

**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 **SAINT MARY'S HOSPITAL, INC.** Employer identification number **06-0646844**

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)			3,079,144.		3,079,144.	1.05%
b Medicaid (from Worksheet 3, column a)			96,943,956.	79,779,474.	17,164,482.	5.83%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			100,023,100.	79,779,474.	20,243,626.	6.88%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			301,632.	119,983.	181,649.	.06%
f Health professions education (from Worksheet 5)			5,225,176.	2,851,729.	2,373,447.	.81%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			155,392.	73,992.	81,400.	.03%
j Total. Other Benefits			5,682,200.	3,045,704.	2,636,496.	.90%
k Total. Add lines 7d and 7j			105,705,300.	82,825,178.	22,880,122.	7.78%

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 SAINT MARY'S HOSPITAL
56 FRANKLIN STREET
WATERBURY, CT 06706
WWW.STMH.ORG
LICENSE # 0055

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 four 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 SAINT MARY'S HOSPITAL

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>SEE SCHEDULE H, PART V, SECTION C</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>SEE SCHEDULE H, PART V, SECTION C</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 SAINT MARY'S HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</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 SAINT MARY'S HOSPITAL

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

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 SAINT MARY'S HOSPITAL

	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.

SAINT MARY'S HOSPITAL:

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

PART V, SECTION B, LINE 3E: SAINT MARY'S 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:

ACCESS TO CARE

MENTAL HEALTH & SUBSTANCE ABUSE

CHRONIC DISEASES

TOBACCO USE & ASTHMA

HEALTH COMMUNICATIONS

SAINT MARY'S HOSPITAL:

PART V, SECTION B, LINE 5: THE SAINT MARY'S HOSPITAL CHNA IS BASED ON AN ITERATIVE COMMUNITY ENGAGEMENT AND DATA COLLECTION STRATEGY IN COLLABORATION WITH THE MEMBERS OF THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP) AND WAS CONDUCTED FROM JULY 2015 THROUGH JUNE 2016. THIS GROUP OF LOCAL AGENCIES PROVIDES SERVICES TO GREATER WATERBURY AREA RESIDENTS WITH A TARGETED FOCUS ON LOW INCOME, MEDICALLY VULNERABLE, AND THE ELDERLY POPULATION.

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.

MEMBERS OF THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP) INCLUDE SAINT MARY'S HOSPITAL, WATERBURY HOSPITAL, UNITED WAY, THE CONNECTICUT COMMUNITY FOUNDATION, STAYWELL HEALTH CENTER, AND THE WATERBURY DEPARTMENT OF PUBLIC HEALTH. THE CHNA INCLUDED BOTH DIRECT FEEDBACK FROM THE COMMUNITY (PRIMARY DATA) AND DATA COLLECTED FROM THIRD PARTY FEDERAL, STATE, AND LOCAL SOURCES (SECONDARY DATA). SAINT MARY'S HOSPITAL OBTAINED QUALITATIVE DATA FROM KEY COMMUNITY STAKEHOLDERS REGARDING THE HEALTH NEEDS OF THE COMMUNITY. INTERVIEWS AND INFORMAL DISCUSSIONS WITH COMMUNITY LEADERS IN THE GREATER WATERBURY AREA WERE ALSO USED TO EXPAND THE KNOWLEDGE OF THE ISSUES AFFECTING THE SERVICE AREA. SOME, IF NOT MOST, OF THE COMMUNITY LEADERS THAT WERE INVOLVED IN DISCUSSIONS GREW UP IN THE AREA AND REPRESENTED BROAD INTERESTS IN OUR COMMUNITY INCLUDING: LEADERS OF MEDICALLY UNDERSERVED AND LOW-INCOME POPULATIONS, PERSONS WITH EXPERTISE OR SPECIAL KNOWLEDGE IN PUBLIC HEALTH, AND PERSONS WHO LEAD LOCAL HEALTH AGENCIES. IN ADDITION, A COMPREHENSIVE COMMUNITY EXECUTIVE MEETING WAS HELD IN JUNE 2016 AND INFORMAL DISCUSSIONS WITH KEY INFORMANTS IN REGARDS TO SAINT MARY'S SERVICE AREA WERE COMPLETED.

IN ORDER TO OBTAIN QUANTITATIVE DATA, SAINT MARY'S HOSPITAL AND THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP PARTNERED WITH DATAHAVEN, A NONPROFIT PUBLIC SERVICE ORGANIZATION SPECIALIZING IN DATA COLLECTION AND INTERPRETATION. IN THE 2015 DATAHAVEN COMMUNITY HEALTH AND WELL-BEING SURVEY, DATAHAVEN DESIGNED AND CONDUCTED A RANDOM DIGIT DIALING TELEPHONE SURVEY THAT COLLECTED INFORMATION FROM A SAMPLING OF 16,820 RESIDENTS OF ALL 169 CONNECTICUT TOWNS AND SEVERAL ZIP CODES IN NEW YORK. THE TELEPHONE SURVEY QUESTIONS DERIVED FROM MANY STANDARD SURVEYS INCLUDING THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) STUDY DEVELOPED BY THE CENTERS FOR DISEASE CONTROL (CDC). THE QUESTIONS YIELDED DATA ON RESIDENTS' PERCEPTIONS OF THEIR WELL-BEING, QUALITY OF LIFE, NEIGHBORHOOD, EMPLOYMENT AND PUBLIC HEALTH. IN ADDITION TO THE DATAHAVEN SURVEY, SECONDARY DATA WERE ALSO ANALYZED AS PART OF THE CHNA.

SAINT MARY'S HOSPITAL:

PART V, SECTION B, LINE 6A: SAINT MARY'S HOSPITAL COLLABORATED WITH THE FOLLOWING HOSPITAL FACILITIES IN CONDUCTING ITS MOST RECENT CHNA: WATERBURY HOSPITAL AND STAY WELL HEALTH CENTER (A SEPARATE FQHC).

SAINT MARY'S HOSPITAL:

PART V, SECTION B, LINE 6B: SAINT MARY'S HOSPITAL ALSO COLLABORATED WITH THE FOLLOWING COMMUNITY ORGANIZATIONS WHILE CONDUCTING ITS MOST RECENT CHNA: CITY OF WATERBURY DEPARTMENT OF HEALTH AND HUMAN SERVICES, DATAHAVEN, UNITED WAY OF GREATER WATERBURY, AND THE CONNECTICUT COMMUNITY FOUNDATION.

SAINT MARY'S HOSPITAL:

PART V, SECTION B, LINE 11: THE SPECIFIC NEEDS THAT SAINT MARY'S HOSPITAL IDENTIFIED THROUGH ITS CHNA ARE AS FOLLOWS: ACCESS TO CARE, MENTAL HEALTH AND SUBSTANCE ABUSE, CHRONIC DISEASE, TOBACCO USE AND ASTHMA, AND HEALTH COMMUNICATIONS.

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.

IN FY18, TO ADDRESS ACCESS TO CARE, SAINT MARY'S HOSPITAL PARTICIPATED IN THE GREATER WATERBURY HEALTH ACCESS PROGRAM, A PARTNERSHIP BETWEEN SAINT MARY'S HOSPITAL, WATERBURY HOSPITAL, STAY WELL CENTER AND THE WATERBURY HEALTH DEPARTMENT.

IN FY18, TO ADDRESS CHRONIC DISEASE, ST. MARY'S HOSPITAL WAS INVOLVED IN THE YMCA'S DIABETES PREVENTION PROGRAM (DPP), AND CREATED A REFERRAL PROCESS TO HELP INCREASE PARTICIPANTS TO THIS PROGRAM.

IN FY18, TO ADDRESS MENTAL HEALTH & SUBSTANCE ABUSE, ST. MARY'S HOSPITAL PARTNERED WITH LOCAL AGENCIES TO START A COMMUNITY CARE TEAM DESIGNED TO SUPPORT PATIENTS WHO ARE FOUND TO BE USING THE EMERGENCY DEPARTMENT AS PRIMARY CARE SUPPORT DUE TO MENTAL HEALTH AND SUBSTANCE ABUSE CONDITIONS.

TO ADDRESS TOBACCO AND ASTHMA IN FY18, ST. MARY'S HOSPITAL INCREASED EDUCATION AND SIGNAGE FOR GREATER WATERBURY REGION ASTHMA COALITION. ADDITIONAL WORK TO SUPPORT TOBACCO 21 LEGISLATION AT THE STATE AND LOCAL LEVEL CONTINUED.

IN FY18, TO ADDRESS HEALTH COMMUNICATIONS, THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP CONTINUED TO PROVIDE MESSAGING TO ALL RESIDENTS OF THE GREATER WATERBURY METRO REGION ABOUT HEALTH EDUCATION TOPICS AND PUBLICIZE ACTIVITIES THAT SUPPORT THE HEALTH OF RESIDENTS.

SAINT MARY'S HOSPITAL:

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.

SAINT MARY'S HOSPITAL - PART V, SECTION B, LINE 7A:
WWW.STMH.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-2876

SAINT MARY'S HOSPITAL - PART V, SECTION B, LINE 7B:
WWW.TRINITYHEALTHOFNE.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

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.

SAINT MARY'S HOSPITAL - 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.

SAINT MARY'S HOSPITAL - PART V, SECTION B, LINE 10A:

WWW.STMH.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-2876

SAINT MARY'S HOSPITAL - PART V, SECTION B, LINE 16A:

WWW.STMH.ORG/PATIENT-ASSISTANCE

SAINT MARY'S HOSPITAL - PART V, SECTION B, LINE 16B:

WWW.STMH.ORG/PATIENT-ASSISTANCE

SAINT MARY'S HOSPITAL - PART V, SECTION B, LINE 16C:

WWW.STMH.ORG/PATIENT-ASSISTANCE

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 19

Name and address	Type of Facility (describe)
1 SAINT MARY'S MEDICAL IMAGING CENTER 475 CHASE PARKWAY WATERBURY, CT 06708	MRI SERVICES
2 OCCUPATION HEALTH & DIAG. CENTER 146 HIGHLAND AVENUE WATERBURY, CT 06708	OCCUPATIONAL HEALTH, OCCUPATIONAL THERAPY, PHYSICAL THERAPY
3 MEDICAL OFFICE 100 VISITATION PLAZA WATERBURY, CT 06708	BEHAVIORAL HEALTH, CHILD DEVELOPMENT
4 CARDIOVASCULAR DIAGNOSTIC CENTER 1320 WEST MAIN ST WATERBURY, CT 06708	CARDIOVASCULAR CARE
5 ST. MARY'S HOSP. OUTPATIENT CENTER 1981 EAST MAIN ST WATERBURY, CT 06705	LAB, RADIOLOGY, PHYSICAL & OCCUPATIONAL THERAPY
6 BLOOD DRAW 303 UNION SQUARE SOUTHURY, CT 06488	LAB
7 MEDICAL OFFICE 70 HEMINGWAY PARK RD WATERTOWN, CT 06795	LAB, INTERNAL MEDICINE
8 DIABETES AND ENDOCRINOLOGY CENTER 1389 WEST MAIN ST WATERBURY, CT 06708	DIABETES AND ENDOCRINOLOGY CARE
9 FAMILY HEALTH CENTER 95 SCOVILL ST WATERBURY, CT 06706	PRIMARY CARE
10 URGENT CARE CENTER 58 MAPLE ST NAUGATUCK, CT 06770	INTERNAL MEDICINE, URGENT CARE

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Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 19

Name and address	Type of Facility (describe)
11 POLOKOFF BREAST CARE LLC 900 MAIN ST SOUTH SOUTHURY, CT 06488	BREAST CARE
12 MEDICAL OFFICES 166 WATERBURY RD PROSPECT, CT 06712	PEDIATRICS, PRIMARY CARE, BREAST & ONCOLOGY
13 MEDICAL OFFICES 33 BULLET HILL RD, SUITE 214 SOUTHURY, CT 06488	ROBOTIC & LAPROSCOPIC SURGERY, BREAST & ONCOLOGY
14 RONALD ZLOTOFF MD LLC 140 GRANDVIEW AVE, SUITE 4 WATERBURY, CT 06708	GASTROENTEROLOGY
15 SHADY MACARON MD 590 MIDDLEBURY RD, SUITE A WATERBURY, CT 06762	BARIATRIC CARE
16 SOUTHURY INTERNAL MEDICINE 385 MAIN ST SOUTH, SUITE 106 SOUTHURY, CT 06078	INTERNAL MEDICINE
17 WESTSIDE MEDICAL GROUP 714 CHASE PARKWAY WATERBURY, CT 06078	PRIMARY CARE
18 SAINT MARY'S - MEDICAL OFFICES 133 SCOVILL WATERBURY, CT 06708	LAB, NUTRITION, SURGERY, FAMILY MEDICINE, OBGYN, SLEEP DISORDERS, RHEUMATOLOGY
19 WESTWOOD MEDICAL 60 WESTWOOD WATERBURY, CT 06708	INTERNAL MEDICINE, DIGESTIVE DISEASE, PHYSICAL THERAPY

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:

SAINT MARY'S 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, SAINT MARY'S 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 MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE

Part VI Supplemental Information (Continuation)

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, \$7,767,190, 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:

SAINT MARY'S HOSPITAL COMMUNITY BUILDING ACTIVITIES IN FY18 INCLUDED: PHYSICAL IMPROVEMENTS AND HOUSING, COMMUNITY SUPPORT, COALITION BUILDING, AND WORKFORCE DEVELOPMENT.

PHYSICAL IMPROVEMENTS AND HOUSING:

IN FY18, SAINT MARY'S HOSPITAL PARTNERED WITH THE CITY TO PROVIDE LANDSCAPING SERVICES FREE OF CHARGE TO IMPROVE NEIGHBORHOOD ENVIRONMENTS AND PARTNERED WITH HABITAT FOR HUMANITY TO IMPROVE HOUSING OPTIONS FOR LOW INCOME FAMILIES.

COMMUNITY SUPPORT:

SAINT MARY'S HOSPITAL CONTINUED IN FY18 THE STRONG REPRESENTATION OF EXECUTIVE LEADERS ON LOCAL BOARDS FOR AGENCIES THAT PROVIDE SOCIAL AND HEALTH SERVICES TO RESIDENTS IN NEED. THE RELATIONSHIP WITH THE UNITED WAY IS PARTICULARLY STRONG AND HAS HISTORICALLY BEEN AN AREA TO WHICH

Part VI Supplemental Information (Continuation)

SIGNIFICANT SUPPORT IS PROVIDED. THE UNITED WAY SUPPORTS NUMEROUS AGENCIES THAT FOCUS ON HOUSING, COMMUNITY SUPPORT, PHYSICAL IMPROVEMENTS AND WORKFORCE DEVELOPMENT. THROUGH OUR STRONG EXECUTIVE LEADERSHIP PARTICIPATION, WE HAVE DEVELOPED LONG TERM RELATIONSHIPS THAT ENABLE OUR HOSPITAL SYSTEM TO FACILITATE THE COLLABORATION AMONG THE PARTNERS NEEDED TO ADDRESS THESE ISSUES.

COALITION BUILDING & WORKFORCE DEVELOPMENT:

THROUGH THE GREATER WATERBURY HEALTH PARTNERSHIP, THE HOSPITAL SUPPORTS AGENCIES THAT WORK TO IMPROVE EMPLOYMENT OPPORTUNITIES FOR YOUTH AND OTHERS. ONE EXAMPLE IS THE WATERBURY POLICE ACTIVITY LEAGUE, WHICH INCLUDED SUPPORT FOR EDUCATIONAL AND RECREATIONAL PROGRAMS DESIGNED TO HELP YOUTH DEVELOP STRONG COMMUNICATION AND TEAM BUILDING SKILLS. ADDITIONALLY, YOUTH SUMMER EMPLOYMENT IS INCLUDED IN THE PROGRAM OFFERED BY THIS PARTNER.

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:

SAINT MARY'S 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

Part VI Supplemental Information (Continuation)

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, SAINT MARY'S HOSPITAL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, SAINT MARY'S 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:

SAINT MARY'S 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 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:

Part VI Supplemental Information (Continuation)

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

PART III, LINE 8:

SAINT MARY'S 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:

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

Part VI Supplemental Information (Continuation)

PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

NEEDS ASSESSMENT - PARTICIPATION BY LEADERSHIP STAFF ON COMMUNITY BOARDS AND COUNCILS IMPROVES COMMUNITY CONNECTIONS AND SERVES TO SUPPORT KNOWLEDGE OF COMMUNITY HEALTH CARE NEEDS. HOSPITAL COLLEAGUES ARE EMBEDDED IN THE COMMUNITY AND PARTICIPATE IN ACTIVITIES WHICH PROVE TO KEEP THEM AWARE OF THE NEEDS OF COMMUNITY MEMBERS. COMMUNITY ENGAGEMENT ACTIVITIES PROVIDE AN OPPORTUNITY FOR COMMUNITY RESIDENTS AND HOSPITAL STAFF TO ENGAGE IN AN ACTIVITY OUTSIDE OF THE CLINICAL CARE SETTING.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SAINT MARY'S 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.

Part VI Supplemental Information (Continuation)

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

SAINT MARY'S HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SAINT MARY'S 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 - CENTRAL WATERBURY HAS BEEN DESIGNATED A MEDICALLY UNDERSERVED AREA AND MEDICALLY UNDERSERVED POPULATION BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). HRSA HAS ALSO DESIGNATED CENTRAL WATERBURY AS A HEALTH PROFESSIONAL SHORTAGE AREA FOR PRIMARY MEDICAL CARE, DENTAL CARE AND MENTAL HEALTH. CHA SERVICE AREA POPULATION

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Part VI Supplemental Information (Continuation)

FINDINGS PROVIDES POPULATION DETAILS BY THE US CENSUS (2009-2013) AND SPECIFICALLY THE PRIMARY SERVICE AREA OF SAINT MARY'S HOSPITAL.

THE COMBINED POPULATION FOR THESE COMMUNITIES IS ROUGHLY 321,000 RESIDENTS WHERE THE MAJORITY OF SAINT MARY'S HOSPITAL PATIENTS LIVE IN THE CITY OF WATERBURY, WHICH IS PARTICULARLY ECONOMICALLY DISTRESSED. THE MEDIAN HOUSEHOLD INCOME IS \$41,136, WHICH IS SIGNIFICANTLY LESS THAN THE OVERALL SERVICE AREA, WHICH IS APPROXIMATELY \$70,000. THE UNEMPLOYMENT RATE IN THE CITY OF WATERBURY IN SEPTEMBER 2015 WAS 10.7%. THIS IS HIGHER THAN THE STATE OF CONNECTICUT UNEMPLOYMENT RATE OF 6.6%. APPROXIMATELY 31.6% OF THE POPULATION IN WATERBURY SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. THIS IS HIGHER THAN THE STATE OF CONNECTICUT WHERE 20.8% OF THE POPULATION SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. IN ADDITION, 24.2% OF FAMILIES IN WATERBURY HAVE POVERTY STATUS COMPARED TO 10.5% IN CONNECTICUT.

PART VI, LINE 5:

OTHER INFORMATION - CLINICIANS IN SAINT MARY'S HOSPITAL OFFER FREE LECTURES AND SEMINARS IN RESPONSE TO COMMUNITY REQUESTS AND FACILITATE HEALTH PROMOTION IN THE COMMUNITY.

TOBACCO 21 - ACTIVITIES INCLUDE JOINING THE STATE TOBACCO COALITION - MOBILIZE AGAINST TOBACCO FOR CONNECTICUT'S HEALTH (MATCH) AND SUBMITTING A TOBACCO 21 BILL FOR VOTE BY THE LEGISLATURE (WHICH MADE IT OUT OF COMMITTEE BUT UNFORTUNATELY DID NOT PASS).

SMOKE FREE CAMPUS - ACTIVITIES INCLUDE REVIEW OF CURRENT POLICY TO STRENGTHEN WORDING, UPDATING ELECTRONIC SIGNAGE THROUGHOUT THE HOSPITAL,

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Part VI Supplemental Information (Continuation)

AND PROMOTION THROUGH SOCIAL MEDIA.

BREASTFEEDING AND BABY FRIENDLY - ACTIVITIES INCLUDE COMPLETION OF BABY FRIENDLY ASSESSMENT AND SUBMISSION FOR REVIEW, AND COMMUNITY CONVERSATION ABOUT OUR COMMITMENT TO CREATING ENVIRONMENTS AND POLICIES THAT SUPPORT BREASTFEEDING, PUBLIC EDUCATION OR CALL TO ACTION TO THE BROADER COMMUNITY.

PART VI, LINE 6:

SAINT MARY'S 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 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

Part VI Supplemental Information (Continuation)

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.