

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE MERCY HOSPITAL, INC.** Employer identification number **04-3398280**

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		8,595	2662544.		2662544.	.76%
b Medicaid (from Worksheet 3, column a)		36,334	96646081.	76185956.	20460125.	5.87%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs		44,929	99308625.	76185956.	23122669.	6.63%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	21	3,677	783,447.	325.	783,122.	.22%
f Health professions education (from Worksheet 5)	3	128	117,714.		117,714.	.03%
g Subsidized health services (from Worksheet 6)	1	1,800	1733254.	1061787.	671,467.	.19%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	1,115	14,283.		14,283.	.00%
j Total. Other Benefits	27	6,720	2648698.	1062112.	1586586.	.44%
k Total. Add lines 7d and 7j	27	51,649	101957323	77248068.	24709255.	7.07%

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	1	1,000	2,893.		2,893.	.00%
2 Economic development	1	100	4,000.		4,000.	.00%
3 Community support	1	230	5,750.		5,750.	.00%
4 Environmental improvements	1		12,000.		12,000.	.00%
5 Leadership development and training for community members						
6 Coalition building	1		513,666.	446,025.	67,641.	.02%
7 Community health improvement advocacy	1	25	109.		109.	.00%
8 Workforce development	1	120	1,379.		1,379.	.00%
9 Other						
10 Total	7	1,475	539,797.	446,025.	93,772.	.02%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	6,395,427.
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	0.
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	93,189,806.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	92,037,488.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	1,152,318.
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 LIFEPATH PARTNERS, LLC	LABORATORY SERVICES	50.00%	.00%	50.00%

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

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

1 MERCY HOSPITAL, INC.
271 CAREW ST.
SPRINGFIELD, MA 01104
WWW.MERCYCARES.COM/SPRINGFIELD
STATE LICENSE # VHFO

Table with columns: Licensed hospital, gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first, second, and seventh columns.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group MERCY HOSPITAL, INC.

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.MERCYCARES.COM/CHNA</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>WWW.MERCYCARES.COM/CHNA</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group MERCY HOSPITAL, INC.

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.MERCYCARES.COM/BILLING</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.MERCYCARES.COM/BILLING</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.MERCYCARES.COM/BILLING</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group MERCY HOSPITAL, INC.

	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?	X	
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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group MERCY HOSPITAL, INC.

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

Schedule H (Form 990) 2018

Part V Facility Information (continued)

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

MERCY HOSPITAL, INC.:

PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B, LINE 3E: MERCY HOSPITAL INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. COMMUNITY LEVEL SOCIAL AND ECONOMIC DETERMINANTS THAT IMPACT HEALTH:

- HOUSING NEEDS
- BUILT ENVIRONMENT (ACCESS TO HEALTHY FOOD, TRANSPORTATION, AND PLACES TO EXERCISE)
- LACK OF RESOURCES TO MEET BASIC NEEDS
- EDUCATIONAL ATTAINMENT
- VIOLENCE AND TRAUMA
- SOCIAL ENVIRONMENT AND SOCIAL ISOLATION
- ENVIRONMENTAL EXPOSURES

2. BARRIERS TO ACCESSING QUALITY HEALTH CARE

- INSURANCE AND HEALTH CARE RELATED CHALLENGES
- LIMITED AVAILABILITY OF PROVIDERS
- LACK OF TRANSPORTATION AND NEED FOR FINANCIAL ASSISTANCE
- NEED FOR CULTURALLY SENSITIVE CARE
- LACK OF CARE COORDINATION

Part V Facility Information (continued)

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

- HEALTH LITERACY AND LANGUAGE BARRIERS

3. HEALTH OUTCOMES

- MENTAL HEALTH AND SUBSTANCE USE

- CHRONIC HEALTH CONDITIONS

- PHYSICAL ACTIVITY AND NUTRITION

- INFANT AND PERINATAL HEALTH

ADDITIONAL DESCRIPTIONS FOR EACH OF THE PRIORITIZED NEEDS AND SUB-NEEDS CAN BE FOUND IN THE HOSPITAL'S CHNA, WHICH IS LOCATED ON THE HOSPITAL'S WEBSITE: WWW.MERCYCARES.COM/CHNA

MERCY HOSPITAL, INC.:

PART V, SECTION B, LINE 5: THE INPUT OF THE COMMUNITY AND OTHER IMPORTANT REGIONAL STAKEHOLDERS WAS PRIORITIZED BY THE COALITION AS AN IMPORTANT PART OF THE CHNA PROCESS. BELOW ARE THE PRIMARY MECHANISMS FOR COMMUNITY AND STAKEHOLDER ENGAGEMENT:

THE CHNA REGIONAL ADVISORY COMMITTEE (RAC) INCLUDED REPRESENTATIVES FROM EACH HOSPITAL/INSURER COALITION MEMBER AS WELL AS PUBLIC HEALTH AND COMMUNITY STAKEHOLDERS FROM EACH HOSPITAL SERVICE AREA. STAKEHOLDERS ON THE RAC INCLUDED LOCAL AND REGIONAL PUBLIC HEALTH AND HEALTH DEPARTMENT REPRESENTATIVES; REPRESENTATIVES FROM LOCAL AND REGIONAL ORGANIZATIONS SERVING OR REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME OR POPULATIONS OF COLOR; AND INDIVIDUALS FROM ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY. THE COALITION CONDUCTED A STAKEHOLDER ANALYSIS TO ENSURE GEOGRAPHIC, SECTOR (E.G. SCHOOLS, COMMUNITY SERVICE

Part V Facility Information (continued)

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

ORGANIZATIONS, HEALTHCARE PROVIDERS, PUBLIC HEALTH, AND HOUSING), AND RACIAL/ETHNIC DIVERSITY OF RAC. THE RAC MET IN WORKGROUPS (DATA AND REPORTS, ENGAGEMENT AND DISSEMINATION, AND HEALTH EQUITY) TO GUIDE THE CONSULTANTS IN THE PROCESS OF CONDUCTING THE CHNA, AND TO PRIORITIZE COMMUNITY HEALTH NEEDS, CHNA FINDINGS, AND DISSEMINATION OF INFORMATION. ASSESSMENT METHODS AND FINDINGS WERE MODIFIED BASED ON THE STEERING COMMITTEE FEEDBACK. THE RAC CONSISTED OF 31 PEOPLE, INCLUDING COALITION MEMBERS AND CONSULTANTS. THE RAC MET MONTHLY FROM SEPTEMBER 2018 THROUGH JUNE 2019.

KEY INFORMANT INTERVIEWS AND FOCUS GROUPS WERE CONDUCTED TO BOTH GATHER INFORMATION USED TO IDENTIFY PRIORITY HEALTH NEEDS AND ENGAGE THE COMMUNITY. KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH HEALTH CARE PROVIDERS, HEALTH CARE ADMINISTRATORS, LOCAL AND REGIONAL PUBLIC HEALTH OFFICIALS, AND LOCAL LEADERS THAT REPRESENT THE INTERESTS OF THE COMMUNITY OR THAT SERVE MEDICALLY UNDERSERVED, LOW-INCOME, OR POPULATIONS OF COLOR IN THE SERVICE AREA. INTERVIEWS WITH LOCAL AND REGIONAL PUBLIC HEALTH OFFICIALS WERE USED TO IDENTIFY PRIORITY HEALTH AREAS AND COMMUNITY FACTORS THAT CONTRIBUTE TO HEALTH NEEDS. FOCUS GROUP PARTICIPANTS INCLUDED COMMUNITY ORGANIZATIONAL REPRESENTATIVES, COMMUNITY MEMBERS (LOW-INCOME, PEOPLE OF COLOR, AND OTHERS), AND OTHER COMMUNITY STAKEHOLDERS. TOPICS AND POPULATIONS INCLUDED: SUBSTANCE USE, TRANSGENDER HEALTH, OLDER ADULTS, YOUTH, MENTAL HEALTH, CANCER CARE, GUN VIOLENCE, AND RURAL FOOD ACCESS. KEY INFORMANT INTERVIEWS AND FOCUS GROUPS WERE CONDUCTED FROM FEBRUARY 2019 THROUGH MARCH 2019. FOCUS GROUPS AND KEY INFORMANT INTERVIEWS ENGAGED ABOUT 210 PEOPLE, PRIMARILY IN HAMPDEN COUNTY BUT ALSO ACROSS THE REGION. THIS CHNA ALSO USED QUALITATIVE DATA FROM OTHER HOSPITAL SERVICE AREAS AS

Part V Facility Information (continued)

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

APPROPRIATE.

THREE COMMUNITY CONVERSATIONS AND APPROXIMATELY 46 COMMUNITY CHATS WERE HELD THAT WERE PERTINENT TO MERCY'S CHNA. COMMUNITY CONVERSATIONS WERE LARGER BIDIRECTIONAL INFORMATION-SHARING MEETINGS THAT WERE CONDUCTED IN THE HOSPITAL'S SERVICE AREA, WITH ONE DONE IN SPANISH IN SPRINGFIELD. FOR COMMUNITY CHATS, RAC MEMBERS SHARED INFORMATION ABOUT THE CHNA AND GATHERED PRIORITIES IN REGULAR MEETINGS OF SERVICE PROVIDERS, COMMUNITY-BASED ORGANIZATIONS, AND GROUPS OF STAFF AND ADMINISTRATORS AT HOSPITALS. CONVERSATIONS AND CHATS WERE HELD FROM JANUARY 2019 THROUGH APRIL 2019 AND ENGAGED APPROXIMATELY 824 PEOPLE IN HAMPDEN COUNTY.

COMMUNITY FORUM SESSIONS WERE HELD IN JUNE 2019 UPON COMPLETION OF THE CHNA REPORT. THE COMMUNITY LISTENING SESSIONS INCLUDED INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY AND COMMUNITY STAKEHOLDERS REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS. THESE SESSIONS HELPED TO OBTAIN INPUT ON THE PRIORITIZED HEALTH NEEDS THAT WERE IDENTIFIED IN THE CHNA AND TO GAIN FEEDBACK ON THE NEEDS THAT ARE THE FOCUS OF THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PROCESS.

BELOW IS A LIST OF PUBLIC HEALTH AND COMMUNITY REPRESENTATIVES, AND OTHER STAKEHOLDERS INVOLVED IN THE PROCESS, WHICH INCLUDED REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS. THESE VULNERABLE POPULATIONS, WHICH INCLUDE CHILDREN, OLDER ADULTS, LATINOS, AFRICAN AMERICANS, AND REFUGEES, WERE REPRESENTED BY:

Part V Facility Information (continued)

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

ACO PATIENT FAMILY ADVISORY COUNCIL, ALZHEIMER'S SUPPORT GROUP, ARMBROOK VILLAGE OLDER ADULT COMMUNITY, BAYSTATE COMMUNITY FACULTY HEALTH CARE PROFESSIONALS, BMC PATIENT FAMILY ADVISORY COUNCIL, BOYS AND GIRLS CLUB, BSEP CAREER INTERDISCIPLINARY, C3 MASON SQUARE, C3 SOUTH END, CARSON CENTER, CENTER FOR HUMAN DEVELOPMENT, CITY OF SPRINGFIELD PUBLIC HEALTH DEPARTMENT, COLLABORATIVE FOR EDUCATIONAL SERVICES, COMMUNITY ACTION PIONEER VALLEY, DEAN HIGH SCHOOL YOUTH COMMUNITY, EAST LONGMEADOW BOARD OF HEALTH, FALCETTI TOWERS COMMUNITY, FAMILY ADVOCACY CENTER'S HOMICIDE BEREAVEMENT PROGRAM, GANDAR COMMUNITY, GIRLS INC. SPRINGFIELD YOUTH COMMUNITY, GREATER SPRINGFIELD SENIOR SERVICES, HAMPDEN COUNTY HEALTH COALITION, HAMPDEN COUNTY SHERIFF'S DEPARTMENT, HEALTHY HILL INITIATIVE, HOLYOKE COMMUNITY COLLEGE, INTERFAITH COUNCIL, JEWISH FAMILY SERVICES, KAMP FOR KIDS, MA DEPARTMENT OF PUBLIC HEALTH - BUREAU OF SUBSTANCE USE SERVICES, MA DEPARTMENT OF PUBLIC HEALTH - DIVISION FOR PERINATAL/EARLY CHILDHOOD/SPECIAL NEEDS/CARE COORDINATION, MARTIN LUTHER KING FAMILY SERVICES, MASON SQUARE CAB, MASS IN MOTION, MASS MUTUAL, MASSACHUSETTS COUNCILS ON AGING, MATERNAL AND CHILD HEALTH COMMISSION, MEN OF COLOR HEALTH AWARENESS, MENTAL HEALTH ASSOCIATION, METROCARE OF SPRINGFIELD, MORGAN SCHOOL, NATIONAL ASSOCIATION OF HISPANIC NURSES OF WESTERN MA, NEW NORTH CITIZEN'S COUNCIL, NOBLE COMMUNITY CARE, NOBLE PATIENT FAMILY ADVISORY COUNCIL, OUT NOW YOUTH, PARENT VILLAGES, PATCH SERVICES BEHAVIORAL HEALTH NETWORK, PROJECT COACH YOUTH, SERVICENET, SHRINERS MEDICAL HOME, SPRINGFIELD DEPARTMENT OF HEALTH & HUMAN SERVICES, SQUARE ONE, STAVROS CENTER FOR INDEPENDENT LIVING, UNITY OF PIONEER VALLEY, UMASS SCHOOL OF PUBLIC HEALTH & HEALTH SCIENCES, WESTERN MA BLACK NURSES ASSOCIATION, WESTERN MA HEALTH EQUITY NETWORK, WESTERN MA VETERANS OUTREACH, WESTFIELD SENIOR CENTER, YOUNG CHILDREN'S COUNCIL

Part V Facility Information (continued)

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

MERCY HOSPITAL, INC.:

PART V, SECTION B, LINE 6A: MERCY HOSPITAL IS A MEMBER OF THE COALITION OF WESTERN MASSACHUSETTS HOSPITALS AND COLLABORATED WITH THE FOLLOWING HOSPITALS IN CONDUCTING THE CHNA: BAYSTATE MEDICAL CENTER, BAYSTATE FRANKLIN MEDICAL CENTER, BAYSTATE NOBLE HOSPITAL, BAYSTATE WING HOSPITAL, COOLEY DICKINSON HOSPITAL, AND SHRINERS HOSPITAL FOR CHILDREN.

MERCY HOSPITAL, INC.:

PART V, SECTION B, LINE 6B: MERCY HOSPITAL COLLABORATED WITH HEALTH NEW ENGLAND, A HEALTH INSURANCE PROVIDER, IN CONDUCTING THE CHNA.

MERCY HOSPITAL, INC.:

PART V, SECTION B, LINE 11: SIGNIFICANT HEALTH NEEDS BEING ADDRESSED: MERCY HOSPITAL IS FOCUSING ON AND SUPPORTING INITIATIVES TO IMPROVE THE FOLLOWING HEALTH NEEDS: BARRIERS TO ACCESSING QUALITY HEALTH CARE, AND HEALTH OUTCOMES.

MERCY HOSPITAL HAS DEVELOPED AND IMPLEMENTED THREE STRATEGIC INITIATIVES TO ADDRESS THESE TWO SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA.

BARRIERS TO ACCESSING QUALITY HEALTH CARE - A SIGNIFICANT HEALTH NEED WAS FOUND IN REGARD TO HAMPDEN COUNTY RESIDENTS EXPERIENCING CHALLENGES IN ACCESSING CARE DUE TO THE SHORTAGE OF PROVIDERS. FIFTY-FOUR PERCENT OF

Part V Facility Information *(continued)*

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

HAMPDEN COUNTY RESIDENTS LIVE IN A HEALTH CARE PROFESSIONAL SHORTAGE AREA.

THE FIRST IMPLEMENTED INITIATIVE IS IMPROVING HEALTH CARE SERVICES AND OUTCOMES TO INDIVIDUALS WHO ARE FREQUENT UTILIZERS OF THE EMERGENCY DEPARTMENT. THE IMPLEMENTATION STRATEGY'S GOAL IS TO EXPAND THE SERVICES TO HIGH-END UTILIZERS (HEU) OF THE EMERGENCY DEPARTMENT. TO ACCOMPLISH THIS GOAL AND TO ENCOURAGE HEALTHY OUTCOMES IN FY19, MERCY HOSPITAL EMPLOYED COMMUNITY OUTREACH WORKERS WHO PROVIDE INTENSIVE CASE MANAGEMENT SERVICES TO THE HEU PARTICIPANTS TO ASSESS THEIR INDIVIDUAL HEALTH ISSUES AND BEHAVIORS. THE COMMUNITY HEALTH OUTREACH WORKERS ALSO PROVIDED ASSISTANCE WITH ENROLLMENT IN HEALTH INSURANCE, SOLIDIFIED CONNECTIONS TO PRIMARY CARE, AND PROVIDED RESOURCES AND GUIDANCE TO ACCESS TRANSPORTATION, MENTAL HEALTH SERVICES AND HEALTH CARE EDUCATION.

THE SECOND IMPLEMENTED INITIATIVE IS DEvised TO IMPROVE HEALTH LITERACY, ALONG WITH ACCESS TO CERVICAL CANCER SCREENINGS AND MAMMOGRAMS FOR HOMELESS WOMEN. THE IMPLEMENTATION STRATEGY'S GOAL IS TO INCREASE THE NUMBER OF HOMELESS WOMEN WHO PARTICIPATE IN WOMEN'S HEALTH SCREENINGS. TO ACCOMPLISH THIS GOAL IN FY19, MERCY HOSPITAL PERFORMED CERVICAL CANCER SCREENINGS, AND ALSO VERIFIED THE CERVICAL SCREENING RECORDS AND MAMMOGRAMS PERFORMED INSIDE AND OUTSIDE OF THE MERCY HOSPITAL SYSTEM. ADDITIONALLY, MERCY HEALTH CONTINUED PROVIDING EDUCATION ON THE HEALTH RISKS PERTAINING TO WOMEN'S HEALTH.

HEALTH OUTCOMES - THE SECOND SIGNIFICANT HEALTH NEED WAS FOUND TO BE MENTAL HEALTH. MENTAL HEALTH WAS IDENTIFIED AS ONE OF THE TOP THREE URGENT HEALTH NEEDS/PROBLEMS IMPACTING THE AREA. AN ESTIMATED 15.9% OF HAMPDEN

Part V Facility Information *(continued)*

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

COUNTY RESIDENTS HAVE POOR MENTAL HEALTH 15 DAYS OR MORE IN A MONTH. ER VISIT RATES FOR MENTAL HEALTH DISORDERS IN HAMPDEN COUNTY ARE 24% HIGHER THAN THAT OF THE STATE, WITH PARTICULARLY HIGH RATES IN HOLYOKE AND SPRINGFIELD.

IN RESPONSE TO THIS HEALTH NEED, A STRATEGIC INITIATIVE WAS IDENTIFIED AND IMPLEMENTED TO IMPROVE MENTAL HEALTH SERVICES AND PROVIDE EDUCATION AND AWARENESS TO DIFFERENT POPULATION GROUPS WITHIN THE COMMUNITY. THE IMPLEMENTATION STRATEGY'S GOAL IS TO INCREASE THE MENTAL HEALTH AWARENESS OF HAMPDEN COUNTY RESIDENTS AND TO REDUCE THE STIGMA OF SEEKING HELP. TO ACCOMPLISH THIS GOAL IN FY19, MERCY HOSPITAL OFFERED, IN PARTNERSHIP WITH THE WESTERN MASSACHUSETTS COALITION OF HOSPITALS, MENTAL HEALTH FIRST AID TRAINING (MHFA) BY CERTIFIED INSTRUCTORS TO DIVERSE RESIDENTS WITHIN THE HOSPITAL SERVICE AREA. THE MHFA PROGRAM HELPS TO RAISE AWARENESS ABOUT MENTAL HEALTH AND RELATED ISSUES, ALONG WITH TEACHING PARTICIPANTS ABOUT VARIOUS MENTAL HEALTH SUPPORT SERVICES.

MERCY HOSPITAL IS COMMITTED TO ADHERING TO ITS MISSION AND REMAINING GOOD STEWARDS OF ITS RESOURCES SO IT CAN CONTINUE TO ENHANCE ITS CLINICAL ACTIVITIES AND TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE FOLLOWING AREAS HAVE BEEN IDENTIFIED IN THE CHNA AS NEEDS THAT ARE NOT ADDRESSED IN THE IMPLEMENTATION STRATEGY FOR THE FOLLOWING REASONS:

COMMUNITY LEVEL SOCIAL AND ECONOMIC DETERMINANTS THAT IMPACT HEALTH - MERCY HOSPITAL DOES NOT PLAN TO DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE MERCY HOSPITAL, ALTHOUGH PLAYING ITS ROLE IN THIS COLLECTIVE EFFORT, IS NOT QUALIFIED TO FULLY ADDRESS THE POVERTY QUESTION IN THE

Part V Facility Information (continued)

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

COMMUNITY. MERCY HOSPITAL, HOWEVER, WAS INSTRUMENTAL IN HELPING THE LIVE WELL SPRINGFIELD TRANSFORMING COMMUNITIES INITIATIVE PARTNERSHIP, WHICH IS TO BE AWARDED A GRANT OF UP TO \$500,000 PER YEAR OVER FIVE YEARS TO IMPROVE THE HEALTH AND WELL-BEING OF THE RESIDENTS OF SPRINGFIELD. THE FUNDS ARE BEING USED TO PROVIDE SERVICES AND IMPROVE POLICIES THAT TARGET LOW-INCOME ADULTS AND CHILDREN DISPROPORTIONATELY IMPACTED BY HEALTH CONDITIONS RELATED TO POOR DIET, INACTIVITY, TOBACCO USE, AND OTHER SOCIAL DETERMINANTS. SPECIFIC STRATEGIES INCLUDE ENHANCING EARLY EDUCATION AND CARE SITES THROUGH NUTRITION AND PHYSICAL ACTIVITY, SCHOOL NUTRITION IMPROVEMENTS, COMPLETE STREETS INFRASTRUCTURE, AND TOBACCO USE PREVENTION. THE CORE PARTNERS ARE MERCY HOSPITAL AND LIVE WELL SPRINGFIELD, A MULTI-SECTOR COMMUNITY-BASED COALITION THAT INCLUDES OVER 26 ORGANIZATIONS WORKING IN THE CITY.

MERCY HOSPITAL, INC.:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS

Part V Facility Information *(continued)*

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

UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

MERCY HOSPITAL, INC. - PART V, SECTION B, LINE 9

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

THE MERCY HOSPITAL - PART V, SECTION B, LINE 7B

WWW.TRINITYHEALTHOFNE.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

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.

PART I, LINE 3C:

IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

PART I, LINE 6A:

MERCY HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF MASSACHUSETTS. IN ADDITION, MERCY HOSPITAL REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

IN ADDITION, MERCY HOSPITAL INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND

Part VI Supplemental Information (Continuation)

MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$6,395,427, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

MERCY HOSPITAL PARTICIPATED IN SEVERAL COMMUNITY BUILDING ACTIVITIES IN FY19, AS DESCRIBED BELOW:

PHYSICAL IMPROVEMENTS AND HOUSING: MERCY HOSPITAL PARTNERED AGAIN WITH THE SPRINGFIELD NON-PROFIT REVITALIZE COMMUNITY DEVELOPMENT CORPORATION (REVITALIZE CDC). MERCY HOSPITAL HELPED REVITALIZE CDC AS A SPONSOR AND PROVIDED MERCY HOSPITAL EMPLOYEES, WHO WERE AMONG THE 1,000 VOLUNTEERS, TO RESTORE OVER A DOZEN PROPERTIES FOR THE GREEN 'N FIT NEIGHBORHOOD BLOCK REBUILD IN SPRINGFIELD. REVITALIZE CDC PERFORMS CRITICAL REPAIRS, MODIFICATIONS AND REHABILITATION ON THE HOMES AND NON-PROFIT FACILITIES OF LOW-INCOME FAMILIES WITH CHILDREN, THE ELDERLY, MILITARY VETERANS, AND PEOPLE WITH SPECIAL NEEDS IN HOLYOKE AND SPRINGFIELD, MASSACHUSETTS. REVITALIZE CDC IMPROVES HOMES, NEIGHBORHOODS AND LIVES THROUGH PRESERVATION, EDUCATION AND COMMUNITY INVOLVEMENT. THEY LEVERAGE THE

Part VI Supplemental Information (Continuation)

INVESTMENTS OF DONORS, GRANTORS AND VOLUNTEERS TO MAKE SIGNIFICANT HOME REPAIRS THAT STABILIZE NEIGHBORHOODS, STRENGTHEN THE TAX BASE, AND ALLOW ELDERLY HOMEOWNERS TO "AGE IN PLACE."

ECONOMIC DEVELOPMENT: MERCY HOSPITAL HOSTED THE HUMAN SERVICE FORUM OF LOCAL HUMAN SERVICE PROVIDER ORGANIZATIONS TO EXPAND UPON THEIR MISSION OF ENHANCING THE CULTURAL COMPETENCE OF ORGANIZATIONS IN MEETING THE ECONOMIC NEEDS OF DIVERSE POPULATIONS. MERCY HOSPITAL ALSO WORKED WITH DEVELOP SPRINGFIELD, WHICH FOSTERS URBAN DEVELOPMENT TO STRENGTHEN THE CITY'S ECONOMY, IMPROVE RESIDENTS' QUALITY OF LIFE, AND ADDRESS THE CHANGING NEEDS OF SPRINGFIELD NOW AND FOR THE LONG TERM.

COMMUNITY SUPPORT: MERCY HOSPITAL PARTNERED WITH AND SUPPORTED SQUARE ONE'S EARLY CHILDHOOD EDUCATION PROGRAM; BIG BROTHERS/BIG SISTERS OF HAMPDEN COUNTY CHILD MENTORING PROGRAM; AND COGIC FAMILY SERVICE INDIVIDUAL AND FAMILY EMPOWERMENT PROGRAMMING.

ENVIRONMENTAL IMPROVEMENTS: MERCY HOSPITAL SPONSORED WITH VALLEY BIKE SHARE IN THE INSTALLATION OF TWO ELECTRIC BIKE STATIONS. THE COMMUNITIES OF AMHERST, HOLYOKE, NORTHAMPTON, SOUTH HADLEY, AND SPRINGFIELD, ALONG WITH THE UNIVERSITY OF MASSACHUSETTS AND THE PIONEER VALLEY PLANNING COMMISSION, HAVE ALSO COLLABORATED IN THIS EFFORT TO BRING BIKE SHARE TO OUR REGION.

COALITION BUILDING: SEVERAL ACTIVITIES, COMMUNITY COLLABORATIONS AND EFFORTS OCCURRED THROUGH MERCY HOSPITAL'S TRANSFORMING COMMUNITIES INITIATIVE (TCI) PROGRAM AND ITS NUMEROUS PARTNERS WITHIN LIVE WELL SPRINGFIELD: SCHOOL WELLNESS - SPRINGFIELD PUBLIC SCHOOLS, SQUARE ONE,

Part VI Supplemental Information (Continuation)

AND WAY FINDERS WORKED ON PROVIDING CONSISTENT FITNESS OPPORTUNITIES FOR YOUTH ALONG WITH AN EFFECTIVE PHYSICAL EDUCATION IN THE PUBLIC SCHOOL CURRICULUM; TOBACCO PREVENTION - MLK, JR. FAMILY SERVICES AND WAY FINDERS PROMOTED THE NEW MASSACHUSETTS AND CITY OF SPRINGFIELD'S SMOKING AGE OF 21, EDUCATING THE COMMUNITY ABOUT VAPING AND PROMOTING SMOKE-FREE HOUSING; NUTRITION AND GARDENING - SPRINGFIELD PUBLIC SCHOOLS, SPRINGFIELD FOOD POLICY COUNCIL AND SQUARE ONE COLLABORATED ON HEALTHIER MEALS WITH LOCAL FRUITS AND VEGETABLES FOR PUBLIC SCHOOL STUDENTS, ALONG WITH IMPLEMENTING SCHOOL GARDENS AS A FOOD SOURCE AND TEACHING TOOL; AND COMPLETE STREETS - PIONEER VALLEY PLANNING COMMISSION AND WAY FINDERS TRAINED THE CITY'S YOUTH TO WALK AND BICYCLE SAFELY.

ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENT/SAFETY: MOVING MASSACHUSETTS UPSTREAM - MERCY HOSPITAL HOSTED THE MASSUP MEETING WHICH IS A COLLABORATION OF THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, MASSHEALTH, THE ATTORNEY GENERAL'S OFFICE TO ESTABLISH A STATE-LEVEL, INTERAGENCY COORDINATED APPROACH TO TECHNICAL ASSISTANCE, STRATEGIC INVESTMENT, AND CAPACITY BUILDING FOR INTEGRATION OF SOCIAL INFLUENCERS OF HEALTH INTO HEALTH CARE PRACTICE FOR HOSPITALS, HEALTH SYSTEMS/ACO'S, AND COMMUNITIES. THE VISION IS HEALTH CARE SYSTEMS THAT INTEGRATE COMMUNITY-INFORMED, SOCIAL DETERMINANT OF HEALTH APPROACHES THAT BOTH PREVENT DISEASE IN THE FIRST PLACE AND ALSO LOWER RISK FOR THE ENTIRE COMMUNITY.

WORKFORCE DEVELOPMENT: MERCY HOSPITAL WAS A COMMUNITY HOST AND SPONSOR OF "DRESS FOR SUCCESS OF WESTERN MASSACHUSETTS." THE MISSION OF DRESS FOR SUCCESS IS TO EMPOWER WOMEN TO ACHIEVE ECONOMIC INDEPENDENCE BY PROVIDING A NETWORK OF SUPPORT, PROFESSIONAL ATTIRE, AND THE DEVELOPMENT TOOLS TO

Part VI Supplemental Information (Continuation)

HELP WOMEN THRIVE IN WORK AND IN LIFE. THE PURPOSE IS TO OFFER LONG-LASTING SOLUTIONS THAT ENABLE WOMEN TO BREAK THE CYCLE OF POVERTY. POVERTY OFTEN AFFECTS WOMEN THE MOST, AND ITS EFFECTS ON THEM AND THEIR FAMILIES CAN BE LONG-LASTING. THEREFORE, ADDRESSING WOMEN'S NEEDS AND HELPING THEM BECOME FINANCIALLY INDEPENDENT IS CENTRAL TO IMPROVING THE QUALITY OF LIFE FOR NOT ONLY THAT WOMAN BUT ALSO FOR HER FAMILY, FUTURE GENERATIONS AND HER COMMUNITY. THE NETWORK OF AFFILIATES WORKS TOGETHER WITH REFERRAL AGENCIES, VOLUNTEERS AND OTHER LOCAL INSTITUTIONS ACROSS THE REGION TO MAKE A BIG IMPACT IN WOMEN'S LIVES WHILE IMPROVING THE REGION'S ECONOMIC SUSTAINABILITY.

PART III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:

MERCY HOSPITAL USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, MERCY HOSPITAL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS

Part VI Supplemental Information (Continuation)

OF THE PREDICTIVE MODEL. THEREFORE, MERCY HOSPITAL IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

MERCY HOSPITAL IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS: "THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED.

FOR PATIENT ACCOUNTS RECEIVABLE RESULTING FROM REVENUE RECOGNIZED PRIOR TO JULY 1, 2018, PATIENT ACCOUNTS RECEIVABLE WERE REPORTED AT ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS, AND OTHERS FOR SERVICES RENDERED. PRIOR TO THIS DATE, AN ALLOWANCE FOR DOUBTFUL ACCOUNTS WAS ESTABLISHED TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE. GENERALLY, THIS ALLOWANCE WAS ESTIMATED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY THE HEALTH MINISTRIES FOR EACH TYPE OF PAYER. UNDER THE PROVISIONS OF ACCOUNTING STANDARDS UPDATE ("ASU") NO. 2014-09 "REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606)," WHICH WAS ADOPTED EFFECTIVE

Part VI Supplemental Information (Continuation)

JULY 1, 2018, AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE SUBSEQUENT TO THE ADOPTION OF ASU NO. 2014-09 ON JULY 1, 2018, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE."

PART III, LINE 5:

TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:

MERCY HOSPITAL DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH

Part VI Supplemental Information (Continuation)

EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

NEEDS ASSESSMENT - MERCY HOSPITAL ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

PART VI, LINE 3:

Part VI Supplemental Information (Continuation)

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - MERCY HOSPITAL COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

MERCY HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE

Part VI Supplemental Information (Continuation)

SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

MERCY HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. MERCY HOSPITAL MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:

COMMUNITY INFORMATION -

THE SERVICE AREA FOR MERCY INCLUDES ALL 23 COMMUNITIES WITHIN HAMPDEN COUNTY INCLUDING THE THIRD LARGEST CITY IN MASSACHUSETTS -- SPRINGFIELD (POPULATION OVER 150,000). THREE ADJACENT CITIES (HOLYOKE, CHICOPEE AND WEST SPRINGFIELD) CREATE A DENSELY POPULATED URBAN CORE THAT INCLUDES OVER HALF OF THE POPULATION OF THE SERVICE AREA (270,000 PEOPLE). SMALLER COMMUNITIES EXIST TO THE EAST AND WEST OF THIS CENTRAL CORE AREA. MANY OF THESE COMMUNITIES HAVE POPULATIONS UNDER 20,000 PEOPLE. THE PIONEER VALLEY TRANSIT AUTHORITY, THE SECOND LARGEST PUBLIC TRANSIT SYSTEM IN THE STATE, SERVES 11 COMMUNITIES IN THE SERVICE AREA, AND CONNECTS SUBURBAN AREAS TO THE CORE CITIES AND SERVICES.

THE SERVICE AREA HAS MORE RACIAL AND ETHNIC DIVERSITY THAN MANY OTHER PARTS OF WESTERN MASSACHUSETTS. COUNTY-WIDE, 24% OF THE POPULATION IS LATINO, 8% IS BLACK AND 2% IS ASIAN (AMERICAN COMMUNITY SURVEY [ACS], 2013-2017), THOUGH THIS DIVERSITY IS NOT EQUALLY SPREAD THROUGHOUT THE REGION AND TENDS TO BE CONCENTRATED IN THE URBAN CORE. A SUBSTANTIAL PROPORTION OF THE COUNTY'S POPULATION IS FROM OTHER COUNTRIES. IN 2017,

Part VI Supplemental Information (Continuation)

22% OF THE STATE'S IMMIGRANTS CAME TO WESTERN MASSACHUSETTS. WEST SPRINGFIELD HAS WELCOMED THE HIGHEST PROPORTION IN HAMPDEN COUNTY - 15% OF THE CITY'S POPULATION ARE IMMIGRANTS (US CENSUS, ACS, 2013-2017). ECONOMICALLY, THE MERCY SERVICE AREA IS HOME TO MANY OF THE LARGEST EMPLOYERS IN THE REGION, AS WELL AS NUMEROUS COLLEGES AND UNIVERSITIES, AND PROVIDES A STRONG ECONOMIC ENGINE FOR THE BROADER REGION. THE LARGEST INDUSTRIES AND EMPLOYERS INCLUDE HEALTH CARE, SERVICE, AND WHOLESALE TRADE AND MANUFACTURING. AT THE SAME TIME, THE COUNTY STRUGGLES WITH HIGHER RATES OF UNEMPLOYMENT AND POVERTY, LOWER HOUSEHOLD INCOMES, AND LOWER RATES OF EDUCATIONAL ATTAINMENT. THE MEDIAN HOUSEHOLD INCOME IN THE SERVICE AREA IS ABOUT \$52,000 (\$22,000 LESS THAN THE STATE), THE POVERTY RATE IS MORE THAN 60% HIGHER THAN STATEWIDE, AND THE CHILD POVERTY RATE IS AN ALARMING 27% - MORE THAN 1 OUT OF EVERY 4 CHILDREN IN HAMPDEN COUNTY IS LIVING IN POVERTY (ACS, 2013-2017). DESPITE BEING AT THE CORE OF THE KNOWLEDGE CORRIDOR REGION, ONLY 27% OF THE POPULATION AGE 25 AND OVER HAS A BACHELOR'S DEGREE, COMPARED TO 43% STATEWIDE. UNEMPLOYMENT IS SOMEWHAT HIGHER THAN THE STATE AVERAGE.

THE MEDIAN AGE FOR THE SERVICE AREA IS SIMILAR TO THAT OF MASSACHUSETTS, ALTHOUGH IN SPRINGFIELD THE MEDIAN AGE IS ABOUT 33 YEARS OF AGE COMPARED TO 39 IN HAMPDEN COUNTY. THE POPULATION OVER 45 YEARS OLD IS GROWING AS A PERCENTAGE OF THE TOTAL POPULATION. BETWEEN 2010 AND 2035, THE PROPORTION OF PEOPLE OVER AGE 60 IS PROJECTED TO GROW FROM 20% OF THE POPULATION TO 28% IN HAMPDEN COUNTY, WITH THE NUMBER OF OLDER ADULTS INCREASING FROM APPROXIMATELY 92,000 IN 2010 TO AN ESTIMATED 140,000 IN 2035.

IN HAMPDEN COUNTY 16% OF THE POPULATION HAS A DISABILITY COMPARED TO THE STATE AT 12%. IN SPRINGFIELD AND HOLYOKE, DISABILITY RATES ARE HIGH AT

Part VI Supplemental Information (Continuation)

ALMOST 20% AND 17%, RESPECTIVELY. IN HAMPDEN COUNTY, 11% OF YOUTH UNDER 18 HAVE A DISABILITY (THE PERCENTAGE FOR THE STATE IS 7%). BY RACE AND ETHNICITY, 6% OF WHITE CHILDREN HAVE A DISABILITY, 10% OF LATINO CHILDREN; AND 6% OF BLACK CHILDREN (ACS, 2013-2017). PEOPLE WITH DISABILITIES TEND TO HAVE HIGHER RATES OF POVERTY AND LOWER LEVELS OF EDUCATION. IN HAMPDEN COUNTY, POVERTY RATES AMONG THOSE WITH A DISABILITY (27%) WERE MORE THAN DOUBLE THOSE AMONG PEOPLE WITHOUT A DISABILITY (12%). SIMILARLY, 30% OF THE POPULATION WITH A DISABILITY DID NOT HAVE A HIGH SCHOOL DIPLOMA, COMPARED TO 11% AMONG THOSE WITHOUT A DISABILITY (US CENSUS, ACS, 2013-2017).

HAMPDEN COUNTY CONTAINS SIX ACUTE CARE HOSPITAL FACILITIES. SEVERAL AREAS AND POPULATIONS IN HAMPDEN COUNTY ARE DESIGNATED AS HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA). OVER 54% PERCENT OF HAMPDEN COUNTY RESIDENTS LIVE IN A HPSA. THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION-DESIGNATED MEDICALLY UNDERSERVED AREAS AND POPULATIONS (MUA/MUP) IN HAMPDEN COUNTY ARE PRIMARILY FOUND IN SPRINGFIELD, WEST SPRINGFIELD, WESTFIELD, BLANDFORD, AND CHESTER. MUA AND MUP ARE IDENTIFIED BASED ON AVAILABILITY OF PRIMARY CARE PROVIDERS, INFANT MORTALITY RATE, POVERTY RATE, AND PROPORTION OF OLDER ADULTS.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH -

MERCY HOSPITAL'S GOVERNING BODY IS ITS BOARD OF DIRECTORS. THE MAJORITY OF THIS BOARD RESIDES IN THE ORGANIZATION'S SERVICE AREA AND IS COMPRISED OF INDIVIDUALS WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS. THE ORGANIZATION EXTENDS MEDICAL PRIVILEGES TO QUALIFIED PHYSICIANS IN THE COMMUNITY FOR ITS DEPARTMENTS AND SPECIALTIES, PROVIDED THESE PHYSICIANS

Part VI Supplemental Information (Continuation)

MEET THE QUALIFICATIONS OUTLINED AND CERTIFIED BY THE MEDICAL CREDENTIALING OFFICE. AS A NON-PROFIT ENTITY, ANY AND ALL OF MERCY HOSPITAL'S EXCESS FUNDS ARE USED TO FUND IMPROVEMENTS IN PATIENT CARE AND MEDICAL EDUCATION.

TOBACCO 21 ADVOCACY: MERCY HOSPITAL IS A MEMBER OF TOBACCO FREE SPRINGFIELD (TFS) AND THE STATEWIDE TOBACCO FREE MASS (TFM) COALITION TO HELP PASS LOCAL AND STATEWIDE LEGISLATION INCREASING THE MINIMUM SMOKING AGE TO 21. MERCY HAS PARTNERED WITH THE CITY OF SPRINGFIELD DEPARTMENT OF HEALTH, THE TOBACCO CESSATION AND PREVENTION PROGRAM FOR LOCAL ADVOCACY AND TECHNICAL ASSISTANCE, HOSTED TFS MEETINGS, AND LOBBIED AT THE MASSACHUSETTS STATE HOUSE ON YOUTH TOBACCO PREVENTION DAY TO HELP IN PERSUADING LEGISLATORS TO PASS THE COMPREHENSIVE STATE-WIDE TOBACCO 21 BILL.

MERCY HOSPITAL FURTHER PROMOTES THE HEALTH OF THE COMMUNITY BY OFFERING THE FOLLOWING:

HEALTH CARE FOR THE HOMELESS (HCH) - MERCY HOSPITAL'S DEPARTMENT OF COMMUNITY HEALTH PROVIDES CARE TO THE COMMUNITY'S HOMELESS POPULATION IN FRANKLIN, HAMPSHIRE, AND HAMPDEN COUNTIES THROUGH PRIMARY CARE SERVICES, HEALTH EDUCATION, CASE MANAGEMENT, MENTAL HEALTH SERVICES, AND FREE CLINICS TO MORE THAN 2,250 PERSONS EACH YEAR.

VIETNAMESE HEALTH PROJECT (VHP) - THIS PROGRAM PROVIDES CASE MANAGEMENT AND INTERPRETATION SERVICES TO THE REFUGEE AND IMMIGRANT VIETNAMESE POPULATION IN THE GREATER SPRINGFIELD AREA. ANNUALLY, THIS COMMUNITY HEALTH OUTREACH PROGRAM REACHES NEARLY 800 VIETNAMESE PATIENTS.

Part VI Supplemental Information (Continuation)

ADULTS AND CHILDREN IN PSYCHIATRIC AND/OR SUBSTANCE ABUSE DISTRESS - PROVIDENCE BEHAVIORAL HEALTH HOSPITAL, OPERATING UNDER THE SAME HOSPITAL LICENSE AS MERCY HOSPITAL, IS A 131-BED HOSPITAL LOCATED IN HOLYOKE, MASSACHUSETTS, THAT PROVIDES BOTH INPATIENT AND OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES FOR PEOPLE OF ALL AGES EXPERIENCING ACUTE PSYCHIATRIC DISTRESS AND/OR SEVERE SUBSTANCE ABUSE PROBLEMS.

TRANSFORMING COMMUNITIES INITIATIVE (TCI) - THIS IS A PARTNERSHIP BETWEEN MERCY HOSPITAL & LIVE WELL SPRINGFIELD (LWS) TO ADDRESS HEALTH DISPARITIES THROUGH TARGETED POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE IN SPRINGFIELD, MASSACHUSETTS. LIVE WELL SPRINGFIELD IS A COMMUNITY MOVEMENT TO SUPPORT HEALTHY EATING AND ACTIVE LIVING WITH THE GOAL OF INCREASING ACCESS TO AND UTILIZATION OF HEALTHY FOOD AND PHYSICAL ACTIVITY OPTIONS FOR RESIDENTS IN SPRINGFIELD. POLICY FOCUSES INCLUDE: COMPLETE STREETS TO MAKE IT SAFER IN THE CITY FOR ALL MODES OF TRANSPORTATION; IMPROVING PHYSICAL ACTIVITY AND NUTRITION IN PRE-K AND K-12 ENVIRONMENTS TO PREVENT AND REDUCE CHRONIC DISEASE AND OBESITY; AND SMOKING PREVENTION AMONG YOUTH. OTHER PROJECTS INCLUDE A MOBILE FARMERS' MARKET AND PARTNERSHIPS TO IMPROVE THE BUILT ENVIRONMENT IN PLACES WHERE PEOPLE LIVE, GROW, WORK, AND PLAY.

PART VI, LINE 6:

MERCY HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER HOSPITALS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2019, EVERY TRINITY HEALTH ENTITY FOCUSED ON:

Part VI Supplemental Information (Continuation)

- 1. REDUCING TOBACCO USE
- 2. REDUCING OBESITY PREVALENCE
- 3. ADDRESSING AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED BY THEIR HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT
- 4. ADDRESSING AT LEAST ONE SOCIAL INFLUENCER OF HEALTH

TRINITY HEALTH ACKNOWLEDGES THAT SOCIAL INFLUENCERS OF HEALTH - SUCH AS ADEQUATE HOUSING, PERSONAL SAFETY AND ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE - HAVE A SIGNIFICANT IMPACT ON THE HEALTH OF ITS COMMUNITIES. IN AN EFFORT TO ADDRESS SOME OF THESE INFLUENCERS, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) IN FISCAL YEAR 2016 TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE HOSPITALS OF TRINITY HEALTH. TCI IS A SHARED FUNDING MODEL AND TECHNICAL-ASSISTANCE INITIATIVE SUPPORTING EIGHT TRINITY HEALTH HOSPITALS AND THEIR COMMUNITY PARTNERS TO IMPLEMENT POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AND TO AFFECT CHANGE RELATED TO THE SOCIAL INFLUENCERS OF HEALTH. IN FISCAL YEAR 2019, TRINITY HEALTH INVESTED \$3.7 MILLION IN TCI AND HAS LEVERAGED OVER \$6.5 MILLION IN COMMUNITY MATCH FUNDING TO DATE. ADDITIONALLY, TRINITY HEALTH'S GOOD SAMARITAN INITIATIVE (GSI) INVESTED \$751,000 IN NINE REGIONAL HEALTH MINISTRIES TO SUPPORT THE INTEGRATION OF 16 COMMUNITY HEALTH WORKERS INTO CARE MANAGEMENT TEAMS. TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

IN ADDITION TO THE PROGRAMMATIC SPENDING DESCRIBED ABOVE, THE SYSTEM DEPLOYED NEW AND RENEWED LOANS OF \$5.3 MILLION FOR PLACE-BASED INVESTING

Part VI Supplemental Information (Continuation)

TO IMPROVE ACCESS TO AFFORDABLE HOUSING, HEALTHY FOODS, EDUCATION, AND ECONOMIC DEVELOPMENT. THE COMMUNITY-INVESTING PROGRAM ALSO HAS OUTSTANDING LOAN COMMITMENTS OF \$6.0 MILLION TO COMMUNITY INFRASTRUCTURE PROJECTS, WHICH WILL BE DEPLOYED IN FUTURE YEARS.

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2019, TRINITY HEALTH INVESTED NEARLY \$1.2 BILLION IN COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MA