

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2017

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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<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 _____ %		
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?		<input checked="" type="checkbox"/>
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)		5,682	2,621,653.		2,621,653.	.78%
b Medicaid (from Worksheet 3, column a)		61,562	88,404,159.	74,450,783.	13,953,376.	4.16%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		67,244	91,025,812.	74,450,783.	16,575,029.	4.94%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	24	3,222	1,277,866.		1,277,866.	.38%
f Health professions education (from Worksheet 5)	4	50	124,501.		124,501.	.04%
g Subsidized health services (from Worksheet 6)	1	1,800	1,760,310.	1,071,876.	688,434.	.21%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	25	7,821.		7,821.	.00%
j Total. Other Benefits	31	5,097	3,170,498.	1,071,876.	2,098,622.	.63%
k Total. Add lines 7d and 7j	31	72,341	94,196,310.	75,522,659.	18,673,651.	5.57%

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	1,165	4,195.		4,195.	.00%
2 Economic development	1		86.		86.	.00%
3 Community support	1		5,967.		5,967.	.00%
4 Environmental improvements						
5 Leadership development and training for community members	1		350.		350.	.00%
6 Coalition building						
7 Community health improvement advocacy	1	300	1,000.		1,000.	.00%
8 Workforce development	1	100	1,551.		1,551.	.00%
9 Other						
10 Total	6	1,565	13,149.		13,149.	.00%

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	2,922,379.
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	89,354,864.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	86,255,231.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	3,099,633.
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 three 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>15</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>15</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 checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>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 LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2017

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		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
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
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 <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		
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		
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		
d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	X
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If "Yes," explain in Section C.		

Schedule H (Form 990) 2017

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, 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 CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. 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:

RESOURCES TO MEET BASIC NEEDS - MANY HAMPDEN COUNTY RESIDENTS STRUGGLE WITH POVERTY AND LOW LEVELS OF INCOME, WITH 17% OF HAMPDEN COUNTY RESIDENTS LIVING IN POVERTY AND A MEDIAN FAMILY INCOME 30% LOWER THAN THAT OF THE STATE. THOUGH UNEMPLOYMENT RATES HAVE DROPPED, THEY CONTINUE TO IMPACT THE COUNTY WITH RATES AT 8%. LOWER LEVELS OF EDUCATION CONTRIBUTE TO UNEMPLOYMENT AND THE INABILITY TO EARN A LIVABLE WAGE.

HOUSING NEEDS - HOUSING INSECURITY IS A NEED THAT CONTINUES TO IMPACT HAMPDEN COUNTY RESIDENTS. ALMOST HALF OF THE POPULATION IS HOUSING COST BURDENED, WITH MORE THAN 30% OF THEIR INCOME GOING TOWARDS HOUSING. POOR HOUSING CONDITIONS ALSO IMPACT THE HEALTH OF RESIDENTS. OLDER HOUSING, COMBINED WITH LIMITED RESOURCES TO MAINTAIN THE HOUSING, LEADS TO CONDITIONS THAT CAN AFFECT ASTHMA, OTHER RESPIRATORY CONDITIONS AND SAFETY.

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, 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 SAFETY - LACK OF COMMUNITY SAFETY WAS A PRIORITIZED HEALTH NEED IN THE PREVIOUS CHNA AND CONTINUES TO IMPACT HAMPDEN COUNTY RESIDENTS. CRIME RATES ARE HIGH, WITH VIOLENT CRIME RATES IN HAMPDEN COUNTY ALMOST 50% HIGHER THAN THAT OF THE STATE. IN ADDITION TO CRIME, YOUTH BULLYING WAS ALSO IDENTIFIED AS A CONCERN IN THIS ASSESSMENT.

FOOD SECURITY AND FOOD AVAILABILITY - FOOD INSECURITY CONTINUES TO IMPACT THE ABILITY OF MANY HAMPDEN COUNTY RESIDENTS TO HAVE ACCESS TO HEALTHY FOOD. SPRINGFIELD, HOLYOKE, AND CHICOPEE HAVE HIGH RATES OF FOOD INSECURITY, WITH OVER 20% OF SOME AREAS IN THESE COMMUNITIES EXPERIENCING FOOD INSECURITY.

ENVIRONMENTAL NEEDS - AIR POLLUTION IMPACTS THE HEALTH OF HAMPDEN COUNTY RESIDENTS. SPRINGFIELD EXPERIENCES POOR AMBIENT AIR QUALITY DUE TO MULTIPLE MOBILE AND POINT SOURCES. AIR POLLUTION IMPACTS MORBIDITY OF SEVERAL CHRONIC DISEASES THAT HAVE A HIGH PREVALENCE IN HAMPDEN COUNTY, INCLUDING ASTHMA AND CARDIOVASCULAR DISEASE, AND RECENT STUDIES ALSO SUGGEST A CORRELATION WITH DIABETES.

RACIAL EQUAL OPPORTUNITY - ADDRESSING INSTITUTIONAL RACISM HAS BEEN IDENTIFIED AS A PRIORITIZED HEALTH NEED IN THIS CHNA. KEY INFORMANT INTERVIEWS AND FOCUS GROUPS CONDUCTED FOR BOTH THE 2013 CHNA AND THE 2016 CHNA IDENTIFIED INSTITUTIONAL RACISM AS A STRUCTURAL FACTOR DRIVING HEALTH INEQUITIES THAT NEEDS TO BE ADDRESSED.

2. ACCESS AND BARRIERS TO QUALITY HEALTH CARE

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, 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.

LIMITED AVAILABILITY OF PROVIDERS - HAMPDEN COUNTY RESIDENTS EXPERIENCE CHALLENGES ACCESSING CARE DUE TO THE SHORTAGE OF PROVIDERS. 54% OF COUNTY RESIDENTS LIVE IN A HEALTHCARE PROFESSIONAL SHORTAGE AREA. FOCUS GROUP PARTICIPANTS REPORTED LONG WAIT TIMES FOR URGENT CARE AND WELLNESS VISITS. PRIMARY CARE AND DENTAL PROVIDERS WERE IDENTIFIED AS SHORTAGE AREAS WITH HIGH PROVIDER TO PATIENT RATIOS.

LACK OF TRANSPORTATION - TRANSPORTATION AROSE AS A BARRIER TO CARE AMONG INTERVIEWEES IN THE 2013 CHNA, AND IT CONTINUES TO BE A MAJOR BARRIER TO ACCESSING CARE. LACK OF TRANSPORTATION WAS THE MOST FREQUENTLY CITED BARRIER IN KEY INFORMANT INTERVIEWS AND FOCUS GROUPS FOR THE 2016 CHNA.

LACK OF CARE COORDINATION - INCREASED CARE COORDINATION CONTINUES TO BE A NEED IN THE COMMUNITY. AREAS IDENTIFIED IN FOCUS GROUP AND INTERVIEWS INCLUDE THE NEED FOR COORDINATED CARE BETWEEN PROVIDERS IN GENERAL, THE PARTICULAR NEED FOR INCREASED COORDINATION TO MANAGE CO-MORBID SUBSTANCE USE AND MENTAL HEALTH DISORDERS, AND THE NEED FOR HEALTH CARE PROVIDERS TO COORDINATE CARE WITH SCHOOLS AS WELL AS FAITH-BASED COMMUNITIES.

HEALTH LITERACY, LANGUAGE BARRIERS AND NEED FOR CULTURALLY SENSITIVE CARE - THE NEED FOR HEALTH INFORMATION TO BE UNDERSTANDABLE AND ACCESSIBLE WAS IDENTIFIED IN THIS ASSESSMENT. DATA FROM FOCUS GROUPS INDICATE THE NEED FOR INCREASED HEALTH LITERACY, INCLUDING UNDERSTANDING HEALTH INFORMATION, TYPES OF SERVICES AND HOW TO ACCESS THEM, AND HOW TO ADVOCATE FOR ONESELF IN THE HEALTH CARE SYSTEM. THE NEED FOR PROVIDER EDUCATION ABOUT HOW TO COMMUNICATE WITH PATIENTS ABOUT MEDICAL INFORMATION ALSO AROSE.

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, 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.

3. HEALTH CONDITIONS AND BEHAVIORS

CHRONIC HEALTH CONDITIONS - HIGH RATES OF OBESITY, DIABETES, CARDIOVASCULAR DISEASE, ASTHMA, AND ASSOCIATED MORBIDITY PREVIOUSLY IDENTIFIED AS PRIORITIZED HEALTH NEEDS IN THE 2013 CHNA CONTINUE TO IMPACT HAMPDEN COUNTY RESIDENTS. AN ESTIMATED 30% OF ADULTS IN THE POPULATION ARE OBESE, WITH HIGH RATES ALSO OBSERVED AMONG CHILDREN. HEART DISEASE IS THE LEADING CAUSE OF DEATH IN HAMPDEN COUNTY. APPROXIMATELY 20% OF THE POPULATION HAS PRE-DIABETES OR DIABETES, AND 12% OF ADULTS AND 19% OF SCHOOL CHILDREN HAVE ASTHMA. ASTHMA MORBIDITY RATES WERE PARTICULARLY HIGH AMONG LATINOS.

PHYSICAL ACTIVITY AND NUTRITION - THE NEED FOR INCREASED PHYSICAL ACTIVITY AND CONSUMPTION OF FRESH FRUITS AND VEGETABLES WAS IDENTIFIED AMONG HAMPDEN COUNTY RESIDENTS. LOW RATES OF PHYSICAL ACTIVITY AND UNHEALTHY EATING CONTRIBUTE TO HIGH RATES OF CHRONIC DISEASE, AND ALSO IMPACT MENTAL HEALTH. COMMUNITY LEVEL ACCESS TO AFFORDABLE HEALTHY FOOD AND SAFE PLACES TO BE ACTIVE, AS WELL AS INDIVIDUAL KNOWLEDGE AND BEHAVIORS, AFFECT THESE RATES.

MENTAL HEALTH AND SUBSTANCE USE DISORDERS - SUBSTANCE USE AND MENTAL HEALTH WERE IDENTIFIED AS TWO OF THE TOP THREE URGENT HEALTH NEEDS/PROBLEMS IMPACTING THE AREA. SUBSTANCE USE DISORDERS OVERALL (INCLUDING ALCOHOL) AND OPIOID USE WERE OF PARTICULAR CONCERN. OPIOID USE DISORDER, WHICH HAS BEEN DECLARED A PUBLIC HEALTH EMERGENCY IN MASSACHUSETTS, IS IMPACTING HAMPDEN COUNTY RESIDENTS WITH FATALITY RATES

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, 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.

HIGHER THAN THAT OF THE STATE. TOBACCO USE CONTINUES TO REMAIN HIGH WITH AN ESTIMATED 21% OF ADULTS THAT SMOKE. YOUTH SUBSTANCE USE IS ALSO AN ISSUE, WITH 15% OF SPRINGFIELD 8TH GRADE STUDENTS REPORTING DRINKING ALCOHOL IN THE PAST 30 DAYS AND 12% USING MARIJUANA.

INFANT AND PERINATAL HEALTH RISK FACTORS - INFANT AND PERINATAL HEALTH FACTORS WERE IDENTIFIED AS HEALTH NEEDS IN THE 2013 CHNA AND CONTINUE TO IMPACT HAMPDEN COUNTY RESIDENTS. INCREASED UTILIZATION OF PRENATAL CARE AND A DECREASE IN SMOKING DURING PREGNANCY WERE IDENTIFIED NEEDS. THESE RISK FACTORS IMPACT RATES OF ADVERSE BIRTH OUTCOMES, WITH 8-9% OF HAMPDEN COUNTY BABIES BORN PRETERM OR AT LOW BIRTH WEIGHT.

UNSAFE SEXUAL BEHAVIOR - HIGH RATES OF UNSAFE SEXUAL BEHAVIOR WAS PREVIOUSLY IDENTIFIED AS A HEALTH NEED AND CONTINUES TO REMAIN A NEED IN HAMPDEN COUNTY. SEXUALLY TRANSMITTED INFECTION (STI) RATES CONTINUE TO BE HIGH, WITH HAMPDEN COUNTY CHLAMYDIA AND HIV RATES APPROXIMATELY 40% HIGHER THAN THAT OF THE STATE. YOUTH STI RATES ARE PARTICULARLY HIGH, WITH RATES OF CHLAMYDIA AND SYPHILIS 2-4 TIMES HIGHER THAN THAT OF THE STATE.

MERCY HOSPITAL, INC.:

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

A CHNA STEERING COMMITTEE WAS FORMED THAT INCLUDED REPRESENTATIVES FROM MERCY HOSPITAL AND ALSO THE OTHER MEMBERS OF THE WESTERN MASSACHUSETTS

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, 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.

HOSPITAL/INSURER COALITION, AS WELL AS PUBLIC HEALTH AND COMMUNITY
STAKEHOLDERS FROM EACH HOSPITAL SERVICE AREA. STAKEHOLDERS ON THE STEERING
COMMITTEE INCLUDED LOCAL AND REGIONAL PUBLIC HEALTH AND HEALTH DEPARTMENT
REPRESENTATIVES; REPRESENTATIVES FROM LOCAL AND REGIONAL ORGANIZATIONS
SERVING OR REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME OR MINORITY
POPULATIONS; AND INDIVIDUALS FROM ORGANIZATIONS THAT REPRESENTED THE BROAD
INTERESTS OF THE COMMUNITY. WHEN IDENTIFYING COMMUNITY AND PUBLIC HEALTH
REPRESENTATIVES TO PARTICIPATE, A STAKEHOLDER ANALYSIS WAS CONDUCTED BY
THE COALITION AND CONSULTANTS TO ENSURE GEOGRAPHIC, SECTOR (E.G. SCHOOLS,
COMMUNITY SERVICE ORGANIZATIONS, HEALTH CARE PROVIDERS, PUBLIC HEALTH, AND
HOUSING), AND RACIAL/ETHNIC DIVERSITY OF COMMUNITY REPRESENTATIVES. BY
INCLUDING THESE STAKEHOLDERS ON THE STEERING COMMITTEE, THE COMMUNITY AND
PUBLIC HEALTH REPRESENTATIVES HAD INPUT ON THE 2016 CHNA PROCESS USED TO
IDENTIFY AND PRIORITIZE COMMUNITY HEALTH NEEDS, CHNA FINDINGS, AND
DISSEMINATION OF INFORMATION. ASSESSMENT METHODS AND FINDINGS WERE
MODIFIED BASED ON THE STEERING COMMITTEE FEEDBACK. THE STEERING COMMITTEE
MET MONTHLY FROM OCTOBER 2015 TO JUNE 2016.

KEY INFORMANT INTERVIEWS AND FOCUS GROUPS WERE CONDUCTED TO BOTH GATHER
INFORMATION THAT WAS UTILIZED 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 ORGANIZATIONAL LEADERS THAT REPRESENT THE BROAD
INTERESTS OF THE COMMUNITY OR THAT SERVE MEDICALLY UNDERSERVED, LOW-INCOME
OR MINORITY POPULATIONS IN THE SERVICE AREA. INTERVIEWS WITH THE LOCAL AND
REGIONAL PUBLIC HEALTH OFFICIALS WERE USED TO IDENTIFY CURRENT AND
EMERGING HIGH PRIORITY HEALTH AREAS, AND HEALTH CARE AND COMMUNITY FACTORS

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, 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.

THAT CONTRIBUTE TO HEALTH NEEDS. FOCUS GROUP PARTICIPANTS INCLUDED INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING COMMUNITY ORGANIZATIONAL REPRESENTATIVES, VULNERABLE POPULATION COMMUNITY MEMBERS (LOW-INCOME, RACIAL AND ETHNIC MINORITY POPULATIONS, ETC.), AND OTHER COMMUNITY STAKEHOLDERS. TOPICS INCLUDED: MATERNAL AND CHILD HEALTH, MENTAL HEALTH AND SUBSTANCE USE, BEHAVIORAL HEALTH AND EMERGENCY DEPARTMENT CARE, AND FAITH-BASED LEADERS AND COMMUNITY ENGAGEMENT. KEY INFORMANT INTERVIEWS AND FOCUS GROUPS WERE CONDUCTED FROM FEBRUARY 2016 TO APRIL 2016.

A COMMUNITY LISTENING SESSION WAS HELD IN JUNE 2016 UPON COMPLETION OF THE CHNA REPORT. THE COMMUNITY LISTENING SESSION 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 REPRESENTATION OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS. THESE VULNERABLE POPULATIONS, WHICH INCLUDE CHILDREN, OLDER ADULTS, LATINOS, AFRICAN AMERICANS, AND REFUGEES, WERE REPRESENTED BY:

YMCA OF WESTFIELD, NATIONAL ASSOCIATION OF HISPANIC NURSES - WESTERN MA CHAPTER, UNITED WAY OF HAMPSHIRE COUNTY, CARING HEALTH CENTER, PALMER

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, 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.

PUBLIC SCHOOLS, HAMPDEN COUNTY SHERIFF'S DEPT., HILLTOWN CDC, UNITED
 CEREBRAL PALSY ASSOC. OF BERKSHIRE COUNTY, SPRINGFIELD DEPT. HEALTH &
 HUMAN SERVICES, MOTHERWOMAN, BMC QUALITY & POPULATION HEALTH, STAVROS
 CENTER FOR INDEPENDENT LIVING, ASSUMPTION COLLEGE, STAND FOR CHILDREN,
 CITY OF SPRINGFIELD - OFFICE OF HOUSING, PROVIDENCE BEHAVIORAL HEALTH, MA
 DEPT. OF PUBLIC HEALTH, UMASS AMHERST SCHOOL OF PUBLIC HEALTH & HEALTH
 SCIENCES, HAMPDEN COUNTY DISTRICT ATTORNEY'S OFFICE, BEHAVIORAL HEALTH
 NETWORK - OUTPATIENT SERVICES, FRANKLIN REGIONAL COUNCIL OF GOVERNMENTS,
 WESTERN MA BLACK NURSES ASSOCIATION, HMC BEHAVIORAL HEALTH, MASON SQUARE
 NEIGHBORHOOD HEALTH CENTER, HMC DISCHARGE TRANSITIONS, HEALTH CARE FOR
 THE HOMELESS, GOVERNOR'S TASK FORCE ON OPIOID ABUSE, MDPH DIVISION FOR
 PERINATAL, EARLY CHILDHOOD AND SPECIAL NEEDS - CARE COORDINATION, QUABBIN
 HEALTH DISTRICT, NORTHAMPTON HEALTH DEPARTMENT, CITY OF CHICOPEE PUBLIC
 HEALTH, FAMILY ADVOCACY CENTER, SQUARE ONE, CITY OF SPRINGFIELD PUBLIC
 SCHOOLS, BMC EMERGENCY MEDICINE, HOLYOKE LEARN TO COPE, BMC CHNA STEERING
 COMMITTEE, SPRINGFIELD FAITH-BASED ASSOC., HOLYOKE COMMUNITY COLLEGE,
 HOMEWORK HOUSE, BEHAVIORAL HEALTH NETWORK, HOLYOKE HEALTH CENTER, BE FIT,
 FAMILY ADVOCACY CENTER, AND BMC PEDIATRIC MEDICINE.

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, HOLYOKE MEDICAL CENTER, AND SHRINERS HOSPITAL
 FOR CHILDREN.

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, 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 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: 1. ACCESS AND BARRIERS TO QUALITY HEALTH CARE, AND 2. HEALTH CONDITIONS AND BEHAVIORS.

MERCY HOSPITAL HAS DEVELOPED THREE STRATEGIC INITIATIVES TO ADDRESS THESE TWO SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA.

ACCESS AND BARRIERS TO 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 HAMPDEN COUNTY RESIDENTS LIVE IN A HEALTH CARE PROFESSIONAL SHORTAGE AREA.

THE FIRST 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 FY18, MERCY HOSPITAL CONTINUED TO EMPLOY COMMUNITY OUTREACH WORKERS, WHO PROVIDE INTENSIVE CASE MANAGEMENT SERVICES

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, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FOR 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 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 FY18, MERCY HOSPITAL PERFORMED CERVICAL CANCER SCREENINGS, WHILE ALSO VERIFYING 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 CONDITIONS AND BEHAVIORS - 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 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 TO IMPROVE MENTAL HEALTH SERVICES AND PROVIDE EDUCATION AND AWARENESS TO DIFFERENT POPULATION GROUPS WITHIN THE COMMUNITY. THE IMPLEMENTATION

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, 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.

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 FY18, MERCY HOSPITAL CONTINUED OFFERING, 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, ALTHOUGH PLAYING ITS ROLE IN THIS COLLECTIVE EFFORT, IS NOT QUALIFIED TO FULLY ADDRESS THE POVERTY QUESTION IN THE COMMUNITY. FURTHERMORE, AS A HEALTH CARE CENTER, THE ABILITY OF MERCY HOSPITAL TO SOLVE THE SOCIAL DETERMINANTS OF HEALTH AT THE COMMUNITY LEVEL WILL BE LIMITED. FOR REFERENCE, THE SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH AT THE COMMUNITY LEVEL INCLUDE: SAFETY, FOOD AVAILABILITY, AIR POLLUTION, HEALTH DISPARITIES, AND RACIAL INEQUALITIES.

MERCY HOSPITAL, INC.:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS

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, 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.

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
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.

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, 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.

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, \$2,922,379, 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 PARTNERED AGAIN WITH THE SPRINGFIELD NON-PROFIT REVITALIZE COMMUNITY DEVELOPMENT CORPORATION (CDC) IN FY18. 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 THE OLD HILL NEIGHBORHOOD OF 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 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."

Part VI Supplemental Information (Continuation)

MERCY HOSPITAL WAS A COMMUNITY HOST AND SPONSOR OF "DRESS FOR SUCCESS OF WESTERN MASSACHUSETTS" IN FY18. 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 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 WORK 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.

MERCY HOSPITAL IS A COMMITTEE MEMBER AND ALSO SPONSORED THE WESTERN MASSACHUSETTS HEALTH EQUITY NETWORK (WHEN) IN FY18. IN PARTNERSHIP WITH THE UNIVERSITY OF MASSACHUSETTS SCHOOL OF PUBLIC HEALTH AND HEALTH SCIENCES, WHEN SEEKS REGIONAL STRATEGIES AND OPPORTUNITIES TO CREATE CONDITIONS IN WHICH COMMUNITIES ARE ABLE TO ATTAIN THE HIGHEST LEVEL OF HEALTH FOR ALL RESIDENTS. IN ORDER TO ELIMINATE PREVENTABLE INEQUITIES, WHEN FOCUSES ON FOUR WORK AREAS: POLICY - CREATE A REGIONAL POLICY VOICE FOR WESTERN MASSACHUSETTS CITIES AND TOWNS; RACIAL JUSTICE - MAKE RACIAL JUSTICE A NAMED PRIORITY IN THE NETWORK'S ACTIVITIES; MEANINGFUL DATA COLLECTION - SUPPORT COLLECTION AND SHARING OF MEANINGFUL DATA THAT EMPHASIZES THE VOICES OF OFTEN MARGINALIZED COMMUNITIES; AND CROSS-SECTOR COLLABORATION - BUILD ON CROSS-SECTOR COLLABORATIONS TO INCLUDE PLANNERS, FUNDERS, PUBLIC HEALTH, HOSPITALS AND HEALTH CARE, AND COMMUNITY

Part VI Supplemental Information (Continuation)

DEVELOPMENT CORPORATIONS.

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 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 ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS: "THE CORPORATION RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME THE

Part VI Supplemental Information (Continuation)

SERVICES ARE RENDERED EVEN THOUGH THE CORPORATION DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY AT THAT TIME. AS A RESULT, THE PROVISION FOR BAD DEBTS IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS). FOR UNINSURED AND UNDERINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE CORPORATION ESTABLISHES AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE. THIS ALLOWANCE IS ESTABLISHED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY THE HEALTH MINISTRIES FOR EACH TYPE OF PAYOR. A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE."

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

Part VI Supplemental Information (Continuation)

MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH 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 Supplemental Information (Continuation)

PART VI, LINE 3:

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

Part VI Supplemental Information (Continuation)

IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE 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 HOSPITAL INCLUDES ALL 23 COMMUNITIES WITHIN HAMPDEN COUNTY, INCLUDING SPRINGFIELD, THE THIRD LARGEST CITY IN MASSACHUSETTS (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 'BEDROOM' COMMUNITIES EXIST TO THE EAST AND WEST OF THIS CENTRAL CORE AREA. MANY OF THESE COMMUNITIES HAVE POPULATIONS UNDER 20,000 PEOPLE. THE SERVICE AREA HAS MORE RACIAL AND ETHNIC DIVERSITY THAN MANY OTHER PARTS OF WESTERN MASSACHUSETTS. COUNTY-WIDE, 22.1% OF THE POPULATION IS LATINO, 8.7% IS BLACK AND 2.1% IS ASIAN (ACS, 2010-2014), THOUGH THIS DIVERSITY IS NOT EQUALLY SPREAD THROUGHOUT THE REGION AND TENDS TO BE CONCENTRATED IN THE URBAN CORE.

THE MERCY HOSPITAL 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

Part VI Supplemental Information (Continuation)

AND EMPLOYERS INCLUDE HEALTH CARE, SERVICE AND WHOLESALE TRADE, AND MANUFACTURING. SIMULTANEOUSLY, 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 \$50,000 (\$17,000 LESS THAN THE STATE). AT THE SAME TIME, THE COST OF HOUSING IS ALMOST \$400/MONTH LOWER THAN THE STATEWIDE AVERAGE. STILL, THE POVERTY RATE IS MORE THAN 5% HIGHER THAN WHAT IS REPORTED STATEWIDE, AND THE CHILD POVERTY RATE IS AN ALARMING 27%, MORE THAN 10% HIGHER THAN THE STATE RATE (ACS, 2010-2014). DESPITE BEING AT THE CORE OF THE KNOWLEDGE CORRIDOR REGION, ONLY 25.6% OF THE POPULATION AGE 25 AND OVER HAS A BACHELOR'S DEGREE. UNEMPLOYMENT IS SOMEWHAT HIGHER THAN THE STATE AVERAGE. THE MEDIAN AGE FOR THE SERVICE AREA IS SIMILAR TO THAT OF MASSACHUSETTS, THOUGH THE POPULATION OVER 45 YEARS OLD IS GROWING AS A PERCENTAGE OF THE TOTAL POPULATION.

HAMPDEN COUNTY CONTAINS SIX ACUTE CARE HOSPITAL FACILITIES. SEVERAL AREAS AND POPULATIONS IN HAMPDEN COUNTY ARE DESIGNATED AS HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA). FIFTY-FOUR PERCENT OF HAMPDEN COUNTY RESIDENTS LIVE IN A HPSA, COMPARED TO 14.6% FOR MASSACHUSETTS RESIDENTS OVERALL. THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION DESIGNATED MEDICALLY UNDERSERVED AREAS AND POPULATIONS (MUA/MUP) IN HAMPDEN COUNTY THAT ARE PRIMARILY FOUND IN HOLYOKE, SPRINGFIELD, WEST SPRINGFIELD, WESTFIELD, BLANDFORD, AND CHESTER. MUA'S AND MUP'S 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 -

Part VI Supplemental Information (Continuation)

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 MEET THE QUALIFICATIONS OUTLINED AND CERTIFIED BY THE MEDICAL CREDENTIALING OFFICE. AS MERCY HOSPITAL IS A NON-PROFIT ENTITY, ANY AND ALL 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 TO INCREASE 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 PERSUADE LEGISLATORS TO PASS A 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.

Part VI Supplemental Information (Continuation)

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 700 VIETNAMESE PATIENTS.

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 126-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 ITS GOAL TO INCREASE 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.

NUMEROUS ACTIVITIES, COMMUNITY COLLABORATIONS AND ADVOCACY EFFORTS OCCURRED THROUGH MERCY HOSPITAL'S TCI PROGRAM AND ITS NUMEROUS PARTNERS WITHIN LWS: SCHOOL WELLNESS - SPRINGFIELD PUBLIC SCHOOLS, SQUARE ONE, AND

Part VI Supplemental Information (Continuation)

WAY FINDERS ARE WORKING 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 ARE PROMOTING THE NEW MASSACHUSETTS AND CITY OF SPRINGFIELD'S SMOKING AGE OF 21, EDUCATING ABOUT VAPING AND PROMOTING SMOKE-FREE HOUSING; NUTRITION AND GARDENING - SPRINGFIELD PUBLIC SCHOOLS, SPRINGFIELD FOOD POLICY COUNCIL AND SQUARE ONE ARE COLLABORATING 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 ARE ADVOCATING FOR IMPROVED SIDEWALKS, CROSSWALKS, AND STREETS FOR BICYCLIST AND PEDESTRIAN SAFETY, ALONG WITH TRAINING THE CITY'S YOUTH TO WALK AND BICYCLE SAFELY.

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 MINISTRIES DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2018, EVERY MINISTRY FOCUSED ON FOUR GOALS:

1. REDUCE TOBACCO USE
2. REDUCE OBESITY PREVALENCE
3. ADDRESS AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED IN THE MINISTRY COMMUNITY HEALTH NEEDS ASSESSMENT
4. ADDRESS AT LEAST ONE SOCIAL DETERMINANT OF HEALTH

TRINITY HEALTH ACKNOWLEDGES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH

Part VI Supplemental Information (Continuation)

COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE MINISTRIES OF TRINITY HEALTH. TCI IS AN INNOVATIVE FUNDING MODEL AND TECHNICAL ASSISTANCE INITIATIVE SUPPORTING EIGHT COMMUNITIES USING POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AS WELL AS ADDRESS SOCIAL DETERMINANTS OF HEALTH. TRINITY HEALTH INVESTED \$3.6 MILLION IN FISCAL YEAR 2018 IN TCI. IN FISCAL YEAR 2018, TRINITY HEALTH LAUNCHED THE GOOD SAMARITAN INITIATIVE (GSI) TO SUPPORT THE MOST VULNERABLE PATIENTS' SOCIAL AND ECONOMIC NEEDS IN OUR SYSTEM THROUGH INTEGRATING COMMUNITY HEALTH WORKERS AS PART OF CARE TEAMS ACROSS NINE MINISTRIES. TRINITY HEALTH INVESTED OVER \$260,000 IN FISCAL YEAR 2018 IN GSI. ADDITIONALLY, TRINITY HEALTH INVESTED \$500,000 IN ELEVEN GRANTS TO IMPROVE THE BUILT ENVIRONMENT ACROSS EIGHT MINISTRIES.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROMOTING WELLNESS AND DEVELOPING PROGRAMS SPECIFICALLY SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM AND ENVIRONMENTAL CHANGE. THE ORGANIZATION WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2018, TRINITY HEALTH INVESTED OVER \$1.1 BILLION IN SUCH COMMUNITY BENEFITS.

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

Part VI Supplemental Information (Continuation)

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

MA