

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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 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 <i>discounted</i> 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)	4	5,721	1,870,104.	1,258,937.	611,167.	.21%
b Medicaid (from Worksheet 3, column a)	34	66,189	83,015,247.	64,164,098.	18,851,149.	6.36%
c Costs of other means-tested government programs (from Worksheet 3, column b)	6	1,661	2,866,881.	1,871,567.	995,314.	.34%
d Total Financial Assistance and Means-Tested Government Programs	44	73,571	87,752,232.	67,294,602.	20,457,630.	6.91%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	20	1,223	1,224,779.	6,140.	1,218,639.	.41%
f Health professions education (from Worksheet 5)	1		119,992.		119,992.	.04%
g Subsidized health services (from Worksheet 6)	1		1,750,062.	1,133,559.	616,503.	.21%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	312	6,358.		6,358.	.00%
j Total. Other Benefits	24	1,535	3,101,191.	1,139,699.	1,961,492.	.66%
k Total. Add lines 7d and 7j	68	75,106	90,853,423.	68,434,301.	22,419,122.	7.57%

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		1,035.		1,035.	.00%
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	1		1,035.		1,035.	.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	5,686,892.
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	97,743,067.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	84,796,704.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	12,946,363.
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 (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>HTTP://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>HTTP://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)		

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) 2016

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 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 BUT ALSO THE OTHER MEMBERS OF THE WESTERN MASSACHUSETTS 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

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.

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 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.

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.

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 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.

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 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.

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:
-ACCESS AND BARRIERS TO QUALITY HEALTH CARE
-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

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.

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, WE EMPLOYED COMMUNITY OUTREACH WORKERS TO PROVIDE INTENSIVE CASE MANAGEMENT SERVICES 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, WE PERFORMED CERVICAL CANCER SCREENINGS, WHILE ALSO VERIFYING THE CERVICAL SCREENING RECORDS AND MAMMOGRAMS PERFORMED INSIDE AND OUTSIDE OF THE MERCY HOSPITAL SYSTEM. ADDITIONALLY, WE PROVIDED 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%

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.

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 SECOND HEALTH NEED, A THIRD STRATEGIC INITIATIVE WAS IDENTIFIED 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, WE 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, 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

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.

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 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

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.

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

[HTTP://WWW.TRINITYHEALTHOFNE.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS](http://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

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- 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.

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, \$5,686,892, 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 CDC. 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

Part VI Supplemental Information

Provide the following information.

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- 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.
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- 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.

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." MERCY HOSPITAL HELPED REVITALIZE CDC AS A SPONSOR, ALONG WITH OUR STAFF AMONG THE 1,000 VOLUNTEERS, TO RESTORE 62 HOMES FOR THE GREEN 'N FIT NEIGHBORHOOD BLOCK REBUILD ON LEBANON AND GREENE STREETS, AND MONSON AND NELSON AVENUE IN SPRINGFIELD.

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 VI Supplemental Information

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- 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.
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- 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 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

Provide the following information.

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- 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.

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 AND 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:

632100 11-02-16

Schedule H (Form 990) 2016

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.
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- 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.

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 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:

632100 11-02-16

Schedule H (Form 990) 2016

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- 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.

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 MEDICAL CENTER 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

Part VI Supplemental Information

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- 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.

PREVENTATIVE SERVICES OR ARE UNINSURED.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE -

MERCY HOSPITAL IS COMMITTED TO:

- PROVIDING ACCESS TO QUALITY HEALTH CARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES
- CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES
- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE
- BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITY

IN ACCORDANCE WITH AMERICAN HOSPITAL ASSOCIATION RECOMMENDATIONS, MERCY HOSPITAL HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS:

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- 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.

- PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS

- MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS

- OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS

- IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER

- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONS

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 AND EXTERNAL 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

Part VI Supplemental Information

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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. FINANCIAL ASSISTANCE APPLICATIONS WILL BE ACCEPTED UNTIL ONE YEAR AFTER THE FIRST BILLING STATEMENT TO THE PATIENT.

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

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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 MEDICAL CENTER 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.

Part VI Supplemental Information

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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 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

Part VI Supplemental Information

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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:

632100 11-02-16

Schedule H (Form 990) 2016

Part VI Supplemental Information

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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 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 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

Part VI Supplemental Information

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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: 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.

THE VIETNAMESE HEALTH PROJECT: 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

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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.

LACK OF AFFORDABLE AND ACCESSIBLE CARE: THE HOSPITAL OFFERS FINANCIAL COUNSELING TO THOSE WHO NEED ASSISTANCE. ADDITIONAL SUPPORT IS PROVIDED THROUGH COUNSELORS AND CASE MANAGERS WHO ASSIST PATIENTS WITH ACCESSING HEALTH INSURANCE THROUGH THE STATE.

LACK OF AFFORDABLE AND ACCESSIBLE PRESCRIPTION MEDICATIONS: THE HOSPITAL PROVIDES PATIENT COUNSELING AND EDUCATION REGARDING PRESCRIPTION ASSISTANCE, AND ALSO PROVIDES DIRECT CO-PAY ASSISTANCE THROUGH THE HEALTH CARE FOR THE HOMELESS PROGRAM. THE HOSPITAL IS ALSO REGISTERED IN THE FEDERAL 340B PHARMACEUTICAL DRUG ACCESS PROGRAM, WHICH PROVIDES DISCOUNTS TO QUALIFYING HOSPITALS ON COVERED OUTPATIENT MEDICATIONS, WHICH ARE THEN PROVIDED TO THE PATIENTS AT A REDUCED COST.

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SUPPORT GROUPS: FOR THOSE EXPERIENCING LIFE-ALTERING CONDITIONS, MERCY HOSPITAL PROVIDES A WIDE RANGE OF ONGOING FREE SUPPORT GROUPS FOR PATIENTS (AND THEIR FAMILIES OR CAREGIVERS) CHALLENGED BY DIAGNOSES SUCH AS CANCER, STROKE, AMPUTATIONS, APHASIA, TRAUMATIC BRAIN INJURY, MULTIPLE SCLEROSIS, AND SPINAL CORD INJURIES.

THE TRANSFORMING COMMUNITIES INITIATIVE IS A PARTNERSHIP BETWEEN MERCY MEDICAL CENTER & LIVE WELL SPRINGFIELD TO ADDRESS HEALTH DISPARITIES THROUGH TARGETED POLICY, SYSTEMS, AND ENVIRONMENT CHANGE IN SPRINGFIELD, MA. WE KNOW THAT HEALTHIER LIFESTYLES START WITH ACCESS TO HEALTHY PLACES TO LIVE, LEARN, PLAY, AND WORK.

LIVE WELL SPRINGFIELD IS A COMMUNITY MOVEMENT TO SUPPORT HEALTHY EATING AND ACTIVE LIVING. LIVE WELL SPRINGFIELD WORKS TO INFLUENCE POLICY, SYSTEMS, AND THE ENVIRONMENT THAT WILL INCREASE ACCESS TO AND UTILIZATION OF HEALTHY FOOD AND PHYSICAL ACTIVITY OPTIONS FOR RESIDENTS IN SPRINGFIELD, MA. POLICY FOCUSES INCLUDE: COMPLETE STREETS TO MAKE IT SAFER IN THE CITY FOR ALL MODES OF TRANSPORTATION; IMPROVING PHYSICAL

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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.

THE FOLLOWING TRANSFORMING COMMUNITY INITIATIVES ARE BEING ADDRESSED WITH THE FOLLOWING PARTNERS:

SCHOOL WELLNESS - SPRINGFIELD PUBLIC SCHOOLS, SQUARE ONE, AND WAY FINDERS
 - CONSISTENT FITNESS OPPORTUNITIES FOR YOUTH
 - EFFECTIVE PHYSICAL EDUCATION CURRICULUM

TOBACCO PREVENTION - MLK, JR. FAMILY SERVICES AND WAY FINDERS
 - INCREASING THE SMOKING AGE TO 21
 - PROMOTING SMOKE-FREE HOUSING

NUTRITION & GARDENING - SPRINGFIELD FOOD POLICY COUNCIL AND SQUARE ONE

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- HEALTHIER MEALS WITH LOCAL FRUITS & VEGETABLES

- SCHOOL GARDENS AS A FOOD SOURCE AND TEACHING TOOL

COMPLETE STREETS - PIONEER VALLEY PLANNING COMMISSION AND WAY FINDERS

- IMPROVING SIDEWALKS, CROSSWALKS, AND STREETS FOR PEDESTRIAN SAFETY

- TRAINING 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 ORGANIZATIONS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2017, GOALS INCLUDED 1) PARTICIPATING IN LOCAL COALITION AND ADVOCACY EFFORTS AIMED AT CURBING TOBACCO USE AND PREVENTING OBESITY, 2) ASSESSING CAPACITY TO IDENTIFY AND SUPPORT INDIVIDUALS THAT ARE HOUSING INSECURE AND ACKNOWLEDGING OTHER BARRIERS INDIVIDUALS HAVE ACCESSING HEALTH CARE AND 3) EXPANDING ACCESS AND DELIVERY OF DIABETES PREVENTION PROGRAMS.

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TRINITY HEALTH ACKNOWLEDGES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), AWARDING EIGHT COMMUNITIES FUNDING TO IMPROVE THE HEALTH AND WELL-BEING OF THEIR COMMUNITIES IN PARTNERSHIP WITH THE LOCAL TRINITY HEALTH MEMBER HOSPITAL. THE AWARDED COMMUNITIES FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES THAT SPECIFICALLY IMPACT COMMUNITY IDENTIFIED NEEDS AND THAT WILL REDUCE CHILDHOOD OBESITY AND YOUTH TOBACCO USE. IN FISCAL YEAR 2017, TRINITY HEALTH INVESTED \$2.7 MILLION IN TCI.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND VULNERABLE, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, PROMOTING WELLNESS AND DEVELOPING PROGRAMS AND POLICIES TO SPECIFICALLY SUPPORT VULNERABLE POPULATIONS. ANNUALLY, THE ORGANIZATION INVESTS OVER \$1.1 BILLION IN SUCH COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES

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ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY.

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

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

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