

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **SAINT FRANCIS HOSPITAL AND MEDICAL CENTER** Employer identification number **06-0646813**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> 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>b</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 _____ %		
<b>c</b> 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.		
<b>4</b> 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"/>	
<b>5a</b> 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>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
<b>c</b> 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?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			5,086,820.		5,086,820.	.58%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			214,234,856.	164,740,253.	49,494,603.	5.69%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....			219,321,676.	164,740,253.	54,581,423.	6.27%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			3,895,388.	1,240,807.	2,654,581.	.31%
<b>f</b> Health professions education (from Worksheet 5) .....			32,429,557.	10,820,553.	21,609,004.	2.48%
<b>g</b> Subsidized health services (from Worksheet 6) .....						
<b>h</b> Research (from Worksheet 7) .....			244,008.		244,008.	.03%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			281,542.		281,542.	.03%
<b>j Total.</b> Other Benefits .....			36,850,495.	12,061,360.	24,789,135.	2.85%
<b>k Total.</b> Add lines 7d and 7j .....			256,172,171.	176,801,613.	79,370,558.	9.12%





**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**

**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 FRANCIS HOSPITAL AND MEDICAL CENTER

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1	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 .....	2	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 .....	3	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 .....	5	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 .....	6a	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 .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	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 .....	8	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? .....	10	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? .....	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
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 FRANCIS HOSPITAL AND MEDICAL CENTE

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <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>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
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):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <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)		
<b>f</b> <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)		
<b>g</b> <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		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <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		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

	Yes	No
<b>17</b> 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? .....	<b>X</b>	
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? .....		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

SAINT FRANCIS HOSPITAL AND MEDICAL  
CENTER

**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 FRANCIS HOSPITAL AND MEDICAL CENTE

	Yes	No
<b>22</b> 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.		
<b>a</b> <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>b</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		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> 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? .....	<b>23</b>	<b>X</b>
If "Yes," explain in Section C.		
<b>24</b> 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? .....	<b>24</b>	<b>X</b>
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 FRANCIS HOSPITAL AND MEDICAL CENTER:

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

PART V, SECTION B, LINE 3E: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER 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:

COMMUNITY SAFETY AND VIOLENCE

FAMILY & SOCIAL SUPPORT

EMPLOYMENT AND POVERTY

ACCESS TO CARE - INTEGRATION OF CLINICAL AND COMMUNITY CARE (BEHAVIORAL HEALTH FOCUS)

HOUSING INSECURITY

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE SAINT FRANCIS HOSPITAL AND MEDICAL CENTER (SAINT FRANCIS HOSPITAL) CHNA IS BASED ON AN ITERATIVE COMMUNITY ENGAGEMENT AND DATA COLLECTION STRATEGY THAT BEGAN IN JULY OF 2015 AND CONTINUED FOR THE NEXT ELEVEN MONTHS. THE CHNA RESEARCH TEAM FOR THE THREE TRINITY HEALTH HOSPITALS IN NORTHERN CONNECTICUT (JOHNSON MEMORIAL HOSPITAL, MOUNT SINAI REHABILITATION HOSPITAL (MOUNT SINAI HOSPITAL) AND SAINT FRANCIS HOSPITAL) INCLUDED REPRESENTATIVES FROM UNIVERSITY OF



**Part V Facility Information** (continued)

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

CONNECTICUT, CONNECTICUT CHILDREN'S MEDICAL CENTER, JOHNSON MEMORIAL HOSPITAL, SAINT FRANCIS HOSPITAL, MOUNT SINAI HOSPITAL, THE CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY, COMMUNITY SOLUTIONS, THE HARTFORD FOUNDATION FOR PUBLIC GIVING, CITY OF HARTFORD HEALTH AND HUMAN SERVICES AND DATAHAVEN. THIS GROUP OF LOCAL AGENCIES PROVIDES SERVICES TO HARTFORD RESIDENTS WITH A TARGETED FOCUS ON LOW INCOME, MEDICALLY VULNERABLE, AND THE ELDERLY POPULATION.

THE CHNA PROCESS INCLUDED MULTIPLE TECHNIQUES TO ENGAGE COMMUNITY MEMBER INPUT, INCLUDING A COMPREHENSIVE RANDOMIZED TELEPHONE SURVEY, A WRITTEN PARTICIPANT SURVEY, INTERVIEWS AND INFORMAL DISCUSSIONS WITH "KEY INFORMANTS"-COMMUNITY LEADERS AND LEADERS OF PARTNER AGENCIES. PRIOR TO PUBLICATION, A COMMUNITY MEETING TO PRIORITIZE FINDINGS FROM THE DATA WAS HELD WITH COMMUNITY MEMBERS, FAITH LEADERS, GOVERNMENT REPRESENTATIVES, HEALTH CARE LEADERS, LOCAL COMMUNITY AGENCY STAFF AND COMMUNITY DEVELOPMENT REPRESENTATIVES.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 6A: SAINT FRANCIS HOSPITAL COLLABORATED WITH THE FOLLOWING HOSPITAL FACILITIES IN CONDUCTING ITS MOST RECENT CHNA: CONNECTICUT CHILDREN'S MEDICAL CENTER, JOHNSON MEMORIAL HOSPITAL, AND MOUNT SINAI HOSPITAL.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 6B: SAINT FRANCIS HOSPITAL ALSO COLLABORATED WITH

**Part V Facility Information** (continued)

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

THE FOLLOWING COMMUNITY ORGANIZATIONS WHILE CONDUCTING ITS MOST RECENT  
CHNA: CITY OF HARTFORD/DEPARTMENT OF HEALTH AND HUMAN SERVICES, COMMUNITY  
SOLUTIONS, DATAHAVEN, HARTFORD FOUNDATION FOR PUBLIC GIVING, AND THE  
UNIVERSITY OF CONNECTICUT MEDICAL SCHOOL.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE NEEDS IDENTIFIED IN THE CHNA ARE THE  
FOUNDATION FOR THE WELL BEING 360 TRANSFORMING COMMUNITIES INITIATIVE,  
WHICH BEGAN IN FEBRUARY 2016. THIS PROJECT INCLUDES A REALLOCATION OF  
COMMUNITY BENEFIT DOLLARS TO ADDRESS THE CHNA PRIORITIES BY INVESTING IN  
COMMUNITY RESOURCES ALREADY IN PLACE THAT HAVE SHOWN POSITIVE OUTCOMES.  
EVIDENCE BASED PROGRAMS, POLICY AND ADVOCACY, SYSTEM CHANGE APPROACHES AND  
COLLABORATIVE DEVELOPMENT ARE ALL STRATEGIES EMPLOYED BY THE WELL BEING  
360 INITIATIVE TO MOVE THE NEEDLE ON HEALTH. FOCUS FOR FY18 INCLUDED  
CONTINUED DEVELOPMENT OF A HEALTH FOCUSED COLLABORATIVE, SUPPORT FOR LOCAL  
PARTNERS TO ADDRESS VIOLENCE PREVENTION; COLLABORATION WITH A LOCAL AGENCY  
TO ADDRESS ISSUES RELATED TO HOUSING INSECURITY AND SUPPORT FOR A VARIETY  
OF PROGRAMS THAT ADDRESS ACCESS TO HEALTHY FOODS.

PARTNERSHIPS AND INVESTMENTS IN LOCAL AGENCIES HAVE ENABLED THE HOSPITAL  
TO IMPACT THE NEEDS IDENTIFIED IN THE CHNA:

1) NEIGHBORHOOD SAFETY AND VIOLENCE PREVENTION WERE THE HIGHEST PRIORITIES  
OF THE COMMUNITY DURING THE CHNA COMMUNITY DISCUSSION. INVESTMENTS FROM  
WELL BEING 360 HAVE CONTINUED IN FY18 TO LOCAL ORGANIZATIONS THAT CAN HAVE  
AN IMPACT ON THIS ISSUE, INCLUDING:

A. GREATER HARTFORD HARM REDUCTION COALITION - AN OPIOID HARM REDUCTION

**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.

AGENCY

B. HARTFORD COMMUNITIES THAT CARE - A VIOLENCE PREVENTION AND RETALIATION  
REDUCTION PROGRAM

C. NORTH HARTFORD TRIPLE AIM COLLABORATIVE - A HEALTH COLLABORATIVE BEING  
DEVELOPED TO ADDRESS DISPARITIES IN THE NORTH END OF HARTFORD INCLUDING  
IMPROVEMENT OF NEIGHBORHOOD SAFETY

2) FAMILY AND SOCIAL SUPPORT - ACCESS TO HEALTHY FOODS WAS ANOTHER  
PRIORITY IDENTIFIED IN THE CHNA. THE WELL BEING 360 INVESTMENTS DURING  
FY18 CONTINUED TO FOCUS RESOURCES IN THIS AREA BY PARTNERING WITH THE  
FOLLOWING AGENCIES:

A. COOKING MATTERS - A PROGRAM TO HELP FAMILIES LEARN HEALTHY LOW BUDGET  
COOKING SKILLS

B. LIVE WELL DIABETES - A WORKSHOP SERIES THAT SUPPORTS THOSE SUFFERING  
FROM DIABETES AND PRE-DIABETES

C. DIABETES PREVENTION PROGRAM- A COLLABORATION WITH THE YMCA TO PROVIDE  
THIS EVIDENCE BASED PROGRAM FOR FREE TO PATIENTS REFERRED FROM THE MEDICAL  
CLINIC

3) FAMILY AND SOCIAL SUPPORT - TOBACCO USE

A. SUPPORT FOR CHANGES IN POLICY AT THE STATE LEVEL TO CHANGE SMOKING LAWS  
SO THAT YOU NEED TO BE 21 YEARS OLD TO PURCHASE TOBACCO (TOBACCO 21) ARE  
ALSO A PART OF THE WELL BEING 360 WORK. PARTNERING WITH THE GOVERNMENT  
AND RELATIONS DEPARTMENT AT THE REGIONAL HEALTH MINISTRY HAS ENABLED OUR  
SYSTEM TO APPROACH THIS WORK AT A SYSTEMS LEVEL

B. STAFF FROM THE REGIONAL OFFICE HAS JOINED THE MATCH (MOBILIZING AGAINST  
TOBACCO FOR CONNECTICUT'S HEALTH) COALITION TO SUPPORT CHANGES THAT

**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.

SUPPORT NON-SMOKING BEHAVIOR AND ENGAGEMENT OF YOUTH TO SUPPORT THE EFFORT DURING FY18 RESULTED IN PASSAGE OF T21 LEGISLATION IN THE CITY OF HARTFORD.

4) INTEGRATION OF COMMUNITY AND CLINICAL CARE - THIS ISSUE WAS ADDRESSED BY THE COMMUNITY AS A NEED TO HAVE BETTER ACCESS TO HEALTH CARE SERVICES, SPECIFICALLY BEHAVIORAL HEALTH SERVICES AND SUPPORT FOR SOCIAL NEEDS. THESE ISSUES ARE BEING ADDRESSED WITH SYSTEM CHANGES WITHIN THE HOSPITAL AND BY SUPPORTING AGENCIES THAT CAN FACILITATE ROBUST REFERRALS. OUR PARTNER AGENCIES IN FY18 CONTINUE TO INCLUDE:

A. CHRYSALIS CENTER - WHO PROVIDE SOCIAL SUPPORT WRAP AROUND SERVICES FOR HIGH NEED BEHAVIORAL HEALTH CLIENTS

B. COMMUNITY CARE TEAM - A COLLABORATION WITH LOCAL HOSPITALS TO COORDINATE SUPPORT FOR BEHAVIORAL HEALTH PATIENTS THAT FREQUENTLY USE THE EMERGENCY DEPARTMENT

C. CATHOLIC CHARITIES - A SOCIAL SERVICE AGENCY THAT IS PARTNERING WITH OUR PRIMARY CARE CLINIC TO PROVIDE NAVIGATION SUPPORT FOR PATIENTS WHO NEED TO CONNECT TO COMMUNITY RESOURCES

5) HOUSING INSECURITY IS A SIGNIFICANT ISSUE IN HARTFORD AND WAS IDENTIFIED BY THE COMMUNITY AS A CONCERN. IN FY18, THE HOSPITAL COLLABORATED WITH COMMUNITY SOLUTIONS, A LOCAL COMMUNITY BASED ORGANIZATION THAT WORKS TO SUPPORT ECONOMIC DEVELOPMENT FOR IMPOVERISHED NEIGHBORHOODS AND HAS A NATIONAL REPUTATION FOR SUPPORTING THOSE IN NEED OF STABLE HOUSING. IN THIS PAST YEAR, WE COLLABORATED WITH COMMUNITY SOLUTIONS FOR A GRANT FROM THE RASKOB FOUNDATION WHICH WAS DESIGNED TO SUPPORT THE CREATION OF A LAND BANK AND A LAND TRUST TO STABILIZE

**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.

AFFORDABLE HOUSING OPTIONS IN HARTFORD.

SAINT FRANCIS HOSPITAL IS COMMITTED TO PROVIDING HIGH QUALITY CLINICAL SERVICES TO THE COMMUNITY. IN ORDER TO BE GOOD STEWARDS OF THE RESOURCES AVAILABLE FOR THIS WORK, THE COMMUNITY BENEFIT ACTIVITIES INCLUDED IN THE HOSPITAL'S PORTFOLIO ARE DESIGNED TO LEVERAGE THE SKILLS AND EXPERTISE OF THE HOSPITAL AND ITS STAFF. NOT ALL NEEDS IDENTIFIED IN THE CHNA ARE BEING ADDRESSED, FOR EXAMPLE POVERTY AND LACK OF EMPLOYMENT OPPORTUNITIES ARE ISSUES THE HOSPITAL IS NOT EQUIPPED TO DIRECTLY ADDRESS. ALTHOUGH PARTNERSHIPS WITH LOCAL AGENCIES HAVE TAKEN PLACE, THESE NEEDS WERE NOT INITIALLY ADDRESSED DUE TO THE LACK OF EXPERTISE AND RESOURCES IN THIS AREA. HOWEVER, OVER THE PAST 2 YEARS THE HOSPITAL HAS INVESTED RESOURCES IN LEADERSHIP STAFF TO BETTER UNDERSTAND HOW TO HAVE AN IMPACT IN THIS AREA. SPECIFICALLY, THE ANCHOR INSTITUTION APPROACH HAS BEEN EMBRACED AND IS TAKING SHAPE AS THE HOSPITAL BEGINS TO PARTNER WITH COMMUNITY DEVELOPMENT FINANCE INSTITUTIONS AND OTHERS WHO ARE FOCUSED ON COMMUNITY DEVELOPMENT AS A SOLUTION TO POVERTY AND EMPLOYMENT ISSUES. THIS WORK IS JUST GETTING UNDERWAY AND A NUMBER OF OPPORTUNITIES ARE NOW COMING TOGETHER THAT COULD ALLOW FOR THE HOSPITAL TO LEVERAGE RESOURCES AND HAVE A SIGNIFICANT IMPACT ON THESE NEEDS.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

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

**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 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 FRANCIS HOSPITAL AND MEDICAL CENTE

PART V, LINE 16A, FAP WEBSITE:

WWW.STFRANCISCARE.ORG/BILLING-FINANCIAL-ASSISTANCE

SAINT FRANCIS HOSPITAL AND MEDICAL CENTE

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.STFRANCISCARE.ORG/BILLING-FINANCIAL-ASSISTANCE

SAINT FRANCIS HOSPITAL AND MEDICAL  
CENTER

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**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 FRANCIS HOSPITAL AND MEDICAL CENTE

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.STFRANCISCARE.ORG/BILLING-FINANCIAL-ASSISTANCE

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER - PART V, SECTION B, LINE 7A:

WWW.STFRANCISCARE.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-3068

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER - PART V, SECTION B, LINE 7B:

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

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER - 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 FRANCIS HOSPITAL AND MEDICAL CENTER - PART V, SECTION B, LINE 10A:

WWW.STFRANCISCARE.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-3068

SAINT FRANCIS HOSPITAL AND MEDICAL  
CENTER

**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? 22

Name and address	Type of Facility (describe)
1 SIMSBURY OFFICES & URGENT CARE 1502 HOPMEADOW ST, 30 DORSET CROSSING SIMSBURY, CT 06070	MEDICAL OFFICES AND COMMUNITY SPACE
2 ENFIELD ACCESS CENTER 7 ELM STREET ENFIELD, CT 06082	MEDICAL OFFICES AND COMMUNITY EDUCATION SPACE / LABORATORY SERVICES
3 BLOOMFIELD MEDICAL OFFICE & URGENT CA 421 COTTAGE GROVE ROAD BLOOMFIELD, CT 06002	WALK-IN CLINIC AND MEDICAL OFFICES / LABORATORY SERVICES
4 WINDSOR - SF GI ENDOSCOPY CENTER 360 BLOOMFIELD AVENUE WINDSOR, CT 06095	ENDOSCOPY
5 WEST HARTFORD MEDICAL OFFICES 345 NORTH MAIN STREET WEST HARTFORD, CT 06109	MEDICAL OFFICES AND IT TRAINING SPACE / LABORATORY SERVICES
6 MANCHESTER MEDICAL OFFICES 515 WEST MIDDLE TPK MANCHESTER, CT 06048	MEDICAL OFFICES AND COMMUNITY SPACE
7 AVON ACCESS CENTER 35 NOD ROAD AVON, CT 06001	MEDICAL OFFICES AND EDUCATION SPACE / LABORATORY SERVICES
8 FARMINGTON MEDICAL OFFICES 11 SOUTH ROAD, SUITE 200 FARMINGTON, CT 06032	MEDICAL OFFICE
9 GLASTONBURY ACCESS CENTER 31 SYCAMORE COMMONS GLASTONBURY, CT 06033	MEDICAL OFFICES AND COMMUNITY EDUCATION SPACE / LABORATORY SERVICES
10 HARTFORD 500 BLUE HILLS AVE HARTFORD, CT 06112	LABORATORY SERVICES



**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? 22

Name and address	Type of Facility (describe)
11 EAST HARTFORD ACCESS CENTER 893 MAIN STREET EAST HARTFORD, CT 06108	MEDICAL OFFICES / LABORATORY SERVICES
12 HARTFORD 1000 ASYLUM ST, STE 3209 HARTFORD, CT 06103	LABORATORY SERVICES
13 BLOOMFIELD 580 COTTAGE GROVE RD BLOOMFIELD, CT 06002	LABORATORY SERVICES
14 WEST HARTFORD 928 FARMINGTON AVE WEST HARTFORD, CT 06107	LABORATORY SERVICES
15 ROCKY HILL 506 CROMWELL AVE ROCKY HILL, CT 06067	LABORATORY SERVICES
16 ROCKY HILL 2301 SILAS DEANE HWY ROCKY HILL, CT 06067	LABORATORY SERVICES
17 AVON 44 DALE RD AVON, CT 06001	LABORATORY SERVICES
18 HARTFORD 19 WOODLAND ST HARTFORD, CT 06105	LABORATORY SERVICES
19 ROCKY HILL MEDICAL OFFICES 546 CROMWELL AVE, SUITE 100 ROCKY HILL, CT 06067	MEDICAL OFFICE
20 BOLTON 921 BOSTON TURNPIKE BOLTON, CT 06043	LABORATORY SERVICES

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**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 FRANCIS 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 FRANCIS 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, \$19,148,353, 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:

TWO PROGRAMS TO SUPPORT THE HEALTH OF THE COMMUNITY WERE UNDERTAKEN IN FY18 INCLUSIVE OF SUPPORT FOR A CHILDREN'S LITERACY PROGRAM CALLED READ TO GROW, WHICH IS BASED ON EVIDENCE OF THE VALUE OF HAVING BOOKS IN THE HOMES OF YOUNG CHILDREN AS A WAY TO IMPROVE BOTH EDUCATIONAL OPPORTUNITIES AND KNOWLEDGE. OTHER PROGRAMS RUN BY THIS OFFICE INCLUDE SUPPORT FOR THE LOCAL MAGNET SCHOOL, WHICH HAS A FOCUS ON HEALTH AND SCIENCE, AS WELL AS A JOB SHADOWING PROGRAM THAT ENABLES LOCAL STUDENTS TO EXPERIENCE A VARIETY OF JOB SETTINGS TO HELP THEM BETTER UNDERSTAND THE VARIED ROLES THAT EXIST IN A HEALTH CARE INSTITUTION.

THE OTHER ITEM THAT THE HOSPITAL SUPPORTS IN THIS AREA IS DISASTER PLANNING WHICH BRINGS TOGETHER AGENCIES FROM ACROSS THE GREATER HARTFORD REGION TO PARTICIPATE IN DRILLS THAT HELP TO IDENTIFY AREAS OF NEED OF IMPROVEMENT IN ORDER TO HAVE A SMOOTH RESPONSE TO ANY DISASTERS THAT MAY ARISE.

**Part VI** Supplemental Information (Continuation)

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

**Part VI** Supplemental Information (Continuation)

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

PART III, LINE 5:

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

PART III, LINE 8:

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

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

**Part VI** Supplemental Information (Continuation)

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

PART III, LINE 9B:

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

PART VI, LINE 2:

NEEDS ASSESSMENT - THE CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY WAS  
CREATED AT SAINT FRANCIS HOSPITAL TO SERVE AS A BRIDGE BETWEEN THE  
COMMUNITY AND THE HEALTH CARE SYSTEM. SINCE 2008, THE CENTER HAS  
PROVIDED MUCH NEEDED COMMUNITY OUTREACH AND ENGAGEMENT ACTIVITIES WITH A  
FOCUS ON ADDRESSING HEALTH DISPARITIES AND SUPPORTING COMMUNITY MEMBERS AS  
THEY ENGAGE WITH THE HEALTH CARE SYSTEM. EVENTS INCLUDING AN ANNUAL TOWN  
HALL; REGULAR COMMUNITY CONVERSATIONS; COLLABORATIVE PROGRAMS WITH THE  
FAITH COMMUNITY; PARTNERSHIPS WITH LOCAL NON-PROFIT AGENCIES; AND  
EVALUATION OF PROGRAM ACTIVITIES WHICH ALL PROVIDE FURTHER OPPORTUNITIES  
TO LEARN MORE ABOUT THE NEEDS OF THE COMMUNITY.

**Part VI** Supplemental Information (Continuation)

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SAINT FRANCIS 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.

SAINT FRANCIS 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



**Part VI** Supplemental Information (Continuation)

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 FRANCIS HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SAINT FRANCIS 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 - HARTFORD HAS A POPULATION OF 125,000, SOME 44% OF ITS CITIZENS ARE HISPANIC/LATINO AND 35% ARE BLACK/AFRICAN AMERICAN, WITH SUBGROUPS THAT INCLUDE REFUGEES AND IMMIGRANTS FROM AFRICA, EASTERN EUROPE, THE MIDDLE EAST, ASIA, SOUTH AMERICA, AND THE WEST INDIES. ABOUT 22% OF THE TOTAL POPULATION IN HARTFORD IS FOREIGN BORN, BRINGING A TREMENDOUS DIVERSITY TO THE CITY. LEVELS OF POVERTY IN HARTFORD ARE HIGHER THAN THE STATE AS A WHOLE; 35% VS. 10% RESPECTIVELY. ADDITIONALLY, THE NEIGHBORHOODS AROUND THE HOSPITAL HAVE BEEN DESIGNATED AS A FEDERAL PROMISE ZONE IN LARGE PART DUE TO THE HIGH RATES OF POVERTY, LACK OF SAFETY AND POOR HEALTH OUTCOMES.

THE CONNECTICUT TRINITY HEALTH OF NEW ENGLAND SERVICE AREA IS MADE UP OF A TOTAL OF 87 TOWNS WITH A TOTAL POPULATION OF ABOUT 1.5 MILLION AS OF 2017. THERE ARE A TOTAL OF 16 ACUTE CARE LOCATIONS THROUGHOUT THE COMMUNITY. WITHIN THE AREA, THE MEDIAN HOUSEHOLD INCOME IS \$76,693, MEDIAN AGE IS 39.8 AND THE UNEMPLOYMENT RATE IS 5.4%. THE HEALTH AND RESOURCES AND SERVICES ADMINISTRATION HAS DESIGNATED 29 MEDICALLY UNDERSERVED

**Part VI** Supplemental Information (Continuation)

AREAS/POPULATIONS FOR THE STATE OF CONNECTICUT. WITHIN THE TRINITY HEALTH  
OF NEW ENGLAND SERVICE AREA, THE FOLLOWING SERVICE AREAS WERE DESIGNATED  
AS MEDICALLY UNDERSERVED AREAS AND POPULATIONS:

SAINT FRANCIS HOSPITAL SERVICE AREA TOWNS: CENTRAL BRISTOL, HARTFORD, NEW  
BRITAIN, MIDDLETOWN, MERIDEN

JOHNSON MEMORIAL HOSPITAL SERVICE AREA TOWNS: VERNON

SAINT MARY'S HOSPITAL SERVICE AREA TOWNS: CENTRAL WATERBURY

MOUNT SINAI HOSPITAL SERVES ALL OF THESE TOWNS.

PART VI, LINE 5:

OTHER INFORMATION - FREE LECTURES AND SEMINARS ARE OFFERED BY CLINICAL  
STAFF IN RESPONSE TO COMMUNITY REQUESTS; HOSPITAL STAFF SERVE ON NUMEROUS  
LOCAL AND STATE LEVEL BOARDS AND COMMITTEES; COMMUNITY BENEFIT DOLLARS  
HAVE BEEN ALLOCATED TO SUPPORT THE TRANSFORMING COMMUNITIES INITIATIVE  
CALLED WELL BEING 360 AND PARTNERSHIPS WITH STATE AGENCIES AND LOCAL  
HEALTH CARE PROVIDERS, ALL SERVE TO SUPPORT OUR COMMITMENT TO IMPROVE  
COMMUNITY HEALTH.

WELL BEING 360 IS PART OF A NATIONAL 5 YEAR TRINITY HEALTH EFFORT CALLED  
THE "TRANSFORMING COMMUNITIES INITIATIVE" (TCI) TO ENCOURAGE POLICY,  
SYSTEM AND ENVIRONMENTAL CHANGE THAT PROMOTE HEALTHY BEHAVIORS IN THE  
COMMUNITIES SERVED BY TRINITY HEALTH HOSPITALS. THE TCI PROGRAM IS MANAGED  
OUT OF THE CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY AT SAINT FRANCIS  
HOSPITAL IN PARTNERSHIP WITH THE WELL BEING 360 STEERING COMMITTEE, WHICH  
IS A MULTI-SECTOR GROUP OF LEADERS INCLUDING THE CITY OF HARTFORD, TRINITY  
HEALTH OF NEW ENGLAND, WELLVILLE AND COMMUNITY SOLUTIONS LEADERSHIP. UNDER  
THE DIRECTION OF THE STEERING COMMITTEE, WELL BEING 360 IS INVESTING

**Part VI** Supplemental Information (Continuation)

RESOURCES TO SUPPORT EVIDENCE-BASED AND INNOVATIVE SOLUTIONS TO REDUCE OBESITY, INCREASE ACCESS TO CARE AND ADDRESS THE PRIORITIES OUTLINED IN THE RECENTLY COMPLETED COMMUNITY HEALTH NEEDS ASSESSMENT. WELL BEING 360 IS ALSO INVESTING IN THE DEVELOPMENT TO SUPPORT THE PROGRAM ITSELF AND OTHER POPULATION HEALTH IMPROVEMENT WORK IN THE CATCHMENT AREA. STILL IN THE EARLY PHASE, THE NORTH HARTFORD TRIPLE AIM COLLABORATIVE INCLUDES STEERING COMMITTEE ORGANIZATIONS PLUS OTHER CRITICAL PARTNERS INCLUDING NORTH END RESIDENTS, CONNECTICUT CHILDREN'S MEDICAL CENTER, THE UNITED WAY OF CENTRAL AND SOUTHEASTERN CONNECTICUT, THE UNIVERSITY OF CONNECTICUT, AND THE CONNECTICUT HEALTH FOUNDATION. THE COLLABORATIVE IS LED BY COMMUNITY SOLUTIONS' GINA FEDERICO WHO ALSO SERVES AS THE ASSOCIATE DIRECTOR OF WELL BEING 360. MARY STUART IS THE HEALTH EQUITY PROGRAM OFFICER AND THE DIRECTOR OF THE WELL BEING 360 INITIATIVE.

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, 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 HOSPITAL'S COMMITMENT TO CREATING ENVIRONMENTS AND POLICIES THAT SUPPORT BREASTFEEDING, PUBLIC EDUCATION OR CALL TO ACTION TO THE BROADER COMMUNITY.

**Part VI** Supplemental Information (Continuation)

PART VI, LINE 6:

SAINT FRANCIS 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 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

**Part VI** Supplemental Information (Continuation)

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](http://WWW.TRINITY-HEALTH.ORG).