMPLEX CONDITIONS & THEIR RISK FACTORS GOAL 1: IMPROVE CHRONIC DISEASE MANAGEMENT GOAL 2: REDUCE CANCER DISPARITIES (ACCESS TO SCREENING AND TREATMENT) GOAL 3: SUPPORT OLDER ADULTS TO AGE IN PLACE PRIORITY AREA 3: ACCESS TO CARE GOAL 1: INCREASE ACCESS TO QUALITY MEDICAL SERVICES, INCLUDING PRIMARY CARE, OB/GYN, AND SPECIALTY CARE AS WELL AS URGENT, EMERGENT AND TRAUMA CARE GOAL 2: INCREASE ACCESS TO QUALITY ORAL HEALTH SERVICES GOAL 3: PROMOTE EQUITABLE CARE AND SUPPORT FOR THOSE WHO FACE CULTURAL AND LINGUISTIC BARRIERS GOAL 4: PROMOTE GREATER HEALTH EQUITY AND REDUCE DISPARITIES IN ACCESS FOR LGBTQ POPULATIONS PRIORITY AREA 4: MENTAL HEALTH AND SUBSTANCE USE GOAL 1: INCREASE ACCESS TO QUALITY MENTAL HEALTH CARE AND SUBSTANCE USE SERVICES GOAL 2: REDUCE BURDEN OF OPIOID USE GOAL 3: PROMOTE BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT AND INCREASE CAPACITY
COMMUNITY HEALTH NEEDS ASSESSMENT	APPROACH TO ADDRESSING HEALTH NEEDS (SCHEDULE H, PART V, SECTION B, LINE 11)BIDMC HAS TAKEN A HOLISTIC AND STRATEGIC APPROACH IN ADDRESSING THE HEALTH PRIORITIES IDENTIFIED IN THE CHNA AND ASSOCIATED IMPLEMENTATION STRATEGY BY CREATING, SUPPORTING AND INVESTING IN HEALTH PROGRAMMING AND INITIATIVES THROUGHOUT THEIR CBSA. BELOW IS A SUMMARY OF SOME OF THE COMMUNITY BENEFITS PROGRAMS AND INITIATIVES BIDMC OPERATES AND SUPPORTS TO IMPROVE HEALTH OUTCOMES AMONG THEIR TARGET POPULATIONS THROUGHOUT THEIR PRIORITY NEIGHBORHOODS.BIDMC HAS BEEN A LEADER IN CREATING A MYRIAD OF COMMUNITY BENEFITS PROGRAMS THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH. PROGRAMS INCLUDE THE BIDMC CENTER FOR VIOLENCE PREVENTION AND RECOVERY (CVPR), JOB CREATION AND CAREER ADVANCEMENT OPPORTUNITIES THROUGH BIDMC'S OFFICE OF WORKFORCE DEVELOPMENT, DEVELOPMENT OF INSTITUTIONAL METRICS TO MEASURE BIDMC'S SHRINKING CARBON FOOTPRINT, AND TRANSPORTATION RESOURCES TO IMPROVE ACCESS TO HEALTHCARE. THROUGH CVPR, BIDMC HAS LED THE WAY IN DEVELOPING A CONTINUUM OF EDUCATION, OUTREACH, AND TREATMENT INTERVENTIONS TO RESPOND TO VICTIMS OF INTERPERSONAL, SEXUAL, COMMUNITY VIOLENCE, AND HOMICIDE BEREAVEMENT. IT IS ALSO ONE OF THE LEADERS IN DEVELOPING PROGRAMMING TO ADDRESS SECONDARY TRAUMATIC STRESS AMONG DOMESTIC VIOLENCE AND MEDICAL SERVICE PROVIDERS. IN FY22, BIDMC PROVIDED OUTREACH AND/OR COUNSELING SERVICES TO 29 SEXUAL ASSAULT SURVIVORS. TO FURTHER ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, BIDMC IS COMMITTED TO MAKING EMPLOYMENT OPPORTUNITIES AVAILABLE TO COMMUNITY RESIDENTS AND CREATING CAREER ADVANCEMENT OPPORTUNITIES FOR BIDMC EMPLOYEES WHO ARE SEEKING ADDITIONAL SKILLS AND HIGHER INCOMES. IN FY22 BIDMC'S OFFICE OF WORKFORCE DEVELOPMENT OFFERED 8 DIFFERENT CAREER PIPELINE PROGRAMS THAT SERVED 68 PEOPLE. ADDITIONALLY, 27 YOUTH WERE EMPLOYED IN PAID SUMMER JOBS AT BIDMC. OTHER EXAMPLES OF SUCCESS ARE LISTED IN THE SUBSEQUENT SCHEDULE H IMPLEMENTATION STRATEGY UPDATE. BIDMC IS ROOTED IN PROVIDING HEALTHCARE TO POPULATIONS WHO HAVE HISTORICALLY NOT HAD ADEQUATE ACCESS TO CARE. BIDMC CONTINUES TO EXPAND ACCESS THROUGHOUT THEIR CBSA BY SUPPORTING AND LEADING THE COMMUNITY CARE ALLIANCE (CCA), ENSURING THAT RESIDENTS HAVE ACCESS TO QUALITY COMMUNITY HEALTH CENTERS (CHCS) SERVING THE NEEDS OF THE MOST VULNERABLE IN WAYS THAT ARE CULTURALLY RESPONSIVE AND ACCESSIBLE. BIDMC IS COMMITTED TO STRENGTHENING THE CAPACITY OF ITS FIVE AFFILIATED CHCS INCLUDING: BOWDOIN STREET HEALTH CENTER (BSHC), THE DIMOCK HEALTH CENTER, FENWAY HEALTH, CHARLES RIVER COMMUNITY HEALTH, AND SOUTH COVE COMMUNITY HEALTH CENTER. THE PARTNERSHIP TAKES MANY FORMS: RECRUITMENT, RETENTION, FINANCIAL SUPPORT AND CREDENTIALING OF PHYSICIANS AND MID-LEVEL PROVIDERS, BIDMC ADMITTING PRIVILEGES AND ACCESS TO MANAGED CARE CONTRACTS, HARVARD MEDICAL SCHOOL APPOINTMENTS AND TEACHING OPPORTUNITIES, BIDMC-SPONSORED EDUCATIONAL PROGRAMS, AND ACCESS TO UP-TO-DATE (A CLINICAL SUPPORT RESOURCE). WHILE OUTER CAPE HEALTH SERVICES REMAINS A CLINICAL AFFILIATE AND BIDMC COLLABORATOR AND COMMUNITY PARTNER, THE HEALTH CENTER IS LONGER A MEMBER OF CCA. BIDMC HAS FOCUSED ITS EFFORTS ON CREATING TARGETED PROGRAMS THAT ADDRESS CHRONIC DISEASES SUCH AS CANCER, DIABETES, AND HIV. THESE PROGRAMS INCLUDE BUT ARE NOT LIMITED TO BSHC'S FITNESS IN THE CITY AND CANCER PATIENT NAVIGATORS AT BIDMC. TO SUPPORT CANCER PATIENTS WHEN SPECIALTY CARE OR INPATIENT HOSPITALIZATIONS ARE NECESSARY, BIDMC OFFERS THE SERVICES OF BILINGUAL AND BICULTURAL CANCER PATIENT NAVIGATORS WHO BRIDGE THE GULF BETWEEN COMMUNITY PROVIDERS AND THE MEDICAL CENTER. ONE PATIENT NAVIGATOR SPECIALIZES IN SERVING THE LATINO COMMUNITY AND THE OTHER SPECIALIZES IN SERVING THE CHINESE COMMUNITY, THOUGH THEY ALSO SERVE PATIENTS FROM OTHER ETHNIC GROUPS. DETAILS OF OTHER BIDMC PROGRAMS, SUCH AS BOWDOIN STREET HEALTH CENTER'S FITNESS IN THE CITY, ADDRESSING CHRONIC DISEASE MANAGEMENT ARE INCLUDED IN THE IMPLEMENTATION STRATEGY UPDATE BELOW.AMONG THE MANY WAYS BIDMC AND ITS PARTNERS ADDRESS BEHAVIORAL HEALTH NEEDS IS BY EXPANDING BEHAVIORAL HEALTH INTEGRATION AT ITS AFFILIATED HEALTH CENTERS AS WELL AS SCREENING PATIENTS AT BIDMC AND CONNECTING THEM TO APPROPRIATE SERVICES. FOR EXAMPLE, BSHC CONTINUES TO INTEGRATE BEHAVIORAL HEALTH SERVICES INTO THEIR PRIMARY CARE CLINIC. A BEHAVIORAL HEALTH CARE MANAGER IS ON-SITE TO PROVIDE MENTAL HEALTH ASSESSMENT, INTERVENTION, AND CONSULTATION TO PATIENTS AND PROVIDERS DURING PRIMARY CARE VISITS. RESULTS OF THE BEHAVIORAL HEALTH INTEGRATION SHOW THAT MORE HIGH-RISK PATIENTS ARE ACCESSING MENTAL HEALTH

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	SERVICES, AN INCREASE IN APPOINTMENTS KEPT BY PATIENTS WHO RECEIVE A "WARM HAND-OFF" BY THEIR PROVIDER TO THERAPISTS, AND REDUCED WAIT TIME FOR MENTAL HEALTH APPOINTMENTS. BIDMC ALSO CONTINUED TO DEDICATE SIGNIFICANT TIME AND RESOURCES TO RESPOND TO NEEDS RELATED TO COVID-19, SUCH AS FOOD INSECURITY, HOUSING INSTABILITY, AND ACCESS TO CARE. FOR EXAMPLE, BIDMC CONTINUED TO OFFER ACCESS TO COVID-19 TESTING AT ITS CHELSEA LOCATION. IN RESPONSE TO FOOD INSECURITY CAUSED AND/OR EXACERBATED BY COVID-19, BIDMC PARTNERED WITH ITS LICENSED AND AFFILIATED HEALTH CENTERS AND OTHER ORGANIZATIONS TO IMPROVE FOOD ACCESS. BOWDOIN STREET HEALTH CENTER DISTRIBUTED BAGS OF FRESH FOOD TO HEALTH CENTER PATIENTS AND COMMUNITY MEMBERS WHO IDENTIFIED AS FOOD INSECURE. THE DIMOCK CENTER ADDRESSED FOOD INSECURITY AMONG PATIENTS AND COMMUNITY RESIDENTS THROUGH A GIFT-CARD BASED PROGRAM, PROVIDING A FLEXIBLE MECHANISM FOR INDIVIDUALS TO PURCHASE NECESSARY FOOD AND HOUSEHOLD ITEMS. A FULL UPDATE ON BIDMC'S HEALTH PRIORITIES AND ASSOCIATED GOALS IS INCLUDED BELOW.FY20 SCHEDULE HIMPLEMENTATION STRATEGY UPDATEKEY: BASELINE-2020, YEAR 1-2021, YEAR 2-2022PRIORITY AREA 1: SOCIAL DETERMINANTS OF HEALTH SOCIAL DETERMINANTS OF HEALTH (E.G., ECONOMIC STABILITY, EDUCATION, AND COMMUNITY/SOCIAL CONTEXT) CONTINUE TO HAVE A MASSIVE IMPACT ON MANY SEGMENTS OF THE POPULATION. THE DOMINANT THEME FROM BIDMC'S KEY INFORMANT INTERVIEWS AND COMMUNITY FORUMS WAS THE CONTINUED IMPACT THAT THE UNDERLYING SOCIAL DETERMINANTS OF HEALTH ARE HAVING ON THE CBSA'S LOW-INCOME, UNDERSERVED, DIVERSE POPULATION COHORTS. MORE SPECIFICALLY, DETERMINANTS SUCH AS POVERTY, EMPLOYMENT OPPORTUNITIES, VIOLENCE, TRANSPORTATION, RACIAL SEGREGATION, LITERACY, PROVIDER LINGUISTIC/CULTURAL COMPETENCY, SOCIAL SUPPORT AND COMMUNITY INTEGRATION LIMIT MANY PEOPLE'S ABILITY TO CARE FOR THEIR OWN AND/OR THEIR FAMILIES' HEALTH. THE IMPACT OF RACISM, BARRIERS TO CARE, AND DISPARITIES IN HEALTH OUTCOMES THAT THESE POPULATIONS FACE ARE WIDELY DOCUMENTED. THERE ARE A MULTITUDE OF INDIVIDUAL, COMMUNITY AND SOCIETAL FACTORS THAT WORK TOGETHER TO CREATE THESE INEQUITIES. THE UNDERLYING ISSUE IS NOT ONLY RACE/ETHNICITY, FOREIGN BORN STATUS, OR LANGUAGE BUT RATHER A BROAD ARRAY OF INTERRELATED ISSUES INCLUDING ECONOMIC OPPORTUNITY, EDUCATION, CRIME, AND COMMUNITY COHESION.
GOAL 1:	PROMOTE HEALTHY NEIGHBORHOODS (HEALTHY EATING, ACTIVE LIVING, OTHER HEALTHY BEHAVIORS, HEALTH-RELATED PROGRAMS/POLICIES) PROGRAMMATIC OBJECTIVES1.1 INCREASE THE NUMBER OF CHILDREN IN CCA CLINICS WHO ARE SCREENED FOR BMI1.2 INCREASE THE NUMBER OF CHILDREN, YOUTH, AND ADULTS WHO ARE PHYSICALLY ACTIVE1.3 DEVELOP AND UPDATE ANNUALLY A STRATEGIC PROGRAM PLAN FOR BOWDOIN STREET WELLNESS CENTER1.4 INCREASE ACCESS TO HEALTHY AND AFFORDABLE FOODS IN THE COMMUNITY1.5 IMPROVE NUTRITIONAL QUALITY OF THE FOOD SUPPLY1.6 DECREASE THE NUMBER OF INDIVIDUALS AND FAMILIES WHO SUFFER FROM FOOD INSECURITY1.7 PROVIDE OPPORTUNITIES FOR NEIGHBORHOODS TO IDENTIFY AND ADDRESS UNIQUE NEIGHBORHOOD NEEDSCOMMUNITY OBJECTIVES / STRATEGIES PROMOTE UNIVERSAL SCREENING FOR BMI ALONG WITH APPROPRIATE COUNSELING FOR PHYSICAL ACTIVITY AND NUTRITION SUPPORT AND PROMOTE THE DEVELOPMENT OF WALKING AND OTHER PHYSICAL ACTIVITY GROUPS IN SCHOOLS, COMMUNITY-BASED AND PRIMARY CARE-BASED SETTINGS (E.G., BOWDOIN STREET WELLNESS CENTER) SUPPORT AND COLLABORATE WITH BPHC AND COMMUNITY-BASED ORGANIZATIONS (E.G., DAILY TABLE, GBFB, ETC.) TO PROMOTE ACCESSIBLE/AFFORDABLE HEALTHY FOOD INCLUDING RX FOOD PRESCRIPTION, AND FARMERS MARKETS SUPPORT HEALTHY CHAMPIONS, A GROUP OF TEENAGERS, IN HEALTHY COOKING AND EDUCATION WORKSHOPS SUPPORT THE FITNESS IN THE CITY PROGRAM AT BSHC SELECT NEIGHBORHOOD COLLECTIVES TO IDENTIFY AND ADDRESS UNIQUE NEIGHBORHOOD NEEDSMETRICS AND STATUS UPDATE: NUMBER OF CHILDREN 3-17 AT AFFILIATED HEALTH CENTERS WHO ARE SCREENED FOR BMI AND COUNSELED FOR PHYSICAL ACTIVITY AND NUTRITION (FY20: 7,137; FY21: 5,694; FY22: 9,173) PERCENTAGE OF CHILDREN SEEN AT AFFILIATED HEALTH CENTERS THAT WERE SCREENED FOR BMI AND COUNSELED FOR NUTRITION AND PHYSICAL ACTIVITY (FY20: 73%; FY21: 62%; FY22: 58%) NUMBER OF SCHOOLS PARTICIPATING IN WALKING PROGRAMS AND OTHER PHYSICAL ACTIVITY GROUPS (FY20: 8 PUBLIC SCHOOLS; FY21: PROGRAM ENDED IN FY20) NUMBER OF PARTICIPANTS IN THE FITNESS IN THE CITY PROGRAM (FY20: 73; FY21: 56; FY22: DATA NOT AVAILABLE) NUMBER OF BOWDOIN GENEVA FARMERS' MARKETS AND OTHER FARMERS MARKETS HELD (FY20: 0 - DID NOT TAKE PLACE DUE TO COVID-19; FY21: PROGRAM ENDED DUE TO FUNDING CHANGES AND REDIRECTION DUE TO COVID-19) POUNDS OF PRODUCE SOLD AT BOWDOIN GENEVA FARMERS' MARKETS (FY20: 0 - DID NOT TAKE PLACE DUE TO COVID-19; FY21: PROGRAM ENDED DUE TO FUNDING CHANGES AND REDIRECTION DUE TO COVID-19) NUMBER OF FOOD BOXES BSHC PROVIDED (FY21: 2,925 BOXES TO 125 UNIQUE FAMILIES; FY22: PROGRAM CHANGED 300 BAGS OF FRESH FOOD WERE DISTRIBUTED FOR FREE TO PATIENTS AND COMMUNITY MEMBERS) NUMBER OF PATIENTS REFERRED TO BSHC COMMUNITY HEALTH WORKERS FOR SUPPORT (FY20: 183; FY21: 438; FY22: 533) NUMBER OF INTERVENTION CALLS BSHC COMMUNITY HEALTH WORKERS RESPONDED TO (FY20: 118; FY21: 85; FY22: 45) NUMBER OF PATIENTS EACH BSHC COMMUNITY HEALTH WORKER PROVIDES SUPPORT/ INTERVENTION TO, ON AVERAGE (FY20: 48; FY21: 74; FY22: 77)GOAL 2: PROMOTE VIOLENCE PREVENTION (SAFE NEIGHBORHOODS AND COMMUNITY COHESION)PROGRAMMATIC OBJECTIVES1.1 INCREASE ACCESS TO MENTAL HEALTH SERVICES AT BSHC FOR AFFECTED VICTIMS1.2 INCREASE PARTICIPATION IN ADVOCATE EDUCATION AND SUPPORT PROJECT1.3 PROVIDE COUNSELING AND OTHER MEDICAL SERVICES TO RAPE VICTIMS1.4 PROVIDE GRIEVING SUPPORT ACTIVITIES1.5 CONDUCT NEIGHBORHOOD CAMPAIGNS TO ENGAGE COMMUNITY AND CREATE GREATER COMMUNITY COHESION1.6 INCREASE ACCESS TO CARE AND SUPPORT TO NEIGHBORHOODS IMPACTED BY TRAUMA THROUGH THE NEIGHBORHOOD TRAUMA TEAMCOMMUNITY ACTIVITIES / STRATEGIES SUPPORT AND ORGANIZE COMMUNITY MEETINGS WHERE RESIDENTS SHARE THEIR CONCERNS AND DISCUSS POSSIBLE ACTION STEPS (VIP/ VILLAGE IN PROGRESS CALL TO ACTION) IDENTIFY AND EMPOWER COMMUNITY LEADERS THROUGH OUTREACH ACTIVITIES TO BUILD COMMUNITY COHESION SUPPORT PROGRAMS IN BSHC THAT INTEGRATE SERVICES PROVIDED BY BEHAVIORAL HEALTH SPECIALISTS AND MONITOR, ASSESS, AND TREAT THOSE EXPERIENCING TRAUMA FROM VIOLENCE HOLD HEALING SERVICES WHEN APPROPRIATE FOR COMMUNITY RESIDENTS PARTICIPATE IN COMMUNITY INTERVENTIONS THAT RAISE AWARENESS ABOUT VIOLENCE, ENGAGE THE COMMUNITY, ADDRESS FACTORS ASSOCIATED WITH VIOLENCE AND PROMOTE A SENSE OF COMMUNITY SUPPORT AND PROMOTE THE IMPLEMENTATION OF TRAINING PROGRAMS, SUPPORT GROUPS FOR ADVOCATES AND AFFECTED COMMUNITY MEMBERS PROVIDE OVERNIGHT STAYS FOR DOMESTIC VIOLENCE AND/OR SEXUAL ASSAULT VICTIMS WITHOUT SAFE

Form and Line Reference	Explanation
	SHELTER CONDUCT PUBLIC POLICY ADVOCACY FOR SAFE SHELTERS AND LONG-TERM HOUSING SUPPORT EMPOWER YOUTH TO DEVELOP LEADERSHIP SKILLS, PREVENT VIOLENCE, AND CREATE CHANGE IN THEIR COMMUNITY THROUGH THE YOUTH LEADERSHIP PROGRAM AT BOWDOIN STREET HEALTH CENTER RESPOND TO ALL INCIDENTS OF HOMICIDE OR VIOLENCE WITHIN CATCHMENT AREA THAT MEET CRITERIA AS ESTABLISHED BY THE BPHC (VIP AND NTT)
METRICS AND STATUS UPDATES	NUMBER OF SEXUAL ASSAULT VICTIMS RECEIVING SERVICES (FY20: PROVIDED SERVICES, INCLUDING COUNSELING TO 56 SEXUAL ASSAULT VICTIMS. PROVIDED POST-HIV EXPOSURE PROPHYLAXIS MEDICATIONS TO 34 SEXUAL ASSAULT VICTIMS; FY21: PROVIDED SERVICES, INCLUDING COUNSELING TO 27 SEXUAL ASSAULT VICTIMS; FY22: PROVIDED SERVICES, INCLUDING COUNSELING TO 29 SEXUAL ASSAULT SURVIVORS) NUMBER OF SAFE BED OVERNIGHT STAYS (FY20: 34; FY21:11; FY22: 9) NUMBER OF HEALTH CENTERS, COLLEGES AND UNIVERSITIES, AND COMMUNITY GROUPS RECEIVING EDUCATIONAL PROGRAMMING AROUND SEXUAL ASSAULT, INTERPERSONAL VIOLENCE, COMMUNITY VIOLENCE AND SECONDARY TRAUMATIC STRESS (FY20:17; FY21: 41; FY22: 7 TRAINING SITES, FOR 33 EMPLOYEES) NUMBER OF HEALING CIRCLES HELD WITH WOMEN, MEN, AND CHILDREN (FY20: 86 HEALING CIRCLES, SERVING OVER 1,130 MEMBERS OF THE COMMUNITY; FY21: 64 HEALING CIRCLES, SERVING OVER 715 MEMBERS OF THE COMMUNITY; FY22: 33 PEACE CIRCLES, SERVING 315 MEMBERS OF THE COMMUNITY) NUMBER OF INCIDENTS OF HOMICIDE OR VIOLENCE RESPONDED TO (FY20: 43; FY21: 36; FY22: 22) NUMBER OF BOWDOIN/GENEVA YOUTH PARTICIPATING IN THE BSHC YOUTH LEADERSHIP PROGRAM (FY20: 30; FY21: 22; FY22: 23)GOAL 3: PROMOTE AFFORDABLE HOUSING AND GOAL 4: PROMOTE HOME OWNERSHIP PROGRAMMATIC OBJECTIVES1.1 INCREASE ACCESS TO AFFORDABLE HOUSING1.2 INCREASE HOME OWNERSHIP1.3 REDUCE RISK OF HOMELESSNESSCOMMUNITY ACTIVITIES / STRATEGIES FUND COMMUNITY-BASED ORGANIZATIONS THAT ARE WORKING ON AFFORDABLE HOUSING AND HOME OWNERSHIP INITIATIVES THROUGH BIDMC'S NEW INPATIENT BUILDING COMMUNITY-BASED HEALTH INITIATIVE (CHI) CONDUCT PUBLIC POLICY AND ADVOCACY THAT AIMS TO INCREASE: ACCESS TO AFFORDABLE HOUSING, HOUSING STABILITY, AND HEALTHY LIVING CONDITIONS (INCLUDING SAFETY) AND IMPROVE HOUSING QUALITY PROVIDE ACCESS TO HOUSING STABILITY SERVICES SUCH AS LEGAL AID PROVIDE RESOURCES TO MITIGATE FINANCIAL "CLIFF EFFECTS" PROVIDE HOUSING OPPORTUNITIES FOR LGBTQIA+ YOUTH AND HOMELESS YOUTH AND YOUNG ADULTS BUILD CAPACITY OF RESIDENTS TO ADVOCATE AND ORGANIZE AGAINST UNJUST EVICTIONS AND FORECLOSURES SUPPORT HOME BUYING AND FINANCIAL LITERACY EDUCATION SUPPORT HOMEOWNERSHIP PROGRAMSMETRICS AND STATUS UPDATES RELEASED A REQUEST FOR PROPOSALS IN AUGUST 2020 TO FUND EVIDENCE-BASED AND/OR EVIDENCE-INFORMED STRATEGIES IN THE AREAS OF HOMELESSNESS, RENTAL ASSISTANCE, AND HOME OWNERSHIP TO ADDRESS HOUSING AFFORDABILITY THROUGH BIDMC'S CHI, 7 ORGANIZATIONS WERE FUNDED TO ADDRESS HOUSING AFFORDABILITY EACH CHI GRANTEE CREATED A LOGIC MODEL TO OUTLINE PROJECT ACTIVITIES AND GOALS CHI GRANTEES PARTICIPATED IN 5 EVALUATION LEARNING COLLABORATIVES TO BUILD THEIR EVALUATION CAPACITY THE HOUSING AFFORDABILITY CHI GRANTEES WILL ENROLL PARTICIPANTS IN THEIR PROGRAM, HIRE STAFF, AND TRAIN STAFF/VOLUNTEERS (FY22: 345 PARTICIPANTS ENROLLED, 12 STAFF HIRED, AND 152 STAFF/VOLUNTEERS TRAINED) NUMBER OF CHI HOUSING AFFORDABILITY PARTICIPANTS WHO EXPERIENCE POSITIVE HOUSING OUTCOMES (E.G. GAINED HOUSING, WERE ABLE TO REMAIN IN HOUSING, OR PURCHASED A HOME) (FY22: 32 PARTICIPANTS) RELEASED A REQUEST FOR PROPOSALS IN SEPTEMBER 2022 TO FUND EVIDENCE-BASED AND/OR EVIDENCE-INFORMED STRATEGIES IN THE AREAS OF HOMELESSNESS, RENTAL ASSISTANCE, AND HOME OWNERSHIP TO ADDRESS HOUSING AFFORDABILITY IN THE CITY OF CHELSEA THE BIDMC SOCIAL WORK DEPARTMENT PROVIDED HOUSING SUPPORT TO PATIENTS IN NEED OF SHORT- OR LONG-TERM HOUSING (FY21: 74; FY22: 54)
GOAL 5:	SUPPORT WORKFORCE DEVELOPMENT AND CREATION OF EMPLOYMENT OPPORTUNITIES PROGRAMMATIC OBJECTIVES1.1 INCREASE MENTORSHIP, TRAINING, AND EMPLOYMENT OPPORTUNITIES FOR YOUTH, YOUNG ADULTS, AND ADULTS RESIDING IN THE BIDMC CBSA AS WELL AS BIDMC EMPLOYEES1.2 PROMOTE WORKFORCE DEVELOPMENT AND CAPACITY BUILDINGCOMMUNITY ACTIVITIES / STRATEGIES ORGANIZE AND SUPPORT PIPELINE PROGRAMS TO ENHANCE SKILLS AND CAREER ADVANCEMENT PROVIDE OPPORTUNITIES THROUGH EMPLOYEE CAREER INITIATIVE (ECI) FOR COLLEGE-LEVEL COURSES AS WELL AS COUNSELING OFFER ESOL CLASSES, GED CLASSES, A BASIC COMPUTER SKILLS COURSE, CITIZENSHIP CLASSES, AND A FINANCIAL LITERACY CLASS PROVIDE JOB AND CAREER INTRODUCTORY OPPORTUNITIES FOR COMMUNITY RESIDENTS PROVIDE JOB AND CAREER INTRODUCTORY OPPORTUNITIES FOR MIDDLE AND HIGH SCHOOL STUDENTS FUND COMMUNITY-BASED ORGANIZATIONS THROUGH THE NEW INPATIENT BUILDING COMMUNITY-BASED HEALTH INITIATIVE TO ADDRESS JOBS AND FINANCIAL SECURITY PROVIDE SUPPORT FOR BI-LINGUAL/BI-CULTURAL PROVIDERS PROVIDE PAID WORKFORCE DEVELOPMENT OPPORTUNITIES FOR LATINX, ENGLISH LANGUAGE LEARNERS, AND IMMIGRANT YOUTHMETRICS AND STATUS UPDATES NUMBER OF PIPELINE PROGRAMS OFFERED (FY20: 6; FY21: 4; FY22: 8) NUMBER OF PARTICIPANTS IN PIPELINE PROGRAM (FY20: 34; FY21: 37; FY22: 68) NUMBER OF PARTICIPANTS WHO GRADUATED FROM PIPELINE PROGRAMS (FY20: 28; FY21: 16; FY22: 32) NUMBER OF EMPLOYEES RECEIVING ECI SERVICES (FY20: 551; FY21: 398; FY22: 315) NUMBER OF EMPLOYEES ENROLLED IN ESOL CLASSES (FY20: 24; FY21: 18; FY22: 20) NUMBER OF ADULT INTERNS PLACED (FY20: 14; FY21: 0 (COVID); FY22: 7) NUMBER OF ADULT INTERNS HIRED AFTER INTERNSHIPS (FY20: 6; FY21: 0; FY22: 2) NUMBER OF REFERRALS/RECOMMENDATIONS BY COMMUNITY PARTNERS FOR BIDMC TO HIRE (FY20: 202; FY21: 310; FY22: 85) NUMBER OF HIRES FROM REFERRALS FROM COMMUNITY PARTNERS (FY21: 40; FY22: 18) NUMBER OF SUMMER JOB OPPORTUNITIES PROVIDED (FY20: 22; FY21: 31; FY22: 27) NUMBER OF SCHOOL INTERNS HOSTED (FY20: 1; FY21: 0; FY22: 0) NUMBER OF BOSTON PUBLIC SCHOOL STUDENTS HOSTED FOR PIC'S ANNUAL JOB SHADOW DAY (FY20: 0 (DID NOT TAKE PLACE DUE TO COVID-19); FY21: PIC HAS DISCONTINUED OFFERING THIS EVENT TO BPS KIDS) NUMBER OF HIGH SCHOOL STUDENTS HOSTED IN SUMMER HEALTH CORPS PROGRAM (FY20: 0 (DID NOT RUN DUE TO COVID-19); FY21: 20; FY22: 20) NUMBER OF EMPLOYEES PARTICIPATING IN COMPUTER SKILLS, CITIZENSHIP, AND FINANCIAL LITERACY CLASSES (FY20: 36 EMPLOYEES PARTICIPATED IN A COMPUTER SKILLS CLASS, 17 ATTENDED CITIZENSHIP CLASSES, AND 155 ATTENDED A FINANCIAL LITERACY CLASS; FY 21: 91 ATTENDED A COMPUTER SKILLS CLASS, 12 ATTENDED CITIZENSHIP CLASSES AND 151 ATTENDED FINANCIAL LITERACY CLASSES; FY22: 53 ATTENDED A COMPUTER SKILLS CLASS, 12 ATTENDED CITIZENSHIP CLASSES, 54 ATTENDED CAREER DEVELOPMENT WORKSHOPS, AND 145 ATTENDED FINANCIAL LITERACY CLASSES) NUMBER OF YOUTH THAT GRADUATED BSHC YOUTH LEADERSHIP PROGRAM (FY20: 12; FY21: 10; FY22: 6) RELEASED A REQUEST FOR PROPOSALS

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	IN AUGUST 2020 TO FUND EVIDENCE-BASED AND/OR EVIDENCE-INFORMED STRATEGIES IN THE AREAS OF EDUCATION/WORKFORCE DEVELOPMENT, EMPLOYMENT OPPORTUNITIES, AND INCOME/FINANCIAL SUPPORTS TO CREATE JOBS AND INCREASE FINANCIAL SECURITY THROUGH BIDMC'S CHI, 8 ORGANIZATIONS WERE FUNDED TO ADDRESS JOBS & FINANCIAL SECURITY EACH CHI GRANTEE CREATED A LOGIC MODEL TO OUTLINE PROJECT ACTIVITIES AND GOALS CHI GRANTEES PARTICIPATED IN 5 EVALUATION LEARNING COLLABORATIVES TO BUILD THEIR EVALUATION CAPACITY THE JOBS & FINANCIAL SECURITY CHI GRANTEES WILL ENROLL PARTICIPANTS IN THEIR PROGRAM, HIRE STAFF, AND TRAIN STAFF/VOLUNTEERS (FY22: 284 PARTICIPANTS ENROLLED, 9 STAFF HIRED, AND 39 STAFF/VOLUNTEERS TRAINED) NUMBER OF JOBS & FINANCIAL SECURITY CHI PARTICIPANTS WHO HAVE GAINED EMPLOYMENT (FY22: 53)GOAL 6: PROMOTE ENVIRONMENTAL SUSTAINABILITY PROGRAMMATIC OBJECTIVES1.1 CREATE A HEALTHY FUTURE FOR OUR PATIENTS, THEIR FAMILIES, AND OURSELVES BY CONSERVING NATURAL RESOURCES, REDUCING OUR CARBON FOOTPRINT, AND FOSTERING CULTURE OF SUSTAINABILITYCOMMUNITY ACTIVITIES / STRATEGIES PROMOTE RECYCLING, COMPOSTING, AND OTHER PROGRAMS TO DIVERT WASTE FROM INCINERATION INCREASE BIDMC'S SPEND ON HEALTHY BEVERAGES AND LOCAL AND SUSTAINABLE FOOD REDUCE CONSUMPTION OF WATER, ENERGY, AND GREENHOUSE GASESMETRICS AND STATUS UPDATES PERCENT OF DOLLARS EXPENDED IN LOCAL & SUSTAINABLE FOOD (FY20: 15%; FY21: 16%; FY22: 17.7%) PERCENT REDUCTION OF GREENHOUSE GAS EMISSIONS (FY20: NOT MEASURED DUE TO COVID-19; FY21: 6%; FY22: REDUCED ORGANIZATIONAL EMISSIONS BY 17.3% FROM 2016 BASELINE) NUMBER OF TAXI OR CHAIR CAR VOUCHERS PROVIDED TO PATIENTS BY BIDMC (FY20: 2,062 RIDE SHARE/TAXI RIDES AND 3 CHAIR CARS; FY21: 3,779 RIDE SHARE/TAXI RIDES AND 5 CHAIR CARS; FY22: 4,397 RIDE SHARE/TAXI RIDES AND 4 CHAIR CARS) PERCENT DECREASE IN GREENHOUSE GAS EMISSIONS RELATED TO EMPLOYEE COMMUTING DUE TO TRANSITIONING TO SUPPORT REMOTE WORK AND DECREASE IN SINGLE-OCCUPANCY VEHICLES DURING COVID-19 (FY20: 29% DECREASE; FY21: 43% INCREASE AS STAFF RETURNS TO WORK; FY22: NO LONGER TRACKING THIS GOAL)
PRIORITY AREA 2:	CHRONIC / COMPLEX CONDITIONS & THEIR RISK FACTORS HIGH RATES OF CHRONIC AND ACUTE PHYSICAL HEALTH CONDITIONS (E.G., HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA). THE ASSESSMENT'S QUANTITATIVE DATA SHOWS THAT MANY COMMUNITIES IN BIDMC'S CBSA HAVE HIGH RATES FOR MANY OF THE LEADING PHYSICAL HEALTH CONDITIONS (E.G., HEART DISEASE, HYPERTENSION, CANCER, AND ASTHMA). IN MANY COMMUNITIES THESE RATES ARE STATISTICALLY HIGHER THAN COMMONWEALTH RATES, INDICATING A PARTICULARLY SIGNIFICANT PROBLEM. HOWEVER, EVEN FOR THOSE COMMUNITIES WHERE THE RATES ARE NOT STATISTICALLY HIGHER, THESE CONDITIONS ARE STILL THE LEADING CAUSES OF PREMATURE DEATH. LIMITED ACCESS TO CANCER SCREENING FOR RACIAL/ETHNIC DIVERSITY AND OTHER AT-RISK POPULATIONS. MANY OF THE COMMUNITIES THAT ARE PART OF BIDMC'S CBSA HAVE HIGH CANCER MORTALITY RATES. THIS IS PARTICULARLY TRUE FOR CERTAIN CANCERS IN SPECIFIC COMMUNITIES IN BOSTON NEIGHBORHOODS SUCH AS ROXBURY, DORCHESTER, AND CHINATOWN. AT THE ROOT OF ADDRESSING HIGH MORTALITY IS SCREENING, EARLY DETECTION, AND ACCESS TO TIMELY TREATMENT. HIGH RATES OF THE LEADING HEALTH RISK FACTORS (E.G., LACK OF NUTRITIONAL FOOD AND PHYSICAL ACTIVITY, ALCOHOL/ILLICIT DRUG USE, AND TOBACCO USE) ARE ONE OF THE LEADING FINDINGS FROM THE ASSESSMENT IS THAT MANY COMMUNITIES AND/OR POPULATION SEGMENTS IN BIDMC'S CBSA HAVE HIGH RATES OF CHRONIC PHYSICAL AND BEHAVIORAL HEALTH CONDITIONS. IN SOME PEOPLE, THESE CONDITIONS UNDERLYING GENETIC ROOTS THAT ARE HARD TO COUNTER. HOWEVER, FOR MOST PEOPLE THESE CONDITIONS ARE WIDELY CONSIDERED PREVENTABLE OR MANAGEABLE. ADDRESSING THE LEADING RISK FACTORS IS AT THE ROOT OF A SOUND CHRONIC DISEASE PREVENTION AND MANAGEMENT STRATEGY.GOAL 1: IMPROVE CHRONIC DISEASE MANAGEMENT PROGRAMMATIC OBJECTIVES1.1 INCREASE THE NUMBER OF ADULTS WHO RECEIVE EDUCATION AND COUNSELING REGARDING RISK FACTORS, HEALTHY BEHAVIORS TO INCREASE CHRONIC DISEASE HEALTH LITERACY1.2 INCREASE THE NUMBER OF ADULTS SCREENED FOR DIABETES, HYPERTENSION, HIV/AIDS, AND ASTHMA 1.3 INCREASE THE NUMBER OF ADULTS WITH DIABETES, HYPERTENSION, HIV/AIDS, AND PERSISTENT ASTHMA WHO RECEIVE EVIDENCE-BASED COUNSELING/ COACHING AND TREATMENT1.4 INCREASE THE NUMBER OF ADULTS WITH DIABETES, HYPERTENSION, HIV/AIDS, AND PERSISTENT ASTHMA WHOSE CONDITIONS ARE MONITORED AND CONTROLLEDCOMMUNITY ACTIVITIES / STRATEGIES SUPPORT PROGRAMS IN CCA CLINICS INCLUDING LIVE AND LEARN DIABETES AT CRCH THAT EDUCATE AND SCREEN PATIENTS FOR DIABETES, HYPERTENSION, AND PERSISTENT ASTHMA PROVIDE EVIDENCED-BASED COUNSELING/COACHING AND TREATMENT, AS WELL AS APPROPRIATE REFERRALS FOR SPECIALTY CARE SERVICES FOR THOSE WHO SCREEN POSITIVE FOR DIABETES, HYPERTENSION, HIV/AIDS, AND ASTHMA PROVIDE SCREENING, EDUCATION/COUNSELING, AND TREATMENT SERVICES HIV/AIDS AND HIV/HCV CO-INFECTION SUPPORT GROUPS FOR MEN AND WOMEN LIVING WITH HIV/AIDS SUPPORT PRIMARY CARE PROVIDER EDUCATION AT CRCH IN THE AREA OF DIABETES MANAGEMENTMETRICS AND STATUS UPDATES: NUMBER OF CRCH PATIENTS PARTICIPATING IN THE CRCH DISEASE MANAGEMENT PROGRAM LIVE AND LEARN DIABETES (FY20: 24 PATIENTS AND 25 APPOINTMENTS; FY21: 94 PATIENTS AND 71 APPOINTMENTS; FY22: 6 PATIENTS AND 17 APPOINTMENTS (LOWER DUE TO NURSE SHORTAGE)) NUMBER OF BSHC PATIENTS PARTICIPATING IN DISEASE MANAGEMENT PROGRAMS (FY20: 50; FY21: PROGRAM ENDED IN FY20) PERCENTAGE OF CCA FEDERALLY QUALIFIED HEALTH CENTER (FQHC) AND OUTER CAPE HEALTH SERVICES PATIENTS WITH DIABETES WITH HBA1C < 9 (FY20: 80%; FY21: 72%; FY22: 70%) PERCENTAGE OF CCA FQHC AND OUTER CAPE HEALTH SERVICES PATIENTS WITH HYPERTENSION WHO HAD A BLOOD PRESSURE < 140/90 (FY20: 71%; FY21: 60%; FY22: 62%) PERCENTAGE OF CCA FQHC AND OUTER CAPE HEALTH SERVICES PERSISTENT ASTHMATIC PATIENTS WITH PHARMACOLOGICAL THERAPY (FY20: 75%; FY21: METRIC NO LONGER MEASURED BY UNIFORM DATA SYSTEM (UDS))
GOAL 2: REDUCE CANCER DISPARITIES (ACCESS TO SCREENING AND TREATMENT)	PROGRAMMATIC OBJECTIVES1.1 INCREASE THE NUMBER OF LOW INCOME AND RACIAL/ETHNIC DIVERSE ADULTS EDUCATED AND SCREENED FOR CANCER1.2 INCREASE THE NUMBER OF ADULTS WHO SCREEN POSITIVE FOR CANCER WHO ARE REFERRED FOR EDUCATION, COUNSELING AND TREATMENT1.3 INCREASE THE NUMBER OF ADULTS WHO SCREEN POSITIVE FOR CANCER WHO ARE LINKED TO A CANCER NAVIGATOR1.4 INCREASE THE NUMBER OF ADULTS WHO PARTICIPATE IN CANCER SUPPORT GROUPSCOMMUNITY ACTIVITIES / STRATEGIES SUPPORT ACCESS TO CANCER SCREENING AND TREATMENT FOR LOW INCOME, UNINSURED ADULTS (BREAST, PROSTATE, COLON, AND LUNG, CANCERS), INCLUDING MAMMOGRAMS, COLORECTAL SCREENING, AND CT SCANS LINK PATIENTS SCREENED POSITIVE FOR CANCER TO CANCER PATIENT NAVIGATORS SUPPORT THE

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	IMPLEMENTATION OF CANCER SUPPORT GROUPS SUPPORT SURVIVOR SELF-PORTRAIT AND TESTIMONIES ACTIVITIES TO REDUCE STIGMA IN COMMUNITIES (FACES OF FAITH ANNUAL EXHIBIT)METRICS AND STATUS UPDATES INCREASE ACCESS TO PATIENT NAVIGATORS NUMBER OF UNIQUE PATIENTS SERVED BY THE LATINX AND CHINESE PATIENT NAVIGATORS (FY20: 147; FY21: 421; FY22: 211) NUMBER OF CHINESE PATIENT NAVIGATOR ENCOUNTERS (FY20: 1,640; FY21: 1,790; FY22: DATA NOT AVAILABLE) NUMBER OF LATINX PATIENT NAVIGATOR ENCOUNTERS (FY21: 68; FY22: DATA NOT AVAILABLE) NUMBER OF PEOPLE PARTICIPATING IN CANCER SUPPORT GROUPS AT BIDMC (FY20: 52; FY21: 65; FY22: 56 GROUPS HELD) NUMBER OF MAMMOGRAMS PROVIDED FOR LOW-INCOME PATIENTS AT FENWAY, OUTER CAPE, AND SOUTH COVE COMMUNITY HEALTH CENTERS. (FY20: 1,949; FY21: 1,106, FY22: 5,465) NUMBER OF COLON CANCER SCREENINGS PROVIDED AT BIDMC FOR LOW-INCOME PATIENTS (FY20: 928; FY21: 1,331, FY22: 1,631) NUMBER OF BIDMC PATIENTS SCREENED FOR LUNG CANCER (FY20: 643; FY21:1,616; FY22: 1,126) NUMBER OF MEDICALLY UNDERSERVED PATIENTS WITH BREAST CANCER IDENTIFIED AND ENROLLED IN THE SOCIAL NEEDS ASSESSMENT PROGRAM AT BIDMC (FY20: 68; FY21: 104; FY22: FUNDING FOR RESEARCH ENDED IN FY22 AND DATA IS UNAVAILABLE)GOAL 3: SUPPORT OLDER ADULTS TO AGE IN PLACE PROGRAMMATIC OBJECTIVES1.1 REDUCE INAPPROPRIATE READMISSIONS FOR OLDER ADULTS1.2 REDUCE ELDERLY FALLS1.3 REDUCE SOCIAL ISOLATIONCOMMUNITY ACTIVITIES / STRATEGIES VIP WORK WITH THE ELDER BUILDINGS TO SUPPORT ELDER RESIDENT GROUP PROVIDING THEM RESOURCES, ADDRESS ISSUES (55+)METRICS AND STATUS UPDATES NO METRICS RELATED TO ACTIVITIES TO SUPPORT OLDER ADULTS AGING IN PLACE IN FY20PRIORITY AREA 3: ACCESS TO CARE LIMITED ACCESS TO PRIMARY CARE MEDICAL, MEDICAL SPECIALTY, AND ORAL HEALTH CARE SERVICES FOR LOW-INCOME, MEDICAID INSURED, UNINSURED, AND OTHER VULNERABLE POPULATIONS FACING HEALTH CARE DISPARITIES AND BARRIERS TO CARE. DESPITE THE FACT THAT MASSACHUSETTS HAS ONE OF HIGHEST RATES OF HEALTH INSURANCE AND THE COMMUNITIES THAT MAKE UP BIDMC'S CBSA HAVE STRONG, ROBUST SAFETY NET SYSTEMS, THERE ARE STILL SUBSTANTIAL NUMBERS OF LOW-INCOME, MEDICAID INSURED, UNINSURED, AND OTHERWISE VULNERABLE INDIVIDUALS WHO FACE HEALTH DISPARITIES AND ARE NOT ENGAGED IN ESSENTIAL MEDICAL AND ORAL HEALTH SERVICES. EFFORTS NEED TO BE MADE TO EXPAND ACCESS, REDUCE BARRIERS TO CARE, AND IMPROVE THE QUALITY OF PRIMARY CARE MEDICAL, MEDICAL SPECIALTY, AND ORAL HEALTH SERVICES.BARRIERS TO ACCESS AND DISPARITIES IN HEALTH OUTCOMES CONTINUE TO CHALLENGE THREE SPECIFIC POPULATIONS (INFANTS/MOTHERS/FATHERS, FRAIL OLDER ADULTS, AND LESBIAN, GAY, BI-SEXUAL, AND TRANSGENDER (LGBT) POPULATIONS. BASED ON INFORMATION GATHERED PRIMARILY FROM INTERVIEWS AND COMMUNITY FORUMS, THE ASSESSMENT IDENTIFIED A NUMBER OF SPECIAL POPULATIONS THAT FACE BARRIERS TO CARE AND DISPARITIES IN ACCESS. MORE SPECIFICALLY, INFANTS/MOTHERS/FATHERS, FRAIL OLDER ADULTS, AND THE LESBIAN, GAY, BI-SEXUAL, AND TRANSGENDER (LGBT) POPULATIONS FACE DISPARITIES IN ACCESS AND OUTCOME AND ARE PARTICULARLY AT-RISK. IF THESE DISPARITIES ARE GOING TO BE ADDRESSED, THEN CARE NEEDS TO BE TAKEN TO TAILOR IDENTIFICATION/SCREENING AND PREVENTIVE SERVICES AS WELL AS ACUTE AND CHRONIC DISEASE MANAGEMENT SERVICES FOR THESE SPECIAL POPULATIONS. GOAL 1: INCREASE ACCESS TO QUALITY MEDICAL SERVICES, INCLUDING PRIMARY CARE, OB/GYN, AND SPECIALTY CARE AS WELL AS URGENT, EMERGENT AND TRAUMA CARE PROGRAMMATIC OBJECTIVES1.1 INCREASE ACCESS TO PRIMARY MEDICAL CARE SERVICES, INCLUDING OB/GYN SERVICES, AT BIDMC'S CCA CLINIC SITES AND BIDMC'S CHELSEA SERVICE SITE, AS WELL AS AT ITS APG AND HCA PRACTICES1.2 INCREASE THE NUMBER OF PATIENTS RECEIVING SPECIALTY CARE MEDICAL SERVICES1.3 INCREASE THE NUMBER OF UNINSURED OR UNDERINSURED PATIENTS RECEIVING NEEDED MEDICATIONS1.4 INCREASE ACCESS TO APPROPRIATE, TIMELY, URGENT, EMERGENT, AND TRAUMA CARE SERVICES1.5 INCREASE THE NUMBER OF RESIDENTS WHO ARE SCREENED AND ENROLLED FOR HEALTH INSURANCE1.6 INCREASE PATIENT SATISFACTION1.7 CONTINUE TO SUPPORT HSN TRUST FUND1.8 ADVOCATE FOR POLICIES SUPPORTING PUBLIC HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE AND ANTI-POVERTY PROGRAMSCOMMUNITY ACTIVITIES / STRATEGIES SUPPORT PRIMARY MEDICAL CARE SERVICES, INCLUDING OB/GYN SERVICES AT BIDMC'S CCA CLINIC SITES AND BIDMC'S CHELSEA SERVICE SITE, AS WELL AS AT BIDMC'S APG AND HCA PRACTICES SUPPORT RESIDENT ROTATIONS INTO CCA CLINIC SITES FACILITATE REFERRALS TO SPECIALTY CARE THROUGH CARE CONNECTION'S INPATIENT DISCHARGE FOLLOW UP PROGRAM PROVIDE FREE PHARMACY MEDICATIONS TO ELIGIBLE, LOW INCOME PATIENTS SUPPORT THE PROVISION OF APPROPRIATE, TIMELY URGENT CARE SERVICES AT BIDMC URGENT CARE LOCATIONS IN CHELSEA, CHESTNUT HILL, AND THE BOWDOIN/GENEVA NEIGHBORHOOD OF BOSTON, AS WELL AS AT SOME OF BIDMC'S APG PRACTICES SUPPORT MEDFLIGHT AND COORDINATED EMS IN BOSTON SUPPORT THE COMMONWEALTH'S HEALTH SAFETY NET (HSN) SUPPORT ACTIVITIES OF THE BOSTON HEALTHY START INITIATIVE (BHSI), ADMINISTERED AT BOWDOIN STREET HEALTH CENTER (BSHC), INCLUDING CASE MANAGEMENT, NUTRITION COUNSELING, PRENATAL EDUCATION, AND PARENTING SUPPORT SUPPORT CLINICAL OPERATIONS AT CCA CLINICS CONDUCT "MYSTERY SHOPPING" TO ADDRESS QUALITY IMPROVEMENT SUPPORT CARE INTEGRATION THROUGH INFORMATION SHARING, INCLUDING PARTICIPATION IN MASS HIWAY AND HEALTH INFORMATION EXCHANGE INTEGRATE SOCIAL JUSTICE TOPICS INTO RESIDENT CURRICULUM SUPPORT INSTITUTIONAL AND COMMUNITY EMERGENCY PREPAREDNESS
METRICS AND STATUS UPDATES	NUMBER OF REFERRALS MADE THROUGH CARE CONNECTION CALL CENTER (FY20: 801; FY21: 1,058; FY22: 1,162) NUMBER OF PREGNANT MOTHERS AND FAMILIES FROM BSHC PROVIDED CASE MANAGEMENT THROUGH THE BHSI PROGRAM (FY20: SERVED 56 PREGNANT CLIENTS AND 62 INTERCONCEPTION/PARENTING CLIENTS; FY21: 140 TOTAL PATIENTS INCLUDING 49 PRENATAL MOTHERS, 41 POSTNATAL MOTHERS, AND 50 CHILDREN; FY22: 251 TOTAL PATIENTS INCLUDING 104 PRENATAL MOTHERS, 48 POSTNATAL MOTHERS, AND 99 CHILDREN) NUMBER OF BIDMC PATIENTS SCREENED FOR ENTITLEMENT ELIGIBILITY (FY20: 9,892; FY21: 161,593; FY22: 315,578) NUMBER OF BIDMC PATIENTS ENROLLED IN ENTITLEMENT PROGRAMS (FY20: 7,463; FY21: 24,221 FY22: 31,251) NUMBER OF UNIQUE PATIENTS SUPPORTED THROUGH HSN (FY20: 1317; FY21: 7,279; FY22: 6,639) NUMBER OF MEDICAL RESIDENTS PLACED AT CCA HEALTH CENTERS (FY20: 28; FY21: 37; FY22: 41) NUMBER OF PRIMARY CARE TRACK RESIDENTS AT CCA HEALTH CENTERS (FY20: 7; FY21: 10; FY22: 3) NUMBER OF BIDMC SPECIALISTS THAT PRACTICE AT CCA HEALTH CENTERS (FY20: 26; FY21: 31; FY22: 33) NUMBER OF PATIENTS SERVED AT CCA HEALTH CENTERS AND OUTER CAPE HEALTH SERVICES (FY20: 115,634; FY21: 135,636; FY22: 125,946) NUMBER OF VISITS PROVIDED AT CCA HEALTH CENTERS AND OUTER CAPE HEALTH SERVICES (FY20: 579,163; FY21: 535,082; FY22: 619,614) NUMBER OF PATIENTS WITHOUT INSURANCE SERVED AT FQHC CCA HEALTH CENTERS (FY20: 9,664; FY21: 8,137; FY22: 7,509) NUMBER OF MYSTERY

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	SHOPPING SURVEYS COMPLETED (FY20: 28; FY21: 48; FY22: 48) NUMBER OF PRESCRIPTIONS FILLED FOR INDIGENT PATIENTS (FY20: 33,431; FY21: 31,095; FY22: 50,567)GOAL 2: INCREASE ACCESS TO QUALITY ORAL HEALTH SERVICES PROGRAMMATIC OBJECTIVES1.1 MAINTAIN AND INCREASE THE NUMBER OF PATIENTS RECEIVING PRIMARY DENTAL CARE SERVICES AT CCA CLINICCOMMUNITY ACTIVITIES / STRATEGIES SUPPORT CLINICAL OPERATIONS AT CCA CLINICS SUPPORT HSNMETRICS AND STATUS UPDATES NUMBER OF DENTAL PATIENTS AT FQHC CCA HEALTH CENTERS (FY20: 25,675; FY21: 16,687; FY22: 17,091) NUMBER OF UNIQUE DENTAL VISITS AT FQHC CCA HEALTH CENTERS (FY20: 76,363; FY21: 39,832; FY22: 45,133)GOAL 3: PROMOTE EQUITABLE CARE AND SUPPORT FOR THOSE WHO FACE CULTURAL AND LINGUISTIC BARRIERS PROGRAMMATIC OBJECTIVES1.1 MAINTAIN OR INCREASE THE NUMBER OF NON-ENGLISH SPEAKING PATIENTS OR RESIDENTS SERVED BY THE INTERPRETER SERVICES PROGRAM1.2 EDUCATE STAFF/CLINICIANS IN HEALTH EQUITY PRINCIPLES1.3 PROMOTE HEALTH EQUITY, HEALTH LITERACY, CULTURAL HUMILITY ACROSS CCA CLINICSCOMMUNITY ACTIVITIES / STRATEGIES INCREASE UNDERSTANDING OF CULTURAL IMPACTS ON HEALTHCARE DELIVERY, HEALTH STATUS AND HEALTH OUTCOMES MAKE AVAILABLE TOOLS AND RESOURCES TO FACILITATE CROSS-CULTURAL COMMUNICATION INCREASE ACCESS TO INTERPRETER SERVICESMETRICS AND STATUS UPDATES NUMBER OF LEP ENCOUNTERS AND LANGUAGES AT BIDMC (FY20: 222,396 ENCOUNTERS (PERSON, TELEPHONE AND VIDEO) IN 76 LANGUAGES; FY21: 271,357 ENCOUNTERS (PERSON, TELEPHONE AND VIDEO) IN 67 LANGUAGES; FY22: 299,428 ENCOUNTERS (PERSON, TELEPHONE, VIDEO, AND ASL)) NUMBER OF HIGH-VOLUME, BIDMC CUSTOM MATERIALS, TRANSLATED INTO SIX LANGUAGES; SPANISH, PORTUGUESE, RUSSIAN, TRADITIONAL CHINESE, HAITIAN CREOLE, AND SIMPLIFIED CHINESE (FY20: 6; FY21: 0; FY22: 0) NUMBER OF PATIENTS BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH AT FQHC CCA HEALTH CENTERS AND OUTER CAPE HEALTH SERVICES (FY20: 48,422; FY21: 45,625; FY22: 49,478) NUMBER OF PATIENTS OF DIVERSE RACE/ETHNICITY SERVED AT FQHC CCA HEALTH CENTERS AND OUTER CAPE HEALTH SERVICES (FY20: 79,788; FY21: 66,522, FY22: 73,354)
GOAL 4:	PROMOTE GREATER HEALTH EQUITY AND REDUCE DISPARITIES IN ACCESS FOR LGBTQ POPULATIONS PROGRAMMATIC OBJECTIVES1.1 REDUCE DISPARITIES1.2 PROMOTE HEALTH EQUITYCOMMUNITY ACTIVITIES / STRATEGIES WORK TO IMPLEMENT SOGI APPROPRIATE POLICIES AND PROCEDURES COLLABORATE WITH FENWAY ON JOINT RESIDENCY PROGRAM SUPPORT PRIDE CELEBRATION SUPPORT EFFORTS ACHIEVE HEALTH CARE QUALITY INDEX RECOGNITION (E.G., SIGNAGE AND PATIENT SELF-IDENTIFICATION OF SEXUAL ORIENTATION)METRICS AND STATUS UPDATES IMPLEMENTED TRAINING FOR BIDMC STAFF ON SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI) IN FY20 NUMBER OF BIDMC STAFF THAT COMPLETED THE SOGI TRAINING (FY20: 7,557; FY21: 2,564; FY22: 2,212) IMPLEMENTED SOGI CAPTURE IN WEBOMR AND PATIENT-SITE IN FY20 NUMBER OF FQHC CCA PATIENTS THAT IDENTIFY AS OTHER THAN STRAIGHT: (FY20: 19,009; FY21: 15,960, FY22: 19,043) NUMBER OF FQHC CCA PATIENTS THAT IDENTIFY AS TRANSGENDER: (FY20: 3,047; FY21: 2,719; FY22: 2,919)PRIORITY AREA 4: MENTAL HEALTH AND SUBSTANCE USE HIGH RATES OF SUBSTANCE USE (E.G., ALCOHOL, PRESCRIPTION DRUG/OPIOIDS, MARIJUANA) AND MENTAL HEALTH ISSUES (E.G., DEPRESSION, ANXIETY, AND STRESS). IF THE IMPACT OF SOCIAL DETERMINANTS WAS THE LEADING FINDING OF THE CHNA, A CLOSE SECOND WAS THE PROFOUND IMPACT THAT BEHAVIORAL HEALTH ISSUES (I.E., SUBSTANCE USE AND MENTAL HEALTH) ARE HAVING ON INDIVIDUALS, FAMILIES AND COMMUNITIES IN EVERY GEOGRAPHIC REGION AND EVERY POPULATION SEGMENT IN BIDMC'S CBSA. DEPRESSION/ANXIETY, SUICIDE, OPIOID AND PRESCRIPTION DRUG DEPENDENCY, AND ALCOHOL AND MARIJUANA USE, PARTICULARLY IN YOUTH, ARE MAJOR HEALTH ISSUES AND ARE HAVING A TREMENDOUS IMPACT ON THE POPULATION AS WELL AS A BURDEN ON THE SERVICE SYSTEM. THE FACT THAT PHYSICAL AND BEHAVIORAL HEALTH ARE SO INTERTWINED COMPOUNDS THE IMPACT OF THESE ISSUES. OF PARTICULAR CONCERN ARE THE INCREASING RATES OF OPIOID ABUSE IN THE COMMONWEALTH.LIMITED ACCESS TO BEHAVIORAL HEALTH SERVICES, PARTICULARLY FOR LOW-INCOME, MEDICAID INSURED, UNINSURED, AND THOSE WITH COMPLEX, MULTI-FACETED ISSUES. DESPITE THE BURDEN OF MENTAL HEALTH AND SUBSTANCE USE ON ALL SEGMENTS OF THE POPULATION, THERE IS AN EXTREMELY LIMITED SERVICE SYSTEM AVAILABLE TO MEET THE NEEDS THAT EXIST FOR THOSE WITH ALL MILD TO MODERATE EPISODIC ISSUES OR THOSE WITH MORE SERIOUS AND COMPLEX, CHRONIC CONDITIONS. EFFORTS NEED TO BE MADE TO EXPAND ACCESS, REDUCE BARRIERS TO CARE (INCLUDING STIGMA), AND IMPROVE THE QUALITY OF PRIMARY CARE AND SPECIALIZED BEHAVIORAL HEALTH SERVICES.GOAL 1: INCREASE ACCESS TO QUALITY MENTAL HEALTH CARE AND SUBSTANCE USE SERVICES PROGRAMMATIC OBJECTIVES1.1 INCREASE PATIENT AWARENESS AND KNOWLEDGE OF BEHAVIORAL HEALTH SERVICES1.2 INCREASE THE NUMBER OF PATIENTS RECEIVING INTEGRATED MENTAL HEALTH AND SUBSTANCE USE SERVICES AT BIDMC'S CCA CLINIC SITES AND BIDMC'S CHELSEA SERVICE SITE, AS WELL AS AT BIDMC'S APG AND HCA PRACTICES 1.3 INCREASE ACCESS TO BEHAVIORAL HEALTH INPATIENT SERVICES AT BIDMC INPATIENT LOCATIONS1.4 ADVOCATE FOR HEALTH POLICY THAT PROMOTES PRIMARY CARE AND BEHAVIORAL HEALTH INTEGRATION1.5 REDUCE STIGMA AROUND BEHAVIORAL HEALTH1.6 INCREASE CAPACITY OF LOCAL ORGANIZATIONS TO PROVIDE CULTURALLY-INFORMED BEHAVIORAL HEALTH CARECOMMUNITY ACTIVITIES / STRATEGIES SUPPORT PRIMARY CARE MEDICAL AND BEHAVIORAL HEALTH INTEGRATION AT BIDMC'S CCA CLINIC SITES AND BIDMC'S CHELSEA SERVICE SITE, AS WELL AS AT BIDMC'S APG AND HCA PRACTICES CONTINUE TO PROVIDE CASE MANAGEMENT SUPPORT SERVICES FOR CCA PATIENTS WITH COMPLEX PHYSICAL AND BEHAVIORAL HEALTH ISSUES ADVOCATE FOR HEALTH POLICY THAT PROMOTES INTEGRATION SUPPORT TELEPHONIC AND ONSITE PSYCHIATRIC CONSULTATION FOR PRIMARY CARE PROVIDERS SERVING THOSE WITH BEHAVIORAL HEALTH (BH) CONDITIONS PROVIDE OB/GYN SERVICES FOR WOMEN WITH CHRONIC SUBSTANCE ABUSE ISSUES PROVIDE CULTURALLY APPROPRIATE MENTAL HEALTH SERVICES FOR THE HISPANIC/LATINO COMMUNITY SUPPORT EDUCATIONAL OPPORTUNITIES ON CULTURAL PSYCHIATRY FOR SPANISH SPEAKING MENTAL HEALTH PROVIDERS CONTINUE SBIRT IN BIDMC'S EMERGENCY DEPARTMENT PROVIDE TRAINING FOR CLINICAL PROVIDERS ON HOW TO BETTER INTEGRATE AND COORDINATE BEHAVIORAL HEALTH SERVICES ACROSS THE SYSTEM FUND COMMUNITY-BASED ORGANIZATIONS THROUGH THE NEW INPATIENT BUILDING COMMUNITY-BASED HEALTH INITIATIVE TO ADDRESS BEHAVIORAL HEALTH SUPPORT EVIDENCE-BASED, COMMUNITY-BASED PROGRAMS AIMED AT REDUCING STIGMA AROUND BEHAVIORAL HEALTH SUPPORT EVIDENCE-BASED BEHAVIORAL HEALTH INTERVENTIONS PROVIDED IN COMMUNITY SETTINGSMETRICS AND STATUS UPDATES PERCENT INCREASE OF MENTAL HEALTH VISITS IN PATIENTS SERVED BY SOCIAL WORK DEPARTMENT (FY20: 16.2%; FY21:11%; FY22: DECREASE OF 17.8% DUE TO STAFFING VACANCIES AND CAPACITY) NUMBER OF PATIENTS SERVED BY BEHAVIORAL HEALTH CARE

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	MANAGER AT BSHC (FY20: 608; FY21: 736; FY22: 669) NUMBER OF PATIENTS ACCESSING BH SERVICES IN FQHC CCA HEALTH CENTERS (FY20: 11,966; FY21: 9,268; FY22: 9,876) NUMBER OF INTEGRATED BEHAVIORAL HEALTH CONSULTATIONS PROVIDED IN BSHC PRIMARY CARE CLINIC (FY20: 184; FY21: 71; FY22: APPROXIMATELY 200) RELEASED A REQUEST FOR PROPOSALS IN AUGUST 2020 TO FUND EVIDENCE-BASED AND/OR EVIDENCE-INFORMED STRATEGIES TO ADDRESS MENTAL HEALTH AND SUBSTANCE USE THROUGH BIDMC'S COMMUNITY-BASED HEALTH (CHI) INITIATIVE, 7 ORGANIZATIONS WERE FUNDED TO ADDRESS BEHAVIORAL HEALTH EACH CHI GRANTEE CREATED A LOGIC MODEL TO OUTLINE PROJECT ACTIVITIES AND GOALS CHI GRANTEES PARTICIPATED IN 5 EVALUATION LEARNING COLLABORATIVES TO BUILD THEIR EVALUATION CAPACITY THE BEHAVIORAL HEALTH CHI GRANTEES WILL ENROLL PARTICIPANTS IN THEIR PROGRAM, HIRE STAFF, AND TRAIN STAFF/VOLUNTEERS (FY22: 386 PARTICIPANTS ENROLLED, 31 STAFF HIRED, AND 172 STAFF/VOLUNTEERS TRAINED)GOAL 2: REDUCE BURDEN OF OPIOID USE PROGRAMMATIC OBJECTIVES1.1 INCREASE THE NUMBER OF ADULTS WITH SUBSTANCE ISSUES WHO ARE APPROPRIATELY MONITORED, ASSESSED, AND TREATED IN CCA CLINICS1.2 INCREASE THE NUMBER OF PATIENTS RECEIVING INPATIENT DETOX SERVICESCOMMUNITY ACTIVITIES / STRATEGIES SUPPORT THE DEVELOPMENT OF A BIDMC EMERGENCY DEPARTMENT BUPRENORPHINE PATHWAY TO PROMOTE ACCESS TO SERVICES FOR THOSE IDENTIFIED WITH SUBSTANCE USE DISORDERS IN THE HOSPITAL SETTING CONTINUE THE SUBOXONE CLINICS IN HEALTHCARE ASSOCIATES AND THE EMERGENCY DEPARTMENT BUPRENORPHINE PATHWAY FOR NON-HCA PATIENTS
METRICS AND STATUS UPDATES	HIRED A SECOND ATTENDING PSYCHIATRIST IN FY20 FOR THE DIVISION OF ADDICTION PSYCHIATRY, ENSURING THAT BIDMC PATIENTS CAN BE SEEN IN THE LINK CLINIC FOR OPIOID USE DISORDER CARE 5 DAYS A WEEK CONTINUED TO CONDUCT BUPRENORPHINE WAIVER TRAININGS IN FY20 AND FY21, ALLOWING MORE PHYSICIANS TO OBTAIN THEIR BUPRENORPHINE X-WAIVERS ADDED INJECTABLE BUPRENORPHINE TO THE FORMULARY AS ANOTHER MEDICATION OPTION FOR BIDMC PATIENTS IN FY20 TRANSLATED PATIENT EDUCATION MATERIALS IN MULTIPLE LANGUAGES PARTICIPATED IN THE OPIOID USE DISORDER INITIATIVE THROUGH THE MASS PERINATAL QUALITY COLLABORATIVE (MPQC) CREATED GUIDELINE FOR TREATING PATIENTS' PAIN WHILE ON BUPRENORPHINE/ NALOXONE (SUBOXONE) UPDATED OPIOID EDUCATION FOR TRAINEES IN FY21 AND DEVELOPED REVIEW PROCESS OF DEPARTMENT-SPECIFIC OPIOID EDUCATION IN FY22 ROLLED OUT OPIOID PRESCRIBING DASHBOARD IN FY21 AND MONITORED AND EVALUATED PRESCRIBERS IN FY22 DEVELOPED PATHWAYS FOR NEW STRATEGIES TO PROVIDE ADDICTION TREATMENT EVALUATED DISCHARGE NEEDSGOAL 3: PROMOTE BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT AND INCREASE CAPACITY PROGRAMMATIC OBJECTIVES1.1 PROMOTE BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT AND INCREASE CAPACITY COMMUNITY ACTIVITIES / STRATEGIES FUND COMMUNITY-BASED ORGANIZATIONS THROUGH THE NEW INPATIENT BUILDING COMMUNITY-BASED HEALTH INITIATIVE TO ADDRESS BEHAVIORAL HEALTHMETRICS AND STATUS UPDATES RELEASED A REQUEST FOR PROPOSALS IN AUGUST 2020 TO FUND EVIDENCE-BASED AND/OR EVIDENCE-INFORMED STRATEGIES IN THE AREAS OF MENTAL HEALTH AND SUBSTANCE USE, INCLUDING BUILDING BEHAVIORAL HEALTH PROVIDER CAPACITY THROUGH BIDMC'S COMMUNITY-BASED HEALTH (CHI) INITIATIVE, 7 ORGANIZATIONS WERE FUNDED TO ADDRESS BEHAVIORAL HEALTHCOMMUNITY PARTNERSBIDMC IS COMMITTED TO IMPROVING THE HEALTH AND WELLBEING OF RESIDENTS WITHIN ITS SERVICE AREA BY COLLABORATING WITH A DIVERSE GROUP OF COMMUNITY PARTNERS. THE HOSPITAL WORKS TOGETHER WITH THESE PARTNERS TO REDUCE BARRIERS TO HEALTH, INCREASE PREVENTION AND/OR SELF-MANAGEMENT OF CHRONIC DISEASE AND INCREASE THE EARLY DETECTION OF ILLNESS. THE HOSPITAL'S COMMUNITY PARTNERS INCLUDE: A BETTER CITY ABOUT FRESH ACEDONE ACTION FOR BOSTON COMMUNITY DEVELOPMENT (ABCD) ADCARE TREATMENT CENTER AFRICAN BRIDGE NETWORK AIDS ACTION COMMITTEE AIDS SUPPORT GROUP OF CAPE COD ALZHEIMER'S ASSOCIATION OF MA (WALTHAM) AMERICAN CHINESE CHRISTIAN EDUCATION & SOCIAL SERVICES, INC. ASIAN AMERICAN CIVIC ASSOCIATION ASIAN COMMUNITY DEVELOPMENT CORPORATION ATRIUS HEALTH AUDUBON CIRCLE NEIGHBORHOOD BAGLY, INC. BAMSJ, INC. BEST CORP. BOSTON AREA RAPE CRISIS CENTER (BARCC) BETH ISRAEL LAHEY HEALTH PRIMARY CARE BETH ISRAEL LAHEY HEALTH PRIMARY CARE 1000 BROADWAY BOSTON CENTER FOR INDEPENDENT LIVING BOSTON CHILDREN'S HOSPITAL BOSTON CHINATOWN NEIGHBORHOOD CENTER BOSTON COMPREHENSIVE TREATMENT CENTER BOSTON ELDER SERVICES BOSTON EMERGENCY MEDICAL SERVICES BOSTON FIRE DEPARTMENT BOSTON GREEN ACADEMY BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM BOSTON HOSPITAL COLLABORATION FOR COMMUNITY VIOLENCE BOSTON HOUSING AUTHORITY BOSTON LIVING CENTER BOSTON MEDICAL CENTER BOSTON MEDFLIGHT BOSTON PRIVATE INDUSTRY COUNCIL (PIC) BOSTON POLICE DEPARTMENT BOSTON PUBLIC HEALTH COMMISSION BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH BOSTON UNIVERSITY LAW CLINIC BOWDOIN GENEVA MAIN STREETS BOWDOIN STREET HEALTH CENTER BOYS AND GIRLS CLUB OF BOSTON BRIDGE OVER TROUBLED WATERS BRIGHAM AND WOMEN'S HOSPITAL BRIGID'S HOUSE OF HOPE BUNKER HILL COMMUNITY COLLEGE CAMBRIDGE COMMUNITY LEARNING CENTER CAMBRIDGE HEALTH ALLIANCE CAPE VERDEAN ASSOCIATION OF BOSTON CAPIC, INC. CATHOLIC CHARITIES BOSTON CHADD MENTORING COURSE, HMS CASA MYRNA CHARLES RIVER COMMUNITY HEALTH CHELSEA BLACK COMMUNITY CHELSEA COMMUNITY CONNECTIONS CHINATOWN MAIN STREET CHINATOWN RESIDENT ASSOCIATION CHINESE PROGRESSIVE ASSOCIATION CIRCLE OF HOPE CITY OF BOSTON EMERGENCY MANAGEMENT OFFICE CITY OF BOSTON'S GREEN RIBBON COMMISSION CITY LIFE/VIDA URBANA CONFERENCE OF BOSTON TEACHING HOSPITALS (COBTH) COMMUNITY RESEARCH INITIATIVE COMMUNITY SERVINGS CRADLES TO CRAYONS DANA FARBER CANCER INSTITUTE DORCHESTER CATHOLIC PARISHES DORCHESTER FOOD CO-OP DUET INC. ELLIE FUND ENGLISH FOR NEW BOSTONIANS EVERSOURCE FAIR FOODS (BOSTON) FAMILY NURTURING CENTER FATHER BILL'S AND MAINSPRING FATHERS' UPLIFT FENWAY ALLIANCE FENWAY CIVIC ASSOCIATION FENWAY COMMUNITY CENTER FENWAY COMMUNITY DEVELOPMENT CORPORATION FENWAY HEALTH FIRST SOURCE FOUND IN TRANSLATION FRIENDS OF GENEVA CLIFFS FRIENDS OF RONAN PARK GLAAD GREATER BOSTON CHINESE GOLDEN AGE CENTER GREATER BOSTON FOOD BANK GREATER BOWDOIN GENEVA NEIGHBORHOOD ASSOCIATION GREATER FOUR CORNERS ACTION COALITION GREENROOTS HACK DIVERSITY HEALTH CARE FOR ALL HEALTHCARE WITHOUT HARM HEALTH IMPERATIVES HMS DIVERSITY AFFILIATES HOSPITALITY HOMES INTERNATIONAL INSTITUTE OF NEW ENGLAND JANE DOE INC. JASMINE GRACE OUTREACH JEWISH COMMUNITY CENTER (JCC) OF GREATER BOSTON JEWISH FAMILY AND CHILDREN'S SERVICES JEWISH VOCATIONAL SERVICES JOE ANDRUZZI CANCER FUND JOSIAH QUINCY ELEMENTARY SCHOOL JOSLIN DIABETES CENTER JUNIOR ACHIEVEMENT OF NORTHERN NE JUST A START JUSTICE RESOURCE INSTITUTE (JRI) IN

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	BOSTON LA ALIANZA HISPANA LA COLABORATIVA LEUKEMIA & LYMPHOMA SOCIETY LOUIS D. BROWN PEACE INSTITUTE MADISON PARK TECHNICAL HIGH SCHOOL MA PROGRAM MASS COLLEGE OF ART AND DESIGN MASS HIRE MASSACHUSETTS COMMISSION FOR THE BLIND MASSACHUSETTS COMMISSION FOR THE DEAF AND HARD OF HEARING MASSACHUSETTS DEPARTMENT OF CHILDREN AND FAMILIES MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION (MASSDEP) MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH COVID-19 PANDEMIC RESPONSE MASSACHUSETTS DEPARTMENT OF TRANSITIONAL ASSISTANCE MASSACHUSETTS DEPARTMENT OF TRANSPORTATION (MASSDOT) MASSACHUSETTS HIV DRUG ASSISTANCE PROGRAM MASSACHUSETTS HEALTH INFORMATION HIGHWAY MASSACHUSETTS IMMIGRANT AND REFUGEE ADVOCACY COALITION (MIRA) MASSACHUSETTS INSTITUTE OF TECHNOLOGY MASSACHUSETTS INSURANCE COMMISSION MASSACHUSETTS GENERAL HOSPITAL MASSACHUSETTS REHABILITATION COMMISSION MASSACHUSETTS STATE POLICE MEDICAL ACADEMIC AND SCIENTIFIC COMMUNITY ORGANIZATION (MASCO) MEDICAL INTELLIGENCE CENTER MEETINGHOUSE HILL CIVIC ASSOCIATION METRO HOUSING BOSTON MILLENNIUM TRAINING INSTITUTE MOUNT AUBURN HOSPITAL NEW ENGLAND AIDS EDUCATION AND TRAINING CENTER NEWTON NORTH HIGH SCHOOL NORTHEASTERN UNIVERSITY NORTH SHORE COMMUNITY COLLEGE NORTH SUFFOLK MENTAL HEALTH ASSOCIATION OPPORTUNITY COMMUNITIES OPERATION ABLE OF GREATER BOSTON OPERATION P.E.A.C.E. OUTER CAPE HEALTH SERVICES PARTNERS FOR WORLD HEALTH PEER HEALTH EXCHANGE PINE STREET INN POLITICAL ASYLUM AND IMMIGRANT'S RIGHTS (PAIR) PROJECT PRACTICE GREEN HEALTH PRIVATE INDUSTRY COUNCIL PROJECT HOME AGAIN PROJECT PLACE RIA, INC. RIVERSIDE COMMUNITY CARE ROCA ROOM TO GROW ROSE KENNEDY GREENWAY CONSERVANCY ROXBURY COMMUNITY COLLEGE ROXBURY TENANTS OF HARVARD RYAN WHITE DENTAL PROGRAM SCALE (SOMERVILLE PUBLIC SCHOOLS) SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM SEXUAL ASSAULT UNIT OF DISABLED PERSONS PROTECTION COMMISSION SOCIEDAD LATINA SOUTH COVE COMMUNITY HEALTH CENTER SPORTSMEN TENNIS AND ENRICHMENT CENTER STEPS TO SUCCESS ST. MARY'S CENTER FOR WOMEN AND CHILDREN ST. PETER'S TEEN CENTER THE FAMILY VAN THE DIMOCK CENTER THE LATINO MEDICAL STUDENT ASSOCIATION THE NEIGHBORHOOD DEVELOPERS THE NETWORK/LA RED THE PARTNERSHIP, INC. THE STUDENT NATIONAL MEDICAL ASSOCIATION, NATIONAL AND NE CHAPTER TRAINING, INC. TRUSTEES OF RESERVATIONS TUFTS MEDICAL CENTER UP ACADEMY DORCHESTER SCHOOL U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA) UNITED CEREBRAL PALSY OF METROBOSTON VICTIM RIGHTS LAW CENTER VICTORY PROGRAMS VIRIDIAN APARTMENTS WILMERHALE LEGAL SERVICES (ALSO KNOWN AS THE LEGAL SERVICE CENTER) WONDERFUND OF MASSACHUSETTS WORK OPPORTUNITIES UNLIMITED YMCA OF GREATER BOSTON YMCA TRAINING, INC.
AS DESCRIBED IN DETAIL IN THIS SUPPORTING NARRATIVE TO THE FORM 990	AS DESCRIBED IN DETAIL IN THIS SUPPORTING NARRATIVE TO THE FORM 990 SCHEDULE H, BIDMC IS DEEPLY DEDICATED TO ITS COMMUNITY BENEFITS OPERATIONS AND TO IMPROVING THE HEALTH OF ITS COMMUNITY. HOWEVER, IN RESPONSE TO SCHEDULE H, PART V, SECTION B, QUESTION 11, THERE WERE SOME NEEDS IDENTIFIED IN THE CHNA THAT ARE NOT INCLUDED IN THE IS. IN THE FY 2023 - 2025 IS, WHICH WILL GUIDE THE BIDMC'S COMMUNITY BENEFITS ACTIVITIES FOR THE FISCAL PERIODS ENDING SEPTEMBER 30, 2023, SEPTEMBER 30, 2024 AND SEPTEMBER 30, 2025, EXAMPLES OF IDENTIFIED NEEDS THAT WILL NOT BE MET IN THESE YEARS ARE ADDRESSING THE DIGITAL DIVIDE (I.E., PROMOTING EQUITABLE ACCESS TO THE INTERNET) AND SUPPORTING EDUCATION ACROSS THE LIFESPAN. IN ADDITION, THERE WERE SOME NEEDS IDENTIFIED IN THE 2019 CHNA THAT ARE NOT INCLUDED IN THE 2019 IS AND WHICH HAVE GUIDED THE BIDMC'S COMMUNITY BENEFITS ACTIVITIES FOR THE FISCAL PERIOD COVERED BY THIS FILING. WHILE THESE ISSUES ARE IMPORTANT, BIDMC'S CBAC AND SENIOR LEADERSHIP TEAM DECIDED THAT THESE ISSUES WERE OUTSIDE OF THE MEDICAL CENTER'S SPHERE OF INFLUENCE AND INVESTMENTS IN OTHER AREAS WERE BOTH MORE FEASIBLE AND LIKELY TO HAVE GREATER IMPACT. AS A RESULT, BIDMC RECOGNIZED THAT OTHER PUBLIC AND PRIVATE ORGANIZATIONS IN ITS CBSA, BOSTON, AND THE COMMONWEALTH WERE BETTER POSITIONED TO FOCUS ON THESE ISSUES. BIDMC REMAINS OPEN AND WILLING TO WORK WITH COMMUNITY RESIDENTS, OTHER HOSPITALS, AND OTHER PUBLIC AND PRIVATE PARTNERS TO ADDRESS THESE ISSUES, PARTICULARLY AS PART OF A BROAD, STRONG COLLABORATIVE. AS NOTED IN DETAIL ABOVE, THE BIDMC'S PRIMARY TOOL FOR ASSESSING THE HEALTHCARE NEEDS OF THE COMMUNITIES SERVED IS THROUGH THE CHNA AND IS (SCHEDULE H PART VI QUESTION 2).FORM 990 SCHEDULE H PART VI SUPPLEMENTAL INFORMATIONTHE PURPOSE OF THIS FORM 990 SCHEDULE H NARRATIVE DISCLOSURE IS TO HELP THE READER UNDERSTAND IN MORE DETAIL HOW BIDMC CARES FOR ITS COMMUNITY BY PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS. AS DEMONSTRATED IN THIS SCHEDULE H,9.4% OF BIDMC'S TOTAL EXPENSES AS REPORTED ON FORM 990 PART IX, LINE 24, ARE INCURRED IN PROVIDING FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST. COMMUNITY BENEFITSANNUAL COMMUNITY BENEFITS REPORTAS PREVIOUSLY NOTED IN THIS FILING BIDMC'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGY WERE COMPLETED AND APPROVED BY THE COMMUNITY BENEFITS ADVISORY COMMITTEE AND BOARD OF DIRECTORS DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2022, AS REQUIRED PURSUANT TO THE REGULATIONS UNDER INTERNAL REVENUE CODE SECTION 501(R). IN ADDITION, AS NOTED IN THIS FORM 990 SCHEDULE H, PART I, LINES 6A AND 6B, THE HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFITS REPORT THAT IS SUBMITTED TO THE MASSACHUSETTS ATTORNEY GENERAL (SCHEDULE H, PART VI, LINE 7). THAT FILING IS AVAILABLE FOR PUBLIC INSPECTION AT THE ATTORNEY GENERAL'S OFFICE, ON THE ATTORNEY GENERAL'S WEBSITE AND ON THE HOSPITAL WEBSITE AT HTTPS://WWW.BIDMC.ORG/ABOUT-BIDMC/HELPING-OUR-COMMUNITY/COMMUNITY-INITIATIVES/COMMUNITY-BENEFITS .THERE ARE SOME DIFFERENCES BETWEEN THE MASSACHUSETTS ATTORNEY GENERAL DEFINITION OF CHARITY CARE AND COMMUNITY BENEFITS AND THE INTERNAL REVENUE SERVICE DEFINITION OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS. AS SUCH, THERE ARE VARIANCES BETWEEN THIS SCHEDULE H DISCLOSURE AND THE REPORT BIDMC FILED WITH THE ATTORNEY GENERAL'S OFFICE. EMERGENCY CARE ACCESSIN ADDITION, AS NOTED IN THIS FORM 990, SCHEDULE H, PART V, SECTION A, BIDMC IS A GENERAL MEDICAL AND SURGICAL HOSPITAL, RESEARCH HOSPITAL AND TEACHING HOSPITAL, PROVIDING 24 HOUR EMERGENCY MEDICAL CARE TO ALL PATIENTS WITHOUT REGARD TO ABILITY TO PAY. FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITSCHARITY CARE AND MEANS TESTED GOVERNMENT PROGRAMSFINANCIAL ASSISTANCEBIDMC'S NET COST OF CHARITY CARE, INCLUDING CARE FOR EMERGENT SERVICES PROVIDED TO NON-PAYING PATIENTS AND INCLUDING PAYMENTS TO THE HEALTH SAFETY NET TRUST, WAS \$

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	15,241,421 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022 AND HAS BEEN REPORTED ON THIS SCHEDULE H, PART I, LINE 7A.AS PREVIOUSLY NOTED IN THIS FORM 990, BIDMC IS ONE OF TEN HOSPITALS WITHIN THE BETH ISRAEL LAHEY HEALTH NETWORK. COMBINED THESE HOSPITALS' NET COST OF CHARITY CARE, INCLUDING CARE FOR EMERGENT SERVICES PROVIDED TO NON-PAYING PATIENTS AND INCLUDING PAYMENTS TO THE HEALTH SAFETY NET TRUST, WAS \$55,879,719 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022. AS REPORTED IN SCHEDULE H PART I LINE 3 AND AGAIN IN SCHEDULE H PART V SECTION B LINE 13, ELIGIBILITY FOR FREE CARE TO LOW-INCOME INDIVIDUALS IS DETERMINED USING FEDERAL POVERTY GUIDELINES OF 400% FOR FULL FREE CARE AND 400% FOR PARTIAL FREE CARE. ELIGIBILITY FOR DISCOUNTED CARE IS DETERMINED BY REVIEWING THE INDIVIDUAL'S EMPLOYMENT STATUS, FAMILY SIZE AND MONTHLY EXPENSES, INCLUDING MEDICAL HARDSHIP REVIEW.OTHER UNCOMPENSATED CHARITY CAREMEDICAID AND MEDICAREIN ADDITION TO THE CHARITY CARE REPORTED ABOVE, BIDMC ALSO PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN OTHER PROGRAMS DESIGNED TO SUPPORT LOW-INCOME FAMILIES, INCLUDING PARTICULARLY THE MEDICAID PROGRAM, WHICH IS JOINTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS. THE MASSACHUSETTS HEALTH REFORM LAW PROVIDED AN INITIATIVE FOR EXPANSION OF MEDICAID COVERAGE TO GREATER POPULATIONS AND FOR ENROLLMENT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS. PAYMENTS FROM MEDICAID AND OTHER PROGRAMS THAT INSURE LOW-INCOME POPULATIONS DO NOT COVER THE COST OF SERVICES PROVIDED. DURING THE FISCAL PERIOD COVERED BY THIS FILING, BIDMC GENERATED \$90,727,930 RELATED TO TREATING MEDICAID PATIENTS WHICH WAS LESS THAN THE COST OF CARE PROVIDED BY BIDMC FOR SUCH SERVICES BY \$9,336,590 AS REPORTED ON THIS SCHEDULE H, PART I LINE 7B. DURING THE FISCAL PERIOD COVERED BY THIS FILING, 18.1% OR 171,547 OF BIDMC'S PATIENT ENCOUNTERS WERE WITH MEDICAID PATIENTS. IN ADDITION, 46.1% OR 437,962 OF THE HOSPITAL'S PATIENT CASES WERE WITH MEDICARE PATIENTS MEDICARE IS THE FEDERALLY SPONSORED HEALTH INSURANCE PROGRAM FOR ELDERLY OR DISABLED PATIENTS, AND BIDMC PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN THE MEDICARE PROGRAM. DURING THE FISCAL PERIOD COVERED BY THIS FILING, BIDMC GENERATED \$326,110,471 RELATED TO TREATING MEDICARE PATIENTS. THE COSTS OF PROVIDING CARE TO MEDICARE PATIENTS EXCEEDED REVENUE BY \$23,184,973. OF THESE AMOUNTS, REVENUE OF \$25,866,380 IS RELATED TO THE PROVISION OF PSYCHIATRY INPATIENT, BOWDOIN STREET HEALTH CENTER, CHESTNUS HILL UC, AND CHELSEA UC AND IS INCLUDED ON THIS SCHEDULE H, PART I, LINE 7G, AS PART OF SUBSIDIZED HEALTH SERVICES BECAUSE THE COST OF THOSE SERVICES EXCEEDED REVENUES BY \$39,738,427. IN RESPONSE TO THE FORM 990, SCHEDULE H, PART III, LINE 8, ALTHOUGH BIDMC CONSIDERS THE PROVISION OF CLINICAL CARE TO ALL MEDICARE PATIENTS AS PART OF ITS COMMUNITY BENEFIT, THE REMAINING CARE TO MEDICARE PATIENTS IS NOT QUANTIFIED ON PAGE 1 OF THE SCHEDULE H. INSTEAD, PER THE IRS INSTRUCTIONS TO SCHEDULE H, BIDMC HAS SEPARATELY REPORTED THIS AMOUNT IN SCHEDULE H, PART III, LINE 7, AS REQUIRED. HOWEVER, IF THE MEDICARE SHORTFALL WERE INCLUDED IN THE SCHEDULE H PART I LINE 7 CALCULATION, IT WOULD INCREASE TO 10.38%.
BAD DEBTS	IN ADDITION TO CHARITY CARE AND SHORTFALLS IN PROVIDING SERVICES TO PATIENTS INSURED UNDER STATE AND FEDERAL PROGRAMS, BIDMC ALSO INCURS LOSSES RELATED TO SELF-PAY PATIENTS WHO FAIL TO MAKE PAYMENTS FOR SERVICES OR INSURED PATIENTS WHO FAIL TO PAY COINSURANCE OR DEDUCTIBLES FOR WHICH THEY ARE RESPONSIBLE UNDER INSURANCE CONTRACTS. BAD DEBT EXPENSE IS INCLUDED IN UNCOMPENSATED CARE EXPENSE IN THE CONSOLIDATED FINANCIAL STATEMENTS AND INCLUDES THE PROVISION FOR ACCOUNTS ANTICIPATED TO BE UNCOLLECTIBLE. CHARGES FOR THOSE SERVICES DURING THE FISCAL PERIOD COVERED BY THIS FILING OF \$14,605,323 AND ARE REPORTED AS BAD DEBT ON FORM 990, SCHEDULE H, PART III, LINE 2. AS REQUIRED BY THE INSTRUCTIONS TO THIS FORM 990 SCHEDULE H, LOSSES RELATED TO BAD DEBTS HAVE NOT BEEN INCLUDED IN THE CALCULATION OF FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS IN SCHEDULE H PART I LINE 7. RATHER IT HAS BEEN SEPARATELY REPORTED IN SCHEDULE H PART III AS REQUIRED. THE PERCENTAGES CALCULATED IN PART I, LINE 7, COLUMN F WERE BASED ON EACH ITEM OF FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT AS A PERCENTAGE OF TOTAL EXPENSES REPORTED IN PART IX OF THIS FORM 990. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC. AND AFFILIATES FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022 INCLUDE THE ACCOUNTS OF: BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY CLINIC FOUNDATION (LCF) , LAHEY CLINIC (LCI), LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER (LHMC), WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NORTHEAST), ANNA JAKUES HOSPITAL (AJH) AND AFFILIATES. THE FINANCIAL STATEMENTS OF THE SYSTEM ALSO INCLUDE A CONTROLLED AFFILIATE, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP).FINANCIAL STATEMENT FOOTNOTESREVENUES UNDER THE TRADITIONAL FEE FOR SERVICE MEDICARE AND MEDICAID PROGRAMS ARE BASED PRIMARILY ON PROSPECTIVE PAYMENT SYSTEMS. RETROSPECTIVELY DETERMINED COST-BASED REVENUES UNDER THESE PROGRAMS, WHICH WERE MORE PREVALENT IN EARLIER PERIODS, AND CERTAIN OTHER PAYMENTS, SUCH AS DISPROPORTIONATE SHARE HOSPITAL AND BAD DEBT EXPENSE REIMBURSEMENT, WHICH ARE BASED ON OUR HOSPITALS' COST REPORTS, ARE ESTIMATED USING HISTORICAL TRENDS AND CURRENT FACTORS. COST REPORT SETTLEMENTS UNDER THESE PROGRAMS ARE SUBJECT TO AUDIT BY MEDICARE AND MEDICAID AUDITORS AND ADMINISTRATIVE AND JUDICIAL REVIEW, AND IT CAN TAKE SEVERAL YEARS UNTIL FINAL SETTLEMENT OF SUCH MATTERS IS DETERMINED AND COMPLETELY RESOLVED. THE SYSTEM RECORDS ACCRUALS TO REFLECT THE EXPECTED FINAL SETTLEMENTS ON COST REPORTS. FOR FILED COST REPORTS, THE ACCRUAL IS RECORDED BASED ON THOSE COST REPORTS AND SUBSEQUENT ACTIVITY. THE ACCRUAL FOR PERIODS FOR WHICH A COST REPORT IS YET TO BE FILED IS RECORDED BASED ON ESTIMATES OF WHAT THE SYSTEM EXPECTS TO REPORT ON THE FILED COST REPORTS. AFTER THE COST REPORT IS FILED, THE ACCRUAL MAY NEED TO BE ADJUSTED.EMERGENCY CARE ACCESSBETH ISRAEL DEACONESS MEDICAL CENTER IS A TERTIARY CARE LICENSED ACADEMIC MEDICAL CENTER, PROVIDING MEDICAL AND SURGICAL CARE, TEACHING AND RESEARCH AND AS NOTED ELSEWHERE IN THIS RETURN, PROVIDES 24 HOUR EMERGENCY MEDICAL CARE TO ALL PATIENTS WITHOUT REGARD TO ABILITY TO PAY. THE ED'S MISSION, ALIGNED WITH BIDMC'S MISSION, IS TO DISTINGUISH ITSELF FROM OTHER PROVIDERS THROUGH EXCELLENCE IN PATIENT CARE, EDUCATION,

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	RESEARCH AND THROUGH IMPROVED HEALTH IN THE COMMUNITIES SERVED. BIDMC'S DEPARTMENT OF EMERGENCY MEDICINE, PROVIDES MEDICALLY NECESSARY CARE FOR ALL PEOPLE REGARDLESS OF THEIR ABILITY TO PAY 24 HOURS A DAY, SEVEN DAYS A WEEK, AND 365 DAYS A YEAR (SCHEDULE H, PART V, SECTION A AND SECTION B QUESTION 21).THE BIDMC DEPARTMENT OF EMERGENCY MEDICINE PROVIDES MEDICALLY NECESSARY CARE FOR ALL PEOPLE REGARDLESS OF THEIR ABILITY TO PAY. THE HOSPITAL OFFERS THIS CARE FOR ALL PATIENTS THAT COME TO THIS FACILITY 24 HOURS A DAY, 7 DAYS A WEEK, AND 365 DAYS A YEAR. FINANCIAL ASSISTANCE POLICYINTERNAL REVENUE CODE SECTION 501(R)(4)FINANCIAL ASSISTANCE POLICY PURPOSE BIDMC IS DEDICATED TO PROVIDING FINANCIAL ASSISTANCE TO PATIENTS WHO HAVE HEALTHCARE NEEDS AND ARE UNINSURED, UNDERINSURED, INELIGIBLE FOR A GOVERNMENT PROGRAM OR OTHERWISE UNABLE TO PAY FOR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. THIS FINANCIAL ASSISTANCE POLICY IS INTENDED TO BE IN COMPLIANCE WITH APPLICABLE FEDERAL AND STATE LAWS FOR OUR SERVICE AREA. PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE WILL RECEIVE DISCOUNTED CARE FROM BIDMC AS WELL AS PROVIDERS WHO FOLLOW BIDMC'S FINANCIAL ASSISTANCE POLICY. A LIST OF ALL PROVIDERS WHO PROVIDE CARE WITHIN BIDMC AS WELL AS INFORMATION INDICATING IF THE LISTED PROVIDERS FOLLOW BIDMC'S FINANCIAL ASSISTANCE POLICY IS INCLUDED IN APPENDIX 5 TO THE FINANCIAL ASSISTANCE POLICY. BIDMC DOES NOT DISCRIMINATE BASED ON THE PATIENT'S AGE, GENDER, RACE, CREED, RELIGION, DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN OR IMMIGRATION STATUS WHEN DETERMINING ELIGIBILITY.FINANCIAL ASSISTANCE POLICY, CREDIT AND COLLECTION POLICY AND EMERGENCY CARE POLICYAS REQUIRED BY IRC SECTION 501(R) (4) AND THE REGULATIONS PROMULGATED THEREUNDER, THE HOSPITAL MAINTAINS A WRITTEN FINANCIAL ASSISTANCE POLICY (FAP) THAT APPLIES TO ALL EMERGENCY AND OTHER MEDICALLY NECESSARY CARE PROVIDED BY THE HOSPITAL FACILITY. (SCHEDULE H PART I QUESTIONS 1A AND 1B). DETAIL RELATED TO EMERGENCY AND OTHER MEDICALLY NECESSARY CARE COVERED BY THE POLICY IS INCLUDED WITHIN THE POLICY AND THE DEFINITION OF EMERGENCY CARE MEETS THE DEFINITION OF THE EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA), SECTION 1867 OF THE SOCIAL SECURITY ACT (42 USC 1395DD). (SCHEDULE H PART V SECTION B QUESTION 21). THE FAP INCLUDES A LIST OF PROVIDERS OTHER THAN THE HOSPITAL ITSELF, WHICH ARE COVERED BY THE FAP AND SPECIFIES ELIGIBILITY CRITERIA FOR BOTH FREE AND DISCOUNTED CARE. THE FAP ALSO INCLUDES THE BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS. THE PROVIDER LIST IS UPDATED NOT LESS THAN QUARTERLY. THE HOSPITAL MAINTAINS A SEPARATE CREDIT AND COLLECTION POLICY AS PERMITTED UNDER THE TREASURY REGULATIONS AND THIS CREDIT AND COLLECTION POLICY IS REFERENCED WITHIN THE FAP AS REQUIRED, ALONG WITH INFORMATION ON HOW TO OBTAIN A FREE COPY OF THE CREDIT AND COLLECTION POLICY. (SCHEDULE H PART III SECTION C QUESTIONS 9A AND 9B AND PART V SECTION B QUESTION 17). THE HOSPITAL'S FAP AND CREDIT & COLLECTION POLICY WERE ADOPTED BY THE HOSPITAL'S BOARD PRIOR TO SEPTEMBER 30, 2017 AND THESE DOCUMENTS WERE ALL EFFECTIVE AS OF OCTOBER 1, 2017, THE FIRST DAY OF THE HOSPITAL'S FISCAL YEAR IN WHICH THE HOSPITAL WAS REQUIRED TO BE IN COMPLIANCE WITH THE REGULATIONS PROMULGATED BY THE TREASURY AND RELATED TO IRC SECTION 501(R).
FINANCIAL ASSISTANCE POLICYAPPLYING FOR ASSISTANCE	THE HOSPITAL'S FAP INCLUDES INFORMATION ON THE METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE UNDER THE FAP. IN ADDITION, THE HOSPITAL'S FINANCIAL ASSISTANCE APPLICATION INCLUDES A LIST OF INFORMATION/DOCUMENTATION REQUIRED AS PART OF A PATIENT'S APPLICATION FOR FINANCIAL ASSISTANCE. (SCHEDULE H PART V SECTION B QUESTION 15)FINANCIAL ASSISTANCE POLICYELIGIBILITY GUIDELINES THE HOSPITAL'S FAP USES THE FEDERAL POVERTY GUIDELINES IN DETERMINING ELIGIBILITY FOR FREE AND DISCOUNTED CARE. (SCHEDULE H PART I QUESTION 3A AND 3B AND PART V SECTION B QUESTION 13). IN ADDITION, THE HOSPITAL'S FAP PROVIDES FOR FINANCIAL ASSISTANCE BASED ON MEDICAL HARDSHIP AND ASSET LEVEL (SCHEDULE H PART I QUESTIONS 3C AND 4, PART V SECTION B QUESTION 13 AND PART VI QUESTION 3). FINALLY, THE HOSPITAL UNDERSTANDS THAT NOT ALL PATIENTS ARE ABLE TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION OR COMPLY WITH REQUESTS FOR DOCUMENTATION. THERE MAY BE INSTANCES UNDER WHICH A PATIENT/GUARANTOR'S QUALIFICATION FOR FINANCIAL ASSISTANCE IS ESTABLISHED WITHOUT COMPLETING THE APPLICATION FORM. OTHER INFORMATION MAY BE USED BY THE HOSPITAL TO DETERMINE WHETHER A PATIENT/GUARANTOR'S ACCOUNT IS UNCOLLECTIBLE, AND THIS INFORMATION WILL BE USED TO DETERMINE PRESUMPTIVE ELIGIBILITY AS OUTLINED IN THE HOSPITAL'S FAP. (SCHEDULE H PART I QUESTIONS 3C).FINANCIAL ASSISTANCEPUBLIC ASSISTANCE PROGRAMS (SCHEDULE H PART I QUESTION 3C)IN ADDITION TO FINANCIAL ASSISTANCE ELIGIBILITY UNDER THE HOSPITAL'S FAP, FOR THOSE INDIVIDUALS WHO ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL WORK WITH PATIENTS TO ASSIST THEM IN APPLYING FOR PUBLIC ASSISTANCE AND/OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER SOME OR ALL OF THEIR UNPAID HOSPITAL BILLS. IN ORDER TO HELP UNINSURED AND UNDERINSURED INDIVIDUALS FIND AVAILABLE AND APPROPRIATE OPTIONS, THE HOSPITAL WILL PROVIDE ALL INDIVIDUALS WITH A GENERAL NOTICE OF THE AVAILABILITY OF PUBLIC ASSISTANCE AND FINANCIAL ASSISTANCE PROGRAMS DURING THE PATIENT'S INITIAL IN-PERSON REGISTRATION AT A HOSPITAL LOCATION FOR A SERVICE, IN ALL BILLING INVOICES THAT ARE SENT TO A PATIENT OR GUARANTOR, AND WHEN THE PROVIDER IS NOTIFIED OR THROUGH ITS OWN DUE DILIGENCE BECOMES AWARE OF A CHANGE IN THE PATIENT'S ELIGIBILITY STATUS FOR PUBLIC OR PRIVATE INSURANCE COVERAGE.HOSPITAL PATIENTS MAY BE ELIGIBLE FOR FREE OR REDUCED COST OF HEALTH CARE SERVICES THROUGH VARIOUS STATE PUBLIC ASSISTANCE PROGRAMS AS WELL AS THE HOSPITAL FINANCIAL ASSISTANCE PROGRAMS (INCLUDING BUT NOT LIMITED TO MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OPERATED BY THE HEALTH CONNECTOR, THE CHILDREN'S MEDICAL SECURITY PROGRAM, THE HEALTH SAFETY NET, AND MEDICAL HARDSHIP). SUCH PROGRAMS ARE INTENDED TO ASSIST LOW-INCOME PATIENTS TAKING INTO ACCOUNT EACH INDIVIDUAL'S ABILITY TO CONTRIBUTE TO THE COST OF HIS OR HER CARE. FOR THOSE INDIVIDUALS THAT ARE UNINSURED OR UNDERINSURED, THE HOSPITAL WILL, WHEN REQUESTED, HELP THEM WITH APPLYING FOR EITHER COVERAGE THROUGH PUBLIC ASSISTANCE PROGRAMS OR HOSPITAL FINANCIAL ASSISTANCE PROGRAMS THAT MAY COVER ALL OR SOME OF THEIR UNPAID HOSPITAL BILLS.THE HOSPITAL IS AVAILABLE TO ASSIST PATIENTS IN ENROLLING INTO STATE HEALTH COVERAGE PROGRAMS. THESE INCLUDE MASSHEALTH, THE PREMIUM ASSISTANCE PAYMENT PROGRAM OPERATED BY THE STATE'S HEALTH CONNECTOR, AND THE CHILDREN'S MEDICAL SECURITY PLAN. FOR THESE PROGRAMS, APPLICANTS CAN SUBMIT AN

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	APPLICATION THROUGH AN ONLINE WEBSITE (WHICH IS CENTRALLY LOCATED ON THE STATE'S HEALTH CONNECTOR WEBSITE), A PAPER APPLICATION, OR OVER THE PHONE WITH A CUSTOMER SERVICE REPRESENTATIVE LOCATED AT EITHER MASSHEALTH OR THE CONNECTOR. INDIVIDUALS MAY ALSO ASK FOR ASSISTANCE FROM HOSPITAL FINANCIAL COUNSELORS (ALSO CALLED CERTIFIED APPLICATION COUNSELORS) WITH SUBMITTING THE APPLICATION EITHER ON THE WEBSITE OR THROUGH A PAPER APPLICATION.FINANCIAL ASSISTANCE POLICYTRANSLATIONS THE HOSPITAL'S FAP, CREDIT AND COLLECTION POLICY AND PLAIN LANGUAGE SUMMARY OF THE FAP (SEE DETAIL BELOW) HAVE ALL BEEN TRANSLATED INTO THE LANGUAGES SPOKEN BY THOSE IN THE HOSPITAL'S COMMUNITY WHO MAY COMMUNICATE IN A LANGUAGE OTHER THAN ENGLISH. THE HOSPITAL HAS TRANSLATED THESE DOCUMENTS INTO THE LANGUAGES OF LIMITED ENGLISH PROFICIENCY (LEP) OF ITS PATIENTS, 5% OF THE POPULATION OR 1000 PERSONS, WHICHEVER IS LESS, IN ACCORDANCE WITH THE REGULATIONS PROMULGATED UNDER IRC SECTION 501(R). BASED ON THE HOSPITAL'S REVIEW OF THIS SAFE HARBOR, THE HOSPITAL HAS TRANSLATED THESE DOCUMENTS INTO THE FOLLOWING LANGUAGES: SPANISH, SIMPLIFIED CHINESE, TRADITIONAL CHINESE, RUSSIAN, PORTUGUESE, VIETNAMESE, FRENCH, HAITIAN CREOLE, HINDI, ITALIAN, JAPANESE, CAPE VERDEAN, AND ARABIC. (SCHEDULE H PART V SECTION B QUESTION 16I)FINANCIAL ASSISTANCE POLICYWIDELY PUBLICIZING AND AVAILABILITYCOPIES OF THE FAP, CREDIT AND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILABLE IN BOTH ENGLISH AND ALL LEP LANGUAGES AT THE HOSPITAL, BY MAIL FREE OF CHARGE AND/OR ON THE HOSPITAL'S WEBSITE: (SCHEDULE H PART V SECTION B QUESTIONS 16A, 16B, 16C, 16D, 16E, 16H) AT HTTPS://WWW.BIDMC.ORG/PATIENT-AND-VISITOR-INFORMATION/PATIENT-INFORMATION/YOUR-HOSPITAL-BILL/FINANCIAL-ASSISTANCE. IN ADDITION, THE FAP, CREDIT AND COLLECTION POLICY, FAP SUMMARY AND APPLICATION FOR FINANCIAL ASSISTANCE ARE ALL AVAILABLE IN THE HOSPITAL'S EMERGENCY DEPARTMENT AND FINANCIAL COUNSELING OFFICE. (SCHEDULE H PART V SECTION B QUESTION 16F AND SCHEDULE H PART VI QUESTION 3).THE HOSPITAL MAINTAINS SIGNAGE AND CONSPICUOUS PUBLIC DISPLAYS ABOUT FINANCIAL ASSISTANCE AND THE FAP DESIGNED TO ATTRACT THE ATTENTION OF PATIENTS AND VISITORS, INCLUDING BOTH THE EMERGENCY DEPARTMENT AND ADMISSIONS. SUCH SIGNAGE IS POSTED BOTH IN ENGLISH AND THE LEP LANGUAGES NOTED ABOVE. IN ADDITION, FINANCIAL COUNSELING PERSONNEL ROUTINELY VISIT LOCATIONS DESIGNATED FOR SIGNAGE TO ENSURE THAT SUCH SIGNAGE REMAINS VISIBLE TO PATIENTS AND VISITORS AS ATTENDED. THE HOSPITAL PROVIDES INFORMATION ABOUT THE FAP TO PATIENTS BEFORE DISCHARGE AND CONSPICUOUSLY WITHIN BILLING STATEMENTS. INFORMATION PROVIDED TO PATIENTS IN THESE COMMUNICATIONS INCLUDE CONTACT INFORMATION FOR THOSE THAT CAN HELP PROVIDE ADDITIONAL INFORMATION ABOUT THE FAP, INFORMATION ON THE APPLICATION PROCESS AND THE WEBSITE WHERE THE FAP CAN BE OBTAINED. ADDITIONALLY, A PLAIN LANGUAGE SUMMARY OF THE FAP IS PROVIDED TO PATIENTS AS PART OF THE INTAKE PROCESS. (SCHEDULE H PART V SECTION B QUESTION 16G). FINANCIAL ASSISTANCE POLICYPLAIN LANGUAGE SUMMARYAS NOTED IN THIS NARRATIVE SUPPORT TO THE FORM 990 SCHEDULE H, THE HOSPITAL HAS A PLAIN LANGUAGE SUMMARY OF ITS FAP. THIS IS A WRITTEN STATEMENT DESIGNED TO NOTIFY PATIENTS AND VISITORS THAT THE HOSPITAL HAS A WRITTEN FAP AND PROVIDES FINANCIAL ASSISTANCE. THIS PLAIN LANGUAGE SUMMARY INCLUDES INFORMATION ON FREE AND DISCOUNTED CARE, HOW TO OBTAIN A COPY OF THE FAP POLICY AND APPLICATION, INCLUDING THE WEBSITE ADDRESS, THE LOCATION AND PHONE NUMBER OF THE FINANCIAL COUNSELING OFFICE. THE PLAIN LANGUAGE SUMMARY ALSO INCLUDES THE LIST OF LANGUAGES INTO WHICH THE FAP AND SUMMARY HAVE BEEN TRANSLATED AS WELL AS HOW TO ACCESS INFORMATION ON PROVIDERS NOT COVERED BY THE FAP AND TO WHICH OTHER RELATED HOSPITALS APPROVAL UNDER THE FAP WILL APPLY. LINKS TO FINANCIAL ASSISTANCE POLICY AND RELATED DOCUMENTSTHE LINK TO THE BIDMC FINANCIAL ASSISTANCE POLICY (FAP) AND THE FOLLOWING RELATED DOCUMENTS CAN BE FOUND ON THE HOSPITAL'S WEBSITE. CREDIT AND COLLECTION POLICY APPLICATION FOR FINANCIAL ASSISTANCE MEDICAL HARDSHIP APPLICATION FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY ADDITIONAL INFORMATION ON PATIENT FINANCIAL ASSISTANCE AND BILLING, ALL IN IN ENGLISH, SPANISH, FRENCH, HAITIAN CREOLE, HINDI, ITALIAN, SIMPLIFIED CHINESE, TRADITIONAL CHINESE, RUSSIAN, PORTUGUESE, VIETNAMESE, JAPANESE, ARABIC, CAPE VERDEAN, CAN BE FOUND ON THE BIDMC WEBSITE AT: HTTPS://WWW.BIDMC.ORG/PATIENT-AND-VISITOR-INFORMATION/PATIENT-INFORMATION/YOUR-HOSPITAL-BILL/FINANCIAL-ASSISTANCE
LIMITATION ON CHARGESINTERNAL REVENUE CODE SECTION 501(R)(5)	LIMITATION ON CHARGESAS REQUIRED BY IRC SECTION 501(R)(5) AND THE REGULATIONS PROMULGATED THEREUNDER, THE HOSPITAL LIMITS THE AMOUNTS CHARGED FOR ANY EMERGENCY OR OTHER MEDICALLY NECESSARY CARE IT PROVIDES TO A FINANCIAL ASSISTANCE-ELIGIBLE PATIENT, TO NOT MORE THAN AMOUNTS GENERALLY BILLED (AGB) AND LIMITS THE AMOUNTS CHARGED TO ANY FINANCIAL ASSISTANCE ELIGIBLE PATIENT FOR ALL OTHER MEDICAL CARE TO LESS THAN GROSS CHARGES. AMOUNTS GENERALLY BILLEDLOOK BACK METHODTHE HOSPITAL CALCULATES ITS AGB, USING THE LOOK BACK METHOD, DIVIDING THE TOTAL PAYMENTS RECEIVED FROM ALL COMMERCIAL PLANS AND MEDICARE BY THE TOTAL CHARGES SENT TO THOSE SAME PAYERS FOR THE PREVIOUS FISCAL YEAR. CALCULATED AGB IS INCLUDED IN THE HOSPITAL'S FAP AS REQUIRED UNDER THE REGULATIONS DETAILING THE REQUIREMENTS UNDER IRC SECTION 501(R)(5). (SCHEDULE H PART V SECTION B QUESTION 22). PATIENT REFUNDS FOR CHARGES IN EXCESS OF AMOUNTS GENERALLY BILLEDTHE HOSPITAL REGULARLY MONITORS THE FINANCIAL ACCOUNTS OF FINANCIAL ASSISTANCE ELIGIBLE PATIENTS. WHERE A PATIENT SUBMITS A COMPLETED APPLICATION FOR FINANCIAL ASSISTANCE AND IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL REFUNDS ANY AMOUNTS PREVIOUSLY PAID FOR CARE THAN EXCEEDS THE AMOUNT THAT THE PATIENT IS PERSONALLY RESPONSIBLE FOR PAYING WHERE SUCH AMOUNTS ARE EQUAL TO OR EXCEED \$5.00. BILLING AND COLLECTIONS501(R)(6)EXTRAORDINARY COLLECTION ACTIVITIESTHE HOSPITAL DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIVITIES (ECAS) FOR FINANCIAL ASSISTANCE ELIGIBLE PATIENTS. SPECIFICALLY, THE HOSPITAL DOES NOT REPORT TO CREDIT AGENCIES, ENGAGE IN LEGAL OR JUDICIAL PROCESSES OR SELL A PATIENT'S OUTSTANDING AMOUNTS OWED FOR PATIENT CARE. IN ADDITION, THIS EXTENDS TO ANY THIRD PARTY CONTRACTED WITH THE HOSPITAL RELATED TO BILLING AND COLLECTIONS. (SCHEDULE H PART V SECTION B QUESTIONS 18 AND 19).APPLICATION PERIOD PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME UP TO TWO HUNDRED FORTY (240) DAYS AFTER THE FIRST POST-DISCHARGE BILLING STATEMENT IS AVAILABLE. FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS RESEARCHAS PREVIOUSLY NOTED IN THIS FORM 990, PART III, PART OF THE MEDICAL

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	CENTER'S MISSION IS TO BE A WORLD-CLASS RESEARCH INSTITUTION WHERE OUTSTANDING SCIENTISTS WORK TO DEVELOP NEW KNOWLEDGE FOR THE BETTERMENT OF THE HEALTH OF OUR LOCAL AND EXTENDED COMMUNITIES. THE RESEARCH PROGRAM STRIVES TO BE RENOWNED FOR ITS BENCH-TO-BEDSIDE MODEL OF TRANSLATIONAL RESEARCH AND FOR ITS COLLABORATION WITH INDUSTRY AS A PATHWAY FOR TRANSFERRING THE FRUITS OF RESEARCH INTO PRODUCTS AND TREATMENTS THAT IMPROVE THE QUALITY OF LIFE.THE MEDICAL CENTER'S NOTABLE RESEARCH ACCOMPLISHMENTS INCLUDE CONSISTENTLY BEING RANKED IN THE TOP TIER OF INDEPENDENT HOSPITALS IN NATIONAL INSTITUTES OF HEALTH (NIH) FUNDING. THE MEDICAL CENTER SCIENTISTS CONTINUE TO SEARCH FOR IMPROVED UNDERSTANDING OF DISEASES AND BETTER TREATMENTS FOR PATIENTS, WHICH IN TURN DIRECTLY IMPACT THE LIVES OF OUR PATIENTS AND IMPROVE THE MEDICAL CENTER'S PATIENT CARE. DURING THE FISCAL PERIOD COVERED BY THIS FILING, MORE THAN 1,220 ACTIVE FEDERAL, INDUSTRY AND FOUNDATION SPONSORED PROJECTS AND MORE THAN 2,500 ACTIVE EXEMPT, EXPEDITED, AND FULL BOARD-REVIEWED CLINICAL RESEARCH STUDIES. BIDMC RESEARCH IS LED BY MORE THAN 280 PRINCIPAL INVESTIGATORS, THE MAJORITY OF WHOM ARE HARVARD MEDICAL SCHOOL FACULTY. THE KEY AREAS OF RESEARCH INCLUDE VASCULAR BIOLOGY, MOLECULAR IMAGING, TRANSPLANTATION, SIGNAL TRANSDUCTION, CANCER BIOLOGY, METABOLIC DISEASE, NEUROBIOLOGY, AIDS, VACCINE DEVELOPMENT AND VIROLOGY, INFECTION CONTROL AND INFECTIOUS DISEASES AND CARDIOLOGY/CARDIAC SURGERY. AS NOTED IN THIS FILING, THE MEDICAL CENTER IS A TEACHING HOSPITAL OF HARVARD MEDICAL SCHOOL AND IS COMMITTED TO MAINTAINING A COLLABORATIVE CULTURE; TO MAINTAINING MODERN, HIGH-QUALITY FACILITIES, AND TO TAKING FULL ADVANTAGE OF THE UNIQUE RELATIONSHIPS THAT EXIST AMONG THE HARVARD MEDICAL SCHOOL AND THE HARVARD TEACHING HOSPITALS. THE MEDICAL CENTER DESIGNS AND IMPLEMENTS MANY INTERDEPARTMENTAL AND INTERDISCIPLINARY RESEARCH PROGRAMS WITHIN THE INSTITUTION. THE MEDICAL CENTER ALSO COLLABORATES WITH OTHER NATIONALLY RECOGNIZED AND WORLD RENOWNED EXPERTS IN VARIOUS FIELDS IN AN EFFORT TO TRANSLATE NEW KNOWLEDGE INTO NOVEL MEDICAL TREATMENTS AND PATIENT CARE. THE MEDICAL CENTER PARTICIPATES IN HARVARD CATALYST, THE HARVARD CLINICAL AND TRANSLATIONAL SCIENCE CENTER, WHICH BRINGS TOGETHER THE INTELLECTUAL FORCE, TECHNOLOGIES, AND CLINICAL EXPERTISE AT HARVARD UNIVERSITY AND ITS ACADEMIC, HEALTH CARE, AND COMMUNITY PARTNERS TO CREATE CONNECTIONS, ENABLE RESEARCH AT THE CUTTING EDGE OF DISCOVERY, AND NURTURE CLINICAL AND TRANSLATIONAL RESEARCHERS WITH THE GOAL OF IMPROVING HUMAN HEALTH.STUDIES BY MEDICAL CENTER RESEARCHERS ARE ROUTINELY PUBLISHED IN THE WORLD'S LEADING SCIENTIFIC JOURNALS, INCLUDING NATURE, SCIENCE, THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION AND THE NEW ENGLAND JOURNAL OF MEDICINE, WHICH HELPS TO BRING THE RESEARCH FINDINGS TO CLINICIANS AND PATIENTS BEYOND THE MEDICAL CENTER.
THE MEDICAL CENTER ENGAGES IN RESEARCH IN ALL OF THE FOLLOWING DISCIPLINES:	ANESTHESIA, CRITICAL CARE, AND PAIN MEDICINE EMERGENCY MEDICINE MEDICINE O ALLERGY AND INFLAMMATIONO CARDIOVASCULAR MEDICINEO CENTER FOR VASCULAR BIOLOGY RESEARCHO CENTER FOR VIROLOGY AND VACCINE RESEARCHO CLINICAL INFORMATICSO CLINICAL NUTRITIONO ENDOCRINOLOGYO EXPERIMENTAL MEDICINEO GASTROENTEROLOGYO GENERAL MEDICINE AND PRIMARY CAREO GENETICSO GERONTOLOGYO HEMATOLOGY AND ONCOLOGYO HEMOSTASIS AND THROMBOSISO IMMUNOLOGYO INFECTIOUS DISEASEO INTERDISCIPLINARY MEDICINE AND BIOTECHNOLOGYO MOLECULAR AND VASCULAR MEDICINEO NEPHROLOGYO PULMONOLOGYO RHEUMATOLOGYO SIGNAL TRANSDUCTIONO TRANSLATIONAL RESEARCHO TRANSPLANT IMMUNOLOGY NEONATOLOGY NEUROLOGY OBSTETRICS AND GYNECOLOGY ORTHOPAEDIC SURGERY PATHOLOGY PSYCHIATRY RADIOLOGY SURGERY O CARDIAC SURGERYO CENTER FOR MINIMALLY INVASIVE SURGERYO NEUROSURGERYO PLASTIC AND RECONSTRUCTIVE SURGERYO VASCULAR SURGERY TRANSPLANT INSTITUTEDURING THE FISCAL YEAR COVERED BY THIS FILING, THE MEDICAL CENTER REPORTED \$71,343,305 OF NET INTERNALLY FUNDED RESEARCH ON THIS SCHEDULE H, PART I, LINE 7H RELATED TO RESEARCH TO FURTHER SCIENCE AND PATIENT CARE, WHICH REPRESENTED 3.02% OF THE MEDICAL CENTER'S TOTAL EXPENSES. ADDITIONALLY, THE MEDICAL CENTER REPORTED \$312,605,756 OF RESEARCH EXPENSES FUNDED BY GOVERNMENTS AND OTHER TAX-EXEMPT ENTITIES INCLUDING OTHER HOSPITALS, UNIVERSITIES AND FOUNDATIONS ON SCHEDULE H, PART I LINE 7H COLUMN D, WHICH, IF INCLUDED IN SCHEDULE H, PART I, LINE 7H COLUMN E CALCULATION, WOULD INCREASE THE NET COMMUNITY BENEFIT REPORTED FROM RESEARCH ACTIVITIES ON THIS SCHEDULE H, PART I, LINE 7H TO 1.04%.RESEARCH ENGAGED IN AT THE MEDICAL CENTERTHE REAL CORNERSTONES OF THE MEDICAL CENTER'S SUCCESS CAN BE DESCRIBED IN THREE KEY WORDS: INNOVATION, CULTIVATION, AND TRANSFORMATION. BEGINNING WITH SUPPORT OF BOLD AND INNOVATIVE IDEAS, EXTENDING TO CULTIVATION AND NURTURING OF PROMISING YOUNG SCIENTISTS, AND CULMINATING IN THE TRANSFORMATION OF NOVEL DISCOVERIES INTO THERAPIES AND DIAGNOSTICS, THE MEDICAL CENTER'S RESEARCH PROGRAM HAS EMERGED AS A UNIQUE AND SUCCESSFUL MODEL FOR TODAY'S RAPIDLY CHANGING HEALTH CARE LANDSCAPE.EXAMPLES OF THE RESEARCH ENGAGED IN AT BIDMCBELOW IS INFORMATION RELATED TO JUST A HANDFUL OF THE CUTTING-EDGE RESEARCH STUDIES AND PRINCIPAL INVESTIGATORS AT THE MEDICAL CENTER. THE DETAIL BELOW IS DESIGNED TO PROVIDE THE READER WITH A TASTE OF THE MANY CONTRIBUTIONS THE MEDICAL CENTER IS MAKING TO PATIENT CARE TODAY AND TOMORROW. EXPENSES FROM THE RESEARCH ACTIVITIES NOTED BELOW ARE INCLUDED IN FORM 990 SCHEDULE H, PART I LINE 7H COLUMN C AND MAY OR MAY NOT BE QUANTIFIED IN FORM 990 SCHEDULE H, PART I, LINE 7H COLUMN E, DEPENDING ON FUNDING SOURCE.
DETAIL ON RESEARCH EFFORTS WHICH WERE UNDERTAKEN AT BIDMC	DURING THE FISCAL PERIOD COVERED BY THIS FILING ARE BELOW. 1. STRONG ANTIBODY RESPONSE TO MRNA VACCINES DECLINED OVER AN EIGHT-MONTH FOLLOW-UP PERIOD; LOWER INITIAL RESPONSE TO SINGLE-SHOT AD26 VACCINE REMAINED STABLE OVER TIME, RESEARCH SHOWSTHE PERIOD COVERED BY THIS FILING IS THE FISCAL YEAR ENDED SEPTEMBER 30, 2022, DURING WHICH THE COVID-19 PANDEMIC CONTINUED TO DISRUPT LIFE IN THE UNITED STATES AND ACROSS THE GLOBE. RESEARCH CONDUCTED AT BIDMC DURING THIS FISCAL PERIOD HIGHLIGHTS BIDMC'S CONTINUING NATIONAL LEADERSHIP DURING THIS ONGOING PUBLIC HEALTH CRISIS.BASED ON THE STRENGTH OF CLINICAL TRIAL DATA SHOWING THE VACCINES CONFERRED ROBUST PROTECTION AGAINST COVID-19, THE U.S. FOOD & DRUG ADMINISTRATION GRANTED EMERGENCY USE AUTHORIZATION TO TWO MRNA-BASED VACCINES IN DECEMBER 2020, AND TO THE SINGLE-SHOT AD26 PLATFORM VACCINE IN FEBRUARY 2021. AS MILLIONS OF AMERICANS APPROACHED THE ONE-YEAR ANNIVERSARY OF THEIR IMMUNIZATION, QUESTIONS REMAINED ABOUT THE VACCINES' LONG-TERM EFFICACY.IN A PAPER PUBLISHED IN THE NEW ENGLAND JOURNAL

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	OF MEDICINE, A TEAM OF EXPERTS AT BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) COMPARED IMMUNE RESPONSES INDUCED BY THE THREE VACCINES OVER AN EIGHT-MONTH FOLLOW-UP PERIOD. THE INVESTIGATORS EVALUATED THE 61 PARTICIPANTS' LEVELS OF VARIOUS ANTIBODIES, T CELLS AND OTHER IMMUNE PRODUCTS AT TWO TO FOUR WEEKS FOLLOWING COMPLETE IMMUNIZATION THE TIME OF PEAK IMMUNITY TO EIGHT MONTHS AFTER VACCINATION. "THE MRNA VACCINES WERE CHARACTERIZED BY HIGH PEAK ANTIBODY RESPONSES THAT DECLINED SHARPLY BY MONTH SIX AND DECLINED FURTHER BY MONTH EIGHT," SAID CORRESPONDING AUTHOR DAN H. BAROUCH, MD, PHD, DIRECTOR OF THE CENTER FOR VIROLOGY AND VACCINE RESEARCH AT BIDMC, WHO HELPED DEVELOP THE AD26 PLATFORM IN COLLABORATION WITH JOHNSON & JOHNSON. "THE SINGLE-SHOT AD26 VACCINE INDUCED LOWER INITIAL ANTIBODY RESPONSES, BUT THESE RESPONSES WERE GENERALLY STABLE OVER TIME WITH MINIMAL TO NO EVIDENCE OF DECLINE."ALL THREE VACCINES DEMONSTRATED BROAD CROSS-REACTIVITY TO VARIANTS OF SARS-COV-2, THE VIRUS THAT CAUSES COVID-19. THE FINDINGS HAVE IMPORTANT IMPLICATIONS FOR UNDERSTANDING HOW VACCINE IMMUNITY MAY WANE OVER TIME; HOWEVER, THE PRECISE IMMUNE RESPONSES NECESSARY TO CONFER PROTECTION AGAINST SARS-COV-2 HAS NOT YET BEEN DETERMINED, THE RESEARCHERS POINT OUT. "EVEN THOUGH NEUTRALIZING ANTIBODY LEVELS DECLINED, STABLE T CELL RESPONSES AND NON-NEUTRALIZING ANTIBODY FUNCTIONS AT 8 MONTHS MAY EXPLAIN HOW THE VACCINES CONTINUE TO PROVIDE ROBUST PROTECTION AGAINST SEVERE COVID-19," SAID LEAD AUTHOR AI-RIS Y. COLLIER, MD, A MATERNAL-FETAL MEDICINE SPECIALIST AT BIDMC. "GETTING VACCINATED (EVEN DURING PREGNANCY) IS STILL THE BEST TOOL WE HAVE TO END THE COVID-19 PANDEMIC." 2. MATERNAL DEATHS DUE TO HOMICIDES AND SUICIDES CONTRIBUTE TO RISE IN U.S. MATERNAL MORTALITYMATERNAL MORTALITY IN THE UNITED STATES IN ON THE RISE. SCIENTISTS INCREASINGLY RECOGNIZE THAT PREGNANCY-ASSOCIATED DEATHS THOSE DUE TO CONDITIONS UNRELATED TO THE PHYSIOLOGIC EFFECTS OF PREGNANCY ARE IMPORTANT AND POTENTIALLY PREVENTABLE CONTRIBUTORS TO MATERNAL MORTALITY. A STUDY LED BY RESEARCHERS AT BIDMC IDENTIFIED RISK FACTORS FOR PREGNANCY-ASSOCIATED HOMICIDES AND SUICIDES AND HIGHLIGHTED OPPORTUNITIES FOR INTERVENTION. THE TEAM'S FINDINGS APPEAR IN OBSTETRICS & GYNECOLOGY (THE GREEN JOURNAL), PUBLISHED BY THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS."THESE DEATHS CAN ABSOLUTELY BE PREVENTED," SAID CORRESPONDING AUTHOR ANNA MODEST, PHD, MPH, DIRECTOR OF CLINICAL RESEARCH EDUCATION IN THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY AT BIDMC. "CERTAIN RISK FACTORS, LIKE MENTAL ILLNESS AND INTIMATE PARTNER VIOLENCE, LOOM LARGE. OUR FINDINGS UNDERLINE THE URGENT NEED FOR INCREASED ATTENTION TO AT-RISK INDIVIDUALS."THE INVESTIGATORS USED DATA FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S NATIONAL VIOLENT DEATH REPORTING SYSTEM, 2008 TO 2019. AMONG WOMEN AND GIRLS AGED 15 TO 44, 21 PERCENT OF HOMICIDES AND 9 PERCENT OF SUICIDES WERE ASSOCIATED WITH PREGNANCY A TOTAL OF 1,300 REPORTED DEATHS. THE RISK OF VIOLENT DEATH WAS HIGHEST DURING PREGNANCY OR THE LATE POSTPARTUM PERIOD (43 DAYS TO ONE YEAR AFTER GIVING BIRTH). FIREARMS WERE USED IN TWO OUT OF THREE HOMICIDES AND ONE IN THREE SUICIDES. AMONG DEATHS IN WHICH CIRCUMSTANCES WERE KNOWN, INTIMATE PARTNER VIOLENCE WAS A SUBSTANTIAL FACTOR IN 57 PERCENT OF HOMICIDES AND 37 PERCENT OF SUICIDES.NON-HISPANIC BLACK WOMEN WERE DISPROPORTIONATELY VICTIMS OF PREGNANCY-ASSOCIATED HOMICIDE. THE HOMICIDE VICTIMS WERE LIKELY TO BE SINGLE AND RELATIVELY YOUNG WITH LIMITED EDUCATION A POPULATION ALSO AT PARTICULARLY HIGH RISK OF BEING HARMED BY RESTRICTIONS ON ABORTION CARE."AS CLINICIANS ACROSS THE COUNTRY NAVIGATE ENVIRONMENTS IN WHICH PATIENTS ARE NO LONGER ABLE TO MAKE DECISIONS REGARDING THEIR OWN PREGNANCIES, THERE IS AN ESPECIALLY VULNERABLE GROUP WHOSE LIVES AND WELL-BEING ARE AT RISK," SAID SENIOR AUTHOR NAIMA T. JOSEPH, MD, MPH, MATERNAL-FETAL MEDICINE PHYSICIAN AT BIDMC. "IT IS IMPORTANT THAT CLINICIANS CARING FOR PREGNANT PERSONS ASSESS AND ADDRESS RISKS SUCH AS MENTAL HEALTH, SUBSTANCE USE, AND INTIMATE PARTNER VIOLENCE IN THE CLINICAL SETTING IN ADDITION TO ADVOCATING FOR POLICIES THAT MAKE CHILDBEARING SAFE."
THREE:	JUST HALF OF PATIENTS RECEIVED RECOMMENDED BRAIN-PROTECTIVE VITAMIN SUPPLEMENT IN NATIONWIDE STUDY, BIDMC RESEARCHERS REVEAL ALCOHOL USE IS A WELL-RECOGNIZED RISK FACTOR FOR THIAMINE DEFICIENCY, WHICH IF LEFT UNTREATED CAN LEAD TO COGNITIVE IMPAIRMENT, INCLUDING AN ALCOHOLLINKED NEUROLOGICAL DISORDER KNOWN AS WERNICKEKORSAKOFF SYNDROME. VARIOUS PROFESSIONAL GUIDELINES, INCLUDING THOSE OF THE EUROPEAN FEDERATION OF NEUROLOGICAL SOCIETIES AND THE AMERICAN SOCIETY OF ADDICTION MEDICINE, RECOMMEND THE USE OF THIAMINE (ALSO KNOWN AS VITAMIN B1) SUPPLEMENTATION TO PREVENT BRAIN INJURY IN PATIENTS WITH ALCOHOL USE DISORDER.IN A NATIONWIDE RETROSPECTIVE OBSERVATIONAL STUDY PUBLISHED IN ANNALS OF INTERNAL MEDICINE, RESEARCHERS AT BIDMC DEMONSTRATED THAT APPROXIMATELY HALF OF THE PATIENTS ADMITTED TO ICUS WITH ALCOHOL USE DISORDER DID NOT RECEIVE THIAMINE SUPPLEMENTATION. THE FINDING HIGHLIGHTS A POTENTIAL AREA FOR QUALITY IMPROVEMENT IN THE CARE OF PATIENTS PRESENTING WITH ALCOHOL USE DISORDER."ALCOHOL USE DISORDER IS THE MOST COMMON RISK FACTOR FOR THIAMINE DEFICIENCY IN NORTH AMERICA, EUROPE AND AUSTRALIA, AND PATIENTS WITH SEPTIC SHOCK, TRAUMATIC BRAIN INJURY AND DIABETIC KETOACIDOSIS HAVE ALSO BEEN SHOWN TO BE AT RISK," SAID LEADING AUTHOR RAHUL D. PAWAR, MD, AN INTERNAL MEDICINE PHYSICIAN AT BIDMC. "THUS, IT IS POSSIBLE THAT CRITICALLY ILL PATIENTS WITH ALCOHOL USE DISORDER ARE ESPECIALLY AT RISK FOR THIAMINE DEFICIENCY AND WOULD BENEFIT FROM THIAMINE SUPPLEMENTATION."PAWAR AND COLLEAGUES USED DE-IDENTIFIED DATA FROM A LARGE, MULTICENTER AND NATIONALLY REPRESENTATIVE DATA SET IN THE UNITED STATES TO CHARACTERIZE THE INCIDENCE OF THIAMINE SUPPLEMENTATION BETWEEN 2010 AND 2017 ACROSS VARIOUS ILLNESS CATEGORIES, INCLUDING ALCOHOL WITHDRAWAL, SEPTIC SHOCK, TRAUMATIC BRAIN INJURY AND DIABETIC KETOACIDOSIS. THE STUDY INCLUDED DATA FROM 14,998 PATIENTS, 17 YEARS OF AGE OR OLDER, WHO WERE DIRECTLY ADMITTED TO INTENSIVE CARE FROM THE EMERGENCY DEPARTMENT FOR TREATMENT OF ALCOHOL USE DISORDER OR ALCOHOL USE DISORDER-ATTRIBUTABLE CONDITIONS. OVERALL, THE TEAM OBSERVED THAT JUST OVER HALF OF ALL PATIENTS RECEIVED THIAMINE."OUR STUDY HIGHLIGHTS A POTENTIAL OPPORTUNITY FOR IMPROVING CARE FOR PATIENTS WITH ALCOHOL USE DISORDER WITH CRITICAL ILLNESSES IN THE UNITED STATES," SAID SENIOR AUTHOR MICHAEL DONNINO, MD, A CRITICAL CARE AND EMERGENCY MEDICINE PHYSICIAN AT BIDMC.4. RESEARCHERS USE SINGLE-CELL RNA-SEQUENCING ANALYSIS TO MAP THE CELLS OF DIABETIC FOOT ULCERS, PROVIDING DEEP INSIGHT INTO THE WOUND HEALING

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	PROCESSDIABETIC FOOT ULCERATIONS OPEN SORES OR WOUNDS THAT REFUSE TO HEAL ARE A DEVASTATING COMPLICATION AFFECTING MORE THAN 15 PERCENT OF PEOPLE WITH DIABETES AND RESULTING IN MORE THAN 70,000 LOWER EXTREMITY AMPUTATIONS PER YEAR IN THE UNITED STATES ALONE. NOTABLY, MORE THAN HALF OF PATIENTS UNDERGOING AMPUTATIONS DUE TO DIABETIC FOOT ULCERATIONS ARE EXPECTED TO DIE WITHIN FIVE YEARSA MORTALITY RATE HIGHER THAN MOST CANCERS. YET, THE BIOLOGICAL PROCESSES AT WORK IN DIABETIC FOOT ULCERATIONS ARE POORLY UNDERSTOOD.TO GAIN A BETTER UNDERSTANDING OF WHAT CAUSES DIABETIC FOOT ULCERS AND HOW THEY MIGHT BE TREATED, RESEARCHERS AT BIDMC COMPARED CELLS TAKEN FROM PATIENTS WITH ULCERS THAT HEALED TO THOSE TAKEN FROM PATIENTS WHOSE ULCERS FAILED TO HEAL, AS WELL AS TO CELLS TAKEN FROM INTACT FOREARM SKIN IN PATIENTS WITH AND WITHOUT DIABETES. THE SCIENTISTS MAPPED THE CELLULAR LANDSCAPE IN THE DIABETIC FOOT ULCERS OF HEALERS AND NON-HEALERS USING A LEADING-EDGE TECHNOLOGY KNOWN AS SINGLE-CELL RNA-SEQUENCING ANALYSIS, WHICH PROVIDES DEEP INSIGHT INTO CELL FUNCTION AND THE DEVELOPMENT OF DISEASE BY REVEALING GENE EXPRESSION IN INDIVIDUAL CELLS IN TISSUES COMPRISED OF VARIOUS CELL TYPES."VARIOUS CELL TYPES, INCLUDING ENDOTHELIAL CELLS, FIBROBLASTS, KERATINOCYTES AND IMMUNE CELLS, PLAY AN IMPORTANT ROLE IN THE WOUND HEALING PROCESS BUT LITTLE IS UNDERSTOOD ABOUT THEIR INVOLVEMENT IN IMPAIRED WOUND HEALING IN DIABETIC FOOT ULCERS," SAID CO-CORRESPONDING AUTHOR ARISTIDIS VEVES, DSC, MD, DIRECTOR OF THE RONGXIANG XU, MD, CENTER FOR REGENERATIVE THERAPEUTICS AND RESEARCH DIRECTOR OF THE JOSLIN-BETH ISRAEL DEACONESS FOOT CENTER. "WE HAVE NOW SUBSTANTIALLY EXPANDED THE NUMBER OF CELLS SEQUENCED AND GAINED NOVEL INSIGHTS INTO DIABETIC FOOT ULCERS. OUR DATA SUGGESTS THAT SPECIFIC FIBROBLAST SUBTYPES ARE KEY PLAYERS IN HEALING THESE ULCERS AND TARGETING THESE CELLS COULD BE ONE THERAPEUTIC OPTION. WHILE FURTHER TESTING IS NEEDED, OUR DATA SET WILL BE A VALUABLE RESOURCE FOR DIABETES, DERMATOLOGY AND WOUND HEALING RESEARCH AND CAN SERVE AS THE BASELINE FOR DESIGNING EXPERIMENTS FOR THE ASSESSMENT OF THERAPEUTIC INTERVENTIONS." 5. FAMILY MEMBERS OF PATIENTS WHO RECEIVED OPIOID PRESCRIPTION REFILLS AFTER SURGERY HAD INCREASED RISK OF OPIOID MISUSE AND CHRONIC USEIN 2019, MORE THAN 10 MILLION AMERICANS MISUSED PRESCRIPTION OPIOIDS 1.6 MILLION OF THEM FOR THE FIRST TIME. MORE THAN HALF OF INDIVIDUALS WHO MISUSE OPIOIDS REPORT OBTAINING THE DRUGS FROM FAMILY OR FRIENDS WHO WERE LEGALLY PRESCRIBED THE DRUGS, MANY OF THEM WITHOUT ASKING.IN A PAPER PUBLISHED IN JAMA NETWORK OPEN, PHYSICIAN-SCIENTISTSAT BIDMC INVESTIGATED THE RELATIONSHIP BETWEEN A SURGICAL PATIENT'S NEW OPIOID PRESCRIPTION AFTER HOSPITAL DISCHARGE AND SUBSEQUENT OPIOID MISUSE AND CHRONIC OPIOID USE IN FAMILY MEMBERS IN THE SAME HOUSEHOLD. "THE RISK OF OPIOID MISUSE APPEARED TO INCREASE ONLY IN HOUSEHOLDS IN WHICH THE PATIENT OBTAINED REFILLS," SAID CORRESPONDING AUTHOR GABRIEL A. BRAT, MD, MPH, SURGEON IN TRAUMA AND SURGICAL CRITICAL CARE IN THE DEPARTMENT OF SURGERY AT BIDMC. "FAMILY MEMBERS IN HOUSEHOLDS WITH ANY REFILL HAD AN INCREASED RISK OF OPIOID MISUSE AND CHRONIC USE. OUR STUDY HIGHLIGHTS THAT SURGEONS SHOULD BE AWARE THAT AMBIENT OPIOID EXPOSURE WITHIN HOUSEHOLDS IS ONE OF THE KNOWN DANGERS OF OVER PRESCRIPTION OF OPIOIDS."BRAT AND COLLEAGUES ANALYZED ADMINISTRATIVE DATA FROM A U.S. COMMERCIAL INSURANCE PROVIDER WITH MORE THAN 35 MILLION COVERED INDIVIDUALS. PARTICIPANTS INCLUDED 843,531 PATIENTS WHO UNDERWENT SURGERY FROM 2008 TO 2016 PAIRED WITH THEIR FAMILY MEMBERS. MOST PAIRS INCLUDED FEMALE PATIENTS AND MALE FAMILY MEMBERS AND PATIENTS AGED 45-54 YEARS AND FAMILY MEMBERS AGED 15-24. THE TEAM FOUND THAT THE RISK OF OPIOID MISUSE AND CHRONIC USE INCREASED IN HOUSEHOLDS IN WHICH THE PATIENT OBTAINED REFILLS, AND THAT EACH ADDITIONAL PRESCRIPTION REFILL WAS ASSOCIATED WITH NEARLY A 20 PERCENT INCREASE IN HAZARD OF OPIOID MISUSE IN A FAMILY MEMBER IN ADJUSTED MODELS. "FURTHER RESEARCH INTO THESE HOUSEHOLD ASSOCIATIONS IS NECESSARY TO CLARIFY THEIR CONTRIBUTIONS AND MANY OTHER POSSIBLE MECHANISMS UNDERLYING THE FINDINGS OF THIS STUDY," SAID BRAT. "HOWEVER, HOUSEHOLD OPIOID EXPOSURE COULD BE ONE MARKER TO IDENTIFY PATIENTS AT HIGHER RISK OF OPIOID USE AND MISUSE, AND INTERVENTIONS TO REDUCE OPIOID PRESCRIBING SHOULD CONSIDER THE POSSIBLE OUTCOME FOR BOTH PATIENT WITH A PRESCRIPTION AND THEIR FAMILY MEMBERS." 6. NATIONWIDE STUDY SHOWS RISE IN PREGNANCY-RELATED COMPLICATIONS DURING COVID-19 PANDEMICIN A PAPER PUBLISHED IN JAMA NETWORK OPEN, PHYSICIAN-SCIENTISTS AT BIDMC ASSESSED HOW PREGNANCY-RELATED COMPLICATIONS AND OBSTETRIC OUTCOMES CHANGED DURING THE COVID-19 PANDEMIC COMPARED TO PRE-PANDEMIC. LOOKING AT THE RELATIVE CHANGES IN MODE OF DELIVERY, RATES OF PREMATURE BIRTHS AND MORTALITY OUTCOMES BEFORE COMPARED TO DURING THE PANDEMIC, THE TEAM FOUND INCREASED ODDS OF MATERNAL DEATH DURING DELIVERY HOSPITALIZATION, CARDIOVASCULAR DISORDERS AND OBSTETRIC HEMORRHAGE DURING THE PANDEMIC."WHILE HOSPITAL-BASED OBSTETRIC CARE REMAINED AN ESSENTIAL SERVICE DURING THE COVID-19 PANDEMIC, OUTPATIENT PRENATAL CARE EXPERIENCED SUBSTANTIAL DISRUPTIONS, AND MUCH ROUTINE PRENATAL CARE WAS DONE VIRTUALLY," SAID FIRST AUTHOR ROSE L. MOLINA, MD, MPH, AN OBSTETRICIAN-GYNECOLOGIST AND DIRECTOR OF THE OBGYN DIVERSITY, INCLUSION, AND ADVOCACY COMMITTEE AT BIDMC. "IT IS POSSIBLE THAT THESE DISRUPTIONS AND LIMITATIONS IN MONITORING VIA TELEHEALTH MAY HAVE CONTRIBUTED TO THE SLIGHT WORSENING OF PREGNANCY-RELATED HYPERTENSION. ADDITIONALLY, INCREASED RATES OF HYPERTENSIVE DISORDERS MAY BE DUE TO HEIGHTENED STRESS PROVOKED BY THE PANDEMIC." MOLINA AND COLLEAGUES ANALYZED DATA FROM MORE THAN 1.6 MILLION PREGNANT PATIENTS WHO GAVE BIRTH IN 463 U.S. HOSPITALS IN THE 14 MONTHS PRIOR TO COVID-19 AND DURING THE FIRST 14 MONTHS OF THE PANDEMIC. THEIR ANALYSIS REVEALED MATERNAL DEATH DURING DELIVERY HOSPITALIZATION INCREASED FROM 5.17 DEATHS PER 100,000 PREGNANT PATIENTS PRIOR TO THE PANDEMIC TO 8.69 DEATHS PER 100,000 PREGNANT PATIENTS DURING THE PANDEMIC, A SMALL BUT STATISTICALLY SIGNIFICANT INCREASE. THEY ALSO SAW INCREASES IN THE ODDS OF DEVELOPING HYPERTENSIVE DISORDERS AND HEMORRHAGE. THE RESEARCH TEAM ALSO SAW A DECLINE IN SEPSIS RATES DURING THE PANDEMIC, LIKELY THE RESULT OF ENHANCED HAND HYGIENE AND MASKING DUE TO COVID-19.
SEVEN:	INTRANASAL INSULIN SPRAY WARRANTS FURTHER TESTING FOR AGE-RELATED DECLINE, RESEARCHERS SAYAN ESTIMATED 25 PERCENT OF PEOPLE OLDER THAN 65 HAVE TYPE 2 DIABETES, A CONDITION IN WHICH THE BODY CANNOT PRODUCE ENOUGH INSULIN TO EFFECTIVELY MANAGE BLOOD SUGAR. INSULIN PLAYS AN IMPORTANT ROLE IN THE BRAIN, AND PEOPLE WITH PREDIABETES AND DIABETES ARE AT INCREASED RISK OF ALZHEIMER'S

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	DISEASE AND COGNITIVE DECLINE. DELIVERING INSULIN TO THE BRAIN INTRANASALLY ATOMIZED AND SPRAYED THROUGH THE NOSE HAS BEEN SHOWN TO IMPROVE VERBAL MEMORY AND HAS EMERGED AS A POTENTIAL TREATMENT FOR COGNITIVE DECLINE IN THE ELDERLY.A TEAM OF SCIENTISTS AT BIDMC HAVE ASSESSED THE LONG-TERM EFFECTS OF INTRANASAL INSULIN (INI) ON COGNITION AND ON GAIT IN PEOPLE WITH AND WITHOUT TYPE 2 DIABETES MELLITUS. MEMAID, A PHASE 2 RANDOMIZED CONTROLLED CLINICAL TRIAL, PROVIDED EVIDENCE THAT INTRANASAL INSULIN INCREASED THE WALKING SPEED, INCREASED CEREBRAL BLOOD FLOW AND DECREASED PLASMA INSULIN IN PARTICIPANTS WITH TYPE 2 DIABETES, WHILE IT IMPROVED DECISION MAKING AND VERBAL MEMORY IN TRIAL PARTICIPANTS WITHOUT THE DISEASE AND THOSE WITH PRE-DIABETES. THE FINDINGS, PUBLISHED IN THE JOURNAL OF NEUROLOGY, SUGGEST INTRANASAL INSULIN SHOULD BE FURTHER TESTED FOR ITS POSSIBLE UTILITY AS A TREATMENT FOR TYPE 2 DIABETES AS WELL AS A TREATMENT FOR AGE-RELATED FUNCTIONAL DECLINE."WALKING SPEED IS AN IMPORTANT CLINICAL PREDICTOR OF WELL-BEING IN THE ELDERLY THAT CORRELATES WITH COGNITIVE DECLINE, HOSPITALIZATIONS, DISABILITY AND DEATH," SAID CORRESPONDING AUTHOR VERA NOVAK, MD, PHD, OF THE DEPARTMENT OF NEUROLOGY AT BIDMC AND AN ASSOCIATE PROFESSOR OF NEUROLOGY AT HARVARD MEDICAL SCHOOL. "AT BASELINE, PARTICIPANTS WITH DIABETES WALKED SLOWER AND HAD WORSE COGNITION THAN THE PARTICIPANTS WITHOUT DIABETES, WHO SERVED AS A CLINICAL REFERENCE FOR NORMAL AGING POPULATION."THE CONSISTENCY OF THE TRENDS IN THE DATA SHOWING BETTER PERFORMANCE ON WALKING SPEED AND COGNITION FOR INI-TREATED PARTICIPANTS, ESPECIALLY IN THOSE WITH PRE-DIABETES, CARRIES GREAT IMPLICATION FOR POTENTIAL EARLY INTERVENTION USING INI IN THIS POPULATION TO PREVENT OR SLOW DOWN THE PROGRESSION TOWARD ALZHEIMER DISEASE'S RELATED DEMENTIAS," SAID LONG NGO, PHD, SENIOR AUTHOR OF THE STUDY AND CO-DIRECTOR OF BIOSTATISTICS DIVISION OF GENERAL MEDICINE AT BIDMC. "WITH 96 MILLION ADULT AMERICANS, AND INCREASING NUMBER OF YOUNGER PEOPLE HAVING PRE-DIABETES, THIS FINDING ON THE BENEFICIAL EFFECT OF INI DESERVES MORE ATTENTION AND DEFINITIVE CONFIRMATION IN A LARGER TRIAL."JANUARY 20, 20208. ALZHEIMER'S DISEASE AFFECTS MOST KNOWN BIOLOGICAL PATHWAYS IN THE BRAIN, RESEARCHERS FINDNEARLY SIX MILLION OLDER ADULTS HAVE ALZHEIMER'S DISEASE IN THE UNITED STATES, A NUMBER EXPECTED TO DOUBLE BY 2050. ALREADY THE SIXTH LEADING CAUSE OF DEATH, ALZHEIMER'S DISEASE IS A COMPLEX NEURODEGENERATIVE DISEASE THAT REMAINS POORLY UNDERSTOOD; AS A RESULT, THERE ARE FEW EFFECTIVE TREATMENTS AND NO CURE FOR THE DISEASE.SCIENTISTS AT BIDMC CONDUCTED A SYSTEMATIC ASSESSMENT OF MORE THAN 200,000 SCIENTIFIC PUBLICATIONS TO UNDERSTAND THE BREADTH AND DIVERSITY OF BIOLOGICAL PATHWAYS KEY MOLECULAR CHAIN REACTIONS THAT DRIVE CHANGES IN CELLS THAT HAVE BEEN SHOWN TO CONTRIBUTE TO ALZHEIMER'S DISEASE BY RESEARCH OVER THE LAST 30 YEARS. THE TEAM FOUND THAT, WHILE NEARLY ALL KNOWN PATHWAYS HAVE BEEN LINKED TO THE DISEASE, THOSE MOST FREQUENTLY ASSOCIATED BIOLOGICAL MECHANISMS INCLUDING THOSE RELATED TO THE IMMUNE SYSTEM, METABOLISM AND LONG-TERM DEPRESSION HAVE NOT SIGNIFICANTLY CHANGED IN 30 YEARS, DESPITE MAJOR TECHNOLOGICAL ADVANCES. THE SCIENTISTS' WORK WAS PUBLISHED IN FRONTIERS IN AGING NEUROSCIENCE. "THE BURDEN OF ALZHEIMER'S DISEASE IS STEADILY INCREASING, DRIVING US TOWARDS A NEUROLOGICAL EPIDEMIC," SAID WINSTON A. HIDE, PHD, DIRECTOR OF THE PRECISION RNA MEDICINE CORE FACILITY AT BIDMC. "OUR FINDINGS SUGGEST THAT NOT ONLY IS THIS DISORDER INCREDIBLY COMPLEX, BUT THAT ITS PATHOLOGY INCLUDES MOST KNOWN BIOLOGICAL PATHWAYS. THIS MEANS THAT THE DISEASE'S EFFECTS ARE FAR BROADER IN THE BODY THAN WE REALIZED."THE TEAM PERFORMED AN EXHAUSTIVE TEXT SEARCH OF 206,324 PATHWAY-SPECIFIC DEMENTIA PUBLICATION ABSTRACTS PUBLISHED SINCE 1990. NEXT, THEY LOOKED AT 341 KNOWN BIOLOGICAL PATHWAYS AND DETERMINED HOW MANY PUBLICATIONS LINKED A GIVEN PATHWAY TO THE DISEASE. THE RESEARCHERS FOUND THAT 91 PERCENT OF PATHWAYS ALL BUT SEVEN WERE LINKED TO ALZHEIMER'S DISEASE. NEARLY HALF OF THE PATHWAYS WERE LINKED TO ALZHEIMER'S DISEASE IN MORE THAN 100 SCIENTIFIC PAPERS. THEY ALSO FOUND THAT THE TOP-RANKED 30 PATHWAYS MOST FREQUENTLY REFERRED TO IN LITERATURE REMAINED RELATIVELY CONSISTENT OVER THE LAST 30 YEARS, SUGGESTING THAT MOST STUDIES OF THE DISEASE HAVE FOCUSED ON A SMALL SUBSET OF ALL THE KNOWN DISEASE-ASSOCIATED PATHWAYS."CLINICAL TRIALS AIMING TO EITHER DELAY THE ONSET OR SLOW THE PROGRESSION OF ALZHEIMER'S DISEASE HAVE LARGELY FAILED," SAID STUDY FIRST AUTHOR SARAH MORGAN, A POSTDOCTORAL RESEARCHER AT BIDMC DURING THE EXTENT OF THIS RESEARCH. "GIVEN THAT AN UNEXPECTED DIVERSITY OF PATHWAYS IS ASSOCIATED WITH ALZHEIMER'S DISEASE, A WIDE RANGE OF DISEASE PROCESSES ARE NOT BEING SUCCESSFULLY TARGETED IN CLINICAL TRIALS. WE HYPOTHESIZE THAT COMPREHENSIVELY TARGETING MORE OF THE ASSOCIATED UNDERLYING MECHANISMS IN ALZHEIMER'S DISEASE WILL INCREASE THE CHANCES OF SUCCESS IN FUTURE DRUG TRIALS."
NINE:	STUDY REVEALS DISPARITIES AMONG OLDER PATIENTS SEEKING CARDIOVASCULAR CARE AT RURAL HOSPITALS COMPARED TO PATIENTS AT URBAN HOSPITALSIN A NATIONWIDE STUDY OF MEDICARE BENEFICIARIES, RESEARCHERS AT BIDMC EVALUATED DIFFERENCES IN PROCEDURAL CARE AND MORTALITY FOR ACUTE CARDIOVASCULAR CONDITIONS BETWEEN RURAL AND URBAN HOSPITALS. THE PHYSICIAN-SCIENTISTS FOUND SIGNIFICANT DISPARITIES, DEMONSTRATING THAT OLDER ADULTS INITIALLY PRESENTING AT RURAL HOSPITALS ARE LESS LIKELY TO RECEIVE IMPORTANT PROCEDURES AND TREATMENTS FOR HEART ATTACK AND STROKE. MORTALITY RATES WERE ALSO HIGHER AT RURAL HOSPITALS FOR PATIENTS PRESENTING WITH HEART ATTACK, HEART FAILURE OR STROKE THAN AT URBAN HOSPITALS. THE FINDINGS ARE PUBLISHED IN THE JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY."ALTHOUGH PUBLIC HEALTH AND POLICY EFFORTS TO IMPROVE RURAL HEALTH HAVE INTENSIFIED OVER THE PAST DECADE, OUR FINDINGS HIGHLIGHT THAT LARGE GAPS REMAIN IN THE UNITED STATES," SAID CORRESPONDING AUTHOR RISHI K. WADHERA, MD, MPP, MPHIL, A CARDIOLOGIST AT BIDMC AND SECTION HEAD OF HEALTH POLICY AND EQUITY RESEARCH AT THE SMITH CENTER FOR OUTCOMES RESEARCH IN CARDIOLOGY. "THESE DISPARITIES SUGGEST THAT RURAL ADULTS CONTINUE TO FACE CHALLENGES ACCESSING THE CARE THEY NEED, AN ISSUE THAT HAS LIKELY BEEN MAGNIFIED BY THE RAPID RISE IN RURAL HOSPITAL CLOSURES OVER THE LAST DECADE."WADHERA AND COLLEAGUES LOOKED AT DATA FROM MORE THAN 2 MILLION MEDICARE BENEFICIARIES AGE 65 OR OLDER WHO WERE HOSPITALIZED WITH ACUTE CARDIOVASCULAR CONDITIONS AT MORE THAN 4,000 URBAN AND RURAL HOSPITALS ACROSS THE US FROM 2016 TO 2018. MEDICARE BENEFICIARIES PRESENTING WITH ACUTE CARDIOVASCULAR CONDITIONS AT RURAL HOSPITALS PATIENTS WERE LESS LIKELY TO RECEIVE PROCEDURAL CARE, SUCH AS CARDIAC CATHETERIZATION FOR PATIENTS

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	EXPERIENCING HEART ATTACK OR THROMBOLYSIS AND ENDOVASCULAR THERAPY FOR THOSE HAVING A STROKE. MOREOVER, MORTALITY RATES WERE HIGHER AMONG PATIENTS PRESENTING AT RURAL HOSPITALS THAN THOSE AT URBAN HOSPITALS. THE RESEARCHERS SUGGEST SEVERAL FACTORS THAT MAY BE CONTRIBUTING TO WORSE OUTCOMES IN RURAL AREAS, DESPITE SIGNIFICANT PUBLIC HEALTH AND POLICY EFFORTS TO REDUCE RURAL-URBAN INEQUITIES. EVEN AS THE RATE OF UNINSURED RURAL AMERICANS DECLINED, A SPATE OF RURAL HOSPITAL CLOSURES OVER THE LAST DECADE HAS RESULTED IN LONGER TRAVEL TIMES AND DELAYS IN EMERGENCY MEDICAL SERVICES AND TREATMENTS. IN ADDITION, RURAL AREAS HAVE EXPERIENCED A DECLINE IN PRIMARY CARE PHYSICIANS AND SPECIALTIES WHICH MAY MAKE ACCESS TO FOLLOW-UP CARE AFTER DISCHARGE MORE DIFFICULT. THESE CHALLENGES, COUPLED WITH WORSE ACCESS TO IMPORTANT REHAB SERVICES MAY CONTRIBUTE TO WORSE OUTCOMES IN RURAL AREAS AND MAY DISPROPORTIONATELY AFFECT MINORITIES.10. RESEARCH SHOWS HYPERTENSION, DIABETES AND OBESITY WORSENE ACROSS THE BOARD, BUT TRENDS REVEAL RACIAL AND ETHNIC DISPARITIESIN A STUDY PUBLISHED IN JAMA, RESEARCHERS AT BIDMC ANALYZED MORE THAN A DECADE'S WORTH OF DATA TO EXAMINE RATES OF CARDIOVASCULAR RISK FACTORS SUCH AS HIGH BLOOD PRESSURE, DIABETES, OBESITY AND SMOKING AMONG US ADULTS FROM 2009 TO MARCH 2020. THE RESEARCHERS OBSERVED A RISE IN HYPERTENSION AND SIGNIFICANT INCREASES IN DIABETES AND OBESITY RATES AMONG YOUNG ADULTS, WITH NO SIGNIFICANT IMPROVEMENT IN CONTROL OF BLOOD PRESSURE OR BLOOD SUGAR. THE SCIENTISTS ALSO OBSERVED SUBSTANTIAL VARIATION IN THESE TRENDS BY RACE AND ETHNICITY.THIS SERIAL CROSS-SECTIONAL STUDY INCLUDED MEDICAL DATA AND SELF-REPORTED INFORMATION FROM 12,924 YOUNG ADULTS AGED 20-44 WHO PARTICIPATED IN THE LONG-RUNNING NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES) CONDUCTED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION. THE TEAM OBSERVED THAT THE PREVALENCE OF HYPERTENSION INCREASED FROM NINE PERCENT DURING 2009-2010 TO 12 PERCENT A DECADE LATER. SIMILARLY, THE RESEARCHERS SAW STATISTICALLY SIGNIFICANT INCREASES IN RATES OF DIABETES, WHICH CLIMBED FROM THREE TO FOUR PERCENT, AND OBESITY, WHICH ROSE FROM 33 TO 41 PERCENT DURING THE STUDY PERIOD. THE PERCENTAGE OF YOUNG ADULTS WITH A SMOKING HISTORY WAS HIGH AND DID NOT CHANGE. IN CONTRAST, RATES OF HIGH CHOLESTEROL DECLINED FROM 41 PERCENT IN 2009-10 TO 36 PERCENT IN 2017-20, A DECREASE THE SCIENTISTS SUGGEST REFLECTS GOVERNMENT REGULATION OF THE USE OF TRANS FATTY ACIDS AND OTHER PARTIALLY HYDROGENATED OILS IN PACKAGED CONVENIENCE FOODS AND FAST-FOOD RESTAURANTS.THE RESEARCHERS FOUND SUBSTANTIAL VARIATION IN PREVALENCE OF RISK FACTORS BY RACE AND ETHNICITY. MEXICAN AMERICANS WERE THE ONLY GROUP TO EXPERIENCE A SIGNIFICANT INCREASE IN DIABETES. OBESITY SIGNIFICANTLY INCREASED ACROSS ALL RACIAL AND ETHNIC GROUPS EXCEPT BLACK ADULTS. WHILE RATES OF HYPERTENSION INCREASED AMONG MEXICAN AMERICANS AND OTHER HISPANIC ADULTS, BLACK ADULTS EXPERIENCED THE HIGHEST RATES OF HYPERTENSION.THE RESEARCHERS ALSO EXAMINED CARDIOVASCULAR RISK FACTOR TREATMENT AND CONTROL RATES AMONG YOUNG ADULTS. TREATMENT RATES FOR HYPERTENSION DID NOT SIGNIFICANTLY CHANGE DURING THE STUDY, WITH ONLY APPROXIMATELY 55 PERCENT OF YOUNG ADULTS WITH HIGH BLOOD PRESSURE RECEIVING TREATMENT. HOWEVER, AMONG THOSE RECEIVING TREATMENT, MORE THAN THREE-QUARTERS OF PEOPLE ACHIEVED TARGET BLOOD PRESSURE IN 2017-20. RATES OF DIABETES TREATMENT WERE ALSO LOW, WITH ONE OUT OF TWO YOUNG ADULTS ON THERAPY FOR THEIR DIABETES. NEARLY HALF OF YOUNG ADULTS ON TREATMENT FOR DIABETES HAD POOR BLOOD SUGAR CONTROL."THE SUBOPTIMAL TREATMENT RATES FOR HIGH BLOOD PRESSURE AND DIABETES ARE CONCERNING, AND MAY BE BECAUSE MANY YOUNG ADULTS AREN'T AWARE OF THEIR DIAGNOSIS," SAID CORRESPONDING AUTHOR RISHI K. WADHERA, MD, MPP, MPHIL, SECTION HEAD OF HEALTH POLICY AND EQUITY AT THE SMITH CENTER FOR OUTCOMES RESEARCH IN CARDIOLOGY AT BIDMC. "THE RISE IN CARDIOVASCULAR RISK FACTORS THAT WE OBSERVED COULD RESULT IN HIGHER LIFETIME RATES OF HEART ATTACK, STROKE, AND HEART FAILURE, AND HAVE MAJOR PUBLIC HEALTH IMPLICATIONS OVER THE LONG-TERM. OUR FINDINGS SHOULD BE A CALL-TO-ACTION TO INTENSIFY PUBLIC HEALTH AND CLINICAL INTERVENTIONS FOCUSED ON THE PREVENTION AND TREATMENT OF CARDIOVASCULAR RISK FACTORS IN YOUNG ADULTS."
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS	GRADUATE MEDICAL EDUCATION THE MEDICAL CENTER'S DEVOTION TO TEACHING, RESPECT FOR STUDENTS/TRAINEES AND WILLINGNESS TO EMBRACE TECHNOLOGICAL AND CLINICAL PRACTICE INNOVATION MAKE THE MEDICAL CENTER A TOP CHOICE AMONG MEDICAL STUDENTS AND HEALTH CARE PROFESSIONALS. THE MEDICAL CENTER TRAINS HUNDREDS OF MEDICAL STUDENTS, INTERNS, RESIDENTS AND FELLOWS, AS WELL AS PROFESSIONALS IN NURSING, SOCIAL WORK AND THE ALLIED HEALTH SCIENCES. THE MEDICAL CENTER HAS 62 ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) APPROVED CLINICAL RESIDENCY AND FELLOWSHIP PROGRAMS WITH 773 RESIDENTS AND CLINICAL FELLOWS. IN ADDITION, THE MEDICAL CENTER HAS 52 NONSTANDARD CLINICAL FELLOWSHIP PROGRAMS WITH 64 TRAINEES PER YEAR. STAFF PHYSICIANS AT THE MEDICAL CENTER WHO HOLD FACULTY APPOINTMENTS AT HARVARD MEDICAL SCHOOL INSTRUCT THE DOCTORS OF TOMORROW THROUGH SUPERVISION OF THEIR DAILY PATIENT CARE AND A RANGE OF INTERACTIVE LEARNING EXPERIENCES. CORE CLINICAL TRAINING PROGRAMSTHE MEDICAL CENTER SPONSORS CORE CLINICAL TRAINING PROGRAMS IN THE FOLLOWING FIELDS: ANESTHESIOLOGY EMERGENCY MEDICINE EAR, NOSE AND THROAT (OTOLARYNGOLOGY) INTERNAL MEDICINE NEUROLOGY NEUROSURGERY OBSTETRICS AND GYNECOLOGY PATHOLOGY PLASTIC SURGERY PSYCHIATRY RADIOLOGY SURGERY TRANSITIONAL YEAR UROLOGYDURING THE FISCAL YEAR COVERED BY THIS FILING, THE MEDICAL CENTER HAD NET EXPENDITURES OF \$68,456,175 REPORTED ON THIS SCHEDULE H, PART 1, LINE 7F RELATED TO THE MEDICAL CENTER'S TEACHING FUNCTION WHICH REPRESENTED 3.13% OF THE MEDICAL CENTER'S TOTAL EXPENSES.RESIDENCY PROGRAMSTHE MEDICAL CENTER SPONSORS ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) APPROVED RESIDENCY PROGRAMS IN EACH OF THE CORE CLINICAL TRAINING PROGRAMS LISTED ABOVE. FELLOWSHIP PROGRAMSIN ADDITION TO THE RESIDENT TRAINING PROGRAMS LISTED ABOVE, THE MEDICAL CENTER SPONSORS A WIDE VARIETY OF FELLOWSHIP TRAINING PROGRAMS FOR ELIGIBLE DOCTORS WHO HAVE COMPLETED THEIR RESIDENCY AND WANT TO ENGAGE IN MORE SPECIALIZED STUDY. APPROXIMATELY HALF OF THESE PROGRAMS (45 OF 97) ARE ACGME APPROVED OR APPROVED BY A COMPARABLE BODY RELATED TO THE PARTICULAR SUBSPECIALTY. THE MEDICAL CENTER SPONSORS THE FOLLOWING FELLOWSHIP PROGRAMS: ANESTHESIA: ADULT CARDIOTHORACIC ANESTHESIOLOGY, ADVANCED CLINICAL ANESTHESIA, ANESTHESIA FOR OUTPATIENT SURGERY, CRITICAL CARE MEDICINE, NEUROANESTHESIA, NEURO CRITICAL CARE, OBSTETRIC ANESTHESIOLOGY, PAIN

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	MEDICINE, REGIONAL ANESTHESIA, VASCULAR ANESTHESIA, PATIENT SAFETY AND QUALITY IMPROVEMENT IN ANESTHESIA, ANESTHESIA MEDICAL EDUCATION DERMATOLOGY: CUTANEOUS ONCOLOGY, DERMATOLOGY RESEARCH FELLOWSHIP IN CLINICAL TRIALS AND OUTCOMES RESEARCH (CLEARs) EMERGENCY MEDICINE: EMERGENCY MEDICAL SERVICES, EMERGENCY ULTRASOUND, DISASTER MEDICINE, ACADEMIC EMERGENCY MEDICINE INTERNAL MEDICINE: ADVANCED CARDIAC NON-INVASIVE IMAGING, ADVANCED ENDOCRINE, DIABETES AND METABOLISM, ADVANCED ENDOSCOPY, ADVANCED INFECTIOUS DISEASE, ADVANCED NEPHROLOGY, CARDIAC MAGNETIC RESONANCE IMAGING, CARDIOVASCULAR DISEASE, CELIAC DISEASE, CLINICAL CARDIAC ELECTROPHYSIOLOGY, CLINICAL INFORMATICS, ENDOCRINOLOGY, DIABETES, AND METABOLISM, GASTROENTEROLOGY, GENERAL MEDICINE, GERIATRIC MEDICINE, GERIATRIC AND DIABETES, GI MOTILITY/FUNCTIONAL BOWEL DISORDERS, GLOBAL HEALTH, HEMATOLOGY AND MEDICAL ONCOLOGY, HEPATOLOGY, HOSPICE AND PALLIATIVE CARE, INFECTIOUS DISEASE, INFLAMMATORY BOWEL DISEASE, INTERVENTIONAL RADIOLOGY, INTERVENTIONAL PULMONOLOGY, NEPHROLOGY, PULMONARY CRITICAL CARE, RHEUMATOLOGY, SLEEP MEDICINE, SLEEP RESPIRATION, STRUCTURAL HEART DISEASE, TRANSPLANT HEPATOLOGY, TRANSPLANT NEPHROLOGY, LGBTQIA+ HEALTH NEUROLOGY: AUTONOMIC DISORDERS, COGNITIVE BEHAVIORAL NEUROLOGY, CLINICAL NEUROPHYSIOLOGY, EPILEPSY, MOVEMENT DISORDERS, MULTIPLE SCLEROSIS, NEUROLOGY-HIV, NEUROMUSCULAR MEDICINE, NEURO-ONCOLOGY, VASCULAR NEUROLOGY OBSTETRICS AND GYNECOLOGY: FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY, GYNECOLOGIC ONCOLOGY, MATERNAL FETAL MEDICINE, REPRODUCTIVE ENDOCRINOLOGY PATHOLOGY: BLOOD BANKING/TRANSFUSION MEDICINE, CYTOPATHOLOGY, DERMATOPATHOLOGY, HEMATOPATHOLOGY, MEDICAL MICROBIOLOGY, MEDICAL MICROBIOLOGY CPEP, NEUROPATHOLOGY, SELECTIVE PATHOLOGY PSYCHIATRY: EARLY PSYCHOSIS RADIOLOGY-DIAGNOSTIC: ABDOMINAL RADIOLOGY, BREAST IMAGING RADIOLOGY, INTERVENTIONAL RADIOLOGY-INDEPENDENT, INTERVENTIONAL RADIOLOGY-INTEGRATED, MRI, MUSCULOSKELETAL IMAGING MSK, NEURORADIOLOGY, THORACIC IMAGING RADIOLOGY, RADIATION ONCOLOGY: BRACHYTHERAPY, STEREOTATIC SURGERY: ABDOMINAL TRANSPLANT SURGERY/KIDNEY, ACUTE CARE SURGERY, ANTERIOR SEGMENT OPHTHALMOLOGY, COLON AND RECTAL SURGERY, CORNEA AND REFRACTIVE SURGERY, CEREBROVASCULAR AND ENDOVASCULAR NEUROSURGERY, HEAD & NECK SURGICAL ONCOLOGY & RECONSTRUCTION, INTERDISCIPLINARY BREAST SURGERY, LYMPHATIC SURGERY, MINIMALLY INVASIVE BARIATRIC SURGERY, NEUROSURGERY/ORTHO SPINE, ORTHOPAEDIC HAND SURGERY, ORTHOPAEDIC SPINE SURGERY, OTOLARYNGOLOGY FELLOWSHIP, PLASTIC SURGERY, PLASTIC SURGERY/AESTHETIC RECONSTRUCTION, PLASTIC SURGERY/BREAST RECONSTRUCTION, PODIATRY, SURGICAL CRITICAL CARE, THORACIC SURGERY, UROLOGY, UROLOGY MALE INFERTILITY/SEXUAL DYSFUNCTION, VASCULAR SURGERY, VASCULAR SURGERY-INTEGRATED, JOINTS FELLOWSHIPADDITIONAL INFORMATION ON CLINICAL RESIDENCY AND FELLOWSHIPS -- EXAMPLESBELOW IS MORE DETAIL ON JUST A FEW OF THE SPECIFIC GRADUATE MEDICAL EDUCATION PROGRAMS OFFERED AT THE MEDICAL CENTER:HARVARD AFFILIATED EMERGENCY MEDICINE RESIDENCY AT BIDMCTHE BETH ISRAEL DEACONESS MEDICAL CENTER HARVARD AFFILIATED EMERGENCY MEDICINE RESIDENCY IS A THREE-YEAR PROGRAM (PGY-1 TO PGY-3) AFFILIATED WITH HARVARD MEDICAL SCHOOL AND IS BASED AT BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), A 57,000 VISIT PER YEAR LEVEL I TRAUMA CENTER. RESIDENTS ROTATE AT CHILDREN'S HOSPITAL BOSTON, BROCKTON HOSPITAL, CAMBRIDGE HEALTH ALLIANCE, TUFTS MEDICAL CENTER, ST. LUKE'S HOSPITAL, MOUNT AUBURN HOSPITAL, SOUTH SHORE HOSPITAL AND BETH ISRAEL DEACONESS HOSPITAL-NEEDHAM.THE EDUCATIONAL GOALS OF THE RESIDENCY ARE TO PROMOTE EXCELLENCE IN THE CLINICAL, ACADEMIC, AND ADMINISTRATIVE ASPECTS OF EMERGENCY MEDICINE. RESIDENTS ARE TAUGHT HOW TO BE OUTSTANDING CLINICIANS. THIS IS ACCOMPLISHED THROUGH CLINICAL EXPERIENCE IN SEVERAL BUSY EMERGENCY DEPARTMENTS AS WELL AS THROUGH A HIGH QUALITY DIDACTIC PROGRAM. DURING THE CLINICAL EXPERIENCE, THE RESIDENTS ARE CLOSELY SUPERVISED AND GIVEN GRADED RESPONSIBILITY FOR PATIENT CARE AND ULTIMATELY FOR PATIENT FLOW IN THE EMERGENCY DEPARTMENT. ADDITIONALLY, RESIDENTS ARE TAUGHT HOW TO SUPERVISE MEDICAL STUDENTS AND OTHER RESIDENTS AND HOW TO TEACH THE PRACTICE OF EMERGENCY MEDICINE. RESIDENTS TEACH MEDICAL STUDENTS AND PREHOSPITAL PERSONNEL AND CONTRIBUTE TO THE DIDACTIC PROGRAM. SENIOR RESIDENTS TAKE ON THE RESPONSIBILITY OF SUPERVISING JUNIOR RESIDENTS IN THE CLINICAL ARENA. THE FOCUS OF THE RESIDENCY PROGRAM IS ON TEACHING THE LEADERSHIP SKILLS NECESSARY TO DIRECT A BUSY EMERGENCY DEPARTMENT IN ANY SETTING.THE OTHER MAJOR EDUCATIONAL GOAL OF THE RESIDENCY IS TO DEVELOP THE RESEARCH AND ACADEMIC SKILLS REQUIRED FOR A CAREER IN ACADEMIC EMERGENCY MEDICINE. PARTICIPATION IN RESEARCH IS PROMOTED THROUGH A SYSTEM OF MENTORSHIP, JOURNAL CLUB PARTICIPATION, AND A DIDACTIC PROGRAM THAT TEACHES RESEARCH DESIGN AND STATISTICAL METHODS. RESIDENTS ARE REQUIRED TO COMPLETE A RESEARCH OR ACADEMIC PROJECT THAT RESULTS IN A PAPER SUITABLE FOR PUBLICATION. FUNDING IS AVAILABLE WITHIN THE DIVISION OF EMERGENCY MEDICINE AT HARVARD MEDICAL SCHOOL AND THE DEPARTMENT OF EMERGENCY MEDICINE AT BIDMC. PROMOTING THE ADMINISTRATIVE ASPECTS OF EMERGENCY MEDICINE IS ANOTHER GOAL OF THE BIDMC HARVARD AFFILIATED EMERGENCY MEDICINE RESIDENCY. THROUGH AN EMS/ADMINISTRATIVE ROTATION AND A LONGITUDINAL EXPERIENCE IN PREHOSPITAL ADMINISTRATION, RESIDENTS GAIN EXPERIENCE IN RUNNING A LOCAL PREHOSPITAL SYSTEM.THIS PROGRAM TAKES ADVANTAGE OF THE UNIQUE ACADEMIC OPPORTUNITIES AT HARVARD MEDICAL SCHOOL, THE HARVARD TEACHING HOSPITALS, AND THE HARVARD SCHOOL OF PUBLIC HEALTH. THESE OPPORTUNITIES INCLUDE THE OUTSTANDING EXPERIENCE AVAILABLE THROUGH BOSTON CHILDREN'S HOSPITAL AND THE DEPARTMENTS OF MEDICINE, SURGERY, OBSTETRICS AND GYNECOLOGY, AND ANESTHESIA AT BETH ISRAEL DEACONESS MEDICAL CENTER.
INTERNAL MEDICINE EDUCATION AT BIDMC	THE GOAL OF THIS PROGRAM IS TO DEVELOP EACH RESIDENT'S JUDGMENT AND SKILLS TO PROVIDE THE HIGHEST QUALITY MEDICAL CARE. THE MEDICAL CENTER TRAINS RESIDENTS AS ACADEMIC INTERNISTS AND PROVIDES THE FOUNDATION FOR THE PRACTICE OF INTERNAL MEDICINE OR FOR SUBSEQUENT CLINICAL AND RESEARCH TRAINING IN MEDICAL SUBSPECIALTIES. RESIDENTS ARE EXPOSED TO A WIDE ARRAY OF PATIENTS IN VARIOUS INPATIENT AND OUTPATIENT SETTINGS, INCLUDING DIFFERENT UNITS WITHIN BIDMC, DANA FARBER CANCER INSTITUTE, AND WEST ROXBURY VETERANS AFFAIRS MEDICAL CENTER. CLINICAL TEACHING IS A FOCUS AT BIDMC AND IS COMPRISED OF FORMAL AND INFORMAL DAILY ROUNDS AND NOONTIME CONFERENCES. THIS TEACHING PROVIDES THE BASIS OF AN ORGANIZED CURRICULUM FOR ALL MEDICAL INTERNS AND

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	RESIDENTS AT BIDMC.INTERNSHIPTHE INTERNSHIP YEAR EMPHASIZES THE CARE OF PATIENTS IN GENERAL INPATIENT MEDICINE, INTENSIVE CARE MEDICINE, ONCOLOGY, CARDIOLOGY, EMERGENCY MEDICINE AND AMBULATORY CARE UTILIZING BOTH CAMPUSES AND SELECTED OUTSIDE SITES. WORKING AS PART OF A 2-4 PHYSICIAN TEAM WHICH INCLUDES AN OVERSEEING RESIDENT, ATTENDING STAFF AND OFTEN MEDICAL STUDENTS, INTERNS GAIN EXPERIENCE IN THE MANAGEMENT OF PATIENTS WITH A BROAD RANGE OF MEDICAL DISEASES. INTERNS HAVE PRIMARY RESPONSIBILITY FOR THE CARE OF ALL PATIENTS ADMITTED TO THE MEDICAL WARD SERVICE AND ARE CONSIDERED THEIR PATIENT'S PRIMARY INPATIENT DOCTOR FOR THE DURATION OF THE HOSPITALIZATION. THROUGHOUT INTERN YEAR, INTERNS MAINTAIN A LONGITUDINAL CONTINUITY CLINIC EXPERIENCE WHERE THEY DEVELOP A PANEL OF THEIR OWN PRIMARY CARE PATIENTS. DURING MOST OF THE YEAR, WITH THE EXCEPTION OF INTENSIVE CARE ROTATIONS, AN INTERN WILL HAVE CLINIC ONE HALF-DAY PER WEEK. DISTRIBUTED THROUGHOUT THE YEAR ARE FOUR "AMBULATORY BLOCKS" OF TWO WEEKS DURATION. DURING THIS TIME THE INTERN IS IN THEIR CONTINUITY CLINIC EVERY AFTERNOON AND ATTENDS OUTPATIENT SPECIFIC DIDACTIC LECTURES DURING THE MORNING HOURS. AS MEMBERS OF THE HARVARD FACULTY, INTERNS PLAY AN IMPORTANT ROLE IN TEACHING, BOTH OF THEIR PEERS AND OF ROTATING MEDICAL STUDENTS. WHILE ON THE MEDICAL WARDS, INTERNS PROVIDE DAILY CLINICAL GUIDANCE AND TEACHING TO THIRD AND FOURTH YEAR MEDICAL STUDENTS. AS PART OF THE AMBULATORY CARE CURRICULUM, INTERNS WILL ALSO HAVE THE OPPORTUNITY TO LEAD PRE-CLINIC CONFERENCES. DURING THE YEAR, THERE ARE SPECIAL INTERN-ONLY EDUCATIONAL ACTIVITIES INCLUDING THE TWICE-WEEKLY INTERN REPORT, MONTHLY INTERN FORUM SESSIONS AND BI-ANNUAL 24-HOUR INTERN RETREATS.JUNIOR AND SENIOR RESIDENCYRESIDENCY SOLIDIFIES CLINICAL AND TEACHING SKILLS AND ALLOWS TRAINEES TO EXPERIENCE LEADERSHIP OF A MEDICAL TEAM. JUNIOR RESIDENCY PROVIDES THE FIRST OPPORTUNITY FOR RESIDENTS TO SUPERVISE HOUSESTAFF TEAMS ON GENERAL MEDICAL SERVICES AND IN THE MEDICAL AND CARDIAC INTENSIVE CARE UNITS. SENIOR RESIDENCY PROMOTES CONSOLIDATION AND REFINEMENT OF THESE SKILLS, WITH ATTENDINGS ALLOWING INCREASING AUTONOMY. THE RESIDENT ON THE SERVICE IS LOOKED ON AS THE TEAM LEADER AND ASSUMES PRIMARY RESPONSIBILITY FOR TEACHING OF THE TEAM. RESIDENCY ALSO PROVIDES OPPORTUNITIES FOR INCREASED ELECTIVE TIME TO SAMPLE SUBSPECIALTY ROTATIONS. THIS PROVIDES ADDITIONAL SPECIALTY TRAINING IN AREAS OF INTEREST. THE ELECTIVE OPPORTUNITIES ARE DIVERSE, RANGING FROM ELECTROPHYSIOLOGY TO MUSCULOSKELETAL MEDICINE TO HEALTH POLICY. RESIDENTS ALSO HAVE THE OPPORTUNITY TO PARTICIPATE IN ONE OF SEVERAL "TRACKS" WITHIN THE RESIDENCY PROGRAM IF INTERESTED IN ADDITIONAL SPECIFIC TRAINING RESOURCES AND EXPERIENCES.TEACHING AS A RESIDENTAS MENTIONED ABOVE, RESIDENTS ARE VIEWED AS SOME OF THE PRIMARY TEACHERS WITHIN THE DEPARTMENT OF MEDICINE. SOME OF THESE TEACHING OPPORTUNITIES WILL ALSO BE OBSERVED BY DEPARTMENT FACULTY TO HELP THE RESIDENT REFINE THE STYLE AND EFFECTIVENESS OF THEIR TEACHING. TEACHING OPPORTUNITIES WILL INCLUDE:LEADING INPATIENT MEDICINE ROUNDS: RESIDENTS ARE IN CHARGE OF RUNNING WARD ROUNDS. MEDICAL STUDENTS AND INTERNS PRESENT TO THE RESIDENT DURING ROUNDS. THE ATTENDING HOSPITALIST IS CONSIDERED THE RESIDENT'S CONSULTANT, WITH THE RESIDENT RETAINING THE PRIMARY DECISION-MAKING ROLE FOR THE PATIENTS ON THEIR SERVICE. DURING THE MONTHS ON MEDICAL WARDS, THE CHIEF RESIDENTS AND FIRM CHIEFS ARE ASSIGNED TO DO WALK ROUND ONCE EACH WEEK WITH ONE OF THE RESIDENTS ON THEIR FIRM. THEY WILL OBSERVE THE RESIDENT RUNNING THE WARD ROUNDS AND PROVIDE FEEDBACK ON THE TEACHING SKILLS OBSERVED DURING ROUNDS.LEADING TEACHING ATTENDING ROUNDS: DURING EVERY ROTATION ON THE MEDICAL WARDS, EACH RESIDENT WILL LEAD ONE TO THREE ATTENDING ROUNDS SESSIONS. THE TWO TEACHING ATTENDINGS HELP PROVIDE FEEDBACK ON THE RESIDENT'S SMALL GROUP DISCUSSION AND TEACHING SKILLS. SMALL GROUP PRESENTATIONS: DURING AMBULATORY WEEKS, RESIDENTS WILL LEAD A MAJORITY OF THE PRE-CLINIC CONFERENCES, TYPICALLY PRESENTING EITHER A CHALLENGING AMBULATORY CASE OR AMBULATORY-BASED TOPIC. ONCE DURING RESIDENCY, EACH JUNIOR RESIDENT WILL ALSO PRESENT A JOURNAL ARTICLE OF AMBULATORY CARE SIGNIFICANCE AT AMBULATORY JOURNAL CLUB TO A SMALL GROUP OF THEIR PEERS. INTERNAL MEDICINE GLOBAL HEALTH PROGRAMOUR MISSION IS TO TRAIN LEADERS IN GLOBAL HEALTH TO BE EFFECTIVE PRACTITIONERS IN UNDERSERVED, RESOURCE-LIMITED SETTINGS AND TO DESIGN, MANAGE, IMPROVE AND EVALUATE GLOBAL PUBLIC HEALTH PROGRAMS THAT ADDRESS THE HEALTH PROBLEMS OF THE WORLD'S NEEDIEST POPULATIONS.PROGRAM OBJECTIVES INTRODUCE GLOBAL HEALTH ISSUES TO BIDMC MEDICAL RESIDENTS CONTRIBUTE TO THE HEALTH AND WELL-BEING OF UNDERSERVED POPULATIONS IN BOSTON AND AROUND THE WORLD ENRICH THE MEDICAL KNOWLEDGE AND ENHANCE THE CLINICAL SKILLS OF RESIDENTS BY PRACTICING IN UNIQUE SETTINGS WITH LIMITED RESOURCES EXPAND RESEARCH OPPORTUNITIES ADVANCE THE CAREERS OF BIDMC RESIDENTS IN THE FIELDS OF INTERNATIONAL HEALTH, PUBLIC POLICY AND RESEARCH SITE LOCATIONS BOTSWANA: THE DEPARTMENT HAS A PERMANENT PRESENCE IN BOTSWANA WITH A MEMBER OF OUR DEPARTMENT FULL-TIME AT SCOTTISH LIVINGSTONE HOSPITAL IN MOLEPOLOLE, BOTSWANA. VIETNAM: THE MEDICAL CENTER HAS A PERMANENT PRESENCE IN VIETNAM. PHYSICIAN AND NURSE TRAINING ON HIV/AIDS CARE IN VIETNAM TAKES PLACE THROUGH FUNDING FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION. ADDITIONAL LOCATIONS: THE DEPARTMENT OFFERS ROTATIONS AT THE ALBERT SCHWEITZER HOSPITAL IN GABON AND OTHER INTERNATIONAL SITES. RESIDENTS CAN ALSO DO ROTATIONS THROUGH THE INDIAN HEALTH SERVICE OR AT BIDMC-AFFILIATED COMMUNITY HEALTH CENTERS. GLOBAL HEALTH TRACK LEARNING HOW TO WORK EFFECTIVELY IN RESOURCE-LIMITED SETTINGS REQUIRES BOTH TRAINING AND EXPERIENCE. PARTICIPANTS IN THE GLOBAL HEALTH TRACK WILL PARTICIPATE WITH LEARNERS FROM AROUND THE WORLD IN THE GLOBAL HEALTH EFFECTIVENESS PROGRAM AT THE HARVARD SCHOOL OF PUBLIC HEALTH; THEY WILL ENGAGE IN OUR HOSPITAL-WIDE, YEAR-LONG GLOBAL HEALTH CURRICULUM AND JOURNAL CLUB, AND THEY WILL BE GIVEN THE OPPORTUNITY FOR TWO FIELD EXPERIENCES DURING RESIDENCY.
HOSPITAL-WIDE GLOBAL HEALTH PROGRAM	THE BIDMC GLOBAL HEALTH PROGRAM IS A HOSPITAL-WIDE PROGRAM AVAILABLE TO ALL BIDMC RESIDENTS. WHILE REQUIREMENTS AND TIMELINES MAY DIFFER BETWEEN DEPARTMENTS AND SPECIALTIES, THE OVERARCHING GOAL IS TO PROVIDE RESIDENTS WITH FURTHER TRAINING AND EDUCATION IN THE DISCIPLINE OF GLOBAL HEALTH. *****NEUROLOGY EDUCATION AT BIDMC THE HARVARD MEDICAL SCHOOL NEUROLOGY PROGRAM AT BETH ISRAEL DEACONESS MEDICAL CENTER AND CHILDREN'S HOSPITAL IN BOSTON, MASSACHUSETTS WAS FOUNDED IN 1996 AS THE SUCCESSOR TO THE HARVARD-LONGWOOD NEUROLOGY PROGRAM. THE PROGRAM CONCENTRATES ON THE TRAINING AND

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	RESEARCH OPPORTUNITIES AVAILABLE ON THE HARVARD MEDICAL SCHOOL LONGWOOD CAMPUS, BY COMBINING THE RESOURCES OF TWO MAJOR HARVARD TEACHING HOSPITALS, BETH ISRAEL DEACONESS MEDICAL CENTER AND CHILDREN'S HOSPITAL. THESE COMBINED HOSPITALS, WITH OVER 800 INPATIENT BEDS AND EXTENSIVE OUTPATIENT CLINICS, PROVIDE THE SETTING FOR TRAINING PHYSICIANS IN THE ART AND SCIENCE OF CLINICAL NEUROLOGY.THE COMBINED FACULTY CONSISTS OF MORE THAN 80 NEUROLOGISTS AT THE TWO PARTICIPATING HOSPITALS, AND PROVIDES CORE EXPERIENCES IN INPATIENT AND OUTPATIENT NEUROLOGY, AS WELL AS TRAINING IN ELECTROPHYSIOLOGY (INCLUDING EEG, EMG, AND SLEEP POLYSOMNOGRAPHY) AND NEUROPATHOLOGY. THE KEY DISTINGUISHING FEATURE OF THE PROGRAM IS THE CLOSE RELATIONSHIP BETWEEN THE CLINICAL FACULTY, NEARLY ALL OF WHOM ARE FULL-TIME ACADEMIC NEUROLOGISTS ENGAGED IN SUBSTANTIVE RESEARCH AND TEACHING EFFORTS, AND A SELECT GROUP OF RESIDENTS WHO ARE KEENLY INTERESTED IN FORGING ACADEMIC CAREERS IN NEUROLOGY. VIRTUALLY ALL OF THE CLINICAL TRAINING TAKES PLACE WITHIN A 2 BLOCK RADIUS ON THE HARVARD MEDICAL SCHOOL LONGWOOD CAMPUS. A CRITICAL COMPONENT OF THE PROGRAM IS THE OPPORTUNITY FOR RESIDENTS TO HAVE A MENTORED TEACHING EXPERIENCE AS WELL AS THE OPPORTUNITY TO UNDERTAKE A MENTORED PROJECT, WHICH MAY ENTAIL EITHER CLINICAL OR LABORATORY BASED INVESTIGATION OR PREPARATION OF INNOVATIVE TEACHING MATERIALS OR METHODS. *****PATHOLOGY EDUCATION AT BIDMCTHE DEPARTMENT OF PATHOLOGY AT BETH ISRAEL DEACONESS MEDICAL CENTER IS COMMITTED TO PROVIDING STATE-OF-THE-ART TRAINING TO PREPARE PHYSICIANS FOR LEADERSHIP ROLES IN PATHOLOGY AND ACADEMIC MEDICINE. THE PROGRAM OFFERS THREE RESIDENT TRAINING PATHWAYS: FIRST, A COMBINED ANATOMIC PATHOLOGY/CLINICAL PATHOLOGY (AP/CP) PATHWAY PROVIDES COMPREHENSIVE TRAINING IN ALL AREAS OF TISSUE DIAGNOSTICS AND LABORATORY MEDICINE. SECOND, THE AP ONLY PATHWAY PREPARES RESIDENTS FOR CAREERS AS ACADEMIC SURGICAL PATHOLOGISTS. THIRD, THE CP ONLY PATHWAY PREPARES RESIDENTS FOR CAREERS AS FUTURE LEADERS IN LABORATORY MEDICINE. ALL PATHWAYS INCLUDE EXTENSIVE OPPORTUNITIES TO PARTICIPATE IN RESEARCH PROJECTS WITH WORLD-RENOVED EXPERTS IN PATHOLOGY OR RELATED DISCIPLINES. KNOWLEDGE COMES THROUGH EXPERIENCE AND EXTENSIVE INTERACTION WITH FACULTY. IN ANATOMIC PATHOLOGY SIGN OUT, RESIDENTS PREPARE THEIR OWN DIAGNOSES AND ARE THEN IN A POSITION TO TAKE FULL ADVANTAGE OF SIGN OUT WITH STAFF MEMBERS. IN CLINICAL PATHOLOGY, RESIDENTS GAIN EXPERIENCE DURING DAILY ROUNDS WITH ATTENDINGS, SOCRATIC TUTORIALS, AND THROUGH POSITIONING OF RESIDENTS AS AN INTERMEDIARY BETWEEN CLINICIAN AND LABORATORY. THERE ARE DAILY TEACHING AND CASE MANAGEMENT CONFERENCES COVERING THE DIFFERENT PATHOLOGY SPECIALTIES. GIVEN THE IMPORTANT ROLE PATHOLOGISTS PLAY IN TEACHING MEDICAL STUDENTS AND COLLEAGUES IN OTHER SPECIALTIES, THE PROGRAM PROVIDES GUIDANCE FOR RESIDENTS AS THEY HONE THEIR TEACHING SKILLS. SUCH "RESIDENT-AS-TEACHER" PROGRAMS ARE COMMON IN OTHER SPECIALTIES BUT NOT AS WELL-DEVELOPED IN PATHOLOGY. THE CURRICULUM INCLUDES SESSIONS DESIGNED TO IMPROVE SKILLS RELATED TO GIVING FEEDBACK AND SMALL GROUP TEACHING. THERE IS A SESSION ON DEVELOPING PRESENTATION SKILLS WITH CLOSE MENTORING OF FIRST YEAR RESIDENTS, BY SPECIFIC FACULTY WHO HAVE ALSO BEEN THROUGH THE CURRICULUM, AS THEY PREPARE FOR THEIR FIRST PRESENTATION. THERE ARE ALSO OPPORTUNITIES FOR RESIDENTS TO TEACH MEDICAL STUDENTS BOTH WITHIN OUR DEPARTMENT AND AT HARVARD MEDICAL SCHOOL, AS WELL AS TO RECEIVE FEEDBACK ON THEIR TEACHING SKILLS. RECOGNIZING THE NEED TO INTEGRATE TECHNOLOGY INTO RESIDENCY TRAINING, ALL FIRST YEAR RESIDENTS ARE PROVIDED WITH IPADS. THESE TABLETS ALLOW RESIDENTS TO MORE EASILY PREVIEW THE SLIDES THAT ARE ROUTINELY SCANNED FOR OUR SURGICAL SLIDE CONFERENCE. GENOMIC TECHNOLOGY WILL AFFECT THE PRACTICE OF ALL MEDICAL PRACTITIONERS. AS THE PHYSICIANS WHO MANAGE THE HOSPITAL LABORATORIES, PATHOLOGISTS MUST UNDERSTAND NEXT-GENERATION SEQUENCING TECHNOLOGY AND ITS APPLICATION TO PATIENT CARE. IN 2009, THE PROGRAM CREATED, TO OUR KNOWLEDGE, THE FIRST GENOMIC PATHOLOGY CURRICULUM IN THE COUNTRY. THE CURRICULUM HAS BEEN PUBLISHED AND HAS SERVED AS THE BASIS FOR A COLLABORATIVE EFFORT TO DEVELOP A NATIONAL GENOMICS CURRICULUM (WWW.ASCP.ORG/TRIG).TRAINING IN EVIDENCE-BASED MEDICINE IS CRITICAL. A FIRST-YEAR RESIDENT JOURNAL CLUB ALLOWS AN INTRODUCTION TO CRITICAL REVIEW OF THE MEDICAL LITERATURE. IN LATER YEARS, RESIDENTS LEAD SMALL-GROUP DISCUSSIONS IN MONTHLY JOURNAL CLUBS. THERE IS ALSO AN EVIDENCE-BASED TRANSFUSION MEDICINE CURRICULUM TO HONE THESE SKILLS DURING CP TRAINING. *****RADIOLOGY EDUCATION AT BIDMCTHE RADIOLOGY RESIDENCY PROVIDES FOUR YEARS OF TRAINING IN DIAGNOSTIC IMAGING. APPOINTMENTS ARE HELD JOINTLY AS A RESIDENT AT THE MEDICAL CENTER AND AS A CLINICAL FELLOW AT HARVARD MEDICAL SCHOOL. WITH A CENTRAL ROLE IN CLINICAL SERVICE, TEACHING, AND RESEARCH, THE RADIOLOGY DEPARTMENT PERFORMS OVER 400,000 RADIOLOGIC EXAMINATIONS EACH YEAR. THE DEPARTMENT PROVIDES RADIOGRAPHY, CT, ULTRASOUND, MRI, NUCLEAR MEDICINE, MAMMOGRAPHY, ANGIOGRAPHY, AND INTERVENTIONAL RADIOLOGY SERVICES TO BOTH THE MEDICAL CENTER AS WELL AS OUR AFFILIATED HEALTH CARE FACILITIES. A RADIOLOGY RESEARCH AND ANIMAL LABORATORY IS HOUSED ADJACENT TO THE RADIOLOGY DEPARTMENT. ALL RESIDENTS, FELLOWS, AND FACULTY HAVE APPOINTMENTS AT HARVARD MEDICAL SCHOOL. ALL RADIOLOGIC STUDIES ARE INTERPRETED UNDER THE SUPERVISION OF STAFF RADIOLOGISTS. THE NUCLEAR MEDICINE PROGRAM IS A PART OF THE JOINT PROGRAM IN NUCLEAR MEDICINE AT HARVARD MEDICAL SCHOOL. THE DEPARTMENT PLACES STRONG EMPHASIS ON THE QUALITY OF TEACHING-BOTH IN DIDACTIC LECTURES AND IN INDIVIDUAL CASE-BASED TEACHING.WITH THE ADVENT OF RECENT CHANGES IN RESIDENCY TRAINING, THE CURRICULUM HAS RECENTLY BEEN REVISED SO THAT RESIDENTS UNDERTAKE A COURSE OF STUDY WHICH WILL PERMIT THEM TO OBTAIN EXPERTISE NOT JUST IN CLINICAL SUBSPECIALTIES BUT ALSO IN OTHER KEY AREAS SUCH AS RESEARCH, EDUCATION, GLOBAL HEALTH, QUALITY IMPROVEMENT, AND HEALTH POLICY. RADIOLOGIC PHYSICS HAS BEEN INTEGRATED INTO DAILY DIDACTIC SESSIONS. IN ADDITION, MANY DIDACTIC SESSIONS UTILIZE AUDIENCE RESPONSE TECHNOLOGY, VIDEO-RECORDING, AND IPAD2 TECHNOLOGY.THERE ARE NINE FORMAL SECTIONS IN THE DEPARTMENT: ABDOMINAL IMAGING, BREAST IMAGING, CARDIOVASCULAR AND INTERVENTIONAL RADIOLOGY (CVIR), MRI, MUSCULOSKELETAL IMAGING, NEURORADIOLOGY, NUCLEAR MEDICINE, ULTRASOUND, AND THORACIC IMAGING. MOST NON-ANGIOGRAPHIC INTERVENTIONAL PROCEDURES ARE PERFORMED BY THE RESPECTIVE SERVICES. RESIDENTS ROTATING THROUGH THESE SECTIONS ARE PROVIDED WITH READING SUGGESTIONS AND MATERIAL. ACADEMIC ROTATIONS ARE MADE UP OF THIRTEEN 4-WEEK BLOCKS ANNUALLY. AT THE END OF EACH ROTATION RESIDENTS RECEIVE

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	WRITTEN EVALUATIONS AND HAVE THE OPPORTUNITY TO EVALUATE THE STAFF.FIRST YEAR ROTATIONS EMPHASIZE FUNDAMENTALS AND COMMON RADIOLOGIC EXAMINATIONS IN PREPARATION FOR INPATIENT AND EMERGENCY DEPARTMENT RESPONSIBILITIES. PRIOR TO TAKING CALL, ALL FIRST YEAR RESIDENTS ROTATE THROUGH ABDOMINAL IMAGING, BREAST IMAGING, EMERGENCY RADIOLOGY, FLUOROSCOPY, MUSCULOSKELETAL IMAGING, NEURORADIOLOGY, NUCLEAR MEDICINE, THORACIC IMAGING, AND ULTRASOUND.DURING THE SECOND YEAR, RESIDENTS CONTINUE TO GAIN EXPERIENCE IN THESE SECTIONS, PERFORMING AND INTERPRETING MORE ADVANCED EXAMINATIONS AND INTERVENTIONS AS THEIR LEVELS OF EXPERTISE INCREASE. ADDITIONAL ROTATIONS IN MORE SPECIALIZED TOPICS OCCUR THROUGHOUT THE SECOND THROUGH FOURTH YEARS, INCLUDING INTERVENTIONAL RADIOLOGY, MRI, HEAD AND NECK IMAGING, AND PEDIATRIC RADIOLOGY. IN ADDITION, ALL RESIDENTS PARTICIPATE IN A TWO-WEEK ROTATION IN QUALITY ASSURANCE WHICH PROVIDES THEM WITH ESSENTIAL SKILLS FOR EVENTUAL BOARD RE-CERTIFICATION.
ROTATIONS AT OTHER TRAINING LOCATIONS	THREE MONTHS OF TRAINING IN PEDIATRIC RADIOLOGY AT THE BOSTON CHILDREN'S HOSPITAL DURING THE SECOND YEAR. FOUR WEEK PROGRAM IN RADIOLOGIC-PATHOLOGIC CORRELATION AT THE ARMED FORCES INSTITUTE OF PATHOLOGY (AIRP) SPONSORED BY THE AMERICAN COLLEGE OF RADIOLOGY IN SILVER SPRINGS, MARYLAND DURING THE THIRD YEAR. ONE MONTH ROTATION AT THE MASSACHUSETTS EYE AND EAR INFIRMARY IN HEAD-AND-NECK RADIOLOGY DURING THE THIRD YEAR.UPON COMPLETION OF THE SECOND YEAR OF RESIDENCY TRAINING, RESIDENTS SELECT AN AREA OF ACADEMIC FOCUS FOR THEIR FOURTH YEAR WHICH WILL GUIDE CHOICES FOR THE 3-MONTH MINI-FELLOWSHIPS AND THE OTHER TWO MONTHS OF ELECTIVE TIME.OUR UNIQUE EDUCATIONAL TRACKSCURRENTLY, SIX TRACKS ARE OFFERED: CLINICAL EDUCATION RESEARCH GLOBAL HEALTH QUALITY IMPROVEMENT HEALTH POLICY/HEALTH ECONOMICSEACH OF THESE TRACKS HAS SPECIFIC CURRICULAR OFFERINGS AND EDUCATIONAL GOALS. MOST OF THE TRACKS ARE LINKED TO SPECIFIC EDUCATIONAL ENDEAVORS. FOR EXAMPLE, A RESIDENT SELECTING THE GLOBAL HEALTH TRACK WILL ENROLL IN THE GLOBAL EFFECTIVENESS CURRICULUM OFFERED BY THE HARVARD SCHOOL OF PUBLIC HEALTH AND WILL SPEND TIME ABROAD PROVIDING CLINICAL RADIOLOGY SERVICES AND UNDERTAKING A GLOBAL HEALTH PROJECT. A RESIDENT SELECTING THE EDUCATION TRACK WILL PURSUE ADVANCED TRAINING IN EDUCATIONAL THEORY AND ADULT LEARNING BY PARTICIPATING IN THE HARVARD MACY PROGRAM FOR PHYSICIAN EDUCATORS AND UNDERTAKE AN EDUCATIONAL PROJECT BASED AT BIDMC OR HARVARD MEDICAL SCHOOL. A RESIDENT CHOOSING THE RESEARCH TRACK WILL PARTICIPATE IN GRANT WRITING WORKSHOPS AND DELVE DEEPLY INTO A RESEARCH PROJECT OF THEIR CHOICE.NO MATTER WHICH TRAINING TRACK, THE EXPECTATION IS THAT EVERY RESIDENT WILL HAVE THE OPPORTUNITY TO UNDERTAKE A SUBSTANTIAL PROJECT DURING RESIDENCY THAT WILL CULMINATE IN PRESENTATION AT A NATIONAL MEETING AND/OR PUBLICATION.*****SURGERY EDUCATION AT BIDMC THE ROBERTA AND STEPHEN R. WEINER DEPARTMENT OF SURGERY OFFERS EDUCATION OPPORTUNITIES FOR RESIDENTS, FELLOWS AND MEDICAL STUDENTS IN CARDIAC SURGERY, GENERAL SURGERY, NEUROSURGERY, PLASTIC AND RECONSTRUCTIVE SURGERY, PODIATRY, TRAUMA SURGERY, MINIMALLY INVASIVE SURGERY, UROLOGY, AND VASCULAR SURGERY. STUDENTS LEARN THE MOST ADVANCED TECHNIQUES IN A STATE-OF-THE-FACILITY. STUDENTS ALSO HAVE THE OPPORTUNITY TO LEARN MINIMALLY INVASIVE TECHNIQUES AT THE CARL J. SHAPIRO SIMULATION AND SKILLS CENTER, THE FIRST OF ITS KIND TO BE ACCREDITED IN THE COUNTRY AND LOCATED WITHIN THE MEDICAL CENTER.THE MEDICAL CENTER'S DEPARTMENT OF SURGERY IS ONE OF THREE MAJOR TEACHING AND RESEARCH UNITS OF HARVARD MEDICAL SCHOOL'S DEPARTMENT OF SURGERY. AT ALL LEVELS, THE HOUSESTAFF GAIN TRAINING AND PRACTICAL EXPERIENCE IN THE PREOPERATIVE, OPERATIVE, AND POST-OPERATIVE CARE OF PATIENTS. THE PROGRAM EMPHASIZES RESIDENT-FACULTY INTERACTION FOR EDUCATIONAL PURPOSES. TEACHING CONFERENCES AND SEMINARS FOR THE HOUSESTAFF CAPITALIZE ON WORKING RELATIONSHIPS DEVELOPED WITH THE ATTENDING STAFF. UPON COMPLETION OF FIVE YEARS OF SURGICAL TRAINING, RESIDENTS ARE ELIGIBLE FOR THE AMERICAN BOARD OF SURGERY EXAMINATION. DIDACTIC TEACHINGTHE PROGRAM HAS DEDICATED EDUCATION TIME, INCLUDING A STRONG DIDACTIC CONFERENCE SCHEDULE, TO PROVIDE A BASIC FOUNDATION OF SURGICAL KNOWLEDGE AND SKILLS. REQUIRED WEEKLY CONFERENCES INCLUDE: RESIDENT CURRICULUM CONFERENCE / MIS SKILLS LAB SURGICAL SERVICE MORBIDITY/MORTALITY & SURGICAL GRAND ROUNDS COMBINED GI CONFERENCE THROUGHOUT TRAINING, A PRIMARY RESPONSIBILITY OF SENIOR RESIDENTS IS TEACHING MORE JUNIOR RESIDENTS AND THE STUDENTS ON THEIR SERVICE. THEY ARE ALSO RESPONSIBLE FOR THE ASSIGNMENT OF CASES, CLINICAL SUPERVISION OF MEDICAL STUDENTS AND RESIDENTS, AND PREPARING MATERIAL FOR SERVICE AND TEACHING CONFERENCES.BIDMC ADDITIONAL INFORMATION REGARDING PROMOTING THE HEALTH OF THE COMMUNITY (SCHEDULE H, PART VI, QUESTIONS 5 AND 6)THE HOSPITAL MAINTAINS AN OPEN MEDICAL STAFF AND AS NOTED IN THIS FORM 990 PARTS I AND VI, THE MAJORITY OF BOARD MEMBERS ARE INDEPENDENT COMMUNITY MEMBERS. ON MARCH 1, 2019, THE BETH ISRAEL LAHEY HEALTH SYSTEM WAS FORMED THROUGH THE COMBINATION OF THE HOSPITALS AND OTHER AFFILIATES OF THREE LEGACY HEALTHCARE SYSTEMS BASED PRIMARILY IN EASTERN MASSACHUSETTS, INCLUDING THE FORMER CAREGROUP HEALTH SYSTEM, THE FORMER LAHEY HEALTH SYSTEM, AND THE SEACOAST HEALTH SYSTEM. BETH ISRAEL LAHEY HEALTH, INC. (BILH) IS NOW THE SOLE MEMBER OF THE HOSPITAL AND NINE ADDITIONAL AFFILIATED HOSPITALS. EACH OF THESE ENTITIES MAY HAVE, IN TURN, SERVED AS THE SOLE MEMBER OF ADDITIONAL AFFILIATES. THE BILH HEALTH SYSTEM IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITIES IT SERVES. AFFILIATED HEALTHCARE SYSTEMS NOTED IN VARIOUS NARRATIVE DISCLOSURES THAT SUPPORT THIS FORM 990 AND RELATED SCHEDULES FOR THE PERIOD COVERED BY THIS FILING, BILH IS A MASSACHUSETTS NON-PROFIT CORPORATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. BILH IS AN INTEGRATED HEALTHCARE SYSTEM COMMITTED TO EXPANDING ACCESS TO EXTRAORDINARY PATIENT CARE ACROSS EASTERN MASSACHUSETTS AND ADVANCING THE SCIENCE AND PRACTICE OF MEDICINE THROUGH GROUNDBREAKING RESEARCH AND EDUCATION. THE BILH SYSTEM IS COMPRISED OF ACADEMIC AND TEACHING HOSPITALS, A PREMIER ORTHOPEDICS HOSPITAL, PRIMARY CARE AND SPECIALTY CARE PROVIDERS, AMBULATORY SURGERY CENTERS, URGENT CARE CENTERS, COMMUNITY HOSPITALS, HOMECARE SERVICES, OUTPATIENT BEHAVIORAL HEALTH CENTERS, ADDICTION TREATMENT PROGRAMS. BILH'S COMMUNITY OF CLINICIANS, CAREGIVERS AND STAFF INCLUDES APPROXIMATELY 4,000 PHYSICIANS AND 35,000 EMPLOYEES. BILH SERVES AS SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH

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	ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY CLINIC FOUNDATION, LAHEY HEALTH SHARED SERVICES, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAKUES HOSPITAL). LAHEY CLINIC FOUNDATION SERVES AS THE SOLE MEMBER OF LAHEY CLINIC, INC. AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER. EACH OF THESE AFFILIATES MAY IN TURN SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE NETWORK OF AFFILIATES.
BILH NETWORK ACCOMPLISHMENTS AND ACTIVITIES	FISCAL YEAR ENDED SEPTEMBER 30, 2022BILH NETWORK ACCOMPLISHMENTS AND ACTIVITIES FISCAL YEAR ENDED SEPTEMBER 30, 2022SINCE COMING TOGETHER AS A HEALTH SYSTEM, BETH ISRAEL LAHEY HEALTH ("BILH") HAS CONTINUED TO MAKE SIGNIFICANT INVESTMENTS AND UNDERTAKE INITIATIVES TO IMPROVE ACCESS FOR PATIENTS AND SUPPORT ITS SURROUNDING COMMUNITIES. IN FY 2022 ALONE, BILH INVESTED OVER \$8 MILLION IN ITS COMMUNITY HEALTH CENTER PARTNERS AND SAFETY NET AFFILIATES, DEVELOPED ACCESSIBLE PATIENT MESSAGING AND EDUCATION, AND INVESTED OVER \$5 MILLION IN SEVERAL BEHAVIORAL HEALTH-FOCUSED INITIATIVES. BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK ("BILHPN") CONTINUES TO OPTIMIZE ITS POPULATION HEALTH-FOCUSED INITIATIVES, INCLUDING THOSE FOCUSED ON ADDRESSING HEALTH DISPARITIES. HIGHLIGHTS OF THE SYSTEM'S EFFORTS INCLUDE: ENHANCED ACCESS FOR MASSHEALTH PATIENTS TO MITIGATE BARRIERS IN ACCESS TO CARE AND INCREASE THE NUMBER OF MASSHEALTH PATIENTS THAT BILH SERVES, THE SYSTEM COMMITTED TO UNIVERSAL NETWORK-WIDE PROVIDER PARTICIPATION IN MASSHEALTH. SPECIFICALLY, AS OF OCTOBER 2020, ALL BILH HOSPITALS AND PROVIDERS EMPLOYED BY BILH OR ON WHOSE BEHALF BILH JOINTLY CONTRACTS HAVE APPLIED TO PARTICIPATE IN SOME FORM OF MASSHEALTH. IN FY 2022, BILH SIGNED A NEW MASSHEALTH ACO CONTRACT WITH BMC HEALTHNET PLAN / WELLSENSE HEALTH PLAN THAT WILL GO INTO EFFECT IN APRIL 2023. AS PART OF THIS CONTRACT, BILHPN WILL EXTEND PARTICIPATION TO ALL ELIGIBLE PRIMARY CARE PROVIDERS ("PCPS") WHO WERE NOT OTHERWISE PARTICIPATING IN A MASSHEALTH ACO. WHILE ALL ELIGIBLE BILHPN PCPS WERE PARTICIPANTS IN A FORM OF MASSHEALTH, SOME PCPS HAVE PREVIOUSLY NOT PARTICIPATED IN A MASSHEALTH ACO. DURING FY 2022, BILH DEVELOPED AND REFINED A MULTICULTURAL MARKETING, ADVERTISING, AND OUTREACH PLAN WITH THE PURPOSE OF EXPANDING ACCESS FOR UNDERSERVED POPULATIONS, INCLUDING MASSHEALTH PATIENTS, IN TARGETED BILH SERVICE AREAS. IMPLEMENTATION OF THAT PLAN WILL OCCUR IN FY 2023. INVESTMENTS IN UNDERSERVED COMMUNITIES BILH HOSPITALS HAVE CREATED STRONG CONNECTIONS TO A NETWORK OF AFFILIATED HOSPITALS AND HEALTH CENTERS THAT PROVIDE COMMUNITY-BASED CARE TO HISTORICALLY UNDERSERVED POPULATIONS. IN THE REGIONS THAT THEY SERVE, THE SAFETY NET AFFILIATES ("SNAS") AND COMMUNITY CARE ALLIANCE ("CCA") COMMUNITY HEALTH CENTERS ("CHCS") ARE THE CORNERSTONE OF BILH'S DELIVERY SYSTEM REGARDING COMMUNITY-BASED CARE FOR MASSHEALTH AND HISTORICALLY UNDERSERVED PATIENTS.O CCA CHCS INCLUDE BOWDOIN STREET HEALTH CENTER, CHARLES RIVER COMMUNITY HEALTH, THE DIMOCK CENTER, FENWAY HEALTH, AND SOUTH COVE COMMUNITY HEALTH CENTER. O SNAS INCLUDE CAMBRIDGE HEALTH ALLIANCE AND SIGNATURE HEALTHCARE BROCKTON HOSPITAL. BILH CONTINUES TO INVEST IN THE CCA CHCS AND SNAS, ENABLING THEM TO EXPAND THEIR CAPABILITIES AND CARE FOR MORE HISTORICALLY UNDERSERVED PATIENTS. IN FY 2022, BILH INVESTED OVER \$8 MILLION IN ITS CHCS AND SNAS, IN ADDITION TO ENGAGING IN REGIONAL PLANNING AND COLLABORATIVE PROGRAM DEVELOPMENT. THESE INVESTMENTS REPRESENT ONLY A PORTION OF A MUCH LARGER COMMUNITY BENEFITS INVESTMENT PORTFOLIO THAT IS DESCRIBED IN GREATER DETAIL IN THIS AND OTHER BILH NETWORK TAX FILINGS. BILH IS EXPLORING OPPORTUNITIES WITH CHCS IN ESSEX AND MIDDLESEX COUNTIES. FOR EXAMPLE, BILH HAS ESTABLISHED A TELEHEALTH PILOT PROGRAM BETWEEN PHYSICIANS AT ADDISON GILBERT AND BEVERLY HOSPITALS AND PATIENTS AT NORTH SHORE COMMUNITY HEALTH CENTER. COMMITMENT TO BEHAVIORAL HEALTH CARE BETH ISRAEL LAHEY HEALTH BEHAVIORAL SERVICES IS THE LARGEST MENTAL HEALTH AND SUBSTANCE USE DISORDER NETWORK IN EASTERN MASSACHUSETTS. WITH A FOCUS ON COMMUNITY HEALTH, BILH BEHAVIORAL SERVICES SUPPORTS THE NEEDS OF CHILDREN, TEENS, AND ADULTS THROUGH A RANGE OF OPTIONS, FROM INPATIENT CARE TO COMMUNITY-BASED PROGRAMS. IN FY 2022, BILH INVESTED OVER \$5 MILLION IN THE FOLLOWING BEHAVIORAL HEALTH INITIATIVES: THE COLLABORATIVE CARE MODEL, CENTRALIZED BED MANAGEMENT PROGRAM, AND MEDICATION ASSISTED THERAPY ("MAT") AS OF SEPTEMBER 30, 2022, 60 OF 78 EMPLOYED PRIMARY CARE PRACTICES2 ARE PARTICIPATING IN THE IMPACT MODEL, WITH 12 NEW SITES ADDED FROM THE PREVIOUS YEAR. THE IMPACT MODEL (ALSO REFERRED TO AS THE "COLLABORATIVE CARE" MODEL) IS A BEHAVIORAL HEALTH INTEGRATION MODEL, WHICH INVOLVES INTRODUCING PRIMARY CARE PATIENTS WHO ARE IDENTIFIED THROUGH SCREENINGS AND DIRECT REFERRALS TO AN EMBEDDED BEHAVIORAL HEALTH CLINICIAN. BILH HAS CONTINUED TO EXPAND ITS BRIDGE CLINICS AT ADDISON GILBERT AND BEVERLY HOSPITALS, INCREASING SAME-DAY ADMISSION FOR MAT PATIENTS FROM 24 TO 40 HOURS PER WEEK, OBTAINING ADDITIONAL STAFF, AND EXPANDING ITS INDUCTION PROGRAM. BILH HAS EXPANDED ITS SYSTEM-WIDE SUBSTANCE USE DISORDER TASKFORCE, DEFINING NEW PATHWAYS FOR CONNECTING BILH PRIMARY CARE TEAMS WITH COMMUNITY ACUTE DETOX AND OTHER ADDICTION-BASED SERVICES, INCREASING THE CAPACITY OF BILH PCPS TO PRESCRIBE MEDICATIONS IN SUPPORT OF OFFICE-BASED ADDICTION TREATMENT, AND PROVIDING EDUCATIONAL TRAININGS TO PCPS TO SCREEN AND TREAT SUBSTANCE USE DISORDERS. THE PRACTICE OF MAT INDUCTION AND REFERRAL IN THE ED AT BID-PLYMOUTH CONTINUED IN FY 2022, WITH RECOVERY NAVIGATORS, AN ADDICTION LPN NURSE, AND A PSYCHIATRIC NP AS AVAILABLE RESOURCES TO PATIENTS. BID-PLYMOUTH ALSO CONTINUED ITS PARTNERSHIP WITH AREA COALITIONS TO HAND OUT SUPPLIES AND RESOURCES, INCLUDING NARCAN, TO THOSE PATIENTS WHO ARE RESIDENTS OF THE AREA AND WHO PRESENT TO THE BID-PLYMOUTH EMERGENCY ROOM WITH AN OPIOID OVERDOSE. ADDITIONAL INFORMATION ON BEHAVIORAL HEALTH IS BELOW.
THREE:	BILHPN SUPPORTS AND IMPROVES ACCESS, QUALITY AND EFFICIENCY OF PATIENT-CENTERED CARE BY LEVERAGING BEST PRACTICES IN CLINICAL EXCELLENCE AND DATA ANALYTICS TO HELP PROVIDERS IMPROVE PATIENT HEALTH OUTCOMES. FOR EXAMPLE, BILHPN'S CARE MANAGEMENT TEAM WORKS WITH THE HIGHEST-RISK PATIENTS IN AN EFFORT TO EDUCATE THEM ON THEIR DISEASE, IMPROVE MEDICATION COMPLIANCE, AND HELP THEM NAVIGATE THE COMPLEXITIES OF THE HEALTHCARE SYSTEM. THE GOAL OF BILHPN'S CARE MANAGERS IS TO IMPROVE OUTCOMES FOR PATIENTS WHILE AVOIDING UNNECESSARY EMERGENCY ROOM VISITS OR HOSPITAL STAYS. DURING FY 2022, BILH

Form and Line Reference	Explanation
	UNDERTOOK SEVERAL INITIATIVES TO IMPROVE POPULATION HEALTH AND PATIENT CARE, INCLUDING: O BILHPN'S QUALITY TEAM DEVELOPED AND IMPLEMENTED EIGHT TEXT-BASED OUTREACH CAMPAIGNS FOR PATIENTS, ADDRESSING CANCER SCREENINGS, IMMUNIZATIONS, AND DIABETES CARE TO IMPROVE POPULATION HEALTH METRICS.O BILHPN CONTINUED TO OPTIMIZE ITS ENTERPRISE-WIDE POPULATION HEALTH DATA WAREHOUSE TO IDENTIFY PATIENTS WITH CARE GAPS. THROUGH COLLABORATION WITH BILH PHYSICIAN LEADERS, BILHPN MODIFIED PRACTICE WORKFLOWS AND CREATED OUTREACH PROGRAMS TO CLOSE IDENTIFIED GAPS. THESE EFFORTS RESULTED IN BILH REACHING MORE PATIENTS.O DURING FY 2022, BILHPN AND THE BILH OFFICE FOR DIVERSITY, EQUITY AND INCLUSION CO-LED EFFORTS TO INCREASE ACCESS AND IMPROVE OUTCOMES FOR UNDERSERVED POPULATIONS, WITH A FOCUS ON CLOSING DISPARITIES IN DIABETES CARE FOR BLACK AND HISPANIC PATIENTS. ONE AREA OF COLLABORATION CENTERED AROUND A \$1.8 MILLION GRANT FROM THE INSTITUTE OF HEALTHCARE IMPROVEMENT / BLUE CROSS BLUE SHIELD OF MASSACHUSETTS THAT ALLOWED THE SYSTEM TO HIRE AND EMBED PATIENT NAVIGATORS WITHIN ITS MOST DIVERSE PRACTICES TO ASSIST PATIENTS ALONG THE CONTINUUM OF CARE. BILH BEHAVIORAL HEALTH SERVICES THE BETH ISRAEL LAHEY HEALTH NETWORK (BILH) IS COMMITTED TO THE BEHAVIORAL HEALTH NEEDS OF THE PATIENTS AND COMMUNITIES SERVICED. BELOW ARE SOME OF ACTIVITIES THAT BILH BEHAVIORAL SERVICES (BILHBS) HAS PROVIDED TO THE PATIENTS AND COMMUNITIES SERVED BY BILH AND ITS AFFILIATED ENTITIES. BILHBS (WHICH INCLUDES THE ACTIVITIES OF BILH'S TAX-EXEMPT AFFILIATE NORTHEAST BEHAVIORAL HEALTH CORP) IS THE LARGEST NETWORK OF MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES IN EASTERN MASSACHUSETTS. BILHBS' NETWORK OF BEHAVIORAL HEALTH CARE INCLUDES SERVICES FOR CHILDREN AND ADULTS RANGING FROM INPATIENT TREATMENT TO COMMUNITY-BASED PROGRAMS. SERVICES INCLUDE: INPATIENT PSYCHIATRIC AND DETOXIFICATION TREATMENT; EMERGENCY PSYCHIATRIC AND MOBILE EMERGENCY SERVICES TEAMS; OUTPATIENT MENTAL HEALTH AND ADDICTION TREATMENT; INDIVIDUAL/COUPLE/FAMILY THERAPY; MEDICATION ASSISTED TREATMENT PROGRAMS; AND SCHOOL-BASED AND HOME-BASED COUNSELING FOR YOUTH AND THEIR FAMILIES.AS NOTED PREVIOUSLY, SINCE ITS CREATION IN MARCH 2019, BILH HAS CONTINUED TO INVEST SIGNIFICANTLY IN IMPROVING ACCESS TO BEHAVIORAL HEALTH CARE THROUGH A SYSTEM-WIDE APPROACH TO CARE DELIVERY. AS ONE OF SEVERAL ONGOING INITIATIVES, BILH HAS MADE A MULTI-YEAR COMMITMENT TO PROVIDE BEHAVIORAL HEALTH SUPPORT TO ITS EMPLOYED PRIMARY CARE PRACTICES USING AN EVIDENCE-BASED APPROACH KNOWN AS THE IMPACT MODEL. BY THE END OF FY 2022, BILH HAD IMPLEMENTED THE IMPACT MODEL IN 74.36% OF ITS EMPLOYED PRIMARY CARE PRACTICES AS PART OF ITS COLLABORATIVE CARE PROGRAM IMPLEMENTATION. IN MARCH 2021, BILHBS LAUNCHED ITS CENTRALIZED BED FINDING TEAM. THIS TEAM IS PART OF A BILHBS CENTRAL CALL CENTER, WHICH CENTRALIZES CALLS TO BILHBS' THREE EMERGENCY SERVICE PROGRAM (ESP) CATCHMENT AREAS REDUCING REDUNDANCIES ACROSS THE AGENCY AND STREAMLINING ALL CALLS TO ONE CENTRAL SERVICE. THIS CENTRALIZED BED FINDING TEAM IS RESPONSIBLE FOR CONDUCTING BED SEARCHES FOR PATIENTS SEEN THROUGH THE ESP AND WHO ARE AWAITING AN INPATIENT PSYCHIATRIC PLACEMENT. THIS TEAM DIRECTLY INCREASES THE AVAILABILITY OF CLINICIANS TO CONTINUE TO SEE PATIENTS IN THE EMERGENCY DEPARTMENT (ED) AND THE COMMUNITY WHO ARE EXPERIENCING A BEHAVIORAL HEALTH AND/OR CO-OCCURRING SUBSTANCE USE DISORDER CRISIS WHILE OTHER TEAM MEMBERS SEARCH FOR AVAILABLE INPATIENT PLACEMENTS. THIS INITIATIVE SUPPORTS DECREASED RESPONSE TIME TO RESPONDING TO NEW PATIENTS IN CRISIS AND REDUCES ED BOARDING TIME FOR PATIENTS WHO CAN BE SAFELY MANAGED IN THE COMMUNITY.IN FY2022, THE STATE OF MASSACHUSETTS SET FORTH THE MASSACHUSETTS BEHAVIORAL HEALTH ROADMAP TO INCLUDE FOUR PRIMARY OUTCOMES IN EFFORTS TO ADVANCE HEALTH EQUITY: (1) THE DEVELOPMENT OF COMMUNITY BEHAVIORAL HEALTH CENTERS (CBHCS); (2) SHIFTING BEHAVIORAL HEALTH EMERGENCY SERVICES TO THE COMMUNITY FROM THE EMERGENCY DEPARTMENTS; (3) TREATMENT ON DEMAND (OUTPATIENT EVALUATION AND TREATMENT); AND (4) BEHAVIORAL HEALTH HELP LINE. IN RESPONSE TO THIS MOVEMENT, BILHBS RECEIVED AN AWARD TO OPERATE A CBHC IN THE LAWRENCE LOCATION AND BEGAN THE PLANNING TO PIVOT EMERGENCY SERVICES TEAMS TO SERVE THE BILH SYSTEM EMERGENCY DEPARTMENTS. BILHBS SERVES APPROXIMATELY 35,000 UNDUPLICATED INDIVIDUALS ANNUALLY, OFFERING A FULL CONTINUUM OF CARE FOR CHILDREN AND ADULTS. SERVICES RANGE FROM INPATIENT TO HOME AND COMMUNITY-BASED SERVICES. BILHBS OPERATES OVER 250 BEDS IN 9 FACILITIES FOR CLIENTS REQUIRING ACUTE PSYCHIATRIC CARE, DETOXIFICATION AND RESIDENTIAL STEP-DOWN SERVICES. DURING THE PERIOD COVERED BY THIS FILING, COMMUNITY-BASED SERVICES INCLUDED MOBILE EMERGENCY SERVICES TEAMS IN THREE CATCHMENT AREAS AND HOME-BASED COUNSELING FOR ADULTS, YOUTH AND THEIR FAMILIES. BILHBS ALSO PROVIDED SERVICES IN 63 MIDDLE AND HIGH SCHOOLS, AS WELL AS 9 POLICE DEPARTMENTS. IN ADDITION, BILH'S COMMUNITY CRISIS STABILIZATION ("CCS") UNITS IN LAWRENCE AND SALEM, WHICH TYPICALLY CARE FOR PATIENTS WITH MENTAL HEALTH ISSUES, INCREASED THEIR ABILITY TO TREAT PERSONS WITH CO-OCCURRING SUBSTANCE USE DISORDERS. THE CCS UNITS CONTINUE TO BE ABLE TO INDUCT PATIENTS WITH OPIOID USE DISORDER (OUD) ON BUPRENORPHINE AND ARE ALSO ABLE TO MAINTAIN PATIENTS WHO ARE ALREADY ON ANY OF THE THREE FDA APPROVED MEDICATIONS FOR THE TREATMENT OF OUD. THESE UNITS ARE SEEING AN INCREASE IN THE NUMBER OF PATIENTS WITH METHAMPHETAMINE DISORDERS AND HAVE DEVELOPED A PROTOCOL TO MANAGE WITHDRAWAL SYMPTOMS IN THIS POPULATION.

Additional Data

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Software ID:

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Schedule I
(Form 990)
Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

OMB No. 1545-0047
2021
Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Employer identification number
04-2103881

Part I General Information on Grants and Assistance

1 Describe the organization's financial 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. If the organization answered "Yes" on Form 990, Part IV, line 21, or Part IV, line 22, for any recipient of the grants or assistance, enter the information in Part II.

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 of the grants or assistance. If the organization answered "No" on Form 990, Part IV, line 21, or Part IV, line 22, for any recipient of the grants or assistance, enter the information in Part III.

(a) Name and address of the organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)
(1) MASSACHUSETTS GENERAL HOSPITAL MGH RESEARCH FINANCE BOARD BOSTON, MA 022414876	04-1564655	501(C)(3)	3,710,107	0	
(2) OREGON HEALTH & SCIENCE UNIVERSITY OFFICE OF PROPOSAL AWARD MANAGEMENT PORTLAND, OR 972083003	23-7083114	501(C)(3)	2,984,942	0	
(3) DANA FARBES 44 BINNEY ST - M/S BP410 BOSTON, MA 02115	04-2263040	501(C)(3)	2,496,556	0	
(4) BRIGHAM & WOMENS HOSPITAL PO BOX 3149 ATTN POS 1025P BOSTON, MA 022413149	04-2312909	501(C)(3)	2,342,713	0	
(5) LEIDOS BIOMEDICAL RESEARCH INC 1050 BOYLE STREET FREDERICK, MD 21702	33-0653185		1,616,373	0	
(6) BOSTON CHILDRENS HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	1,307,344	0	
(7) UNIVERSITY OF CINCINNATI LARRY HEINEN DEPT INFECTIOUS DISEASE CINCINNATI, OH 452295650	31-6000989		916,557	0	
(8) PRESIDENT & FELLOWS OF HARVARD COLLEGE PO BOX 4999 BOSTON, MA 02212	04-2103580	501(C)(3)	892,769	0	
(9) EMORY UNIVERSITY SCHOOL OF MEDICINE ATLANTA, GA 303224250	58-0566256	501(C)(3)	819,677	0	
(10) NORTHEASTERN UNIVERSITY 365 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501(C)(3)	724,818	0	
(11) BROAD INSTITUTE 415 MAIN ST CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	688,363	0	
(12) JOHNS HOPKINS UNIVERSITY JHU REFERENCE LABORATORY BALTIMORE, MD 212644478	52-0595110	501(C)(3)	633,560	0	
(13) MASSACHUSETTS TECHNOLOGY CENTER C/O OFFICE OF SPONSORED PROG CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	602,039	0	
(14) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	534,516	0	
(15) UNIVERSITY OF PITTSBURGH INNOVATION INSTITUTE PITTSBURGH, PA 15260	25-0965591	501(C)(3)	523,199	0	
(16) UNIVERSITY OF MASSACHUSETTS CENTER FOR SURVEY RESEARCH BOSTON, MA 02153393	54-2084125	501(C)(3)	504,243	0	
(17) THE HENRY M JACKSON FOUNDATION FOR ADVANCEMENT OF MILITARY MEDICINE BETHESDA, MD 20817	52-1317896	501(C)(3)	466,017	0	
(18) MASS GENERAL BRIGHAM PO BOX 3715 BOSTON, MA 02241	04-3230035	501(C)(3)	458,718	0	
(19) MEDICAL UNIVERSITY OF SOUTH CAROLINA BURKARD OFFICE CHARLESTON, SC 29407	57-6028985	501(C)(3)	448,245	0	
(20) TRIALWISE INC 1098 FOSTER CITY BLVD STE 201 FOSTER CITY, CA 94404			432,797	0	
(21) TRUSTEES OF COLUMBIA UNIVERSITY 630 W 128TH ST NEW YORK, NY 10032	13-5598093	501(C)(3)	395,399	0	
(22) HARVARD MEDICAL SCHOOL 240 LONGWOOD AVE BOSTON, MA 02115	04-2103580	501(C)(3)	372,387	0	
(23) UNIVERSITY OF COLORADO OFFICE OF GRANTS CONTRACTS F428 DENVER, CO 802910439	84-6000555	501(C)(3)	361,092	0	
(24) UNIVERSITY OF MISSISSIPPI ATTN STACY ROSS/ACCT PAYABLE DEPT JACKSON, MS 39247	23-7310293	501(C)(3)	359,824	0	
(25) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N MS 195-50 SEATTLE, WA 98109	91-1935159	501(C)(3)	345,740	0	
(26) TRUSTEES OF DARTMOUTH COLLEGE INST FOR HEALTH POLICY CLINICAL PRACTICE LEBANON, NH 03766	02-0222111	501(C)(3)	331,949	0	
(27) BOSTON UNIVERSITY PO BOX 5580 BOSTON, MA 02205	04-2103547	501(C)(3)	279,936	0	
(28) UNIVERSITY OF MINNAPOLIS GRANT CONTRACT ACCOUNTING CINCINNATI, OH 60693	94-3079432	501(C)(3)	248,251	0	
(29) NEW MEXICO CONSORTIUM INC 4200 WEST JENEX RD STE 200 LOS ALAMOS, NM 87544	26-0370262	501(C)(3)	236,446	0	
(30) FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY STE 300 TALLAHASSEE, FL 323041666	59-1961248	501(C)(3)	227,578	0	
(31) UNIVERSITY OF PENNSYLVANIA P221 FRANKLIN BLDG PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	219,454	0	
(32) BAYLOR COLLEGE OF MEDICINE PO BOX 201307 DALLAS, TX 753031207	34-1613878	501(C)(3)	217,735	0	
(33) ARCHANGELS 716 BEACON ST UNIT 590598 NEWTON CENTER, MA 02459	82-1974847	501(C)(3)	208,463	0	
(34) SALK INSTITUTE OF BIOLOGICAL STUDIES 10010 TORREY PINES RD LA JOLLA, CA 92037	95-2160097	501(C)(3)	175,324	0	
(35) MASS GENERAL HOSPITAL CORP SPONSORED RESEARCH LIC CHARLESTOWN, MA 02129	04-1564655	501(C)(3)	173,585	0	
(36) UNIVERSITY OF CONNECTICUT OFF OF THE VP RES SPON COMMUNITY STORRS, CT 062691133	06-0772160	501(C)(3)	164,172	0	
(37) STANFORD UNIVERSITY INTERLIBRARY SERVICES RM 161 GREEN LIBRARY STANFORD, CA 943056004	94-1156365	501(C)(3)	161,706	0	
(38) RUSSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN SUITE 278 CHICAGO, IL 60612	36-2174823	501(C)(3)	158,179	0	
(39) UNIVERSITY OF SOUTHERN CALIFORNIA NORRIS MEDICAL LIBRARY LOS ANGELES, CA 900891330	95-1642394	501(C)(3)	156,355	0	
(40) UMASS CHAN MEDICAL SCHOOL 55 LAKE AVE NORTH WORCESTER, MA 01655	04-3167352	501(C)(3)	147,565	0	
(41) DUKE UNIVERSITY OFFICE OF SPONSORED PROGRAM DURHAM, NC 277080491	56-0532129	501(C)(3)	141,837	0	
(42) JOSLIN DIABETES CENTER TECH TRANS CONSULTANT BOSTON, MA 02215	04-2203836	501(C)(3)	136,208	0	
(43) SCRIPPS RESEARCH INSTITUTE PO BOX 741745 LOS ANGELES, CA 900741745	33-0435954	501(C)(3)	133,519	0	
(44) UNIVERSITY OF UTAH 50 N MEDICAL DRIVE SALT LAKE CITY, UT 8414321661	87-6000525	501(C)(3)	130,616	0	
(45) DARTMOUTH HITCHCOCK MEDICAL CENTER ONE MEDICAL CENTER DR LEHANN, NH 03756	22-2715483	501(C)(3)	126,839	0	
(46) TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOX 115 BOSTON, MA 02111	04-3400617	501(C)(3)	118,692	0	
(47) REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5560 MINNEAPOLIS, MN 554559960	41-6007513	501(C)(3)	113,324	0	
(48) HARVARD PILGRIM HEALTH CARE INC PO BOX 970050 BOSTON, MA 0222970050	04-2452600	501(C)(3)	105,844	0	
(49) PENNSYLVANIA STATE UNIVERSITY RESEARCH ACCOUNTING STATE COLLEGE, PA 168014819	24-6000376	501(C)(3)	105,477	0	
(50) BAIN INSTITUTE FOR CLINICAL RESEARCH 930 COMMONWEALTH AVE BOSTON, MA 02215	04-3521077	501(C)(3)	98,950	0	
(51) THE CLEVELAND CLINIC FOUNDATION PO BOX 931535 ATTN: FINANCE MANAGER CLEVELAND, OH 441352005	91-2153073	501(C)(3)	95,018	0	
(52) BROWN UNIVERSITY BOX G-5121-8 PROVIDENCE, RI 02912	26-3428781	501(C)(3)	87,822	0	
(53) BOSTON MEDICAL CENTER 650 ALBANY ST ROOM 607 BOSTON, MA 02118	04-3314093	501(C)(3)	87,021	0	
(54) UNIV OF CALIFORNIA AT DAVIS HOUSE BIOLOGY PROGRAM DAVIS, CA 95616	94-6036494	501(C)(3)	82,670	0	
(55) MCGRAW HILL EBANIS/MS112 BOSTON, MA 024789106	04-2697981	501(C)(9)	78,865	0	
(56) GEORGETOWN UNIVERSITY OFFICE OF TECH LIC HARRIS BLDG STE 1500 WASHINGTON, DC 20007	53-0196603	501(C)(3)	75,226	0	
(57) MAYO CLINIC 200 FIRST ST ROCHESTER, MA 55901	41-6011702	501(C)(3)	65,863	0	
(58) GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRV FAIRFAX, VA 22030	54-0836354	501(C)(3)	64,270	0	
(59) AIDS VACCINE ADVOCACY COALITION INC 540 PRESIDENT ST 3RD FL BROOKLYN, NY 11215	94-3240841	501(C)(3)	63,103	0	
(60) WEILL MEDICAL COLLEGE OF CORNELL UNIV DEPT OF PATHOLOGY LAB MEDICINE NEW YORK, NY 10021	15-0532082	501(C)(3)	62,635	0	
(61) UNIVERSITY OF WISCONSIN DEPT OF PATHOLOGY LABORATORY MADISON, WI 537061532	39-6006492	501(C)(3)	61,667	0	
(62) UNIVERSITY OF NORTH CAROLINA OFFICE OF SPONSORED PROGRAMS ATLANTA, GA 303842420	56-6001393	501(C)(3)	60,958	0	
(63) UNIVERSITY OF ALABAMA AT BIRMINGHAM 845 19TH ST SOUTH BIRMINGHAM, AL 352940111	63-6005396	501(C)(3)	60,161	0	
(64) LAHEY HOSPITAL AND MEDICAL CENTER 41 MALL ROAD BURLINGTON, MA 01805	04-2704686	501(C)(3)	55,366	0	
(65) HARTFORD HOSPITAL CLINICAL RESEARCH CENTER HARTFORD, CT 061025037	06-0646668	501(C)(3)	54,178	0	
(66) CALENT PHARMA SOLUTIONS 25109 NETWORK PLACE CHICAGO, IL 606731251	13-3523163	501(C)(3)	51,321	0	
(67) THERMO FISHER SCIENTIFIC ASHEVILLE LLC PO BOX 842339 DALLAS, TX 752842339	04-2209186	501(C)(3)	50,340	0	
(68) JOHNS HOPKINS MEDICINE 12529 COLLECTION CENTER DR CHICAGO, IL 60693	52-1232569	501(C)(3)	46,840	0	
(69) AMERICAN SOCIETY FOR CLINICAL PATHOLOGY 33 WEST MONROE ST SUITE 1600 CHICAGO, IL 606035617	36-2406080	501(C)(3)	44,833	0	
(70) HARVARD UNIVERSITY GEN ACCTS REC BOSTON, MA 02212	04-2103580	501(C)(3)	44,817	0	
(71) HARVARD TH CHAN SCHOOL OF PUBLIC HEALTH HARVARD SCHOOL OF PUBLIC HEALTH BOSTON, MA 02115	04-2103580	501(C)(3)	43,784	0	
(72) BDO USA LLP PO BOX 642743 PITTSBURGH, PA 152642743	13-5381590	501(C)(3)	43,229	0	
(73) ALBERT EINSTEIN COLLEGE OF MEDICINE MONTEFIORE MC CTR OF ANES BROOKLYN, NY 10467	83-0621846	501(C)(3)	41,917	0	
(74) UNIVERSITY OF HAWAII OFFICE OF RESEARCH SERVICES HONOLULU, HI 96822	07-8495204	501(C)(3)	39,665	0	
(75) WAKE FOREST UNIVERSITY HEALTH SCIENCES OFFICE OF RESEARCH IRB WINSTONSALEM, NC 27157	22-3849199	501(C)(3)	39,393	0	
(76) CALIFORNIA INSTITUTE OF TECHNOLOGY (ACEDONE) 1200 E CALIFORNIA BLVD PASADENA, CA 91125	95-1643307	501(C)(3)	38,414	0	
(77) UNIVERSITY OF VERMONT GRANT CONTRACT ACCOUNTING SERVICES BURLINGTON, VT 05405	03-0179440	501(C)(3)	37,918	0	
(78) MAINEHEALTH DEPT OF EMERGENCY MEDICINE PORTLAND, ME 04102	01-0238552	501(C)(3)	37,177	0	
(79) PENNINGTON BIOMEDICAL RESEARCH CENTER OFFICE OF FISCAL OPERATIONS BATON ROUGE, LA 708041244	58-1767810	501(C)(3)	36,668	0	
(80) TRUSTEES OF BOSTON UNIVERSITY BOSTON UNIVERSITY FOUNDATION INC ATTN: ACCOUNTS RECEIVABLE NEW YORK, NY 10016	04-2103547	501(C)(3)	33,953	0	
(81) NATIONAL KIDNEY FOUNDATION INC ATTN: ACCOUNTS RECEIVABLE NEW YORK, NY 10016	13-1673104	501(C)(3)	32,063	0	
(82) THE GENERAL HOSPITAL CORP NEURAL PLASTICITY RESEARCH GROUP CHARLESTOWN, MA 02129	04-2697983	501(C)(3)	31,008	0	
(83) UNIVERSITY OF TEXAS AT DALLAS FINANCIAL ADMINISTRATIVE SUPPORT HOUSTON, TX 772163382	74-1761309	501(C)(3)	30,448	0	
(84) HEBREW REHABILITATION CENTER AGING BRAIN CENTER BOSTON, MA 02301	04-2104298	501(C)(3)	29,277	0	
(85) KAISER FOUNDATION HEALTH PLAN INC ATTN: NORTHERN CALIFORNIA CLAIMS ADMIN SAN FRANCISCO, CA 94160	94-1340523	501(C)(3)	28,950	0	
(86) RUTGERS NEW JERSEY MEDICAL SCHOOL 145 BEVER RD PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	28,626	0	
(87) FLORIDA A&M UNIVERSITY ATTN: CRYSTAL THOMAS TALLAHASSEE, FL 323073200	59-0977035	501(C)(3)	28,386	0	
(88) UNIVERSITY OF GEORGIA UGA RESEARCH FOUNDATION ATHENS, GA 30602	27-0474812	501(C)(3)	27,086	0	
(89) PROVIDENCE HEALTH & SERVICES 879 W 190TH ST STE 1000 GARDEN, WA 98249	91-1549796	501(C)(3)	21,735	0	
(90) MIT CASHIERS CASHIERS OFFICE NE49-307 CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	19,423	0	
(91) UNIVERSITY OF IOWA DIAGNOSTIC LABORATORIES IOWA CITY, IA 522421609	42-6004813	501(C)(3)	17,306	0	
(92) HENNEPIN HEALTHCARE RESEARCH INSTITUTE ATTN: R-54100-BRYN THOMPSON MINNEAPOLIS, MN 55415	41-1677920	501(C)(3)	14,187	0	
(93) HEBREW SENIOR LIFE 1200 CENTRE STREET ROSLINDALE, MA 02131	90-0183119	501(C)(3)	13,911	0	
(94) UNIV OF TEXAS SOUTHWESTERN MED CTR LOCK BOX 845477 DALLAS, TX 75286111	75-2556007	501			

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

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

Return Reference	Explanation
PART I, LINE 2:	AS PREVIOUSLY NOTED IN THE FILING, BETH ISRAEL DEACONESS MEDICAL CENTER MAINTAINS STRONG RELATIONSHIPS WITH MANY PARTNERS AND BETH ISRAEL DEACONESS MEDICAL CENTER WORKS WITH THOSE PARTNERS AS PART OF ITS COMMUNITY BENEFIT MISSION AND ACTIVITIES. PURSUANT TO THOSE RELATIONSHIPS, GRANTS MAY BE DISTRIBUTED TO THESE PARTNERS. BETH ISRAEL DEACONESS MEDICAL CENTER ENSURES THAT FUNDS GRANTED ARE USED FOR THE INTENDED PURPOSES AS PART OF ITS ON-GOING AND CLOSE CONNECTIONS WITH THESE COMMUNITY PARTNERS. AS A RECIPIENT OF FEDERAL SPONSORED AWARDS, THE MEDICAL CENTER MUST COMPLY WITH THE GUIDELINES SPECIFIC TO THE FEDERAL AWARDING AGENCY FOR THE PARTICULAR PROGRAM. THE MEDICAL CENTER'S ADHERENCE TO THESE PROGRAMS REQUIREMENTS ARE AUDITED ANNUALLY AS REQUIRED BY 2 CFR PART 200, UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS. THE MEDICAL CENTER IS REQUIRED BY FEDERAL REGULATION TO MONITOR EXPENSES OF FEDERAL FUNDS AWARDED TO THE MEDICAL CENTER THAT ARE SUB-CONTRACTED TO ANOTHER INSTITUTION, ORGANIZATION, OR INDIVIDUAL. FEDERAL SUBCONTRACTED RESEARCH GRANTS AS WELL AS OTHER SUBCONTRACTED RESEARCH GRANTS ARE MONITORED BY THE CLINICAL DEPARTMENT SPONSORING THE ACTIVITY. SIMILAR MONITORING PROGRAMS ARE IN PLACE THAT ASSURE ADHERENCE TO ALL NON-FEDERAL SPONSOR'S GRANT REQUIREMENTS AS WELL THROUGH A GROUP OF DEDICATED RESEARCH ADMINISTRATIVE PROFESSIONAL THAT REPORTS UP THROUGH THE OFFICE OF ACADEMIC AFFAIRS. THIS REPORTING STRUCTURE FURTHER ENHANCES INTERNAL CONTROLS.

Additional Data

Return to Form

Software ID:
Software Version:

Name of the organization

BETH ISRAEL DEACONESS MEDICAL CENTER

INC

Employer identification number

04-2103881

Part I

Questions Regarding Compensation

		Yes	No
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. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)		
1b	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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? .		
3	Indicate which, if any, of the following the filing 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. ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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.		
4a			No
4b		Yes	
4c			No
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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.		
5a			No
5b			No
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.		
6a			No
6b			No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	Yes	
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		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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 are not 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, 1099-MISC compensation, and/or 1099-NEC			(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				
1TABB MD KEVIN CEO & TRUSTEE (EX-OFFICIO)	(i)	0	0	0	0	0	0	0
	(ii)	1,866,181	2,590,331	578,116	256,516	- 39,655	- 5,330,799	0
2KERNDL JOHN TREASURER(EX-OFF), BILH CFO	(i)	0	0	0	0	0	0	0
	(ii)	813,559	491,357	60,084	0	- 26,877	- 1,391,877	0
3HEALY PETER PRESIDENT & TRUSTEE (EX-OFFICIO)	(i)	0	0	0	0	0	0	0
	(ii)	889,854	230,632	169,343	21,413	- 35,811	- 1,347,053	0
4CHAIKOF MD PHD ELLIOT L TRUSTEE (EX-OFFICIO)& SRGRY CHIEF	(i)	579,134	500	13,804	41,861	22,892	658,191	0
	(ii)	579,134	500	13,804	41,861	- 22,892	- 658,191	0
5KATZ ESQ JAMIE CLERK (EX-OFF); BILH GEN COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	744,211	386,130	125,507	12,825	- 9,218	- 1,277,891	0
6KIMBALL MD MPH ALEXA B TRSTE (EX-OFFICIO),PRES & CEO HMPF	(i)	0	0	0	0	0	0	0
	(ii)	790,586	229,025	23,399	54,375	- 40,087	- 1,137,472	0
7FISCHER STEVEN P FRM TREAS (EX-OFF); BILH CFO	(i)	0	0	0	0	0	0	0
	(ii)	359,497	337,500	277,823	34,320	- 12,915	- 1,022,055	0
8ZEIDEL MD MARK L TRUSTEE (EX-OFFICIO) & CHIEF (MED)	(i)	433,980	650	3,826	23,991	13,324	475,771	0
	(ii)	433,980	650	3,826	23,991	- 13,324	- 475,771	0
9SZABO MD PHD HON SCD GYONGYI TRUSTEE (EX-OFFICIO), CAO	(i)	0	0	0	0	0	0	0
	(ii)	683,464	111,949	28,835	54,375	- 20,687	- 899,310	0
10DONOVAN SHAWN MANAGING DIR., INV OFFICE	(i)	450,408	178,500	109,222	36,959	37,801	812,890	0
	(ii)	0	0	0	0	- 0	- 0	0
11SAFFITZ MD PHD JEFFREY E FORMER INT CAO; CHIEF OF PATH	(i)	356,941	500	13,407	18,192	10,825	399,865	0
	(ii)	356,941	500	13,407	18,192	- 10,825	- 399,865	0
12MAURER RN MSN MARSHA CNO & SVP PATIENT CARE SRVCS	(i)	492,524	142,525	59,408	21,210	24,034	739,701	0
	(ii)	0	0	0	0	- 0	- 0	0
13BELL JAMES CHIEF INVESTMENT OFFICER	(i)	600,111	0	27,541	60,361	31,820	719,833	0
	(ii)	0	0	0	0	- 0	- 0	0
14SKURA SAMUEL CHIEF OPERATING OFFICER	(i)	465,606	127,156	31,036	35,292	32,114	691,204	0
	(ii)	0	0	0	0	- 0	- 0	0
15BROWN KERRY FMR ASST CLERK; BILH CHIEF OF STAFF	(i)	0	0	0	0	0	0	0
	(ii)	394,802	197,760	48,727	19,785	- 9,205	- 670,279	0
16CULLEN MICHAEL R ASST TREAS (EX-OFF), CFO, SVP (FIN.)	(i)	445,919	128,275	49,164	16,935	13,006	653,299	0
	(ii)	0	0	0	0	- 0	- 0	0
17ANTONAS JULIE MANAGING DIRECTOR, INV OFFICE	(i)	404,395	100,800	24,361	12,660	32,436	574,652	0
	(ii)	0	0	0	0	- 0	- 0	0
18SCHWARTZSTEIN MD RICHARD M VP OF EDUCATION	(i)	0	0	0	0	0	0	0
	(ii)	454,942	34,104	3,420	31,900	- 20,688	- 545,054	0
19AYOUB JO VP, HR BUSINESS PARTNER	(i)	317,166	48,413	86,085	20,806	23,980	496,450	0
	(ii)	0	0	0	0	- 0	- 0	0
20ARMSTRONG WALTER RETIRED SVP - CAP. FACILITIES & ENGI	(i)	330,589	95,492	33,833	21,210	7,651	488,775	0
	(ii)	0	0	0	0	- 0	- 0	0

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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				
21MARKSON MD MPH LAWRENCE J VP & CMIO; INT. CIO, BIDMC	(i)	276,075	45,652	28,805	18,897	31,531	400,960	0
	(ii)	0	0	0	0	- 0	- 0	0
22VOLPE ELLEN VICE PRESIDENT, AMBULATORY SERVICES	(i)	275,302	25,477	49,462	18,445	32,191	400,877	0
	(ii)	0	0	0	0	- 0	- 0	0
23ROGERS GASPERSON KERRY VP- REVENUE CYCLE	(i)	303,598	53,019	718	5,866	21,034	384,235	0
	(ii)	0	0	0	0	- 0	- 0	0
24BIEBER JUDI FRMR CHF HR OFCR; FRMR SVP HR	(i)	0	0	0	0	15,461	15,461	0
	(ii)	0	0	287,019	0	- 0	- 287,019	0
25FLANAGAN DAVID SVP - CAPTL FACIL. & ENGNRNG	(i)	260,658	1,500	1,124	17,082	20,778	301,142	0
	(ii)	0	0	0	0	- 0	- 0	0
26ARMSTRONG ESQ EMILY ASST CLERK(EX-OFF) ASST VP & DEP GC	(i)	213,572	0	204	8,886	28,781	251,443	0
	(ii)	0	0	0	0	- 0	- 0	0

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.

Return Reference	Explanation
PART I, LINE 4B	AS REQUIRED BY THIS FORM 990, SCHEDULE J, COMPENSATION INFORMATION, THE COMPENSATION DETAIL INCLUDED IN THE MEDICAL CENTER'S FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022 IS CALENDAR YEAR 2021 DETAIL. DURING THE 2021 CALENDAR YEAR, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) WAS A PARTICIPATING EMPLOYER IN THE BETH ISRAEL DEACONESS MEDICAL CENTER EXECUTIVE RETIREMENT PROGRAM WHICH IS A NON-QUALIFIED DEFERRED COMPENSATION PLAN AND PURSUANT TO THE PLAN ELIGIBLE EMPLOYEES RECEIVE CERTAIN RETIREMENT BENEFITS. AMOUNTS RECEIVED BY PARTICIPANTS AND RELATED TO THIS PLAN ARE INCLUDED IN FORM 990 SCHEDULE J, PART II, COLUMN B(III), OTHER REPORTABLE COMPENSATION AND/OR FORM 990, SCHEDULE J, PART II, COLUMN C, DEFERRED COMPENSATION IN ACCORDANCE WITH THE INSTRUCTIONS TO THIS FORM 990. ADDITIONAL INFORMATION IS INCLUDED WITH THE EXPLANATORY NOTES TO SCHEDULE J BELOW.
SCHEDULE J ADDITIONAL EXPLANATORY FOOTNOTES:	REPORTABLE COMPENSATION LISTED IN FORM 990 PART VII INCLUDES BASE COMPENSATION, INCENTIVE COMPENSATION AND OTHER REPORTABLE COMPENSATION AS REPORTED IN FORM 990 SCHEDULE J. OTHER COMPENSATION LISTED IN FORM 990 PART VII INCLUDES DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS AS REPORTED IN FORM 990 SCHEDULE J. BASE COMPENSATION: AMOUNTS NOT OTHERWISE SEPARATELY NOTED IN THIS RETURN BUT QUANTIFIED IN BASE COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS: REGULAR WAGES, EMPLOYEE DEFERRALS TO A 401(K) AND/OR 403(B) PLAN OTHER REPORTABLE COMPENSATION: AMOUNTS QUANTIFIED IN OTHER REPORTABLE COMPENSATION WHICH MAY NOT BE SEPARATELY NOTED IN THIS FILING INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS: TAXABLE EMPLOYER-SUBSIDIZED PARKING; TAXABLE MOVING EXPENSES; TAXABLE LIFE, DISABILITY, OR LONG-TERM CARE INSURANCE; AMOUNTS DEFERRED BY THE EMPLOYEE (PLUS EARNINGS) UNDER FULLY VESTED 457(B) PLAN; DISTRIBUTIONS FROM A 457(B) PLAN; AMOUNTS INCLUDIBLE IN INCOME UNDER A 457(F) PLAN; INCREASE/DECREASE IN VALUE OF NONQUALIFIED RETIREMENT BENEFITS; OTHER TAXABLE RETIREMENT BENEFITS DEFERRED COMPENSATION: AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN DEFERRED COMPENSATION INCLUDE AMOUNTS FROM ONE OR MORE OF THE FOLLOWING ITEMS: EMPLOYER CONTRIBUTIONS TO 401(K) RETIREMENT PLAN, EMPLOYER CONTRIBUTIONS TO 403(B) RETIREMENT PLAN, EMPLOYER CONTRIBUTION TO PENSION PLAN AND/OR THE CHANGE IN ACTUARIAL VALUE OF THE PENSION PLAN BENEFIT, UNFUNDED AND UNVESTED AMOUNTS DEFERRED UNDER 457(F) PLAN NON-TAXABLE BENEFITS: AMOUNTS NOT OTHERWISE SEPARATELY NOTED BUT QUANTIFIED IN NON-TAXABLE BENEFITS INCLUDE AMOUNTS FROM ONE OR MORE OF THE NON-TAXABLE BENEFITS: EMPLOYEE CONTRIBUTIONS TO HEALTH INSURANCE, EMPLOYER CONTRIBUTIONS TO HEALTH INSURANCE, EMPLOYEE CONTRIBUTIONS TO FLEXIBLE SPENDING ACCOUNTS FOR DEPENDENT CARE AND/OR MEDICAL REIMBURSEMENT, ADOPTION ASSISTANCE, TUITION ASSISTANCE PURSUANT TO AN EMPLOYER PLAN, GROUP TERM LIFE INSURANCE, DISABILITY INSURANCE ALL DIRECTORS/TRUSTEES SERVE WITHOUT COMPENSATION OR BENEFITS. COMPENSATION PAID TO OFFICERS, DIRECTORS/TRUSTEES OR KEY EMPLOYEES WAS EARNED FOR WORK PERFORMED IN A CAPACITY OTHER THAN THAT OF DIRECTOR/TRUSTEE, AS DENOTED BY THE LISTED TITLES COMPLETE TITLES AND ADDITIONAL EXPLANATORY INFORMATION FOR OFFICERS, DIRECTOR/TRUSTEES, KEY EMPLOYEES AND THE ENTITIES FIVE HIGHEST PAID EMPLOYEES OTHER THAN ODTKH ARE LISTED BELOW ALPHABETICALLY: AIN, ARON DIRECTOR - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. ARMSTRONG, ESQ., EMILY UNLESS OTHERWISE NOTED BELOW, MS. ARMSTRONG HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDED SEPTEMBER 30, 2022: ASSISTANT VICE PRESIDENT AND ASSISTANT DEPUTY GENERAL COUNSEL BETH ISRAEL LAHEY HEALTH, INC. ASSISTANT CLERK (EX-OFFICIO) -- BETH ISRAEL DEACONESS MEDICAL CENTER, INC. ASSISTANT CLERK (EX-OFFICIO) -- BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. COMMENCED POSITION ON SEPTEMBER 5, 2022 CLERK (EX-OFFICIO) -- BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. CLERK (EX-OFFICIO) -- BAIM INSTITUTE FOR CLINICAL RESEARCH, INC. ASSISTANT CLERK (EX OFFICIO) -- JORDAN PHYSICIAN ASSOCIATES, INC. COMMENCED POSITION ON SEPTEMBER 5, 2022 ASSISTANT CLERK (EX-OFFICIO) -- JOSLIN CLINIC, INC. COMMENCED POSITION ON AUGUST 1, 2022 ASSISTANT CLERK (EX-OFFICIO), ASSISTANT VICE PRESIDENT, ASSISTANT DEPUTY GENERAL COUNSEL -- JOSLIN DIABETES CENTER, INC. COMMENCED POSITION ON AUGUST 1, 2022 CLERK (EX-OFFICIO) -- MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION ASSISTANT CLERK (EX OFFICIO) -- THE JORDAN HEALTH SYSTEMS, INC. COMMENCED POSITION ON AUGUST 1, 2022 MS. ARMSTRONG SERVED IN THE POSITIONS ABOVE FOR THE FULL FISCAL PERIOD ENDING SEPTEMBER 30, 2022:UNLESS OTHERWISE NOTED ABOVE. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2021 COMPENSATION. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. ARMSTRONG, WALTER SENIOR VICE PRESIDENT, CAPITAL FACILITIES AND ENGINEERING - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. OTHER REPORTABLE COMPENSATION FOR MR. ARMSTRONG INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$30,021. AYOUB, JO VICE PRESIDENT, HUMAN RESOURCES - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. BERMAN, ANN E. TRUSTEE - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. BIEBER, JUDI FRMR CHF HR OFCR; FRMR SVP HR BIEBER RECEIVED SERVERANCE IN THE AMOUNT OF \$287,019. CHAIKOF, M.D., PHD, ELLIOT L. UNLESS OTHERWISE NOTED BELOW, MR. CHAIKOF HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDED SEPTEMBER 30, 2022: TRUSTEE (EX-OFFICIO) AND CHIEF (SURGERY) BETH ISRAEL DEACONESS MEDICAL CENTER DIRECTOR (EX-OFFICIO) & SURGERY CHAIR (CHIEF OF SURGERY AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC.) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DIRECTOR (EX-OFFICIO) AND PRESIDENT BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION TRUSTEE CARL SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL JOHNSON & JOHNSON PROFESSOR OF SURGERY HARVARD MEDICAL SCHOOL MR. CHAIKOF SERVED IN THE POSITIONS ABOVE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2022. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2021 COMPENSATION. AS REQUIRED IN FORM 990, COMPENSATION REPORTED BY HMFP AND BIDMC FOR THE 2021 CALENDAR YEAR INCLUDES PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR. CHAIKOF'S POSITION AS CHIEF OF THE DEPARTMENT OF SURGERY AT BIDMC, CHAIR OF THE DEPARTMENT OF SURGERY AT HMFP AND JOHNSON & JOHNSON PROFESSOR OF SURGERY AT HARVARD MEDICAL SCHOOL. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. CHENG, JILL T. TRUSTEE - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. CRONIN, MICHAEL F. TRUSTEE - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. CULLEN, MICHAEL R. CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT (FINANCE) AND ASSISTANT TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE AND CHIEF FINANCIAL OFFICER - BETH ISRAEL LAHEY HEALTH PHARMACY, INC. CUTLER, JOEL E. TRUSTEE - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DESIMONE, THOMAS DIRECTOR AND FIRST VICE CHAIR BETH ISRAEL DEACONESS MEDICAL CENTER TRUSTEE (EX-OFFICIO) CARL SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL
FISCHER, STEVEN	EXECUTIVE VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH, INC. MR. FISCHER RETIRED FROM HIS POSITION HELD AT BILH AS WELL AS THE POSITIONS DESCRIBED BELOW ON APRIL 2, 2021. UNLESS NOTED BELOW, MR. FISCHER HELD EACH POSITION THROUGH HIS DATE OF RETIREMENT. TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TREASURER (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITALMILTON TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITALNEEDHAM TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITALPLYMOUTH TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) BID-MILTON PHYSICIAN ASSOCIATES F/K/A MILTON HOSPITAL FOUNDATION TREASURER (EX-OFFICIO) MOUNT AUBURN HOSPITAL TRUSTEE (EX-OFFICIO, CEO DESIGNATE) AND TREASURER (EX-OFFICIO) COMMUNITY PHYSICIANS ASSOCIATES TRUSTEE AND TREASURER (EX-OFFICIO) JORDAN PHYSICIAN ASSOCIATES TRUSTEE AND TREASURER (EX-OFFICIO) THE JORDAN HEALTH SYSTEMS, INC. TREASURER (EX-OFFICIO) ANNA JAKUES HOSPITAL TREASURER (EX-OFFICIO) - SEACOAST AFFILIATED GROUP PRACTICE TRUSTEE AND TREASURER (EX-OFFICIO) LAHEY HEALTH SHARED SERVICES, INC. ASSISTANT TREASURER BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) ADDISON GILBERT SOCIETY, INC. TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) NORTHEAST HEALTH SYSTEM, INC. TRUSTEE AND TREASURER (EX-OFFICIO) NORTHEAST PROFESSIONAL REGISTRY OF NURSES TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE AND TREASURER (EX-OFFICIO) SEACOAST NURSING & REHABILITATION CENTER, INC. TREASURER (EX-OFFICIO) WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) WINCHESTER HOSPITAL FOUNDATION, INC. TREASURER (EX-OFFICIO) WINCHESTER HEALTHCARE MANAGEMENT, INC. TREASURER (EX-OFFICIO) LAHEY CLINIC FOUNDATION, INC. TREASURER (EX-OFFICIO) LAHEY CLINIC, INC. TREASURER (EX-OFFICIO) LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL & MEDICAL CENTER MANAGING DIRECTOR AND TREASURER (EX-OFFICIO) BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK LLC TREASURER (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) NORTHEAST MEDICAL PRACTICE, INC. TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND TREASURER CAB HEALTH & RECOVERY SERVICES, INC. TREASURER CAREGROUP PARMENTER HOME CARE AND HOSPICE, INC. TRUSTEE AND TREASURER HEALTH &

	EDUCATION HOUSING SERVICES, INC. COMPENSATION REPORTED IN THIS FORM 990 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022 IS CALENDAR YEAR 2021 COMPENSATION. ALTHOUGH MR FISCHER RETIRED PRIOR TO THE BEGINNING OF THE FISCAL PERIOD COVERED BY THIS FILING, HE PROVIDED SERVICES IN THE CAPACITIES NOTED ABOVE DURING CALENDAR YEAR 2021 AND PRIOR TO HIS RETIREMENT. COMPENSATION REPORTED HERE RELATES TO THOSE SERVICES. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. OTHER REPORTABLE COMPENSATION FOR MR. FISCHER INCLUDES COMBINED CONTRIBUTIONS TO, PAYMENTS FROM AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$ 122,431. FISH, M.D., GUY L. TRUSTEE - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE - CARL SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL FLANAGAN, DAVID SENIOR VICE PRESIDENT - CAPITAL FACILITIES & ENGINEERING - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. FOLEY, DNP, MHA, RN, JANE INTERIM CHIEF NURSING OFFICER AND SVP, PATIENT CARE SERVICES BETH ISRAEL DEACONESS MEDICAL CENTER, INC. FULP, CAROL TRUSTEE AND VICE CHAIR - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. HEALY, PETER UNLESS OTHERWISE NOTED BELOW, MR. HEALY HELD THE POSITIONS FOR THE FULL FISCAL PERIOD ENDED SEPTEMBER 30, 2022. PRESIDENT & TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DIRECTOR (EX-OFFICIO) (PRESIDENT OF BIDMC) - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DIRECTOR (EX-OFFICIO) AS PRESIDENT OF BIDMC - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION, INC. DIRECTOR (EX-OFFICIO) AS PRESIDENT OF BIDMC - BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNECOLOGY FOUNDATION, INC. DIRECTOR (EX-OFFICIO) AS PRESIDENT OF BIDMC - BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION, INC. MANAGING DIRECTOR, CO-CHAIR - BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION, LLC MANAGING DIRECTOR - BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK, LLC DIRECTOR NON-VOTING (EX-OFFICIO) AS PRESIDENT OF BIDMC - BETH ISRAEL ANAESTHESIA FOUNDATION, INC. DIRECTOR NON-VOTING (EX-OFFICIO) AS PRESIDENT OF BIDMC - BETH ISRAEL DERMATOLOGY FOUNDATION, INC. TRUSTEE (EX-OFFICIO) (CEO DESIGNATE) AND CO-CHAIR - CARL SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL MR. HEALY SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2021 COMPENSATION. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR. HEALY INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$171,676. HURN, IRWIN INTRM ASSIST TREAS (EX-OFF), INTRM CFO - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. JONES, KIMBERLY Y. TRUSTEE - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. MR. JONES' TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER BOARD BEGAN ON OCTOBER 1, 2021. KATZ, J.D., JAMIE UNLESS OTHERWISE NOTED BELOW, MR. KATZ HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDED SEPTEMBER 30, 2022: GENERAL COUNSEL AND CLERK (EX-OFFICIO), - BETH ISRAEL LAHEY HEALTH, INC. CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. CLERK - BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK, LLC CLERK (EX-OFFICIO) - MOUNT AUBURN HOSPITAL CLERK (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. CLERK - COMMUNITY PHYSICIANS ASSOCIATES, INC. CLERK (EX-OFFICIO) - BID - MILTON PHYSICIAN ASSOCIATES, INC. CLERK (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. CLERK (EX-OFFICIO) - JORDAN PHYSICIAN ASSOCIATES, INC. CLERK (EX-OFFICIO) - THE JORDAN HEALTH SYSTEMS, INC. CLERK (EX-OFFICIO) - ANNA JAQUES HOSPITAL CLERK - SEACOAST AFFILIATED GROUP PRACTICE, INC. TRUSTEE AND CLERK (EX-OFFICIO) - LAHEY HEALTH SHARED SERVICES, INC. TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - ADDISON GILBERT SOCIETY, INC. TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - NORTHEAST HEALTH SYSTEM, INC. TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE AND CLERK (EX-OFFICIO) - SEACOAST NURSING AND REHABILITATION CENTER, INC. TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - WINCHESTER HOSPITAL FOUNDATION, INC. CLERK (EX-OFFICIO) - WINCHESTER HEALTHCARE MANAGEMENT, INC. CLERK (EX-OFFICIO) - LAHEY CLINIC FOUNDATION, INC. CLERK (EX-OFFICIO) - LAHEY CLINIC, INC. CLERK (EX-OFFICIO) - LAHEY CLINIC HOSPITAL, INC. CLERK (EX-OFFICIO) - LAHEY CLINICAL PERFORMANCE ACCOUNTABLE CARE ORGANIZATION, LLC CLERK (EX-OFFICIO) - LAHEY CLINICAL PERFORMANCE NETWORK, LLC CLERK (EX-OFFICIO) - NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND CLERK (EX-OFFICIO) - NORTHEAST MEDICAL PRACTICE INC. TRUSTEE AND CLERK - CAB HEALTH AND RECOVERY SERVICES, INC. TRUSTEE AND CLERK (EX-OFFICIO) - HEALTH AND EDUCATION HOUSING SERVICES, INC. CLERK (EX-OFFICIO) - WINCHESTER HOSPITAL CLERK - JOSLIN CLINIC, INC. COMMENCED POSITION AS CLERK ON NOVEMBER 1, 2021 CLERK (EX-OFFICIO) - JOSLIN DIABETES CENTER, INC. COMMENCED POSITION AS CLERK ON NOVEMBER 1, 2021 CLERK (EX-OFFICIO) - MOUNT AUBURN PROFESSIONAL SERVICES, INC. COMMENCED POSITION AS CLERK (EX-OFFICIO) ON MARCH 18, 2022 MR. KATZ SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2021 COMPENSATION. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. OTHER REPORTABLE COMPENSATION FOR MR. KATZ INCLUDES COMBINED CONTRIBUTIONS TO, PAYMENTS FROM AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$99,848.
KERNDL, JOHN	UNLESS OTHERWISE NOTED BELOW, MR. KERNDL HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDING SEPTEMBER 30, 2022: EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER AND TREASURER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH, INC. TRUSTEE AND TREASURER - CAB HEALTH AND RECOVERY SERVICES, INC. TREASURER - COMMUNITY PHYSICIANS ASSOCIATES, INC. TREASURER - CAREGROUP PARMENTER HOME CARE & HOSPICE, INC. TRUSTEE, TREASURER (EX-OFFICIO) - HEALTH AND EDUCATION HOUSING SERVICES, INC. TREASURER (EX-OFFICIO) - THE JORDAN HEALTH SYSTEMS, INC. TREASURER (EX-OFFICIO) - JORDAN PHYSICIAN ASSOCIATES, INC. TREASURER (EX-OFFICIO) - LAHEY CLINIC, INC. TREASURER (EX-OFFICIO) - LAHEY CLINIC FOUNDATION, INC. TREASURER (EX-OFFICIO) - LAHEY CLINIC HOSPITAL, INC. D/B/A LAHEY HOSPITAL & MEDICAL CENTER TRUSTEE AND TREASURER (EX-OFFICIO) - LAHEY HEALTH SHARED SERVICES, INC. TREASURER (EX-OFFICIO) - MOUNT AUBURN HOSPITAL ASSISTANT TREASURER (EX-OFFICIO) MOUNT AUBURN PROFESSIONAL SERVICES (TERM OCTOBER 20, 2021 MARCH 17, 2022) TREASURER (EX-OFFICIO) MOUNT AUBURN PROFESSIONAL SERVICES (TERM BEGAN MARCH 18, 2022) ASSISTANT TREASURER (EX-OFFICIO) - MEDICAL CARE OF BOSTON MANAGEMENT CORPORATION D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP TREASURER (EX-OFFICIO) - BID - MILTON PHYSICIAN ASSOCIATES, INC. TREASURER (EX-OFFICIO) - NORTHEAST PROFESSIONAL REGISTRY OF NURSES, INC. TREASURER (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - NORTHEAST BEHAVIORAL HEALTH CORPORATION TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - NORTHEAST HEALTH SYSTEM, INC. TREASURER (EX-OFFICIO) - NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO), TREASURER (EX-OFFICIO) - NORTHEAST MEDICAL PRACTICE INC. TRUSTEE (EX-OFFICIO), TREASURER (EX-OFFICIO) - NORTHEAST SENIOR HEALTH CORPORATION TREASURER (EX-OFFICIO) - SEACOAST AFFILIATED GROUP PRACTICE, INC. TRUSTEE AND TREASURER (EX-OFFICIO) - SEACOAST NURSING AND REHABILITATION CENTER, INC. TREASURER (EX-OFFICIO) - WINCHESTER HEALTHCARE MANAGEMENT, INC. TREASURER (EX-OFFICIO) - WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) AND TREASURER (EX-OFFICIO) - WINCHESTER HOSPITAL FOUNDATION, INC. TRUSTEE (EX-OFFICIO), TREASURER (EX-OFFICIO) - ADDISON GILBERT SOCIETY, INC. TREASURER (EX-OFFICIO) - ANNA JAQUES HOSPITAL TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. TREASURER (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TREASURER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PHARMACY, INC. MANAGING DIRECTOR - BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION, LLC MANAGING DIRECTOR, TREASURER - BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK, LLC TREASURER (EX-OFFICIO) - LAHEY CLINICAL PERFORMANCE ACCOUNTABLE CARE ORGANIZATION, LLC TREASURER (EX-OFFICIO) - LAHEY CLINICAL PERFORMANCE NETWORK, LLC ASSISTANT TREASURER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PRIMARY CARE, INC. TREASURER (EX-OFFICIO) - JOSLIN CLINIC, INC. COMMENCED POSITION AS TREASURER (EX-OFFICIO) ON NOVEMBER 1, 2021 TREASURER (EX-OFFICIO) - JOSLIN DIABETES CENTER, INC. COMMENCED POSITION AS TREASURER (EX-OFFICIO) ON NOVEMBER 1, 2021 ALTHOUGH MR. KERNDL SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2021 COMPENSATION. OTHER REPORTABLE COMPENSATION FOR MR. KERNDL INCLUDES \$ 48,375 RELATED TO RELOCATION AND TEMPORARY HOUSING WHEN MR. KERNDL RELOCATED TO MASSACHUSETTS RELATED TO THE POSITIONS NOTED ABOVE. KIMBALL, M.D., MPH., ALEXA B. UNLESS OTHERWISE NOTED BELOW, DR. KIMBALL HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDING SEPTEMBER 30, 2022: DIRECTOR (EX-OFFICIO), PRESIDENT & CHIEF EXECUTIVE OFFICER - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DIRECTOR (EX-OFFICIO) & PRESIDENT - ASSOCIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. PRESIDENT & DIRECTOR (EX-OFFICIO) - LONGWOOD MEDICAL INTERNATIONAL FOUNDATION TRUSTEE - BETH ISRAEL LAHEY HEALTH, INC. TRUSTEE (EX-OFFICIO), - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION, INC. DIRECTOR (EX-OFFICIO) - CONTINUING EDUCATION PROGRAM, INC. D/B/A BETH ISRAEL DEACONESS DEPARTMENT OF PSYCHIATRY FOUNDATION DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION, INC. DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION, INC. DIRECTOR (EX-

	OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER OBSTETRICS AND GYNECOLOGY FOUNDATION, INC. DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION, INC. DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION, INC. DIRECTOR (EX-OFFICIO) - BETH ISRAEL DEACONESS DEPARTMENT OF EMERGENCY MEDICINE FOUNDATION, INC. DIRECTOR - RADIATION ONCOLOGY FOUNDATION MANAGING DIRECTOR AND CHAIR - BETH ISRAEL DEACONESS PHYSICIAN ORGANIZATION, LLC MANAGING DIRECTOR AND CO-CHAIR - BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK, LLC DIRECTOR (EX-OFFICIO) - BETH ISRAEL DERMATOLOGY FOUNDATION, INC. DIRECTOR (EX-OFFICIO) - BIH PATHOLOGY FOUNDATION, INC. DIRECTOR (EX-OFFICIO) - BIH RADIOLOGIC FOUNDATION, INC. PROFESSOR OF DERMATOLOGY HARVARD MEDICAL SCHOOL BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MS. KIMBALL INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$18,479. KNEZ, DEBRA S. TRUSTEE - BETH ISRAEL DEACONESS MEDICAL CENTER, INC.
LADD, EDWARD	DIRECTOR AND VICE CHAIR - BETH ISRAEL DEACONESS MEDICAL CENTER MR. LADD'S TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER'S BOARD ENDED ON SEPTEMBER 30, 2022. LESSER, PAMELA TRUSTEE (EX-OFFICIO) AND CHAIR, BIDMC TRUSTEE ADVISORY BOARD - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. LI, M.D., FACP, CHIANG J. TRUSTEE - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. MARKSON, M.D., MPH, LAWRENCE J. VICE PRESIDENT AND CHIEF MEDICAL INFORMATION OFFICER; INTERIM CHIEF INFORMATION OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR. MARKSON INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$13,970. OF THIS AMOUNT, \$34 IS UNVESTED. MAURER, R.N., M.S.N., MARSHA CHIEF NURSING OFFICER AND SENIOR VICE PRESIDENT OF PATIENT CARE SERVICES - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. OTHER REPORTABLE COMPENSATION FOR MS. MAURER INCLUDES COMBINED PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$53,781. MORTON, KAREN V. TRUSTEE - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. REHNERT, GEOFFREY S. TRUSTEE - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE - JOSLIN CLINIC, INC. TRUSTEE - JOSLIN DIABETES CENTER, INC. REMIS HACKEL, DANIELLE F. TRUSTEE & VICE CHAIR - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. SAGAN, PAUL L. TRUSTEE - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. SCHWARTZSTEIN, M.D., RICHARD M. VICE PRESIDENT OF EDUCATION - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE (EX-OFFICIO), AND EXECUTIVE DIRECTOR - SHAPIRO INSTITUTE PHYSICIAN, PULMONARY AND CRITICAL CARE MEDICINE - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. ELLEN AND MELVIN GORDON PROFESSOR OF MEDICAL EDUCATION - HARVARD MEDICAL SCHOOL
SILVER, JENNIFER K.	TRUSTEE BETH ISRAEL DEACONESS MEDICAL CENTER, INC. SKURA, SAMUEL CHIEF OPERATING OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. EXECUTIVE DIRECTOR & FORMER CAO - BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION, INC. OTHER REPORTABLE AND DEFERRED COMPENSATION FOR MR. SKURA INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$52,497. OF THIS AMOUNT, \$32,997 IS UNVESTED. SZABO, M.D., PH.D., HON., SCD., GYONGYI CHIEF ACADEMIC OFFICER - BETH ISRAEL LAHEY HEALTH, INC. TRUSTEE (EX-OFFICIO) AND CHIEF ACADEMIC OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE - CARL SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL TRUSTEE (EX-OFFICIO) - BAIM INSTITUTE FOR CLINICAL RESEARCH, INC. OTHER REPORTABLE COMPENSATION FOR MR. SZABO INCLUDES COMBINED CONTRIBUTIONS TO, AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$19,993. TABB, M.D., KEVIN UNLESS OTHERWISE NOTED BELOW, DR. TABB HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDING SEPTEMBER 30, 2022: PRESIDENT AND CHIEF EXECUTIVE OFFICER; TRUSTEE (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH, INC. CHIEF EXECUTIVE OFFICER AND TRUSTEE (EX-OFFICIO) - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. TRUSTEE (EX OFFICIO) AND CHIEF EXECUTIVE OFFICER, LAHEY CLINIC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL & MEDICAL CENTER AND LAHEY CLINIC FOUNDATION - LAHEY CLINIC HOSPITAL, INC. TRUSTEE (EX OFFICIO) AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO), LAHEY CLINIC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL & MEDICAL CENTER AND LAHEY CLINIC FOUNDATION - LAHEY CLINIC, INC. TRUSTEE (EX-OFFICIO), CHAIR (EX-OFFICIO), PRESIDENT AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - LAHEY HEALTH SHARED SERVICES, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - BETH ISRAEL LAHEY HEALTH PHARMACY, INC. PRESIDENT (EX-OFFICIO) AND TRUSTEE (EX-OFFICIO) - ADDISON GILBERT SOCIETY, INC. TRUSTEE (EX-OFFICIO), CHAIR(EX-OFFICIO) AND PRESIDENT (EX-OFFICIO) - NORTHEAST HEALTH SYSTEM, INC. TRUSTEE (EX-OFFICIO), CHAIR(EX-OFFICIO) AND PRESIDENT (EX-OFFICIO) - NORTHEAST SENIOR HEALTH CORPORATION TRUSTEE, CHAIR (EX-OFFICIO) AND PRESIDENT (EX-OFFICIO) - SEACOAST NURSING AND REHABILITATION CENTER, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) AND PRESIDENT (EX-OFFICIO) - WINCHESTER HOSPITAL FOUNDATION, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - WINCHESTER HEALTHCARE MANAGEMENT, INC. TRUSTEE (EX OFFICIO) AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO), LAHEY CLINIC AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL & MEDICAL CENTER AND LAHEY CLINIC FOUNDATION - LAHEY CLINIC FOUNDATION, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) AND CHIEF EXECUTIVE OFFICER (EX-OFFICIO) NORTHEAST BEHAVIORAL HEALTH CORPORATION CHIEF EXECUTIVE OFFICER AND TRUSTEE - CAB HEALTH AND RECOVERY SERVICES, INC. CHIEF EXECUTIVE OFFICER AND TRUSTEE - HEALTH AND EDUCATION HOUSING SERVICES, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - BID - MILTON PHYSICIAN ASSOCIATES, INC. CHIEF EXECUTIVE OFFICER - COMMUNITY PHYSICIANS ASSOCIATES, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - MOUNT AUBURN HOSPITAL CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - NEW ENGLAND BAPTIST HOSPITAL CHIEF EXECUTIVE OFFICER - THE JORDAN HEALTH SYSTEMS, INC. CHIEF EXECUTIVE OFFICER - JORDAN PHYSICIAN ASSOCIATES, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - ANNA JAQUES HOSPITAL CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - SEACOAST AFFILIATED GROUP PRACTICE, INC. CHIEF EXECUTIVE OFFICER (EX-OFFICIO) - JOSLIN DIABETES CENTER, INC. COMMENCED POSITION AS CLERK ON NOVEMBER 1, 2021 PROFESSOR OF MEDICINE HARVARD MEDICAL SCHOOL IN ADDITION TO THE POSITIONS NOTED ABOVE, DR. TABB HELD THE FOLLOWING POSITIONS FOR WHICH HE WAS ENTITLED TO AND DID APPOINT A DESIGNATE WHO THEN BECAME THE VOTING TRUSTEE IN HIS PLACE: TRUSTEE (EX-OFFICIO) NORTHEAST HOSPITAL CORPORATION TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL MILTON, BID-MILTON PHYSICIAN ASSOCIATES AND COMMUNITY PHYSICIANS ASSOCIATES TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL NEEDHAM TRUSTEE (EX-OFFICIO) BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, THE JORDAN HEALTH SYSTEMS, INC AND JORDAN PHYSICIAN ASSOCIATES, INC. TRUSTEE (EX-OFFICIO) MOUNT AUBURN HOSPITAL TRUSTEE (EX-OFFICIO) NEW ENGLAND BAPTIST HOSPITAL TRUSTEE (EX-OFFICIO) WINCHESTER HOSPITAL TRUSTEE (EX-OFFICIO) ANNA JAQUES HOSPITAL, INC. TRUSTEE (EX-OFFICIO) JOSLIN DIABETES CENTER TRUSTEE (EX-OFFICIO) JOSLIN CLINIC ALTHOUGH DR. TABB SERVED IN THE POSITIONS ABOVE FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022, AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2021 COMPENSATION. INCENTIVE COMPENSATION FOR DR. TABB INCLUDES \$750,000 WHICH WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION. OTHER REPORTABLE AND DEFERRED COMPENSATION FOR DR. TABB INCLUDES COMBINED CONTRIBUTIONS TO, PAYMENTS FROM AND CHANGE IN VALUE OF, NONQUALIFIED RETIREMENT PLANS IN THE AMOUNT OF \$610,860. DEFERRED COMPENSATION IN THE AMOUNT OF \$200,000 INCLUDED IN THIS FILING FOR DR. TABB RELATES TO CERTAIN MILESTONE PAYMENTS WHICH, AS OF DECEMBER 31, 2021, WAS NOT FUNDED, WAS NOT VESTED AND FOR WHICH THERE WAS NO GUARANTEE OF PAYMENT. THIS AMOUNT IS INCLUDED HERE AS DEFERRED COMPENSATION AS REQUIRED BASED ON THE INSTRUCTIONS TO THE FORM 990. ULLIAN, ELAINE TRUSTEE - BETH ISRAEL DEACONESS MEDICAL CENTER VORLICEK, MARTHA TRUSTEE - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. MS. VORLICEK'S TERM ON THE BETH ISRAEL DEACONESS MEDICAL CENTER'S BOARD BEGAN ON OCTOBER 1, 2021. WEISS, M.D., M.B.A., MSC., ANTHONY P. CHIEF MEDICAL OFFICER - BETH ISRAEL DEACONESS MEDICAL CENTER, INC. ZEIDEL, M.D., MARK L. UNLESS OTHERWISE NOTED BELOW, MR. ZEIDEL HELD THE FOLLOWING POSITIONS FOR THE FULL FISCAL PERIOD ENDED SEPTEMBER 30, 2022: DIRECTOR (EX-OFFICIO) AND CHIEF (MEDICINE) BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) DIRECTOR (EX-OFFICIO) & MEDICINE CHAIR - HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. DIRECTOR - LONGWOOD MEDICAL INTERNATIONAL FOUNDATION PRESIDENT AND DIRECTOR (EX-OFFICIO) BETH ISRAEL DEACONESS DEPT. OF MEDICINE FOUNDATION TRUSTEE, EX OFFICIO (CHAIR, BIDMC DEPARTMENT OF MEDICINE) - BAIM INSTITUTE FOR CLINICAL RESEARCH, INC. TRUSTEE CARL J. SHAPIRO INSTITUTE FOR EDUCATION & RESEARCH AT HARVARD MEDICAL SCHOOL & BETH ISRAEL DEACONESS MEDICAL CENTER, INC. HERMAN LUDWIG BLUMGART PROFESSOR OF MEDICINE HARVARD MEDICAL SCHOOL MR. ZEIDEL SERVED IN THE POSITIONS ABOVE DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2022. AS REQUIRED IN THIS FORM 990, COMPENSATION REPORTED HERE IS CALENDAR YEAR 2021 COMPENSATION. BASE COMPENSATION, INCENTIVE COMPENSATION, OTHER REPORTABLE COMPENSATION, DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED AS REQUIRED IN FORM 990, SCHEDULE J. AS REQUIRED IN FORM 990, COMPENSATION REPORTED BY HMFP AND BIDMC FOR THE 2021 CALENDAR YEAR INCLUDES PAYMENTS FROM THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE/HARVARD MEDICAL SCHOOL RELATED TO DR. ZEIDEL'S POSITION AS CHIEF OF THE DEPARTMENT OF MEDICINE AT BIDMC, CHAIR OF THE DEPARTMENT OF MEDICINE AT HMFP AND HERMAN LUDWIG BLUMGART PROFESSOR OF MEDICINE, HARVARD MEDICAL SCHOOL.

Additional Data

Return to Form

Software ID:
Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Employer identification number

04-2103881

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER
INC

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MDFA - SERIES 2019K	04-3431814	57584YTK5	07-31-2019	211,922,775	SEE PART VI		X		X		X
B MDFA - SERIES 2018J-1 J-2	04-3431814	57584YJW0	06-13-2018	479,594,374	SEE PART VI		X		X		X
C MDFA - SERIES 2016I	04-3431814	57584XMT5	05-12-2016	257,611,877	SEE PART VI		X		X		X
D MDFA - LAHEY SERIES F	04-2323457	NONEXXXXX	10-21-2015	262,828,878	SEE PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	20,980,000		10,816,000		45,550,000		28,000,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	211,922,775		504,358,641		257,618,370		262,953,908	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds							4,857,465	
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	2,931,137		4,594,374		2,515,889		3,129,474	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			499,764,263		19,066,493		94,764,737	
11	Other spent proceeds	208,991,638				236,095,988		160,202,232	
12	Other unspent proceeds			4					
13	Year of substantial completion	2019				2016		2021	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X		X		X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X		X	X		X	
16	Has the final allocation of proceeds been made?	X			X	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			X
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X			X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X			X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X	X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X

Part IV

Arbitrage (Continued)

4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
		X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
BOND A, ENTITY 1:	PART I, ROW A, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW A, COLUMN F: THE ISSUE REFUNDED ISSUES DATED 06/09/2008, 11/30/2005, 6/16/2003, AND 6/4/1998.
BOND B, ENTITY 1:	PART I, ROW B, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW B, COLUMN F: THE ISSUE'S PURPOSE WAS TO FINANCE AN OUTPATIENT AMBULATORY CARE BUILDING, FACILITY UPGRADES, AND COMPUTER UPGRADES AT CERTAIN BIDMC AFFILIATES. PART II, COLUMN B, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$24,764,267 OF INVESTMENT EARNINGS.
BOND C, ENTITY 1:	PART I, ROW C, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW C, COLUMN F: THE ISSUE'S PURPOSE WAS TO FINANCE CAPITAL PROJECTS AND REFUND ISSUES DATED 6/9/2008; 7/13/2004; 2/11/1998. PART II, COLUMN C, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$6,493 OF INVESTMENT EARNINGS. PART II, COLUMN C, LINE 11: THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW. PART IV, COLUMN C, LINE 2C: ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON 09/30/2021.
BOND D, ENTITY 1:	PART I, ROW D, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW D, COLUMN F: THE ISSUE'S PURPOSE WAS TO FINANCE CAPITAL PROJECTS AND REFUND ISSUES DATED 08/17/2007 AND 07/14/2005. PART II, COLUMN D, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$123,904 OF INVESTMENT EARNINGS. THIS FORM 990 SCHEDULE K REPRESENTS TAX-EXEMPT DEBT OF ALL MEMBERS OF THE BETH ISRAEL LAHEY HEALTH (BILH) OBLIGATED GROUP WHICH WAS FORMED IN JUNE 2020. THE MAJORITY OF BILH OBLIGATED GROUP MEMBERS HAVE ADOPTED FORMAL WRITTEN POLICIES AND PROCEDURES TO REVIEW AND MONITOR ARRANGEMENTS WHICH COULD GENERATE PRIVATE USE OF BOND FINANCED FACILITIES AND COMPLIANCE RELATED TO INTERNAL REVENUE CODE (IRC) SECTION 141 AND ARBITRAGE RULES UNDER IRC SECTION 148. ALTHOUGH NOT EVERY MEMBER OF THE BILH OBLIGATED GROUP HAS FORMALLY ADOPTED THESE WRITTEN POLICIES AND PROCEDURES, THOSE THAT HAVE NOT NEVERTHELESS FOLLOW THE POLICIES AND PROCEDURES ADOPTED BY OTHER MEMBERS OF THE BILH OBLIGATED GROUP TO ENSURE COMPLIANCE WITH THESE SECTIONS OF THE IRC AND THE REGULATIONS PROMULGATED THEREUNDER. SUCH POLICIES AND PROCEDURES INCLUDE, AMONG OTHER THINGS, THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS, IF ANY, ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDIATION ISN'T AVAILABLE UNDER APPLICABLE REGULATIONS. PART IV, COLUMN D, LINE 2C: ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON 09/30/2021.
BOND A, ENTITY 2:	PART I, ROW A, COLUMN A: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY. PART I, ROW A, COLUMN F: THE ISSUE'S PURPOSE WAS TO REFINANCE SEVERAL DIFFERENT ISSUES (DATED 06/09/2008; 11/30/2005; 07/16/2003; AND 06/03/1998), FUND TERMINATION PAYMENTS, AND FUND BUILDING IMPROVEMENTS, EQUIPMENT AND LAND IMPROVEMENTS. PART II, COLUMN A, LINE 3: THE TOTAL PROCEEDS EXCEED THE ISSUE PRICE DUE TO THE \$1,360,617 OF INVESTMENT EARNINGS. PART IV, COLUMN A, LINE 2(C): ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON OCTOBER 29, 2019.
BOND B, ENTITY 2:	PART I, ROW B, COLUMN A: MASSACHUSETTS HEALTH AND EDUCATIONAL FACILITIES AUTHORITY. PART I, ROW B, COLUMN F: DESCRIPTION OF PURPOSE - REFUND ISSUE DATED 06/28/2000. PART IV, ROW 2C, COLUMN A: ARBITRAGE REBATE & YIELD RESTRICTION LIABILITY CALCULATION PERFORMED ON OCTOBER 10, 2009. THIS FORM 990 SCHEDULE K REPRESENTS TAX-EXEMPT DEBT OF ALL MEMBERS OF THE BETH ISRAEL LAHEY HEALTH (BILH) OBLIGATED GROUP WHICH WAS FORMED IN JUNE 2020. THE MAJORITY OF BILH OBLIGATED GROUP MEMBERS HAVE ADOPTED FORMAL WRITTEN POLICIES AND PROCEDURES TO REVIEW AND MONITOR ARRANGEMENTS WHICH COULD GENERATE PRIVATE USE OF BOND FINANCED FACILITIES AND COMPLIANCE RELATED TO INTERNAL REVENUE CODE (IRC) SECTION 141 AND ARBITRAGE RULES UNDER IRC SECTION 148. ALTHOUGH NOT EVERY MEMBER OF THE BILH OBLIGATED GROUP HAS FORMALLY ADOPTED THESE WRITTEN POLICIES AND PROCEDURES, THOSE THAT HAVE NOT NEVERTHELESS FOLLOW THE POLICIES AND PROCEDURES ADOPTED BY OTHER MEMBERS OF THE BILH OBLIGATED GROUP TO ENSURE COMPLIANCE WITH THESE SECTIONS OF THE IRC AND THE REGULATIONS PROMULGATED THEREUNDER. SUCH POLICIES AND PROCEDURES INCLUDE, AMONG OTHER THINGS, THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS, IF ANY, ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDIATION ISN'T AVAILABLE UNDER APPLICABLE REGULATIONS.

Additional Data

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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER
INC

Employer identification number
04-2103881

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MDFA - SERIES 2015 H-1	04-3431814	57584XDH1	09-02-2015	203,702,204	SEE PART VI		X		X		X
B MHEFA - WINCHESTER SERIES F	04-2456011	57586CDD4	07-08-2004	30,340,000	SERIAL BOND SERIES F - ADV REFUND		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	58,285,000	7,165,000		
2 Amount of bonds legally defeased				
3 Total proceeds of issue	203,702,204	30,340,000		
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	2,348,479	412,448		
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds	201,353,725	29,927,552		
12 Other unspent proceeds				
13 Year of substantial completion	2015	2004		
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X		X	
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?	X	X		
16 Has the final allocation of proceeds been made?	X	X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X	X		

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X			X				
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.100 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6	Total of lines 4 and 5	0.100 %		0 %					
7	Does the bond issue meet the private security or payment test? . . .		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?	X			X				
c	No rebate due?		X	X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X					

Part IV

Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?			X	X			
b	Name of provider		MORGAN STANLEY					
c	Term of hedge		2000.0000000000 %					
d	Was the hedge superintegrated?			X				
e	Was the hedge terminated?			X				
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?			X				
b	Name of provider							
c	Term of GIC							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							
6	Were any gross proceeds invested beyond an available temporary period?			X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .		X		X			

Part V

Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
----- Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
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Additional Data

Return to Form

Software ID:

Software Version:

Name of the organization BETH ISRAEL DEACONESS MEDICAL CENTER INC	Employer identification number 04-2103881
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total \$ _____

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR #308	SUBSTANTIAL CONTRIBUTOR	1,574,963	COMMUNITY HEALTH SERVICES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
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Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER
INC

Employer identification number
04-2103881

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		3,318	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	76	6,618,446	COST OR SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
Other (FOOD (NONINVENTOROY) ►)	X	2	17,124	COST OR SELLING PRIC
25				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes

No

30a

No

31

Yes

32a

No

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	BIDMC REPORTS THE NUMBER OF EACH SEPARATE GIFT AS AN ITEM FOR PURPOSES OF REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

Additional Data

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Software ID:

Software Version:

Return Reference	Explanation
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	TO PROVIDE EXTRAORDINARY CARE, WHERE THE PATIENT COMES FIRST, SUPPORTED BY WORLD-CLASS EDUCATION AND RESEARCH. FORM 990, PART III, LINE 1: THE MISSION OF THE BETH ISRAEL DEACONESS MEDICAL CENTER (MEDICAL CENTER OR BIDMC) IS TO SERVE PATIENTS COMPASSIONATELY AND EFFECTIVELY, AND TO CREATE A HEALTHY FUTURE FOR THEM AND THEIR FAMILIES. THE MEDICAL CENTER'S MISSION IS SUPPORTED BY ITS COMMITMENT TO PERSONALIZED, EXCELLENT CARE FOR ITS PATIENTS; A WORKFORCE COMMITTED TO INDIVIDUAL ACCOUNTABILITY, MUTUAL RESPECT AND COLLABORATION; AND A COMMITMENT TO MAINTAINING OUR FINANCIAL HEALTH AND IS OBTAINED IN CONJUNCTION WITH ITS BETH ISRAEL LAHEY HEALTH AFFILIATES. DURING THE FISCAL PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH (BILH) SERVED AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL – MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL – NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL – PLYMOUTH, INC. (PLYMOUTH), LAHEY HEALTH SHARED SERVICES (LHSS), LAHEY CLINIC FOUNDATION (LCF), WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC) WHICH INCLUDES BEVERLY, ADDISON GILBERT AND BAYRIDGE HOSPITALS, NORTHEAST BEHAVIORAL CORPORATION (NBHC), ANNA JAKUES HOSPITAL (AJH), THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK (BILHPN), THE JOSLIN DIABETES CENTER AND THE BETH ISRAEL LAHEY HEALTH PHARMACY. THE LAHEY CLINIC FOUNDATION IN TURN SERVED AS THE SOLE MEMBER OF LAHEY CLINIC INC, AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER (LHMC). THE ENTITIES LISTED HERE MAY HAVE ALSO, IN TURN, SERVED AS MEMBER TO OTHER NETWORK AFFILIATES. BILH IS AN INTEGRATED HEALTH CARE SYSTEM COMMITTED TO EXPANDING ACCESS TO EXTRAORDINARY PATIENT CARE ACROSS EASTERN MASSACHUSETTS AND ADVANCING THE SCIENCE AND PRACTICE OF MEDICINE THROUGH GROUNDBREAKING RESEARCH AND EDUCATION. THE BILH SYSTEM IS COMPRISED OF ACADEMIC AND TEACHING HOSPITALS, A PREMIER ORTHOPEDICS HOSPITAL, PRIMARY CARE AND SPECIALTY CARE PROVIDERS, AMBULATORY SURGERY CENTERS, URGENT CARE CENTERS, COMMUNITY HOSPITALS, HOMECARE SERVICES, OUTPATIENT BEHAVIORAL HEALTH CENTERS, ADDICTION TREATMENT PROGRAMS. BILH'S COMMUNITY OF CLINICIANS, CAREGIVERS AND STAFF INCLUDES APPROXIMATELY 4,000 PHYSICIANS AND 35,000 EMPLOYEES.
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	PATIENT CARE: THE MEDICAL CENTER IS PASSIONATE ABOUT LEADING-EDGE PATIENT CARE. THE MEDICAL CENTER'S PATIENTS RECEIVE TREATMENTS THAT ARE TODAY'S GOLD STANDARD OF CARE OR INNOVATIVE THERAPIES THAT WILL BECOME THE GOLD STANDARD OF TOMORROW. THE MEDICAL CENTER HAS DEVELOPED FIVE MAJOR COMPREHENSIVE CARE CENTERS THAT ALLOW PHYSICIANS AND CLINICAL STAFF FROM MULTIPLE DISCIPLINES SUCH AS MEDICINE, SURGERY, PATHOLOGY, RADIOLOGY, ONCOLOGY, AND SOCIAL WORK TO WORK TOGETHER SO THAT OUR PATIENTS ARE RECEIVING THE MOST COORDINATED, COMPREHENSIVE CARE POSSIBLE. THESE CENTERS INCLUDE A CANCER CENTER, A CARDIOVASCULAR INSTITUTE, A DIGESTIVE DISEASE CENTER, A SPINE CENTER, AND A TRANSPLANT INSTITUTE. OTHER NOTABLE AREAS WHERE THE MEDICAL CENTER LEADS THE WAY IN PATIENT CARE SPAN A WIDE ARRAY OF SERVICES INCLUDING AREAS SUCH AS VASCULAR SERVICES FOR PATIENTS WITH DIABETES COMPLICATIONS, AND OBSTETRIC CARE FOR ROUTINE PREGNANCIES AS WELL AS THE MOST COMPLEX PATIENT CIRCUMSTANCES. THE MEDICAL CENTER ALSO OFFERS A CENTER FOR MINIMALLY INVASIVE SURGERY, A STATE-OF-THE-ART EMERGENCY ROOM, A LEVEL ONE TRAUMA CENTER, AHEAD OF THE CURVE IMAGING SYSTEMS. THE MEDICAL CENTER WAS THE FIRST IN NEW ENGLAND TO OFFER A DYNAMIC NEW NONINVASIVE RADIATION THERAPY. SOME OF THE MEDICAL CENTER'S KEY STATISTICS FOR FY 2022 REGARDING PATIENT VOLUME ARE IDENTIFIED BELOW: INPATIENT DISCHARGES 35,536 OUTPATIENT STATISTICS CLINIC ENCOUNTERS 831,694 EMERGENCY DEPARTMENT VISITS 50,519 RADIOLOGY EXAMS 369,510 AMBULATORY SURGERY CASES 13,118 RADIATION THERAPY TREATMENTS 23,426 ENDOSCOPY TREATMENTS 25,249 CHARITY CARE THE MEDICAL CENTER PROVIDES CARE WITHOUT CHARGE OR AT DISCOUNTED RATES TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY. BECAUSE THE MEDICAL CENTER DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THESE SERVICES ARE NOT REPORTED AS REVENUE EXCEPT TO THE EXTENT REIMBURSED BY THE MASSACHUSETTS HEALTH SAFETY NET TRUST (HEALTH SAFETY NET TRUST). THE MEDICAL CENTER ALSO MAKES PAYMENTS TO THE HEALTH SAFETY NET TRUST TO SUPPORT THE DELIVERY OF CHARITY CARE TO PATIENTS THROUGHOUT MASSACHUSETTS. THESE PAYMENTS ARE REPORTED AS A COMPONENT OF UNCOMPENSATED CARE EXPENSE IN THE CONSOLIDATED STATEMENTS OF OPERATIONS. THE MEDICAL CENTER'S NET COST OF CHARITY CARE REPORTED ON SCHEDULE H, PART I, LINE 7A, INCLUDING CARE FOR EMERGENT SERVICES PROVIDED TO FREE AND DISCOUNTED CARE ELIGIBLE PATIENTS AND INCLUDING PAYMENTS TO AND RECEIPTS FROM THE HEALTH SAFETY NET TRUST, WAS \$15,241,421 FOR THE PERIOD COVERED BY THIS FILING: CHARITY CARE, AT COST \$11,134,910 PAYMENTS TO HEALTH SAFETY NET TRUST (HSN)) \$14,074,010 PAYMENTS FROM HEALTH SAFETY NET TRUST \$(9,967,499) OTHER UNCOMPENSATED CARE THE MEDICAL CENTER ALSO PROVIDES CARE TO PATIENTS WHO PARTICIPATE IN OTHER PROGRAMS DESIGNED TO SUPPORT LOW-INCOME FAMILIES, INCLUDING PARTICULARLY THE MEDICAID PROGRAM, WHICH IS JOINTLY FUNDED BY FEDERAL AND STATE GOVERNMENTS. THE MASSACHUSETTS HEALTH REFORM LAW PROVIDED AN INITIATIVE FOR EXPANSION OF MEDICAID COVERAGE TO GREATER POPULATIONS AND FOR ENROLLMENT OF UNINSURED PATIENTS IN OTHER INSURANCE PROGRAMS. PAYMENTS FROM MEDICAID AND OTHER PROGRAMS, WHICH INSURE LOW-INCOME POPULATIONS, DO NOT COVER THE COST OF SERVICES PROVIDED. IN AGGREGATE, THE COST OF CARE PROVIDED BY THE MEDICAL CENTER FOR SUCH SERVICES EXCEEDED REIMBURSEMENT BY \$9,336,590 IN THE FISCAL YEAR ENDED SEPTEMBER 30, 2022 AS REPORTED ON PART I, LINE 7B OF SCHEDULE H, HOSPITALS. THE MEDICAL CENTER ALSO TREATS PATIENTS WHO PARTICIPATE IN THE MEDICARE PROGRAM, THE FEDERALLY SPONSORED HEALTH INSURANCE PROGRAM FOR ELDERLY OR DISABLED PATIENTS. BECAUSE PAYMENTS TO HOSPITALS HAVE NOT KEPT PACE WITH INFLATION IN RECENT YEARS, PAYMENTS TO THE MEDICAL CENTER FOR THOSE SERVICES ALSO DO NOT COVER THE COSTS OF SERVICES PROVIDED. IN AGGREGATE, THE COST OF CARE PROVIDED BY THE MEDICAL CENTER FOR SUCH SERVICES EXCEEDED REIMBURSEMENT BY \$54,792,433 IN THE FISCAL PERIOD COVERED BY THIS FILING, \$10,247,645 OF WHICH IS INCLUDED IN FORM 990 SCHEDULE H PART I, LINE 7G AND RELATED TO THE PROVISION OF SUBSIDIZED HEALTH SERVICES FOR INPATIENT PSYCHIATRIC PATIENTS, THE MEDICAL CENTER'S

Return Reference	Explanation
	BOWDOIN STREET COMMUNITY FACILITY, THE MEDICAL CENTER'S PROVISION OF OUTPATIENT AMBULATORY CARE AND URGENT CARE CENTERS AND CERTAIN PRIMARY CARE VISITS THROUGH BIDMC'S ONSITE PRIMARY CARE OFFICES.
FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:	RESEARCH: THE MEDICAL CENTER'S RESEARCH MISSION IS TO BE A WORLD-CLASS RESEARCH INSTITUTION WHERE OUTSTANDING SCIENTISTS WORK TO DEVELOP NEW KNOWLEDGE FOR THE BETTERMENT OF THE HEALTH OF THE LOCAL AND EXTENDED COMMUNITIES. THE RESEARCH PROGRAM STRIVES TO BE RENOWNED FOR ITS BENCH-TO-BEDSIDE MODEL OF TRANSLATIONAL RESEARCH AND FOR ITS COLLABORATION WITH INDUSTRY AS A PATHWAY FOR TRANSFERRING THE FRUITS OF RESEARCH INTO PRODUCTS THAT IMPROVE THE QUALITY OF LIFE. THE MEDICAL CENTER COMMITS TO MAINTAIN A COLLABORATIVE CULTURE AND MODERN, HIGH-QUALITY FACILITIES AND TO TAKE FULL ADVANTAGE OF THE UNIQUE RELATIONSHIPS THAT EXIST AMONG HARVARD MEDICAL SCHOOL AND THE HARVARD TEACHING HOSPITALS AS WELL AS REACHING OUT AND COLLABORATING WITH NATIONALLY RECOGNIZED AND WORLD-RENOWNED EXPERTS IN VARIOUS FIELDS. THE MEDICAL CENTER'S NOTABLE RESEARCH ACCOMPLISHMENTS INCLUDE CONSISTENTLY BEING RANKED IN THE TOP FOUR IN NATIONAL INSTITUTES OF HEALTH (NIH) FUNDING AMONG INDEPENDENT HOSPITALS. THE MEDICAL CENTER'S SCIENTISTS CONTINUE TO SEARCH FOR IMPROVED UNDERSTANDING OF DISEASES AND BETTER TREATMENTS FOR PATIENTS, WHICH IN TURN DIRECTLY IMPACTS THE LIVES OF PATIENTS AND IMPROVES THE MEDICAL CENTER'S PATIENT CARE. DURING THE FISCAL PERIOD COVERED BY THIS FILING, MORE THAN 1,800 ACTIVE FEDERAL, INDUSTRY AND FOUNDATION SPONSORED PROJECTS AND MORE THAN 2,400 ACTIVE EXEMPT, EXPEDITED, AND FULL BOARD-REVIEWED CLINICAL RESEARCH STUDIES. BIDMC RESEARCH IS LED BY MORE THAN 260 PRINCIPAL INVESTIGATORS, THE MAJORITY OF WHOM ARE HARVARD MEDICAL SCHOOL FACULTY. THE KEY AREAS OF RESEARCH INCLUDE VASCULAR BIOLOGY, MOLECULAR IMAGING, TRANSPLANTATION, SIGNAL TRANSDUCTION, CANCER BIOLOGY, METABOLIC DISEASE, NEUROBIOLOGY, AIDS AND CARDIOLOGY/CARDIAC SURGERY. THE MEDICAL CENTER'S EXTRAORDINARY FACULTY HAS ESTABLISHED A CULTURE THAT IS COLLABORATIVE AND ORIENTED TOWARD TRANSLATING NEW KNOWLEDGE INTO NOVEL MEDICAL TREATMENTS AND PATIENT CARE. ADDITIONAL DETAIL IS INCLUDED IN FORM 990, SCHEDULE H.
FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:	TEACHING: THE MEDICAL CENTER'S DEVOTION TO TEACHING, TO RESPECTING STUDENTS, AND TO EMBRACING TECHNOLOGICAL AND CLINICAL PRACTICE INNOVATION MAKE THE MEDICAL CENTER A TOP CHOICE AMONG MEDICAL STUDENTS AND HEALTH CARE PROFESSIONALS. THE MEDICAL CENTER TRAINS HUNDREDS OF MEDICAL STUDENTS, INTERNS AND RESIDENTS, AS WELL AS PROFESSIONALS IN NURSING, SOCIAL WORK AND THE ALLIED HEALTH SCIENCES. THE MEDICAL CENTER HAS 60 ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) APPROVED CLINICAL RESIDENCY AND FELLOWSHIP PROGRAMS WITH 785 RESIDENTS AND CLINICAL FELLOWS. IN ADDITION, THE MEDICAL CENTER HAS 52 NONSTANDARD CLINICAL FELLOWSHIP PROGRAMS WITH 60 TRAINEES PER YEAR. STAFF PHYSICIANS AT THE MEDICAL CENTER WHO HOLD FACULTY APPOINTMENTS AT HARVARD MEDICAL SCHOOL INSTRUCT THE DOCTORS OF TOMORROW BY SUPERVISING OF THEIR DAILY PATIENT CARE AND BY CONDUCTING A RANGE OF INTERACTIVE LEARNING EXPERIENCES. THE CARL J. SHAPIRO INSTITUTE FOR EDUCATION AND RESEARCH AT HARVARD MEDICAL SCHOOL AND BIDMC, A SUPPORT ORGANIZATION OF THE MEDICAL CENTER AND AN INTEGRAL COMPONENT OF THE CENTER FOR EDUCATION AT THE MEDICAL CENTER, IS BOTH A "THINK TANK" FOR ADVANCING MEDICAL EDUCATION AND A UNIQUE TRAINING RESOURCE. WITHIN THE CENTER, THE CARL J. SHAPIRO SIMULATION AND SKILLS CENTER PROVIDES HIGH-TECH LEARNING EXPERIENCES ON TOPICS RANGING FROM MINIMALLY INVASIVE SURGERY TO INTENSIVE CARE AND OFFERS UNIQUE OPPORTUNITIES FOR FACULTY MEMBERS TO SHARE YEARS OF COLLECTIVE EXPERIENCE IN MASTERING THE ART OF SCIENCE AND MEDICINE WITH THEIR STUDENTS. IT ALSO OFFERS AN EXCEPTIONAL OPPORTUNITY AND EXTENSION OF MORE TRADITIONAL METHODS FOR MEDICAL STUDENTS AND RESIDENTS TO PRACTICE AND HONE THEIR MEDICAL AND SURGICAL SKILLS. IN ADDITION, THE BETH ISRAEL LAHEY HEALTH (BILH) NETWORK OF AFFILIATES ENGAGED IN SIGNIFICANT ACTIVITIES SUPPORTING BEHAVIORAL HEALTH IN THE PRIMARY CARE AND OTHER HEALTHCARE SETTINGS AS WELL AS OTHER HEALTHCARE INITIATIVES FOR THE COMMUNITIES SERVED. PLEASE SEE FORM 990 SCHEDULE H FOR ADDITIONAL INFORMATION.
FORM 990, PART IV, LINE 12 AND 12A:	THE BOSTON, MA OFFICE OF KPMG ISSUED AN UNQUALIFIED OPINION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE BETH ISRAEL LAHEY HEALTH, INC. AND AFFILIATES FOR FISCAL PERIOD ENDED SEPTEMBER 30, 2022. THESE STATEMENTS WERE PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDED THE ACCOUNTS OF THE BETH ISRAEL LAHEY HEALTH, INC. (BILH), AND THE ENTITIES FOR WHICH BETH ISRAEL LAHEY HEALTH, INC. (BILH) SERVED AS SOLE MEMBER DURING THE FISCAL PERIOD COVERED BY THIS FILING, (BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY CLINIC FOUNDATION, LAHEY HEALTH SHARED SERVICES, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAQUES HOSPITAL). EACH OF THESE AFFILIATES MAY IN TURN SERVE AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE NETWORK OF AFFILIATES, AND WHOSE ACCOUNTS ARE INCLUDED IN THE BILH AUDITED FINANCIAL STATEMENTS. THE FINANCIAL STATEMENTS ALSO INCLUDE THE ACCOUNTS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP), THE DEDICATED PHYSICIAN PRACTICE OF BETH ISRAEL DEACONESS MEDICAL CENTER AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES.
FORM 990, PART IV, LINE 24A:	AS DESCRIBED IN THIS FORM 990, BETH ISRAEL LAHEY HEALTH, INC. (BILH) IS AN ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED AND SERVED AS A SUPPORT ORGANIZATION OF AND SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER . DURING THIS SAME PERIOD, BETH ISRAEL DEACONESS MEDICAL CENTER WAS A MEMBER OF THE BILH OBLIGATED GROUP AND ITS TAX EXEMPT BOND FINANCING WAS ISSUED THROUGH BILH OR THROUGH A PREVIOUS OBLIGATED GROUP WHICH IS NOW A PART OF THE BILH OBLIGATED GROUP. THE SCHEDULE K AS INCLUDED IN THIS FORM 990 INCLUDES ALL OF THE BILH OBLIGATED GROUP OUTSTANDING TAX EXEMPT DEBT FOR BONDS ISSUED AFTER DECEMBER 31, 2002, ONLY A PORTION OF WHICH IS ALLOCABLE TO AND REPORTED ON BETH ISRAEL DEACONESS MEDICAL CENTER 'S BALANCE SHEET.
FORM 990, PART IV, LINE 24B:	AS REPORTED ON THE FORM 990 SCHEDULE K, THE LAHEY HEALTH SYSTEM INC. (LHSI) SERIES F BONDS WHICH WERE ISSUED IN 2015 ARE NOW PART OF THE BETH ISRAEL LAHEY HEALTH (BILH) OBLIGATED GROUP DEBT. THE BONDS WERE ISSUED IN 2015 AND AS OF SEPTEMBER 30, 2022 THERE WAS A BALANCE REMAINING IN THE CONSTRUCTION FUND. PROCEEDS IN THE CONSTRUCTION FUND WERE UNEXPECTEDLY HELD BEYOND THE THREE-YEAR TEMPORARY PERIOD, AND WERE YIELD RESTRICTED IN COMPLIANCE WITH FEDERAL TAX REQUIREMENTS. ALTHOUGH THESE BONDS ARE NOT ON THE BETH ISRAEL DEACONESS MEDICAL CENTER BALANCE SHEET, BIDMC IS INCLUDING THIS DISCLOSURE IN ITS

Return Reference	Explanation
	FORM 990 BECAUSE BIDMC IS A MEMBER OF THE BILH OBLIGATED GROUP.
FORM 990, PART V, LINE 2A:	FOR THE PERIOD COVERED BY THIS FILING, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) SERVED AS THE COMMON PAY AGENT FOR THE FOLLOWING ENTITIES MEDICAL CARE OF BOSTON MANAGEMENT CORP D/B/A BETH ISRAEL LAHEY HEALTH PRIMARY CARE A/K/A AFFILIATED PHYSICIANS GROUP (MCB), AND BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (BID-NEEDHAM). IN ACCORDANCE WITH INSTRUCTIONS TO THIS FORM 990, BIDMC IS REPORTING ONLY THOSE FORMS W-2 ISSUED TO ITS OWN EMPLOYEES. FORMS W-2 ISSUED BY BETH ISRAEL DEACONESS MEDICAL CENTER AS AGENT FOR MCB AND BID-NEEDHAM ARE REPORTED BY THOSE ENTITIES AS IF ISSUED DIRECTLY.
FORM 990, PART V, QUESTION 7G:	BETH ISRAEL DEACONESS MEDICAL CENTER DID NOT RECEIVE ANY CONTRIBUTIONS OF INTELLECTUAL PROPERTY AND AS SUCH, WAS NOT REQUIRED TO FILE FORM 8899.
FORM 990, PART V, QUESTION 7H:	BETH ISRAEL DEACONESS MEDICAL CENTER DID NOT RECEIVE ANY CONTRIBUTIONS OF CARS, BOATS, AIRPLANES OR OTHER VEHICLES AND AS SUCH, WAS NOT REQUIRED TO FILE FORM 1098-C.
FORM 990, PART VI, SECTION A, LINE 2	FOR THE PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH, INC. SERVED AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY HEALTH SHARED SERVICES, LAHEY CLINIC FOUNDATION, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAKUES HOSPITAL). EACH OF THESE AFFILIATES MAY HAVE, IN TURN, SERVED AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE BILH NETWORK OF AFFILIATES. IN ADDITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFP) IS THE DEDICATED PHYSICIAN PRACTICE OF BIDMC AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES. FOR THIS SAME PERIOD HMFP SERVED AS THE SOLE MEMBER OF AFFILIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (APHMFP) AS WELL AS SEVERAL ADDITIONAL ENTITIES. TWO OR MORE OF THE PERSONS LISTED IN THIS FORM 990 PART VII HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER BY VIRTUE OF SITTING ON ONE OR MORE BOARDS OF DIRECTORS/TRUSTEES OR BY SERVING IN AN EMPLOYMENT RELATIONSHIP WITH ONE OR MORE ENTITIES WITHIN THE NETWORK OF THE AFFILIATED ORGANIZATIONS NOTED ABOVE. ADDITIONAL DETAIL IS PROVIDED IN THE EXPLANATORY NOTES TO THIS FORM 990 SCHEDULE J.
FORM 990, PART VI, SECTION A, LINE 4	DURING THE PERIOD COVERED BY THIS FILING, BETH ISRAEL DEACONESS MEDICAL CENTER, AMENDED ITS BY-LAWS. AS REQUIRED BY THIS FORM 990, BETH ISRAEL DEACONESS MEDICAL CENTER, HAS SUMMARIZED THOSE CHANGES BELOW: THE GOAL OF THE BYLAW AMENDMENTS WAS TO PROVIDE CLARIFICATION AND TO ALIGN THE LANGUAGE WITH CURRENT/BEST GOVERNANCE PRACTICES. AS A REMINDER TO THE READER AND AS NOTED THROUGHOUT THIS FORM 990, BETH ISRAEL LAHEY HEALTH (BILH) SERVES AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER. THE AMENDMENTS INCLUDE: 1. TECHNICAL CHANGES - AMENDS PURPOSES OF THE CORPORATION TO INCORPORATE DEEPER ARTICULATION OF THE BILH SYSTEM'S CORE VALUES. - CLARIFIES HOW THE BILH BOARD MAY FUNCTIONALLY TAKE ACTION IN ITS CAPACITY AS THE DIRECT SOLE CORPORATE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER. 2. CLARIFICATIONS REGARDING BOARD OF TRUSTEES AND COMMITTEES - CLARIFIES THAT ANY TRUSTEES OR COMMITTEE MEMBERS WITH A TERM FEWER THAN OR MORE THAN THREE YEARS WILL BE CONSIDERED A FULL, THREE-YEAR TERM IF: (A) IT WAS TO ACHIEVE STAGGERING OR (B) DUE TO A TERM COMMENCING AT ANY TIME OTHER THAN OCTOBER 1 OF A GIVEN YEAR. - CLARIFIES THAT TRUSTEES AND COMMITTEE MEMBERS APPOINTED TO FILL VACANCIES WILL SERVE THE REMAINDER OF THE THREE-YEAR TERM VACATED AND WILL BE ELIGIBLE FOR UP TO TWO CONSECUTIVE THREE-YEAR TERMS FOLLOWING THE END OF SUCH VACATED TERM. - REMOVES (1) CHAIR OF ADVISORY BOARD AND (2) IMMEDIATE PAST CHAIR AS EX OFFICIO TRUSTEES. - ALIGNS BETH ISRAEL DEACONESS MEDICAL CENTER'S BOARD'S ANNUAL MEETING WITH THE BILH BOARD'S ANNUAL MEETING IN SEPTEMBER. - GIVES BETH ISRAEL DEACONESS MEDICAL CENTER'S BOARD FLEXIBILITY TO ESTABLISH THE OPTIONAL STANDING COMMITTEES LISTED IN THE BYLAWS WITHOUT BILH BOARD APPROVAL. - CLARIFIES THAT AD HOC COMMITTEES MAY BE ESTABLISHED NOT ONLY BY A MAJORITY OF THE TRUSTEES, BUT ALSO BY THE BOARD CHAIR (OR A COMMITTEE CHAIR IN CONSULTATION WITH THE BOARD CHAIR), AND THAT THESE COMMITTEES ARE INTENDED TO BE ESTABLISHED FOR SPECIFIC TASKS ON A SHORT-TERM BASIS. - CONFIRMS THAT BETH ISRAEL DEACONESS MEDICAL CENTER'S COMMUNITY BENEFITS COMMITTEE HAS BEEN DISBANDED AT BETH ISRAEL DEACONESS MEDICAL CENTER. THE COMMUNITY BENEFITS COMMITTEE WILL BE AT THE BILH BOARD LEVEL AND BETH ISRAEL DEACONESS MEDICAL CENTER WILL HAVE A COMMUNITY BENEFITS ADVISORY COMMITTEE AS STATUTORILY REQUIRED BY THE COMMONWEALTH OF MASSACHUSETTS WHICH IS NOT A BOARD COMMITTEE. - ADDS THE BOARD CHAIR AND PRESIDENT (OR THEIR RESPECTIVE DESIGNEES) EX OFFICIO TO ALL MANDATORY OR OPTIONAL STANDING COMMITTEES, EXCEPT THAT BIDMC WILL NOT ADD THE CHAIR TO THEIR MEDICAL STAFF APPOINTMENT COMMITTEE. - ADDS PRESIDENT AND CEO OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (HMFP), CHAIR OF THE MEDICAL EXECUTIVE COMMITTEE (MEC), CHAIR OF THE DEPARTMENT OF SURGERY, CHAIR OF THE DEPARTMENT OF MEDICINE, CHAIR OF AN ACADEMIC DEPARTMENT (TO ROTATE ANNUALLY AS APPOINTED BY THE MEC), AND VP OF EDUCATION AS EX OFFICIO MEMBERS OF THE QUALITY/PATIENT EXPERIENCE AND CARE ASSESSMENT COMMITTEE. - ADDS PRESIDENT AND CEO OF HMFP, CHAIR OF THE DEPARTMENT OF SURGERY, AND CHAIR OF THE DEPARTMENT OF MEDICINE AS EX OFFICIO MEMBERS OF THE MEDICAL STAFF APPOINTMENT COMMITTEE. - CLARIFIES THAT THE CHAIRS OF THE FINANCE, QUALITY, AND GOVERNANCE/NOMINATING COMMITTEES WILL ACT AS THE PRINCIPAL LIAISON TO THE CORRESPONDING BILH COMMITTEE. - GRANTS FLEXIBILITY TO THE GOVERNANCE/NOMINATING COMMITTEE TO OPERATE THROUGH ONE OR MORE SUBCOMMITTEES AND/OR GOVERNANCE/NOMINATING COMMITTEES. - MAKES THE PHILANTHROPY COMMITTEE A MANDATORY RATHER THAN AN OPTIONAL STANDING COMMITTEE OF THE BOARD. - PERMITS BETH ISRAEL DEACONESS MEDICAL CENTER'S BOARD TO DELEGATE THE APPROVAL/REMOVAL OF DEPARTMENT/DIVISIONAL CHAIRS TO THE MEDICAL APPOINTMENT COMMITTEE (TO THE EXTENT SUCH APPROVAL IS REQUIRED BY HOSPITAL'S MEDICAL STAFF BYLAWS). 3. CLARIFICATIONS REGARDING OFFICERS - CREATES TWO EX OFFICIO OFFICER POSITIONS: (1) ASSISTANT TREASURER (BETH ISRAEL DEACONESS MEDICAL CENTER'S CFO) AND (2) ASSISTANT CLERK (ATTORNEY ASSIGNED TO BETH ISRAEL DEACONESS MEDICAL CENTER BY BILH'S OFFICE OF GENERAL COUNSEL). - LIMITS OFFICERS TO THOSE ENUMERATED IN THE BYLAWS (CHAIR, VICE-CHAIR(S), PRESIDENT, TREASURER, CLERK, ASSISTANT TREASURER, ASSISTANT CLERK). - REQUIRES CHAIR AND VICE CHAIR TO BE INDEPENDENT TRUSTEES.

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FORM 990, PART VI, SECTION A, LINE 6	THE FOLLOWING BETH ISRAEL DEACONESS MEDICAL CENTER OFFICERS, DIRECTOR/TRUSTEES, AND KEY EMPLOYEES HAVE BUSINESS AND/OR FAMILY RELATIONSHIPS: PRELIMINARY BIDMC LIST: PAUL SAGAN AND JOEL CUTLER HAVE A BUSINESS RELATIONSHIP. FOR THE PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH, INC. SERVED AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH, INC. (PLYMOUTH), LAHEY HEALTH SHARED SERVICES, LAHEY CLINIC FOUNDATION, WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC), NORTHEAST BEHAVIORAL HEALTH CORPORATION (NBHC) AND ANNA JAQUES HOSPITAL). EACH OF THESE AFFILIATES MAY HAVE, IN TURN, SERVED AS MEMBER OF ADDITIONAL ENTITIES WITHIN THE BILH NETWORK OF AFFILIATES. IN ADDITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (HMFPP) IS THE DEDICATED PHYSICIAN PRACTICE OF BIDMC AND AN ENTITY INTEGRALLY RELATED TO HELPING BIDMC AND OTHER AFFILIATES IN THE BILH NETWORK ACCOMPLISH THEIR CHARITABLE PURPOSES. FOR THIS SAME PERIOD HMFPP SERVED AS THE SOLE MEMBER OF AFFILIATED PHYSICIANS OF HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER (APHMFP) AS WELL AS SEVERAL ADDITIONAL ENTITIES. TWO OR MORE OF THE PERSONS LISTED IN THIS FORM 990 PART VII HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER BY VIRTUE OF SITTING ON ONE OR MORE BOARDS OF DIRECTORS/TRUSTEES OR BY SERVING IN AN EMPLOYMENT RELATIONSHIP WITH ONE OR MORE ENTITIES WITHIN THE NETWORK OF THE AFFILIATED ORGANIZATIONS NOTED ABOVE. ADDITIONAL DETAIL IS PROVIDED IN THE EXPLANATORY NOTES TO THIS FORM 990 SCHEDULE J.
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBER HAS THE EXCLUSIVE AUTHORITY TO (A) APPOINT AND REAPPOINT TRUSTEES, (B) FILL ANY VACANCIES IN THE OFFICES OF TRUSTEES, AND (C) ACTING BY VOTE OF NOT LESS THAN THREE QUARTERS (3/4) OF THE MEMBER'S TRUSTEES THEN IN OFFICE, REMOVE, WITH OR WITHOUT CAUSE, A TRUSTEE.
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER HAS THE FOLLOWING RIGHTS, AS DESIGNATED IN BETH ISRAEL DEACONESS MEDICAL CENTER'S BY-LAWS: SUBJECT TO THE PROVISIONS OF THE ARTICLES OF ORGANIZATION AND THESE BYLAWS, THE MEMBER SHALL HAVE THE RIGHT TO EXERCISE ALL POWERS, BOTH POSITIVE AND NEGATIVE, CONFERRED BY MASSACHUSETTS GENERAL LAWS ("M.G.L.") CHAPTER 180, AS AMENDED, ON MEMBERS OF CORPORATIONS ORGANIZED UNDER M.G.L. CHAPTER 180. IN ADDITION, EXCEPT AS ARE EXPRESSLY GRANTED TO THE BOARD OF TRUSTEES OF THE CORPORATION ("BOARD") IN THESE BYLAWS, THE MEMBER SHALL HAVE THE RIGHT TO EXERCISE ALL POWERS, POSITIVE AND NEGATIVE, CONFERRED BY M.G.L. CHAPTER 180 ON BOARDS OF CORPORATIONS ORGANIZED UNDER M.G.L. CHAPTER 180. NOTWITHSTANDING THE FOREGOING, THE MEMBER MAY NOT TAKE ANY OF THE FOLLOWING ACTIONS WITHOUT THE APPROVAL OF THE BOARD: (A) APPROVE OR REQUIRE ANY CHANGE IN, OR CONSOLIDATION OF PHILANTHROPIC GIFTS, ASSETS, AND PROGRAMS OF THE CORPORATION, WHICH SHALL REMAIN UNDER THE CORPORATION'S CONTROL AND BE USED FOR THE BENEFIT OF THE CORPORATION AND NOT FOR OTHER COMPONENTS OF THE MEMBER'S SYSTEM, EXCEPT TO THE EXTENT THAT SUCH CHANGES INVOLVE BACK-OFFICE CONSOLIDATION WITH OTHER DIRECT OR INDIRECT SUBSIDIARIES OF THE MEMBER; (B) APPROVE OR REQUIRE ANY CHANGE IN THE NAME, BRAND, OR TRADEMARK OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES, EXCEPT SUCH COMPLEMENTARY CHANGES AS THE MEMBER MAY DETERMINE ARE REASONABLY APPROPRIATE IN ESTABLISHING A SYSTEM-WIDE IDENTITY FOR THE AFFILIATED ENTITIES; OR (C) AMEND OR RESTATE THESE BYLAWS TO CHANGE OR ELIMINATE EITHER OF THE FOREGOING LIMITATIONS ON ITS POWERS. FOR THE PERIOD ENDING ON THE THIRD ANNIVERSARY OF THE DATE THE MEMBER BECOMES THE SOLE CORPORATE MEMBER OF THE CORPORATION, THE MEMBER'S AUTHORITY TO CHANGE THE MEDICAL SCHOOL AFFILIATION OF THE CORPORATION OR ANY OF ITS SUBSIDIARIES IS SUBJECT TO THE REQUIREMENT THAT IT OBTAIN THE UNANIMOUS CONSENT OF THE CORPORATION'S DESIGNATED TRUSTEES (AS DEFINED IN THE BYLAWS OF THE MEMBER) AND THE APPROVAL OF THE MEMBER'S BOARD OF TRUSTEES (THE "MEMBER'S BOARD"). THE MEMBER MAY NOT CAUSE THE CORPORATION TO CEASE OPERATING A SEPARATELY LICENSED HOSPITAL FACILITY, OR CLOSE ANY ESSENTIAL SERVICE OF SUCH HOSPITAL FACILITY, WITHOUT CONSULTING WITH THE BOARD PRIOR TO TAKING SUCH ACTION. THE POWERS AND RESPONSIBILITIES OF THE BOARD INCLUDE THE FOLLOWING: (A) PROVIDING RECOMMENDATIONS TO THE MEMBER REGARDING (I) APPOINTMENT, REAPPOINTMENT AND REMOVAL OF TRUSTEES, (II) THE ESTABLISHMENT OF THE CORPORATION'S POLICIES, (III) THE MAINTENANCE OF PATIENT CARE QUALITY, AND (IV) THE PROVISION OF CLINICAL SERVICES AND COMMUNITY SERVICE PLANNING IN A MANNER RESPONSIVE TO LOCAL COMMUNITY NEEDS; (B) ENSURING COMPLIANCE WITH ALL LICENSURE AND ACCREDITATION REQUIREMENTS, INCLUDING CREDENTIALING AND OTHER MEDICAL STAFF MATTERS; (C) PROVIDING OVERSIGHT FOR INSTITUTIONAL PLANNING, MAKING RECOMMENDATIONS FOR NEW CLINICAL SERVICES, AND PARTICIPATING IN AN ANNUAL REVIEW OF THE CORPORATION'S STRATEGIC AND FINANCIAL PLAN AND GOALS; (D) REVIEWING AND RECOMMENDING APPROVAL OF OPERATING AND CAPITAL BUDGETS AS WELL AS MAKING RECOMMENDATIONS WITH RESPECT TO CAPITAL EXPENDITURES; (E) MAKING RECOMMENDATIONS WITH RESPECT TO QUALITY ASSESSMENT AND IMPROVEMENT PROGRAMS; (F) PROVIDING OVERSIGHT OF RISK MANAGEMENT PROGRAMS RELATING TO PATIENT CARE AND SAFETY; (G) REVIEWING DISASTER PLANS THAT DEAL WITH BOTH INTERNAL (E.G., FIRE) AND EXTERNAL DISASTERS; AND (H) EVALUATING RECRUITMENT NEEDS TO ENSURE ADEQUATE MEDICAL STAFF CAPACITY TO CONTINUE TO MEET COMMUNITY NEEDS. EXCEPT AS OTHERWISE PROVIDED IN THESE BYLAWS, THE BOARD SHALL ACT IN AN ADVISORY CAPACITY AND CONSISTENT THEREWITH SHALL HAVE ONLY THE FOLLOWING POWERS: (A) POWERS EXPRESSLY GRANTED BY THE MEMBER FROM TIME TO TIME; (B) POWER TO EXERCISE ITS AUTHORITY AS A MEMBER OF OTHER CORPORATIONS; (C) POWER TO ENFORCE ANY RIGHTS VESTED IN THE CORPORATION UNDER THE BYLAWS OF THE MEMBER (AS DEFINED UNDER THE BYLAWS OF THE MEMBER) OR UNDER THESE BYLAWS WITH RESPECT TO THE MEMBER; AND (D) POWERS TO ENFORCE ANY RIGHTS VESTED IN THE CORPORATION UNDER THAT AGREEMENT DATED JUNE 30, 2017 BY AND AMONG LAHEY HEALTH SYSTEM, INC., BETH ISRAEL DEACONESS MEDICAL CENTER, INC., NEW ENGLAND BAPTIST HOSPITAL, INC., MOUNT AUBURN HOSPITAL, CAREGROUP, INC., AND SEACOAST REGIONAL HEALTH SYSTEMS, INC. THE POWERS OF THE BOARD IN CLAUSES (A) AND (B) OF THE PRECEDING SENTENCE SHALL BE SUBJECT TO THE RESERVED POWERS OF THE MEMBER AS NOTED ABOVE. THE POWERS OF THE BOARD IN CLAUSE (C) AND (D) OF THE FIRST SENTENCE OF THIS PARAGRAPH SHALL BE INDEPENDENT OF THE MEMBER AND NOT SUBJECT TO THE RESERVED POWERS OF THE MEMBER AS NOTED ABOVE. NOTWITHSTANDING CLAUSE (B) ABOVE, THE POWER OF THE CORPORATION TO EXERCISE ITS AUTHORITY AS A MEMBER OF ANOTHER CORPORATION SHALL BE SUBJECT TO THE FOLLOWING LIMITATIONS: (X) ALL STATUTORY POWERS THAT RESIDE IN THE CORPORATION AS A MEMBER OF ANOTHER CORPORATION UNDER MASSACHUSETTS LAW MAY BE EXERCISED BY THE CORPORATION ONLY AT THE EXPRESS AND EXPLICIT DIRECTION OF, AND WITH THE APPROVAL OF, THE MEMBER; (Y) ALL STATUTORY POWERS THAT RESIDE IN THE CORPORATION AS A MEMBER OF ANOTHER CORPORATION UNDER MASSACHUSETTS LAW MAY BE EXERCISED DIRECTLY BY THE MEMBER AFTER CONSULTATION

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	WITH THE CHAIR BUT OTHERWISE WITHOUT THE APPROVAL OR PARTICIPATION OF THE CORPORATION; AND (Z) OTHER THAN STATUTORY POWERS, THE CORPORATION SHALL HAVE ONLY THOSE POWERS AND AUTHORITIES OVER AND WITH RESPECT TO THE CORPORATIONS OF WHICH IT IS A MEMBER AS ARE EXPRESSLY AND EXPLICITLY DELEGATED OR DIRECTED TO THE CORPORATION BY ACTION OF THE MEMBER'S BOARD.
FORM 990, PART VI, SECTION B, LINE 11B	AS NOTED IN VARIOUS DISCLOSURES THROUGHOUT THIS FILING, BETH ISRAEL LAHEY HEALTH, INC. (BILH) IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER. THIS FORM 990 IS PREPARED IN CONJUNCTION WITH THE BETH ISRAEL DEACONESS MEDICAL CENTER FINANCE STAFF. IN ADDITION, THE BILH TAX DEPARTMENT WORKS WITH OTHER DISCIPLINES AND DEPARTMENTS WITHIN BILH, BETH ISRAEL DEACONESS MEDICAL CENTER AND OTHER AFFILIATES TO ENSURE THAT OTHER FINANCIAL AND NON-FINANCIAL DISCLOSURES ARE COMPLETE AND ACCURATE. EXAMPLES OF SUCH DEPARTMENTS MAY INCLUDE: FINANCIAL ASSISTANCE AND REIMBURSEMENT, COMPLIANCE, GRADUATE MEDICAL EDUCATION, LEGAL, COMMUNITY BENEFITS, GOVERNANCE, DEVELOPMENT, HUMAN RESOURCES AND PAYROLL, GOVERNMENT RELATIONS, RESEARCH AND/OR RESEARCH FINANCE. THE TAX RETURNS REVIEWED BY THE BILH EXECUTIVE DIRECTOR, TAXATION, BETH ISRAEL DEACONESS MEDICAL CENTER'S CHIEF FINANCIAL OFFICER AND DELOITTE TAX, LLP. A COPY OF THE COMPLETE RETURN IS THEN PROVIDED TO EACH MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER'S BOARD OF TRUSTEES PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	BETH ISRAEL DEACONESS MEDICAL CENTER IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH (BILH) SYSTEM OF AFFILIATES. ALL ENTITIES IN THE BILH NETWORK ADHERE TO THE BILH CONFLICT OF INTEREST POLICY AND MAINTAIN A WRITTEN, COMPREHENSIVE CONFLICT OF INTEREST POLICY AT THE ENTITY LEVEL. PURSUANT TO THESE POLICIES, ALL OF BETH ISRAEL DEACONESS MEDICAL CENTER'S OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE THE ANNUAL CONFLICT OF INTEREST AND TAX QUESTIONNAIRE WHICH IS DESIGNED TO REQUIRE DISCLOSURE OF ANY BUSINESS RELATIONSHIPS AND AFFILIATIONS MAINTAINED BY OFFICERS, TRUSTEES, OR KEY EMPLOYEES AND THEIR FAMILY MEMBERS AND WHICH MAY RESULT IN A REAL OR PERCEIVED CONFLICT OF INTEREST. THE BILH OFFICE OF INTEGRITY AND COMPLIANCE, IN CONJUNCTION WITH THE BILH TAX DEPARTMENT, ADMINISTERS THE CONFLICT OF INTEREST AND TAX QUESTIONNAIRE PROCESS ANNUALLY. BILH INTEGRITY AND COMPLIANCE COLLECTS AND REVIEWS ALL DISCLOSURES. DISCLOSURES FOR BILH EXECUTIVES AND KEY EMPLOYEES ARE ASSIGNED APPROPRIATE FOLLOW-UP ACTION IN ACCORDANCE WITH THE BILH POLICY. A SUMMARY OF POSITIVE RESPONSES OF BETH ISRAEL DEACONESS MEDICAL CENTER IS PROVIDED TO THE BETH ISRAEL DEACONESS MEDICAL CENTER'S COMPLIANCE OFFICER FOR REVIEW FINAL DETERMINATION OF ANY POTENTIAL OR ACTUAL CONFLICT. ANY ACTIVITY THAT REQUIRES ACTION UNDER THE CONFLICT OF INTEREST POLICIES IS SUBJECT TO ONGOING REVIEW BY BETH ISRAEL DEACONESS MEDICAL CENTER AS WELL AS THE BILH INTEGRITY AND COMPLIANCE OFFICE. PURSUANT TO THE BILH CONFLICT OF INTEREST POLICY, CERTAIN ACTIVITIES WHICH COULD CREATE CONFLICTS OF INTEREST ARE PROHIBITED WHILE OTHER TYPES OF RELATIONSHIPS ARE PERMITTED, SUBJECT TO COMPLIANCE WITH A MANAGEMENT PLAN TO REQUIRE DISCLOSURE AND RECUSAL, INCLUDING APPROPRIATE DOCUMENTATION IN THE MINUTES. IN ADDITION AS NOTED ABOVE, THE ANNUAL CONFLICT OF INTEREST PROCESS OUTLINE ABOVE IS JOINTLY ISSUED BY THE BILH TAX DEPARTMENT, TO ENSURE THAT THE QUESTIONNAIRE IS DISTRIBUTED TO ALL CURRENT AND FORMER MEMBERS OF THE BETH ISRAEL DEACONESS MEDICAL CENTER BOARD OF TRUSTEES AS WELL AS FORMER OFFICERS AND KEY EMPLOYEES. THE TAX QUESTIONNAIRE PROCESS IS DESIGNED TO GATHER THE INFORMATION NECESSARY FOR BETH ISRAEL DEACONESS MEDICAL CENTER TO COMPLETELY AND ACCURATELY COMPLETE FORM 990 SCHEDULE L, TRANSACTIONS WITH INTERESTED PERSONS AND FORM 990, PART VI, QUESTION 2, FAMILY AND BUSINESS RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES.
FORM 990, PART VI, SECTION B, LINE 15	AS NOTED THROUGHOUT THIS FILING, BETH ISRAEL DEACONESS MEDICAL CENTER (BIDMC) IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH (BILH) NETWORK OF AFFILIATES WITH BILH SERVING AS BIDMC'S SOLE MEMBER, OR IF NOT AS DIRECT SOLE MEMBER, INDIRECTLY AS THE MEMBER IN ITS CAPACITY AS PARENT OF THE BETH ISRAEL LAHEY HEALTH NETWORK. IN THIS ROLE BILH MAINTAINS THE RESPONSIBILITY FOR SETTING COMPENSATION FOR EMPLOYEES AND SENIOR MANAGEMENT OF THE ENTITIES WHICH COMPRISED THE BETH ISRAEL LAHEY HEALTH NETWORK AND TO THAT END, BILH HAS A COMPENSATION COMMITTEE COMPOSED OF INDEPENDENT MEMBERS OF ITS BOARD OF TRUSTEES AND EXCEPT AS OTHERWISE NOTED BELOW, COMPENSATION REPORTED IN THIS FORM 990 FOR BIDMC'S OFFICERS, TRUSTEES AND KEY EMPLOYEES WAS SET BY THE BILH COMPENSATION COMMITTEE. THE BILH COMPENSATION COMMITTEE PROCESS FOR SETTING COMPENSATION IS BELOW. THE BILH COMPENSATION COMMITTEE ESTABLISHES THE POLICIES AND THE COMPENSATION STRUCTURE, INCLUDING BENEFITS, FOR THE BETH ISRAEL LAHEY HEALTH NETWORK OF AFFILIATES INCLUDING THE BILH CHIEF EXECUTIVE OFFICER AS WELL AS OTHER MEMBERS OF SENIOR MANAGEMENT AT BILH AND ITS AFFILIATES. THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ASSURING THAT THE TOTAL COMPENSATION PROVIDED TO THESE INDIVIDUALS IS FAIR AND REASONABLE USING CURRENT AND CREDIBLE MARKET PRACTICE INFORMATION AND IS RESPONSIBLE FOR ENSURING COMPLIANCE WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES. IN SETTING COMPENSATION, THE COMPENSATION COMMITTEE RELIES UPON PUBLISHED COMPENSATION SURVEYS AND STUDIES PRODUCED BY INDEPENDENT COMPENSATION CONSULTING FIRMS THAT REGULARLY ASSESS EXECUTIVE COMPENSATION AND BENEFITS OF SUBSTANTIALLY SIMILAR ORGANIZATIONS. THE COMPENSATION COMMITTEE MEETS TO REVIEW THE COMPENSATION STRUCTURE OF THE INDIVIDUALS DESCRIBED ABOVE AND AT THAT TIME REVIEWS THE COMPENSATION SURVEY DETAILS PREPARED BY THE INDEPENDENT COMPENSATION CONSULTING FIRM. FOR SOME CATEGORIES OF POSITIONS, THE COMPENSATION COMMITTEE WILL REVIEW THE COMPENSATION STRUCTURE AND TARGETS AS A GROUP, RATHER THAN BY INDIVIDUAL. COMPENSATION FOR THE BILH CEO AND OTHER SENIOR EXECUTIVES IS REVIEWED ON AN INDIVIDUAL BASIS. THE COMPENSATION COMMITTEE THEN VOTES TO APPROVE THE COMPENSATION ARRANGEMENTS OF ALL INDIVIDUALS DESCRIBED ABOVE EXCEPT FOR THE BILH CEO. THE COMPENSATION PACKAGE FOR THE BILH CEO VOTED BY THE COMPENSATION COMMITTEE IS SUBMITTED TO THE FULL BOARD OF TRUSTEES FOR APPROVAL. ALL DELIBERATIONS WERE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES. THE COMPENSATION COMMITTEE PROCESSES AND PROCEDURES AS DESCRIBED ABOVE ARE DESIGNED TO MEET THE REQUIREMENTS OF TREASURY REGULATION SECTION 53.4958-6(C), REBUTTABLE PRESUMPTION THAT A TRANSACTION IS NOT AN EXCESS BENEFIT TRANSACTION. IN ADDITION, AS REQUIRED BY THIS FORM 990 AND FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2022, COMPENSATION REPORTED HEREIN IS CALENDAR YEAR 2021 COMPENSATION. PRIOR TO THE MARCH 1, 2019 WHEN BILH BECAME THE SOLE MEMBER OF BIDMC COMPENSATION FOR BIDMC WAS SET BY THE BIDMC COMPENSATION COMMITTEE WHICH WAS COMPRISED OF INDEPENDENT MEMBERS OF THE BIDMC BOARD. THE BIDMC COMPENSATION COMMITTEE ESTABLISHED THE POLICIES AND THE COMPENSATION STRUCTURE, INCLUDING BENEFITS, FOR BIDMC MEMBER OF SENIOR MANAGEMENT AND THE CHIEF EXECUTIVE OFFICERS OF BID-MILTON, BID-PLYMOUTH, BID-NEEDHAM AND MEDICAL CARE OF BOSTON MANAGEMENT CORP FOR WHICH BIDMC SERVED AS SOLE MEMBER PRIOR TO MARCH 1, 2019. THE COMPENSATION COMMITTEE WAS RESPONSIBLE FOR ASSURING THAT THE

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	TOTAL COMPENSATION PROVIDED TO THESE INDIVIDUALS WAS FAIR AND REASONABLE USING CURRENT AND CREDIBLE MARKET PRACTICE INFORMATION AND WAS RESPONSIBLE FOR ENSURING COMPLIANCE WITH APPLICABLE LEGAL AND REGULATORY GUIDELINES, IN SETTING COMPENSATION, THE COMPENSATION COMMITTEE RELIES UPON PUBLISHED COMPENSATION SURVEYS AND STUDIES PRODUCED BY INDEPENDENT COMPENSATION CONSULTING FIRMS THAT REGULARLY ASSESS EXECUTIVE COMPENSATION AND BENEFITS OF SUBSTANTIALLY SIMILAR ORGANIZATIONS. THE COMPENSATION COMMITTEE MEETS TO REVIEW THE COMPENSATION STRUCTURE OF THE INDIVIDUALS DESCRIBED ABOVE AND AT THAT TIME REVIEWS THE COMPENSATION SURVEY DETAILS PREPARED BY THE INDEPENDENT COMPENSATION CONSULTING FIRM. COMPENSATION FOR THE BIDMC CEO AND OTHER SENIOR EXECUTIVES IS REVIEWED ON AN INDIVIDUAL BASIS. THE COMPENSATION COMMITTEE THEN VOTED TO APPROVE THE COMPENSATION ARRANGEMENTS OF ALL INDIVIDUALS DESCRIBED ABOVE EXCEPT FOR THE BIDMC CEO. THE COMPENSATION PACKAGE FOR THE BIDMC CEO WAS VOTED BY THE COMPENSATION COMMITTEE AND SUBMITTED TO THE FULL BOARD OF DIRECTORS FOR APPROVAL. ALL DELIBERATIONS WERE CONTEMPORANEOUSLY DOCUMENTED IN MINUTES.
FORM 990, PART VI, SECTION C, LINE 19	BETH ISRAEL DEACONESS MEDICAL CENTER'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST AT THE FOLLOWING LOCATION: BETH ISRAEL LAHEY HEALTH TAX DEPARTMENT SCHRAFFT'S CITY CENTER, 4TH FLOOR, 529 MAIN STREET CHARLESTOWN, MA 02129
FORM 990, PART VI, SECTION A, LINE 6:	EFFECTIVE MARCH 1, 2019, BETH ISRAEL LAHEY HEALTH, INC. (BILH) IS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER. CAREGROUP, WHICH MERGED INTO BIDMC, EFFECTIVE MARCH 1, 2019, PREVIOUSLY SERVED AS SOLE MEMBER.
FORM 990, PART IX, LINE 11G	CONSULTING: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 4,343,478. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,343,478. MD FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 109,522,952. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 109,522,952. PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 198,341,879. MANAGEMENT AND GENERAL EXPENSES 83,351,047. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 281,692,926.
FORM 990, PART XI, LINE 9:	NET ASSETS RELEASED FROM RESTRICTION 0. UNREALIZED CHG IN EQUITY INTEREST IN LIMITED PARTNERSHIP -65,521,536. CHANGE IN FUNDED STATUS OF EMPLOYEES BENEFIT PLANS 88,442,473. TRANSFER (TO) FROM AFFILIATE -40,597,805. NET ASSETS RELEASED FOR CAPITAL 0. NET ASSETS RELEASED FOR OTHER CHANGES IN NET ASSETS OR FUND BALANCES: PLEDGE VALUATION ADJUSTMENTS
PART XII, LINE 2C:	AS NOTED THROUGHOUT THIS FORM 990, BETH ISRAEL DEACONESS MEDICAL CENTER IS A MEMBER OF THE BETH ISRAEL LAHEY HEALTH NETWORK OF AFFILIATES. BETH ISRAEL LAHEY HEALTH (BILH) SERVES AS THE DIRECT OR INDIRECT MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER AND BETH ISRAEL DEACONESS MEDICAL CENTER IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF BETH ISRAEL LAHEY HEALTH. THE AUDIT AND COMPLIANCE COMMITTEE OF BILH'S BOARD OF TRUSTEES ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE CONSOLIDATED AUDIT FOR NETWORK AS A WHOLE.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

SCHEDULE R
(Form 990)

OMB No. 1545-0047

2021

Open to Public Inspection

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
BETH ISRAEL DEACONESS MEDICAL CENTER
INC

Employer identification number
04-2103881

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?
						YesNo
(1)WINCHESTER HOSPITAL FOUNDATION INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-3399570	PROFESSIONAL SERVICES & FINANCIAL SUPPORT	MA	501(C)(3)	12A, I	WINCHESTER HEALTHCARE MANAGEMENT INC	
(2)WINCHESTER HOSPITAL 41 HIGHLAND AVE WINCHESTER, MA 01890 04-2104434	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes
(3)WINCHESTER HEALTHCARE MANAGEMENT INC 41 HIGHLAND AVE WINCHESTER, MA 01890 22-2701817	MANAGEMENT	MA	501(C)(3)	12A, I	LAHEY HEALTH SHARED SERVICES INC	Yes
(4)WINCHESTER COMMUNITY ACCOUNTABLE CARE ORGANIZATION INC 41 HIGHLAND AVE WINCHESTER, MA 01890 22-3137856	ACO	MA	501(C)(3)	12A, I	WINCHESTER HEALTHCARE MANAGEMENT INC	Yes
(5)THE JORDAN HEALTH SYSTEMS INC 275 SANDWICH ST PLYMOUTH, MA 02360 04-2103805	PROMOTE HEALTHCARE	MA	501(C)(3)	7	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(6)SEACOAST NURSING AND REHABILITATION CENTER INC 100 WASHINGTON ST GLOUCESTER, MA 01930 04-1305001	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes
(7)SEACOAST AFFILIATED GROUP PRACTICE INC 25 HIGHLAND AVE NEWBURYPORT, MA 01915 04-3485648	PHYSICIAN GROUP	MA	501(C)(3)	10	ANNA JAQUES HOSPITAL INC	Yes
(8)NORTHEAST SENIOR HEALTH CORPORATION 85 HERRICK ST BEVERLY, MA 01915 04-2731137	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes
(9)NORTHEAST PROFESSIONAL REGISTRY OF NURSES INC DBA BILH AT HOME 800 CUMMINGS CENTER BEVERLY, MA 01915 20-1287349	HEALTHCARE	MA	501(C)(3)	10	NORTHEAST SENIOR HEALTH CORPORATION	Yes
(10)NORTHEAST MEDICAL PRACTICE INC 85 HERRICK ST BEVERLY, MA 01915 04-3201853	HEALTHCARE	MA	501(C)(3)	10	NORTHEAST HOSPITAL CORPORATION	Yes
(11)NORTHEAST HOSPITAL CORPORATION 85 HERRICK ST BEVERLY, MA 01915 04-2121317	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes
(12)NORTHEAST HEALTH SYSTEMS INC 85 HERRICK ST BEVERLY, MA 01915 04-3240453	FINANCIAL & OPERATIONAL SUPPORT	MA	501(C)(3)	12B, II	LAHEY HEALTH SHARED SERVICES INC	Yes
(13)NORTHEAST BEHAVIORAL HEALTH CORPORATION DBA BILH BEHAVIORAL HEALTHSERVICE 199 ROSEWOOD DRIVE DANVERS, MA 01923 04-2777145	HEALTHCARE	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH INC	Yes
(14)NEW ENGLAND BAPTIST MEDICAL ASSOCIATES INC 125 PARKER HILL AVE BOSTON, MA 02120 04-3235796	OUTPATIENT MEDICAL SERVICES TO THE VARIOUS COMMUNITIES SERVICED BY NEBH	MA	501(C)(3)	3	NEW ENGLAND BAPTIST HOSPITAL	Yes
(15)NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVE BOSTON, MA 02120 04-2103612	ORTHOPEDIC SPECIALTY HOSPITAL	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes
(16)MOUNT AUBURN PROFESSIONAL SERVICES INC 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-3026897	OFFERING MEDICAL CARE IN GENERAL AND SPECIALIZED PRACTICES	MA	501(C)(3)	12A, I	MOUNT AUBURN HOSPITAL	Yes
(17)MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN ST CAMBRIDGE, MA 02138 04-2103606	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes
(18)MED CARE OF BOSTON MGMT CORP DBA BILH PRIMARY CARE 464 HILLSIDE AVE NEEDHAM, MA 02494 04-2810972	OUTPATIENT, PRIMARY CARE AND SPECIALTY SERVICES	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH PRIMARY CARE	Yes
(19)LONGWOOD MEDICAL INTERNATIONAL FOUNDATION INC 375 LONGWOOD AVE BOSTON, MA 02215 04-3208878	INACTIVE CORPORATION	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(20)LONGWOOD MEDICAL ENERGY COLLABORATIVE INC 375 LONGWOOD AVE BOSTON, MA 02215 04-3476764	COORDINATE AND PROVIDE STRATEGIC PLANNING OPP FOR HMS	MA	501(C)(3)	12A, I	N/A	No
(21)LAHEY HEALTH SHARED SERVICES INC 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 04-3178972	ADMINISTRATION	MA	501(C)(3)	10	BETH ISRAEL LAHEY HEALTH INC	Yes
(22)LAHEY CLINIC INC 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 04-2704683	HEALTHCARE	MA	501(C)(3)	10	LAHEY CLINIC FOUNDATION INC	Yes
(23)LAHEY CLINIC HOSPITAL INC DBA LAHEY HOSPITAL & MEDICAL CENTER AND LMC 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 04-2704686	HEALTHCARE	MA	501(C)(3)	3	LAHEY CLINIC FOUNDATION INC	Yes
(24)LAHEY CLINIC FOUNDATION INC 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 04-2323457	FINANCIAL & OPERATIONAL SUPPORT TO LCI AND LCH	MA	501(C)(3)	7	BETH ISRAEL LAHEY HEALTH INC	Yes
(25)LAHEY CLINIC CANADIAN FOUNDATION 130 KING ST WEST TORONTO, ONTARIO CA	FUNDRAISING ORG	CA			N/A	No
(26)JOSLIN DIABETES CENTER INC ONE JOSLIN PLACE BOSTON, MA 02215 04-2203836	PREVENTION, TREATMENT, AND CURE OF DIABETES	MA	501(C)(3)	7	BETH ISRAEL LAHEY HEALTH INC	Yes
(27)JOSLIN CLINIC INC ONE JOSLIN PLACE BOSTON, MA 02215 22-2984590	PREVENTION, TREATMENT, AND CURE OF DIABETES	MA	501(C)(3)	12A, I	JOSLIN DIABETES CENTER INC	Yes
(28)JORDAN PHYSICIAN ASSOCIATES INC 275 SANDWICH ST PLYMOUTH, MA 02360 04-3228556	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	10	BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH INC	Yes
(29)HEALTH AND EDUCATION HOUSING SERVICES INC 199 ROSEWOOD DRIVE DANVERS, MA 01923 22-3232914	HUD HOUSING	MA	501(C)(3)	10	NORTHEAST BEHAVIORAL HEALTH CORPORATION	Yes
(30)HARVARD MEDICAL FACULTY PHYSICIANS AT BIDMC INC 375 LONGWOOD AVE BOSTON, MA 02215 22-2768204	GENERAL AND SPECIALIZED MEDICAL SERVICES TO THE PATIENTS OF BIDMC AND OTHERS	MA	501(C)(3)	10	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(31)CPHCH INC DBA BILH AT HOME - WATERTOWN C/O NRPN 600 CUMMINGS CTR BEVERLY, MA 01915 47-3111453	HOME CARE & HOSPICE	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS HOSPITAL - MILTON	Yes
(32)CONTINUING EDU PROGRAM DBA BID DEPT OF PSYCH FDN 375 LONGWOOD AVE BOSTON, MA 02215 04-3242952	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(33)COMMUNITY PHYSICIANS ASSOCIATES INC 199 REEDSDALE RD MILTON, MA 02186 04-3243146	OUTPATIENT AND PRIMARY CARE SERVICES	MA	501(C)(3)	3	BETH ISRAEL DEACONESS HOSPITAL - MILTON	Yes
(34)CAB HEALTH AND RECOVERY SERVICES INC 199 ROSEWOOD DRIVE DANVERS, MA 01923 04-2400270	SUBSTANCE ABUSE	MA	501(C)(3)	10	NORTHEAST BEHAVIORAL HEALTH CORPORATION	Yes
(35)BIH RADIOLOGIC FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2571853	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(36)BIH PATHOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 22-2548374	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(37)BID-MILTON PHYSICIAN ASSOCIATES INC 199 REEDSDALE ROAD MILTON, MA 02186 22-2566792	PROMOTE HEALTHCARE	MA	501(C)(3)	7	BETH ISRAEL DEACONESS HOSPITAL - MILTON	Yes
(38)BIDMC OBSTETRICS AND GYNCEOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2794855	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(39)BIDMC AND CHILDREN'S HOSPITAL MEDICAL CARE CORP 300 LONGWOOD AVE BOSTON, MA 02215 04-3200113	OUTPATIENT AMBULATORY CENTER	MA	501(C)(3)	12A, I	N/A	No
(40)BETH ISRAEL LAHEY HEALTH INC 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 83-2671600	MANAGEMENT PROFESSIONAL & IT SUPPORT SERVICES	MA	501(C)(3)	12C, III-FI	N/A	No
(41)BETH ISRAEL LAHEY HEALTH PRIMARY CARE 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 47-2248298	HEALTHCARE	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes
(42)BETH ISRAEL LAHEY HEALTH PHARMACY INC 80 WILSON WAY WESTWOOD, MA 02090 82-2526816	TO OPERATE A SPECIALTY PHARMACY AND 340B PROGRAM FOR BIDMC	MA	501(C)(3)	12A, I	BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(43)BETH ISRAEL DERMATOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3117601	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(44)BETH ISRAEL DEACONESS MEDICAL CENTER INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2103881	THE OPERATION OF A WORLD CLASS ACADEMIC MEDICAL CENTER IN BOSTON, MA	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes
(45)BETH ISRAEL DEACONESS HOSPITAL PLYMOUTH INC 275 SANDWICH ST PLYMOUTH, MA 02360 22-2667354	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS.	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes
(46)BETH ISRAEL DEACONESS HOSPITAL NEEDHAM INC 148 CHESTNUT ST NEEDHAM, MA 02492 04-3229679	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS.	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes
(47)BETH ISRAEL DEACONESS HOSPITAL MILTON INC 199 REEDSDALE RD MILTON, MA 02186 04-2103604	HOSPITAL FOR THE TREATMENT, CARE AND RELIEF OF SICK AND SUFFERING PERSONS.	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes
(48)BETH ISRAEL DEACONESS DEPARTMENT OF SURGERY FOUNDATION INC 110 FRANCIS ST BOSTON, MA 02215 02-0671240	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(49)BETH ISRAEL DEACONESS DEPARTMENT OF RADIATION ONCOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 87-3655583	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(50)BETH ISRAEL DEACONESS DEPARTMENT OF ORTHOPAEDIC SURGERY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 20-4974585	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(51)BETH ISRAEL DEACONESS DEPARTMENT OF NEUROLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3030397	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(52)BETH ISRAEL DEACONESS DEPARTMENT OF NEONATOLOGY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 20-8253452	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(53)BETH ISRAEL DEACONESS DEPARTMENT OF MEDICINE FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-3079630	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(54)BETH ISRAEL DEACONESS DEPARTMENT OF EMERGENCY MEDICINATION INC 330 BROOKLINE AVE BOSTON, MA 02215 36-4803234	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(55)BETH ISRAEL COMMUNITY FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2776678	INACTIVE CORPORATION	MA	501(C)(3)	7	N/A	No
(56)BETH ISRAEL ANAESTHESIA FOUNDATION INC 330 BROOKLINE AVE BOSTON, MA 02215 04-2997215	SUPPORT PATIENT CARE, RESEARCH AND TEACHING MISSIONS OF BIDMC, HFMP AND HMS	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(57)BAIM INSTITUTE FOR CLINICAL RESEARCH INC DBA BAIM INSTITUTE 930 COMMONWEALTH AVE BOSTON, MA 02215 04-3521077	SCIENTIFIC & MEDICAL RESEARCH	MA	501(C)(3)	7	N/A	No
(58)ASSOC PHYS HARVARD MED FAC PHY AT BIDMC 375 LONGWOOD AVE BOSTON, MA 02215 32-0058309	TO PROVIDE EMERGENCY MEDICAL SERVICES	MA	501(C)(3)	12A, I	HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER	Yes
(59)ANNA JAQUES HOSPITAL 25 HIGHLAND AVE NEWBURYPORT, MA 01950 04-2104338	HEALTHCARE	MA	501(C)(3)	3	BETH ISRAEL LAHEY HEALTH INC	Yes
(60)ADDISON GILBERT SOCIETY INC 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 46-4371382	PROFESSIONAL SERVICES & FINANCIAL SUPPORT	MA	501(C)(3)	10	LAHEY HEALTH SHARED SERVICES INC	Yes

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

Cat. No. 50135Y

Schedule R (Form 990) 2021

Part IIIPart 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	
(1) BETH ISRAEL LAHEY HEALTH SURGERY CENTER PLYMOUTH LLC 41 RESNIK ROAD PLYMOUTH, MA 02360 88-3871838	SURGERY CENTER	MA	N/A					No			No	
(2) BIDCO HOSPITAL LLC 247 STATION DRIVE NORTHWEST 1 WESTWOOD, MA 02090 46-1643790	COORDINATED SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A	EXCLUDED				No			No	
(3) BIDCO PHYSICIAN LLC 600 UNICORN PARK DRIVE 4TH FLOOR WOBURN, MA 01801 46-1589743	COORDINATED SAFE AND COST EFFECTIVE PATIENT CARE AT BIDMC	MA	N/A					No			No	
(4) BILH INVESTMENT PARTNERSHIP LLP 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129 04-3278109	INVESTMENT PARTNERSHIP	MA	BETH ISRAEL DEACONESS MEDICAL CENTER INC	EXCLUDED	56,141,003	772,627,313		No	-1,767,332		No	62.820 %
(5) NEBSC HOSPITAL HOLDINGS LLC 125 PARKER HILL AVE BOSTON, MA 02120 87-4293833	INVESTMENT PARTNERSHIP	MA	N/A					No			No	
(6) NEW ENGLAND BAPTIST SURGERY CENTER LLC 40 ALLIED DRIVE DEDHAM, MA 02026 87-4311329	AMBULATORY SURGERY CENTER	MA	N/A					No			No	
(7) PHYSICIAN PROFESSIONAL SERVICES LLP 200 RIVERS EDGE DRIVE MEDFORD, MA 02215 04-3275078	TO PROVIDE MEDICAL BILLING SERVICES	MA	N/A					No			No	
(8) SHIELDS IMAGING AT ANNA JAKUES HOSPITAL LLC 700 CONGRESS ST STE 204 QUINCY, MA 02169 38-3989358	MRI SERVICES	MA	N/A					No			No	
(9) WINCHESTER HOSPITALSHIELDS MRI LLC 700 CONGRESS ST STE 204 QUINCY, MA 02169 46-2523117	MRI SERVICES	MA	N/A					No			No	

Part IVPart 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
(1)GREATER NEWBURYPORT MANAGEMENT SERVICES ORGANIZATION INC 25 HIGHLAND AVE NEWBURYPORT, MA 01950 16-1744477	MANAGEMENT SERVICES	MA	N/A	C					No
(2)HUNTINGFIELD CORPORATION C/O LCF 529 MAIN ST 4TH FL CHARLESTOWN, MA 02129	TO HOLD OWNERSHIP OF SUBTERRANEAN RIGHTS.	DE	N/A	C					No
(3)LAHEY CLINIC INSURANCE CO LTD CRAIG APPIN HOUSE PO BOX HM 2450 H BERMUDA BD	INSURANCE	BD	N/A	C					No
(4)LEDGEWOOD HEALTH CARE CORPORATION 87 HERRICK STREET BEVERLY, MA 01915 04-2855189	NURSING HOME	MA	N/A	C					No
(5)NORTHEAST PROPRIETARY CORP 85 HERRICK STREET BEVERLY, MA 01915 04-2855191	MEDICAL SERVICES	MA	N/A	C					No
(6)WINCHESTER HEALTHCARE ENTERPRISES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-2932059	MANAGEMENT SERVICES	MA	N/A	C					No
(7)WINCHESTER PHYSICIAN ASSOCIATES INC 41 HIGHLAND AVE WINCHESTER, MA 01890 04-3262963	MANAGEMENT SERVICES	MA	N/A	C					No

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]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
PARTS I - V :	DURING THE FISCAL PERIOD COVERED BY THIS FILING, BETH ISRAEL LAHEY HEALTH (BILH) SERVED AS THE SOLE MEMBER OF BETH ISRAEL DEACONESS MEDICAL CENTER, INC. (BIDMC), MOUNT AUBURN HOSPITAL (MAH), NEW ENGLAND BAPTIST HOSPITAL (NEBH), BETH ISRAEL DEACONESS HOSPITAL -- MILTON, INC. (MILTON), BETH ISRAEL DEACONESS HOSPITAL -- NEEDHAM, INC. (NEEDHAM), BETH ISRAEL DEACONESS HOSPITAL -- PLYMOUTH, INC. (PLYMOUTH), LAHEY HEALTH SHARED SERVICES (LHSS), LAHEY CLINIC FOUNDATION (LCF), WINCHESTER HOSPITAL (WINCHESTER), NORTHEAST HOSPITAL CORPORATION (NHC) WHICH INCLUDES BEVERLY, ADDISON GILBERT AND BAYRIDGE HOSPITALS, NORTHEAST BEHAVIORAL CORPORATION (NBHC), ANNA JAKES HOSPITAL (AJH) AND THE BETH ISRAEL LAHEY HEALTH PERFORMANCE NETWORK (BILHPN). THE LAHEY CLINIC FOUNDATION IN TURN SERVED AS THE SOLE MEMBER OF LAHEY CLINIC INC, AND LAHEY CLINIC HOSPITAL D/B/A LAHEY HOSPITAL AND MEDICAL CENTER (LHMC). THESE ENTITIES MAY HAVE ALSO, IN TURN, SERVED AS MEMBER TO OTHER NETWORK AFFILIATES. THE BY-LAW OF THESE ENTITIES REFLECT THE CENTRALIZATION OF THE SYSTEM, AND AS SUCH, AFFILIATES WITHIN THE BILH SYSTEM ARE CONSIDERED CONTROLLED ENTITIES UNDER IRC SECTION 512(B)(13), AS EACH AFFILIATE IS UNDER COMMON GOVERNANCE CONTROL, AS DESCRIBED IN TREAS. REGS. 1.512(B)-1(L)(4). IN ADDITION, UNDER INTERNAL REVENUE CODE SECTION 512, CONTROL MEANS THAT MORE THAN 50 PERCENT OF THE DIRECTORS OR TRUSTEES OF AN ORGANIZATION ARE EITHER REPRESENTATIVES OF, OR DIRECTLY OR INDIRECTLY CONTROLLED, BY AN EXEMPT ORGANIZATION. A TRUSTEE OR DIRECTOR IS A REPRESENTATIVE OF AN EXEMPT ORGANIZATION IF THEY ARE A TRUSTEE, DIRECTOR, AGENT, OR EMPLOYEE OF SUCH EXEMPT ORGANIZATION. UNDER THIS DEFINITION, HARVARD MEDICAL FACULTY PHYSICIANS AT BETH ISRAEL DEACONESS MEDICAL CENTER, INC. AND IT'S AFFILIATES ARE INCLUDED IN FORM 990, SCHEDULE R FOR THE CURRENT TAX YEAR.

Additional Data

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